



PEPFAR

U.S. President's Emergency Plan for AIDS Relief

PEPFAR Dolutegravir Update

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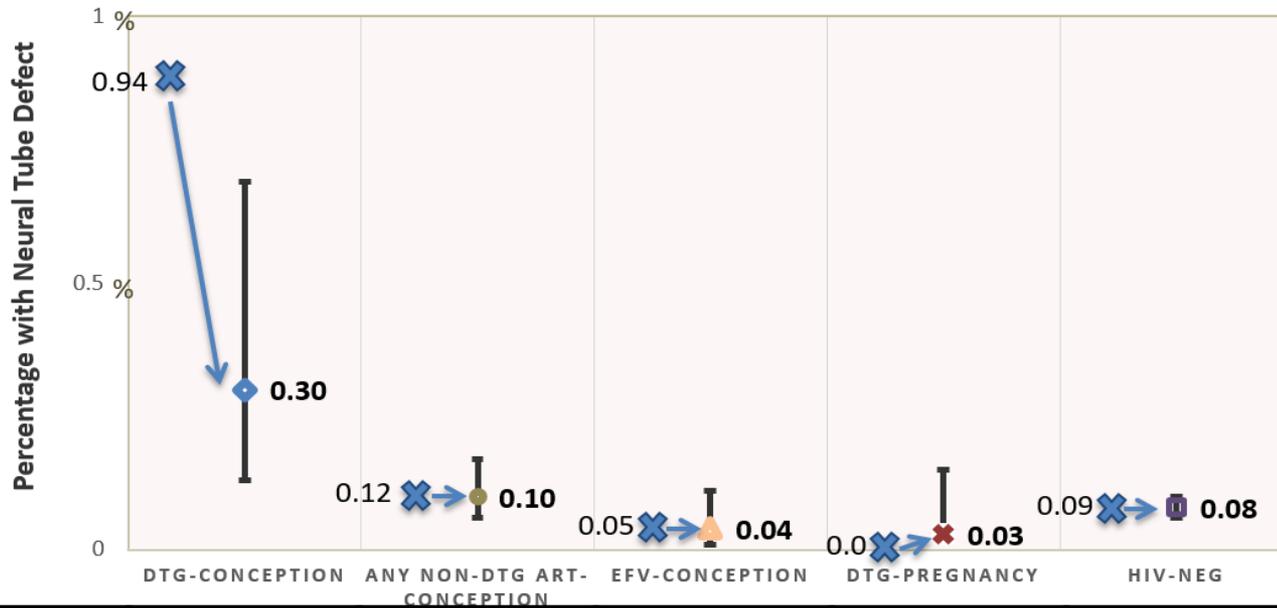
Director of HIV Prevention, Program Quality Team

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15 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS

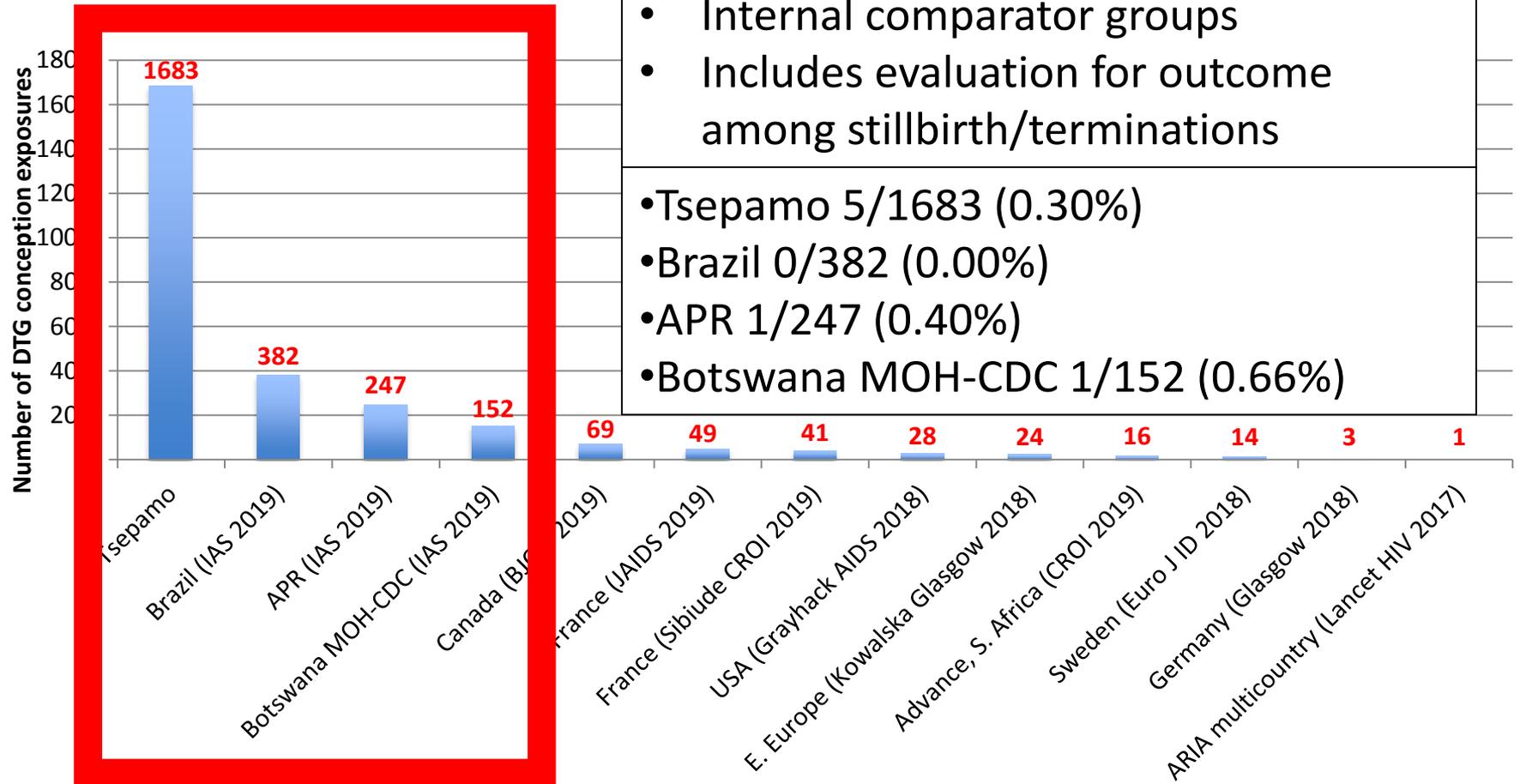
#PEPFAR15

NTD Prevalence by Exposure



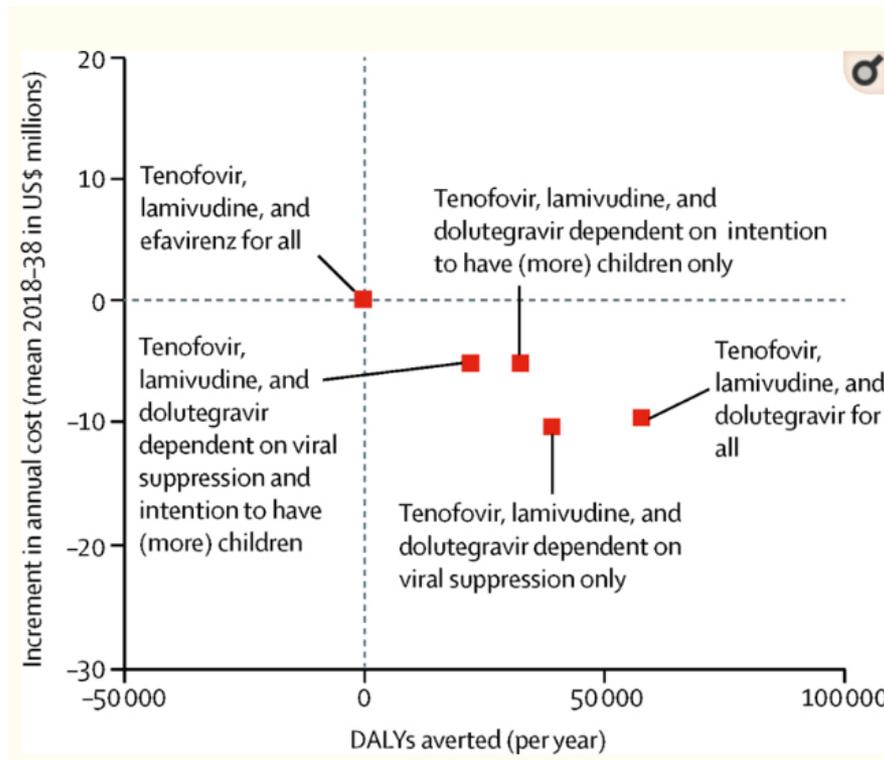
NTDs/Exposures	5/1683	15/14792	3/7959	1/3840	70/89372
% with NTD (95% CI)	0.30% (0.13, 0.69)	0.10% (0.06, 0.17)	0.04% (0.01, 0.11)	0.03% (0.0, 0.15)	0.08% (0.06, 0.10)
Prevalence Difference (95% CI)	ref	0.20% (0.01, 0.59)	0.26% (0.07, 0.66)	0.27% (0.06, 0.67)	0.22% (0.05, 0.62)

NTD rate in studies with power to detect a 10-fold increase



Risks and benefits of dolutegravir-based antiretroviral drug regimens in sub-Saharan Africa: a modelling study

Phillips et al Lancet HIV 2019 Feb; 6(2): e116–e127.



Modeled strategies comparing outcomes for women and infants

Dugdale et al. Ann Int Med 2019;apr 2, epub ahead of print



Three strategies for first-line ART for 3.1 million women of childbearing potential living with HIV in South Africa, 5 year period:

- 1) **Efavirenz (EFV) for all**: Initiation of or continuation of efavirenz-based ART
- 2) **Dolutegravir (DTG) for all**: Initiation of or switch to dolutegravir-based ART
- 3) **WHO Approach (WHO)**: Efavirenz without reliable contraception or dolutegravir with reliable contraception
 - Weighted average of **EFV** and **DTG** strategies based on contraception uptake and failure rates



Three-way pair-wise comparisons between strategies



Outcome*	DTG-EFV	Δ WHO-EFV	Δ DTG-WHO
Outcomes among women			
Number of deaths among women	-13,700	-4,900	-8,900
Sexual transmissions	-57,700	-20,500	-37,300
Outcomes among children			
Non-neural tube defect-related pediatric deaths	-2,100	-100	-1,900
Neural tube defects	+6,400	+400	+6,000
Pediatric HIV infections	-7,100	-400	-6,700
Children alive and HIV-free	+3,000	+200	+2,800
Cumulative pediatric deaths**	+4,400	+300	+4,100
Combined outcomes among women and children			
Cumulative deaths among women and children	-9,300	-4,500	-4,800

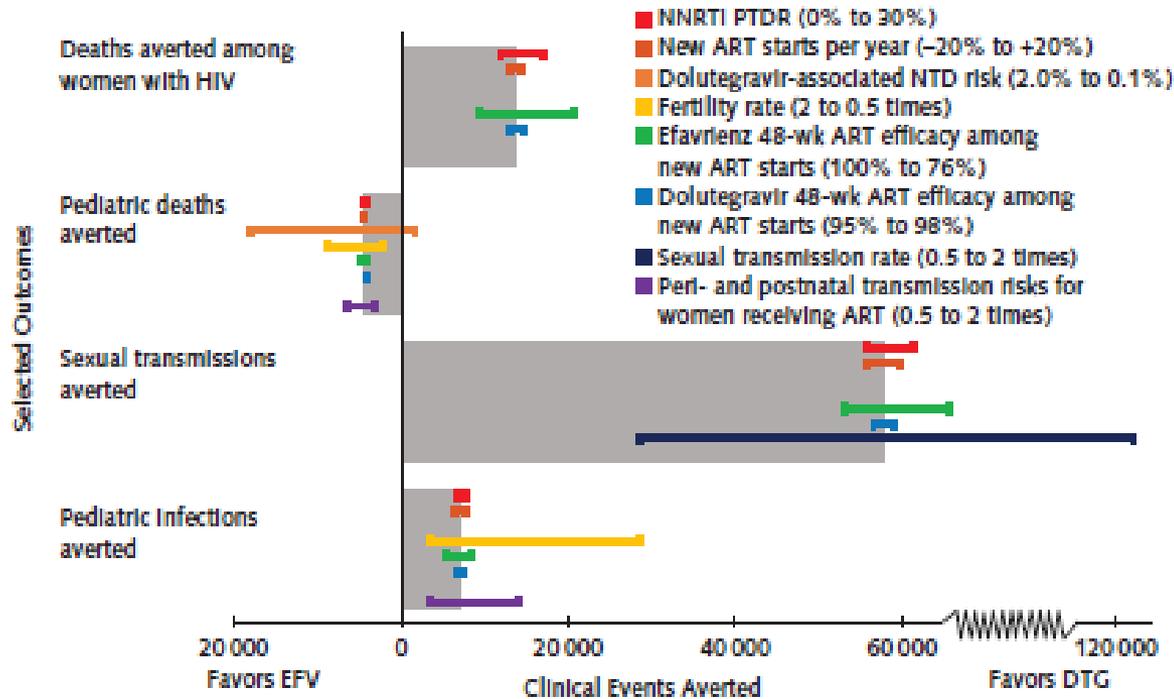
*Out of projected 3.7 million women ever on first-line ART and 1.2 million HIV-exposed children.

**Cumulative pediatric deaths = non-neural tube defect-related + neural tube defect-related deaths

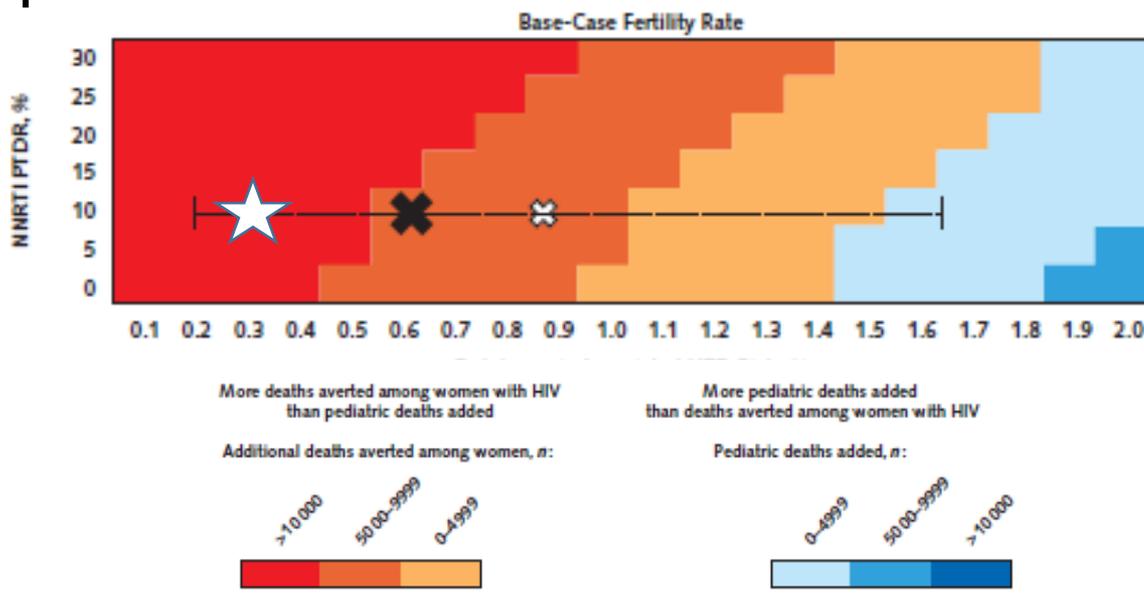
Dugdale et al. Ann Int Med 2019;apr 2, epub ahead of print

Model-based Outcomes Comparing EFV (favored to left) and DTG (favored to right)

Figure 1. Tornado diagram of model-based outcomes for the comparison of EFV versus DTG.



The rate of NTD's would need to be 1.5-1.8% (15-18/1,000 versus 3/1,000 in current report) to offset benefits of DTG over EFV for maternal health, depending on rate of pretreatment NNRTI resistance



Black X= July, 2018 rate, white X= May, 2018 rate, white star July, 2019 rate = 0.3%

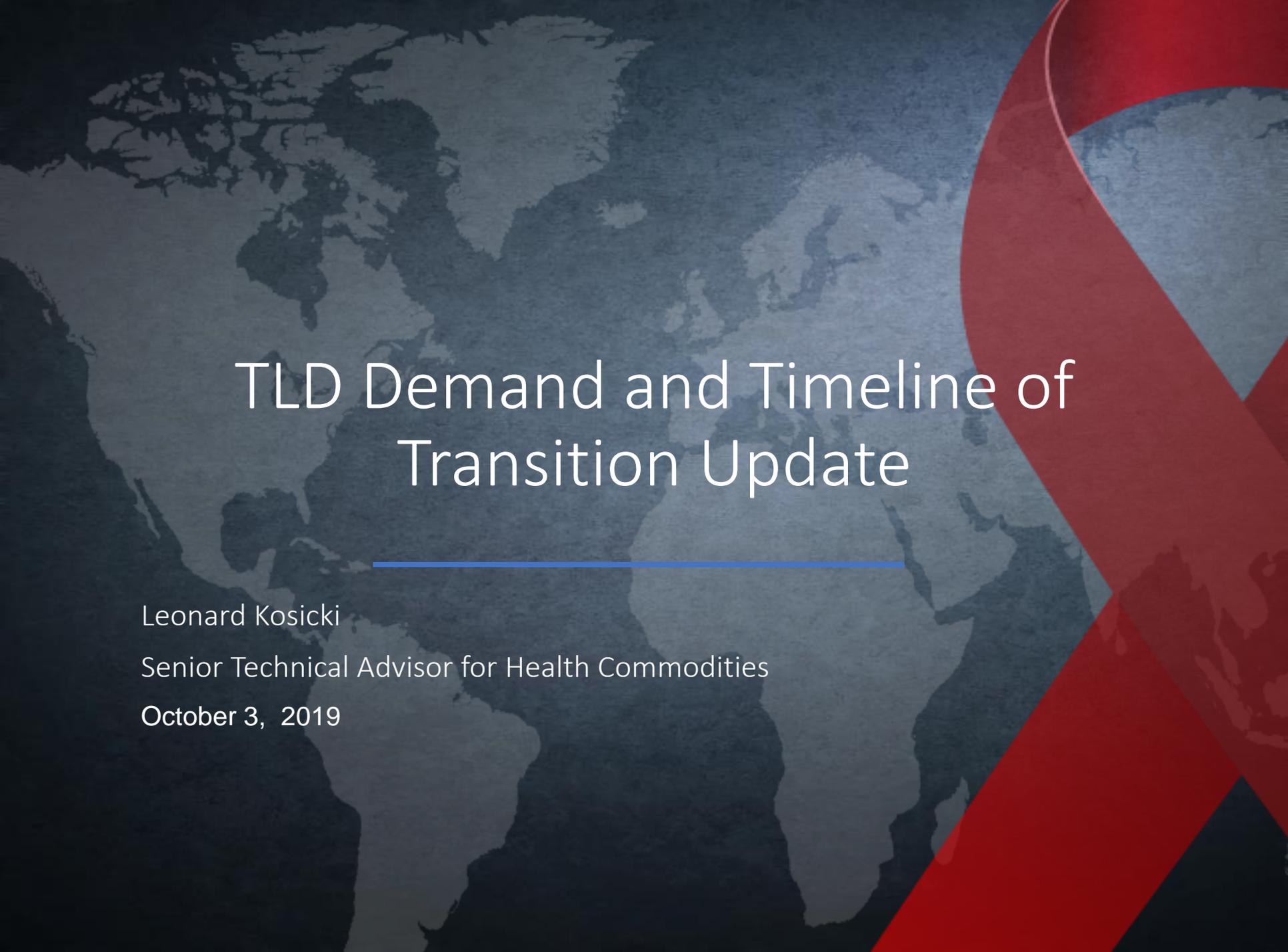
Dugdale et al. Ann Int Med 2019;apr 2, epub ahead of print

Summary

- Many more deaths in women of childbearing potential, sexual transmissions, and perinatal transmissions would be averted than neural tube defects occurring with a strategy of DTG for all.
- Excess deaths on EFV increase as the rate of pretreatment NNRTI drug resistance increases.
- Women should be counseled regarding benefits and risks to allow informed decision making.
- Contraception should be available to women who desire it but should not be a condition for DTG prescription.

Conclusions

- PEPFAR remains committed to broad implementation of DTG-based regimens as first and second line treatment as required in COP19 guidance.
- We continue to work closely with our country teams to advocate for broader availability of DTG for women and to provide resources for implementation.
- The community of women living with HIV must be included in decision making at every level.
- PEPFAR is supporting multiple efforts to obtain additional data on BD risk and supporting ongoing birth defect surveillance in Uganda and Malawi.



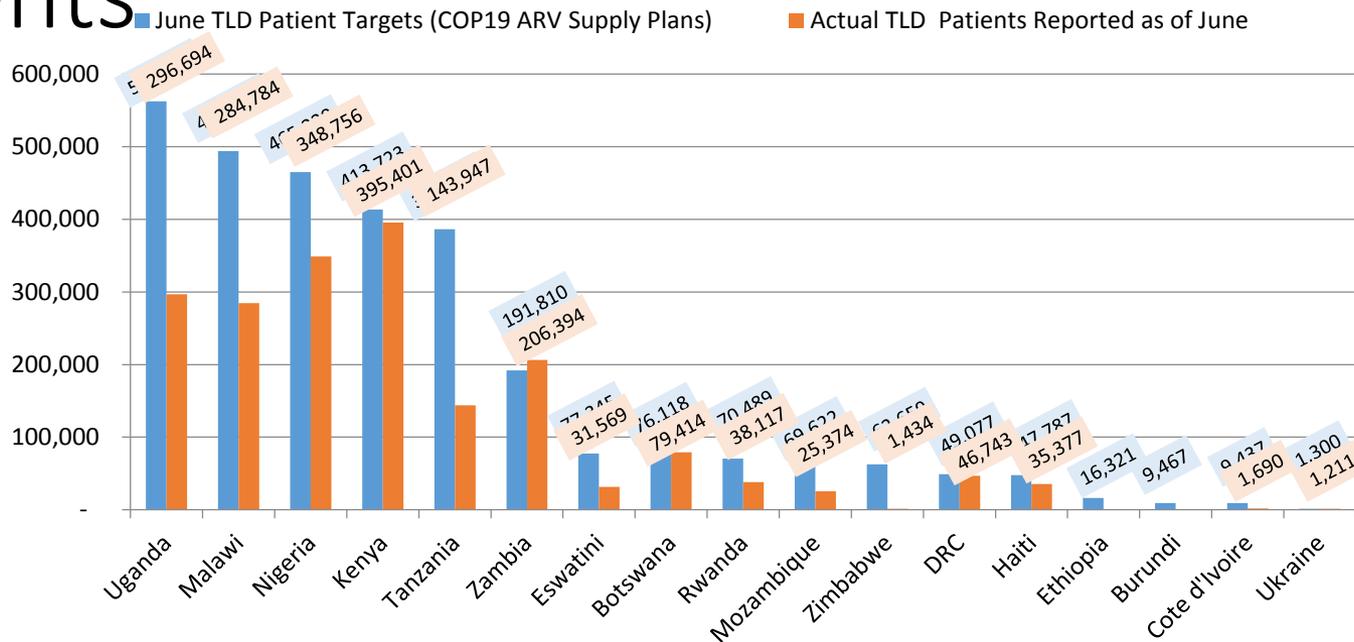
TLD Demand and Timeline of Transition Update

Leonard Kosicki

Senior Technical Advisor for Health Commodities

October 3, 2019

June 2019 Patient Target vs. Actual Patients

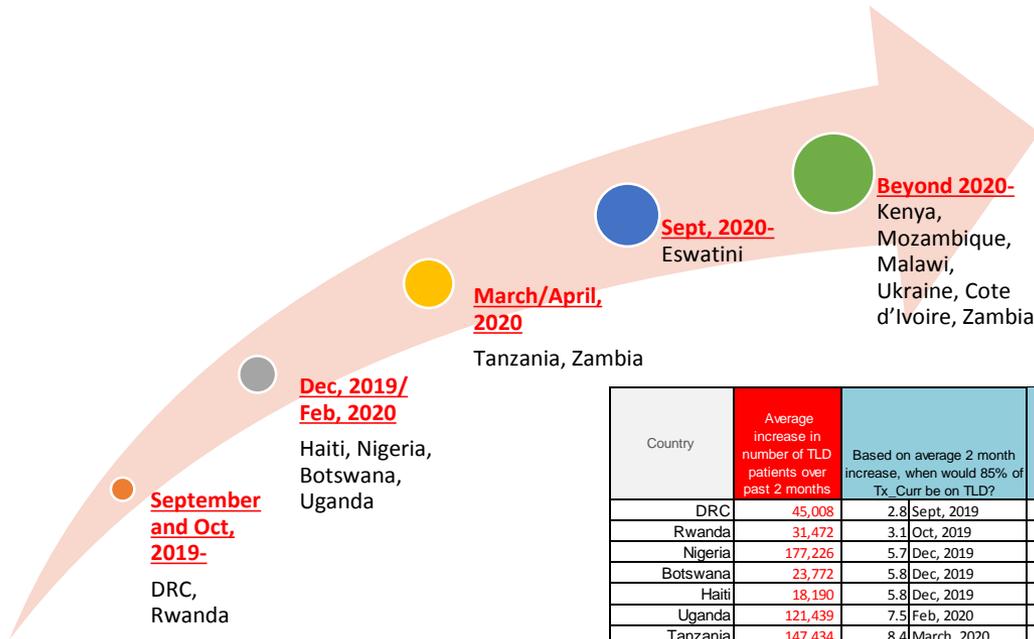


As of June, 2019:

- 1,955,392 patients are on TLD in the PEPFAR countries highlighted above
- This accounts for 65% of the combined country targets for # of patients on TLD for June 2019 (per the COP19 ARV Supply Plans), or 2,997,284 patients
- This is good progress, or an increase of 630,539 patients since May, 2019, and the first time over 50% of the global TLD patient target was reached.

- Burundi and Ethiopia have just started their TLD transitions, and were not able to report patient numbers for this month
- We are also requesting more up-to-date TLD patient numbers for Cote d'Ivoire, as they are reporting the same number of patients as previous months

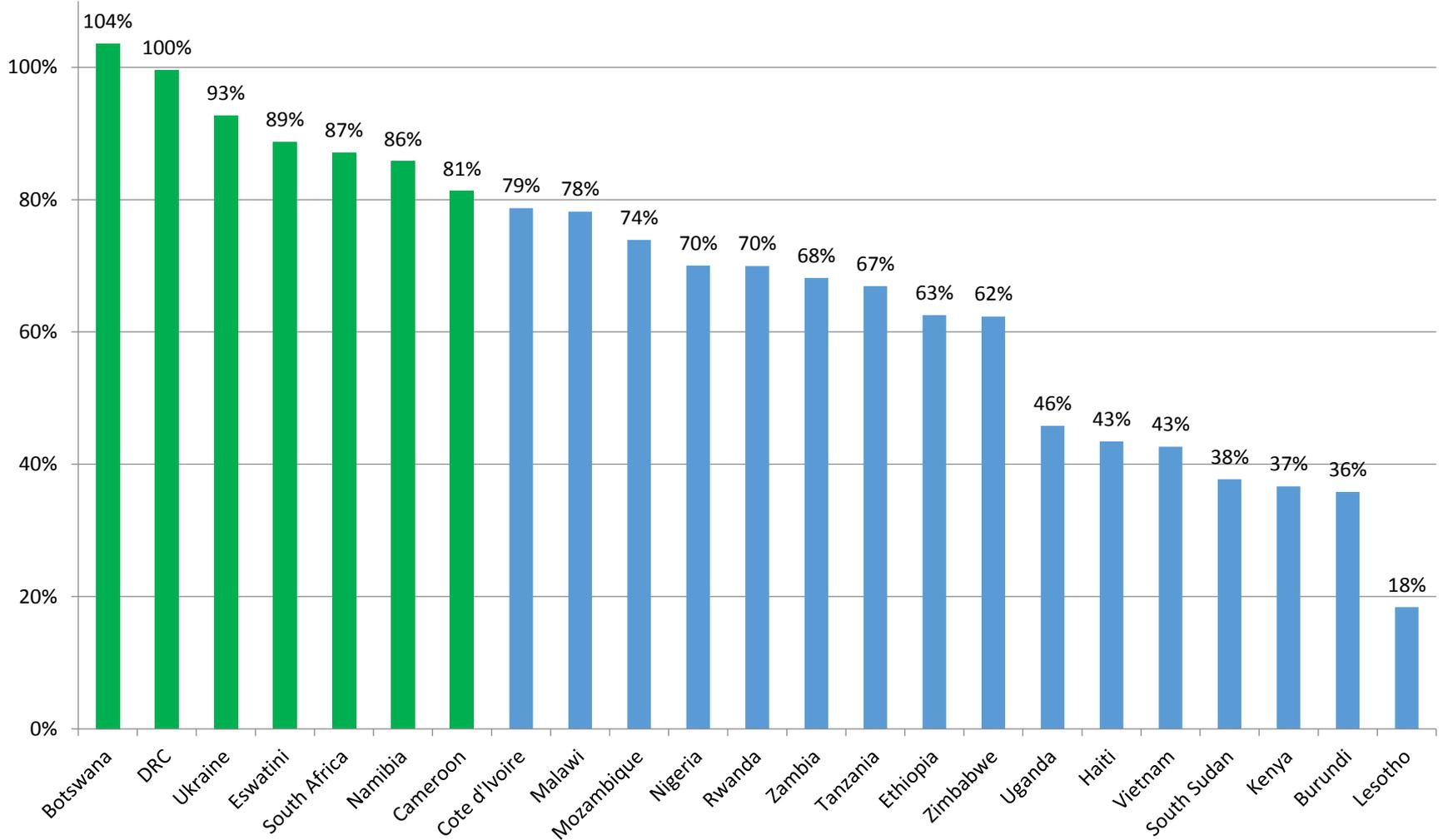
Estimated Dates of TLD Transition Completion Based on Current Patient Transition Trends



Country	Average increase in number of TLD patients over past 2 months	Based on average 2 month increase, when would 85% of Tx_Curr be on TLD?	TX_CURR as of Q2
DRC	45,008	2.8 Sept, 2019	159,094
Rwanda	31,472	3.1 Oct, 2019	122,935
Nigeria	177,226	5.7 Dec, 2019	1,268,536
Botswana	23,772	5.8 Dec, 2019	171,966
Haiti	18,190	5.8 Dec, 2019	130,837
Uganda	121,439	7.5 Feb, 2020	1,317,133
Tanzania	147,434	8.4 March, 2020	1,556,815
Zambia	79,784	11.2 April, 2020	1,114,777
Eswatini	10,431	15.2 Sept, 2020	198,157
Kenya	51,553	19.8 Jan, 2021	1,273,621
Malawi	17,355	46 Beyond 2021	997,538
Mozambique	25,020	58.6 Beyond 2021	1,831,233
Ukraine	674	146.2 Beyond 2021	123,072
Cote d'Ivoire	1,391	205.8 Beyond 2021	357,702

* Did not include Burundi and Ethiopia, as we have yet to receive TLD patient data
 * Zimbabwe was also excluded, as we have only received on month of TLD transition data, and cannot devise a trend yet.

% of Tx_Curr (per Q2 POART) That TLD Patients Will Account for by Sept 2020 (per COP19 ARV Supply Plans)





Questions!



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