Adolescent Friendly Health Services For Adolescents living with HIV

Overview

- Why the global focus on adolescents?
- ALHIV: The Current situation
- Three Free targets
- WHO recommendations across the cascade
- Differentiated services
- Resources

Why the global focus on adolescents living with HIV?

- 1.6 million adolescents living with HIV worldwide, 61% female.
- 85 percent in sub-Saharan Africa
- 190,000 new adolescent infections globally
- 11% of the total number of new infections each year

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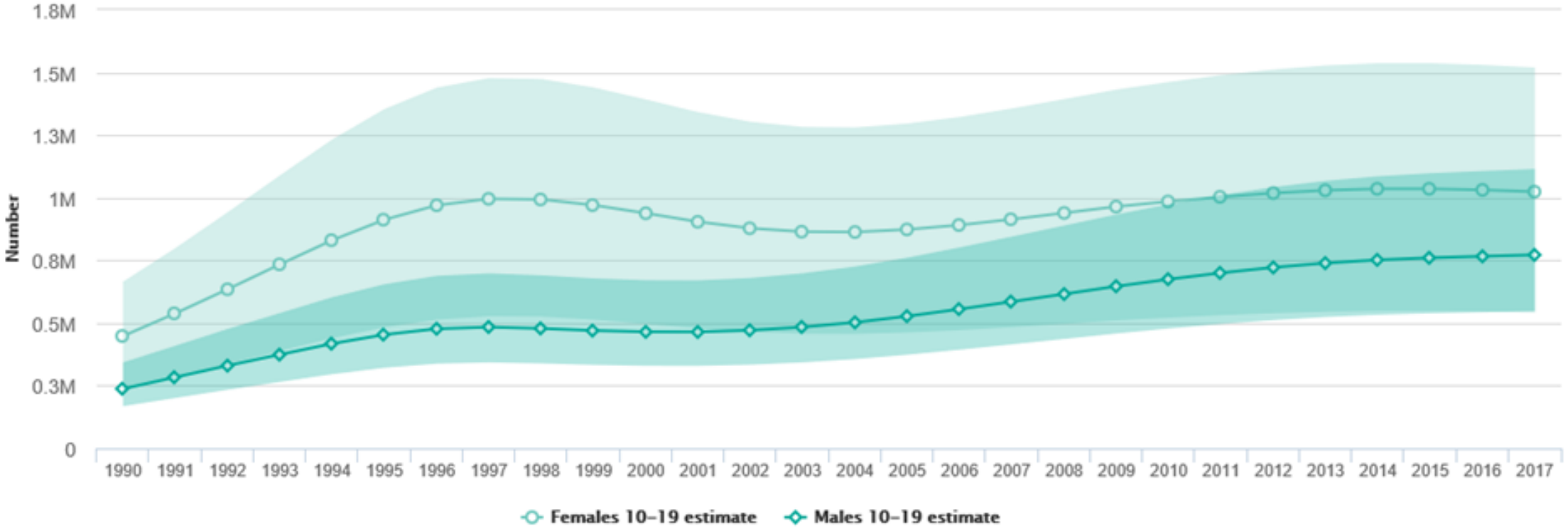
Adolescent girls are disproportionately bearing the burden of HIV

1.6m ALHIV and 61% are girls



Data source: UNAIDS 2018 estimates

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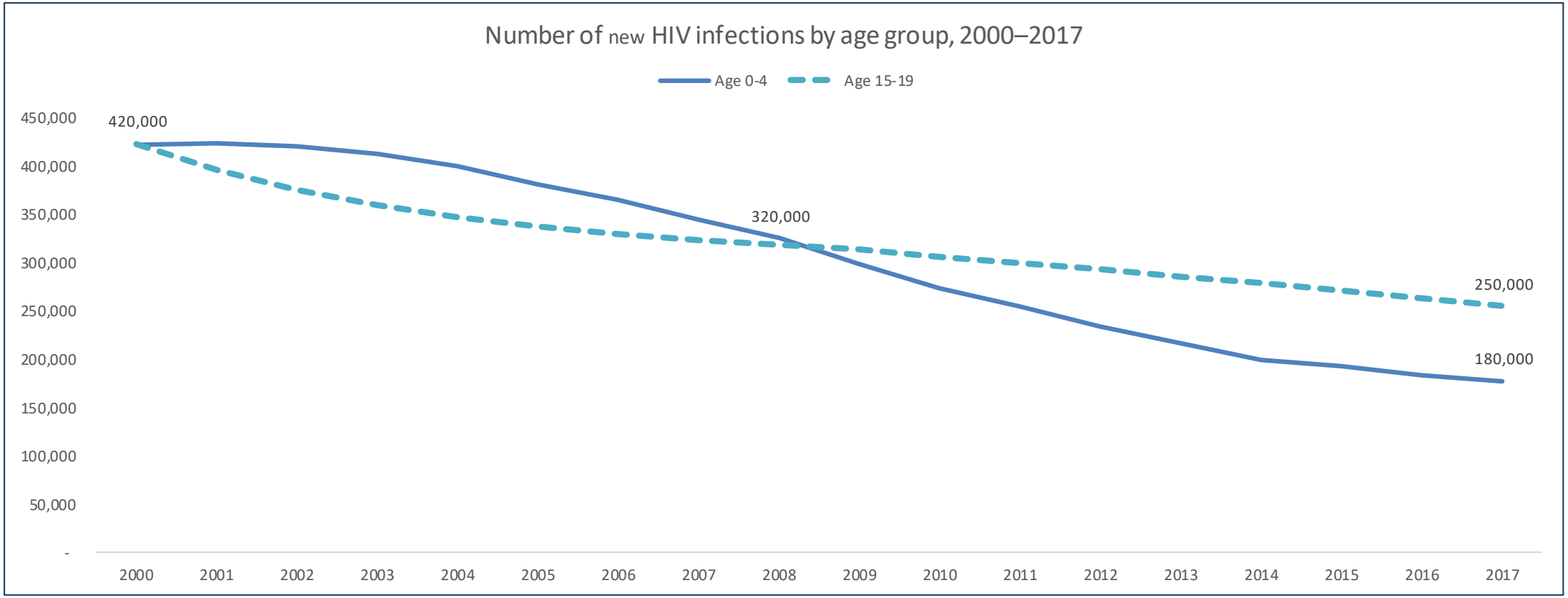
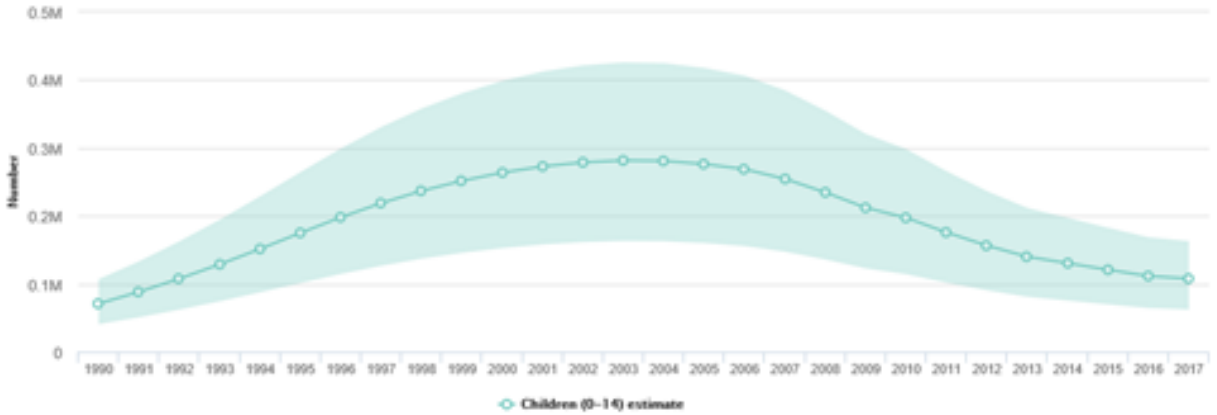
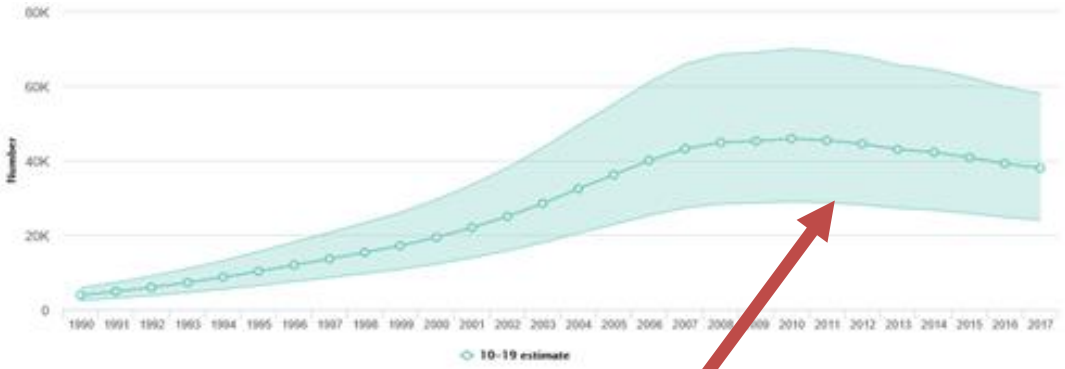
We have more to do to achieve epidemic control
Although there are less new infections in younger children, for adolescents the decline has almost flatlined

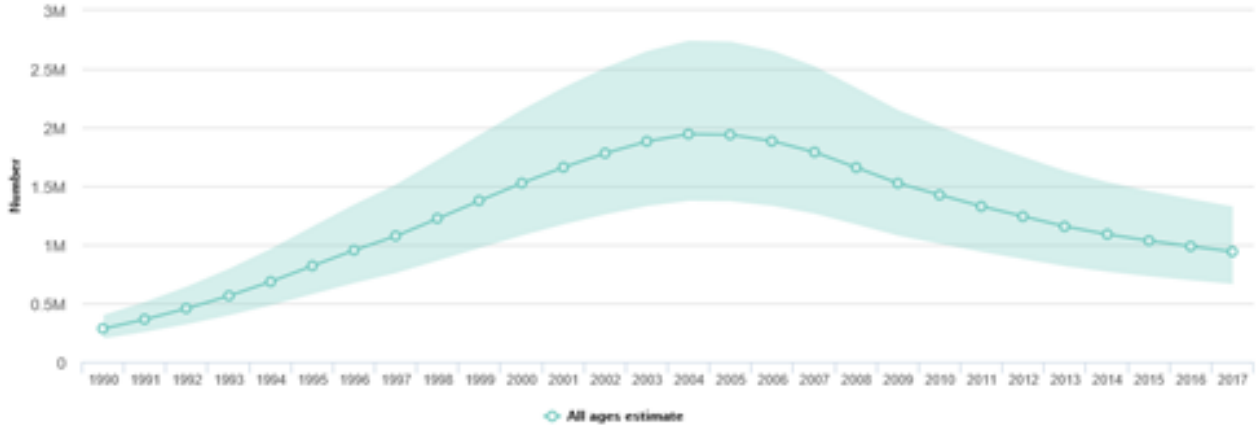


Data source: UNAIDS 2018 estimates

AIDS related deaths continue to decrease for all age groups







For adolescents the decline has flatlined

Data source: UNAIDS 2018 estimates

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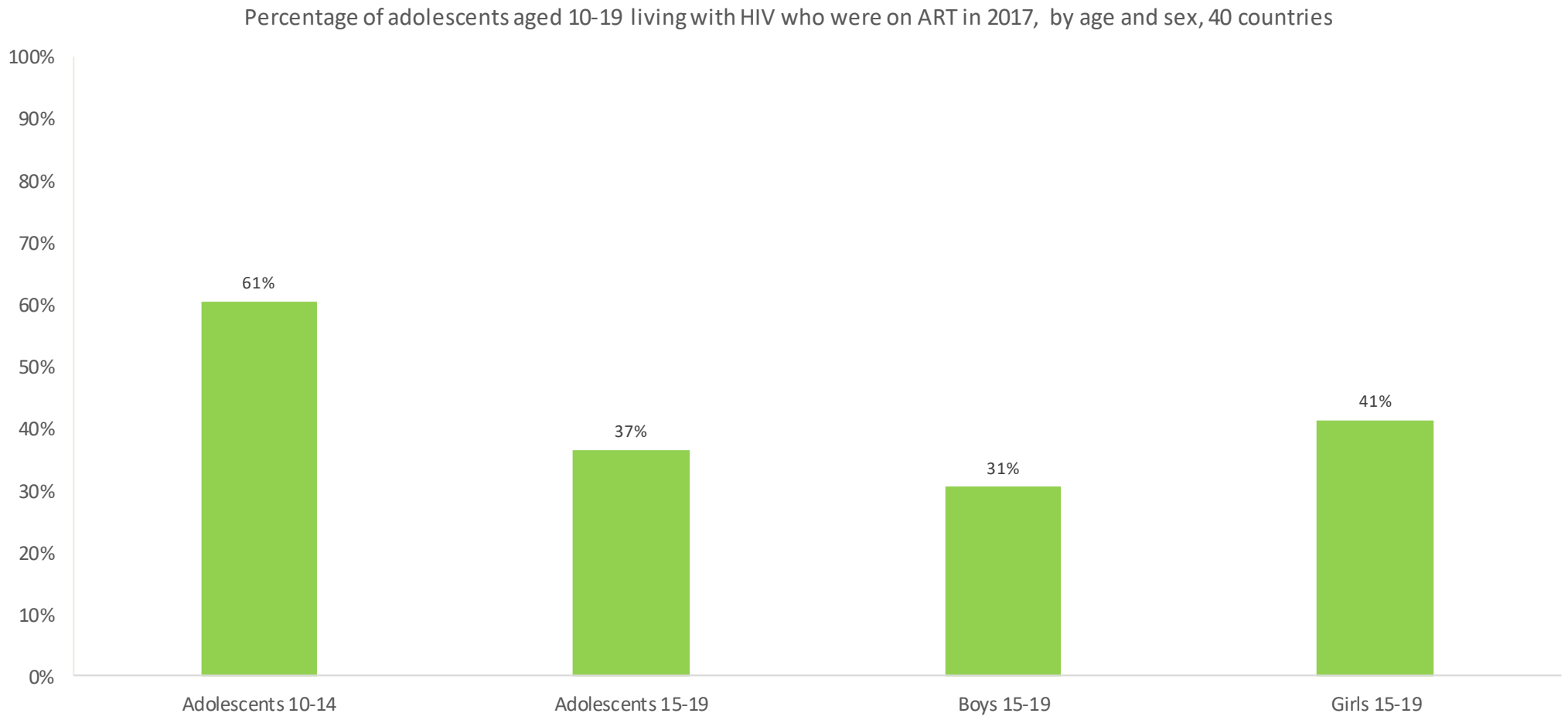
Adolescents living with HIV receive inadequate access to antiretroviral therapy



2018 HIV Estimates Source: UNICEF

Three-Frees Framework:

AIDS Free

Achieve 95 percent ART coverage for children and adolescents living with HIV in 23 focus countries

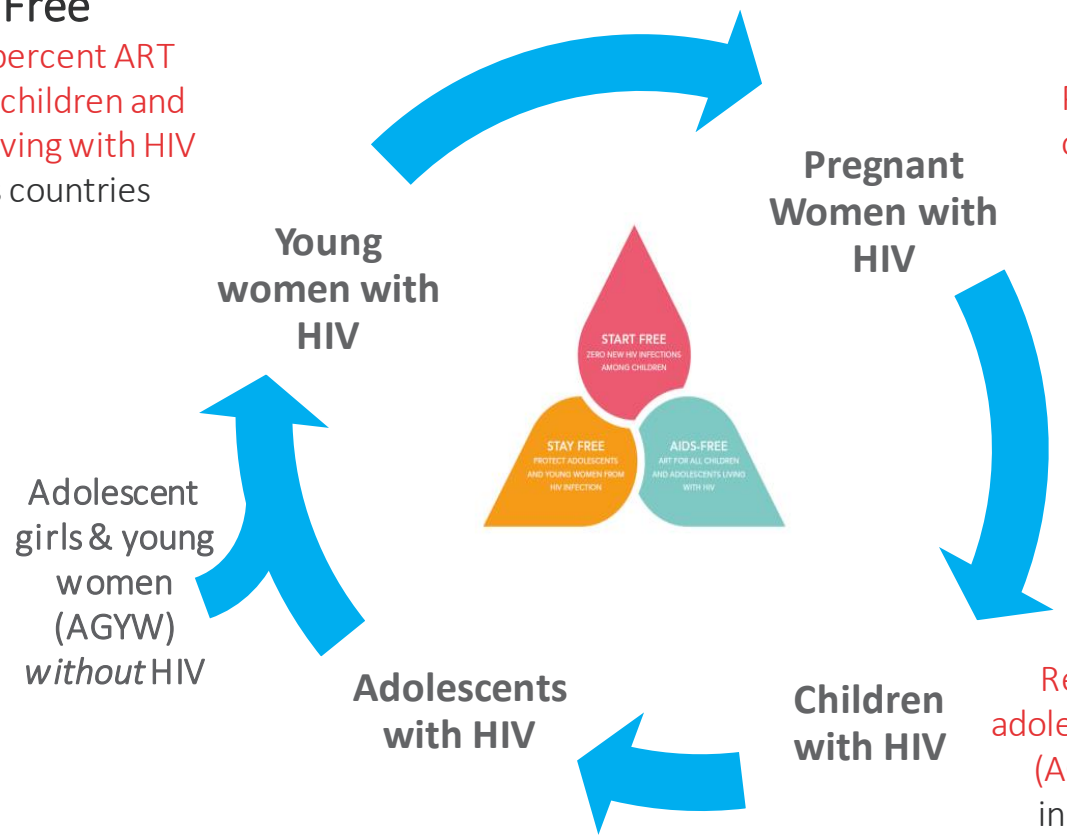
Start Free

Provide lifelong ART to 95% of pregnant & breastfeeding women living with HIV in 23 focus countries

Stay Free

Reduce new HIV infections in adolescents girls and young women (AGYW) to < 100,000 per year in 18 focus countries in Africa

Partner working group co-convened by UNICEF and PEPFAR



Three Frees targets

In 2016, the world committed to ambitious HIV:

Prevention targets

*a) Children (start free) - **<20,000 new infections in 2020***

*b) Adolescents &young women (stay free) **- <100,000 new infections in 2020***

Treatment Targets

Children and adolescents (AIDS Free)

- ***Provide life long HIV treatment to 95% of children and adolescents living with HIV***

How we perform in the remaining months around adolescents and young women will drive our ability to achieve epidemic control by 2030.

WHO recommendations across the cascade of care

Diagnosis

HIV testing services, with linkages to prevention, treatment and care, should be offered for adolescents

- From key populations in all settings
- In HIGH AND LOW prevalence HIV epidemics with a focus on yield

Adolescents with HIV should be counselled about the potential benefits and risks of disclosure of their HIV status, and empowered and supported to determine if, when, how and to whom to disclose

Index case testing should be offered to all adolescents:

- Who are orphaned
- Whose parents or siblings are living with HIV
- Whose sexual partner is

Linkage

Following an HIV diagnosis, a package of support interventions should be offered to ensure timely linkage to prevention, treatment and care for all people living with HIV

The following interventions demonstrate benefit:

1. Streamlined interventions (i) enhanced linkage with case management, (ii) support for HIV disclosure, (iii) patient tracing, (iv) training staff to provide multiple services

2. Peer support and navigation approaches

3. Quality improvement approaches using data

Treatment

ART should be initiated in all adolescents infected with HIV, regardless of WHO clinical stage or CD4 cell count

Adherence support interventions

- Peer counsellors
- Mobile phone text messages
- Reminder devices
- Cognitive-behavioral therapy
- FDC and once-daily regimens

Task shifting and task sharing

- Trained and supervised lay providers can distribute ART to adults, adolescents and children living with HIV
- Trained and supervised community health workers can dispense ART between regular clinical visits

Retention

Programmes should provide community support for people living with HIV to improve retention in HIV care

The following community-level interventions have demonstrated benefit in improving retention in care:

- Package of community-based interventions
- Adherence clubs
- Extra care for high-risk people

Viral load is recommended as preferred treatment monitoring approach.Routine viral load monitoring at 6 months, 12 months and then every 12 months thereafter if the patient is stable on ART

Recommendations and Good practice statements - adolescent SRH/HIV services

WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV

Brief sexuality-related communication (BSC) is recommended for the prevention of sexually transmitted infections among adults and adolescents in primary health services *(Strong recommendation, low- to moderate-quality evidence)*

GPS A.10: Health-care workers should receive appropriate recurrent training and sensitization to ensure that they have the skills, knowledge and understanding to provide services for adults and adolescents from key populations based on all persons' right to health, confidentiality and non-discrimination.

GPS A.11: It is recommended to make contraceptives affordable to all, including adolescents, and that law and policy support access to contraception for disadvantaged and marginalized populations.

GPS A.15: Countries are encouraged to examine their current consent policies and consider revising them to reduce age-related barriers to HIV services and to empower providers to act in the best interest of the adolescent.

GPS A.16: It is recommended that sexual and reproductive health services, including contraceptive information and services, be provided for adolescent girls without mandatory parental and guardian authorization/notification.

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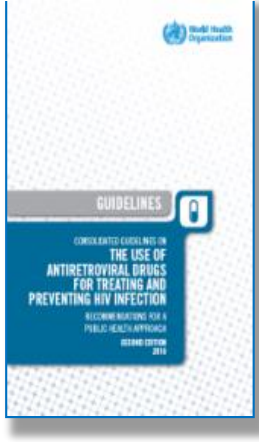
WHO service delivery recommendations

Delivering HIV services to adolescents



Recommendations

- **Adolescent-friendly health services should be implemented in HIV services to ensure engagement and improved outcomes (strong recommendation, low-quality evidence).**
- Community-based approaches can improve treatment adherence and retention in care of adolescents living with HIV (conditional recommendation, very low-quality evidence).
- Training of health-care workers can contribute to treatment adherence and improvement in retention in care of adolescents living with HIV (conditional recommendation, very low-quality evidence).
- Adolescents should be counselled about the potential benefits and risks of disclosure of their HIV status to others and empowered and supported to determine if, when, how and to whom to disclose (conditional recommendation, very low-quality evidence).

Source: HIV and adolescents: guidance for HIV testing and counselling and care for adolescents living with HIV. Geneva: World Health Organization; 2013 (http://www.who.int/hiv/pub/guidelines/adolescents/en).

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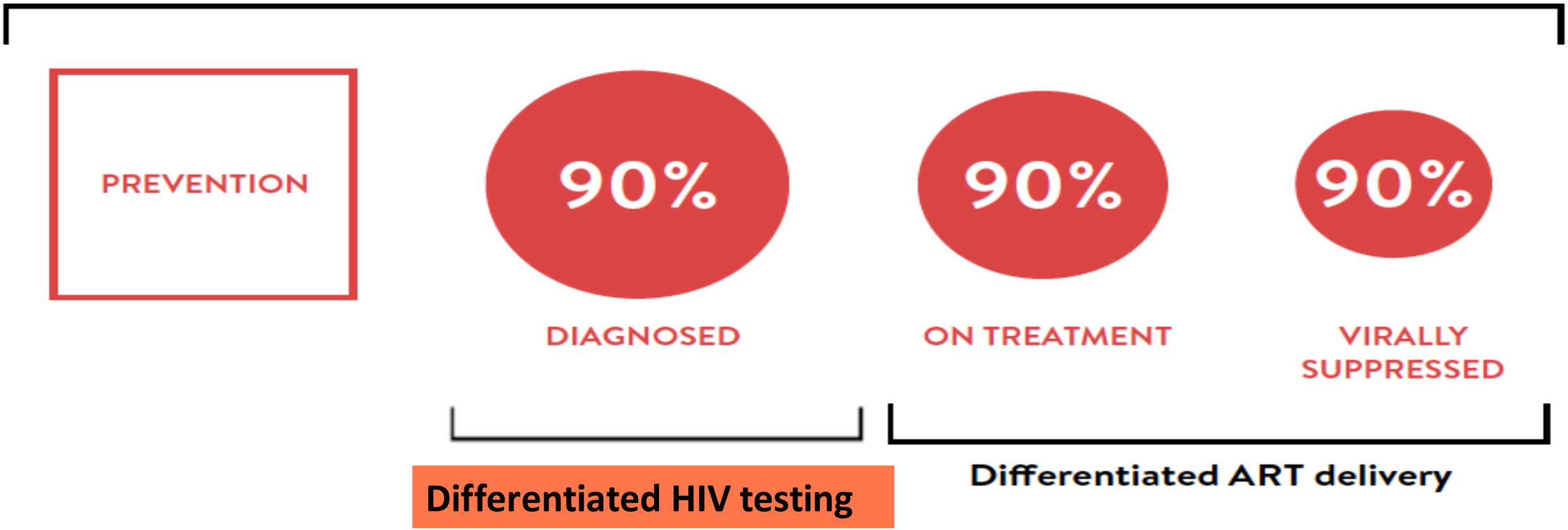
Differentiated service delivery applies across the HIV care continuum



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Differentiated Service Delivery: For ALHIV

Building blocks	Clinical visits	Medication refilling visits	Psychosocial support
WHEN	• **Every 3–6 months** • Aligning with school calendar	• **3-6 months** Need **not be more frequent** than every three months	• **1-6 months** It depends on client needs It could be part of the package of support at ART refill visits
WHERE	• PHC **closer** to home if feasible • Adolescent friendly spaces • Outreach services that provide care for adult	PHC Out-of-facility individual or group collection ART delivery models can be considered **Pregnant or breastfeeding adolescents supported within differentiated ART models for clinically stable adolescents.**	PHC Out of facility **Virtual:** If low concentrations of adolescents makes support groups unfeasible or less frequent attendance at more centralized locations
WHO	Nurses, clinical officers, doctors	Nurses or doctors **Lay providers with AFHS**	**Lay providers** **Peers**
WHAT	• **Clinic consultation:** TB screening, psychosocial health and sexual and reproductive health assessments and adherence check • **Mental health assessment** • **Lab tests**: VL every 6-12 month	• **ART** refill. If oral contraception provided, refills could be distributed along ART refills. • **Adherence** check • **Disclosure** process check-in • **Referral check:** clear pathway to identify needs for referral to clinicians	• **Peer groups supports** • **Referral check** • **Adherence** check • **Disclosure** support

Differentiated HIV testing services

Mobilizing

- Mass/Group
- Network-based
- Partner notification and index testing

Testing

- Health facility
- Non-health facility
- Community
- Self-testing*

Linking

- Referral
- Accompaniment
- Compensation/incentives
- Same day initiation
- Friendly services
- Tracing

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Adolescent and young key Populations

- Populations at higher risk of HIV including sex workers, men who have sex with men (MSM), transgender people, and people who inject drugs (IDU) and People in prisons and other closed settings
- Adolescent key populations are more vulnerable than adults in the same groups, with many risks and vulnerabilities

In Asia, 95% of the young people living with HIV are also part of a key affected populations.

This is more about behavior than about identity which may vary over time and can overlap

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Resources

- What's new in adolescent treatment and care
- KEY CONSIDERATIONS FOR DIFFERENTIATED ANTIRETROVIRAL THERAPY DELIVERY FOR SPECIFIC POPULATIONS
- Guidance on HIV and adolescents
- Global standards for quality health care services for adolescents
- Consolidated guideline on sexual and reproductive health and rights of women living with HIV
- Guidelines on HIV self-testing and partner notification
- Global Accelerated Action for the Health of Adolescents (AA-HA!): guidance to support country implementation
- Core competencies in adolescent health and development for primary care providers
- PEPFAR SOLUTIONS
- AIDS FREE TOOLKIT
- Update of recommendations on first- and second-line antiretroviral regimens
- Male circumcision for HIV prevention

Thank you

Please reach out if you have further questions

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