Health worker sensitization:
Promising practices from PATA's REACH and Peers2Zero programmes

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Clinical Models of HIV Care for Adolescents
Presentation Outline

① The issue: Facility-based stigma & discrimination

② PATA’s REACH and Peers2Zero Programmes

③ Learning and recommendations

④ Key messages
ALHIV have:

- Increasing mortality
- Less access to treatment
- Present later to HIV services
- Poor adherence & retention
- Particular psycho-social age related transitions
How are these challenges being addressed by adolescent treatment and care services?
PATA/WHO situational analysis of HIV treatment and care services for adolescents

- Insufficient protocols for determining and managing non-adherence and LTFU
- Adherence counselling focuses on adherence behaviour rather than drivers of non-adherence
- Limited mechanisms for peer support
- Attend to adolescents - same time & space as adults/paeds
- No protocols to guide transition
- Limited integration of SRH services
- Insufficient data disaggregation & outcomes monitoring
“After delivery and after nursing her baby she should be left to re-unite with her fellow youth, but this time with caution not to mess up again but concentrate on studies.”

Doctor, Uganda

“We should be counselling young people to abstain, and discourage YPLHIV to be sexually active as they may pass HIV onto their child”

Nurse, Malawi
Adolescents report discrimination and negative service experiences

- Denied services
- Inferior services
- Mistreated
- Breached confidentiality
- Coerced

Report: Long waiting times and NEGATIVE provider attitudes

"the service providers ill-treat us, they shout at us as if we applied for the virus... they think we got it through being promiscuous. We are painted with one brush."

- 22 year old female participant from Zimbabwe

‘Health services are not friendly and not every young person is empowered like me to stand for himself/herself and get quality services.’

– 17-year-old, Female, Workshop Participant, Uganda.

http://www.unicef.org/eapro/Lost_in_Transitions.pdf
‘We request friendly and sensitized health care workers with positive attitudes and ask that HIV and SRH services be provided to us with care, acceptance, respect and without judgement. We should be provided with comprehensive information and recognized as capable of making our own decisions. Don’t lecture us, empower us!’
ALHIV have the right to non-discrimination in healthcare.
Rights based approach

- 2030 Agenda for Sustainable Development
- UNAIDS 2016–2021 Strategy
- WHO global strategy for human resources for health


http://www.who.int/hrh/resources/glob-strat-hrh_workforce2030.pdf?ua=1
Sensitizing health workers is a crucial strategy towards improving treatment outcomes and an adolescent friendly orientation.
PATA’s REACH and Peers2Zero Programmes

IDENTIFIED NEED
Health worker shortage

Expert Patient Programme
2007

LESSONS
Critical importance of peer support

REACH
2015

LESSONS
Importance of context & need for strengthened voice of YPLHIV within health settings

Peers2Zero
2016
Learning & recommendations

Drivers of health provider stigma & discrimination:

• Restrictive legislation and policy gaps
• Religious-cultural beliefs
  misinformation and negative messaging
• Fearful and ill-prepared – difficult decisions
• Power differential & limited means of redress
• Overburdened and under-resourced facilities
Capacity-building

Accountability

Activities

Policy into practice

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Thanks

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