Peer-led models: Adolescent HIV care and treatment

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Presentation Outline

① The issue: Poor adolescent outcomes
② PATA’s REACH and Peers2Zero Programmes
③ Learning and recommendations
④ Key messages and considerations
The issue: Poor ALHIV outcomes

• Since 2000, number of adolescent deaths from AIDS has tripled
• AIDS leading cause of death among adolescents (aged 11 – 19) in Southern & Eastern Africa.
• 32% of the 2.6 million children (age 0-15) living with HIV globally have initiated ART
• High rates of ART non-adherence
Paediatric AIDS Treatment for Africa

Action network of health providers and treatment teams across sub-Saharan Africa

PATA: Improving paediatric - adolescent HIV prevention, treatment, care & support

• Builds capacity to operationalise change on the frontline and offers a platform for

• Health provider & peer to peer exchange

• Sharing promising practises

• Advocacy

www.teampata.org
Non-adherence (n=1060 HIV+ adolescents)

**Past-week non-adherence to ART:**
- 36% (self-report)
  - Non-adherent
  - Adherent

**Past-weekend non-adherence to ART:**
- 25% (self-report)
  - Non-adherent
  - Adherent

**Past-year non-adherence to ART:**
- 52% (self report)
  - Non-adherent
  - Adherent

**Detectable VL (>75 copies/ml: clinic records)**
- Detectable
- Undetectable
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
How are these challenges being addressed by adolescent treatment and care services?
PATA/WHO situational analysis of HIV treatment and care services for adolescents

• “Peer to peer youth groups are highly effective since a common bond forms, and adolescents share their own personal issues, and find solutions for common problems.”

   Doctor, Ethiopia
“Young people offer a unique voice in the global fight against HIV. We play a crucial role as peer educators and peer supporters, providing and linking youth to quality HIV and SRH services...

We must be genuinely involved and at the forefront of developing, implementing, monitoring and evaluating services that affect us and organisations that seek to represent us. Our voices count and must be heard.”

_Dar Declaration, Youth Summit, July 2016_
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
Voices from the Field

“Being a Peer Supporter has been a very emotional, eye-opening and exciting experience for me...I am so grateful to be a part of this life changing project.”
— Olive, Peer Supporter at Chikowa Health Centre (Malawi)

“Peers are the best teachers.”
— Health Worker, Zalewa Clinic (Malawi)

“Peer Supporters bridge the gap between health facilities and patients.”
— Health Worker, TASO Gulu Centre (Uganda)

“They are role models to the other adolescents. They are able to help their fellow adolescent with poor adherence.”
— Health Worker, Tisungane Clinic (Malawi)
Rates of past-week adolescent ART non-adherence, by social protection access of food security, HIV support group and parental monitoring/supervision (controlling for socio-demographic co-factors)

54% No social protection
41% Support Group
40% Food Security
39% Monitoring
28% Food Security & Support Group
28% Support Group & Monitoring
27% Food Security & Monitoring
18% Food Security, Support Group & Monitoring

Learning & recommendations

• Peer support can play a critical role in increasing ado service demand & uptake

• Integrating peer supporters into facility teams may increase the number and range of ado-focused services

• Improved retention rates

• Ado patients report positive value (AFHS & psycho-social support)

• Positive impact on peer supporters’ own lives

• Improved health provider sensitization
Key messages & considerations

• True **integration** will require policy shifts & health systems strengthening
  - Peer supporter cadre vs entry point to other opportunities?

• **Meaningful involvement of AYPLHIV** in service planning, delivery and monitoring is essential
And finally...

- **Invest in young people, beyond the peer support role**

  “We also require investment in young peer supporters beyond delivering services, and request the creation of study, livelihood and income generating activities.”

  *Dar Declaration, July 2016*
Thanks

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