HIV treatment and care services for adolescents: A situational analysis of 218 facilities in 23 sub-Saharan countries

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Presentation Outline

① Situational analysis purpose
② Methods
③ Results
④ Key messages
Situational Analysis Purpose

Review adolescent HIV treatment and care services in sub-Saharan Africa in order to identify policy and programmatic gaps for contribution to the development of global guidance on adolescent treatment - commissioned by the WHO.
Methods

- PATA network health facilities & snowball method
- Cross-sectional survey
- High Level (HL) & Deep Dive (DD) versions
- Web-based platform with telephonic follow-up
- English, French & Portuguese
- Informed consent, anonymity, confidentiality & right of withdrawal
Results

- 218 health facilities

- 23 countries - 3 most represented countries Nigeria, Kenya, SA

- 3 sub-regions - West/Central Africa (27%), East Africa (35%) & Southern Africa (38%)

Fig 1. Sampled facilities by country & sub-region
80,072

Estimated ALHIV in care at sampled facilities
Non-adherence - key service delivery challenge

1. Non-adherence

2. Non-disclosure

3. Socio-economic challenges, including transportation costs & food insecurity
“Drug compliance – most of the adolescents do not comply with treatment because they are in their self discovery stage where they start questioning and some feel there is no point for them to take their medication after all they will die like their parents.”

• Nurse, Swaziland
Inadequate adherence & retention support

• 45% report no adherence assessment method or definition

• 39-41% no guidelines for supporting & managing non-adherence and LTFU
Poor quality adherence counselling

Fig 2. Content of adherence counseling

Focus on adherence behavior, rather than drivers
“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
Gaps in providing separate adolescent services

Fig 3. Facilities offering separate adolescent services

Fig 4. Variations in service model

Most common approach: specific day or time
Limited transition support

• Transition only where separate paediatric services are available AND more likely in tertiary centers

• 51% have guidelines/ protocols to guide transition

• 27% provide no transition counseling

• 44% focus on transition process itself, less often psychosocial support
Poor integration of SRH services & support for pregnant adolescents

• 63% provide SRH services within their HIV programs

• SRH services not comprehensive

• 46% cater to ‘special needs’ of pregnant adolescents

• 30% move pregnant adolescents to adult services
“We counsel them before they are pregnant that there are two ways to graduate to adult group, by age and falling pregnant.”

Nurse, Namibia

“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
Insufficient data disaggregation and outcomes monitoring

• 26% of facilities do not have a working definition of adolescence

• Where definitions exist, variance with start of adolescence spanning 8 to 21yrs

• 80% of facilities recording treatment outcomes do not disaggregate by age

• 34% facilities do not have a way to identify or record adolescent patients in facility records/admin
25% of facilities do not record any of these descriptors.
Spotlight on Uganda

- 25 facilities
- 33% urban, 33% peri-urban, 33% rural
- 25,805 adolescents in care

Positive outcomes compared to other countries
Key Messages

- **Standardization** - common definition of adolescence (10-19 years)
- **Strengthened data systems** to enable age / gender disaggregation
- Development of adolescent-friendly protocols, services & systems
- Clear definitions, guidelines, standards and tools - counselling content to support adherence, transition and retention
- **Peer support groups, activities & clubs** are a promising approach, and should be investigated
continued

• Adolescent-orientated services, incl. PMTCT & ANC, for pregnant adolescents

• Integrated, comprehensive SRH services in enabling environment

• Strengthened data systems to improved quality, uptake and impact

• Special support for West and Central African facilities
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