Reality check in paediatric and adolescent HIV: The here and now of service delivery on the frontline

Paediatric-Adolescent Treatment Africa: Local realities in the lead-up to 2020

EXECUTIVE SUMMARY

The extraordinary progress of the treatment era, with its focus on closing gaps and breaking barriers, has fuelled a global narrative that the end of AIDS is in sight.

But for paediatric and adolescent HIV, we require an unblinking appraisal of today's reality. Without early identification, prompt treatment and effective monitoring and care, infants, children and adolescents living with HIV are in real danger of being left behind. The first edition of the Paediatric-Adolescent Treatment Africa (PATA) situational analysis, 'Reality Check' provides valuable insights into what is happening – and what is still not happening – at the frontline of the paediatric and adolescent HIV response.

The situational analysis highlights four intangible gaps that must urgently be addressed. While the treatment gap between children and adults receives deserved attention, there are additional, but less obvious gaps that hold the key to providing a more grounded and holistic response.

The situational analysis assesses routine service delivery across health facilities in the PATA network, provides a unique health provider perspective and is organised around the following gaps:

1. The practice to policy gap

The gap between policy and practice often implies practice needing to keep pace with policy. The gap, however, is bidirectional. It is often policy that needs to catch up to the leading edge of practice. Health providers are in the trenches of the HIV response and provide a unique source of information. Their voices, however, often do not reach the global level.

The biggest challenges health providers face today in caring for:

Infants and children living with HIV

1. Insufficient caregiver support (59%)
2. Non-adherence, loss to follow-up and treatment failure (40%)

Adolescents and young people living with HIV

1. Non-adherence and loss to follow-up (45%)
2. Stigma, discrimination and peer pressure (37%)
3. Non-disclosure (27%)

What's working?

Infants and children living with HIV

- Specific clinic days or times dedicated to children
- Child-friendly spaces, including play areas and special activities
- Harmonised mother-infant and family visits

Adolescents and young people living with HIV

- Peer support models, including peer supporters providing
- services, peer support groups, and youth camps
- Adolescent-friendly spaces and services
- Specific clinic days or times dedicated to adolescents and young people, including weekend services

2. The service gap

The big gaps

- Active case finding outside of health facilities
- After-hours services and other differentiated services for children and adolescents
- Integrated adolescent-centred antenatal and HIV services for HIV-infected pregnant adolescents
- Mechanisms for children and adolescent clients to provide input and feedback

The good news

Facilities are providing:

- Psychosocial support services (although quality is unknown)
- Reduced waiting times for children and adolescents
- Dedicated clinic times for children and adolescents
- Pill counts for adolescent clients
- Home visits to track mother-infant pairs, children and adolescents
- Linked records for mother-infant pairs
- Electronic medical records

3. The community gap

Without a bold, empowered and linked community response, countries will not achieve universal antiretroviral therapy coverage. Community-based organisations (CBOs), community health workers and peer supporters must be integrated into the health system response. Yet feedback loops between health facilities and CBOs remain weak, with only 38% of facilities communicating directly with CBOs to ensure completed referrals.

Our situational analysis found adolescent peer support to be associated with an almost seven-fold increase in the likelihood of higher average adolescent viral suppression rate. However, operationalizing peer support requires careful consideration and planning.

4. The information gap

PATA found the highest volume of missing data and error rates in loss to follow-up and viral suppression data. To support evidence-informed policy and programmes, new and better data are required. Not only does the routine collection of disaggregated data need to be improved to inform policy, but increased use of this data at facility level is required.

With 2020 in sight, there is no time to waste in making our goals a reality. Children and adolescents must not be left behind. By understanding the barriers on the frontline and truly grappling with the perspectives of those at the centre of service delivery - health providers - there is an opportunity to bridge the gaps in practice to policy, service delivery, community and information. Only then will we be able to achieve an AIDS Free generation in sub-Saharan Africa.

As the world embarks on a fast-track strategy to end AIDS by 2030, health providers remain at the front and centre of the AIDS response. PATA, together with health providers and its partners are on a mission to bridge the gap and realise a vision where all children and adolescents living with HIV in sub-Saharan Africa receive optimal and stigma-free treatment, person-centred care and support and live long healthy lives.