Health Care Providers as Youth Advocates

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Presentation Outline

▪ Defining advocacy
▪ Advocacy roles for health care Providers (HCP)
▪ Building HCP Capacity for AYP (Adolescents & Young People) Advocacy
▪ Advocacy roles for clients
▪ Examples in EGPAF programs
▪ Way forward
Health Care Provider (HCP) Advocacy

Advocacy is the process of increasing support and building a favourable environment for a particular issue/need –

......In this case: Advancing sexual reproductive health and rights (SRHR) of adolescents and young people

HCPs advocacy for AYP can:

• Improve access to health care services for HIV, SRHR (availability, packages of services, linkages/referrals)

• Increase meaningful AYP participation in service awareness and use, for preventative, curative and chronic care

• Ensure the rights of all clients are observed (inclusive and diversity)
Complexities in HIV and Young People

- Stigma
- Disclosure (Perinatal & Horizontal)
- Barriers to testing, prevention & treatment services
- Adhering to lifelong medications
- Health Care System Barriers
- Under-reported violence
- Limited Involvement of 10-24 year olds
- Peer Influence
- Onset of sexual activity & perceived HIV risks
Advocacy: Provider Perspective for HIV services

- Capacity to spend time with clients & available support services
- Sensitivity to the HIV care /SRH needs by age, developmental stage & diversities (integration / specialized / right package/ Timing & space)
- Development of trust and long-term relationship with the client & caregiver
- Innovation & Contributing to evidence of what works for AYP
- Empowering AYP / Caregivers
- Advocacy for the client beyond healthcare system
- Inclusive and strategic partnership for effective advocacy
Capacity Strengthening of HCP for AYP Advocacy

• Continued education/update of health care workers including lay/peer providers, Community/School providers on:
  ✓ HIV/AIDS and SRH, including Issues related to youth and HIV vulnerability
  ✓ Sensitivity and diversity training

• Provide HCPs with guidance and tools to accelerate meaningful participation of AYP:
  ✓ SOPs & facility AYP services tools
  ✓ Communication materials and advocacy messaging

• Support HCPs to implement differentiated service delivery in facilities, schools & communities

• Support and care for the carers
Advocacy: Two-Way Relationship

Involves: clients and caregivers (especially if minors)

Clients and caregivers can:

- Engage providers to be invested in care and service access
- Communicate clearly their treatment needs and goals
- Ask for more information or to learn about options available
- Good attitude and responsive
EGPAF Strategy and Examples of HCP Advocacy in Programs

EGPAF recognizes that meaningful participation of youth is integral to success of programs!

- External: Foundation Ambassadors
- Internal mechanism: Committee of African Youth Advisors (CAYA)
- Project and country-specific Adolescent Champions & Peer leads
- Peer educators trained to provide education on SRH and HIV, refer adolescents to clinical services, mobilize adolescents living with HIV to form & attend support groups, and facilitate these groups
- Trains & equips HCP to be AYP responsive
EGPAF’s Global Coverage: 19 countries and over 5,000 sites

13 EGPAF Countries with AYP HIV Activities

HIV Treatment: 96,074 Youth in Care
Kenya: Red Carpet Project

Adapted from the Washington, DC, USA-based Red Carpet program. Aligned to national guidelines. Focus on linkage to care and early retention care.

**Key advocacy activities:**

- Provider training to improve linkage to care and quality of care with adolescents and young people’s involvement

- Meaningful adolescent involvement in project design & implementation through youth facility advisory committees - peer-led advocacy

- School-based peer implementers - called Peer Advocates to support learners living with HIV within school environment and promote positive living and anti-stigma messaging within schools

Kenya: School Directly Observed Therapy

Opportunity:
• Suppression rates in adolescents living with HIV (ALHIV) in boarding school, Point of Grace Academy (POCA), very low
• Clinician led advocacy for ART access and support at school

Result:
• A locked drug cabinet was placed in the matron's office
• Drugs labelled with students names to avoid confusion
• Matron was supported to work with treatment buddies/ ambassadors to ensure zero missed doses or meals
• Matron & peer leads supported clinic appointments attendance
• Clinician visited the school to offer mentorship, disclosure support and viral suppression monitoring
Data: Ober Kamoth Hospital

Adolescent outcomes: BEFORE

Eligible: 34
Suppressed: 18
% Achieved: 81%

Adolescent outcomes: AFTER

Eligible: 39
Suppressed: 38
% Achieved: 100%
Enabling AYP HIV Advocacy & DSD Models: Examples

- Specialized teen mothers programming enables providers to enhance care (Johnson & Johnson & AIDS Free JSI - Kenya)
- Adolescent Corners in facilities, schools & Mobile clinics
- Comprehensive & Integrated clinic days with MDTs (counsellors, nurses, social workers, pharmacist, psychologist)
- Victory Clubs: for ALHIV with unsuppressed viral loads (CIFF Tanzania)
- Engaging ALHIV as index client to test & treat their sexual partners & siblings (ELMA - Kenya)
- Using incentives and supporting providers to track a cohort’s progress toward meeting incentive criteria (CIFF Kenya)
Way Forward

• Recognizing that HCPs are core and peer supporters are vital part of team
• Involving AYP in the design, implementation & evaluation of services for them
• Building capacity of HCP & clients to implement quality care including mentorship, south-to-south learning and practical skills building exercises
• Embracing inclusiveness and diversity, gender equality, gender sensitive and human rights based approaches
• Planning for advocacy targets to change over time - keeping up with improving access to treatment and prevention options
• Engaging strategic partnerships for effective advocacy
Parting Shot!

• Access to comprehensive, age-appropriate sexual health information and services equips young people with right tools to make healthy choices

• Opportunity to advocate for their SRH and rights gives young people a deep sense of empowerment

• Combining empowerment with peer education/support allows young people learn from one another, and build their leadership skills

• Young people must be included in advocacy and public health initiatives designed to serve their communities
Thank you!

RIGHTS, RESPECT, RESPONSIBILITY!
“Nothing for Us without Us”

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