We need policy decisions that target and support coordination of care. However, community leadership should be engaged throughout, and community outreach and engagement must be coordinated within a single joint community-health facility strategy.

Conclusion:
Results indicate persistent service gaps across the keep-locate-link-treat-retain cascade for infants, children and adolescents with HIV. This informative evidence identifies critical barriers on the ground and proposes key interventions needed to address. Accelerated and sustained impact will require improving and scaling up service delivery through a coordinated approach focusing on upstream models that enhance both health facility and community-based services with strong, cross-sector collaboration and linkage to other sectors.

Key comments:
“We need paediatricians and targets to see that paediatrics is seen as important by funders.”
South Africa

“We need policy decisions and monitoring of implementation.”
Botswana

“Community participation is crucial for the success. However, community leadership should be engaged throughout, and community outreach and engagement must be coordinated within a single joint community-health facility strategy.”

As we take whole blood instead of DBS nurses in the wards feel they are not taking ownership of the programme and it is an effort driven programmes.

Contact us
www.teampata.org
/PediatricAdolescentTreatmentAfrica/
@teampata

Pediatric-Adolescent Treatment Africa
Registered as: Pediatric AIDS Treatment Africa.
NPI: NPO 2007/01597/08. BID 930043219

Until no child has AIDS.

Elizabeth Glaser Pediatric AIDS Foundation
ICAP
Washington University in St. Louis
Institute for Public Health
University of Oxford
University of Cape Town
University of Zimbabwe
University of Zimbabwe
University of Malawi
University of Zambia
University of Zambia
University of Nigeria
University of Nigeria

Background:
- Nearly four decades into the HIV epidemic, only half of children living with HIV globally are on treatment and even fewer receive the quality of care they need to survive and thrive. This remains a persistent global health challenge.
- Despite our efforts, progress has stagnated and we are set to fail the 2020 UNAIDS targets by a substantial margin.
- Data from research, surveillance, and program monitoring have shown that adolescents and young people have lower rates of knowing their HIV status, linkage to care and treatment, retention, and viral suppression.
- Despite having policies, diagnostic tools and treatment, we are faced with severe service delivery gaps that are largely unaddressed.

Methods:
In 2019, Pediatric-Adolescent Treatment Africa (PATA) and United Nations International Children’s Emergency Fund (UNICEF) in collaboration with key stakeholders convened a frontline health provider survey using snowball sampling within the PATA, ANECCA and EVA networks as well as international NGOs.
The 50-minute survey comprised over 80 questions to assess provider preferences and perspectives of HIV service delivery for infants, children and adolescents.
The survey was available in English, French and Portuguese on a web-based platform, with data gathered over 11 days.
Data were analyzed using descriptive statistics and thematic coding

Results:
The sample: The health providers from 30 countries, primarily from sub-Saharan Africa, participated.
Participants were mostly nurses (43%) at primary health facility level (44%)
Participants represented urban (48%), peri-urban (19%) and rural (33%) settings.

4% 2%
10%
11%
41%
20%

EID CF FICT Outreach

71% 79% 85%
33%

Locate & link:
Service delivery strategies identified as being most effective were as follows:
- To LOCATE and LINK missing infants, children and adolescents living with HIV to services, 48% of providers recommended community sensitization, tracing and testing.
- Low rates of outreach were reported (8%), and linked to limited resources (e.g. insufficient staff time and transport) and consent challenges.
- Outreach improvement approaches included effective planning for highest public sensitization and awareness raising of the community prior to the community outreach event, client/community collaboration, integrating existing platforms and events, integrating services and screenings (not just HIV and criminal justice policy and administrative processes) regarding consent barriers.

Treatment:
- TREATMENT initiation for these age groups was reported as physician-prescribed by 69% of providers.
- Providers underscored insufficient training as the major constraint to prescribing treatment.
- Nurse-led refills were also sub-optimal across age groups.
- The main enabler for health providers who do prescribe treatment was availability of health education for adolescents.
- Service delivery strategies identified as being most effective were as follows; o Health education for adolescents
  o Peer support
  o Support groups
  o Buddy system
  o Differentiated service delivery
  o Clinic community collaboration
  o Caregiver support
  o Health provider training
  o Clinic sensitization
  o Community outreach event, clinic community collaboration, integrating existing platforms and events, integrating services and screenings (not just HIV and criminal justice policy and administrative processes) regarding consent barriers.

Conclusion:
Service delivery strategies identified as being most effective were as follows; o Health education for adolescents
  o Peer support
  o Support groups
  o Buddy system
  o Differentiated service delivery
  o Clinic community collaboration
  o Caregiver support
  o Health provider training
  o Clinic sensitization
  o Community outreach event, clinic community collaboration, integrating existing platforms and events, integrating services and screenings (not just HIV and criminal justice policy and administrative processes) regarding consent barriers.

Key words:
“Community outreach event, clinic community collaboration, integrating existing platforms and events, integrating services and screenings (not just HIV and criminal justice policy and administrative processes) regarding consent barriers.”

Data were analyzed using descriptive statistics and thematic coding.