The power of peers: Multi-country analysis of adolescent viral suppression in sub-Saharan Africa

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"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." – Call to Action – Peers to Zero Dar es Salaam Peer Supporter Declaration

Background

- UNAIDS fast-track targets require 90% of people on ART to be virally suppressed, but we are far from reaching this goal in adolescents and young people.
- Limited age-disaggregated data from sub-Saharan Africa reflect viral supression rates of 33-56% in these age groups.[6]
- Overburdened health facility teams are often unable to offer the psychosocial support and services needed to provide holistic, integrated and comprehensive care to young people.
- Adolescents report stigmatising and unsupportive health provider attitudes, with several studies detailing adolescent experiences of being scolded, shamed, patronised, reprimanded, silenced, punished, stigmatised and discriminated against.[4]
- Health facility-based adolescent peer supporter programmes have gained recent attention as a promising scaleable intervention. These interventions draw on the knowledge and lived expertise of young people living with HIV to plan, deliver and monitor HIV services.
- Peer-led interventions have the potential to deliver high-quality and context-specific services to support ART adherence, retention in care, viral suppression and psychosocial wellbeing.
- We urgently need to examine their effectiveness in real-world settings in sub-Saharan Africa and gather more rigorous evidence.
- This is the first known multi-country analysis of the impact of facility-based peer support on adolescent viral suppression.

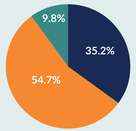
Objectives

While the contribution of adolescents and young people living with HIV (AYPLHIV) is increasingly relied upon in service delivery, evidence of the impact of peer-led interventions on HIV outcomes is lacking. This analysis was conducted in response to the urgent need for operational evidence and practical examples of peer-led interventions at health facility level as well as the impact of these interventions on real-world health outcomes such as viral suppression.

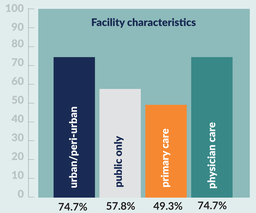
Methods

- In 2017, Paediatric-Adolescent ÃTreatment Africa (PATA), a network of frontline health providers across sub-Saharan Africa, conducted cross-sectional surveys with 71 health facilities from 13 countries in Southern, Eastern, West and Central Africa to assess facility-level characteristics and past-year adolescent (10-19 years) viral suppression rates.
- Data were analysed using multivariate logistic regression to measure the impact of ≥1 facility-based adolescent peer supporter on adolescent viral suppression rate, controlling for: country, urban/rural location, public/private facility, level of facility (primary/secondary/tertiary) and physician/non-physician care.
- UNAIDS Eastern and Southern Africa (ESARO) 2017 data for all people living with HIV were used to define the regional viral suppression rate as 50%.[8]

Results



Facility respondents were from **Southern**, **East** and **West/Central** African regions.



Controlling for these facility characteristics, provision of facility-based adolescent peer support was associated with an almost seven-fold increase in the likelihood of aggregate adolescent viral suppression above that of the ESARO regional rate (adjusted OR 6.95, p=0.02, CI 1.28-37.59).

Challenges

- Few peer supporter models specifically target young key populations such as young men who have sex with men, young sex workers, young transgender and gender non-conforming youth, and young people who inject drugs. Reasons include restrictive legal and policy environments, stigma, discrimination, lack of awareness and inadequate funding.
- Despite being highly cost-effective, funds for programme activities and financially supporting peer supporters with a stipend or salary can be difficult to raise and maintain.
- Securing physical space for the delivery of confidential peer services can be challenging.
- A significant time investment is required by health facilities and programme staff to train, mentor and provide on-the-job and psychosocial support for young peer supporters.
- Provision of peer support is not a long-term career opportunity, and few mechanisms exist to manage peer supporter expectations and provide skills-building, career development and mentorship.

Read more about lessons and challenges in *PATA: Promising practices in peer support for adolescents and young people living with HIV*.

Conclusion

Findings suggest that peer support should be a key service component of the facility-based health response for AYPLHIV in sub-Saharan Africa, regardless of where facilities are located, their level of care or health provider profile. However, further operational research is needed to determine how best to implement and integrate peer supporter programmes. PATA will seek to develop a package of supportive materials and resources for the establishment of peer-led services in low-resource facility settings in order to optimise the power of peers for the health and wellbeing of AYPLHIV.

Lessons

- Provision of facility-based adolescent peer support is associated with a dramatic increase in the likelihood of higher aggregate adolescent viral suppression.
- The effect of peer support on adolescent viral suppression was independent of whether the facility:
  - Was located in an urban, peri-urban or rural setting
  - Was public or private
  - Provided primary, secondary or tertiary level care
  - Had a physician

This shows that regardless of geographic setting and various operational variables, the presence of a peer supporter is a significant facilitator of improved adolescent HIV outcomes.

"These adolescents are role models to the clinic and we refer every adolescent who is not disclosed to them." - Health provider, Tisungane Clinic, Malawi

"We feel better sharing with peer supporters rather than with doctors because some doctors think they are above us." - Adolescent living with HIV, Uganda

"When I go to (the peer supporter), I tell the truth. We can speak freely as young people." - Peer supporter, PATA 2016 Youth Summit, Kenya

"The presence of the peer supporters has bridged the gap between the clinic team and adolescents who did not feel comfortable discussing their experiences and challenges with adult staff, but now find it convenient to discuss with their peers." - Health provider, Baptist Hospital Mutengene, Cameroon

"Keep the peer supporters! They help people to open up more; young people tell them things that are difficult to tell the counsellors." - Adolescent living with HIV, Uganda

"As a young adolescent living with HIV, life has not been easy for me…I am working to mobilise money for school fees because my goal is to achieve a high level in counselling. It always has been my goal to help millions of young positive children to have a healthy, positive life." – Peer supporter, Mulago ISS Clinic, Uganda

"The peer supporters not only add availability of human resources but work best with young people considering they themselves are young people, who understand beyond what most adult providers could comprehend. They are an attraction, inspiration and motivation for adolescents facing stigma and discrimination and adherence challenges." - Health provider, Lira Infectious Diseases Clinic, Uganda

Achieving viral suppression:
Good practice for facility-based peer support models

- The needs of AYPLHIV are diverse and there is no one-size fits all model. As far as possible, peer supporter services should be differentiated to meet the specific needs of various groups of AYPLHIV.
- Peer supporters can model positive living while still having fun and connecting with peers, which can help to combat the negative effects of self-stigma and peer pressure.
- Engaging peers in service delivery through facility-based peer support can reduce the burden on health workers through task sharing and shifting.
- Creating opportunities for inter-generational dialogue between young peer supporters and health providers is a key methodology in meaningfully engaging AYPLHIV in designing, monitoring and evaluation services and improving adolescent-friendly health services.
- Peer supporters should be included and involved in all stages of service design, implementation and evaluation.
- Health facility staff should be briefed on the importance of the peer supporter role on key patient outcomes, including viral suppression, in order to understand its value, create buy-in and ensure effective integration.
- Peer supporters should be recruited from within the health facility, specifically those AYPLHIV who are adherent, actively involved in support groups and feel comfortable to disclose their HIV status.
- From the onset, mentorship, skills development, training and psychosocial support should be planned for, budgeted and integrated into peer supporter models, while ongoing supervision for peer supporters is needed to clarify tasks and responsibilities to coordinate effective task sharing and shifting in service delivery.
- Comprehensive orientation and dedicated job descriptions for peer supporters must be provided and peers should have access to information, education and communication materials, necessary job aides and referral forms, with clear training and protocols on how to utilise them.
- Implementers of peer models may provide different types of financial and in-kind support to peer supporters, such as transport, food allowance, stipend, vocational training support and/or salary. Facilities should strive to support and remunerate peer supporters as far as possible in acknowledgement of the value and expertise that peer supporters offer.
- Ideally engage more than one peer supporter per clinic to enable collaboration, mutual support and task sharing, with the option of matching different levels of experience and/or involving both male and female peer supporters.
- Peer supporters should, where possible, be supported to link and engage with youth-based organisations and youth networks to raise service-level and adolescent-specific issues in the policy arena.
- Peer supporters can offer support through support groups, counselling, health education and home visits but can also facilitate a range of administrative services and activities that may include: data entry, reception, bookings and follow-ups, pill counts and pharmacy support duties.

"I feel I am not alone. I have been able to motivate many other adolescents who sometimes come to the clinic when they are so down and depressed." - Peer supporter, JCRC, Uganda

"Home visits carried out by the peer supporters go a long way to reinforce adherence to care and treatment services. Peer supporters have established constant connection with the adolescents which the clinic staff could not especially do due to the work load." - Health provider, Nkwen Baptist Health Centre, Cameroon

"I am helping other young people. I get to talk to lots of people. I love the new experiences and you talk through the myths that people believe and help them learn and I also learn from them." - Peer supporter, JCRC, Uganda

"I love talking to the youth, sensitising them about HIV/AIDS, telling them about how to take their drugs and adhering to their drugs, I love knowing about their challenges and seeing how I can help them out, whether it is talking to family members or their friends I am willing to do that." - Peer supporter, Baylor Uganda, Uganda

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