

Peer supporters are a crucial prong in the HIV response: health provider perspectives



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BACKGROUND

- Health facility-based adolescent peer support programmes have recently gained attention as a promising, scalable intervention in planning, delivering and monitoring services for adolescents and young people living with HIV (AYPLHIV).
- Emerging evidence suggests that peer-led service delivery models improve outcomes and health service engagement for adolescents and young people living with HIVⁱⁱⁱ. Peer support strategies can positively support HIV disclosure, development of self-esteem, social connectedness and group belonging.
- WHO recommends peer support including peer counselling for adolescents and young people living with HIV (AYPLHIV) age 10-24 years, which draws on the knowledge and lived expertise of lay young people living with HIV (YPLHIV).
- Although such programmes are being scaled up, real-world impact remains scarcely documented.
- There is very little documented evidence on health provider perspectives on the benefits and barriers of peer support engagement in the health facility and its impact.

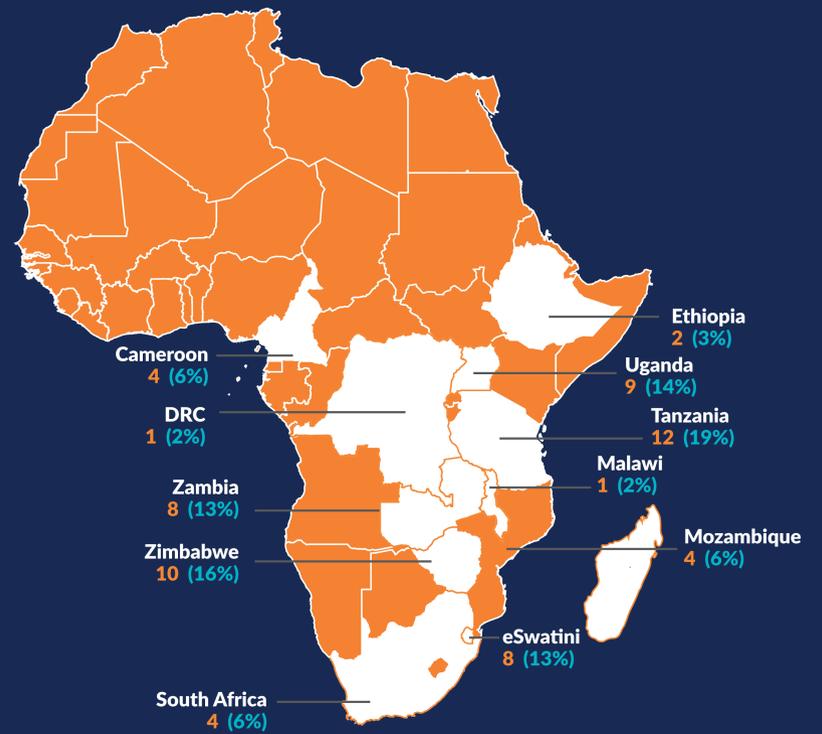
The term, "peer" refers to people who are equal in some or other way. This equality can be defined by age, gender, geographic location (people from the same village or area), background or health status. Peer supporters are trained to provide peer-to-peer psychosocial support and usually have a range of skills that enables them to help in different situations and with health-related issues, for example treatment literacy and adherence.

Peer supporters are an important part of the healthcare team and work closely with other health providers. They may not have any formal professional or paraprofessional certificate or degree. Most work on a voluntary basis or receive a stipend. Depending on the setting they may have different titles, but they are still united by some common elements.

METHODS

- Paediatric Adolescent Treatment Africa conducted a cross-sectional survey among 31 health providers from 11 sub-Saharan African countries who attended the PATA 2018 Youth Summit. Countries included Cameroon, DRC, Eswatini, Ethiopia, Malawi, Mozambique, South Africa, Tanzania, Uganda, Zambia, Zimbabwe.
- The main objective of the survey was to establish what health providers understand to be the most important activity peer supporters perform to improve services and outcomes for AYPLHIV. In addition, health provider perspectives on peer support benefits and barriers were explored.
- Data was analysed using descriptive statistics to describe central tendencies.

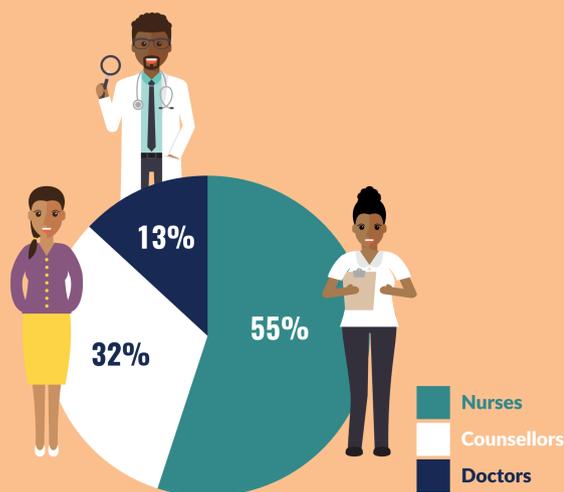
DEMOGRAPHICS



RESULTS

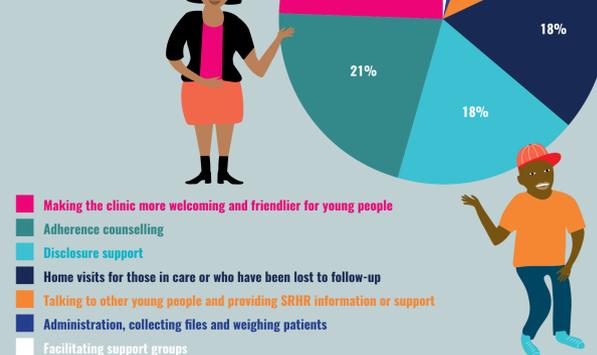
Respondents were 85% female, mean age of 40 years and originated from Southern (56%), East (37%) and West/Central Africa (8%). Respondents comprised of three categories: nurses (55%), counsellors (32%) and doctors (13%).

CATEGORIES OF HEALTH PROVIDERS



PEER SUPPORTER ACTIVITIES

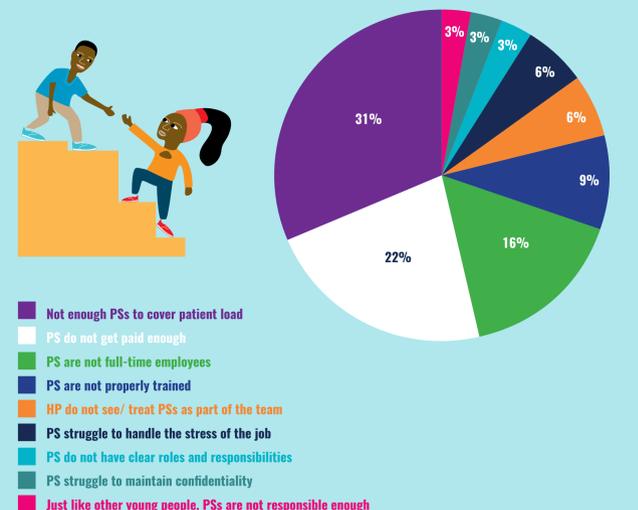
A health provider perspective: Most important activities peer supporters undertake to improve services and outcomes for adolescent patients at the health facility.



All participants (100%) reported that engaging peer supporters is beneficial in providing services for AYPLHIV.

They reported that the most important peer supporter activities included "making the clinic more welcoming and friendlier" (26%), adherence counselling (23%); disclosure support (19%); and conducting home visits for those lost to follow-up (16%). These perceptions were similar across the three health provider categories.

PEER SUPPORTER CHALLENGES



Health providers also described the biggest challenge their facility face in terms of implementing a peer support programme. Health providers indicated that not having enough peer supporters to cover the patient load was the biggest challenge (31%), followed by peer supporters not getting paid enough (22%) and peer supporters not being full-time employees (16%).

Health providers identified several enabling factors for the successful implementation of peer support programmes in health facilities.

- Peer supporters provided clear description of role, responsibilities and terms of engagement
- Health providers provide ongoing support and mentorship to peer supporters
- Training and capacity building of peer supporters in for example HIV counselling and testing
- Additional resources provided to peer supporters such as increased stipends or mobile phones
- Integration into existing adolescent-and youth-friendly service activities such as teen clubs
- Link peer supporters to opportunities that drive resilience and skills-building
- Acknowledge and motivate the role and contribution of peer supporters to build motivation
- Support the development of mechanisms that facilitate the participation and engagement of peer supporters in service delivery planning, delivery and evaluation

CONCLUSIONS

- Findings build on a growing body of evidence that demonstrate the benefits of peer support and provide insight into the activities that health providers most value.
- Peer support activities strengthen service delivery across the prevention, treatment and care cascade.
- Peer supporters were understood to contribute positively to creating a more adolescent-youth friendly environment, thus promoting service uptake, linkage, treatment initiation and retention in care. This in turn strengthens ART adherence

and virologic suppression. This makes the peer support model a critical strategy in the HIV response.

- While peer support is increasingly scaled up and the contribution of YPLHIV peer supporters increasingly acknowledged, key operational challenges and complexities persist. Integration of the model into the health system requires careful consideration, especially in relation to roles, responsibilities and the ethical and meaningful engagement of YPLHIV in service delivery.
- Further operational research is needed to determine optimal implementation approaches and to inform the development of guidance and standard operating procedures for efficient and effective scale-up of such models.
- Such evidence is critical for building investment cases and may lead to adoption and resource allocation of such models from within national health systems.



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Registered as: Paediatric AIDS Treatment for Africa.
NPC. NPO 2007/01297/08. PBO 930034219

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