

Opportunities and Challenges in HIV Service Delivery for Adolescents: Taking Evidence to Scale



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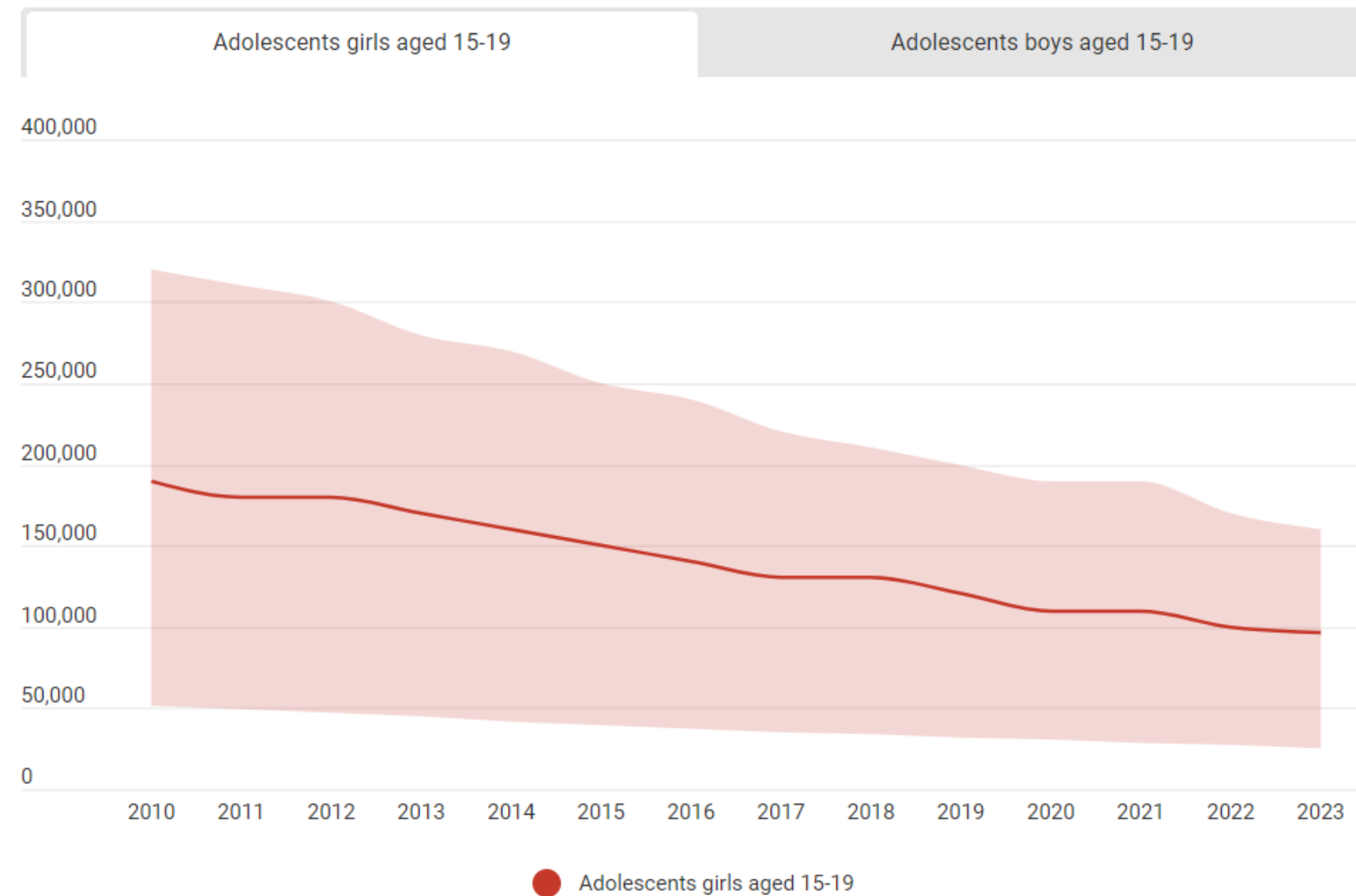
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Disclaimers Claims:

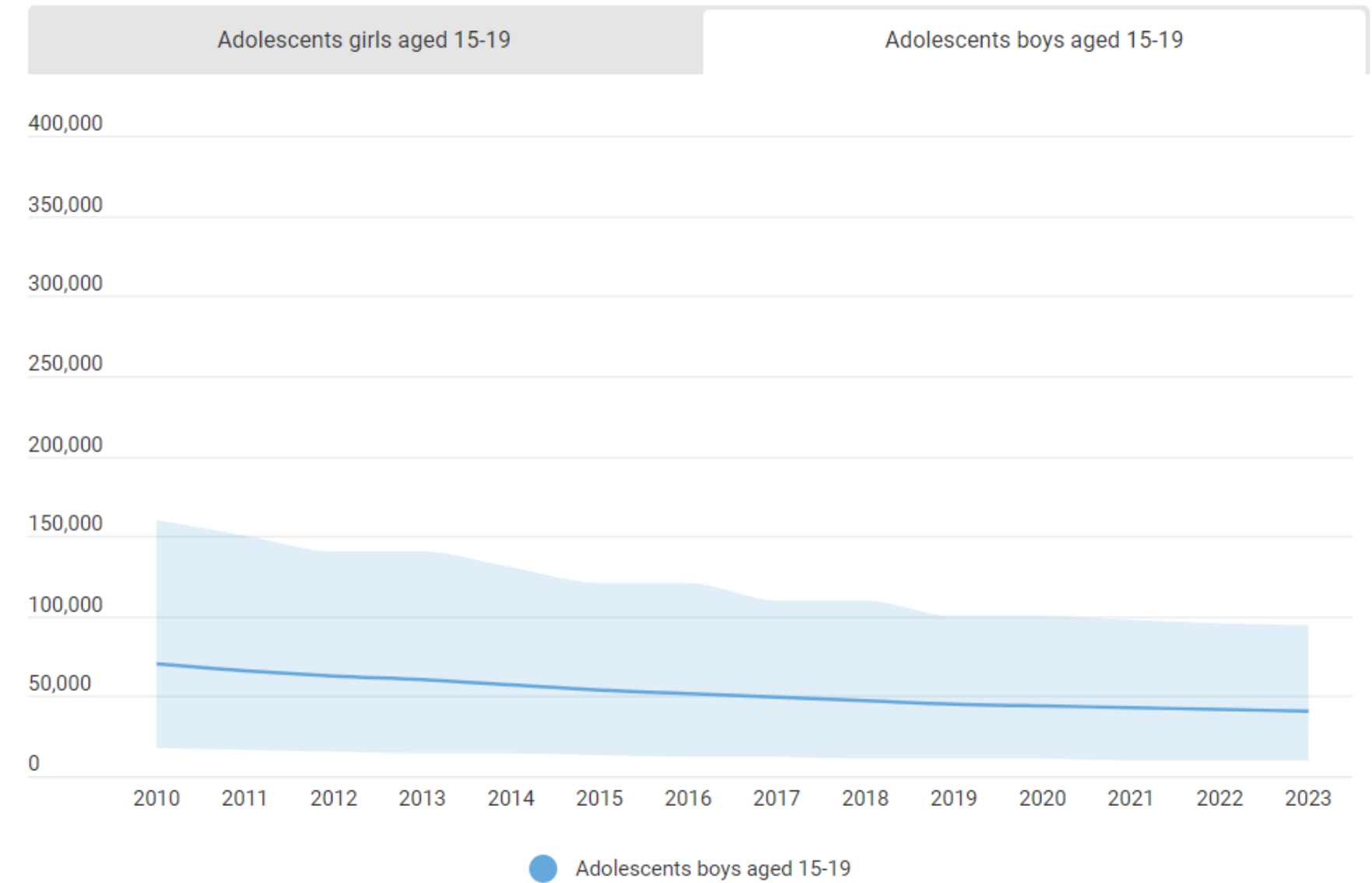
- I have been implementing HIV treatment programs for children and adolescents in Nigeria for almost 15 years
- I am a fan of implementation science and accelerating the scale up of evidence into practice
- Objectives:
 - Understand current trend of adolescent HIV, globally and in Africa
 - Describe challenges and opportunities in adolescent HIV service delivery in Africa
 - Introduce implementation science and service integration as opportunities

Where are we at with adolescent HIV, globally and in Africa?

Number of annual new HIV infections among adolescents girls and boys aged 15–19 years, 2000–2023



Number of annual new HIV infections among adolescents girls and boys aged 15–19 years, 2000–2023



UNAIDS data for 2023:

- 1.6 million 10-19-year-olds living with HIV
 - 1.3 million (over 80%) in WHO African Region
 - ~65% on ART

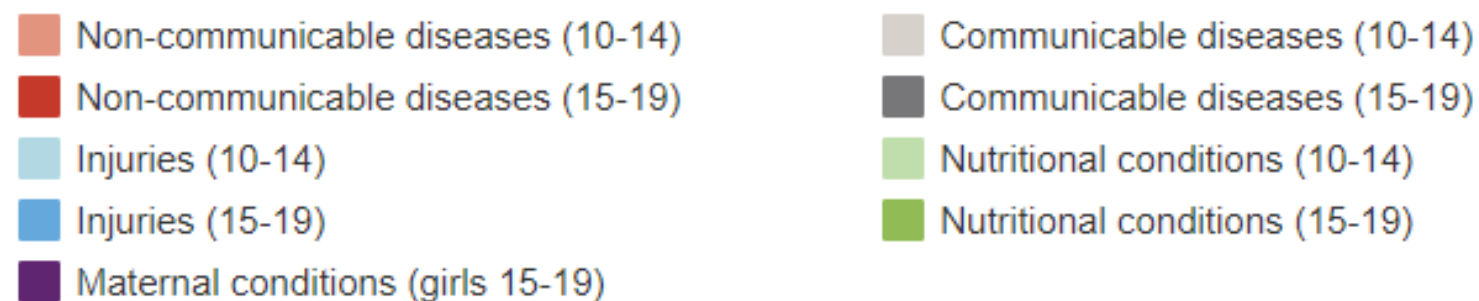
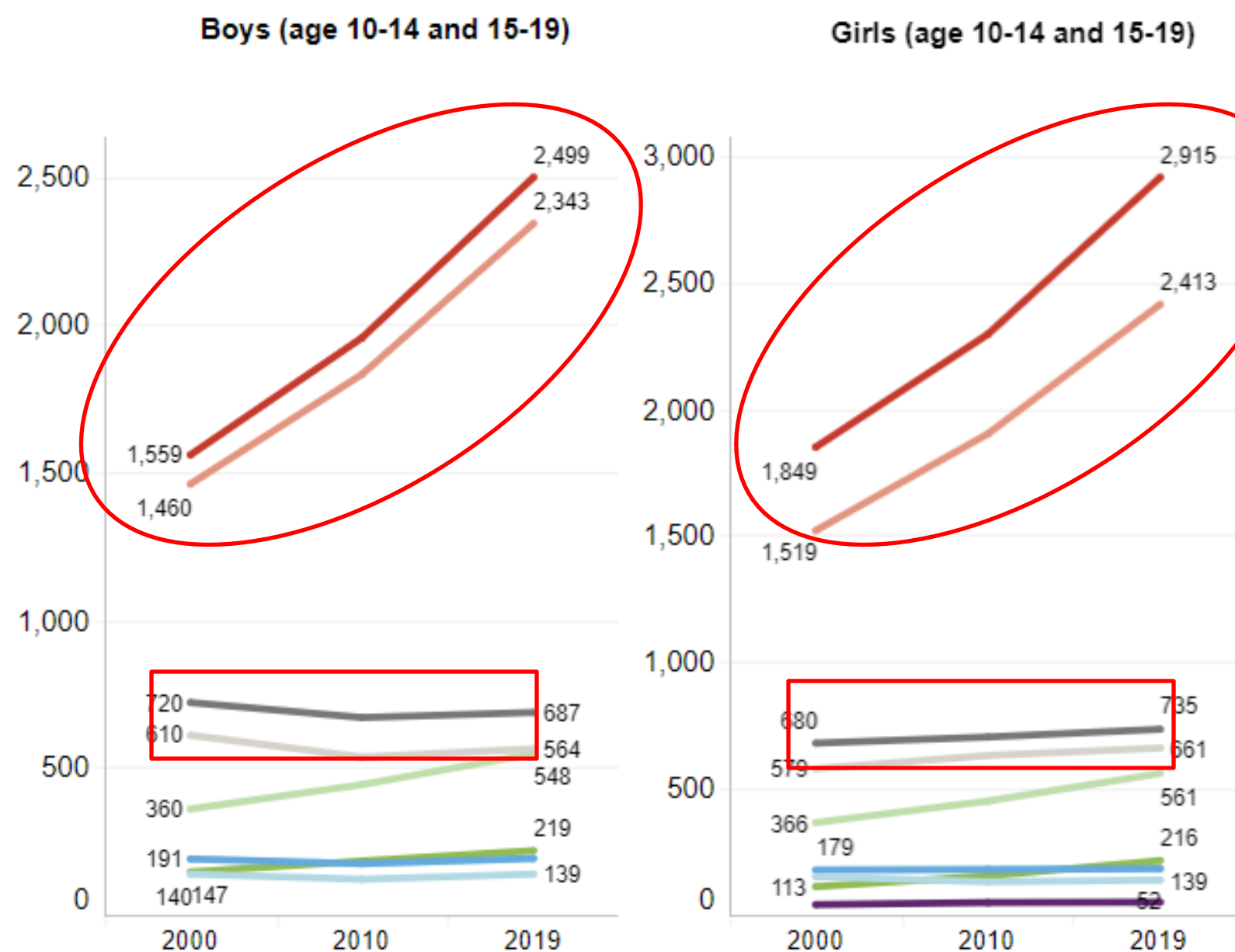
We need to address adolescent HIV in the context of overall adolescent health

Burden of disease among adolescents age 10-19

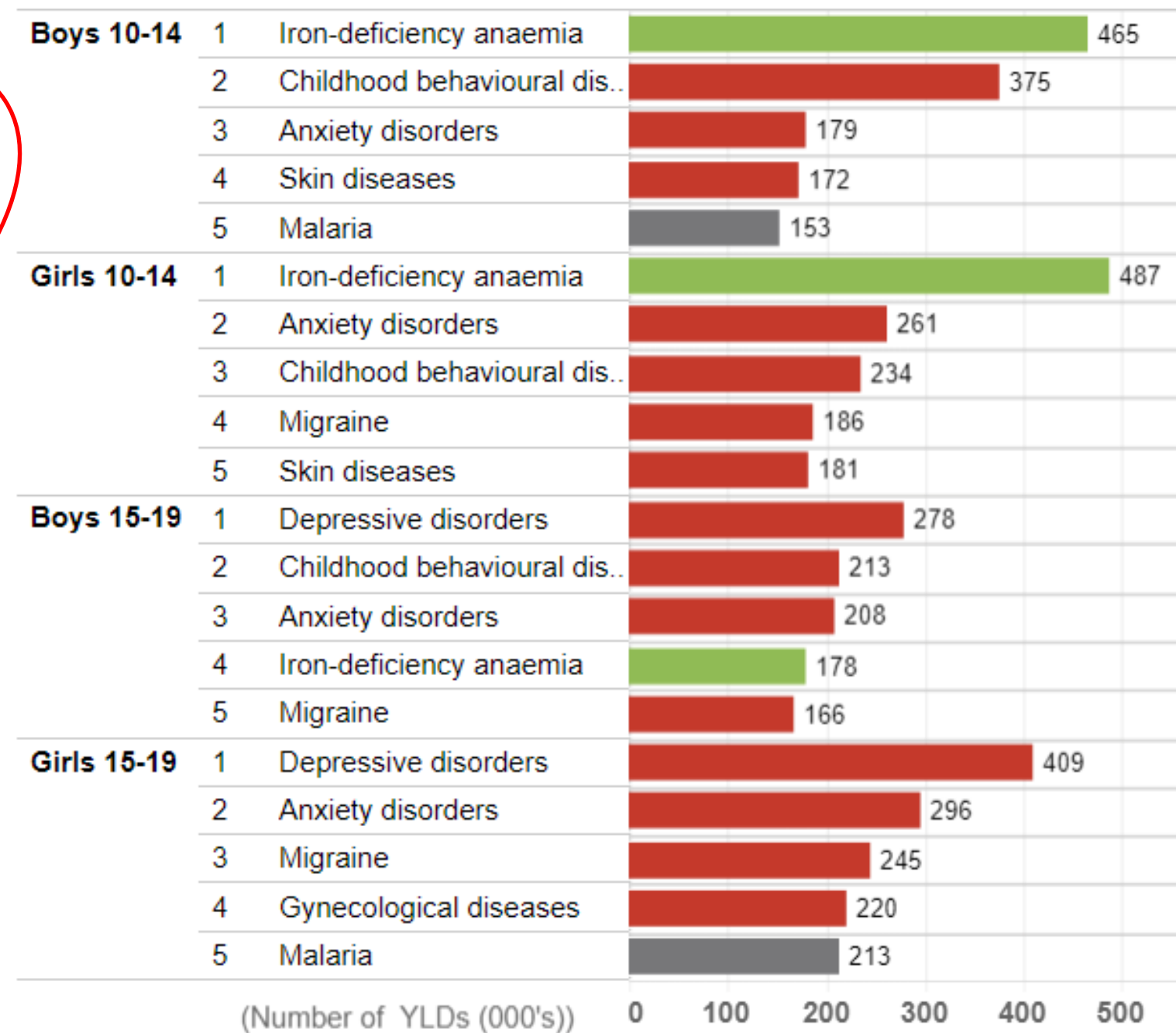
AFRICA: West/Central, East and southern regions

YLDs (000's) by cause (2000-2019)

[Export data](#)

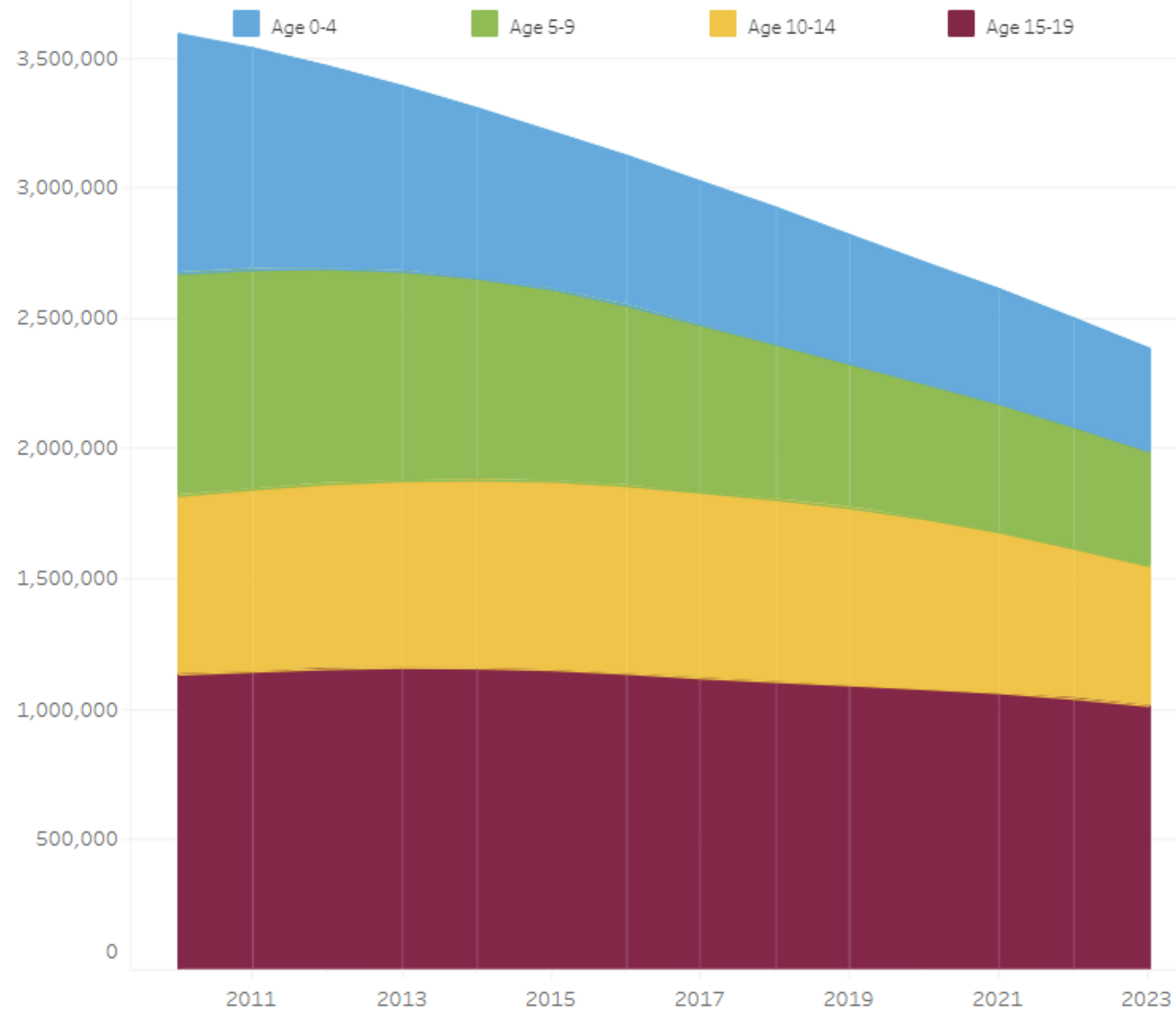


Top 5 causes of YLDs (2019)



Communicable ... Non-communic... Nutritional condi...

Number of children and adolescents living with HIV, by 5-year age group, 2010-2023

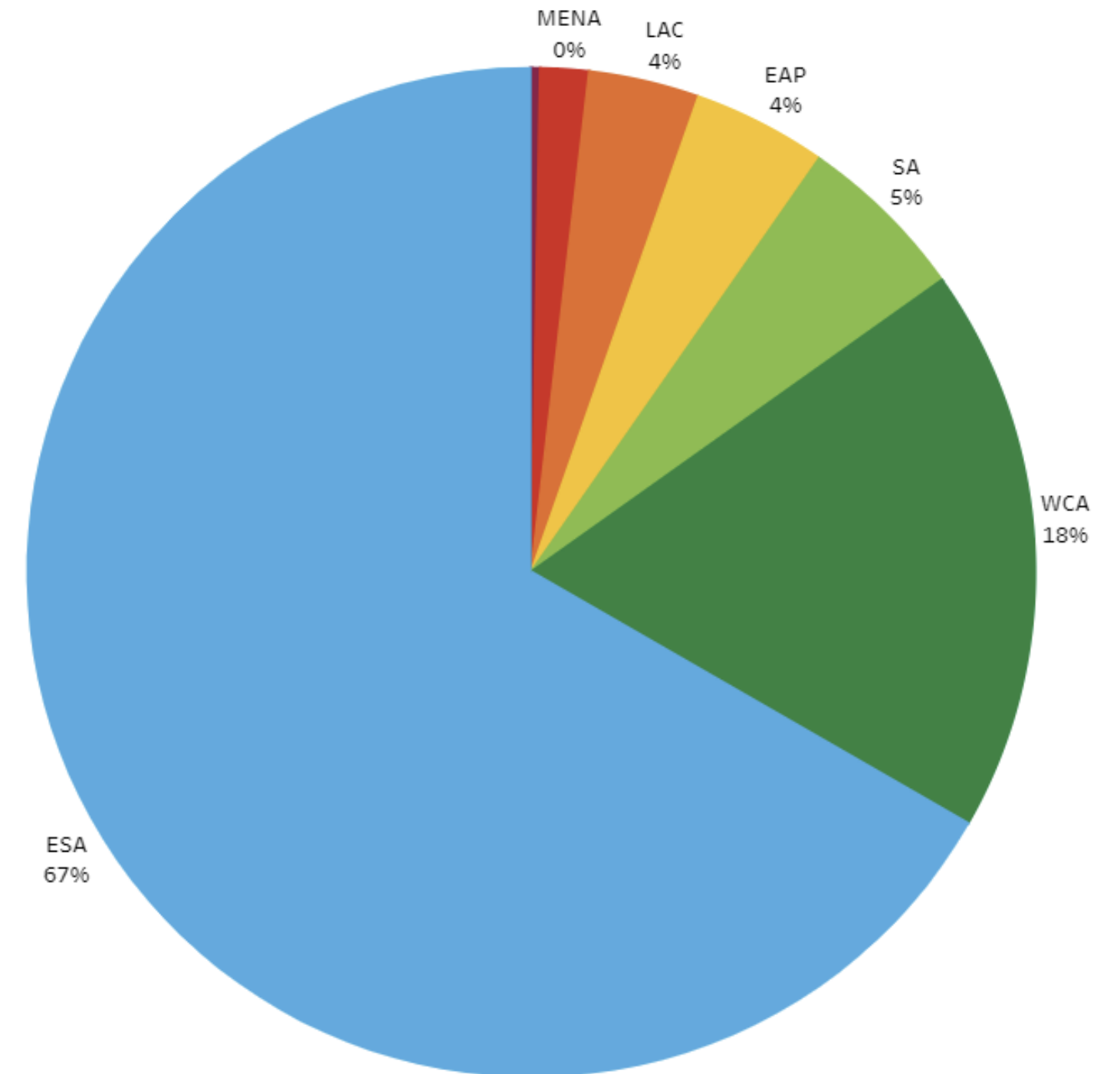


Note: New HIV infections are assumed to occur among children under five due to mother-to-child transmission and over age 14 due to sexual transmission.

Distribution by

Region

Age 10-19



<https://data.unicef.org/resources/hiv-estimates-for-children-dashboard/>

Interpretation: the bulk of 0–19-year-olds with HIV are 15–19-year-old adolescents, and ESA and WCA have 85% of 10–19-year-old ALHIV

What are the opportunities and challenges in adolescent HIV service delivery?

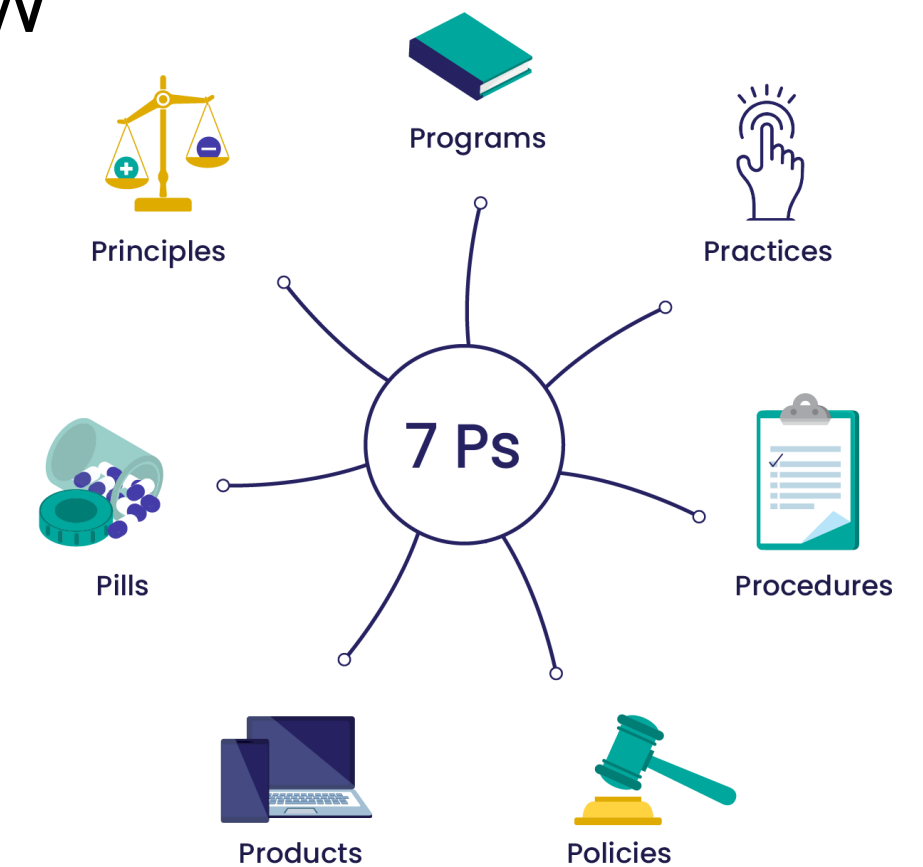
Challenges

- HIV-specific:
 - PrEP/ART adherence and retention in care
 - Stigma and discrimination, mental health issues
- Highly prevalent non-HIV health conditions
 - Largely non-communicable diseases
- Health systems and services are often poorly tailored to, and financed for adolescents
- Quality of adolescent healthcare is a problem
 - Sexual and reproductive healthcare
 - Non-communicable disease care
 - Psychosocial services
 - Dental/oral healthcare
 - Independent consent, and confidential services
 - Trained, adolescent-responsive providers
- Accessibility: flexible hours; one-stop shops

Opportunities

- Implementation science
- What evidence-based interventions can address these challenges, and how best do we deliver them?

Interventions = THE WHAT
Strategies = THE HOW



1-2 monthly long-acting injectable ART has been approved for HIV prevention and treatment in the US since 2021/2022.

A few African countries have since approved cabotegravir for PrEP (Zimbabwe, Zambia, Nigeria), and CAB/RPV for treatment (Botswana)



How do we take this to scale for adolescents?

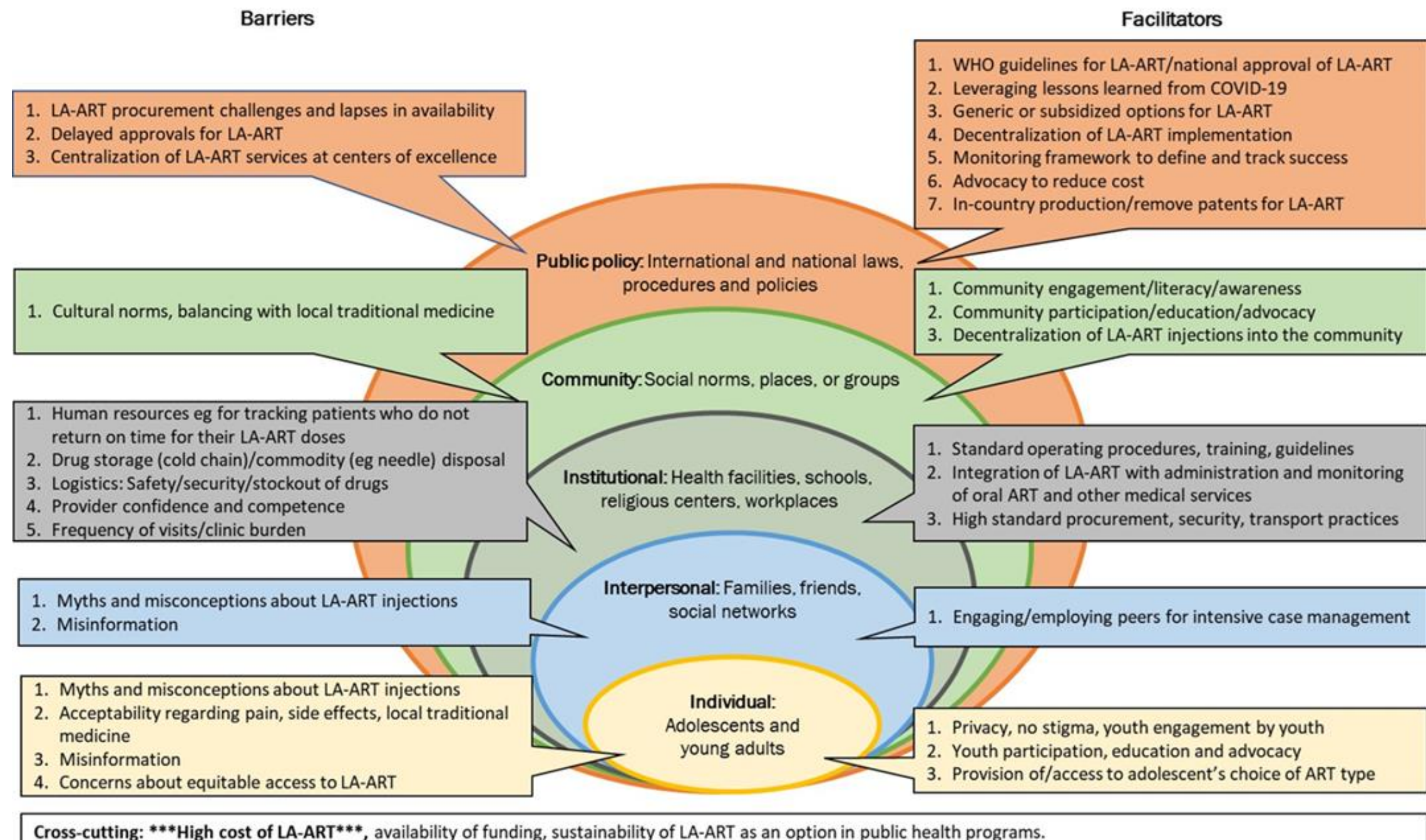
Report 

Barriers and facilitators to equitable implementation of long-acting ART for adolescents and youth with HIV in low- and middle-income settings



Barriers and facilitators to equitable implementation of long-acting ART for adolescents and youth with HIV in low- and middle-income settings

 Nadia Adjoa Sam-Agudu^{1,2,3,&}, Chibueze Adirieje¹, Allison Lorna Agwu^{4,5}, Natella Rakhmanina^{6,7,8}



Twice-yearly lenacapavir is 100% effective in preventing HIV among AGYW in Africa (PURPOSE-1), and 99.9% effective among sexual and gender minorities who have sex with men (PURPOSE 2)




How do we take this to scale for adolescents?

- Eligibility, including age
 - Adolescent girls and young women
 - Sexual and gender minorities
- Formative studies of context: eg independent access
- Administration – this is an injection
- Implementation outcomes from implementation science: how do we optimize use of existing evidence?
 - Cost - to health system and patient
 - Acceptability
 - Appropriateness
 - Adoption/Uptake
 - Feasibility
 - Fidelity
 - Reach
 - Sustainability

Integration of services to allow for efficient delivery of evidence-based interventions and comprehensive care in a one-stop shop model

Article 

PanAfrican
Medical
Journal

Perspectives 

A proposed one-stop-shop approach for the delivery of integrated oral, mental, sexual and reproductive healthcare to adolescents in Nigeria

Morenike Oluwatoyin Folayan, Nadia Adjoa Sam-Agudu, Abiola Adeniyi, Elizabeth Oziegbe, Nneka Maureen Chukwumah, Boladale Mapayi

What and how do we integrate?

- Integrated healthcare is “the organization and management of health services so that people get the care they need, when they need it, in ways that are user-friendly, achieve the desired results and provide value for money”-WHO, 2016.
- Not a lot of data on integrated services for adolescents:
 - HIV and SRH
 - HIV and mental health
 - HIV and oral, mental and sexual and reproductive health
- Approaches for successful service integration for adolescents
 - Provide practical guidance for integration
 - Use a person-centered, rights-based approach
 - Involve adolescents in their own care, including planning, implementing, monitoring, and evaluating programs
 - Integrate with other adolescent health services, such as mental health, sexual and reproductive health but also non-communicable disease services
 - Include psychosocial interventions

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CAWISA



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Implementation Science Alliance



Nigeria Implementation Science Alliance



African Forum for Research and Education in Health