

# The CQUIN Learning Network

## Optimizing Care for Adolescents

The voice from within:

What makes ALHIV engage (or not) with HIV services?

[Prosper Ndlovu]

[Wits Reproductive Health & HIV Institute (Wits RHI)

Differentiated Care Youth Champion]

October 24 - 27, 2017

Johannesburg, South Africa



# Differentiated Care Youth Champions

**5** YOUTH CHAMPIONS

(Two males and three females from Kenya, South Africa, Malawi, Tanzania and Zimbabwe)

---

**32** FOCUS GROUP DISCUSSIONS

---

**393** YOUNG PEOPLE CONSULTED



## THE BUILDING BLOCKS: HOW YPLHIV WANT TO RECEIVE THEIR HIV CARE



### WHEN

YPLHIV who are stable on treatment want to see clinicians less often, e.g., two clinical consultations per year. However, those newly diagnosed or experiencing clinical complications prefer more frequent clinical monitoring and peer support on a monthly or weekly basis. Young people also want operating hours outside of school time.



### WHERE

YPLHIV want services that are easily accessible and located close to their schools and homes. HIV clinics should not be identifiable as HIV-only services because many young people fear loss of confidentiality and unintentional disclosure, resulting in stigma and discrimination in their community.



### WHO

YPLHIV want to receive their care from both clinicians and peers through peer mentoring in group models. It is important for YPLHIV to receive services from peers with the same status as them. They fear being stigmatized in their communities if they receive services from HIV-negative peers.



### WHAT

YPLHIV want a comprehensive and integrated approach to HIV care, including services for sexual and reproductive health. Young people value having clinical consultations and would like to see opportunities for more frequent psychosocial support, including from communities and peers.



Client



# WHEN

YPLHIV who are stable on treatment want to see clinicians less often, e.g., two clinical consultations per year. However, those newly diagnosed or experiencing clinical complications prefer more frequent clinical monitoring and peer support on a monthly or weekly basis. Young people also want operating hours outside of school time.



# WHERE

YPLHIV want services that are easily accessible and located close to their schools and homes. HIV clinics should not be identifiable as HIV-only services because many young people fear loss of confidentiality and unintentional disclosure, resulting in stigma and discrimination in their community.



# WHEN

YPLHIV want to receive their care from both clinicians and peers through peer mentoring in group models. It is important for YPLHIV to receive services from peers with the same status as them. They fear being stigmatized in their communities if they receive services from HIV-negative peers.



# WHAT

YPLHIV want a comprehensive and integrated approach to HIV care, including services for sexual and reproductive health. Young people value having clinical consultations and would like to see opportunities for more frequent psychosocial support, including from communities and peers.

HIV-positive young people describe themselves in one word and talk about their health care experiences...

**Honest** (with a drawing of a flag)

**RESPECTING**

**Creative** (circled)

**KIND**

**Confident**

**SHY-PERSON** (with a smiley face)

**STUDENT**

**OUTSPOKEN!!!**

**CREATIVE** (with a drawing of a bird)

**FUNNY**

**A BLESSING**

**AMBITIOUS**

**DREAMER** (with arrows pointing to it)

**Curious**

**Learner**

**CONQUERER**

**DREAM BIG**

**Crazy Stry**

**Pretty!!!**

**Speech Bubbles:**

- "I like to see that I am not the only one who is HIV positive. This helps me live easier, and to know I'm not the youngest."
- "I can wait more than 4 hours at the clinic. I have to remind the nurse sometimes to take my viral load and creatinine, and they don't even ask me how I'm feeling."
- "I want to get [my medication] myself. It's mine. I want to be responsible for it."
- "We get mixed with adults [in the clinic] and that makes me uncomfortable."
- "I like being [in a youth care club] with my peers, talking about fears and expressing how we feel about being HIV positive and helping each other overcome this."
- "I want to come to the clinic each month to see my progress, how I am doing, to talk to the nurse."
- "I like getting my medication through a club. Before I had to wait a long time in a queue just to get my medication."
- "In the consulting room is only where I feel comfortable to open up."
- "I want to join because the support group will help me to take my medicine well."

"I like to see that I am not the only one who is HIV positive. This helps me live easier, and to know I'm not the youngest."

"I can wait more than 4 hours at the clinic. I have to remind the nurse sometimes to take my viral load and creatinine, and they don't even ask me how I'm feeling."

...and we are listening

AREAS FOR ACTION: KEY RECOMMENDATIONS TO IMPROVE ART DELIVERY FOR YPLHIV

**POLICYMAKERS**

Develop national policies and allocate adequate funding to implement differentiated ART delivery models for adolescents and YPLHIV

Create and support platforms for young people to be meaningfully engaged in decision-making processes and the development of policies on differentiated care

**PROGRAMMERS AND SERVICE PROVIDERS**

Ensure the meaningful participation of YPLHIV and healthcare workers in developing differentiated models of ART delivery

Develop HIV care services tailored to young people's needs, including peer-led models and sensitization trainings to healthcare workers to reduce stigma and discrimination

**RESEARCHERS**

Conduct further implementation research to build the evidence base on the key enablers for scaling up differentiated ART delivery

Assess the cost effectiveness of differentiated ART delivery models for adolescents and YPLHIV

**YPLHIV AND THEIR COMMUNITIES**

Generate demand for differentiated ART delivery at public health facilities and in communities

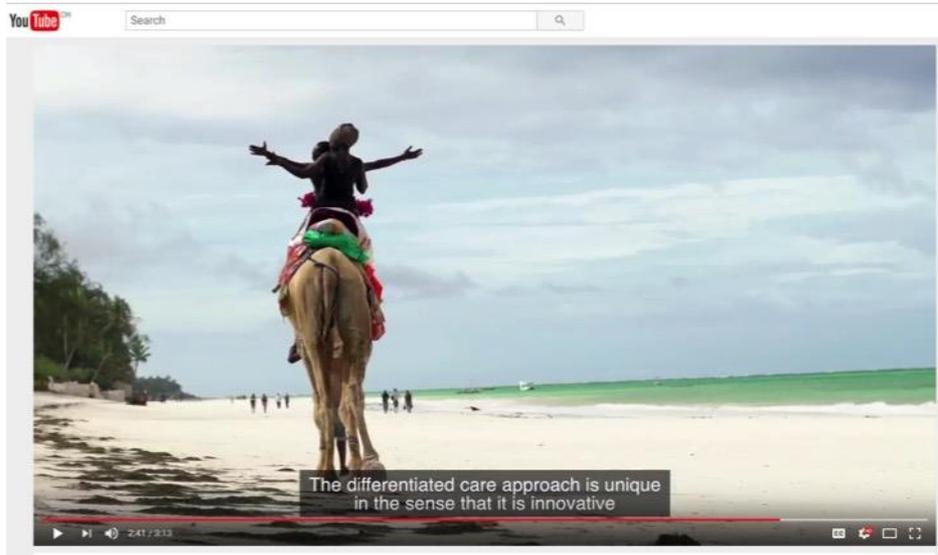
Engage with PLHIV networks and civil society organizations to advocate for differentiated care at community, national and global levels

*"I LIKE GETTING MY MEDICATION THROUGH THE YOUTH CARE CLUBS. BEFORE, I HAD TO WAIT A LONG TIME IN A QUEUE JUST TO GET MY MEDICATION."*

*(YPLHIV, South Africa)*



# Learn more: Films and Policy brief



## INTERNATIONAL AIDS SOCIETY POLICY BRIEF SERIES: YOUNG LIVES, NEW SOLUTIONS

Poor health outcomes among young people living with HIV (YPLHV) in sub-Saharan Africa require urgent action. Compared with other age groups, adolescents and youth have lower uptake of treatment services and poorer retention rates. Median antiretroviral (ARV) coverage for adolescents globally is estimated to be 18% compared with 46% in adults<sup>1</sup>. Young key populations (men who have sex with men, sex workers, people who inject drugs and transgender people), in particular, face a number of barriers to accessing HIV treatment and care, including stigma and discrimination. To achieve the UNAIDS 90-90-90 targets, YPLHV and young people affected by HIV must be put at the centre of HIV services and programming.

### DIFFERENTIATED CARE: PUTTING THE CLIENT AT THE CENTRE

With more young people than ever eligible for antiretroviral therapy (ART) and health systems often already under pressure, service delivery models must be re-examined to provide quality HIV care to YPLHV. Differentiated care is a client-centred approach that simplifies and adapts HIV services to better serve the needs of people living with HIV (PLHV) and reduce unnecessary burdens on the health system<sup>2</sup>. It is a rights-based approach that can act as a method of reducing stigma and discrimination.

Differentiated care applies across the continuum of HIV care, from prevention to viral suppression, and includes differentiated ART delivery. Innovating the way ART is delivered through services tailored to the specific needs of young people provides a significant opportunity to improve treatment uptake and adherence among YPLHV and reduce stigma and discrimination.

