Taking DSD for Adolescents to Scale: Lessons from Uganda

A CQUIN, PAHLCA, WHO Webinar

22 August 2023

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THE PAEDIATRIC AND ADOLESCENT HIV LEARNING COLLABORATIVE FOR AFRICA

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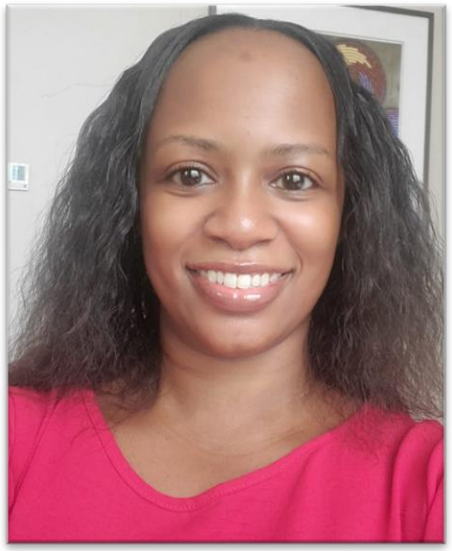
Housekeeping

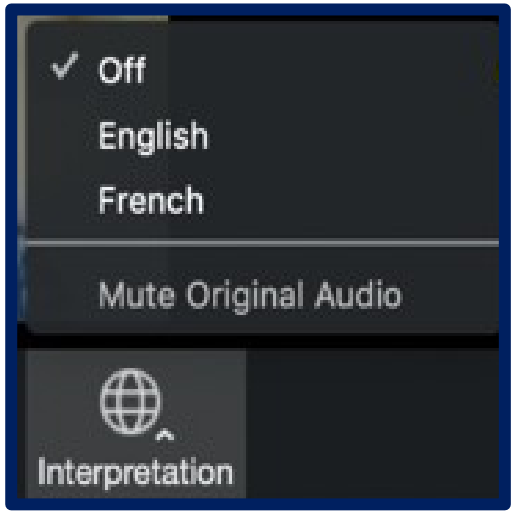
- 90-minute webinar with framing presentations followed by a panel discussion with Q&A
- Slides and recording will be available on the CQUIN website (www.cquin.icap.columbia.edu)
- Please type questions in the Q&A box located on the toolbar at the bottom of your screen
- If you would prefer to speak, please use the “raise hand” function on the toolbar and we will unmute you so that you have control of your microphone
- If you are a French or English speaker, please ask your question in your language of choice and the interpreters will translate as needed

Welcome/ Bienvenue



Maureen Syowai
CQUIN Technical Director
ICAP in Kenya

- Be sure you have selected the language of your choice using the “Interpretation” menu on the bottom of your screen.
- Assurez-vous d’avoir sélectionné la langue de votre choix à l’aide du menu <<Interprétation>> en bas de votre écran Zoom.



Agenda

Time (90 mins)	Title	Moderator/Speaker
5 mins	Introduction & Housekeeping	Moderator – Maureen Syowai, ICAP/CQUIN
35 mins	**Presentations**	
10 min	Framing Remarks	Eleanor Magongo, PAHLCA
15 min	Adolescent case study	Adoa Dennis, MOH Uganda
10 min	Q&A	Moderator – Maureen Syowai, ICAP/CQUIN
45 mins	**Plenary Discussions (5 panelists)**	Moderator – Franklin Emerenini, ICAP
	Ugandan HCW	Nakiyimba Ezra
	Uganda MOH	Ivan Arinaitwe
	PAHLCA	Eleanor Magongo
	Case Study Presenter	Adoa Dennis
	Adolescent recipient of care / client advocate	Martin Nuwamanya
5 mins	Closing remarks	Moderator – Maureen Syowai, ICAP/CQUN

Presenters

Eleanor Magongo
Pediatric and Adolescent HIV Care and Treatment Team Lead
Ministry of Health, Uganda

Adoa Dennis
Program Officer, Adolescent Health
Ministry of Health, Uganda

Differentiated Service Delivery for Adolescents: Framing Remarks

Dr. Eleanor Namusoke Magongo

Team Lead Pediatrics & Adolescent HIV care and Treatment
Director, Pediatrics & Adolescent HIV Learning Collaborative (PAHLCA)

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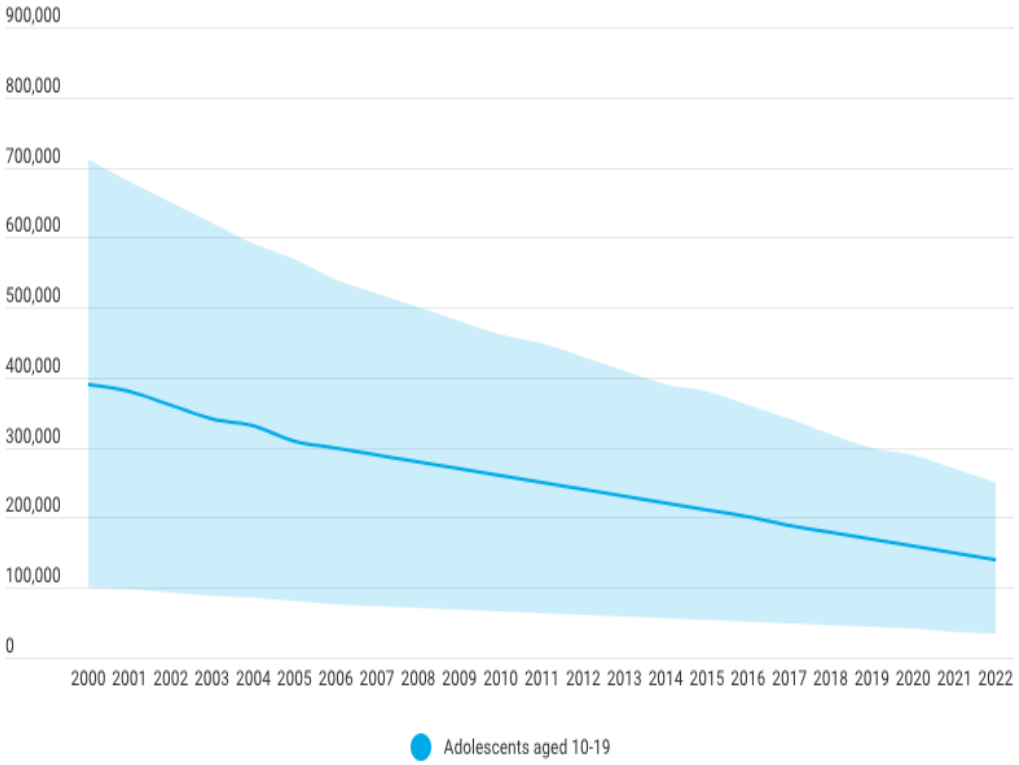
Where are we?

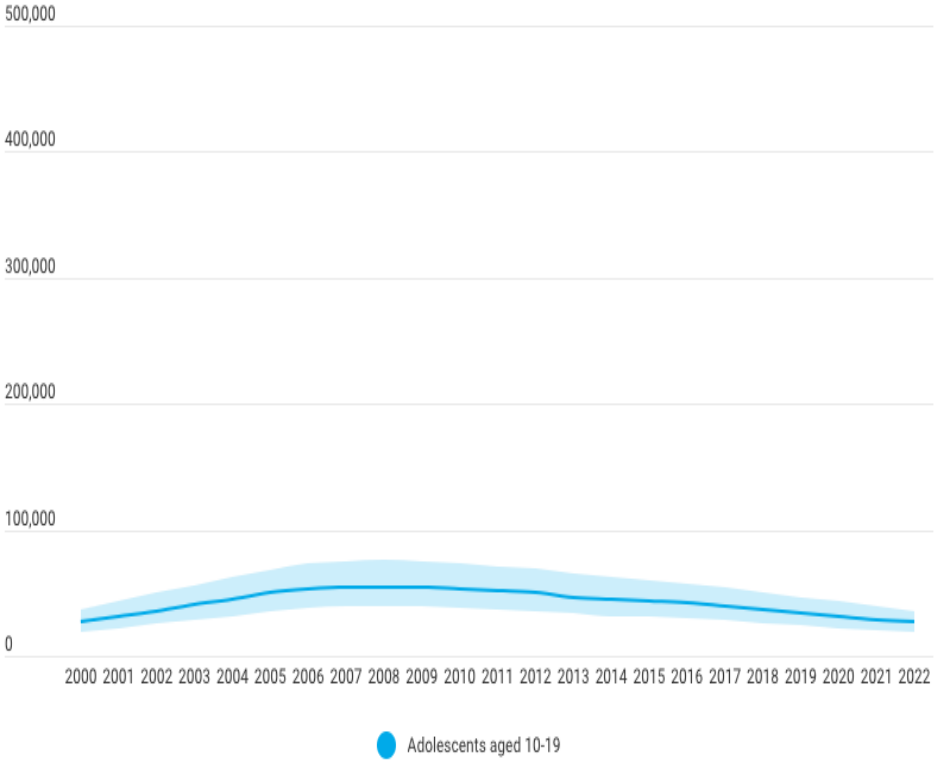
1,650,000 ALHIV, 130,000 New infections and 27,000 AIDS-related deaths, UNAIDS 2023 Estimates

The number of new HIV infections among adolescents has plateaued in recent years



Source: UNAIDS 2023 estimates.

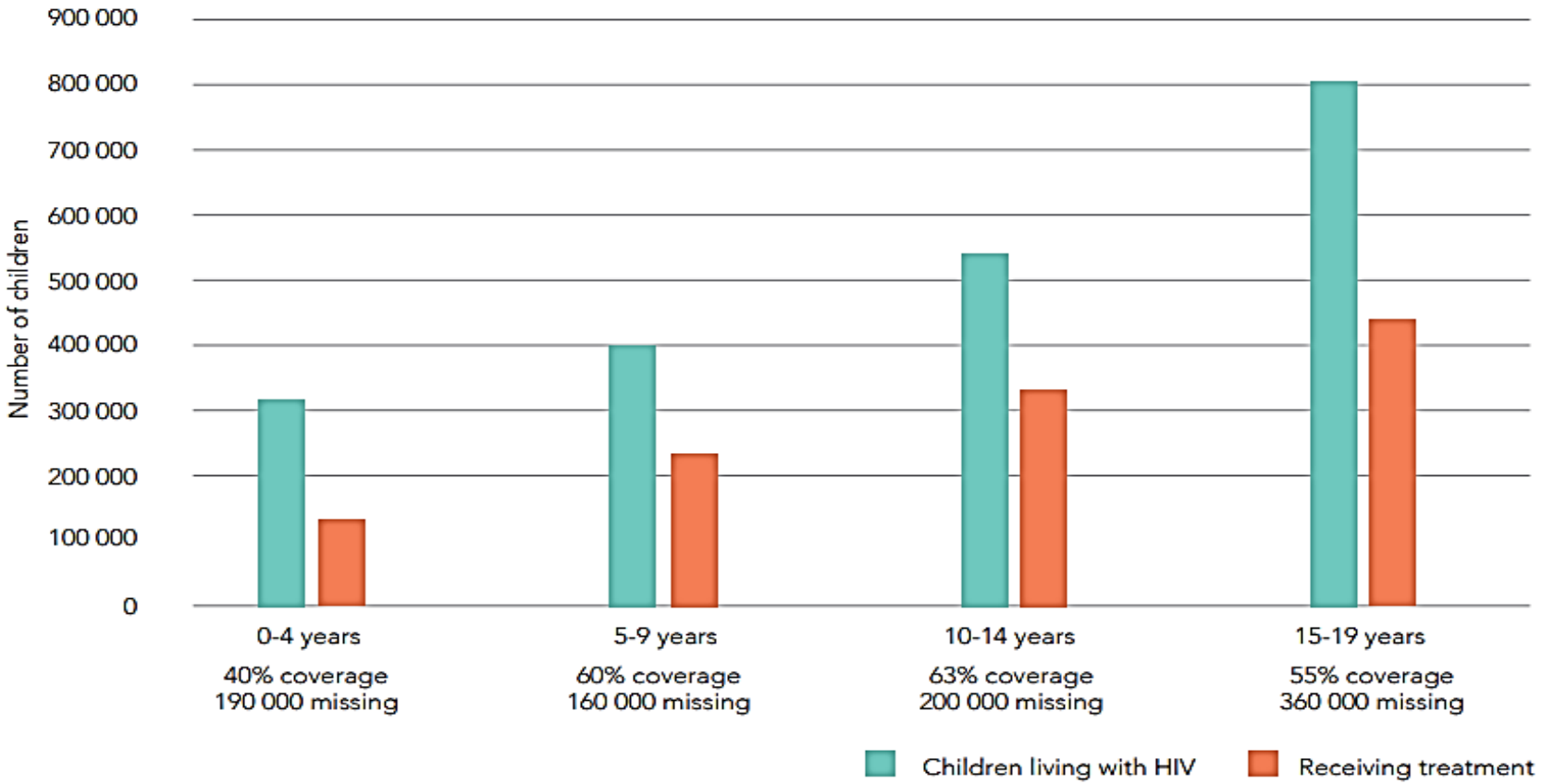
AIDS-related deaths among adolescents have reduced by **only 27% since 2002.**



Source: UNAIDS 2023 estimates.

Adolescents are being left behind!

ART Coverage is still far too low



Note: The available data were extrapolated to produce estimates for all countries.
Source: special analysis of UNAIDS epidemiological estimates, 2021 and Global AIDS Monitoring data, 2021.

Global Initiatives - What are we doing?

- Global Alliance to end AIDS in children
- Acclerating Progress in Paediatrics/PMTCT initiative
- Rome Action plan

High-Level Dialogue To Assess Progress on and Intensify Commitment To Scaling Up Prevention, Diagnosis and Treatment of Paediatric HIV and TB

Vatican City | 5,6 and 7 December 2022

NEW

ROME 6 PAEDIATRIC HIV & TB ACTION PLAN

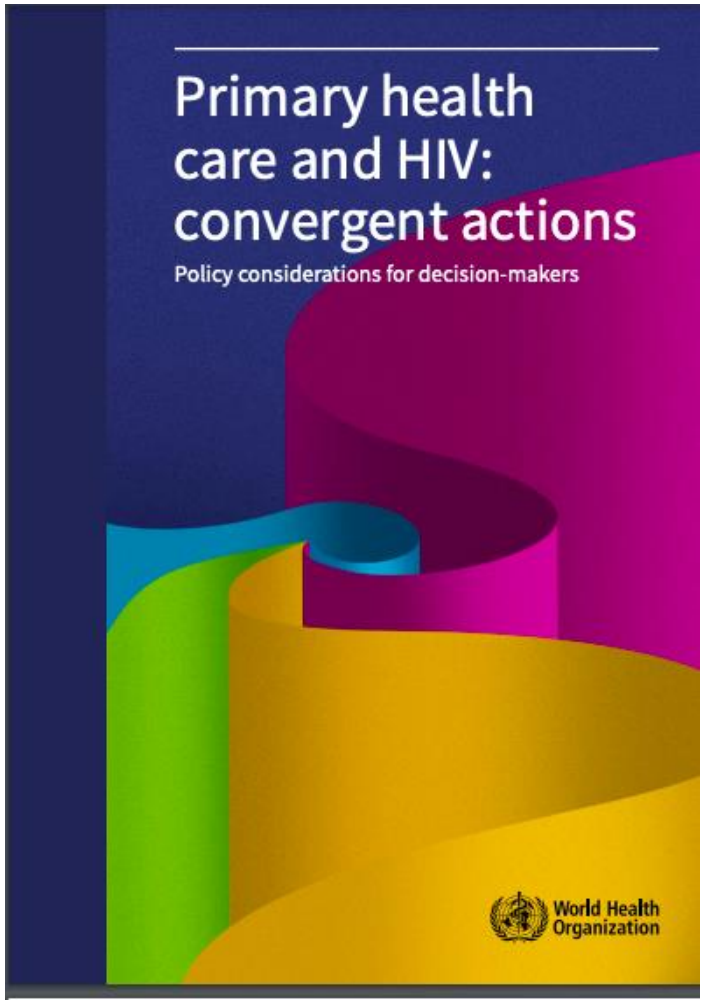
Strategic Interventions

What are we doing?

- Innovative HIV testing strategies e.g. index client testing strategies
- ART Optimization
    - Long acting ARV formulations; LA CAB
    - Cross-cutting anchor drugs e.g DTG

- Patient- centered services; **DSD - PEER-PEER MODELS**
- Digital solutions; Family Connect
- Service delivery intergrations; e.g. HIV & SRH, HIV & NCD
- Optimization of data systems; EMR, dashboards- for evidence-based decision making
- High quality services through quality improvement initiatives
- Decentralization of services
- Taskshifting

Where are we heading?

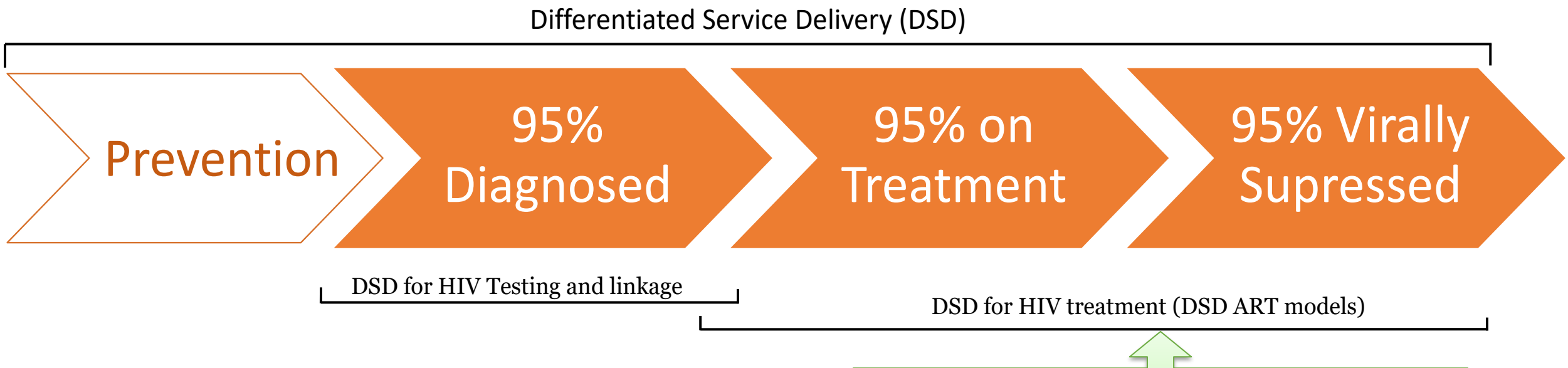


Differentiated Service Delivery (DSD)

"Differentiated service delivery (previously referred as differentiated care), is a person-centred approach that simplifies and adapts HIV services across the cascade in ways that both serve the needs of people living with and vulnerable to HIV and reduce unnecessary burdens on the health system."

WHO Updated recommendations on service delivery for the treatment and care of people living with HIV, 2020

The principles of differentiated service delivery can be applied across the HIV care continuum: including prevention, testing, linkage to care, ART initiation and follow-up and integration of HIV care and coinfections and comorbidities.



This presentation focuses on differentiated service delivery for HIV treatment.

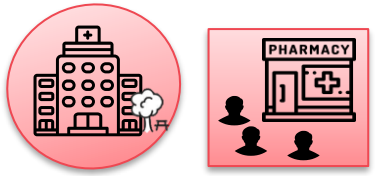
Updated Recommendations on Service Delivery for the Treatment and Care of People Living With HIV Guidelines. April 2021https://apps.who.int/iris/bitstream/handle/10665/341052/9789240023581-eng.pdf

Four categories DSD ART models

The following clinical visits and ART refills frequency recommendations apply to all 4 categories presented above:

- People established on ART should be offered **clinical visits every 3–6 months**, preferably every six months if feasible
- People established on ART should be offered **refills of ART lasting 3–6 months**, preferably six months if feasible

Individual models based at facilities



Fast-track (Pharmacy); Quick pick-up, Friendly-services; Flexible hours or children and adolescent clinic days.

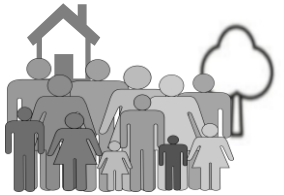
Group models based at facilities

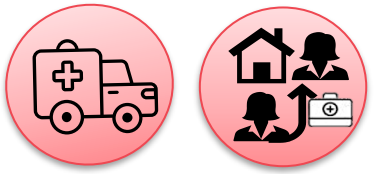
Facility ART groups/ clubs: Family clubs, Teens clubs

Group models not based at facilities

Community-adherence or ART groups/ clubs: Family clubs, teens clubs

Individual models not based at facilities





Mobile clinics

Home-delivery

Community Pharmacy or pick-up points

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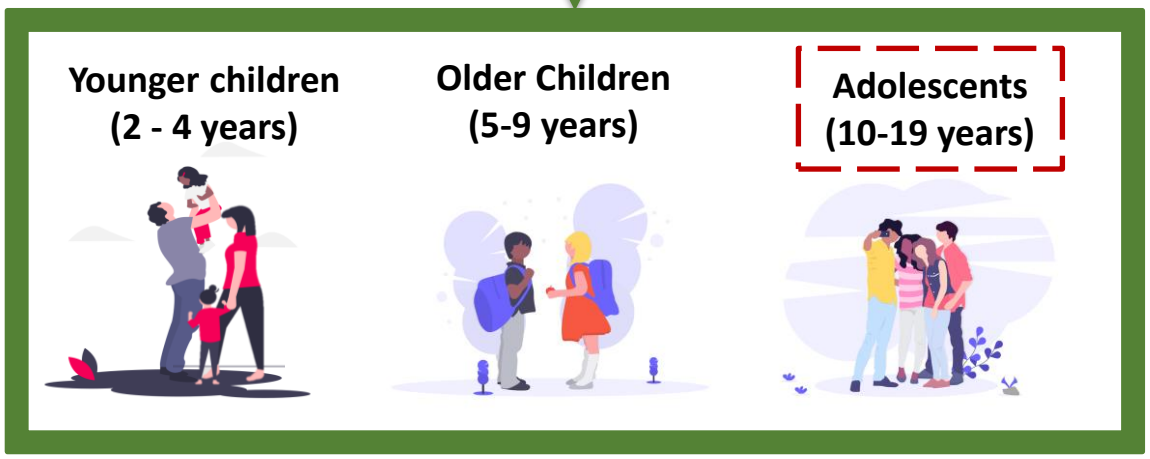
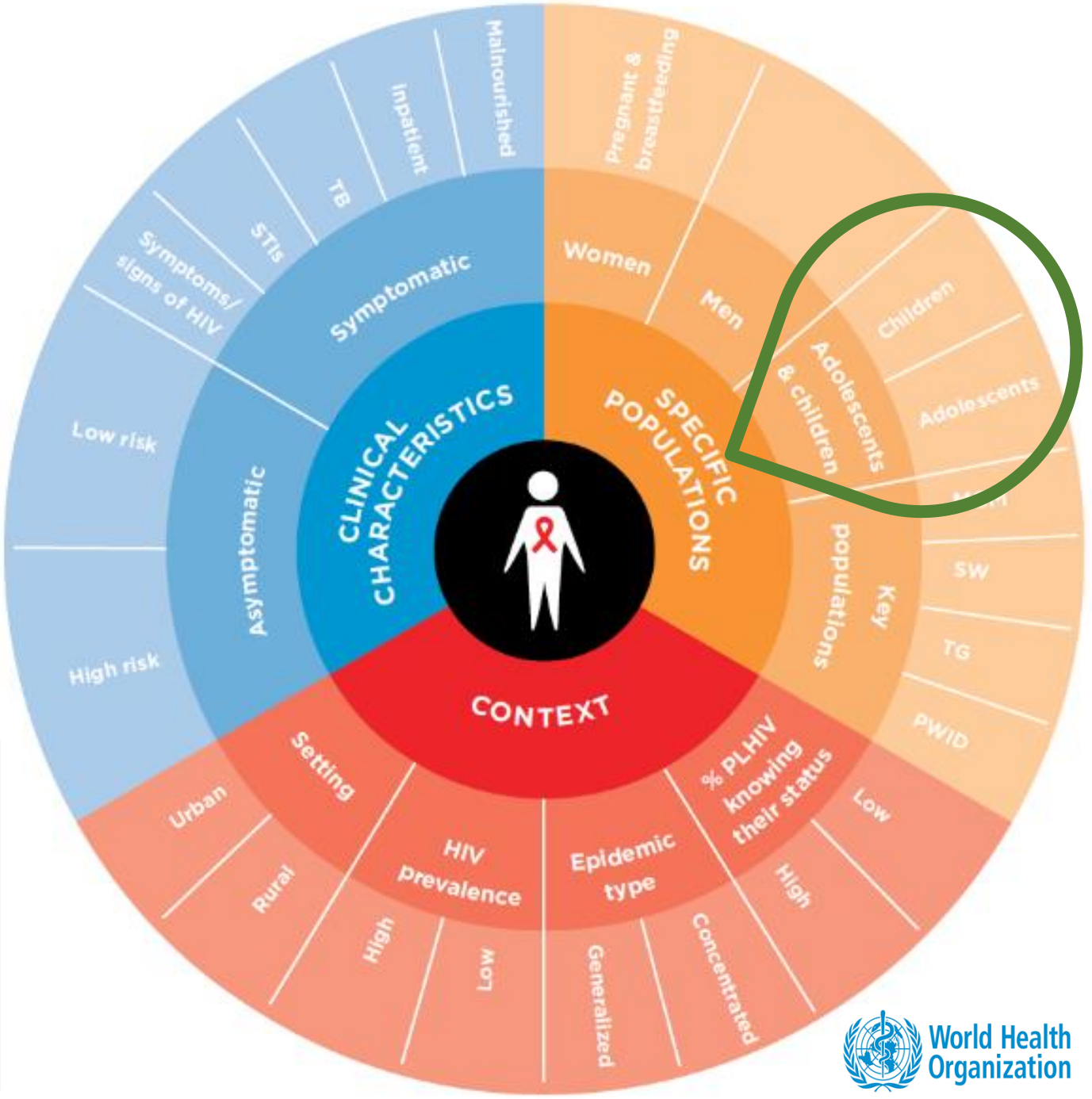
DSD ART models adaptations based on three elements

The decision on which DSD models to adopt should be based on local assessment of needs and preferences, as well as according to the following:

- **Clinical characteristics**
- **Context**
- **Population**





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The 4 building blocks of DSD ART for HIV CALHIV

These building blocks need to be defined separately for:
ART Refills, Clinical Consultations, and **Psychosocial Support**

Clinically established older children (5-10 years) and adolescents (10-19 years) - ART refills (3-6 months) and less frequent (6-monthly) clinical consultations.

Younger children (2 - 5 years) - less frequent clinical consultations (3-monthly).

When

How frequent are clinical appointments and ART refill / pick-up ?

- Monthly
- Every 2 months
- Every 3 months
- Every 6 months

Where

Where are the services provided?

- HIV clinic / hospital
- Primary care clinic
- Other clinic
- Community
- Home

olicies should support decentralization of ART refills through group models and community venues.

Who

Who can provide the services?

- Physician
- Clinical officer
- Pharmacists
- Community Health worker
- Client / peer/ family member

Lay providers, including caregivers and peers, should be enabled to provide ART refills and psychosocial support.

What

What are the services provided?

- ART initiation / refills
- Clinical monitoring
- Laboratory tests
- OI treatment
- Psychosocial support
- Adherence support

It is particularly important that for CALHIV, appropriate psychological and adherence support is provided.

Why differentiate ART treatment service delivery for children and adolescents living with HIV (CALHIV)?

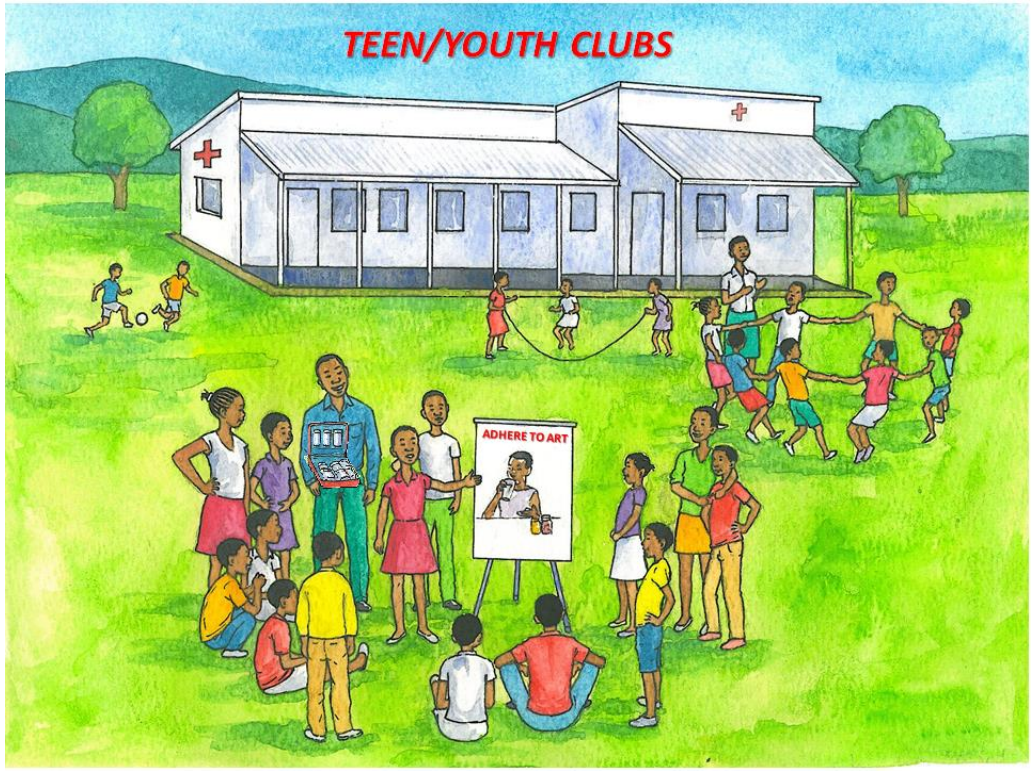

Image source: MoH Eswatini

- Reduced frequency of clinic visits and ART refills for clients who are established on ART (3MMD – 6MMD)
- To improve client experience (lower waiting time and financial burden)
- To improve health outcomes (impact on patient adherence and retention)
- Leverage resources to “treat all” and achieve 95-95-95
- Helping children and adolescents thrive on ART
- Clinic services directed to children and adolescents who need clinic care
- Harnessing benefits of task shifting

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DSD ART implementation considerations

General Barriers

Health system strengthening: Supply Chain, Access to VL, M&E system, Human resources capacity (Healthcare worker training and engagement, Patients and communities' engagement)

Some populations left behind: Children and pregnant women still in conventional delivery models

Limited expansion of community DSD ART models

Children and Adolescents specific Barriers

Health care providers: reluctance to reduce visit frequency for children and adolescents

Lack of access: to routine viral load monitoring

General Facilitators

- Engaged providers and communities can have a role in demand creation and in quality assurance/improvement
- Improvement in supply chain doesn't only benefit DSD implementation, but the entire HIV cascade
- COVID-19 adaptations & longer-term opportunities: Integrate of other services: TB, TPT, AHD, NCDs, FP; Transition from 3 to 6 months supply when possible

Children and Adolescents specific Facilitators

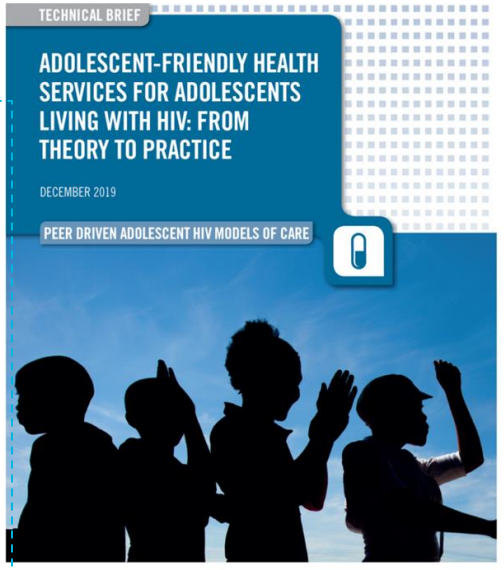
- Engagement with peers and community platforms.
- Strengthened parents and caregivers capacity to support age-appropriate progressive child disclosure, through counselling and support groups.
- Adolescents and youth-friendly spaces and Plan in advance for the transition of adolescents to adult services
- Clinic flexible hours and consultation days (outside of school hours and holidays).
- Designating a specific room within the facility.
- Pellet or tablet formulations, with longer refills.
- Align children and adolescents consultations and refills within family approach and other DSD models.

Source: https://www.who.int/hiv/pub/paediatric/diff-delivery-children-hiv/en/

From theory to practice: Peer driven models of care

Criteria and standards for AFHS, key peer-based implementation evidence, details examples and key characteristics of five peer-based adolescent service delivery models

1. Overview
2. Building block information
3. Consistency with WHO DSD recs
4. Outcomes
5. Costing
6. Challenges/lessons



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Key considerations for adapting and scaling up peer driven models

- Orientation and training
- Quality improvement
- Mentorship
- Transitioning

Key programmatic enablers for effectively scaling up peer driven models

- Country ownership
- Mainstreaming in national policies
- Monitoring and evaluation frameworks
- In line with global standards
- Standardization of training and curricula
- Community engagement and linkage

	Antiretroviral therapy refills	Clinical consultations	Psychosocial support	Consistency with WHO DSD recommendations
When	Monthly, on a dedicated adolescent day	Monthly, on a dedicated adolescent day	Implemented as part of support group meeting. The frequency of meetings varies, but they are generally offered weekly on Saturdays by facility	🟡
Where	HIV clinic	HIV clinic	HIV clinic	🟡
Who	Pharmacist or nurse	Nurse	Peer supporters, with support and supervision from health provider supervisor	🟡
What	Antiretroviral therapy refill Screening signs and symptoms Reviewing side-effects Individual counselling, including disclosure support	Screening signs and symptoms Reviewing side-effects Individual counselling, including disclosure support	Support group (differentiated by age, viral suppression, disclosure status, young mothers, etc.)	🟢

Green: aligned; Yellow: partially aligned

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How does PAHLCA fit in?

PAHLCA OBJECTIVES

1. To foster learning, innovation, & collaboration among countries on the African continent
2. Provide a platform for sharing materials that can be used to improve pediatric & adolescent HIV programs, e.g., Guidelines, Curricula, job aids, Toolkits, implementation frameworks etc.
3. Maintain an updated directory of Ministry of health paediatric & adolescent HIV focal persons to ease communication, coordination & sharing across countries
4. Facilitate networking among country teams to form research collaborations for multi-country studies to improve pediatric & adolescent HIV services

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1st PAHLCA: 8th – 9th December 2020	2nd PAHLCA: 4th – 5th May 2021	3rd PAHLCA: 20th – 21st October 2021
• Introduced the PAHLCA concept • 24 African countries represented including Switzerland, Netherlands, USA, Cambodia and Canada	• 28 countries represented (22 African countries)	• 20 African countries represented
Focus: Paediatric and Adolescent HIV Case Identification and ART Regimen Optimization. **Aimed to:** • Understand paediatric HIV service delivery frameworks • Understand integration of evidence-based interventions & implementation science into national programs • Share successful approaches for case identification & ART optimization • Solicit input on future PAHLCA topics, meeting format, & communication platforms	**Focus: Pediatric and Adolescent HIV Viral Load Coverage and Suppression, HIV-DR Management and Retention.** **Aimed to:** • Identify successful approaches for paediatric & adolescent VLC & VLS • Discuss implementation practices for HIV-DR in children & adolescents. • Share lessons learnt on retention of children & adolescents in care. • Solicit input on future PAHLCA topics, meeting format, and communication platforms	**Focus: Service Delivery Models for Adolescents Living with HIV (ALHIV).** **Aimed to:** • Use implementation science to identify adolescent HIV program implementation gaps • Identify successful approaches for continuity of services for ALHIV during COVID-19 restrictions • Share lessons learnt from peer-to-peer approaches to improve adolescents' HIV care & treatment • Share innovative approaches used to improve treatment literacy for ALHIV & their caregivers • Strengthen data utilization to improve adolescent HIV services • To solicit input on future PAHLCA topics, meeting format, & communication platforms

Summary

- Adolescents are lagging behind in the adolescent HIV clinical cascade
- Global initiatives are being implemented for priority countries but we need to scale up these interventions beyond the priority countries to reach every child
- DSD models present us with an opportunity to provide patient-centered care to improve the quality of services we offer and the retention of ALHIV in care
- Peer-to-peer models are one of the gamechangers that need to be scaled up in all countries
- Peer-to-peer learning will continue to remain a cutting-edge strategy in HIV program implementation

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Acknowledgments

- ICAP CQUIN & WHO teams for co-organizing this webinar with PAHLCA
- Wole Ayeman and Clarice Pinto for sharing some slides with me
- Ministry of Health teams
- AIDS Development Partners and Technical Support Partners
- Implementing Partners
- Recipients of Care and their caregivers/treatment supporters
- Adolescents and Young People
- All participants

Thank you

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The Young People and Adolescent Peer Support (YAPS) in Uganda

Dennis Adoa

Program Officer Adolescent HIV Care and Treatment
AIDS Control Program, Ministry of Health Uganda

22 August 2023

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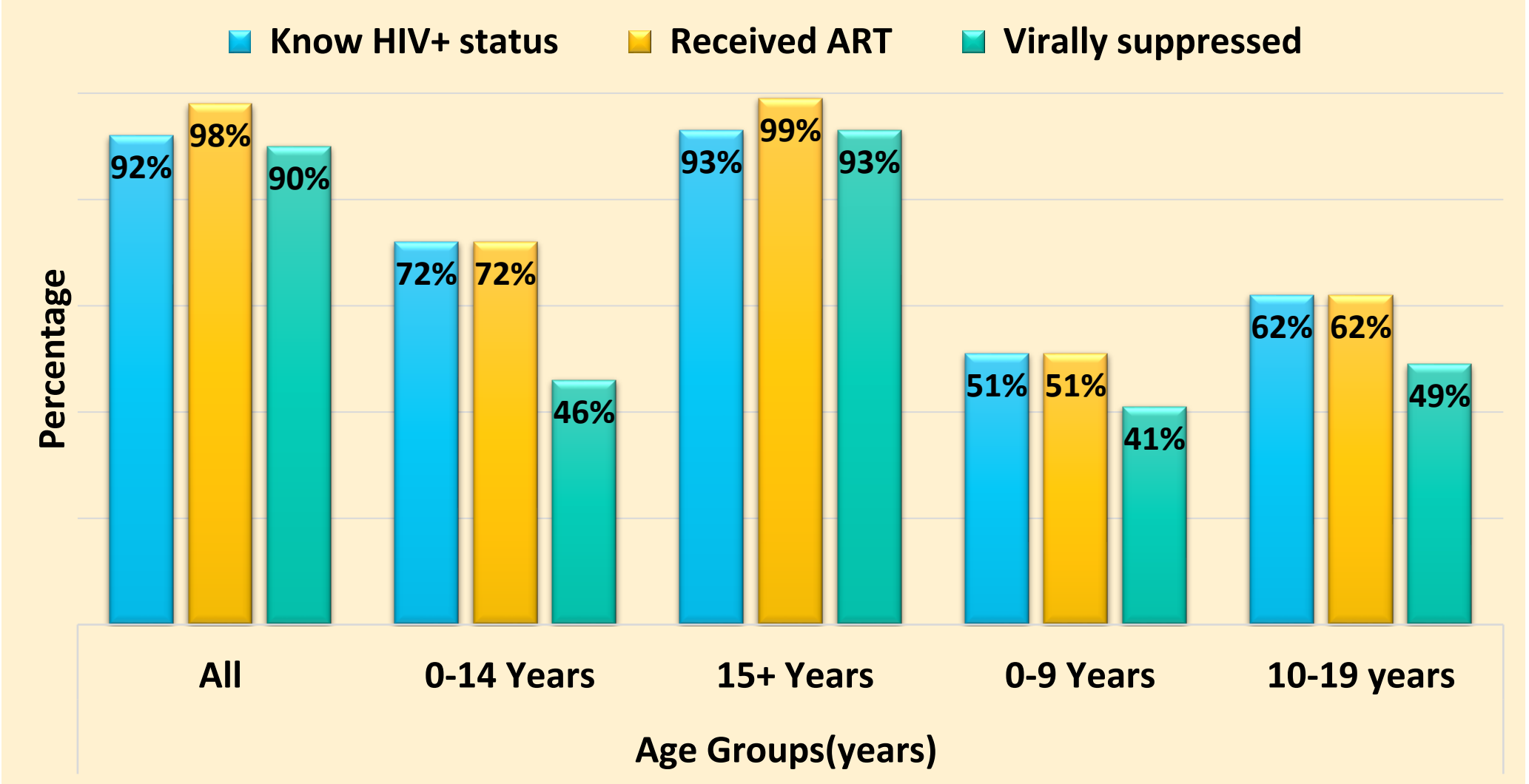
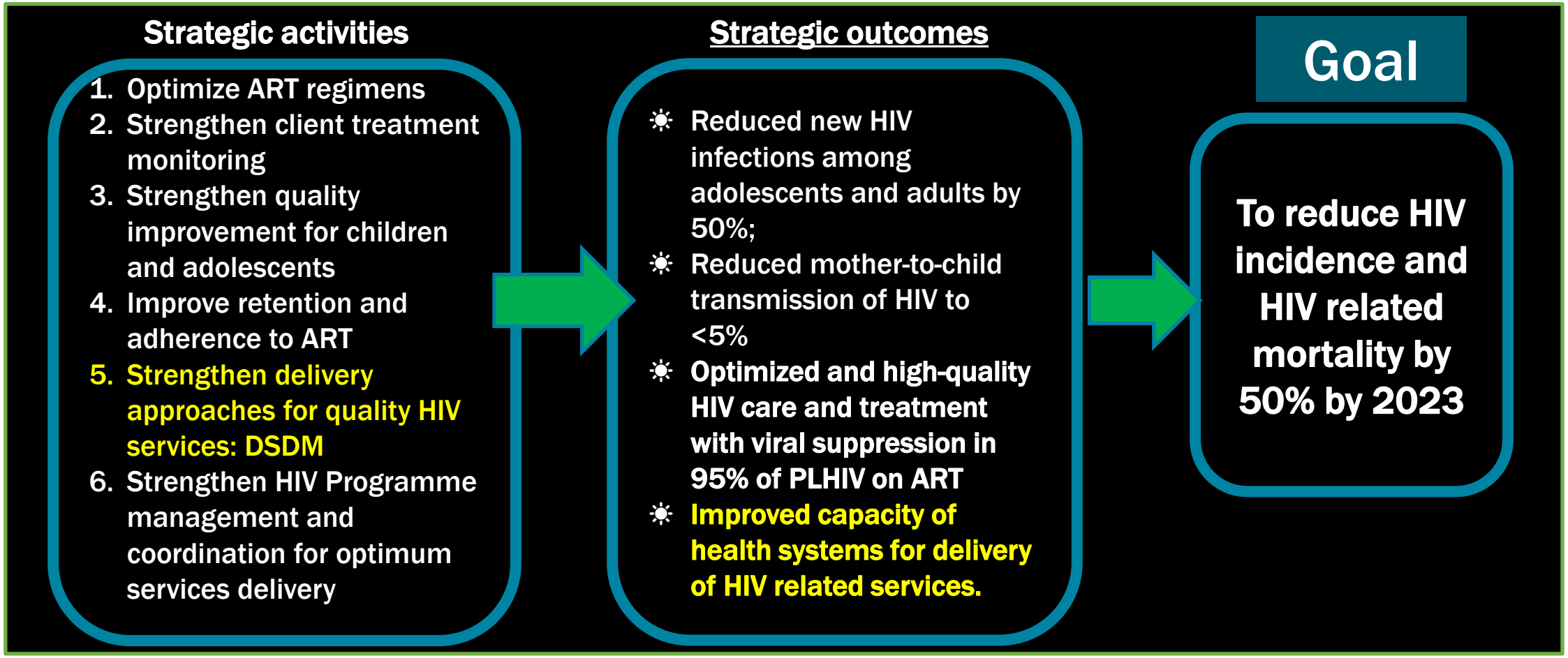
Outline

- Progress towards 95-95-95
- Uganda's DSD models
- Overview of the YAPS model
- YAPS Contribution to 95-95-95

Population Cascade - June 2023



AIDS Control Program is guided by the Uganda HSHASP 2018/2019-2022/23



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Differentiated Models and Approaches

Category of Recipient of Care

- PLHIV newly identified and/or re-engaging in care when clinically well
- PLHIV newly identified and/*or re-engaging* in care with advanced HIV disease
- PLHIV established on ART and/or with controlled chronic illnesses / NCDs.
- PLHIV with uncontrolled chronic illness / NCDs, and any drug limiting toxicities
- PLHIV with treatment failure

Treatment at Facility or in Community

Group Model		Individual Model	
Group models managed by HCW Examples FBG (e.g., FSG, Viraemia clinics, G-ANC) CDDP	Group models managed by client Examples CCLAD CLDDP	Individual models based at facilities Examples FTDR **FBIM (e.g. Adolescent centers)**	Individual model based in community Examples CRPDDP Drop in centers **Peer led models (e.g. YAPS, Home ART delivery)**

Overview of the YAPS model

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Why the YAPS Model?

- Low identification of Adolescents and Young people living with HIV
- Poor linkage to HIV care and Treatment
- Lower retention rates especially for the adolescents and young people living with HIV; 50% of adolescents lost to follow up by 24 months
- Poor adherence to care and Treatment
- Low psychosocial peer to peer engagements among adolescents and young people

In 2019 MOH & partners conducted a learning visit to ZVANDIRI CATS Model in Zimbabwe

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The YAPS Adaptation process

- Recommendation from WHO for use of peer-to-peer models to enhance service delivery for adolescents and young people
- Learning visit to **ZVANDIRI CATS Model in Zimbabwe**
- Meeting Held with AIDS Development Partners to present findings- PEPFAR, UNICEF, GLOBAL FUND, CHAI
- Developed YAPS Implementation Guide, Training materials, conducted national TOT
- Piloted in 9 districts in 2019, reviewed findings after 1 year
- Progressive scale up on yearly basis. All districts by end of cop 22
- Plan for evaluation of the program in 2024

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Goal & Objectives of the YAPS Model

Goal: To contribute to the reduction of HIV-related morbidity and mortality among adolescents and young people by 50% in 2023

Objectives

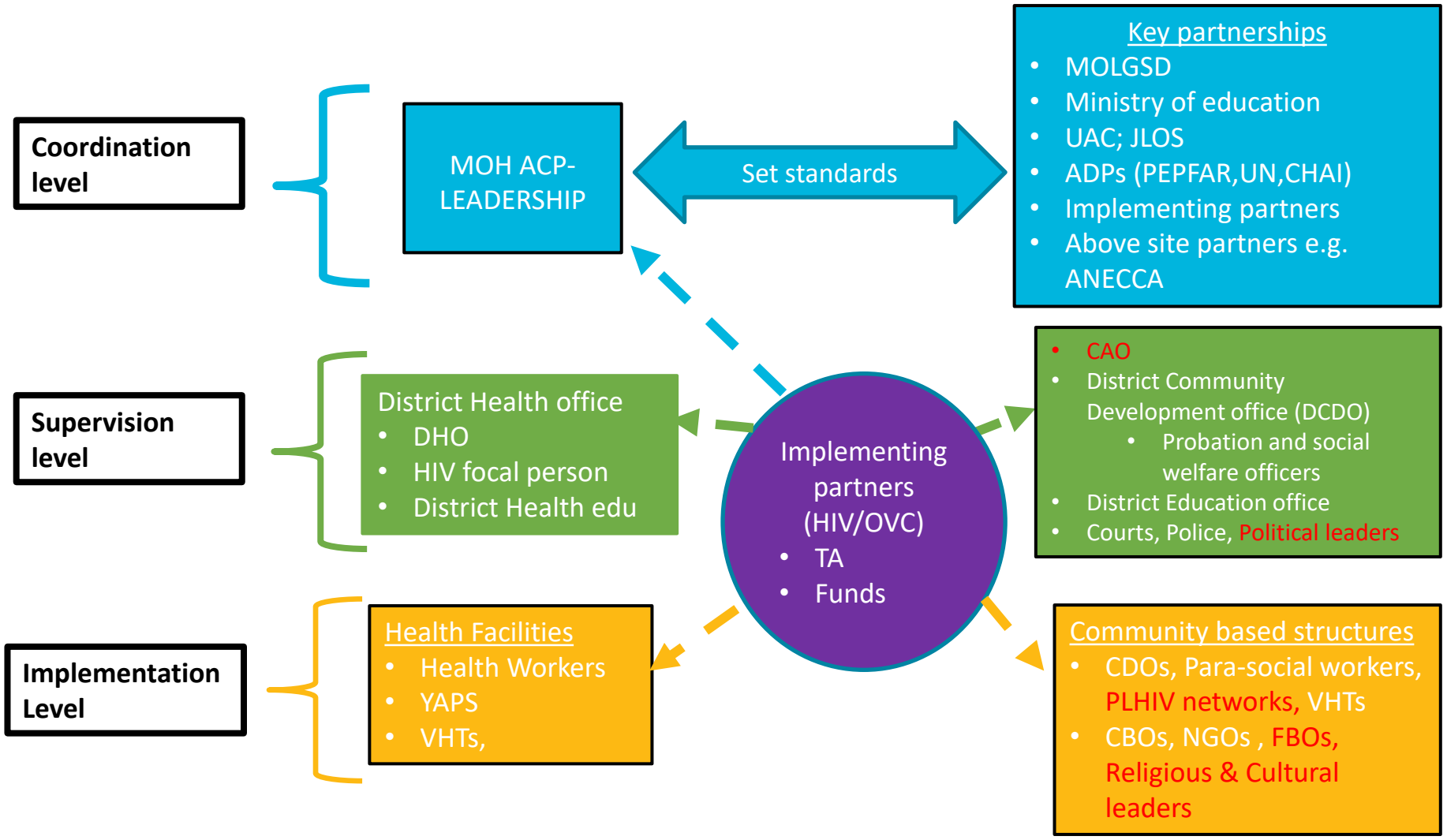
1. To increase the proportion of adolescents and young people living with HIV who know their HIV status from 68% to 95%

2. Improve ART treatment coverage of adolescents and young people living with HIV from 68% to 95% by 2023

3. To increase viral load suppression among adolescents and young people living with HIV from 77% to 95% by 2023

4. To strengthen psychosocial care and support and linkage of adolescents and young people living with HIV to existing livelihood programs

IMPLEMENTATION FRAMEWORK OF THE YAPS MODEL



Who is a YAPS?

- **Is a trained and mentored adolescent or young people peer supporter**

YAPS MODEL TARGET GROUP

The YAPS model targets Adolescents and young people aged **10-24 years** with the aim of supporting them to;

- learn, understand and accept their HIV status
- get accurate information and skills they need to make decisions which keep them healthy and safe
- support them get the services they need
- manage and cope with the experiences of living with HIV

Who can be a YAPS?

- Aged 18-22 years (labor laws; minimum of 2 years of service)
- Be HIV positive
- Be disclosed to, and aware of HIV status
- Willing to disclose to others. (Public disclosure an added advantage, but not mandatory)
- Demonstrated commitment and passion in helping peers (acceptable among fellow peers)
- May be in or out of school. (In-school: tertiary level with a flexible program to allow for their engagement
- Available to offer services for 3 days in the week
- Be able to read and write (English) with a minimum of a primary leaving certificate
- Resident within the Health Facility catchment area
- Be able to freely express themselves,
- Should be stable in care. Should have been in care for at least 12 months.
- ≥ 12 months in care; good adherence; suppressed viral load within the last 6 months

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How does the YAPs Work

- YAPS are recruited by and based at the health facility where they seek services
- YAPS Facility supervisors are responsible for the YAPS day-to-day supervision
- YAPS implement activities both at the facility and community
- YAPS also work with other players in the community to address the various needs of AYPLHIV e.g., VHTs, Para-social workers, community development officers, CHEWs
- YAPS are mentored and supported by a District mentor; who are based at the district or the regional referral hospital
- YAPS and mentor are supported by the health facility, district and Implementing Partner respectively

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What do YAPS do at the Facility?

1st 95: Identification of HIV + AYPLHIV	2nd 95: Enrolment on Treatment	3rd 95: Achieving Viral suppression
☀ Organize and conduct health education talks to AYP and care takers	☀ Provide on-going adherence support	☀ Line list and mobilize AYPs for Viral load
☀ Conduct HTS screening and pre test counseling support to AYP	☀ Appointment tracking and Follow up Following up of missed appointments	☀ Adherence monitoring and support
☀ Distribution of HIVST Kits ☀ Conduct HTS	☀ Referral and linkage for other services in the community; physical escorting and documentation	☀ Adherence counselling and support ☀ Intensive adherence counselling and support
☀ Physically escort AYP and care-takers of children to HIV testing points	☀ File running during Adolescent clinics ☀ Provide health education on HIV, STI and SRH	☀ Assist in formation of support groups and help in running them at the facility level
☀ Participate in index case finding: eliciting the partners and children of index AYP	☀ Receiving newly diagnosed HIV positive adolescents	
	☀ Screening AYPs for Mental Health	

What do YAPS do in the Community

1st 95: Identification of HIV + AYPLHIV	2nd 95: Enrolment on Treatment	3rd 95: Achieving Viral suppression
☀ Community sensitization and awareness creation. ☀ Linkage and referral for OVC ☀ Participate in community care coordination committee meeting ☀ Organize and conduct stigma reduction meetings ☀ Actively track HIV + AYP who fail to get linked to HFs ☀ Information giving and referral of AYP for HTS	☀ Tracking AYP who missed appointments ☀ Home visiting of Peers ☀ screening and Identification of social vulnerabilities among AYP ☀ Provide follow on counseling and support to AYPLHIV newly enrolled in care ☀ Screening AYPs for mental health	☀ Home visiting and support to non-suppressing ☀ Tracing the lost to follow up in the communities and bring them back to care ☀ Active tracking of clients through regular home visits, M-Health follow up ☀ Screening and linking vulnerable AYP to OVC support

YAPS collect, record, and report all activities they are engaged in both at the facility and the community into the YAPS Management Information System

YAPS scale-up over time

PEPFAR Support		
COP year	**District coverage**	**AYP reached**
COP 18	9	16,043 (8%)
COP 19	45	90,611 (45%)
COP 20	67	124,128 (62%)
COP 21	99	245,390 (73%)
UNICEF Support		
2020-2021	9	3,327
Global Fund Support		
2021-2023	8	25,000

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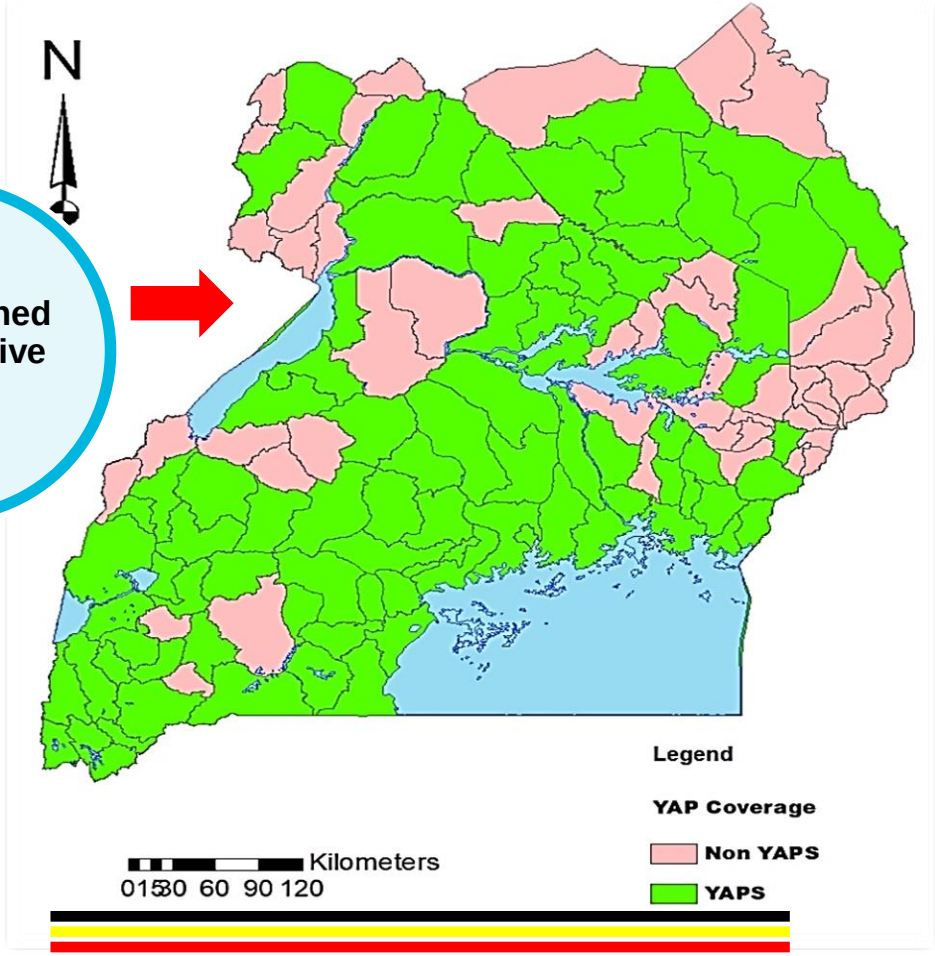
Coverage as of June 2023

116 Districts have trained YAPS (80%)

577 health facilities reached (26%)

1,356 YAPS Trained cumulatively

1,234 Trained YAPS Active (91%)



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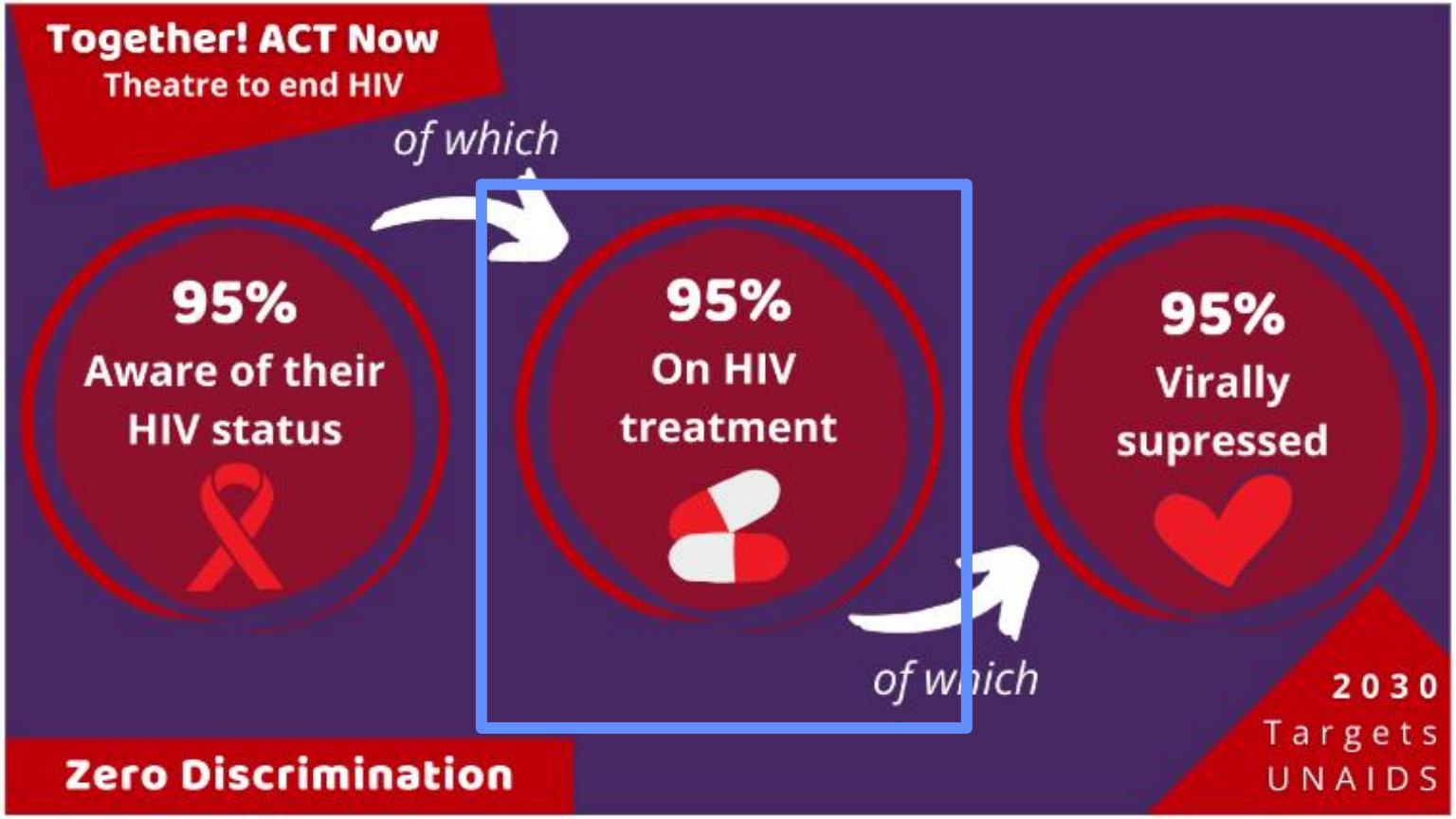
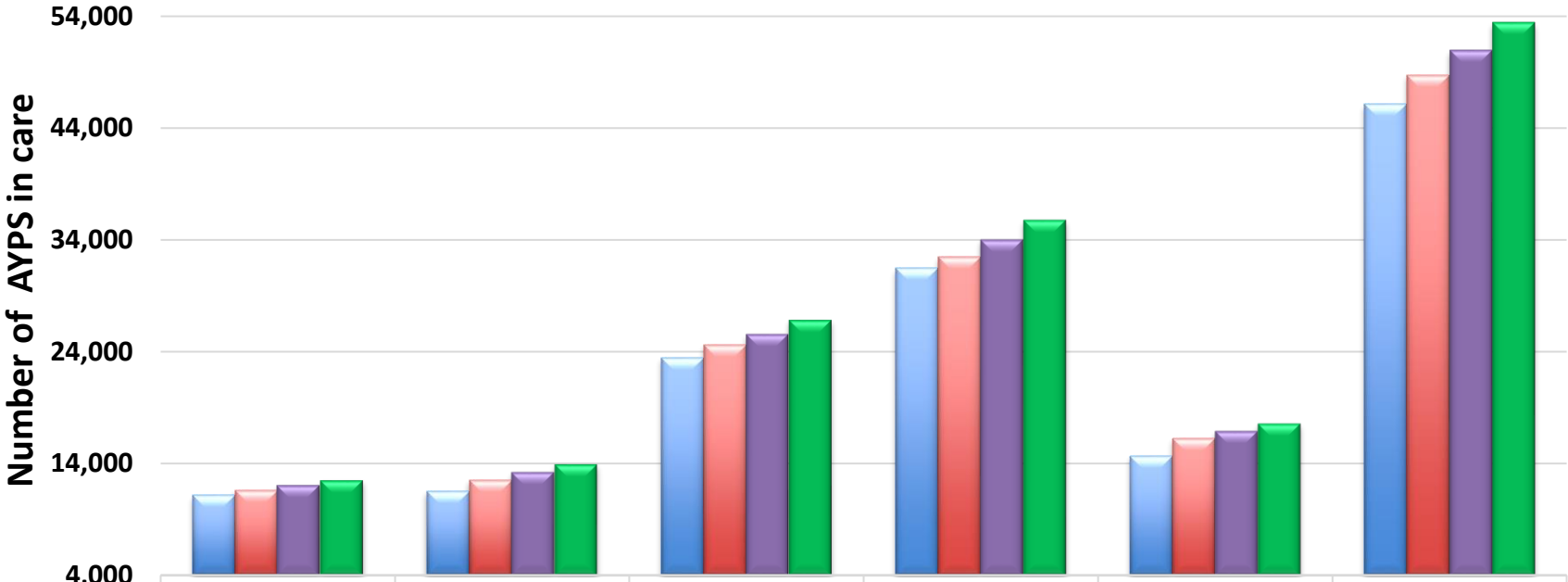
YAPS Contribution to 95-95-95



Source: UNAIDS

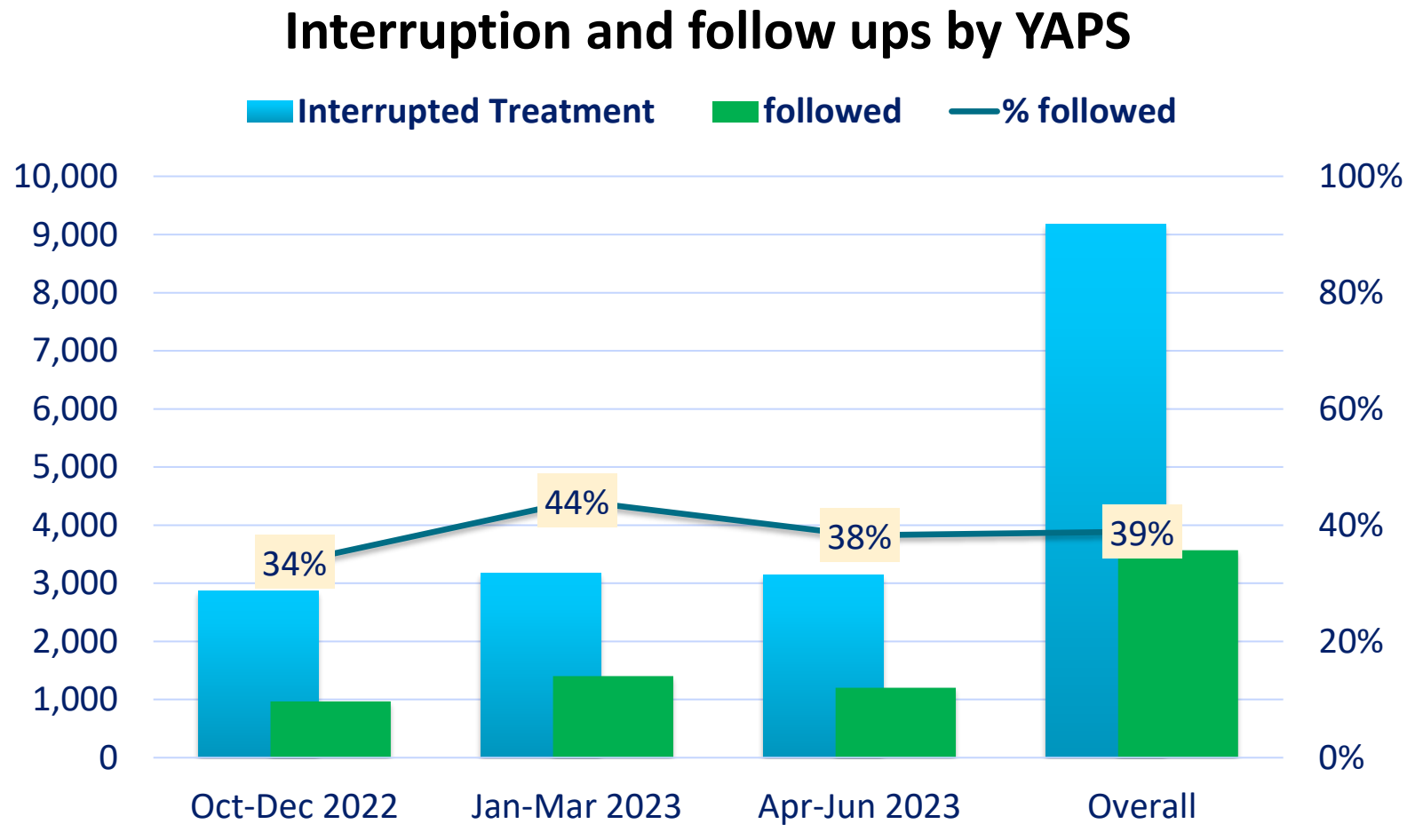
Number of AYPS in-care (Jul 2022-June 2023)



	10-14yrs	15-19 yrs	20-24 yrs	Among Female	Among Male	Overall
2022_Q3	11,152	11,524	23,463	31,484	14,655	46,139
2022_Q4	11,610	12,510	24,619	32,492	16,247	48,739
2023_Q1	12,085	13,251	25,577	33,991	16,922	50,913
2023_Q2	12,556	13,967	26,863	35,766	17,620	53,386

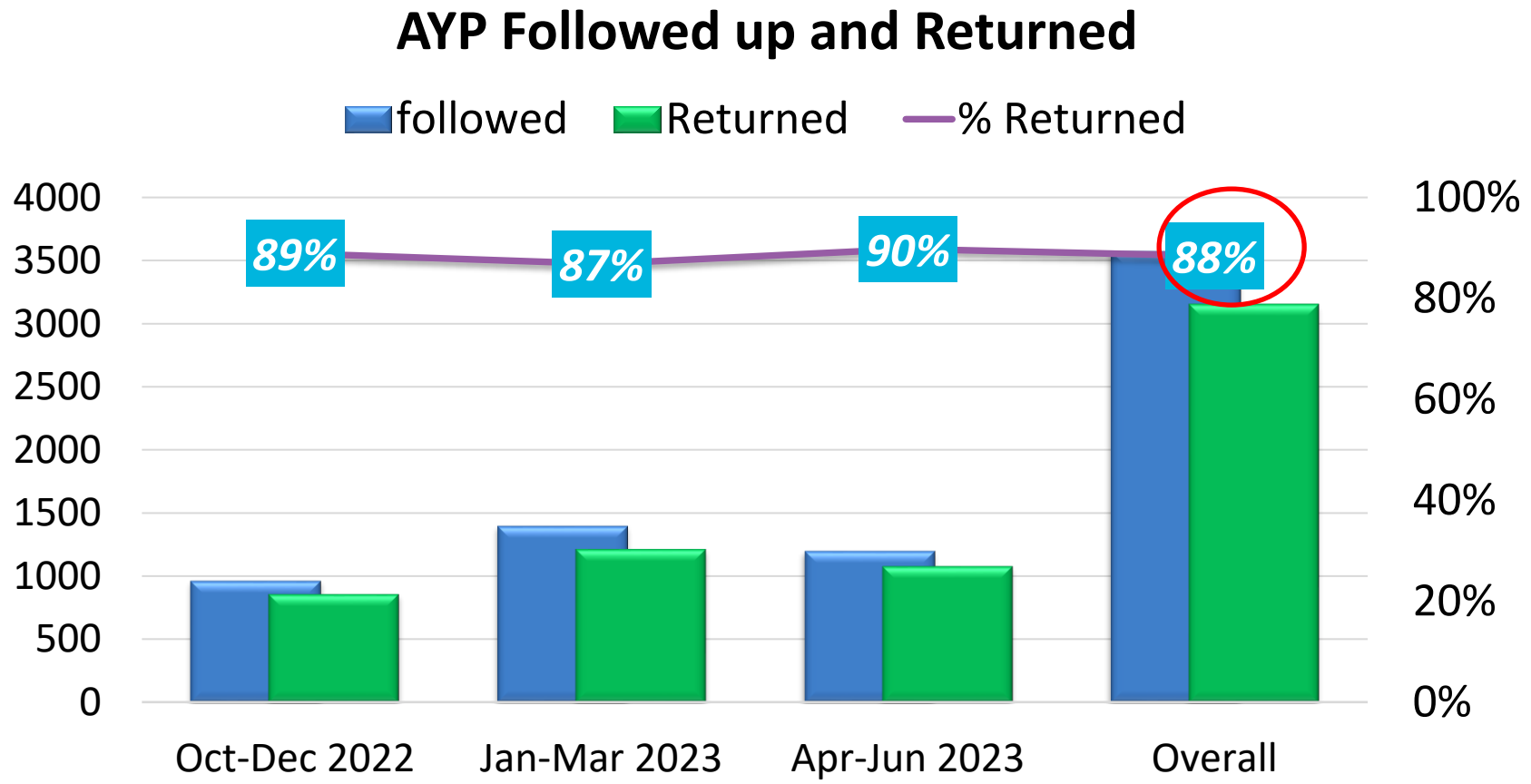
There has been an increase in the overall number of AYPS on ART over the last 1 year

Treatment interruptions among AYPS



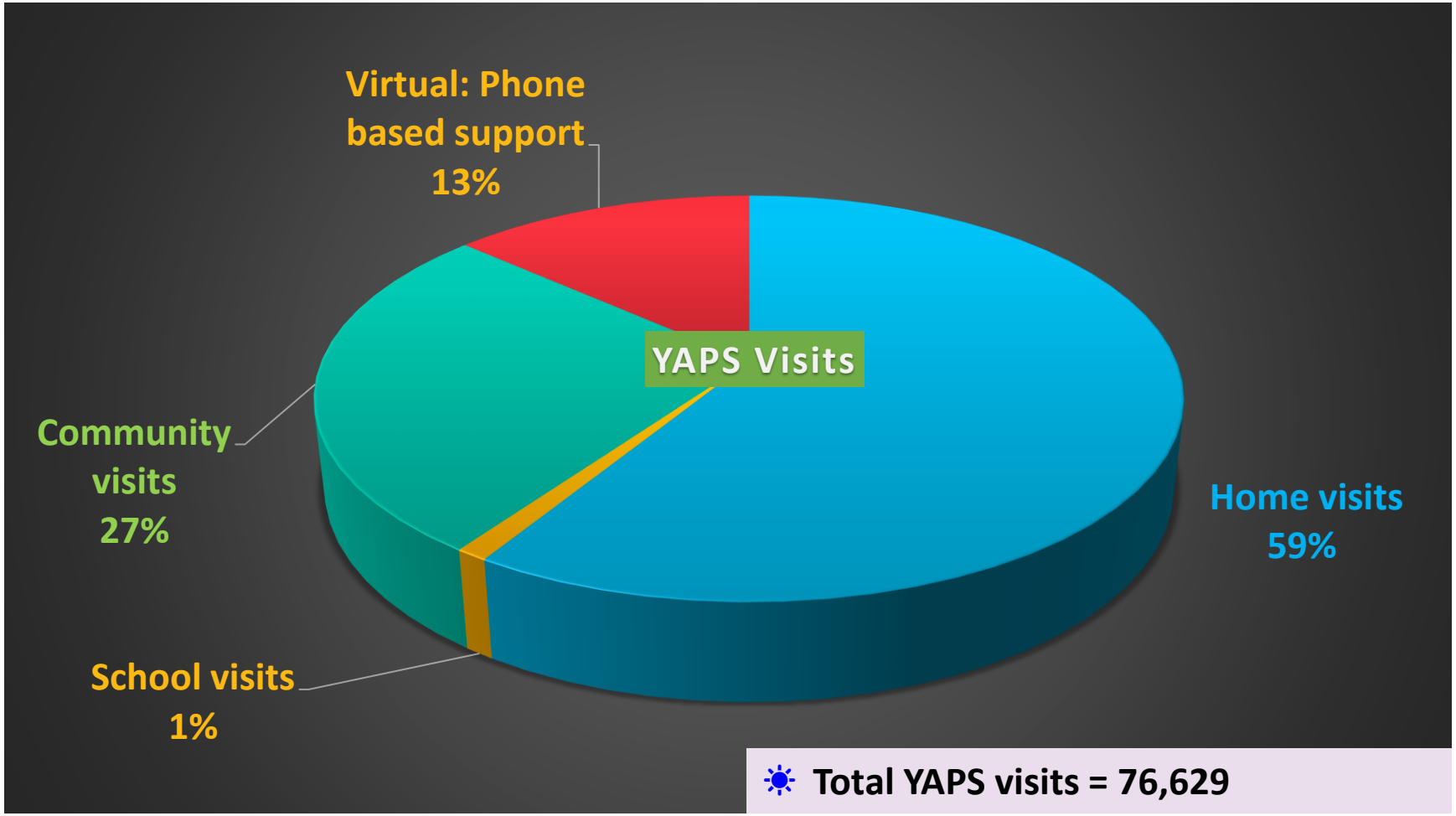
- Treatment interruption among AYPs continues to be a burden
- Almost 40% of those who interrupt treatment are followed up by YAPS

AYPs returning to treatment

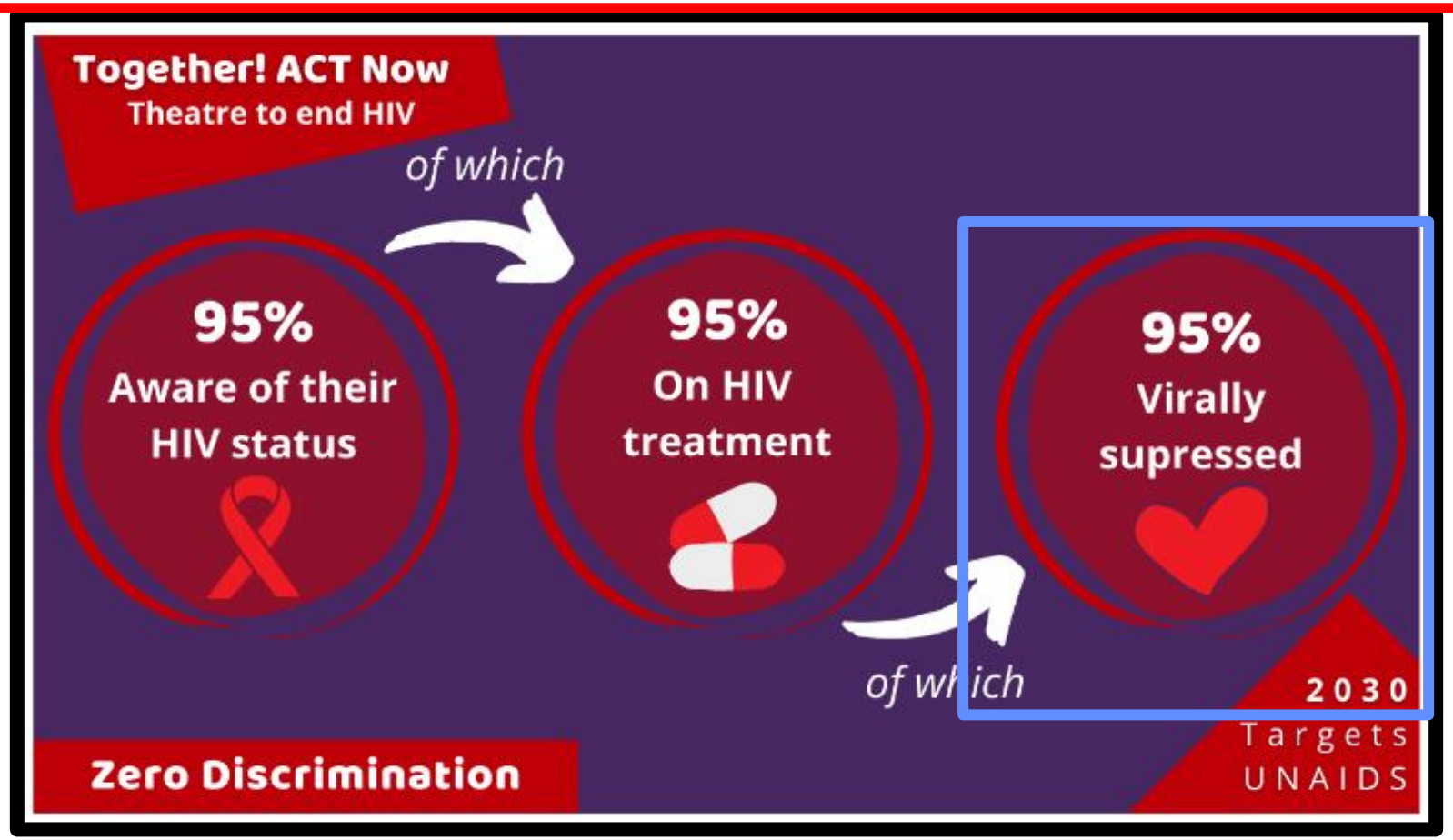


- Over 88% of all those AYPs followed up by the YAPS return to care.
- The reasons for none return is AYP not traced/located (52%), self/silent transfer to another health facility(39%), AYP stopping taking ARVs(7%) and Death (2%)

More than half of the AYPS were visited at home

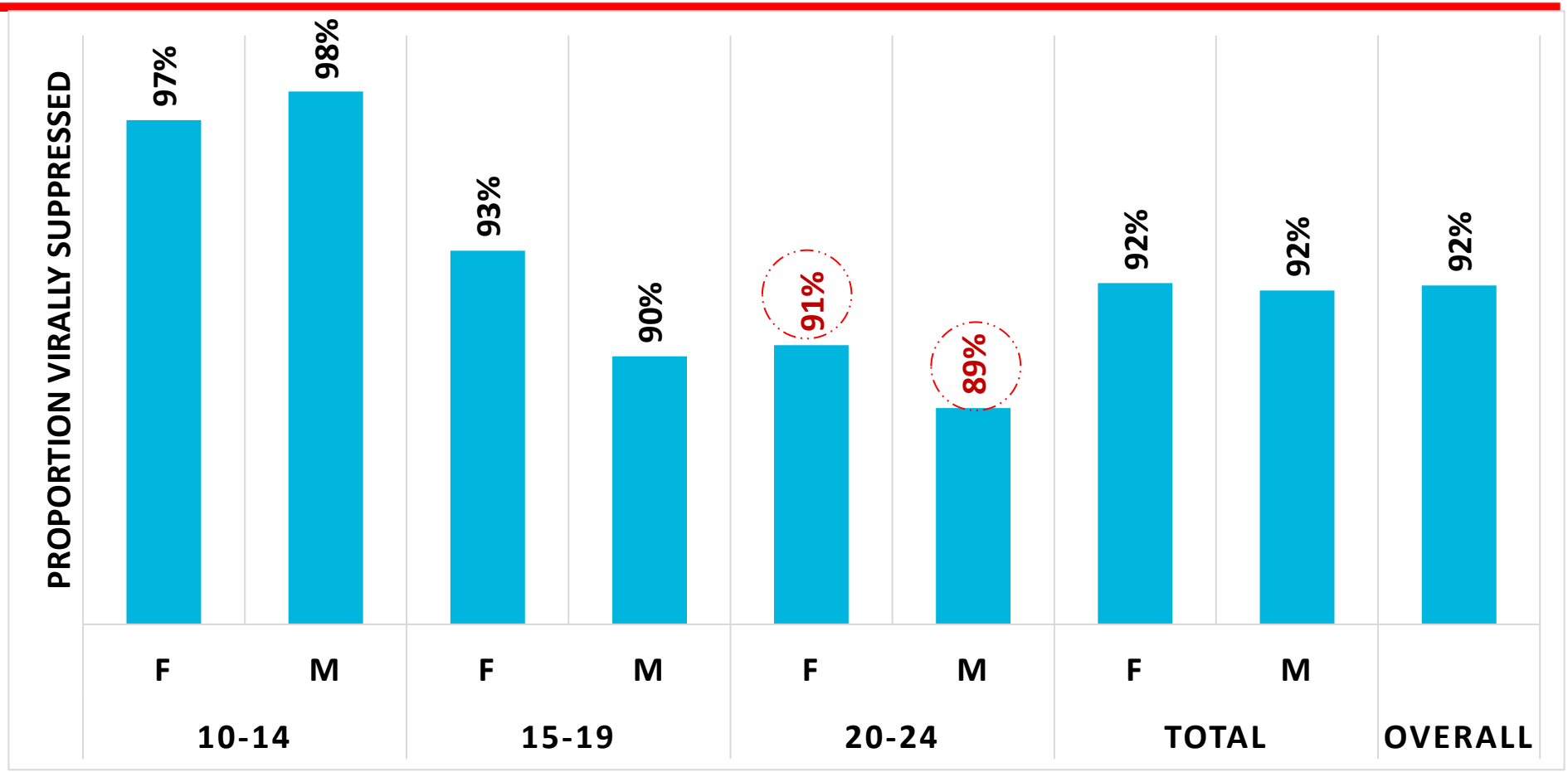


YAPS Contribution to 95-95-95



Source: UNAIDS

VL suppression for the period April-June 2023



☀ VL suppression is generally lower among the older age group

Challenges

- Wrong addresses, self or silent transfers and treatment discontinuation needs to be addressed

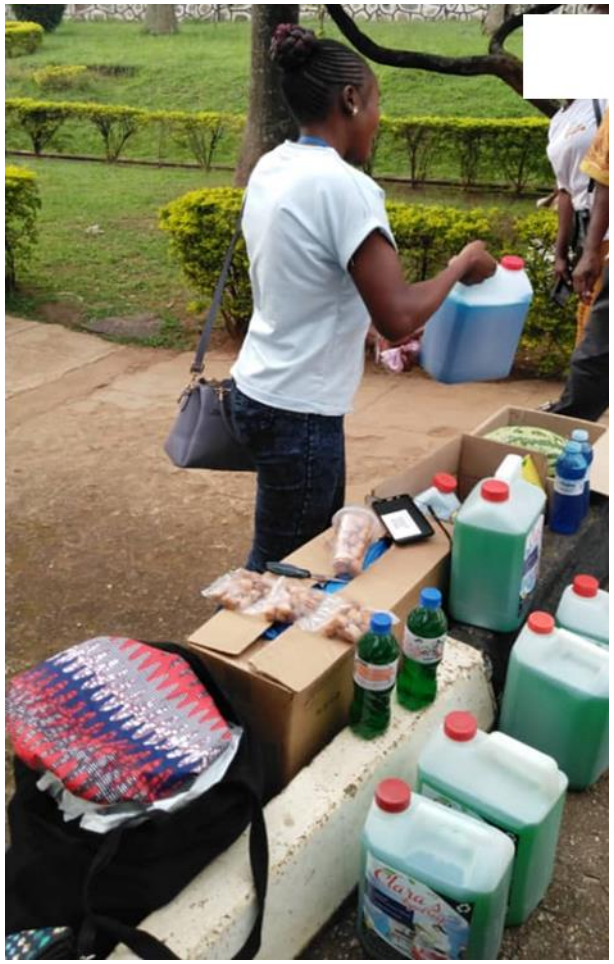
- Targeted interventions to enhance tracing and location efforts, promote treatment adherence, and provide comprehensive psychosocial support to address these barriers effectively are ongoing.

- Limited resources to support further scale-up efforts

Lessons Learnt

- YAPS program is an opportunity to improve identification, enrollment into care and treatment, and viral suppression of AYPLHIV
- YAPS stimulates re-engaging AYPs in care. With over 88% of AYPs followed up and returned in to care.
- Older adolescents require intensive support in order to improve their health outcomes
- Need for more than one facility supervisor; at the ART clinic & MCH
- YAPS must be prepared for the “wean off” period in time

Lessons Learnt



YAPS Program has improved:

- Economic wellbeing and livelihood skills of AYPs - saving groups etc.
- Leadership and self esteem

Acknowledgment

- MoH Pead and Adolescent care and treatment Team
- YAPS Resource Persons
- YAPS Mentors and Supervisors
- YAPS
- AYPS
- PEPFAR
- UNICEF
- Implementing Partners
- Health Facilities support YAPS

Thank You!

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THE CQUIN NETWORK

PAHLCA
THE PAEDIATRIC AND ADOLESCENT HIV LEARNING COLLABORATIVE FOR AFRICA

World Health Organization

Moderator

Franklin Emerenini
Pediatrics and PMTCT Lead
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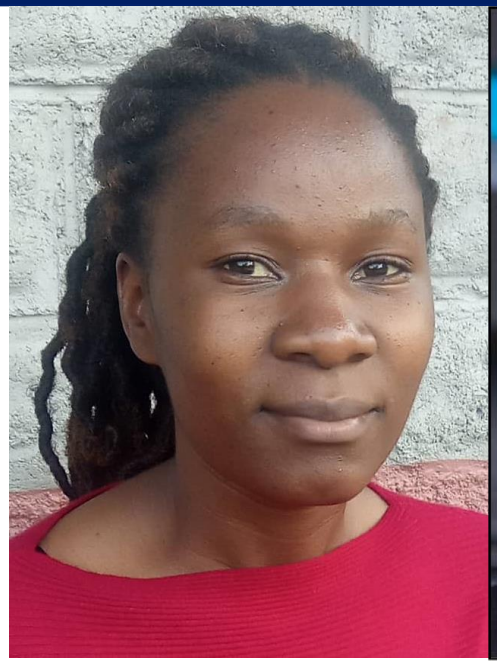
ICAP in Nigeria

Panelists



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Slides and recordings from today's session will be posted on the CQUIN website:
https://cquin.icap.columbia.edu/

Join us for the next CQUIN webinar:

September 5th = AHD Supply Chain Management Systems (co-hosted with CHAI)

Thank you!