

Providing peer support for adolescents and young people living with HIV

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Rationale

WHO recommends peer support, including peer counseling, for AYPLHIV age 10-24 years.¹ Peer support enables providers, programs and services to be more responsive, acceptable, sustainable and relevant, encouraging AYPLHIV to seek and remain engaged in care.²

Peer support activities range from support groups to peer-to-peer counseling and treatment buddy programs. Generally, AYPLHIV are formally or informally engaged as peer supporters at health facilities or in communities to provide care for and promote the health and wellbeing of their peers. A peer supporter can be a peer or a near-peer (someone a few years older who understands the needs of AYPLHIV). In all cases, the aim is to ensure a source of empathic support and share positive coping strategies.

Studies show that peer support can improve AYPLHIV linkage, adherence, viral suppression, retention and psychosocial wellbeing.³⁻⁴ Peer support models can also provide young peer supporters with opportunities for leadership development, capacity building and youth-led advocacy, helping to combat the negative effects of self-stigma and peer pressure.⁵

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Barriers and facilitators of implementation

Barriers

Policies in many countries limit the capacity of lay providers to provide HIV services, which is a key barrier against scale-up of the peer support model. In addition, there are operational complexities inherent to the integration of lay cadres of AYPLHIV into the health system, especially in low-resourced and overburdened settings. Further, there have been calls from peer supporters themselves⁶ to integrate sufficient planning and skills building into peer support programs for future employment opportunities as they age out of the role.

Facilitators

Effective oversight, management and support are critical for quality assurance. This includes formalized peer support roles, dedicated time for training and mentoring, engagement in case reviews when appropriate, and psychosocial support for prevention of burnout. In addition, the following have been shown to facilitate an effective peer



response: i) a designated physical space where AYPLHIV can meet; ii) services for which young peer supporters are accountable; and iii) age-differentiated responses for children, adolescents and young people.⁷ Health teams must be sensitized and supported to appreciate the value of the peer supporter role. Peer supporters should be included in health facility structures and activities to enable meaningful engagement with health workers and provide opportunities for peer supporters to sensitize health workers to the needs of AYPLHIV and advocate for adolescent- and youth-friendly health services.

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Policy and legal considerations

Peer supporters as a cadre have not generally been adopted within national systems, and thus both a standardized scope of work and career progression pathway/s are lacking. While it may not be possible to establish a professionalized cadre in all settings, ensuring basic needs are met and implementation standards are upheld will help to ensure quality at scale:

- Harmonize peer supporter job requirements and compensation with the most comparable cadre (peer supporter duties may be more comparable to lay counselors than community health workers, but young peer supporters may not have the requisite training, education or experience due to their young age).
- Re-examine and revise policies that limit the role of lay providers in testing and treatment.
- Evaluate age of service restrictions which prohibit younger peer supporters from being recognized.
- Even if not formally employed, peer supporters must be provided with clear conditions of service and protections in the workplace. Peer supporters should be encouraged to actively participate in national AYPLHIV network structures that are in turn well supported to represent youth matters on national policy-making platforms.

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Steps for scale-up

- Undertake consultations with stakeholders including AYPLHIV, peer supporters and health workers to establish specific needs, requirements and opportunities.
- Identify program platforms for learning and scale-up.
- Perform a projected costing to determine operational costs for training, delivery and support. Depending on prevailing practice in terms of compensation in country, peer supporter transport may also be compensated.
- Design a clear peer support model based on these considerations and available evidence.
- Develop a scope of work for peer supporters, which provides clear boundaries in appreciation of the limitations in peer supporter training, their young age and heightened vulnerabilities. Pay careful attention to maintaining these boundaries in peer supporter training, supervision and monitoring.
- Peer supporter duties should include peer education, basic psychosocial and adherence counseling, recognizing signs of poor coping and trauma and referral to sources of professional support. The role may also support the creation and maintenance of youth-led safe physical spaces for AYPLHIV to meet.
- Source or develop tools and resource materials to support training, implementation and monitoring.
- Clarify plans and criteria for recruitment, training standards, terms of service, supervision and reporting lines.
- Provide pre-service training to strengthen peer supporter skills and knowledge. Training should focus on HIV treatment literacy and sexual and reproductive health and rights, as well as counseling, group facilitation and communication

skills in accordance with clearly articulated program quality standards. Training should also include basic administration and record keeping to support improved documentation.

- Ensure ongoing in-service support through mentorships, regular supervision and performance review. Access to job aides, supportive materials and regular feedback from health workers and clients is recommended.
- Provide sufficient mental health support for young peer supporters and ensure investment in their safeguarding. Have plans in place to deal with their potential harms, including intimidation, harassment and coercion of female peer supporters in particular. Additional safeguarding measures are needed where peer supporters are drawn from key populations.
- Because young peer supporters age out of the youth category and are often unpaid for their work, it is important to communicate and plan for this from the onset. Link peer supporters to skills building, livelihood strengthening, career development and mentorship opportunities throughout their term of service.

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Case example of successful implementation

The Resilient Empowered Adolescent and Young People Program (READY+) by the International HIV/AIDS Alliance, Paediatric-Adolescent Treatment Africa (PATA) and other partners is being implemented in Mozambique, Swaziland, Tanzania and Zimbabwe. Peer supporters named Community Adolescent Treatment Supporters (CATS) are based at health facilities and within communities to support the integration of sexual and reproductive health services and rights, improved adherence, retention and psychosocial wellbeing for AYPLHIV.

CATS are recruited based on a defined set of criteria and trained as peer supporters and role models. They support adolescents and young clients at the health facility to navigate services, provide one-on-one and group counseling, create youth-friendly spaces and manage referrals and follow-ups in the community.

More information can be found here: <https://teampata.org/ready/>

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Tools to support implementation

- Peer supporter handbook, PATA 2017: <https://teampata.org/portfolio/2829/>
- Community health worker and peer supporter toolkit, PATA 2017: <https://teampata.org/portfolio/3548/>
- Good practice guide for adolescent HIV programming, International HIV/AIDS Alliance and READY+, 2017: <https://www.aidsalliance.org/resources/922-good-practice-guide-adolescent-hiv-programming>
- Case study on Africaid-Zvandiri CATS model, International HIV/AIDS Alliance 2018: <http://www.aidsalliance.org/stories/1041-video-the-sky-is-the-limit>
- Service provider guidance for working with young people living with HIV, Y+ 2018: <https://teampata.org/portfolio/service-providers-guidance-for-working-with-young-people-living-with-hiv/>

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Monitoring

Monitoring should include a balance of program and treatment outcomes, with priority domains, including: i) psychosocial measures; ii) adherence to HIV treatment and care; iii) clinical outcomes; and iv) uptake of psychosocial and sexual and reproductive health services. Useful psychosocial measures include: levels of knowledge around HIV, perceptions of self-efficacy for self-care; and capacity to disclose HIV status to intimate partner and use protective practices. Approaches for collecting monitoring

data with AYPLHIV might include mystery client visits, feedback boxes, client satisfaction surveys and scorecards. There is also a need for robust community-level HIV indicators, including those that measure linkage between facilities and community services. Monitoring the range and quality of services provided by peer supporters is also important, together with indicators that measure their meaningful integration and participation.

Monitoring peer support programs for AYPLHIV presents specific challenges, including the need to collect data in a manner that is sensitive to concerns for privacy and confidentiality. Importantly, young peer supporters and youth-led organizations should be involved in developing the tools and methods used, as well as validating them before use.

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Conclusion

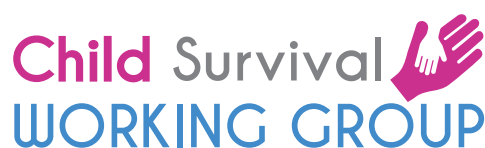
Peer support programs are a critical strategy to improve adolescent and youth-friendly health services. Young peer supporters who are openly living with HIV can fulfil a critical role in:

- Raising awareness and challenging stigma within communities and health facilities
- Enhancing the quality of AYPLHIV services and improving uptake of and linkages between services
- Contributing to a responsive and enabling service environment than can lead to improved patient outcomes, and improved coping capacity of AYPLHIV
- Creating opportunities for AYPLHIV to actively participate in planning, delivering and monitoring services that affect them

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7. International HIV/AIDS Alliance. *Supporting children, adolescents and young people living with HIV to start and stay on HIV treatment*. 2017. Available at: http://www.aidsalliance.org/assets/000/003/310/alliance_zvandiri_case_study_jan_2018_web_original.pdf?1516015222

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E-versions available at:

www.teampata.org/pata-research/ or www.childrenandaids.org/learning-center-page