

IATT Webinar: What's New in Treatment and Care for Adolescents? March 2, 2016

A total of **75 participants** from Thailand, Sudan, Lesotho, Kenya, Uganda, Senegal, DRC, Tanzania, Mozambique, Ukraine and many other countries attended the webinar to discuss emerging evidence in HIV treatment and care for adolescents and learn about the recommendations for this population included in the soon to be released WHO Consolidated ARV guidelines. The webinar featured presentations from the WHO, Y+ the Global Network of Young People Living with HIV, Paediatric AIDS Treatment for Africa (PATA) and the London School of Tropical Medicine, described in more detail below.

Main Discussion Points from Presentations

1. **Upcoming WHO Consolidated ARV Guidelines, Key Clinical and Service Delivery Recommendations,** Dr. Martina Penazzato and Alice Armstrong, WHO

- Clinical Recommendations:
- Evidence that adolescents are a neglected population, however, current evidence also supports the following:
 - ART should be initiated for **all adolescents** regardless of CD4 count; prioritize individuals with WHO clinical stage 3 or 4 and with CD4 count ≤ 350 cells/mm³.
 - Due to poor adherence and retention, balancing the risks and benefits of starting ART early may be different for adolescents
 - Uganda was the first country to initiate ART for all adolescents regardless of CD4 count and showed improvements in retention. However, adequate planning is critical.
 - **First-line ART regimens** for adolescents align with first-line ART regimens for adults, simplifying recommendations and supply chain needs.
 - **More potent and tolerable regimens** recommended as alternative 1st line regimens
 - Evidence to inform recommendation of new ARVs for adolescents extrapolated based on studies for adults.
 - Viral load monitoring continues to be recommended approach for treatment monitoring and more frequent VL monitoring not proposed for this population.
 - Key Research gaps:
 - HIV drug resistance in context of poor adherence and retention among adolescents
 - Long-term efficacy of EFV or DTG
 - Toxicity profiles of TDF in adolescents
 - Investigation of long-acting formulations
 - Age disaggregation of cohort and surveillance data
- **Service Delivery Recommendations**
 - Adolescent Friendly Health Services (AFHS) incorporated in existing clinics and hospitals, rather than stand-alone adolescent-only clinics
 - Specific focus on adolescents due to reduced access and poor quality of available services
 - Specific needs are in part due to development changes associated with this stage in life: risk perception, decision-making, sexual identity, experimenting with socialization and pleasure

seeking which have a profound impact on how adolescents engage in care and require a customized response

- **Reduced access** due to inadequate health literacy, documentation needed, limited ability to navigate the health system, requirement for parental consent, not-illness oriented and lack of information for where to access services, stigma and discrimination especially among key populations.
- Quality of services is a barrier – perceived quality is low, concerns about confidentiality, inconvenient, unwelcoming, services target adults and children.
- WHO defines AFHS as services for adolescents that are equitable, accessible, acceptable, appropriate and effective
- Systematic review of AFHS resulted in small but significant improvements, most notably, a reduction in pregnancy among adolescents and longer-term ART adherence among adolescents
- **Service Delivery Recommendations:**
 - Service delivery models beyond the facility – mobile, outreach etc.
 - Peer interventions and community based services
 - Close monitoring of engagement in care, rapid proactive follow-up and implementation of strategies for re-engagement
 - Adolescent specific adherence counselling to ensure understanding of their status, improves knowledge, is empowering and solutions focused
 - Regular ongoing assessment of adherence and support to identify of changing influencing factors or barriers
 - Need to facilitate independence and self -management
 - Provision of psychosocial support and SRH services including around disclosure
 - Interventions that engage caregivers for support

2. Global Standards for Quality Health Care Services for Adolescents, Dr. Valentina Bultag, WHO

- Adolescents are unique due to biological and developmental differences; they are not older children, nor younger adults
- Recognizing this has impact on way to organize services and follow-up care for adolescents
- Standards of care for adolescents developed and include: health literacy, community support, package of services, provider competencies, facility characteristics, equity and non-discrimination, data and quality improvement and adolescent’s participation.
- Providers should be trained in adolescent-specific aspects of care that go beyond HIV

3. HIV Treatment and Care Services for Adolescents: A Situational Analysis of 281 Facilities in 23 sub-Saharan African countries, Dr. Daniella Mark, PATA

- Review adolescents HIV treatment and care services in 23 sub-Saharan Africa to identify policy and programmatic gaps and understand service delivery in decentralized settings
- 280 health facilities across 3 sub-regions and range of health care providers
- Over 80,000 adolescents living with HIV in care at these facilities
- Most significant challenges were: **non adherence**; non-disclosure, socio-economic challenges
- Despite this challenge, insufficient mechanisms and protocols to support adherence or retention

- Poor quality adherence counselling which focuses on behaviour v. drivers of adherence. A fear-based approach to counselling
- Effective strategies reported were peer to peer youth groups
- 35% of facilities provided separate services for adolescents and most common approach was to dedicate a specific date or time for adolescents only.
- Poor transition support
- Poor integration of SRH services and support for pregnant adolescents
- Insufficient data disaggregation and outcomes monitoring

Key Messages:

- Mechanisms, protocols & counselling that support adherence and retention
- Peer support
- Separate adolescent services & transition with quality counselling
- Integrated, comprehensive SRH services in enabling environment
- Continued adolescent-orientated services, incl. PMTCT & ANC, for pregnant adolescents
- Strengthened data systems to improve quality, uptake and impact
- Special support for West and Central African facilities

4. Y+ Global Consultation: ‘Taking them forever and taking them on time’: The treatment and care needs of adolescents living with HIV, Cedric, Nininahazwe, Y+

Methodology

- Focal group discussions and online survey
- Focused on understanding adolescents’ daily lives on ARVs, challenges and benefits of ART, missing, stopping ARVs.

Results:

- Main challenges included:
 - Inconvenience, taking medication on time and away from home, side effects and the burden of taking pills (size, number and palatability)
- Benefits reported were:
 - Improved health and well-being, ability to complete daily tasks and having the strength to work and study
- Commons reasons for missing or stopping ART include: forgetting the time, fear of and experiencing stigma and discrimination when taking meds in public
- More than one-third reported stopping taking ARVs intentionally at least once; interruptions varied and not with knowledge of health providers
- Less than 25% of respondents discussed experience with friends, family or health care workers
- Most common sources of information included hospitals and support groups.
- Effective strategies for adherence are feeling supported, face to face counselling, with increased involvement from parents and role models
 - Reminders, improved palatability of ARVs, less frequent doses, etc.
- Improved service delivery:
 - Provision of services and information **from an early age** especially regarding SRH and disclosure

- **Flexible appointment systems**
- Free, closer to home in the community to **improve access**
- Dedicated adolescent services - at **specific times or separate areas** - safe and stigma free environments
- **Peers interventions** are highly valued
- Comprehensive services that **address their needs beyond HIV** – psychosocial support, SRH, nutrition etc.
- **Ongoing effective support** is critical, especially counselling that is empowering and solutions focused
- **Skills development** and support **on disclosure and safer sex**
- Dedicated, consistent, friendly, trained and **competent providers**

5. Systematic Review of Service Delivery Interventions to Improve Adolescents' Linkage, retention and adherence to ART and HIV Care, Dr. Peter MacPherson LSTM

- 11 included in review with nearly 60,000 participants, driven mainly by one large study
- 8 high income and 3 low income countries included;
- Limited effectiveness of interventions and few studies on what works for adolescents
- Many studies included were small and few RCTs.
- Some promising interventions that warrant further research for effectiveness: group and individual therapy, peer to peer support, financial incentives and AFHS.

Q&A

- Are there any specific guidelines available from WHO for adolescents from key populations?
 - The “Key Populations Guidelines” released in 2014 presented specific considerations for adolescent.
 - There were joint efforts to look at young key populations (up to 24 years old) by the Interagency Working Group. There is now a technical series for young key populations and HIV, which has the evidence – including some of the barriers – and examples of different services, as well as some kind of considerations for programming, services, etc. (see links to WHO website below).
- Do we have any guidance on psychosocial models for providing this aspect of care for adolescents?
 - No, we don't have a specific guidance on psycho-social models. There is more emerging evidence around peer-interventions for adolescents living with HIV. Some of those considerations are included in the retention and other service delivery recommendations.
 - Again, as we collect more evidence and more implementation science, and you can really feel the push from many people around the implementation science agenda, we hope to have more of that information to inform future guidelines.
- How are other factors that impact health for adolescents addressed in the upcoming guidelines, such as education and unemployment? Are these addressed by the guidelines that are set to be released?
 - These are consolidated guidelines with 50-something new recommendations and not much space for all of those additional considerations. Those things were taken into account when

we do the evidence-to-decision-making and inform the decisions that are made. They may not be appropriately articulated in the text, but we do have other, broader recommendations around adolescents and social determinants.

- Have adolescents in institutions been taken care of by the standards?
 - Not explicitly. I don't see how standards for adolescents more broadly would not apply to adolescents in institutions. It's something to think about – how to develop, or make those standards more specific for adolescents in institutions.

Additional Resources:

1. WHO

- [Adolescent HIV testing counselling and care online implementation tool](#)
- [Young key populations technical briefs series](#)
- [Global Quality Standards for adolescent health services](#)
 - [Volume 1: Standards and criteria](#)
 - [Volume 2: Implementation guide](#)
 - [Volume 3: Tools to conduct quality and coverage measurement surveys to collect data about compliance with the global standards](#)
 - [Volume 4: Scoring sheets for data analysis](#)
- [Adolescent competent health providers](#)
- [Adolescent advocacy materials](#)

2. GNP+

- [Adolescents Module of the Community Guide developed following the 2014 WHO Guidelines on Adolescents](#)

3. PATA

- [PATA Resource Hub](#)
- [Children, adolescents & HIV toolkit](#)
- [Promising Practice: Grab the Gap \(SA\)](#)
- [Promising Practice: One-stop adolescent shop \(Zambia\)](#)

4. London School of Tropical Medicine

- [MacPherson, P et al. Service delivery interventions to improve adolescents' linkage, retention and adherence to antiretroviral therapy and HIV care:](#)