



Building Bridges – Improving Adolescent HIV Service Delivery Through South to South Learning

03 September 2019 16:00 – 17:15 (CEST/UTC+1)

WHO-HIV Department

Welcome and overview

WHO

Best practices on differentiated service delivery for adolescent HIV

Nicola Willis, Director, Africaid Zvandiri

Views from a young person

Phyllis Mavushe, CATS mentor Africaid Zvandiri

Country perspective – TWG and DSD model adaptation

WHO Ghana and WHO Eswatini

Stakeholder perspective

UNICEF and EGPAF

Discussions and Closing

Join via Webex:

<https://who-meeting.webex.com>

Join via Phone:

Access code: 842 321 557

[Global call-in numbers](#)

Questions:

Wole Ameyan:

ameyanw@who.int



**World Health
Organization**



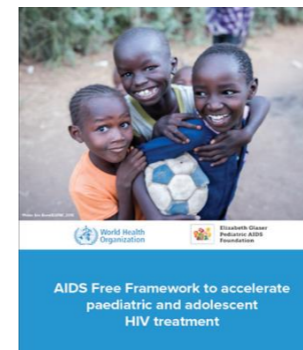
Background

September 2015
WHO, UNICEF Sub Saharan regional workshop in Uganda with key stakeholders in pediatric and adolescent HIV/AIDS from 14 countries. Roadmaps developed

2016
Roadmap implementation by countries with partners. Pilot testing approaches for AFHS

July 2017 AFRO WHO & WHO headquarters enhanced TA to 21 **AIDS Free priority countries**. To assess progress and priorities through matrix tool

2018/2019
TWG meetings for implementation of AFHS, sharing best practices and innovative models of care.



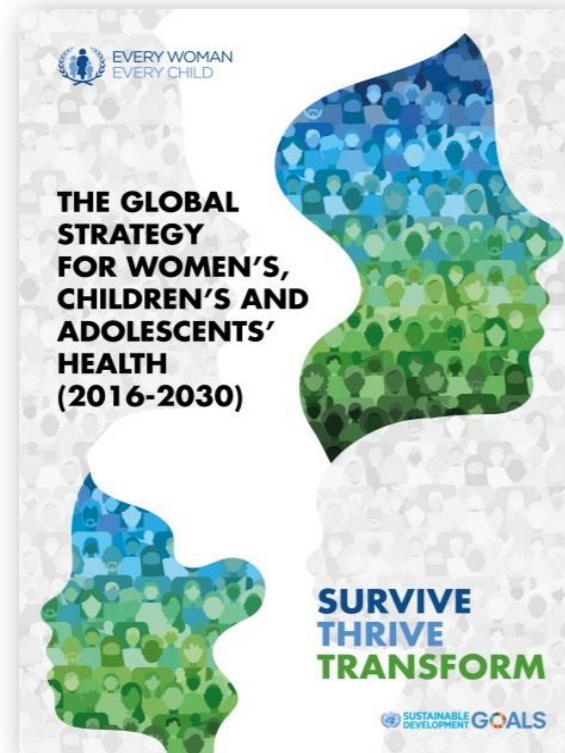
Technical Working Group Meetings

Overall aim:

- Strengthen the implementation and scale up of HIV services for adolescents living with HIV in AIDS FREE priority countries
 - To provide technical updates on **global frameworks, standards and recommendations** on service delivery for ALHIV
 - To share **regional experiences** and best practices on service delivery approaches for ALHIV
 - To develop **country plans** to accelerate access to AFS



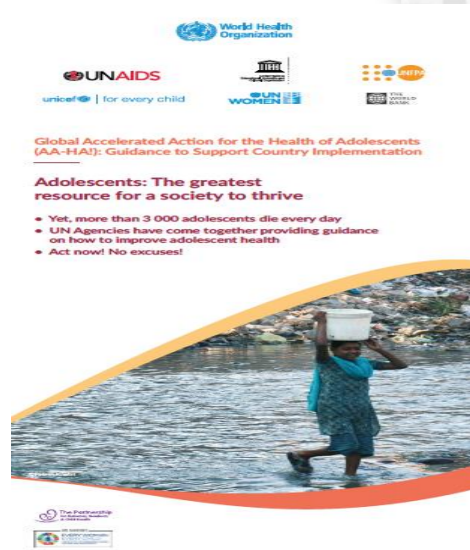
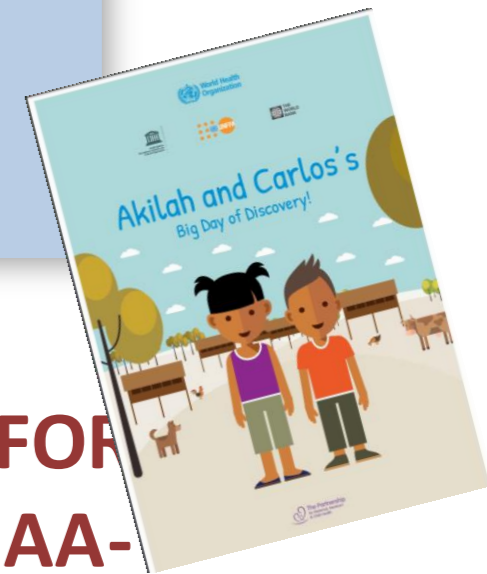
Global Strategy for Women's Children's and Adolescents' Health (2016-2030)



Adolescents are central to everything we want to achieve, and to the overall success of the 2030 Agenda

UN Secretary General, and senior co-chair of the High-Level Steering Group for Every Woman Every Child

Landmark 2016 World Health Assembly (WHA) Resolution on the Global Strategy for Women, Children and Adolescents' Health. Priority focus on Adolescent Health at WHA 2017.



GLOBAL ACCELERATED ACTION FOR THE HEALTH OF ADOLESCENTS (AA-HA!)

What does WHO mean by “adolescent friendly”?

Adolescent-friendly health services and standards of quality



Box 6.1. WHO-defined characteristics of adolescent-friendly health services

Equitable: all adolescents, not just certain groups, are able to obtain the health services they need.

Accessible: adolescents are able to obtain the services that are provided.

Acceptable: health services are provided in ways that meet the expectations of adolescent clients.

Appropriate: the right health services that adolescents need are provided.

Effective: the right health services are provided in the right way and make a positive contribution to the health of adolescents.



Box 6.2. Global standards for quality of health-care services for adolescents

Adolescent health literacy	Standard 1. The health facility implements systems to ensure that adolescents are knowledgeable about their own health and that they know where and when to obtain health services.
Community support	Standard 2. The health facility implements systems to ensure that parents, guardians and other community members and community organizations recognize the value of providing health services to adolescents and support the provision and utilization of services by adolescents.
Appropriate package of services	Standard 3. The health facility provides a package of information, counselling, diagnostic, treatment and care services that fulfil the needs of all adolescents. Services are provided in the facility and through referral, linkages and outreach.
Provider competencies	Standard 4. Health-care providers demonstrate the technical competence required to provide effective health services to adolescents. Both health-care providers and support staff respect, protect and fulfil adolescents' rights to information, privacy, confidentiality, non-discrimination, non-judgemental attitude and respect.
Facility characteristics	Standard 5. The health facility has convenient operating hours, a welcoming and clean environment and maintains privacy and confidentiality. It has the equipment, medicines, supplies and technology needed to ensure effective service provision to adolescents.
Equity and non-discrimination	Standard 6. The health facility provides quality services to all adolescents irrespective of their ability to pay, age, sex, marital status, education level, ethnic origin, sexual orientation or other characteristics.
Data and quality improvement	Standard 7. The health facility collects, analyses and uses data on service utilization and quality of care, disaggregated by age and sex, to support quality improvement. Health facility staff is supported to participate in continuous quality improvement.
Adolescents' participation	Standard 8. Adolescents are involved in the planning, monitoring and evaluation of health services and in decisions regarding their own care as well as in certain appropriate aspects of service provision.

Source: http://www.who.int/maternal_child_adolescent/documents/global-standards-adolescent-care/en

TWG Meetings 2018-2019

- From September 2018 to June 2019, Adolescent TWGs occurred in 14 countries

Country	Paediatric	Adolescents
Botswana	√	√
Burundi	√	√
Cameroon	√	√
Chad	√	√
Cote d'Ivoire	√	√
DRC	√	√
Eswatini	√	√
Ghana	√	√
Kenya	√	√
Lesotho	√	√
Malawi	√	√
Mozambique	√	
Nigeria	√	
Tanzania	√	√
Uganda	√	√
Zambia	√	√



Top 5s (considerations for country plans)

5 key actions for strengthening AFHS	5 key points on SRH/HIV integration	5 key points on sharing best practices
<ul style="list-style-type: none"> • Implementing integrated care package • Training of HCWs on AFS including adolescents from KP • Need for age disaggregated data • Limit fragmentation and strengthen ownership • Meaningfully engagement of adolescents 	<ul style="list-style-type: none"> • Age of consent policies • Attitude and skill of HCWs on SRH service delivery • Siloed coordination and funding of SRH & HIV • Stockouts and inadequate supplies • Limited community involvement 	<ul style="list-style-type: none"> • Country and Zvandiri model shared. • Collaboration on training, ICT, M&E tools and job aids • Discussions and adaptation currently occurring • Epidemiological and contextual considerations • Include underserved populations (young mothers, mental health and disability)



South to South Learning - journey so far

Uganda:

- CATS programme adapted to YAPS (Young people and Adolescent Peer Supporters)
- Six Implementing Partners selected and trained
- 190 YAPS selected, trained and attached to 45 health facilities across nine districts
- First mentorship to occur in September 2019

Ghana:

- Proposal written and awarded by Global Fund Ghana to support a pilot CATS programme
- Implementing partner engaged and pilot sites selected
- Ghana delegation including Ministry of Health and a youth representative to visit Zimbabwe and Africaid in September 2019

Tanzania:

- Ministry and NGO discussions following TWG
- Delegation proposing visit in October 2019 for possible adoption of the model

Malawi:

- Ministry of Health and One Community planning for adoption and piloting of the model

Eswatini:

- WHO and Ministry of Health engaged in scaling up differentiated service delivery model for adolescents
- Engagement of Africaid and CANGO for discussions and scaling up opportunities

Where engagement has begun: 11 countries

Kenya, Zambia, Eswatini, Lesotho, Tanzania, Malawi, Botswana, Uganda, Ghana, DRC, Cameroon



Overall messages

- Towards integration and away from verticalization
- South to South learning is key
- A whole of system approach
- Differentiation not fragmentation
- Meaningful engagement of adolescents should not be tokenistic

