

# PUTTING YOUNG PEOPLE AT THE CENTRE OF HIV SERVICES



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

Poor health outcomes among young people living with HIV (YPLHIV) 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%<sup>1</sup> compared with 46% in adults<sup>2</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, YPLHIV 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 YPLHIV. Differentiated care is a client-centred approach that simplifies and adapts HIV services to better serve the needs of people living with HIV (PLHIV) and reduce unnecessary burdens on the health system<sup>3</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 YPLHIV and reduce stigma and discrimination.

### 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

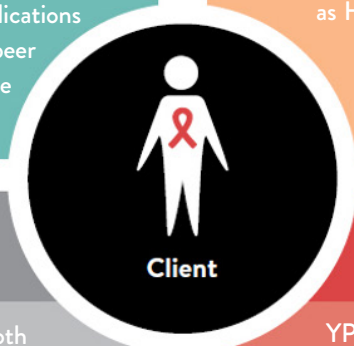
YPLHIV want services that are easily accessible and located close to their schools and homes. HIV clinics should not be identifiable as HIV-only services because many young people fear loss of confidentiality and unintentional disclosure, resulting in stigma and discrimination in their community.

#### 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.



## METHODOLOGY: AMPLIFYING THE VOICES OF YPLHIV

*"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)

To develop a nuanced understanding of how ART for YPLHIV can be delivered differently across a variety of settings and service delivery models in sub-Saharan Africa, the International AIDS Society (IAS) invited networks of PLHIV and civil society organizations to nominate a young person from within their organization to be a Differentiated Care Youth Champion. Each Youth Champion proposed an advocacy project to address crucial issues related to differentiated care for young people, including adherence, retention in care and community support systems.

The five Differentiated Care Youth Champions selected from different countries in sub-Saharan Africa worked to amplify the voices of YPLHIV. With support from their organizations, each Youth Champion engaged with diverse groups of YPLHIV about their experiences, needs and expectations of receiving care and treatment. They facilitated focus group discussions and addressed the different components of HIV service delivery (when, where, who and what).

# 5 YOUTH CHAMPIONS

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

# 32 FOCUS GROUP DISCUSSIONS

# 393 YOUNG PEOPLE CONSULTED

\*Young people and adolescents consulted were between 10 and 26 years of age and included men who have sex with men, mobile populations, mothers, people living with disabilities, people who inject drugs, sex workers, transgender people and women who have sex with women. The young people were from tertiary institutions, primary and secondary schools, and urban and rural areas.

## 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

## REFERENCES

<sup>1</sup>UNAIDS/UNICEF/WHO 2015 Global AIDS Response Progress Reporting and UNAIDS 2014 HIV and AIDS estimates, July 2015

<sup>2</sup>UNAIDS. Global AIDS Update 2016. Available from: [http://www.unaids.org/sites/default/files/media\\_asset/global-AIDS-update-2016\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/global-AIDS-update-2016_en.pdf)

<sup>3</sup>Grimsrud A, Bygrave H, Doherty M, Ehrenkranz P, Ellman T, Ferris R, Ford N, Killingo B, Mabote L, Mansell T, Reinisch A. Reimagining HIV service delivery: the role of differentiated care from prevention to suppression. *Journal of the International AIDS Society*. 2016;19(1).