

TECHNICAL BRIEF

ADOLESCENT-FRIENDLY HEALTH SERVICES FOR ADOLESCENTS LIVING WITH HIV: FROM THEORY TO PRACTICE

DECEMBER 2019

PEER DRIVEN ADOLESCENT HIV MODELS OF CARE



WHO/CDS/HIV/19.39

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Peer supporters and health providers outside Mulago-Mbarara AIDS Program (MJAP), ISS Clinic in Uganda

1. INTRODUCTION

Adolescents 10–19 years old comprise one sixth of the world's population. Almost 90% live in low- and middle-income countries, where access to health and social services may be limited for myriad reasons (1). Since the number of adolescents is expected to rise significantly through 2050, achieving the Sustainable Development Goals, including the targets for universal health coverage, requires addressing their unique needs (1).

Worldwide in 2018, 1.65 million adolescents were living with HIV and an estimated 190 000 were newly infected with HIV. The situation is especially dire for adolescent girls, who account for 74% of the adolescents acquiring HIV (2). Although data on treatment coverage among adolescents are limited, access to and uptake of antiretroviral therapy are often reported to be lower than for older age groups (3,4). In 2017, among 40 countries with available data, 43% of adolescents living with HIV were receiving antiretroviral therapy (5), and those receiving antiretroviral therapy had lower rates of viral suppression than adults. The most recent data on AIDS-related deaths indicate a decline of only 16% among adolescents 15–19 years old versus a 35% decline among people 20 years and older (4).

Addressing the distinct and diverse needs of adolescents living with HIV to improve their HIV-related outcomes requires a comprehensive and integrated approach. The approach should also leverage global commitments to adolescent health, including the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) (6) and the Global Accelerated Action for the Health of Adolescents (AA-HA!) (7), which provides policy-makers with guidance on how to set priorities for, plan, implement, monitor and evaluate adolescent health programmes, including HIV.

The 2014 WHO report *Health for the world's adolescents: a second chance in the second decade* (8) recommended developing and implementing national quality standards and monitoring systems as a key step in transforming how health systems respond to adolescent health. Since then, global standards with implementation guides on delivering high-quality adolescent services have been developed and rolled out (9). However, these standards need to be adapted to align with issues related to adolescents living with HIV, improved access to HIV testing services, support for adherence to antiretroviral therapy, viral load monitoring, age-appropriate disclosure, and peer support, all of which are essential to assuring adolescents' overall health and well-being as well as achieving viral load suppression and preventing AIDS-related deaths in adolescents living with HIV.

There is currently limited implementation of guidance regarding the provision and monitoring of adolescent-friendly health services to ensure that adolescents living with HIV receive appropriate services that meet their unique needs.

Although examples of excellent practices of adolescent-friendly health services for adolescents living with HIV exist (10,11), many remain poorly documented, have limited scale, and the quality and standards vary widely across service delivery points (12–14). HIV services for adolescents living with HIV often have limited integration with other adolescent health services such as those for mental health, adolescent sexual and reproductive health. Many adolescents living with HIV therefore continue to receive services that do not meet the explicit principles for providing adolescent-friendly health services: equitable, acceptable, accessible, appropriate and effective (15).

In 2018 and 2019, WHO and partners conducted technical consultations in 16 countries to assist in improving service delivery for adolescents living with HIV. Following from these consultations and in response to requests from countries, this publication primarily seeks to define and clarify the key elements of adolescent-friendly health services, summarize existing guidance on adolescent-friendly health services and differentiated service delivery for adolescents living with HIV while showcasing best-practice case studies based on country experience in implementing these services.

This technical brief will be useful to HIV programme managers in health ministries and other adolescent-related line ministries, especially those in low- and middle-income countries in sub-Saharan Africa, in implementing, monitoring and evaluating peer-based and adolescent-responsive and -friendly services for adolescents living with HIV. The publication will also be a valuable resource for health-care workers and will assist international organizations, nongovernmental organizations and other implementing partners in better contextualizing, planning and delivering peer-based and adolescent-responsive and -friendly services for adolescents living with HIV. It briefly describes the criteria and standards for providing adolescent-friendly health services, summarizes some of the key peer-based implementation evidence, details examples and key characteristics of five peer-based adolescent service delivery models and offers programmatic considerations for providing adolescent-responsive and -friendly services to ensure meaningful engagement of adolescents as a key focus.

The publication is aligned with and summarizes the essential global implementation guidance from documents on adolescent service delivery including *Making health services adolescent friendly* (16), *Global standards for quality health-care services for adolescents* (9), *Key considerations for differentiated antiretroviral therapy delivery for specific populations* (17) and *A decision framework for differentiated antiretroviral therapy delivery for children, adolescents and pregnant and breastfeeding women* (18).

2. ADOLESCENT-FRIENDLY HEALTH SERVICES

2.1 Key principles and understanding

Adolescence is a critical period of human development, with rapid and increasing physical, hormonal, neural, psychosocial, cognitive, emotional, sexual and reproductive development and maturation (8). Health services for adolescents and how they are delivered represent a significant determinant of quality of life for adolescents and should reflect the following key changes during adolescence: emerging autonomy but limited access to resources; dramatic increase in quantity and variety in social relations potentially increasing vulnerability; movement from dependence to interdependence, balancing autonomy and connection; developing self- and sexual identity, including capacity for self-direction; enhanced but evolving cognitive ability and greater impulsivity; and gap between biological maturity and assumption of adult roles (8).

Delivering adolescent-friendly health services can be challenging, since adolescents are a heterogeneous group with different expectations and preferences. The WHO quality of care framework provides a useful working definition of adolescent-friendly health services. To be considered adolescent friendly, health services should be accessible, acceptable, equitable, appropriate and effective (Box 1).

Box 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.

Source: *Making health services adolescent friendly: developing national quality standards for adolescent friendly health services*. Geneva: World Health Organization; 2012 (16).

Specific interventions and/or delivery platforms and approaches to adolescent populations have shown significant improvements in health outcomes (lower pregnancy rates); health-care utilization (presentation at a clinic for mental health, HIV counselling and testing and outpatient visits); uptake of services (HIV testing); knowledge (acquiring HIV and sexually transmitted infections, preventing pregnancy and sexual health); attitudes (towards sex and HIV testing); sexual risk-reduction behaviour (condom use); and service acceptability (19–29). HIV services provided to adolescents living with HIV should therefore be tailored to their specific needs through what is now widely termed adolescent-friendly health services.

2.2 Global standards for high-quality health-care services for adolescents

The principles of adolescent-friendly health services have been clearly outlined (Box 1). In 2015, WHO and UNAIDS translated the principles into eight global standards for quality health-care services for adolescents (30), with each standard reflecting a critical facet of service delivery as well as its criteria. The standards were accompanied by an implementation guide that highlighted necessary steps at the national, district and facility levels to achieve the standards and assessment tools to measure implementation. However, for these key principles and standards to be useful to country HIV programmes, they need to be aligned with clear activities and should be triangulated with HIV-specific considerations (Box 2). Table 1 shows examples of activities that country programmes could consider in attaining each of the standards. These activities need to be linked to results to improve specific outcomes to improve the health of adolescents living with HIV.



Visitors from CDC and USAID offices join in a group photo with OTZ youth
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TABLE 1. ACTIVITIES ALIGNED WITH THE GLOBAL STANDARDS FOR QUALITY OF HEALTH-CARE SERVICES FOR ADOLESCENTS

Global standard	Description	Example of activities implemented to attain this standard
1. Adolescents' health literacy	The health facility implements systems to ensure that adolescents are knowledgeable about their own health and they know where and when to obtain health services	Training of peer supporters, also adolescents living with HIV in HIV prevention, sexual and reproductive health, mental health and life skills Developing job aides on HIV testing, care and treatment, viral load monitoring, adherence counselling and contraceptive information and provision specific to adolescents Peer supporters and treatment literacy staff address HIV knowledge and adherence the concerns of adolescents
2. Community support	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 such provision and the utilization of services by adolescents	Adolescents living with HIV and their caregivers join clubs and are involved in both joint and separate activities Conducting sensitization sessions within schools to eliminate stigma and promote testing, adherence and retention by school-attending adolescents living with HIV Engaging parents and guardians during caregiver sessions and introducing the services
3. Appropriate package of services	The health facility provides a package of information, counselling, diagnostic, treatment and care services that fulfils the needs of all adolescents. Services are provided in the facility and through referral links and outreach	Standard operating procedures developed and implemented to provide standard and simplified information on the available package of services Constitute a ministry-led multidisciplinary mentorship team on capacity-building for the needs of the adolescents
4. Providers' competencies	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	Training of health-care workers at service delivery points on providing adolescent-friendly health services within an integrated service package Regular meetings, on-site support and mentorship, and refresher workshops Peer educator curriculum package and teen club guide for peers and health-care providers to use
5. Facility characteristics	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	Age band clinic appointment and flexible opening hours outside regular clinic hours, such as evenings or weekends or school holidays to facilitate convenient hours and a safe space for HIV care and psychosocial support discussions Multidisciplinary teams scheduled to provide different services; to refill antiretroviral medicine, conduct viral load testing and counsel clients Develop and adhere to the infection prevention and control policies
6. Equity and non-discrimination	The health facility provides high-quality services to all adolescents regardless of their ability to pay, age, sex, marital status, education level, ethnic origin, sexual orientation or other characteristics	Services provided free of charge with no out-of-pocket expenses Client satisfactory survey done periodically to get feedback for improvement Involvement of multi-layered and multisectoral agencies, including social protection services and the district health team
7. Data and quality improvement	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 personnel are supported in participating in continual quality improvement	Develop and implement a monitoring and evaluation framework that clearly defines process and outcome indicators Develop and implement standard data collection tools at the facility level and a reporting template that capture age, sex and outcomes Quality improvement teams to routinely review disaggregated data and brainstorm for solutions with health facility staff and district councils
8. Adolescents' participation	Adolescents are involved in planning, monitoring and evaluating health services and in decisions regarding their own care and in certain appropriate aspects of service provision	Implementation of youth advisory groups and processes for design, implementation and feedback on services Peer supporters taking part in relevant health team meetings such as case reviews and advocacy for adolescent-friendly health services Training of peers to be self-health managers, to motivate self and others and to be a source of positive peer pressure to others

Source: Global standards for quality health-care services for adolescents: a guide to implement a standards-driven approach to improve the quality of health care services for adolescents (30).

Box 2. HIV-specific implementation considerations for adolescents living with HIV

- Align approaches for HIV service delivery with WHO and national adolescent-friendly health service standards, protocols and activities
- Include the implementation of adolescent-friendly approaches in HIV health service supervisory and monitoring systems
- Ensure training, research and personal development opportunities for health service providers on adolescent HIV treatment and care
- Engage service providers, adolescents and other key stakeholders to identify acceptable and feasible activities
- Implement adolescent-friendly health service approaches in all HIV services used by adolescents, including antenatal care for pregnant adolescents living with HIV
- Establish links and referral pathways to ensure a comprehensive continuum of care, especially for the transition from paediatric to adult HIV services
- Address the needs and vulnerabilities of adolescents from key populations

Source: Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach – second edition (15).

In addition to the routine services needed by adolescents, adolescents living with HIV need additional specific HIV-related services that support access to HIV prevention, testing, disclosure of their HIV status, linkage to treatment and care, retention, adherence and viral load testing. However, as previously noted, evidence indicates that adolescents living with HIV are underserved by current HIV services and have significantly worse access to HIV testing, antiretroviral therapy coverage, and viral load suppression (3,12,15). adolescents living with HIV are at high risk of loss to follow-up both before and after antiretroviral therapy initiation, with pregnant adolescents living with HIV and adolescent key populations particularly vulnerable (3).



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