

Sensitizing health workers to providing responsive care for adolescents and young people living with HIV

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Rationale

The 95-95-95 targets will only be achieved with zero discrimination, including within healthcare settings. Health worker attitudes, including those of professional and lay providers, are essential in establishing the culture of a health service. Protecting confidentiality and treating adolescents and young people living with HIV (AYPLHIV) with respect¹⁻⁵ are key elements of adolescent- and youth-friendly health services (AYFHS). However, AYPLHIV report stigmatizing and unsupportive health worker practices, including imposed moral values,⁶ discrimination, shame and scolding,^{5,7,8} and violations of confidentiality.²

To ensure health workers are equipped to deliver appropriate services, training and sensitization are required⁶. While the importance of sensitization is increasingly acknowledged, a gap remains in documented interventions and models.

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Barriers and facilitators of implementation

Barriers

Health worker attitudes towards AYPLHIV sexuality and sexual behavior is often deeply rooted in personal, cultural and/or religious beliefs, meaning that highly instructive and didactic sensitization training shifts attitudes in a superficial way, but fails to change genuine beliefs and tangible practice. Restrictive laws and policies also interfere with health worker capacity to deliver care that is adolescent- and youth-centered.

Facilitators

A human rights-based approach should underpin sensitization efforts, with a strong focus on clarification of values and self-appraisal to shift beliefs and perceptions. Strong directives from leadership and incentivization and accountability mechanisms are also critical facilitators. Health workers require an enabling and supportive environment to perform optimally; sensitization efforts should be bolstered by dedicated and ongoing investments into training and skills-building that cultivates resilience in the context of overburdened health systems. To provide adolescent- and youth-centred care, the health worker must also be cared for, acknowledged and valued.



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Policy and legal considerations

Countries need appropriate laws, policies and systems that protect rights, acknowledge diversity and provide equitable access to non-discriminatory healthcare for AYPLHIV. These should focus on a comprehensive package of integrated HIV and sexual and reproductive health and rights (SRHR) services that are delivered in a manner that is confidential, non-judgmental and stigma-free. Sensitization should be a core competency in pre- and in-service health worker training and certification (where applicable), and integrated into professional development, performance review and management systems. AYPLHIV must be meaningfully engaged in the development, implementation and evaluation of policy and service delivery. At community and health facility level, policies and guidelines must be translated into standard operating procedures that are complemented by practical tools and materials and supported by effective accountability mechanisms.

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Steps for scale-up

- Governments must ensure that sensitization efforts are embedded in the implementation of international frameworks and global standards for quality health services for adolescents and young people.
- Health provider professional bodies should emphasize commitments and obligations in relation to AYPLHIV, and have mechanisms in place to ensure accountability.
- Dedicated adolescent- and youth-friendly spaces with visible prompts, such as posters outlining services and/or charters highlighting health worker obligations and responsibilities, can contribute to a culture and environment that is receptive to adolescents and young people.
- Sensitization should target all cadres that form part of the AYPLHIV service experience, including non-clinical staff and those not traditionally considered providers (security, administrative, clerical and grounds staff and cleaners.)
- Sensitization strategies should include both formal and informal capacity-building. Formal activities should include training, supportive supervision, mentorship and case reviews that are underpinned by values clarification.
- Training frequency and focus should be informed by feedback on service level experiences, for example, client satisfaction surveys and service score cards.
- Sensitization around the value of providing differentiated services for AYPLHIV is important, with particular attention placed on young key populations.
- Integration of young peer supporters living with HIV into health teams facilitates intergenerational dialogue, breaks down barriers and builds greater understanding and relationships between AYPLHIV and health workers, thereby enhancing the sensitization process.
- Adolescent- and youth-friendly services and physical spaces contribute to a rights-based culture within a health facility and motivate greater awareness, sensitivity and responses to AYPLHIV.
- Debriefing opportunities should be provided for psychosocial support and to offer health workers a platform to deal with work-related challenges, stressors, decision-making and ethical dilemmas.
- Tools and materials that are adolescent- and youth-friendly must be provided to support health worker decision-making, minimize variations in service standards and ensure care that is non-judgmental and free of stigma.

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Case example of successful implementation

Between 2016 and 2018, CHIVA South Africa worked with 30 facilities in KwaZulu-Natal to support health workers to strengthen AYFHS. The program supported health workers to transform the quality and uptake of AYFHS through fostering cooperation between facility staff, AYPLHIV and civil society for shared ownership to sustain quality service provision. The program addressed key challenges affecting AYPLHIV (access and retention on ART, disclosure and sexual and reproductive health issues), and focused on ensuring that health workers were educated and skilled to provide treatment and prevention services for all AYPLHIV:

<http://chiva-africa.org/our-youth-our-future-adolescent-programme/>

See additional case studies in PATA promising practices in health provider sensitization for adolescents and young people living with HIV, available at <http://teampata.org/pata-research/>

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Tools to support implementation

- Global standards for quality health-care services for adolescents (WHO, 2015)
- Core competencies in adolescent health and development for primary care providers (WHO, 2015)
- Adolescent HIV programming (International HIV/AIDS Alliance, 2017)
- Children, adolescents and HIV: A simple toolkit for community health workers and peer supporters (PATA, 2018)
- Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach (WHO, 2016)
- The people living with HIV stigma index (<http://www.stigmaindex.org/>)

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Monitoring

To measure successes and identify challenges, health facilities should be informed by age-disaggregated data on service utilization, retention in care and patient outcomes. AYPLHIV should be involved in monitoring and provide frequent feedback on service experiences. This may include feedback boxes and client satisfaction surveys. Performance management of health workers should include indicators on knowledge, attitudes and practices. Incentive and accreditation systems for both health workers and facilities to be rated in terms of AYPLHIV sensitivity should be introduced and/or scaled up. Monitoring can benefit from stigma indices, health committee meetings and intergenerational dialogs.

Enabling and supportive health worker attitudes are crucial to providing AYFHS. Health worker sensitization is a powerful strategy and requires adequate resources, time and buy-in at all levels that must be supported by requisite policy and operational plans. Sensitization cannot be considered a once-off event, but is an iterative process that requires dedicated efforts, and ongoing spaces for dialogue, sharing and training.

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