

DIFFERENTIATED SERVICE DELIVERY A KEY TO IMPROVING RETENTION TO CARE AND ADHERENCE FOR YOUNG PEOPLE LIVING WITH HIV

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ABSTRACT

It was due a low uptake and access of key HIV services with a total of 3.6% females and 2.5% males living with HIV (aged 15-24)¹. This led to this initiative with a goal to improve ART services for over 100 YPLHIV by addressing a number of barriers to accessing HIV treatment and care, including stigma and discrimination. A differentiated care model was piloted that was based on the needs of the YPLHIV at Mapale clinic in Mzuzu. There was a 20% increase in the number of YPLHIV and 100% increase in number of those retained to care from the baseline. This proved that delivering ART with young positive health care workers with intensive adherence counselling for the unstable offered by peer supporters contribute to an increase in uptake of key HIV services.

KEYWORDS

Differentiated service delivery (DSD)

Retention to care

Defaulters

Young People living with HIV (YPLHIV)

INTRODUCTION

In Malawi, young people living with HIV (YPLHIV) including adolescents and young female sex workers face several barriers to accessing HIV treatment and care, including stigma and discrimination with a total 3.6% of young women and 2.5% of young men (aged 15-24) living with HIV¹, access to and uptake of key HIV services remain very low. Unfriendly youth health services, stigma and discrimination coupled with limited access to quality HIV information and knowledge remain major disincentives to young people's access to HIV services. Consequently, YPLHIV have lower uptake of HIV treatment services and poorer retention rates.

Recent studies have found that compared with other age groups, adolescents and youth in Malawi have lower uptake of treatment services and poorer retention rates. For example, a recent research found 45% of adolescents living with HIV reported missing ART in the past month. The most commonly reported reason was forgetting (more than 90%), travel from home (14%) and busy doing other things (11%). Alcohol use, violence in the home and low treatment self-efficacy were all associated with worse adherence². Further, studies have found that ART follow-up procedures for

¹ National AIDS Commission (2015): Malawi Aids response progress report

²<https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/malawi>

YPLHIV are inconsistent, with patients exhibiting late and missing treatment sessions. Issues surrounding follow-up procedures can have implications for adherence to ART, emphasising the importance of monitoring and follow-up³.

In 2017, the *International Aids Society (IAS)* through its *IAS Youth Voices campaign* supported 13 “Youth Champions” in Malawi, Kenya, South Africa, Tanzania and Zimbabwe to gain a better understanding of how, when, where and what kind of HIV services young people living with HIV (PLHIV) and young people from key populations want to receive. *The initiative* captured four key findings⁴. Firstly, that “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”. Secondly, “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”.

In addition, “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 HIV status as them. They fear being stigmatized in their communities if they receive services from HIV-negative peers”. And fourthly, “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”. These four findings are key in improving ART service delivery for YPLHIV. Informed by this background, Youth and Society (YAS) proposes a project titled “**Improving ART Delivery for Adolescents and YPLHIV in Mzuzu City**”. The goal of the initiative is to improve ART services for over 100 YPLHIV *by addressing a number of barriers to accessing HIV treatment and care, including stigma and discrimination*. The key focus will be on improving youth-friendly health services at Mapale Health Centre (MHC) - a public health centre and ART service provider. The principle desirable result is improved ART delivery for YPLHIV in Mzuzu City.

METHODS

A differentiated care model was introduced which was well informed with contributions from the young people living with HIV, the clinic staff members and major stakeholders. After the consultation this was agreed from the team and was tried out.

DIFFERENTIATED CARE MODEL FOR MAPALE HEALTH CENTRE	
The clinic will be run by young positive health care workers and trained in youth friendly services supported by the trained peer supporters	
<ul style="list-style-type: none"> ▪ Entry into the system upon being found HIV positive and is 15-24 years old. The youth is then group either into stable or unstable⁵ 	
STABLE <ul style="list-style-type: none"> - Currently on ART >1 year - Two consecutive VL results <1000 copies/ml within the last 2 years OR rising CD4 or CD4 >200cells/mm³ and objective adherence reported good - No adverse drug reaction requiring ongoing monitoring - No active opportunistic infection including tuberculosis(TB) 	UNSTABLE <ul style="list-style-type: none"> - Currently on ART <1 year - Two consecutive VL results >1000 copies/ml within the last 2 years OR rising CD4 or CD4 <200cells/mm³ and objective adherence reported good - Adverse drug reaction requiring ongoing monitoring - Active opportunistic infection including tuberculosis(TB)

³Ibid

⁴International Aids Society policy brief series: young lives, new solutions.

⁵ICAP Approach to Differentiated Service Delivery

- No concerns from health care team	- Concerns from health care team
TREATMENT	
STABLE <ul style="list-style-type: none"> - Clinical assessment every 2 months to match with the teen club dates - Viral load monitoring done routinely - Psychosocial/adherence support every 2 months by the assigned peer supporter - Drug pick up every 2 months by assigned peer supporter through fast track window 	UNSTABLE <ul style="list-style-type: none"> - Clinical assessments every 1-2 months - Viral load monitoring after 3 months of intensive adherence counselling by the assigned peer supporter - Drug pick up every 1 month until viral is <1000 copies/ml
This was backed up with monthly follow ups by the peer supporter who were trained.	

RESULTS

	Baseline (August 2018)		End line(April 2019)	
	Female	Male	Female	Male
Indicator 1A: number of young people (female, male) aged 10-24 in the community and number of those enrolled in HIV services	93	32	167	87
	Total: 125		Total:254	
Indicator 1B: Number of young people (female, male) aged 10-24 accessing HIV testing services.	25	15	64	40
	Total: 40		Total:104	
Indicator 1C: Number of young people (female, male) aged 10-24 accessing ART	23	15	87	63
	Total: 38		Total:150	
Indicator 1D: Number of young people (Female, male) aged 10-24 newly diagnosed with HIV and linked to care and support services	0	0	32	21
	Total: 0		Total: 53	
Indicator 1E: Number of new clients (Female, male) aged 10-24 accessing ART treatment.	0	0	29	21
	Total: 0		Total: 50	
Indicator 2A: % of young clients' (Female, male) aged 10-24 adherence to treatment	0	0	0	0
	Total:		Total:	
Indicator 2B: % of young clients (Female, male) aged 10-24 retained in care.	0	0	5	3
	Total: 0		Total: 8	

CONCLUSION

It is at the end of the piloting of the differentiated care model that it is clearly shown that change of delivery of ART has a positive impact on access and use of HIV services among adolescents and YPLHIV.

RECOMMENDATIONS

- Upscaling differentiated service delivery to several clinics in Mzuzu city such that a good number of YPLHIV is reached out to.
- Adding in a component to increase uptake of services from the male side.