

Session 2 - Knowledge is Power! Enabling Adolescents to Know Their HIV Status

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HIV Testing Services for Adolescents: What we know and what we could do to improve

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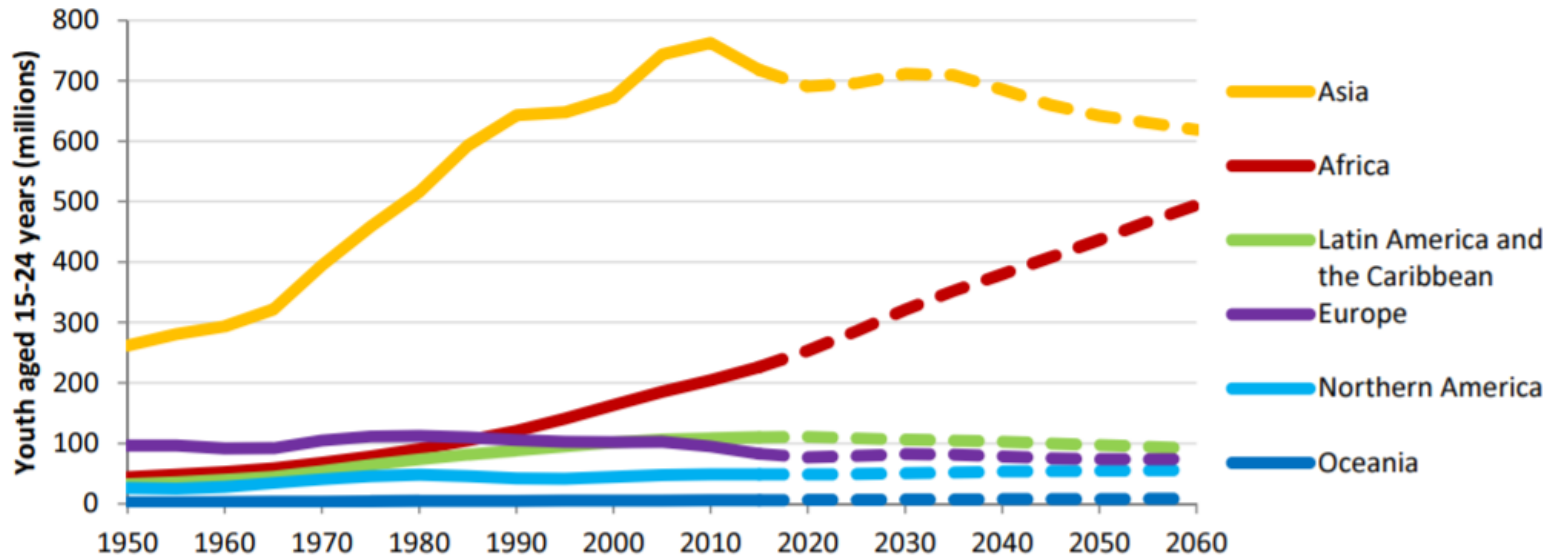


1.

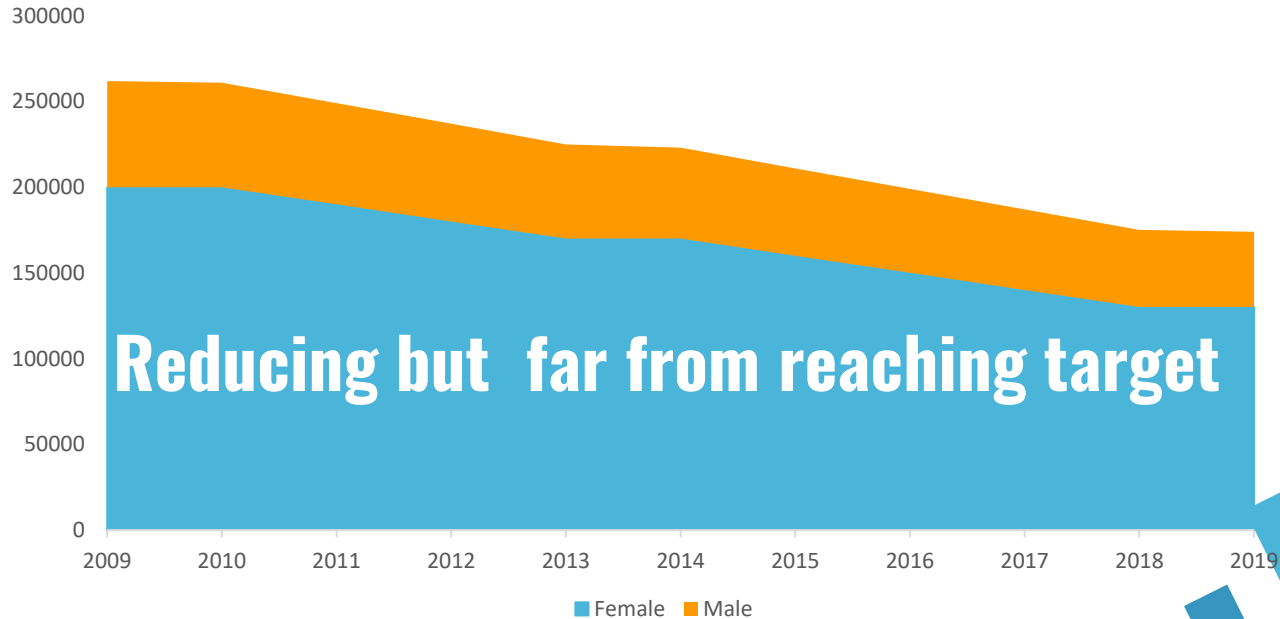
THE HIV TESTING GAP



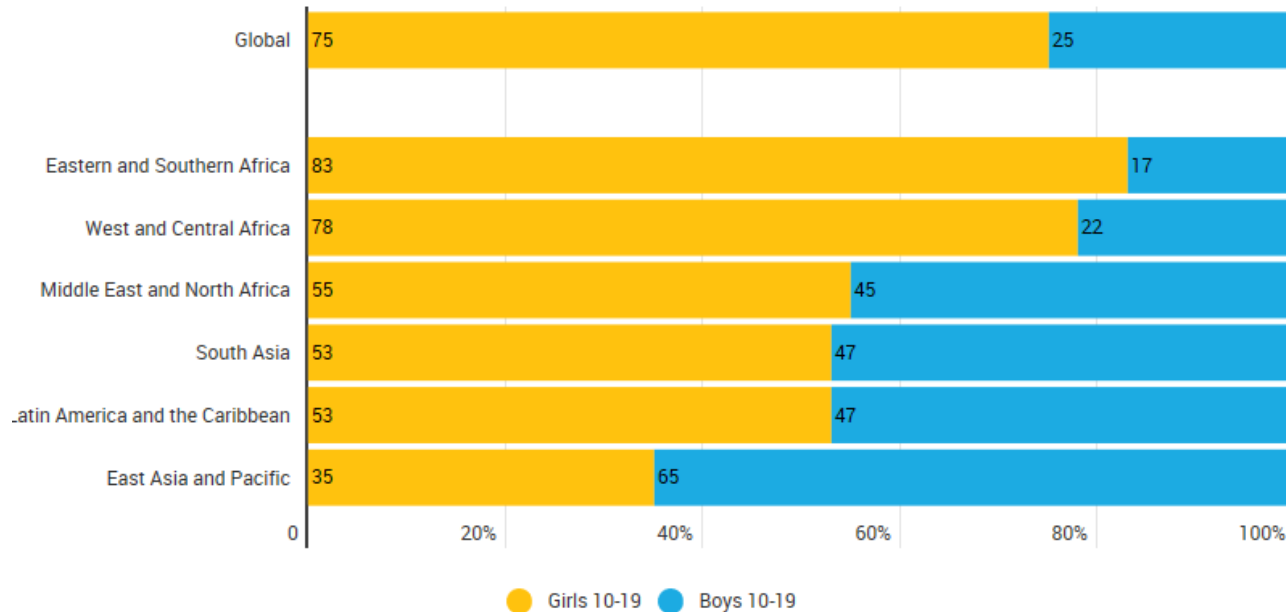
GROWING YOUNG POPULATION



GLOBAL ADOLESCENTS NEW HIV INFECTIONS

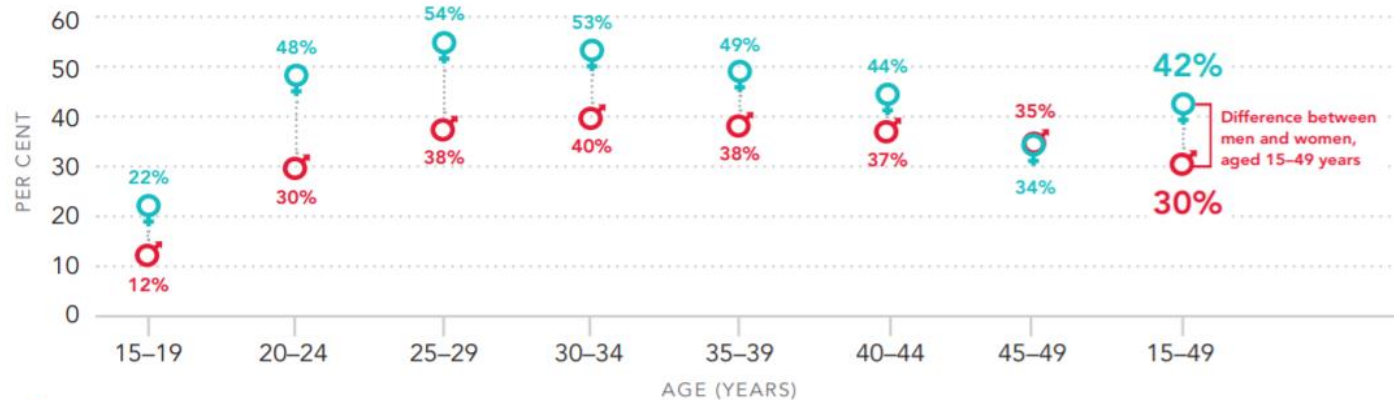


GENDER & REGIONAL DISPARITIES



Estimated distribution of new HIV infections among adolescents 10-19 years, by gender and region, 2019

LOW NUMBERS TESTING FOR HIV



♂ Men ♀ Women

Source: Population-based surveys, 2011-2016.

Percentage of men and women who ever tested for HIV and received results by age: 2011 - 2016, SSA



2.

WHICH ADOLESCENTS SHOULD BE TESTED?



Increasing Frequency



All Adolescents and Young People

Segments of the population

Older adolescents

High prevalence district / areas
e.g. peri-urban areas

Partners and
children of PLHIV

Risk factor

Sexually active

Pregnant
adolescents

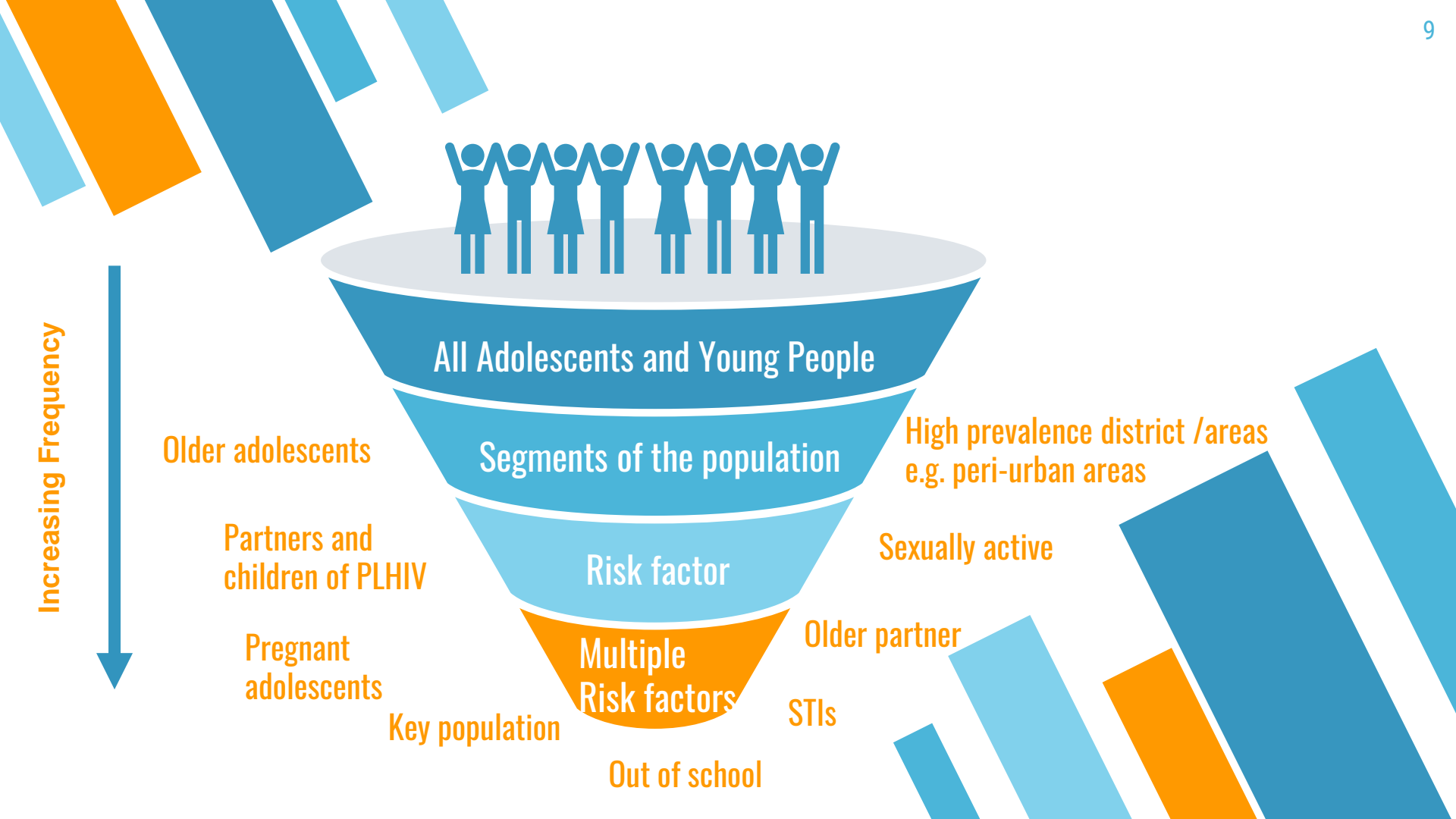
Multiple
Risk factors

Older partner

Key population

STIs

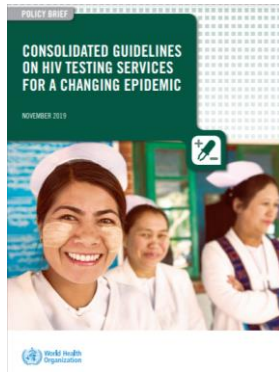
Out of school



WHO RECOMMENDS

A strategic mix of HTS approaches and options needed to reach priority populations

- Key populations and their partners
- **Partners and children of PLHIV**
- **Young people (15-24)**



Effective Focused Facility-based HTS

High burden settings:
HTS in every health contact –
integration

Low burden settings:
HTS in hotspots/select
services (TB, STI, key pops)

HIVST & Community Approaches

High burden settings:
outreach for key pops,
partners of PLHIV, hotspots,
consider workplace, strategic
outreach

Low burden settings:
outreach to key pops,
partners PLHIV

Couples and Partners

High burden settings:
offer all, and for partners of
KP and PLHIV

Low burden settings:
offer to KP and partners of
PLHIV



**LOW HIV PREVENTION
KNOWLEDGE**



CONSENT REQUIREMENTS



SERVICE BARRIERS



WEAK DATA

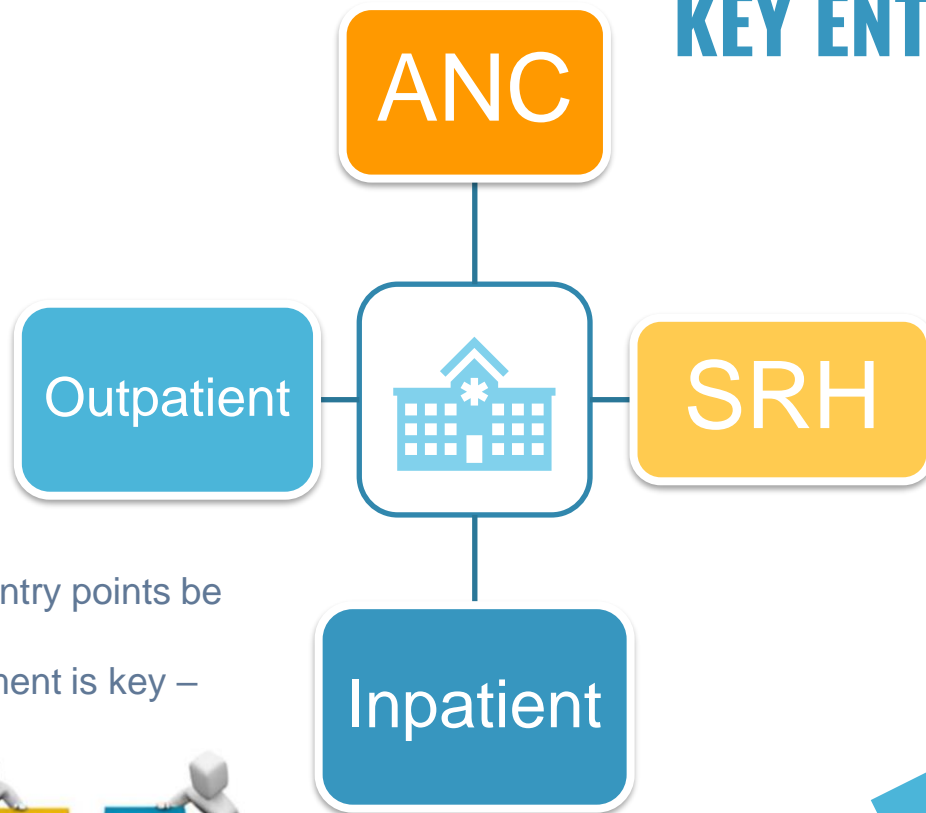


3.

HIV TESTING APPROACHES

The Evidence for Adolescents

KEY ENTRY POINTS



- How should facility entry points be organized?
- Adolescent engagement is key – user-centred



INDEX TESTING APPROACH IN ZIMBABWE

Provider

- » Community Adolescents Treatment Supporters (CATS)



Approach

- » CATS identified biological & sexual contacts of A&YPLHIV (Index)
- » Contacts approached and referred for HTS
- » CATS continued to provide support to index and contacts



Results

- » **Uptake:** 80% of 15,223 contacts tested for HIV at facility & home
- » **Yield:** 9.8%
- » **Linkage:** 97%

TARGETTED ADOLESCENT HIV SELF TESTING IN MOZAMBIQUE

Provider

- » Peer workers 16-20 yrs
- » Nurse supported HTS at facility

Approach

Recruited from school referred to YFS at HF



Additional Recruitment at YFS



HIVST in private room at HF



Validation of HIVST results including confirmatory for +ve

Results

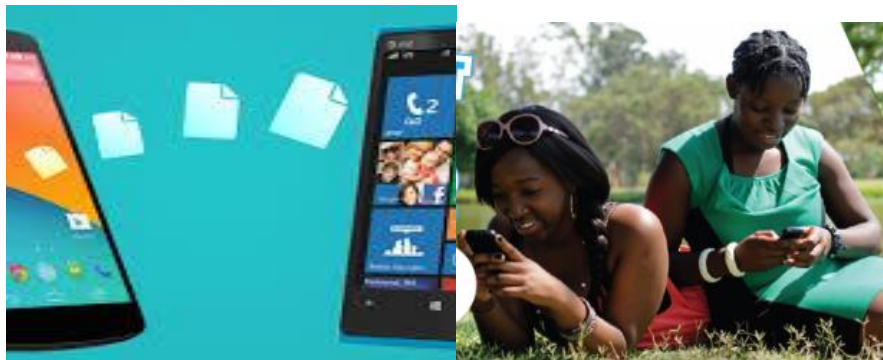
- » **Uptake:** 100% of HF recruitment; 47% referral success rate from school, all did HIVST
- » Appropriate use: 99.6% read results accurately
- » High first time testers, 71%
- » **Yield:** 1.7%
- » **Linkage:** Not reported

- Hector J et al PLoS One 2018: 13 (4)
- Zononi BC et al. Ado Health Med Ther 2018 Dec 4;9:211-235

DIGITAL APPROACH FOR HTS MOBILIZATION IN KENYA

Implementation Approach

- » Target Group: Young women 18-24 years



Data collected from girls receiving SMS and those not receiving, on:

- HIV Testing
- Sexual Behaviour
- HIV Risk perception

Results – 6 months

- » **Uptake:** Slightly higher in SMS group (67%) than no SMS (51%)
- » Time to initiating HIV test faster in SMS group (12 vs 20 weeks)
- » **Yield:** NA
- » **Linkage :**NA

Weekly SMS on HIV & SRH Topics

Monthly data collection

REACHING YOUNG KEY POPULATIONS IN INDONESIA

Implementation strategy


- » Training in Young KP friendly service provision for health providers
- » Sensitisation of community outreach workers
- » Developed online communication platform

Results


- » **Uptake:** Increase by 66%
- » Yield: NA
- » **Linkage:** Increase by 67% in ART Uptake



WHO: Social network-based approaches: key populations offer HTS to their social, sexual partners



4. DISCLOSURE



BEING DISCLOSED TO:

Common Approaches

- » Guidance for age-appropriate disclosure
- » Gradual and over a period of time

Who to disclose – Preferences

- » Parents /Caregiver
- » Health workers
- » Psychosocial counsellors
- » Parents and health workers together

Example from Thailand Guidance

Health workers conduct readiness assessment for caregivers and children



Age appropriate and gradual sero-status disclosure



Assessment and regular follow up to provide support

DISCLOSING TO OTHERS

Facilitators & Approaches

- » Entry into support groups e.g. Teen clubs
- » Adolescent treatment counselling – treatment buddies

Positive Outcomes

- » Improved self esteem
- » Improved treatment adherence
- » Retention in care
- » Feeling relieved

Negative Outcomes

- » Anxiety and Depression
- » Stigma and discrimination



Gabbidon et al AIDS & Behaviour 2020 : 114-141

“Adolescents should be counselled about the potential benefits and risks of disclosure of their HIV-positive status and empowered and supported to determine if, when, how and to whom to disclose” WHO guidance

5.

KEY TAKE HOMES



Renew focus on HTS for adolescents : addressing the gaps



Strengthen identification of those who need testing the most



Implement **diverse approaches** for HTS that are **responsive to the needs of adolescents**



Optimize implementation through **adolescent engagement**



Strengthen evidence to inform HIV testing for adolescents



Implement a **strategic mix of delivery approaches** to balance efficiency and impact



Facilitate support system to adolescents in disclosing to or when they disclose to others



Strengthen referral and linkages

THANKS!

**HIV &
ADOLESCENCE** VIRTUAL WORKSHOPS | NOVEMBER 2020
BUILDING HEALTH AND RESILIENCE 2020



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