

Youth- Friendly Clinics: Integrating Comprehensive HIV care services for Adolescents and Youth

Dr Marybeth C. Maritim
Physician/ Lecturer UON
Associate Director PACE



PARTNERSHIP FOR ADVANCED CLINICAL EDUCATION
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Outline

- Case
- Definitions
- Epidemiology of HIV in the youth
- Youth-Friendly services
- 4-S framework
- Intergrating YFS
- Case studies – Uganda, Rwanda
- Conclusion

Case

- B.N 16 year old male, form 2 student in a boarding school admitted with a 1 month history of cough and weight loss
- Currently under care of grandmother since the loss of his mother just before christmas in 2010
- Illness attributed to the bereavement since he has been in generally good health before
- B. N was a care giver to his ailing mother who died of PTB. Her HIV status was not know to any family member

Case 2

- Examination – sicklooking boy, small for age, wasting, pallor, oral thrush, no secondary sexual characteristics noted
- Respiratory exam unremarkable
- Genital exam – normal male genitalia, not circumcised
- CXR – suggest PTB, sputum – AAFBs positive

Case 3

- 2 Concerns raised by grandmother
 - suspected that her daughter died of HIV and wants the doctor to test the boy and not to tell him
 - She wants the boy to be circumcised since he has been bullied in the boarding school due to the delay in his circumcision
- 2 concerns raised by the patient
 - Wants to know whether he is normal since other boys of his age are much bigger than him and have developed deep voices
 - Would like to be circumcised to reduce the bullying

Question

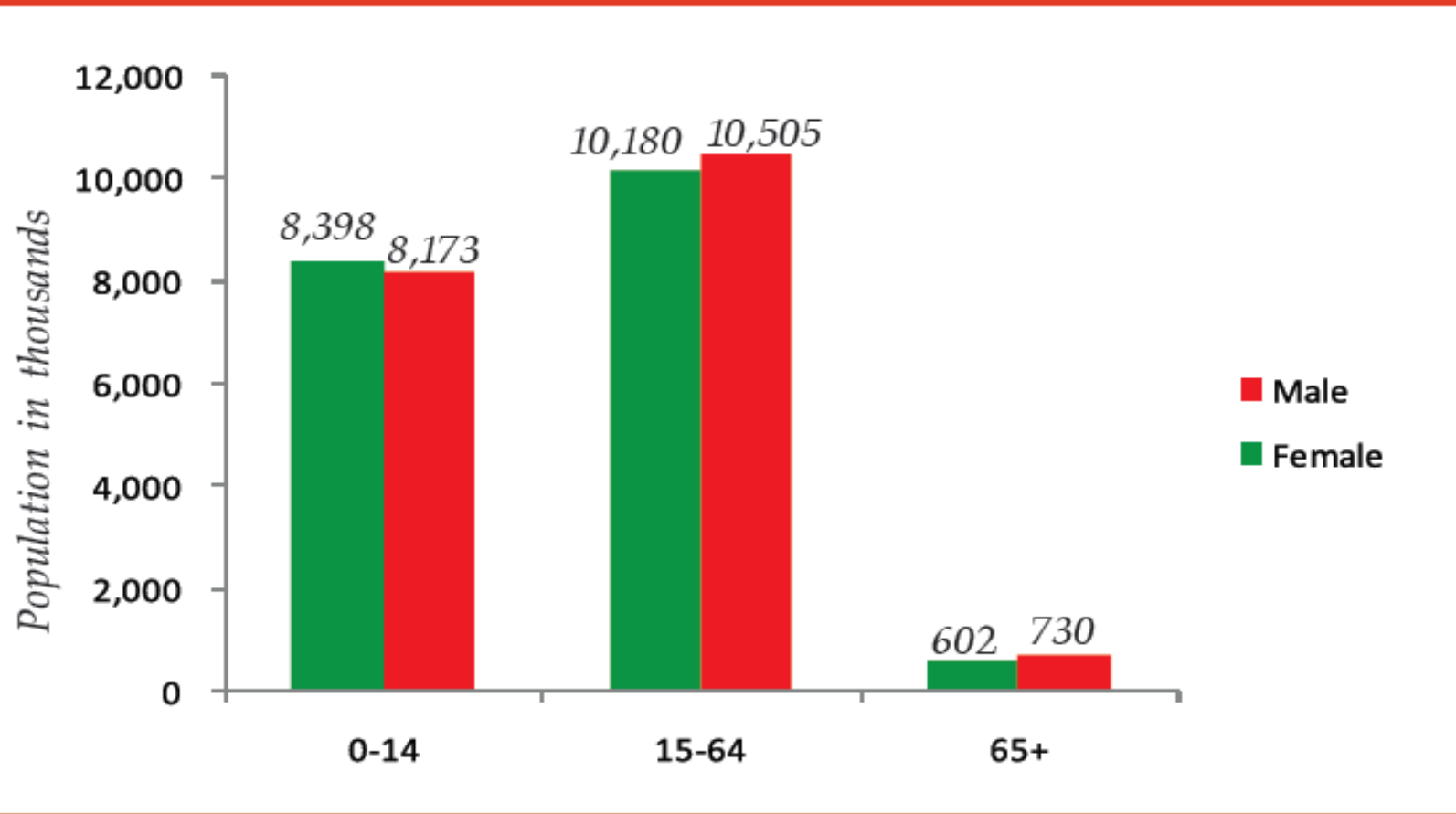
- What issues are illustrated in this case?

Definitions

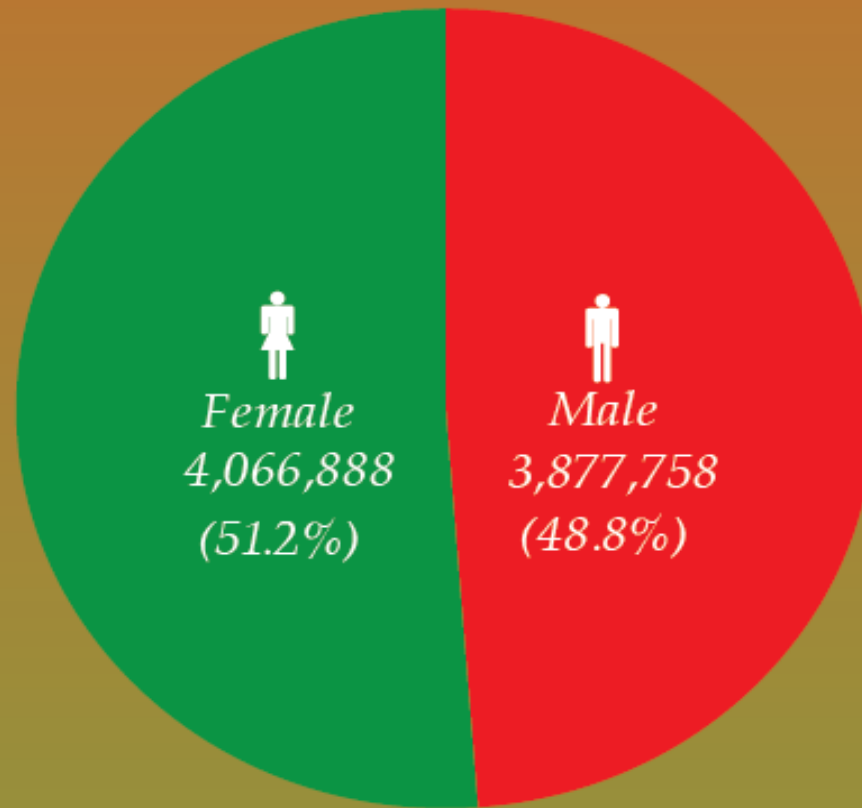
- Adolescence – is the the second decade of life(10 -19 years) -- is a period of
 - great physical and psychological change
- Young adolescent group (age 10-14 years)
- Older adolescent group (age 15-19)

Youth – refers to a young person age group 15 to 24 years

POPULATION BY BROAD AGE GROUP



YOUTHFUL POPULATION, 15-24



MALE



FEMALE

HIV Prevalence in the Adolescents and Youth

Table 14.3 HIV prevalence by age

Among de facto women age 15-49 and men age 15-54 who were interviewed and tested, the percentage who are HIV-1 positive, by age, Kenya 2008-09

Age	Women		Men		Total	
	Percentage HIV-1 positive	Number	Percentage HIV-1 positive	Number	Percentage HIV-1 positive	Number
15-19	2.7	750	0.7	769	1.7	1,519
20-24	6.4	729	1.5	585	4.2	1,314
25-29	10.4	643	6.5	450	8.8	1,093
30-34	11.0	506	6.8	443	9.1	949
35-39	8.8	364	10.4	287	9.5	651
40-44	14.3	344	5.7	292	10.3	636
45-49	6.4	306	4.3	240	5.5	546
Total 15-49	8.0	3,641	4.3	3,066	6.3	6,707
Age 50-54	na	0	9.1	199	na	na
Total men 15-54	na	0	4.6	3,265	na	na

na = Not applicable

Implications of HIV/AIDS Statistics

- Advances in pediatric HIV care and ART access
 - Most perinatally infected children can now survive to adulthood
- HIV-infected adolescents face unique challenges and risks:
 - Social
 - Developmental
- Adolescents have unique problems including coping with social stigma, the challenges of adherence, school attendance, etc
- Adolescents require a multidisciplinary team of care givers equipped with bio-psychosocial skills

Characteristics of Youth-Friendly Services

- Providers trained in YRH issues and communication
- Respectful, non-judgmental attitude
- Confidentiality and privacy
- Convenient hours/location
- Comfortable, non-threatening environment
- Affordable fees
- Community involvement/support
- Youth participation

Checklist for Youth-Friendly Services

- Is there a youth-specific waiting space at the clinic?
- Are youth-specific privacy/ confidentiality practices in place?
- Are there staff with training in youth development that are dedicated to seeing youth at each visit?
- Is there a youth-specific triage and intake?
- Is there a youth advisory board?
- Is there a youth led peer-based support group?
- Are there health services that are youth specific at the facility?
- Is there a youth specific community mobilization program ?
- Are there youth specific health information materials ?

UNGASS on HIV/AIDS Goal for Young People (2001)

“By 2005: ensure that at least 90% and by 2010 at least 95% of young men and women, 15–24, have access to information, education including peer and youth-specific HIV education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection.”

4-S Framework (2004)

- CAH/WHO developed the '4-S framework' for strengthening the health sector response to adolescent health
- **Strategic information:** collecting and analysing the data needed for advocacy, policies and programmes;
- **Supportive, evidence-informed policies:** advocating for and supporting the development of policies that protect and improve the health and human rights of adolescents;

4-S Framework 2

- **Service provision:** developing a systematic approach to making health services responsive to the needs of adolescents, guided by national standards;
- **Strengthening other sectors:** improving collaboration, support and linkages between the health sector and other sectors, notably schools and the media.

Programmatic 'Entry-Points' for the 4-S Framework

- '4-S framework' uses two programmatic 'entry-points' to strengthen the health sector response to adolescent health
- i) Preventing HIV infection, and providing care and support for those living with HIV/AIDS;
 - ii) Preventing too-early pregnancy and pregnancy-related mortality and morbidity

4-S Framework's Systematic Approach in Africa

- 29 countries have developed multisectoral strategic plans
- 13 countries have developed AYFHS standards
- Five countries (the DRC, Ethiopia, Malawi, Togo and the United Republic of Tanzania) have developed all of the tools and training kits necessary for implementation
- Mozambique (100% of districts), South Africa (100% of districts), the United Republic of Tanzania (75% of districts) and Malawi (35% of districts) are implementing AYFHS standards at district level.
- The United Republic of Tanzania conducted an evaluation of its AYFHS implementation in 2009 and developed a new strategic plan focused on scaling-up AYFHS in all districts

Spectrum of Youth-Friendly Services

- *Preventive* include:
 - I. information/ counseling on reproductive health topics such as STIs and pregnancy
 - II. provision of contraceptives and emergency contraceptive pills
 - III. skill building to negotiate condom use
- *Diagnostic/curative services* include:
 - I. prenatal and postpartum services
 - II. treatment of post-abortion complications
 - III. diagnosis and treatment of sexually transmitted infections
 - IV. voluntary counseling and testing of HIV

Strategies to achieve Youth Friendly Services

- Steps to improve diagnostic/curative services include:
 - Improve the quality of existing services
 - One stop shopping
 - labs and meds given in clinic
 - FP services
 - Confidentiality and accessibility
 - Short waiting times, flexible schedule

Strategies to achieve YFS 2

- Train providers in counseling techniques and the special needs of adolescents.
- Emphasize the need to link diagnostic/curative services to preventive services.

Strategies to achieve YFS 3

- Steps to improve preventive/outreach services include:
 - Continue to make condoms widely available through community outreach programs, social marketing programs, peer educators/promoters networks, school-based health programs, and youth centers.

Strategies to YFS

- Young women who cannot negotiate condom use can be protected from unwanted pregnancy by using other contraceptive methods or emergency contraception
- ECPs should also be available to adolescent females following unprotected or coerced sex.

- *Preventative* youth-friendly services have generally been unsuccessful in attracting adolescents.
- This is possibly because adolescents have no immediate need to use these services.
- In many cases youth do not perceive themselves at risk or when they do recognize the risk, they may postpone seeking services.

Integrating YFS to Comprehensive Care: Uganda

Mulago Teens Club – Started in 2003, age group 10 – 19 and now even 20 years

- adolescent originated issues,
- delivered in age-specific groups,
- facilitator-peer led,
- employ instructionally sound teaching methods
 - *cognitive-behaviour approach,*
 - *provide opportunities' to practice relevant risk reduction sk*

Uganda: Achievements

- Over **600 teens** enrolled
- Estimated **10%** increase in attendance, inclusion & participation in PSG activities
- Raised **healthworker's awareness** of children's & young people's issues that affect their emotional health in the community
- The **Adolescent Peer and Psychosocial Support Curriculum** has been developed

Uganda: Positive Outcomes

- **Learned** positive health feelings **to cope** with stigma and discrimination.
- **17% (13-17yrs)** to **58% (18-20yrs)** teen club members have told others of their HIV status
- **90%** attending PSG are not sexually active *(refraining until marriage)*
- **Development of skills** to guide and support each other maintain positive living lifestyles.

Rwanda: Adolescent Clinic

- Since 2008, pediatric HIV consultations grouped by age at each health center:
 - Young adolescent group (age 10-14 years)
 - Older adolescent group (age 15-19)
 - Transfer to adult HIV care at age 20

Rwanda

- Dedicated space available for teens with age-appropriate activities
- Supervision by staff member trained and experienced in teen interaction
- One-stop shopping: Make all services available in one space to reduce barriers and discomforts
 - Condoms and family planning methods available
 - Counseling integrated into clinical visits
- Ensure access to health insurance
- Unscheduled visits: Streamlining process for sick visits, so teens can be seen immediately with acute problems

Bio-psycho-social counselling: 12-month curriculum

Content adapted to each age group. Topics include:

- What is HIV?
- ARVs: Keeping HIV under control
- ARVs: Understanding resistance
- Opportunistic infections and nutrition
- Know your body
- Sexuality
- The mystery of life
- Contraception: planning for your family
- Sexual health: Preventing STIs
- Mental health: Anxiety, depression, PTSD
- Family life
- School, peer pressure, coping with stigma
- Hygiene
- Substance abuse

Rwanda: Positive Outcomes

- Welcome interaction and encourage trust
- Include teens in decision-making and give them developmentally appropriate responsibility for their own care
- Encourage leadership among peers in healthy decision-making
- At age 19, adolescents are transferred to adult clinic but pediatric clinic stays involved for 3 month transition period

Resources for Training of HealthWorkers

- The adolescent Job Aid is a desk reference for health workers. It was developed by WHO and field tested in many countries including India.
- Integrated management of Adolescent and adult illnesses (IMAI). In 2009 the adolescent module for IMAI was field tested in Uganda and Guyana.
- Hong Kong – School of Nursing has strengthened nursing curriculum to improve services for adolescence.

Conclusion

- Integrating youth-friendly HIV care services in the CCC will result in empowerment of the patients with positive outcomes.
- This requires investment in both infrastructure and more importantly human resource through training of the healthcare workers on provision of youth-friendly services.

The End