



Differentiated HIV care model (including ART delivery) for adolescents and youth living with HIV in South Africa

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OVERVIEW

The Adolescent and Youth Friendly Services model, Youth Care Club is a group-based HIV clinical and psychosocial management approach that provides integrated clinical care and psychosocial support to improve adherence and retention in care of adolescents and youth living with HIV (AYLHIV). The Youth Care Club (YCC) model delivers a differentiated Adolescent and Youth Friendly Service (AYFS) care package to AYLHIV and offers convenient, private and effective access to:

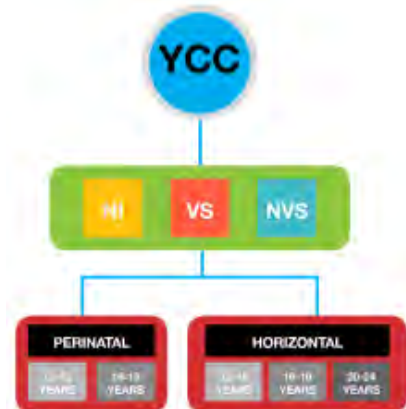
- i. Integrated HIV clinical care, pre-packed ART and psychosocial support;
- ii. Comprehensive Sexual and Reproductive Health (SRH) services;
- iii. Engaging, age-appropriate health information and peer learning; and
- iv. Knowledgeable adolescent-friendly healthcare providers.

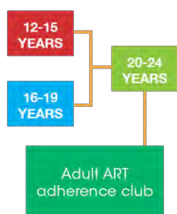


YCCs offer integrated clinical and psychosocial care to closed groups of 15-20 adolescents and youth, aged 12 -24 years, living with HIV. The YCC model includes a mix of HIV positive adolescents and youth that are newly initiated on ART (NI), on ART with suppressed viral loads (VS), and on ART but without suppressed viral loads (NVS) to foster peer learning. To ensure age-appropriate learning, there are two separate groups for adolescents of different ages (12-15 years; 16-19 years) and one for youth (20-24 years).

However, if the clinic does not have a large population of HIV positive adolescents, it is recommended that separate groups for adolescents (12-19 years) and youth (20-24 years) should be formed. Being part of a group of peers provides adolescent and youth members access to a social support network at a time of life when social peer groups are highly valued (Camara, Bacigalupe, & Padilla, 2017; Aisenson, et al., 2007).

YCCs meet monthly for the first 12 months, thereafter YCC members can choose to continue meeting monthly or once every 2 months. Ideally, YCCs should be held in the clinic or in a safe space close to the clinic such as a school, church, community hall or large gazebo on the clinic property. To change the negative perception of healthcare facilities amongst young people, YCCs are not being moved out of the facility and into the community.



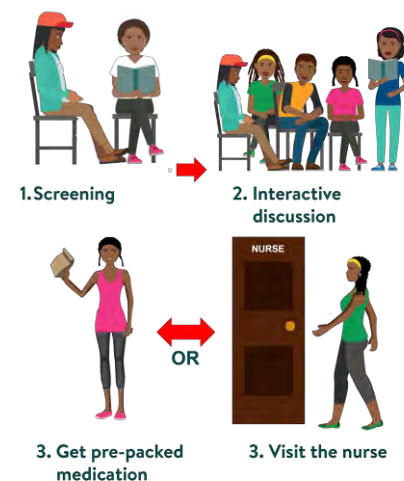


The YCC model also offers a smooth transition into adult care. As YCC members age together in one group, they can naturally transition into an adult ART adherence club - minimising the disruption and emotional difficulty that many young people face when having to exit paediatric and youth care to join adult care.

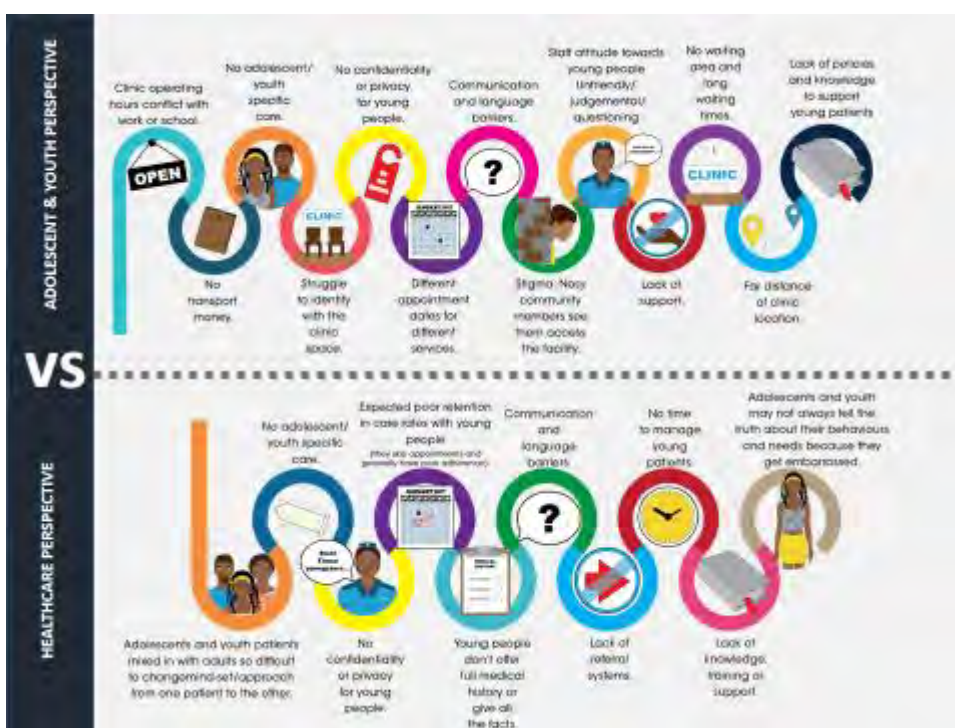
YCC visits are made up of 3 stages:

- Stage 1, the YCC counsellor screens YCC members for TB, STIs, nutrition, psychosocial wellbeing and contraception use.
- Stage 2, the YCC counsellor facilitates an interactive youth-focussed discussion.
- Stage 3, the YCC counsellor gives pre-packed medication to all YCC members with a suppressed viral load while all other YCC members visit the YCC clinician for a fast-tracked consultation. Any YCC members who screen positive will also be directed to a counsellor or clinician as needed.

3 stages of YCCs



It is well known that young people face numerous barriers to accessing health care, just as health facilities face barriers to providing care to young people. Often conflicting adolescent and healthcare provider perspectives have led to some of the major challenges and barriers to adolescents and youth taking up health care services. Hence, YCCs try to address some of these differing perspectives through the integrated YCC model and training on AYFS.





ELIGIBILITY CRITERIA

The YCC model takes an opt-out approach. This means that all YCC-eligible patients must be booked into an YCC, but they will have the choice to opt-out of their YCC and resume routine clinic care at any stage, without fear of prejudice or victimisation.

All adolescents and youth living with HIV should meet the following criteria to be enrolled into a YCC:

- 12-24 years
- HIV status disclosed to and understood
- Mature enough to be taking own treatment

**HIV positive adolescents and youth with unsuppressed VLs (i.e. >400cps/ml) are included in YCCs, provided that they are otherwise clinically and psychologically stable.*

However, all adolescents and youth living with HIV that meet the following criteria should be excluded from joining a YCC:

- Known mental and cognitive disabilities
- Other chronic illnesses or clinical complexities

BUILDING BLOCKS

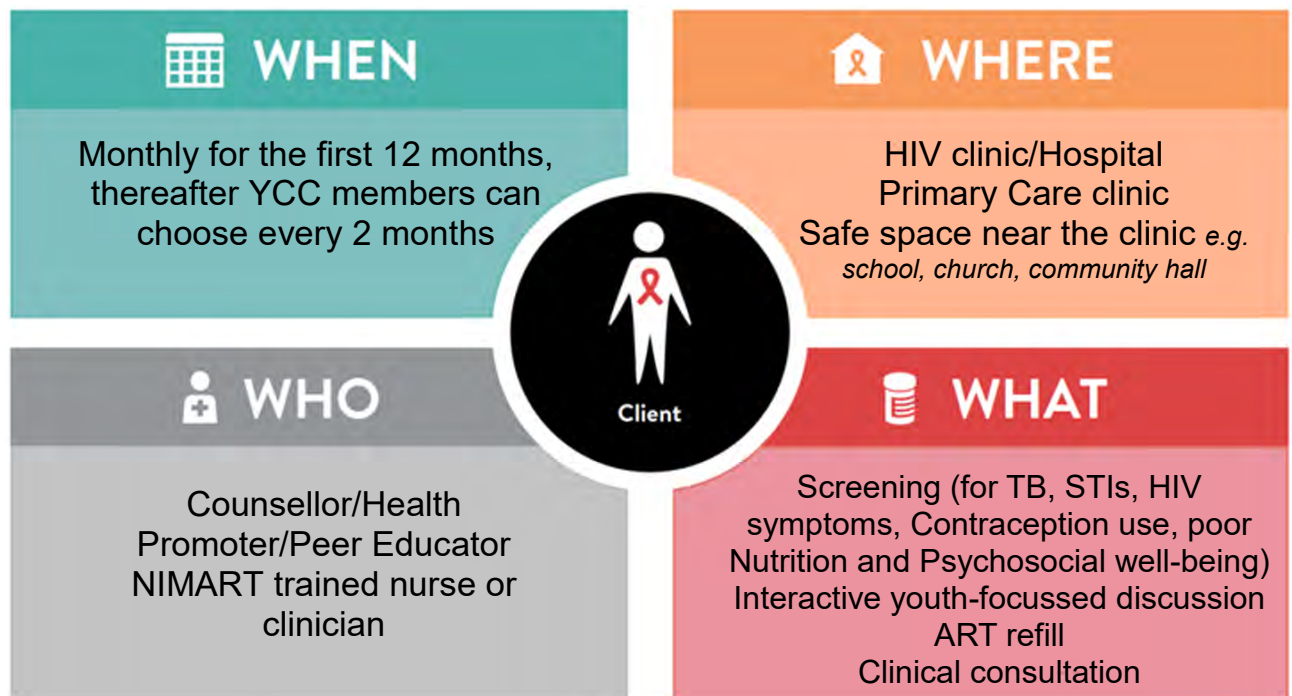


Figure 1: Building blocks for ART refills

YCCs are both a health care worker managed and facility-based individual model as the model of ART refills and clinical consultations differ for the 'stable' and 'unstable' adolescents and youth living with HIV – that is in keeping with national guidelines. In order for YCCs to be sustainable, they must be government-led and supported by District Support Partners (DSP). Therefore,



partnership between DSPs, all DOH staff and adolescent and youth patients is needed for YCCs to succeed.

Table 1: The building blocks of a differentiated ART delivery model

On ART with suppressed viral load (stable patients)			
	ART refills	Clinical consultations	Psychosocial support
WHEN	Monthly for the first 12 months, thereafter every 2 months	Once a year to review viral load*	Monthly for the first 12 months, thereafter every 2 months
WHERE	In a YCC	At a YCC Clinical visit (one month after a blood visit)	In a YCC
WHO	Counsellor/Health Promoter/Peer Educators	Nurse or Clinician	Counsellor/Health Promoter/Peer Educators
WHAT	Pre-packed ART refill	Clinical consultation Rescript Blood draw	Screening for Contraception use, poor Nutrition and Psychosocial Well-being Interactive youth-focussed discussion

** To ensure viral loads are done, YCC members with suppressed viral loads will have their viral loads aligned at 6 month blood visit. Thereafter they will have their viral load done as a group every 12 months. YCC members that are newly initiated and those have an unsuppressed viral loads will not be aligned with other YCC members'. These YCC members will need to see a clinician at every YCC visit and keep their individual blood visit dates, in accordance with clinical guidelines.*

Table 2: The building blocks of a differentiated ART delivery model

Newly initiated or on ART with unsuppressed viral load (unstable patients)			
	ART refills	Clinical consultations	Psychosocial support
WHEN	Monthly	Monthly*	Monthly
WHERE	During clinical consultation	Fast-tracked after a YCC	In a YCC
WHO	Counsellor/Health Promoter/Peer Educators	Nurse or Clinician	Counsellor/Health Promoter/Peer Educators
WHAT	ART refill	Clinical consultation ART refill Blood draw Rescript	Screening for Contraception use, poor Nutrition and Psychosocial Well-being Interactive youth-focussed discussion



IMPLEMENTING THE INTERVENTION

The procedure for setting-up and establishing YCCs at clinics, involves the following:

- 1. Pre-Recruitment phase (1-3 months prior to first YCC visit)**
 - a. Get staff buy-in
 - b. Conduct a pre-YCC audit
 - c. Conduct in-service YCC training

- 2. Recruitment phase (1-2 months prior to first YCC visit)**
 - a. Circulate the complete list of YCC dates and times to clinic staff
 - b. Telephonically call YCC-eligible AYLHIV
 - c. Review the clinical and psychosocial history of each AYLHIV recruited to confirm YCC eligibility.

- 3. Planning for the YCC visit.** There are three types of YCC visits – 1) routine; 2) blood and clinical, and 3) scripting. Each visit needs different preparation in order to ensure that it runs smoothly. A step-by-step YCC implementation guide to help you plan your YCC can be found at www.wrhi.ac.za/resources.

Was this a pilot project?

Wits RHI's USAID-funded Adolescent Innovations Project (AIP) has developed the YCC model that is being piloted and implemented in 31 PHC facilities in two South African health sub-districts: sub-District F of the Johannesburg Health District and the Matlosana sub-District of Dr Kenneth Kaunda District, North West Province.

As part of our evaluation of the model, we examined efficiency gains, ART adherence rates, viral load suppression, and potential psycho-social benefits of the YCC model on ALHIV's clinical and psychosocial care and outcomes. Screening, retention and viral-load suppression data were extracted from YCC registers. Time-motion observations were conducted assessing standard of care (SOC) clinic visits and YCCs.

Training

A four-hour long YCC training must be attended before implementing the YCC model. The four-hour training can be split into two, two-hour long sessions. The provided YCC Implementation Guide and YCC "How-to" video can be used to facilitate the training and implementation of the YCC model. YCC Facilitators act as mentors for clinic staff when trying to implement the YCC model in their clinic.

M&E

- YCC facilitators record visit and clinical information for every patient at each YCC meeting. Information is recorded on paper registers during the YCC session. Information includes: visit attendance, updated viral load testing results, height, weight, ART regimen change, and screening results.



- All information from the paper register is captured into an electronic REDCap database by the YCC facilitator. Capturing should be done in the week following the YCC meeting.
- Electronic data is checked on a monthly basis by a data analyst for quality and completeness.
- Data is analysed monthly and reviewed by implementation and evaluation staff.
- YCC implementation is refined as necessary based on the findings of the monthly review.

Costs

- We estimate a total comprehensive ongoing operational costs for a YCC to be less than \$80 USD per YCC group per month or approximately \$4.00/ month / YCC member. This includes: the staff time of a YCC facilitator, staff time for programme oversight, and refreshments. It does not include medications or diagnostic tests.
- Starting up a new YCC programme would require additional training costs, approximately \$150 USD once-off.
- The costs estimated above could be reduced by using existing staff members for YCC facilitation and programme oversight.
- Funding was provided by USAID/PEPFAR
- The development of this programme was feasible within the context of the AIP, as the AIP was funded to develop and pilot innovations in adolescent and youth care. The significant work done by the AIP to develop the YCC model, and create materials and training guides makes implementation of YCCs by others much less expensive, simpler and feasible.

DATA

YCC M&E data was analysed between August 2016 and December 2017:

- 589 ALHIV enrolled in YCCs
- Median age was 18 years
- 68% of YCC members were female, 32% were male
- Health screening was conducted at 98% of eligible in-person visits
- Retention in YCC care was 81%, compared to 84% retention in standard of care
- 75% of YCC patients had suppressed viral loads after 12 months.
- ALHIV spent an average 69 minutes for a YCC visit, compared to 89 minutes for an average youth “fast track visit”, and 240 minutes for an average SOC visit. YCCs reduced patients’ total clinic time and visits by combining ART refills, contraceptive services and psychosocial support.



CHALLENGES AND SUCCESS

There were multiple successes and challenges that arose during the implementation and planning of YCCs. Some of these are listed below:

Successes include:

- ✓ Positive feedback from YCC members related to reducing AYLHIV clinic visit time to 69 minutes on average, creating friendships with other young people like them, providing them with emotional support and a space to discuss youth-focussed topics, giving them dignity and in some cases a desire to live again.
- ✓ Upskilling of clinical and psychosocial staff on YCCs as an AYFS.
- ✓ Increasing viral load suppression, adherence and retention in care of AYLHIV.
- ✓ Ensuring regular screening of TB, STIs, contraception use, nutrition and psychosocial well-being.
- ✓ Reducing the emotional stress of transitioning by allowing whole groups to aging youth to transition into adult adherence clubs.
- ✓ Inclusion in the South African National Adherence Guidelines as an 'additional recommended intervention.
- ✓ Acceptance of the YCC model by Department of Health, USAID and PEPFAR.

Challenges	Solutions
Difficulties with staff buy-in	We met with each Facility Manager and their staff, presenting their AYFS performance and showing how YCCs could improve their AYFS, adherence and retention of AYLHIV all while reducing staff workload.
Finding appropriate space to hold YCCs	YCCs were held in the clinic or in a safe space close to the clinic such as a school, church, community hall or we used large gazebos on the clinic property.
Alignment of viral load bloods	Met with Facility Manager and YCC clinician to assist in the alignment of viral load bloods.
Adolescents attending on time	Created fun activities or 'fines' for YCC members that attended late. For example, singing a song or leading an ice-breaker activity.
Budgeting for the snacks	Adapted to a healthier, cheaper snack of bread and juice/coffee.

NEXT STEPS

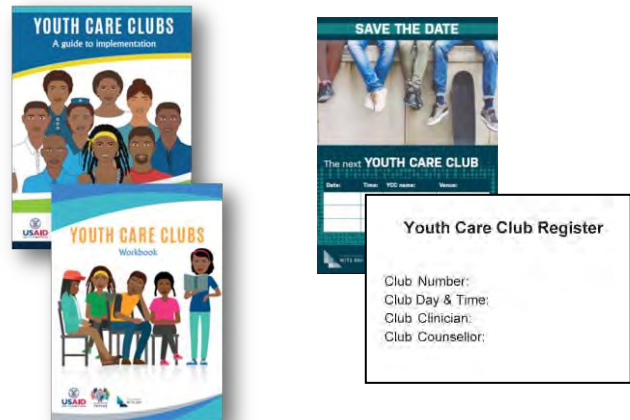
YCCs are currently awaiting approval from the Gauteng and North West Departments of Health for further scale-up across the Provinces as an AYFS differentiated care model for adolescents and youth living with HIV. USAID and PEPFAR have also expressed interest in recommending this model to all district support partners (DSPs) providing HIV care to adolescents and youth in South Africa. As a result, dissemination trainings will be held in the next few months for local PEPFAR (USAID and CDC) DSPs to ensure the scale-up of YCCs.



ANNEXES

Youth Care Club (YCC) tools available:

- YCC Implementation Guide
- YCC Workbook
- YCC “How-to” video
- Standard Operating Protocol (SOP) for YCCs
- YCC Appointment cards
- Save-the-date Poster
- YCC Training slides
- YCC Registers



A qualitative evaluation was conducted with YCC members. The quotes below, from YCC members highlight some of our YCC successes from a patient perspective.

“Yeah, they told me that I can join other youth just like me. So day one that I joined, I instantly felt comfortable, I didn’t need further explanations because I was comfortable” (Female youth).

“I needed to get guidance and to be reminded that I’m actually on treatment, so in order to know that I need to be at times surrounded with people who have it so as to share our difficulties” (Male youth).

“Okay I thought it will save me time at first before entering it will save me time instead of me lining with those old people [I-yes] and then they will be like starring at you with this eye [I-yes] it’s much easier I can actually after attend my classes by then I had classes after class I could rush there and go but it was easier thinking that I would have my age group my peers it made it even more wanting me to go [I-yes]” (Female youth).

“..as for the YCC group, they are willing to sit down with you and actually help you, talk things through, they ask you whether or not are you okay with things, are you happy and you know, I get to express myself a lot they, I express myself and they are willing to go as far as I am willing to go, yeah I really like that” (Female youth).

“Yes, I experienced quite a lot , but my wife could tell me, she could tell me she changed my life, but the thing she doesn’t know is the youth that I was sitting with telling me their stories, me telling them my story, and we getting our stories into one, that is the most thing that I have experienced that this thing sharing could do, sharing with other people is something you need in life, even “ you see this infection” is very illegal in our systems. But I thank the YCC for everything they are doing for me and I will always be grateful, even if my life is so short but I know my life will be as long, as long[repeated four times] I am with YCC , I will live longer” (Male youth).

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References

Camara, M., Bacigalupe, G., & Padilla, P. (2017). The role of social support in adolescents: are you helping me or stressing me out? *International Journal of Adolescence and Youth*, 22(2).

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