



**Elizabeth Glaser
Pediatric AIDS
Foundation**

Until no child has AIDS.



Photo by Eric Bond/EGPAF, 2015

ADOLESCENTS AND HIV:

PRIORITIZATION FOR ELIZABETH GLASER PEDIATRIC AIDS
FOUNDATION PROGRAMS, ADVOCACY AND RESEARCH



Photo by Robin Wyatt/EGPAF, 2014

Progress toward elimination of HIV is growing in nearly all populations, except adolescents 10–19 years of age. Advancements in eliminating the epidemic appear to be even slower in youth populations of sub-Saharan Africa - a population rapidly growing in size. The HIV epidemic is not slowing in this age group thanks to stigma, discrimination, poor social acceptance of those living with HIV, increasing incidences of sexual transmission, sexual and gender-based violence, gender inequality, weak education, and various political and programmatic barriers to HIV testing, care and treatment. Recognizing the urgency in addressing these barriers the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) currently works in 14 countries to ensure that adolescents and young adults have access to the care they need. Across these countries, EGPAF executes global advocacy activities; implements HIV prevention, care, and treatment programs; and advances innovative research that can bring dramatic improvement to the lives of millions of women, children, and families worldwide.

Why Adolescents Matter¹



Eighty percent of the 1.8 million HIV infections among adolescents occur in sub-Saharan Africa¹



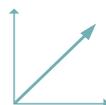
Globally, **41,000 adolescents** 10-19 years of age died from AIDS-related illnesses in 2016



An estimated **250,000** new infections among 15- to 19-year-olds are anticipated in 2017



Young women and girls accounted for **2 out of 3** new infections among adolescents

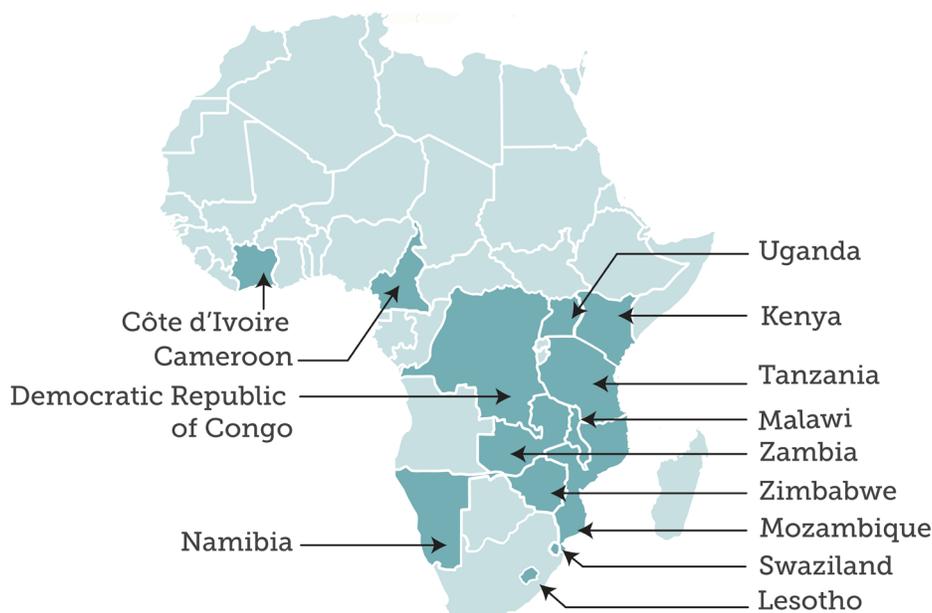


There will be more adolescents transitioning to adulthood, especially in sub-Saharan Africa, **than ever before** and this number is expected to continue to rise



Gender norms are affecting HIV risk at sexual debut in sub-Saharan Africa.² For example, more than half of females from Swaziland aged 13-24 years old report that their first sexual encounter was coerced or forced

Countries where EGPAF supports adolescent HIV programs



¹ United Nations Children's Fund (UNICEF), December 2016

² U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Violence against Children Surveys, 2016.

EGPAF Adolescent HIV Programs: Responding to the Epidemic

Risks for contracting HIV grow from childhood to adolescence. Those who were perinatally infected and missed in prevention of mother-to-child transmission (PMTCT) of HIV may have advanced disease, requiring prompt identification and initiation of ART. All are now at increased risk of contracting HIV through sexual debut. Independent of how they acquire HIV, adolescents encounter a whole new series of testing barriers, such as the need for parental consent and fear of disclosure in stigma-saturated environments. Changes in social priorities and acceptance among adolescents, as well as weak educational systems, and health systems and personnel ill-equipped to manage a disease in a complex age group exacerbate barriers to care and retention in HIV treatment.

EGPAF provides comprehensive HIV services for adolescents in supported facilities and communities. Through our work, diverse groups of adolescents have received HIV services, including: girls and young women, orphans and vulnerable children, in-school adolescents, pregnant teens, and young couples. Currently, an estimated 60,000 adolescents living with HIV access services through EGPAF-supported programs. These services are expanded to adolescents in need through focused, differentiated service models (such as weekend clinics and school holiday camps, adolescent-friendly clinic days, and adolescent corners at health facilities), capacity-building of health facility staff in managing this illness in a complex age group and through development of well-integrated health services to adolescents. Our programs aim to address the care and treatment needs of children as they enter into pediatric care, transition to adolescent services and PMTCT, and move into adult care and treatment.

EGPAF adolescent-specific services include:

- Friendly, knowledgeable providers and peer leaders,
- Strong linkage between testing and treatment,
- Antiretroviral therapy (ART) refills and appointment spacing for stable patients,
- Peer support groups,
- Psychosocial support to caregivers, children and adolescents,
- Adherence support and counseling,
- Integrated health (tuberculosis, maternal and child health, and sexual and reproductive health), and
- Community engagement on HIV/AIDS.

Differentiated Service Delivery for Adolescents

Expanding access to HIV prevention, care, and treatment among adolescents and young adults requires an understanding of who, when, where and how these groups access services. Differentiated service delivery takes into account special clusters of adolescents and the size of the HIV service need to build unique care models. EGPAF works with adolescents to inform health services, which accommodate their needs.

The Red Carpet Program	
	Key Results
In 2016, with funding from ViiV Healthcare, EGPAF introduced the innovative Red Carpet Program to increase linkage to and early retention in care among adolescents and youth aged 15-20 years in Homa Bay, Kenya. The project uses national guidance, but has enhanced results with new operating models, supplemental peer leadership, and critical advice from young people living with HIV. An impact evaluation is currently underway with initial results showing significant improvement in linkage to and retention in care as highlighted in a manuscript published in a July 2017 supplement of AIDS.	Within six months of implementation, 559 adolescents were diagnosed with HIV (97.3% were linked to care). The proportion of adolescents retained on treatment increased from 66.0% to 90.0% at 3 months and from 54.4% to 98.6% at 6 months post-initiation.
Elton John AIDS Foundation (EJAF) Adolescents Project	
	Key Results
Through EJAF, EGPAF supported expanded adolescent-friendly HIV services in 20 facilities of Lusaka, Zambia, and 40 facilities of Kisumu, Kenya. We targeted over 100 schools around facility catchment areas to train teachers to reduce stigma and increase ART adherence for learners living with HIV. EGPAF supported over 150 peer leaders to mobilize clients and provide HIV testing, counseling, and linkage to care. We also implemented psychosocial and adherence support in clinics on Saturdays.	To date, 3,000 adolescents living with HIV have been enrolled in care through this model.

Capacity-Building

EGPAF works where there are gaps in systems, providers, or communities to effectively respond to the HIV epidemic. Many health workers have limited knowledge and lack skills and confidence to identify and manage HIV in children and adolescents in resource-limited settings. We are a partner to ministries of health and ensure treatment guidelines, national trainings and tools respond to adolescent HIV testing and treatment realities. In nearly all adolescent-supported services, EGPAF builds provider competencies to deliver youth-friendly services.

The Accelerating Children’s HIV/AIDS Treatment (ACT) Initiative

Through funding from the Children’s Investment Fund Foundation (CIFF) under the ACT Initiative (a public-private-partnership with PEPFAR), EGPAF began implementation of the ACT Adolescent Project, aimed at supporting Kenya, Tanzania and Zimbabwe ministries of health to improve adolescent HIV services and national- and subnational-levels. In addition to improving national guidelines which support adolescents living with HIV and monitoring systems, this project will deliver high-quality, comprehensive HIV services to adolescents in 130 select facilities across these countries.

Key Results

Over 8,500 adolescents (ages 10-19) living with HIV will be served with a package of treatment literacy education, adherence counselling, viral load monitoring, and psychosocial and peer support.

Enhanced support for identifying HIV-positive children and adolescents, linking them to care, and keeping them in treatment

With funding from ELMA Philanthropies, EGPAF is strengthening intensified HIV case finding for children and adolescents, and identifying HIV testing approaches most effective in reaching an increasingly smaller number of undiagnosed HIV-infected children, missed in PMTCT services. This project utilizes a comprehensive approach, which includes scaling up full coverage of provider-initiated testing at child-centered services, index case contact testing at the facility and community levels, and targeted community-based testing. EGPAF has also partnered with ministries of education to link school-aged children and their families to HIV testing.

Key Results

To date, EGPAF-supported sites have reached 478,000 children and adolescents with testing, identified 3,900 as HIV-infected, and initiated 3,800 children and adolescents on ART.

Integration of Services to Improve HIV Treatment and Success Among Adolescents

Adolescents have a unique and varying set of needs within the broader health context. Integration of services can ensure all adolescents seeking care have the support they need to access HIV testing, prophylaxis and treatment, sexual and reproductive health, psychosocial support, and care and treatment of opportunistic infections.

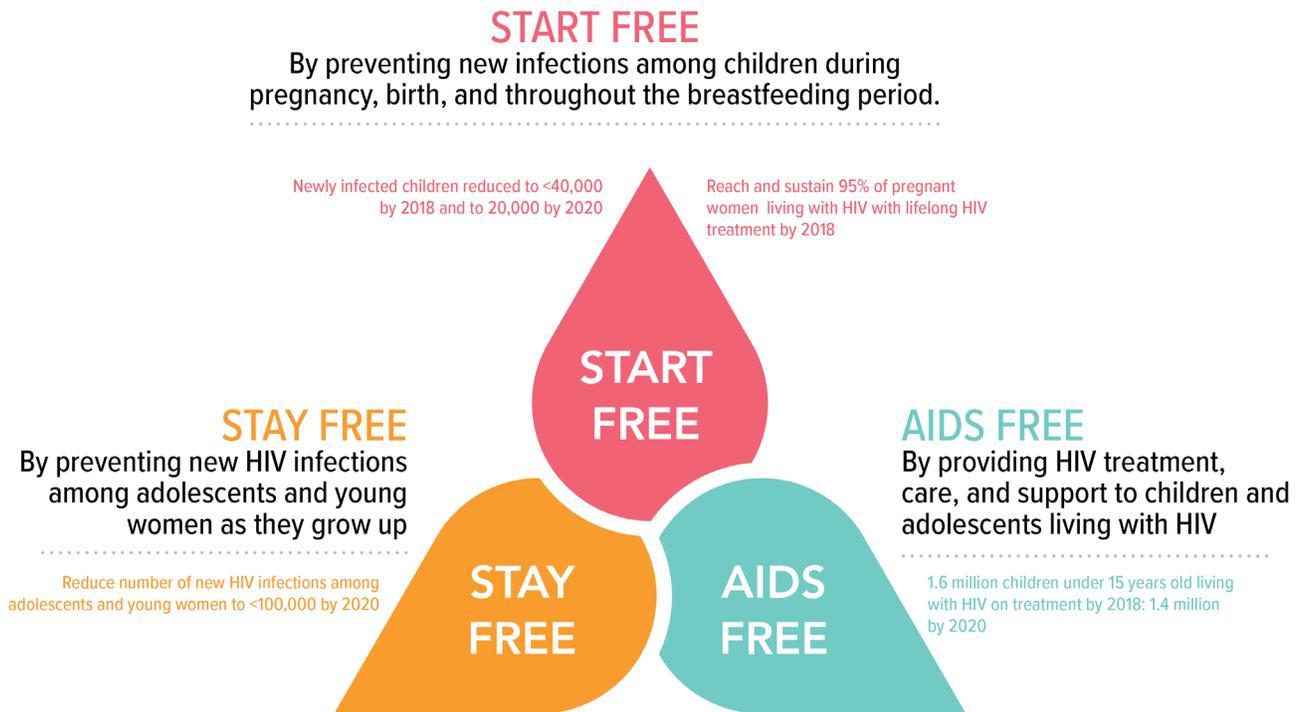
Advancing Integrated Care to Adolescents Girls and Young Women	
<p>Sexual and gender-based violence in resource-limited countries is a major driver of the HIV epidemic in adolescents. In Gaza Province of Mozambique, EGPAF, with U.S. Centers for Disease Control and Prevention (CDC) support, provided an intensive HIV and gender-based violence care program for adolescent girls and young women. EGPAF helped the Ministry of Health establish gender-based violence support services to treat survivors of rape and violence. As part of the care package, sexual and reproductive health is integrated. Promotion of available gender-based violence care in communities supported rapid identification of adolescent girls and young women living with HIV.</p>	<p>Key Results</p> <p>Through this program, over 11,190 adolescent girls and young women have started ART. HIV case identification increased by 60% among adolescents girls and young women.</p>
<p>With funding from Johnson & Johnson, EGPAF will be implementing an evidence-informed intervention for adolescent and young HIV-positive pregnant women. This project will integrate PMTCT with antenatal and sexual and reproductive health care services to increase retention in lifelong ART among HIV-positive women, testing of HIV-exposed infants at 12 months, and use of reproductive health services among young women in Kakamega County, Kenya.</p>	<p>Key Results</p> <p>3,500 adolescent girls and young women attending PMTCT will receive an integrated package of maternal and child health, PMTCT and sexual and reproductive health services.</p>



EGPAF's Adolescent-focused Strategy at Country and Global Levels

EGPAF strengthens political environments that help children and adolescents access and remain on treatment. In country-specific contexts, we work with parliamentarians to ensure protective policies are in place to save the lives of children and adolescents.

In the last year, EGPAF has been involved in an ambitious collaborative to ensure children are protected from HIV across the globe, throughout the course of their lives. The Start Free, Stay Free, AIDS Free framework was launched with endorsement from the Joint United Nations Programme on HIV/AIDS (UNAIDS); UNICEF; PEPFAR; and the Global Fund to Fight AIDS, Tuberculosis and Malaria. This global advocacy initiative enlists the world to eliminate mother-to-child HIV transmission and HIV.



Source: EGPAF, PEPFAR, UNAIDS, UNICEF, and World Health Organization (WHO) <<https://free.unaids.org/>>

Building Evidence for an Adolescent HIV Response: EGPAF Research Contributions

EGPAF was initially founded to catalyze support and research for pediatric HIV and to end AIDS in children. Our commitment to research remains and, in recent years, EGPAF has built a portfolio of research activities to strengthen a knowledge base on adolescent HIV issues. This research is guided by two invaluable staff, Drs. Laura Guay and Lynne Mofenson, who have pioneered research in the prevention of mother-to-child HIV transmission and pediatric care and treatment in their over 30-year careers.³ EGPAF is currently leading 17 research studies related to adolescent HIV across the six topic areas listed below:

Improving Support for Pregnant Adolescents and Young Women

Pregnant adolescents and youth receive the same maternal and child health/PMTCT services as older adults, though they often have different needs and poorer clinical outcomes. With funding from the Dance Marathon at UCLA, EGPAF will be conducting a new retrospective analysis to compare HIV service retention levels among a cohort of adolescents and young women (ages 15-24 years) before and after implementation of World Health Organization (WHO) treatment guidelines released in 2013 and explore associated patient and clinical factors in Gaza Province, Mozambique.

Understanding HIV Risk Factors Among Adolescents

With support from CDC, EGPAF is conducting a national household survey in Zimbabwe to estimate the prevalence of violence among youths aged 13-24, and to characterize the relationship between violence and HIV. The survey will explore potential risk factors for violence and identify social and health outcomes related to violence to inform strategies to identify, respond to, and prevent HIV transmission and violence against children and adolescents.

Improving Adolescent-Friendly Services

With funding from the EJAF, EGPAF is leading studies in Kenya and Zambia focused on what makes a health facility “adolescent friendly”, how health care facilities can encourage adolescent attendance in HIV services, and understanding adolescents’ knowledge of and attitudes towards HIV services. In Cameroon, EGPAF will be evaluating the effects of a didactic training model for health care workers, which is currently being used at Pediatric Training Centers of Excellence, on HIV testing, care, and treatment outcomes for children and adolescents ages 0-19 years.

Improving Identification for HIV-positive Adolescents

Through the CDC-funded DELTA Project, EGPAF will be conducting a three-phase study in Uganda to refine an HIV testing screening tool for health care providers to improve identification of children and adolescents at risk of becoming HIV-infected. EGPAF will also conduct a prospective observational cohort study in Kenya and Uganda to assess different service delivery models for active HIV case finding among children and adolescents. This study (known as Project SOAR) will identify the number of HIV-positive children and adolescents, determine time from diagnosis to linkage to HIV care and ART initiation among those positive, and identify steps in the PMTCT cascade where HIV prevention, diagnosis, and care and treatment services were missed.

³ For more information about EGPAF’s Research team and work please visit: <http://www.pedaids.org/features/current-research-activities-1>

Increasing Linkages to and Retention in HIV Care and ART Adherence Among HIV-Positive Adolescents

Assessing clinical outcomes among HIV-positive adolescents, developing and testing approaches to improve their enrollment and retention in HIV services, and monitoring their ART adherence and viral suppression is critical to the success of our work. In Lesotho, EGPAF will be conducting a new United States Agency for International Development (USAID)-funded prospective, observational cohort study to assess short and long-term clinical outcomes and retention in care and treatment services among ART-naïve children and adolescents in the context of revised WHO guidelines recommending treatment of all HIV-positive patients. In Zimbabwe, EGPAF is conducting cross-sectional surveys to explore the effect of the ACT Initiative on key performance indicators for children and adolescents in Hurungwe District.

Monitoring drug resistance and needs for second and third-line ARVs among Adolescents

EGPAF is helping to fill the knowledge gap in prevalence of drug resistance and need for second- and third-line ART among adolescents through several studies. In Malawi, EGPAF will be conducting a study that seeks to generate a nationally-representative estimate of the prevalence of HIV drug resistance among adults, adolescents, and children initiating ART and the prevalence of viral load suppression. With funding from Janssen Pharmaceutical, EGPAF collected and analyzed baseline clinical and laboratory indicators among children and adolescents initiated on second- and third-line regimens in Lesotho, Kenya, Zambia and Swaziland.



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