

Title: Do peer-led adolescent support groups improve retention? Lessons learnt from Tanzania.

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Background: HIV-infected adolescents are a known risk group for poor antiretroviral therapy (ART) adherence and retention in care, which is one reason why programs have established various differentiated care models, including adolescent support groups (ASG). In Tanzania, the Elizabeth Glaser Pediatric AIDS Foundation established a unique model of peer-led adolescent clubs that combines psychosocial support led by peers with ART services on special Saturday clinic days.

Methods: This retrospective analysis was conducted to evaluate the role of peer-led adolescent clubs on the retention of adolescents (10-19 years) in HIV care. Data from electronic medical records from national HIV database at 175 sites were analyzed to measure the crude ART retention by September 2017 of adolescents already on ART for more than one year and adolescents newly initiated between October 2016 and September 2017, at health facilities with peer-led adolescent services (n=25) in comparison with facilities without any specific adolescent services (n=150).

Results: The overall crude retention rate by September 2017 was higher at clinics with peer-led adolescent clubs, 88% (1,623/1,845) versus 82% (1,233/1,501) ($p<.0001$); at sites with adolescent clubs, participation in the clubs was at 76% (1,238/1,623). The main improvement was seen among adolescent clients who were in care for longer than one year, with a significantly reduced lost-to-follow (LTF) rate; 10.2% compared to 16.0% ($p<.0001$). However, the LTF rate among new clients within the first year of ART did not show any difference, and remained high at 17.1% for both facilities with or without adolescent services (Figure 1).

Conclusion: Peer-led adolescent support services have a positive impact on retention. However, this was more pronounced for adolescents in care for more than one year; newly identified and ART-initiated clients still had a high LTF rate, comparable with sites without specific adolescent services. Adolescent clubs may benefit members, but in order to address the needs of newly identified adolescents living with HIV, a service delivery model with a more individualized role for adolescent peer educators, who could become involved as treatment supporter at ART initiation and offer follow-up at home as well, may be needed to achieve early adherence.

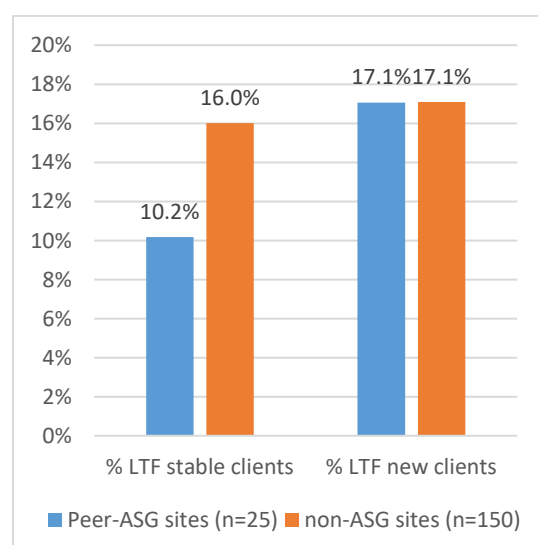


Figure 1: Lost to follow rates by client type and service delivery model, October 2016 – September 2017