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Fighting for an AIDS-free generation



TIMIZA NDOTO (ACHIEVING DREAMS): Supporting Adolescents and Treatment Supporters in Achieving Viral Suppression

ADOLESCENTS LIVING WITH HIV

Globally, there are approximately 1.6 million adolescents (10-19 years) living with HIV.¹ Adolescents living with HIV (ALHIV) are a heterogeneous and a uniquely vulnerable population. Adolescents face particular challenges in navigating their clinical care amidst considerable change during this period in their lives. Barriers to managing their care and treatment include accepting their status, facing stigma and discrimination, non-disclosure to family or partners, among others. Poor adherence and viral suppression rates among this population represent significant barriers in gaining control of the epidemic.

ALHIV IN TANZANIA

The HIV epidemic in Tanzania constitutes 5% of the overall global burden, which is heavily concentrated in younger populations.² In Tanzania, an estimated 180,000 adolescents are living with HIV.³ The recent Tanzania HIV Impact Survey (2017) showed that about 58% of youth 15-24 years did not have a suppressed viral load and had lower suppression rates compared to adults (48%), highlighting adherence challenges among ALHIV.⁴

Key messages

1

Involvement of treatment supporters in addressing adolescent challenges to achieving viral load suppression adds value in the enhanced adherence counseling period, particularly for adolescent boys

2

Youth/adolescent champions engagement/testimonials/success stories are important in unleashing adolescent dreams

3

The TN initiative with MDT support has shown improved viral suppression rates, secondary viral suppression, and reducing treatment failure rates among adolescents at supported facilities

Given the number of ALHIV in Tanzania, it is important to assess the effectiveness and scalability of interventions designed to improve health outcomes for ALHIV, particularly concerning adherence to treatment and viral suppression. In response to this need, the Timiza Ndoto initiative evolved under the USAID Boresha Afya project, currently being implemented at 27 high volume facilities.

TIMIZA NDOTO

Timiza Ndoto, Kiswahili for ‘Achieving Dreams’, focuses on acknowledging and empowering adolescents and their treatment supporters to recognize their hopes and dreams despite their HIV status. This initiative is conducted as an added element of enhanced adherence counseling (EAC) required of clients who are not virally suppressed (<1000 c/ml). It includes a one-day workshop with specially designed sessions for adolescent clients and their treatment supporters to build their knowledge, understanding, and motivation in improving their treatment

management and achieving viral suppression to be able to live a healthy, hopeful life. Including treatment supporters (caregivers, parents, siblings, or partners) is strategic in recognizing the social barriers existing in the lives of ALHIV that prevent them from successful treatment management. Some sessions are conducted separately for adolescents and treatment supporters to address various elements and roles that aim to address barriers including disclosure, stigma, and misconceptions around HIV. Other sessions are conducted jointly to build the relationship between the caregiver and ALHIV and ensure collaboration in developing individual action plans for improved treatment management going forwards.

Figure 1 illustrates how the Timiza Ndoto initiative complements the broader EAC approach and brings additional elements addressing the psychosocial, clinical, and social needs of adolescent clients and their treatment supporters.

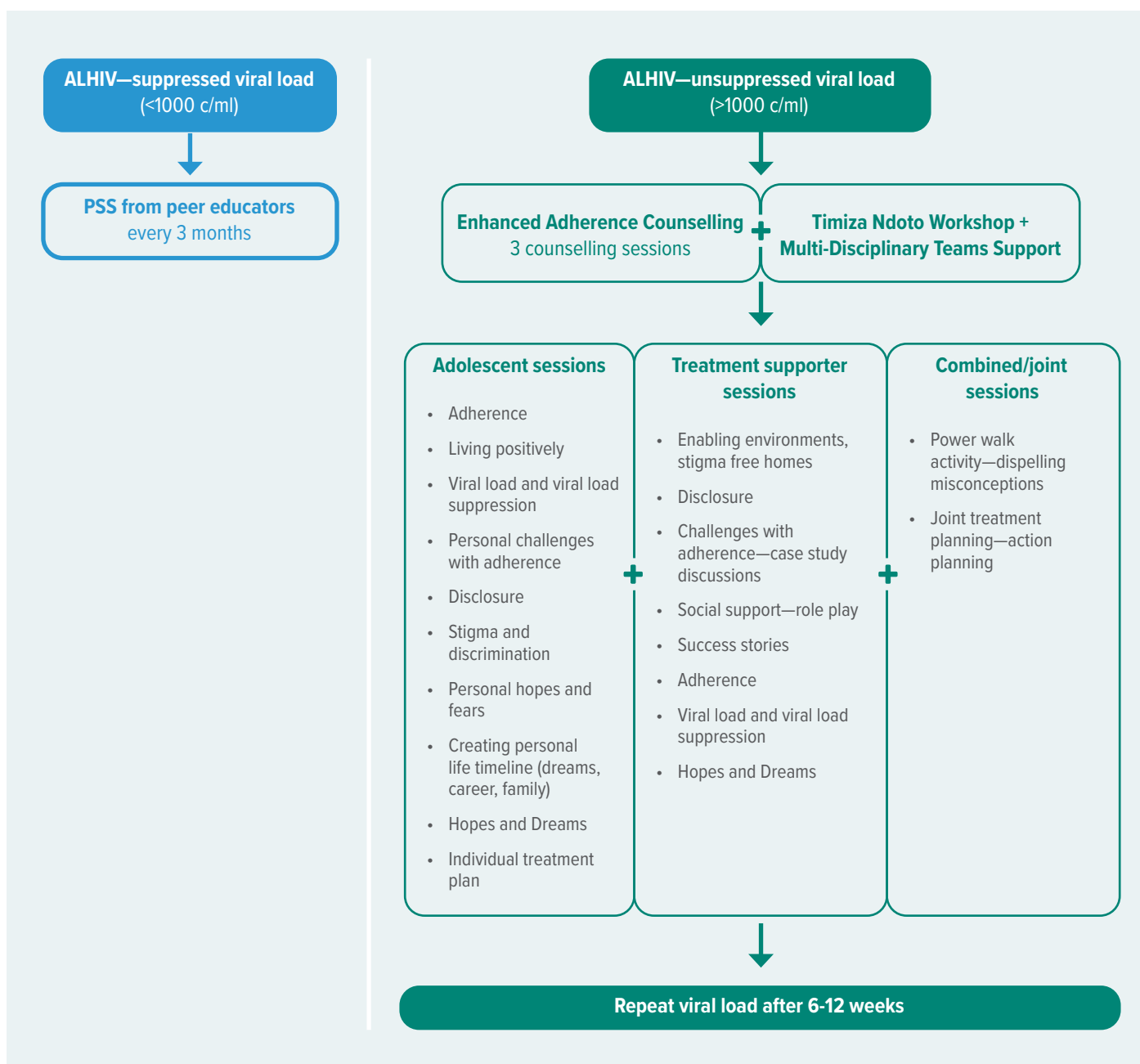


FIGURE 1. Interventions for suppressed and unsuppressed ALHIV

ELEMENTS OF TIMIZA NDOTO

The series of quarterly, one-day workshops are conducted at the health facility and facilitated by a multi-disciplinary team including supervisors, youth champions, and health facility staff such as clinicians, nurses, pharmacy technicians, laboratory technicians, and data clerks. Supervisors are healthcare workers in adolescent services from regional or referral hospitals who support the orientation of facility staff on the initiative and planning of the workshop at 1-2 facilities. Youth champions are expert adolescent/youth clients who support the facilitation of sessions during the workshops and share their testimonials and stories. Various health facility staff are engaged in the multi-disciplinary teams at the facilities who support the identification of adolescent clients eligible to participate in the workshop, support workshop organization, and documentation for monitoring of client outcomes. These include completing the high viral load cascade monitoring report that monitors outcomes at the aggregate level for adolescent clients following EAC completion including achieving viral suppression.

Timiza Ndoto workshop sessions are designed to be client-centered and cater to the clinical and psychosocial needs and challenges presented by the clients and their treatment supporters. They are interactive and participatory, aiming to spark productive discussions as well as provide education to address knowledge gaps and lacking capacity. Interactive activities encourage reflection, discussion, and real-world application and include case studies, role-plays, worksheets, and activities where physical movement is required.

To monitor the outcomes and progress of adolescents who participate in the Timiza Ndoto workshop, a specific EAC register was developed. Files from adolescents with high viral loads are marked with stickers or kept in separate areas and action plans that are completed by adolescents and treatment supporters are maintained in client files for providers to monitor individual progress at follow-up visits.

IMPACT

To document the impact of the intervention, a cohort of adolescents with high viral load ($\geq 1,000$ copies/ml at their last test result by the end of April 2019) were enrolled. Timiza Ndoto sessions were conducted from May to June 2019. During the July-September 2019 reporting period, after the Timiza Ndoto intervention, aggregate viral suppression rates (including results in the past 12 months) among adolescents from intervention sites were compared to EGPAF-supported sites implementing the standard of care, without the Timiza Ndoto intervention.

Figure 2 depicts the overall difference in viral suppression rates among clients registered at Timiza Ndoto intervention sites compared to non-intervention (standard of care [SOC]) sites, with statistically significant differences for 10-14 years olds (65%, n=1503 at 256 SOC sites; 73%, n=820 at 27 TN sites) and especially adolescent boys (15-19) where viral suppression was 60% (n=615) at the standard of care sites compared to 78% (n=442) at Timiza Ndoto sites.

While suppression rates improved overall at all sites during this time, Timiza Ndoto sites saw a larger rate of change compared to SOC sites, in particular among adolescents aged 10-14 and 15-19-year-old boys. Among adolescent girls 15-19 years, even though the follow-up viral suppression rates are the same at Timiza Ndoto and SOC sites, the change in suppression rates was higher in TN sites than in SOC sites.

When the analysis is limited to adolescents with high viral load (≥ 1000 cells/ml) before April 2019—the primary target group for the Timiza Ndoto intervention—adolescents had statically significant higher rates of secondary viral suppression after Timiza Ndoto (68%) compared to the standard of care sites (51%), and almost half the rates of suggested treatment failure (14%) compared to standard of care (29%).

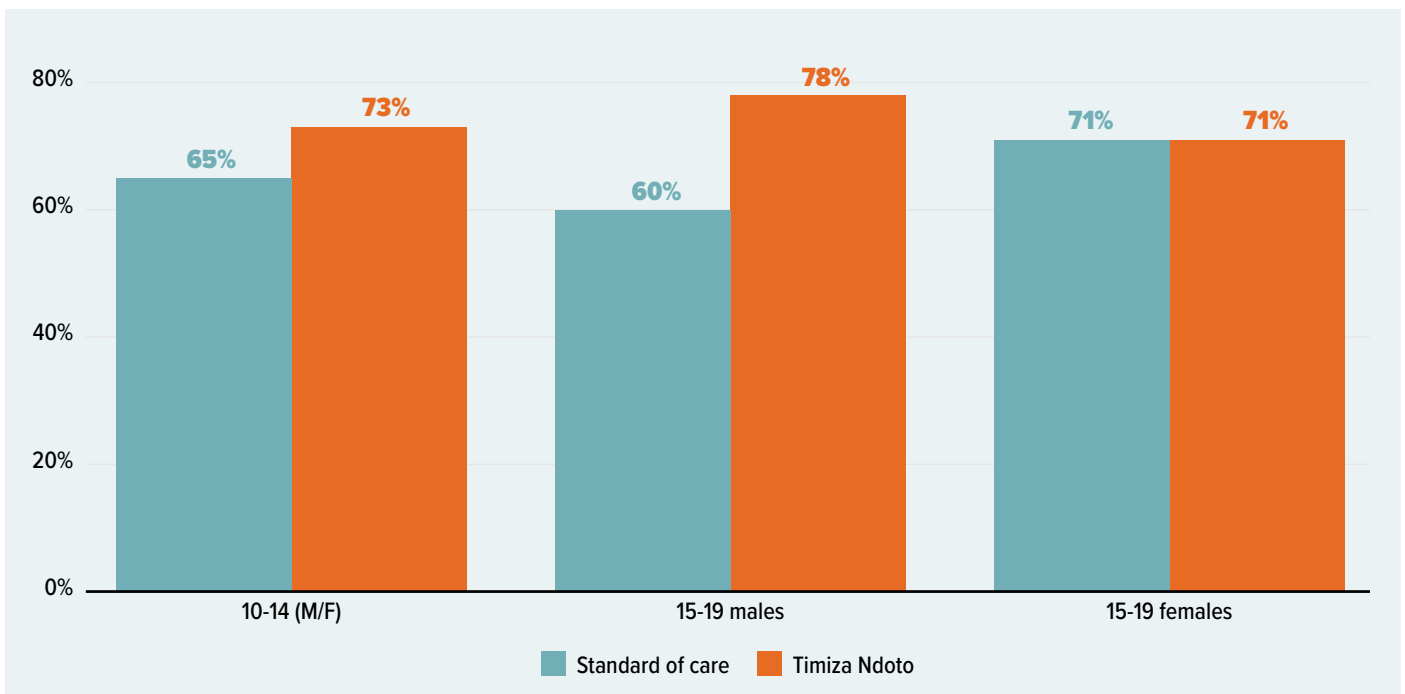


FIGURE 2. Viral load suppression rates by September 2019 at Timiza Ndoto and standard of care sites among adolescents, 10-19 years old

It is particularly pertinent to highlight the drastic impact of Timiza Ndoto on adolescent boys, 15-19 years. This group of clients initially had the lowest viral suppression rates, but with participation in the Timiza Ndoto activities, experienced the steepest and greatest increase. This suggests that caregiver involvement and support may be especially important to improve clinical outcomes among adolescent boys, particularly in cultures that may value or emphasize expectations of independence and self-management, including for adherence to treatment.

LESSONS LEARNED

Several critical lessons have been learned throughout the implementation of the initiative that will inform the initiative going forwards.

- ✓ Disclosure remains a significant challenge for caregivers; many children's HIV status is not fully disclosed by the time they are 14 years old. Caregivers need support to disclose HIV status to their children and providers play a critical role in empowering caregivers in completing disclosure.
- ✓ Establishing facility multidisciplinary teams facilitates the optimization of adolescent services.
- ✓ The involvement of treatment supporters/caregivers in addressing the adolescent's HIV care revealed added value during the enhanced adherence counseling period in providing additional support for clients, particularly for adolescent boys.
- ✓ Participants felt empowered by sessions. Involving youth and adolescent champions to share their success stories and testimonials was important in allowing adolescent participants to begin to visualize their hopes and dreams, some of whom had never done so due to their status.
- ✓ EAC registers for adolescents facilitate cohort follow-up during the intervention, allowing for ease in updating adolescent details during their follow-up visits.
- ✓ Standardized training and implementation tools such as session guides, SOPs, and M&E tools for Timiza Ndoto facilitators are essential for consistent, quality implementation and successful scale up as well as the ability to document outcomes of the intervention.

CONCLUSIONS

The Timiza Ndoto initiative is an innovative activity stemming from a need to address high viral load among adolescents living with HIV in Tanzania. The initiative, which incorporates participatory approaches that engage both adolescents and their treatment supporters while also creating a safe space to discuss individual and common treatment challenges and include the development of tangible action plans to meet personal goals has shown promising results by addressing individual barriers to viral suppression. Building adolescent and treatment supporter capacity and empowering them to recognize their potential in achieving their own goals (personal and clinical) is a powerful motivator. This unique approach, which incorporates individual-level capacity building and empowerment components that complement the standard of care, has contributed to improved viral suppression among adolescents living with HIV.

ACKNOWLEDGMENTS

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- EGPAF
- USAID Boresha Afya

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