



Photo: Makopano Letastsi, 2019



**Elizabeth Glaser
Pediatric AIDS Foundation**
Fighting for an AIDS-free generation

EGPAF-LESOTHO'S ADOLESCENT AND YOUNG PEOPLE PROGRAM: REACHING A PRIORITY POPULATION

Since 2004, EGPAF has been supporting Lesotho with technical assistance and advocacy at the national level, as well as with direct service delivery and operations research activities. Currently, EGPAF supports 179 sites in 8 districts, implementing a comprehensive package of TB and HIV services, and provides technical assistance to local implementing partners (LIPs) to contribute to sustaining epidemic control.

GLOBAL CONTEXT

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is currently working in 20 countries to ensure that adolescents and youth (10-24 years) have access to the care they need. Across these countries, we execute global advocacy activities, implement HIV prevention, care, and treatment programs, and advance innovative research that can bring dramatic improvements to the lives of millions of youth. Through our work, diverse groups of adolescents and youth have received HIV services, including girls and young women, orphans and vulnerable children, in-school adolescents, pregnant teens, and young couples.

These services include increased access to HIV education (school-and community-based, in addition to facility-driven), HIV treatment (including access to second and third-line regimens), and community support services to improve knowledge, empower youth populations, and reduce effects of stigma. We offer these services using various differentiated service delivery models, which customize health services to the needs of recipients. Some of these differentiated care strategies have included the use of

peer mentors to bolster treatment support and use of peer support group (PSGs) clubs and adolescent corners, the use of community health workers to increase support to pregnant teens, and the optimization of clinic times to align with school schedules for improved access and clinical status (for slow- versus fast-track services).

Much of this work has been informed by an entity developed by EGPAF, the Committee of African Youth Advocates (CAYA), which is led by adolescents and youth within these settings, and guides program decision making at EGPAF. Committee members are youth who use their own knowledge and experience to inform programs that work for them and their peers. This innovation has been a major breakthrough in the way we protect, care for, treat, and empower a vulnerable and growing population living with HIV.

EGPAF has rich experience implementing comprehensive HIV and SRH programs tailored to meet the needs of adolescent and youth populations.

Some highlights across all EGPAF programs include:



1.8 million adolescents and youth have been provided access to HIV testing and counselling from EGPAF-supported sites.



180,000 adolescents and youth have been supported by EGPAF with treatment to stay healthy.



500 EGPAF-supported adolescents and youth clubs continue to address the needs of children and adolescents infected and affected by HIV, with updated tools and resources that facilitate conversations around safe sex and normalizing HIV infection.



To date, **110,000** adolescents and youth living with HIV have received care at EGPAF-supported sites.



Although viral load testing uptake is not where it should be, some of EGPAF's country programs are seeing incredible viral suppression rates; in Lesotho, according to the Lesotho Population-based HIV Impact Assessment (LePHIA 2020), even though it has reached great strides in viral load suppression (VLS) among adults, young people between the age of 15-24 years remained below the UNAIDS targets regardless of sex: 65.5% women and 61.7% men.



CAYA members represent **eleven countries**, which has, to date, contributed to a guide for health care workers to support adolescent HIV disclosure in various contexts, generated ideas to strengthen differentiated care, and collaborated on HIV advocacy efforts.

LESOTHO CONTEXT

Lesotho has one of the highest national HIV prevalence rates in the world, at 22.7% (LePHIA 2020). Although the country's HIV program has made great strides, gaps remain. For instance, HIV prevalence was higher among women than men, with a rate more than five times higher among young women aged 20-24 years compared to their male counterparts. In addition, VLS among young people remained below the UNAIDS targets, regardless of sex.

Among adults living with HIV in Lesotho, the prevalence of VLS ranged from 65.6% among young women and 61% among young men. The prevalence of HIV among adolescents 15-19 years old is 5.1%. Driving the epidemic in this demographic is early onset of unprotected sexual activity, intergenerational sex, and low HIV knowledge. Approximately 46% of young women and 60% of young men 15–19 years of age have had sex at least once, and an estimated 20% of women have given birth before age 18 (2015). Among adolescents, only 35% of females and 30% of males report having comprehensive HIV knowledge.

ADOLESCENT AND YOUNG PEOPLE HIV STRATEGY

EGPAF-Lesotho developed and launched an adolescent and young people (AYP) HIV strategy to ensure all AYP living with HIV are accessing services and live healthy, while all HIV-negative AYP are empowered with prevention skills to remain so. The strategy aimed to reduce the number of new infections among AYP by 50% by 2020, driving progress toward UNAIDS 95-95-95 targets.

CREATING ADOLESCENT-FRIENDLY HEALTH SITES

Adolescent friendly and responsive service provision is critical as a part of ensuring enabling environments to support adolescents and youth to access, use, and come back for services. EGPAF Lesotho uses a myriad of approaches to support this:

Skill-building for Health Workers: Many health care workers report feeling ill-prepared to handle and respond to the needs and behaviors of adolescents. EGPAF scaled up trainings for professional and lay cadres using standardized guidelines, site-level support, and job aids to address the various and specific needs of this population among health workers. Trainings have covered diverse topics including HIV self-testing and the use of pre-exposure prophylaxis (PrEP), along with the integration of services to address sexual health, reproductive health, gender-based violence, and psychosocial support.

EGPAF developed a seven-part modular training manual and rolled-out this training in all U.S. President's Emergency Plan for AIDS Relief (PEPFAR)-supported sites, beginning in April 2017, using an on-site training methodology, with one module delivered per month. Each of the seven modules aims to provide health workers with the knowledge and skills to counsel, test, treat, and retain adolescents. Since the training, EGPAF has provided on-site mentorship and supportive supervision to ensure the provision of friendly services.

Adolescent Corners: Beginning in January 2017, EGPAF, with PEPFAR funding and in collaboration with Lesotho's Ministry of Health, established eight adolescent centers at Berea Hospital, Motebang Hospital, Queen Elizabeth II Hospital, Scott Hospital, Maluti Adventist Hospital, Nts'ekhe Hospital, Mafeteng Hospital, and the Lesotho Planned Parenthood Association (LPPA) adolescent center. As of 2021, EGPAF-Lesotho had 12 adolescent corners with additional corners at Paray Hospital, Maputsoe Filter Clinic, Pointmain, and Tebellong Hospital. These centers offer HIV and STI risk-reduction counselling; HIV testing, care, and treatment; disclosure and adherence support; TB screening and treatment; peer-led psychosocial support; social services to enable transition to adult care; and referrals to other services (e.g., antenatal care for pregnant teenagers; Sexual and Reproductive Health (SRH) services, including STI and cervical cancer screening and treatment; family planning; post-exposure prophylaxis [PEP]; post-GBV services and counselling; and PrEP). Services are not integrated within other adult or pediatric HIV and MCH services; rather, they are catered only to the AYP population and are found entirely within their own separate clinics.

These services are offered throughout the week, on weekends, in the mornings, and after school for increased accessibility. Services are provided by youth ambassadors, a trained peer-based lay cadre.

Continued Technical Assistance and Mentorship: EGPAF deployed adolescent health teams including district psychologists and adolescent HIV clinical nurses eight centers with adolescent corners. The team also supports other health facilities in the hospital catchment areas. These teams are managed by the adolescent and priority population advisor at EGPAF's head office in Maseru.

PEER-DRIVEN SUPPORT

Peer-based and driven support has been identified as a significant facilitator to improve quality in care and treatment outcomes among AYP. Peer support comes in various forms:

Peer Support Groups and Resources: Adolescents are often motivated by their peers. Empowering adolescents to support HIV disclosure, treatment adherence, and HIV stigma reduction can have a powerful impact on adolescent HIV care and treatment retention. Across EGPAF-supported sites, various models of psychosocial support are implemented, many using the [Ariel Club and peer support group \(PSG\)](#) approach. The club approach complements clinical services, providing a safe space where adolescents living with HIV can talk to trained peers about topics that will help them to achieve and sustain viral suppression to reach their life goals, while shared experiences with one another to learn and grow EGPAF, with CAYA's support, has standardized a new practice by adding youth-created [CAYA cartoons](#) in Ariel groups that provide innovative and fresh ways of discussing disclosure, acceptance of status, and treatment literacy with young people.

EGPAF developed a PSG guide to facilitate the development of groups, and to ensure standardization of support group activities. PSGs are organized by age (e.g., 10–14, 15–19, and 20–24 years of age), some groups are further

divided by gender, and there are separate groups for key populations and young mothers. Support group members are encouraged to share their experiences, support one another in disclosure and treatment management, discuss fighting discrimination, and talk about AIDS-free living and sexual health. At 23 years of age, the youth are prepared for transition to adult HIV care and treatment, and graduate from AYP services by the time they reach 24 years.

Youth Ambassadors: EGPAF recruited and trained youth ambassadors who focus on sensitizing and mobilizing their peers to engage in healthy-seeking behavior and utilize health services. The youth ambassadors also provide HIV testing services and facilitate PSGs. Youth are mobilized from schools, district youth resource centers, youth clubs, and community forums. The ambassadors also work with village health workers to encourage young people to access services at the adolescent centers.

DIFFERENTIATED SERVICE DELIVERY:

AYP visiting any PEPFAR-supported facilities have a wide range of needs. Some are stable on treatment; some are lacking food or warm clothes; some are not supported by their families or have been orphaned; and some have been the victims of violence or assault. When higher-risk patients seek care, triage nurses refer their cases to EGPAF's psychologists who then conduct home visits to learn more about the home environment, to ensure that social challenges are addressed, and to make efforts to retain all in care. EGPAF collaborates with other implementing partners and government ministries to refer adolescents for different social issues. Some are referred to orphanages, and others are supported with school fees or food donation while those who experience abuse are referred to the police. The team also organizes caregivers' days at supported sites to counsel and empower guardians with relevant information to understand, accept, and support their adolescents.

ACHIEVEMENTS FROM THE IMPLEMENTATION OF ADOLESCENT STRATEGY

From July 2020 to June 2021, 9,118 out of 9,200 (99%) adolescents who were eligible to do so tested for HIV, were counselled on risk reduction of HIV and STIs, and on the importance of care and treatment. Out of those AYP tested, 321 (3.5%) tested positive and 362 were initiated on ART. The high number of adolescents initiated on ART was due to some adolescents taking transfers from their original clinics to be initiated at adolescent corners due to friendly services. The current number of AYP on ART is 2,203, and among them, 1,866 are virally suppressed (85%). The adolescent corners also address the complete SRH needs of pregnant and sexually active young populations. Among all AYP accessed through the centers, 1,496 were treated for STIs (68%). The overall HIV positivity yield for AYP at these corners is 3.5%, and PMTCT services are also offered within these centers to ensure that exposed babies are born free from HIV.

CHALLENGES AND GAPS

Despite achievements in employing specific adolescents and youth focused activities, challenges and gaps remain:



Photo: Makopano Letastsi, 2019

It was hard for Malehlohonolo Agnes Phakisi, 20, to accept her HIV status. She was stigmatized and discriminated against from classmates. But when she joined one of EGPAF's Peer Support Groups, she found she was not alone. She learned to accept herself – and her status.

Today, she is in school to become a nurse. She is an advocate for young people to help end stigma, get tested, and be informed on preventative care.

Systems and Community-level Barriers: Incomplete linkages to HIV treatment and suboptimal ART adherence in HIV care continue to affect AYP living with HIV in Lesotho, leading to high viral load and advanced HIV diseases. Contributing factors of suboptimal ART adherence include poor care and support from families; denial and non-acceptance of long-term treatment; non-disclosure of HIV status to friends and family; and poverty and lack of food, which leads to inconsistently taking daily medications.

To address some of these challenges, EGPAF is providing continuous adolescent-and-youth-friendly health service training and mentorship to health workers, as well as empowering caregivers to support and care for adolescents with HIV. The formation of support groups and the involvement of AYP in program management will continue to drive progress in minimizing discrimination and stigma facing this community.

COVID-19: The outbreak of the COVID-19 pandemic has challenged the ability to hold in-person PSG meetings, raising a need for virtual meetings. The availability of smart phones and data pose a challenge to many AYP. Viral load monitoring has been crippled by long turnaround times in Lesotho, caused by a shortage of lab personnel, a large inflow of tests, and the occasional stock-out of lab reagents or consumables to facilitate tests. EGPAF is working with AYP and their caregivers to ensure that all are monitored and virally suppressed. Those with high viral load are managed accordingly, and those who need to be switched to another regimen are done so in a timely manner. As the clinical partner, most social needs are referred to other implementing partners to be addressed. However, to manage high viral load, the following are important social interventions: psychosocial support, food parcels, uniforms, and regular monitoring until the viral load is suppressed.

Long-term retention: Retention of adolescents aged 10-19 years on ART is crucial to achieve viral load suppression. However, it is reported globally that adolescents have lower retention in care of ART, compared with other populations. Lesotho also shares similar challenges in regards to adolescent retention. Various strategies including the PSG model, timely tracking of adolescents who missed their appointments through CommCare, and SMS reminders to adolescents who are facing adherence challenges continue to be implemented. Disclosure of someone's HIV status additionally remains to be a critical challenge for this population that impacts adherence and retention

CONTINUED DRIVE

EGPAF-Lesotho's adolescent program model has been hailed by the Ministry of Health and donors for providing critical HIV prevention, care, and treatment services to the future generation. Applying a strategy that meets the myriad needs of adolescents has shown promise, as this group may benefit not only from integrated services, but from unique environments that cater to their needs, involve their peers, and offer a range of differentiated service models. Let us join hands to support our adolescents and young people to ensure that an AIDS Free generation is a reality by 2030.



Photo: Anjana Padmanabhan, 2019

"If we work together, we will make a difference in our country. HIV is not a death sentence."

Malimpho 'Maphoza' Mosoeu, 19, thinks that when people find out that they have HIV, they are afraid of themselves. But through consulting and meeting regularly at Peer Support Groups, these youth feel empowered. Slowly but surely, they are ending stigma and educating their community on topics like keeping yourself and your loved ones protected.