



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



POSITIVE ACTION

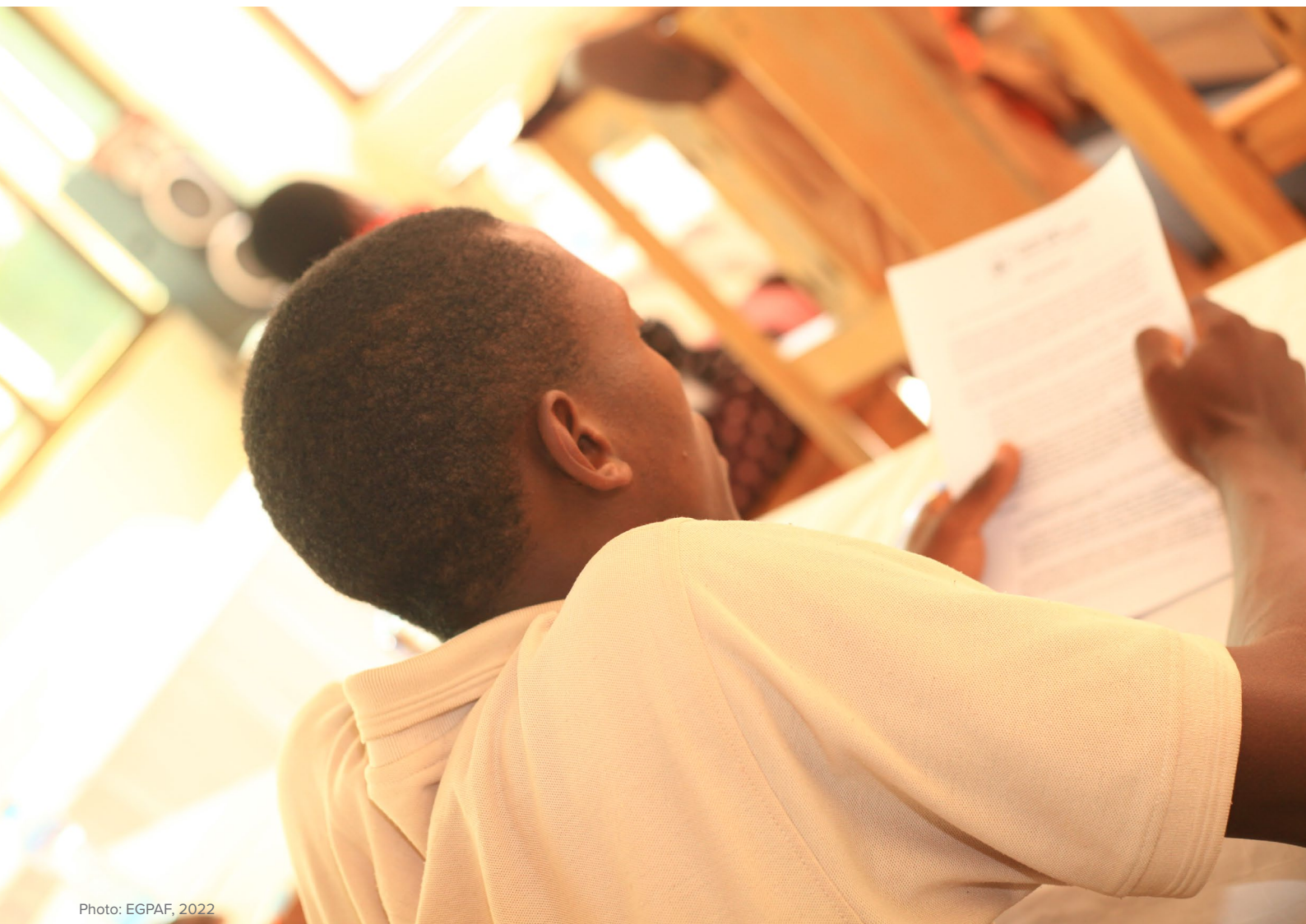


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The Power of Peer-Centric, High-Impact Approaches Toward Achieving Gains Along the HIV Care Continuum for Adolescents Living with HIV in Uganda

ViiV Breakthrough in Uganda

With the overarching aim of re-invigorating focus on pediatric and adolescent HIV service delivery, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) — in coordination with implementation partners PATA, Aidsfonds, UNICEF, and ELMA Philanthropies — implements and facilitates the ViiV Breakthrough project in Uganda.

EGPAF works alongside partners to support quality technical assistance in 30 ViiV Breakthrough-supported facilities across nine districts in the third project year. The project in Uganda focuses on making progress concerning the third 95 target, concentrating on achieving viral load (VL) suppression among children and adolescents living with HIV (CALHIV).

EGPAF aims to increase access to quality psychosocial support (PSS) services; improve adherence to treatment utilizing peer-led and driven models; and prioritize meaningfully engaging communities and critical stakeholders — including peers and caregivers — for CALHIV.

Peer-Centric Approaches

EGPAF in Uganda implements various peer-based approaches tailored towards providing client-centered services for young people, caregivers, and communities. ViiV Breakthrough was designed to leverage and integrate patient-centered interventions and to engage with existing community structures. The project recognizes that engaging with individuals, including adolescents, is an entry point to engaging with their broader family unit. Furthermore, in acknowledging that adolescents are influenced and affected by their environment and peers, EGPAF in Uganda strategically implements tailored engagement, empowerment, and capacity-building activities for caregivers and advocacy activities with the broader community. **Figure 1** outlines activities broadly across these three domains.

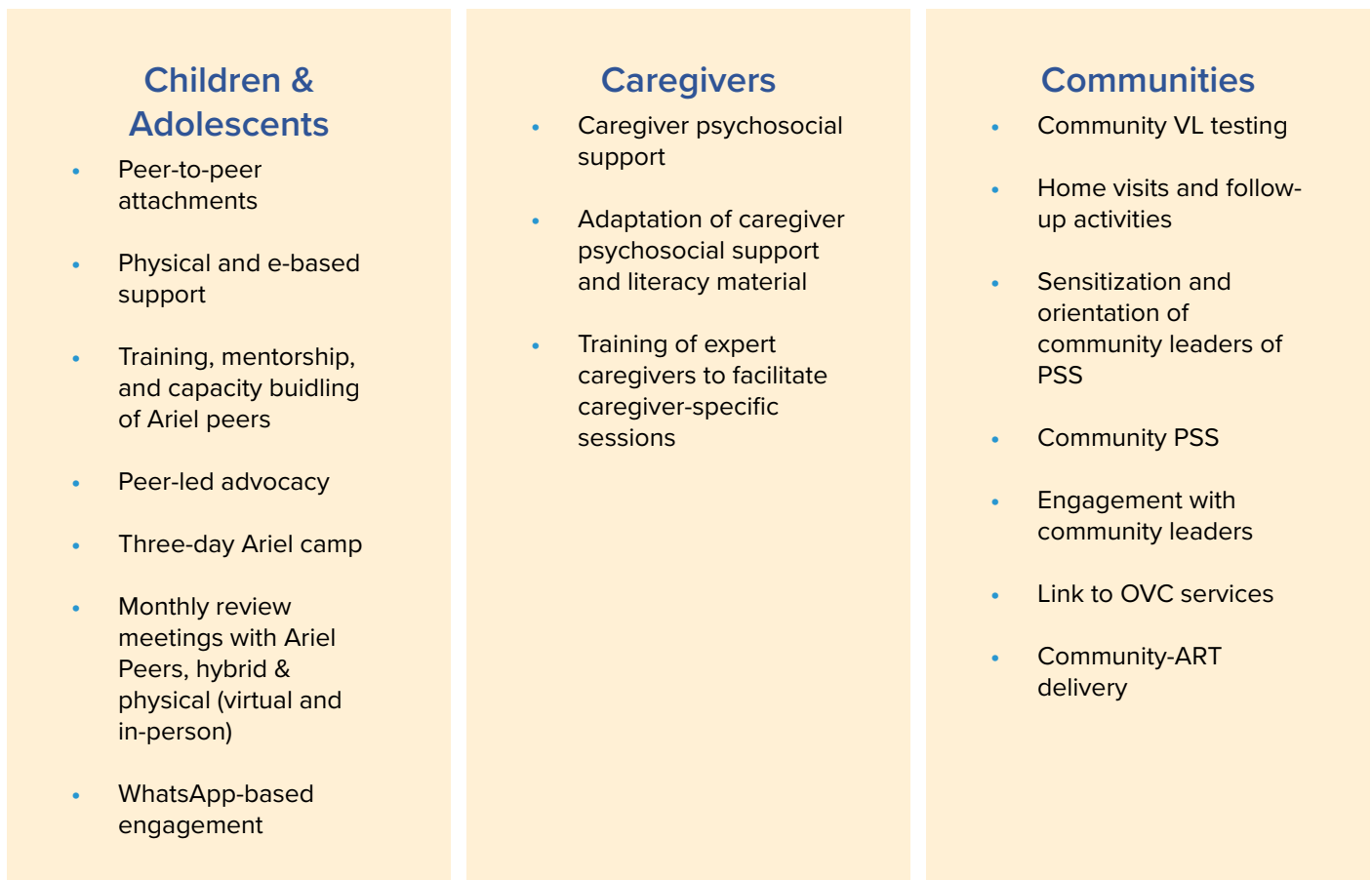


Figure 1. Activity domains across ViiV Breakthrough

Children- and adolescent-focused activities

PSS is a recognized, complementary need to the clinical provision of care for CALHIV. Moreover, peer-led and facilitated PSS has been shown to be critical in this population.¹ ViiV Breakthrough was developed on the basis of these concepts in building, capacitating, and ensuring a structure of sustainable mentorship for a cadre of empowered peers: Ariel Peers, Ambassadors, and Superstars. To build capacity of Ariel Peers, EGPAF in Uganda hosted a three-day Ariel camp focused on building skills and knowledge and providing tailored PSS, including from a psychologist in attendance.

At the facility, the Ariel cadre supports line listing of children and adolescents to identify those eligible to receive specific supports including intensive adherence counseling and/or peer attachment. Eligibility consists of not having reached viral load non-suppression, treatment interruption and/or poor/non-adherence. Activities that focus on improving adherence and treatment outcomes at the community and facility level include:

- Adherence counselling in the community
- Home Based Intensive Adherence Counselling (HBIAC)
- Peer attachment (treatment buddies)
- Linkages to orphan and vulnerable children (OVC) services
- Referrals for gender-based violence (GBV) services
- Community-based VL testing
- Follow-up for those who miss appointments
- Community antiretroviral therapy (ART) delivery and other differentiated service delivery models that bring services closer to the clients
- Sexual and reproductive health (SRH) counseling and referrals, including family planning services
- Disclosure support and acceptance of status

Ariel Peers facilitate quarterly PSS meetings using a curriculum developed in partnership with young people and Ariel Ambassadors that focuses on a range of topics, including the building of understanding and knowledge around SRH, finances, empowerment, emotions, and acceptance of one's self. Peer-to-peer support is offered and provides the opportunity for experience sharing. Adolescents are separated into three groups: 1) *Core*, for adolescents living with HIV (ALHIV) newly enrolled who have not yet been fully disclosed to; 2) *Choice*, for ALHIV with good adherence, viral suppression, and the ability to support other peers; and 3) *Plus*, for ALHIV disclosed to who have not yet reached VL suppression.

Ariel Peers are integrated into the broader, multi-disciplinary teams at facilities and support the implementation of the activities, ensuring the sharing of youth experiences and availability of expertise. Progress and trends towards desired treatment outcomes are routinely monitored. These include adherence, viral suppression, and appointment keeping. Ariel Peers participate in peer activities that promote health and address any challenges. Ensuring their participation and engagement in meetings provides an avenue of meaningful youth engagement while also building capacity and skills. Ariel Peers receive stipends for their work, as well as data bundles and airtime, to facilitate their roles and activities as they engage their peers. Ongoing trainings on different topics, including advocacy, occur as needed. For example, at an advocacy workshop, Ariel Peers and Ambassadors developed cartoons to illustrate applicable scenarios in an engaging and friendly manner to advocate and build capacity of the broader community. They will be used with key stakeholders, including community leaders, teachers, and young people.



Photo: EGPAF, 2022



Photo: EGPAF, 2022

Caregiver-Focused Activities

Caregivers are critical stakeholders in the growth, development, and treatment management of CALHIV. The role of the caregiver shifts throughout this period of transition from being a primary caretaker in managing their child’s adherence and engagement in care to playing a passive support role in ensuring the young person has all they need to succeed in their own management. EGPAF in Uganda adapted a caregiver specific curriculum from EGPAF in Eswatini that speaks to building relevant skills in adherence, management, disclosure, communication, and support for young people living with HIV. A priority in the coming year will be to conduct trainings for expert caregivers to build their capacity in providing peer led sessions for caregivers focused on PSS. These sessions provide a safe space for caregivers to engage with other caregivers, share experiences and lessons, and empower one another.

The facility teams (counsellors and clinicians) line list children and adolescents who are not virally suppressed, experiencing interruptions in treatment, and at risk for non-adherence. The families are then connected with an expert caregiver who will conduct home visits and offer PSS to the family. The frequency of contact is determined by the barriers identified; the expert caregivers receive airtime to facilitate phone-based support when physical home-based support is not feasible. Expert caregivers provide verbal updates to the facility team concerning their work with the family; their support and any updates on their challenges are documented, and needed referrals or additional services are initiated.

Ariel Peers: Expression of Impact

“It has built [our] confidence through trainings, and this has helped us to go and speak out to our fellow adolescents and the community that living with HIV is not the end and to go to test and know their status.”

-Ariel Peer

“It has supported young people living with HIV, and we have learned that we are not alone. No matter the status, we are like others who can be happy and live a successful life.”

-Ariel Ambassador

“[Viiv Breakthrough] has equipped me as an Ariel Peer to deliver support to almost all the children — both in the community and at the facility — to access HIV services, like HIV testing services, linkage to care, ensuring retention, keeping on treatment, and maintaining viral suppression.”

-Ariel Peer

Gains Along the HIV Cascade for Children and Adolescents Living with HIV

Empowering caregivers to support children and adolescents in a capacitated and effective manner is essential for full participation and engagement in care for young patients. Figure 2 shows that from December 2021 to February 2022, over 330 adolescents and youth participated in PSS and over 445 in peer attachment activities. Over 520 adolescents and youth were supported in having their status disclosed, and over 440 were linked to OVC partners. High levels of engagement in tailored activities among CALHIV supported improved clinical outcomes across the HIV cascade.

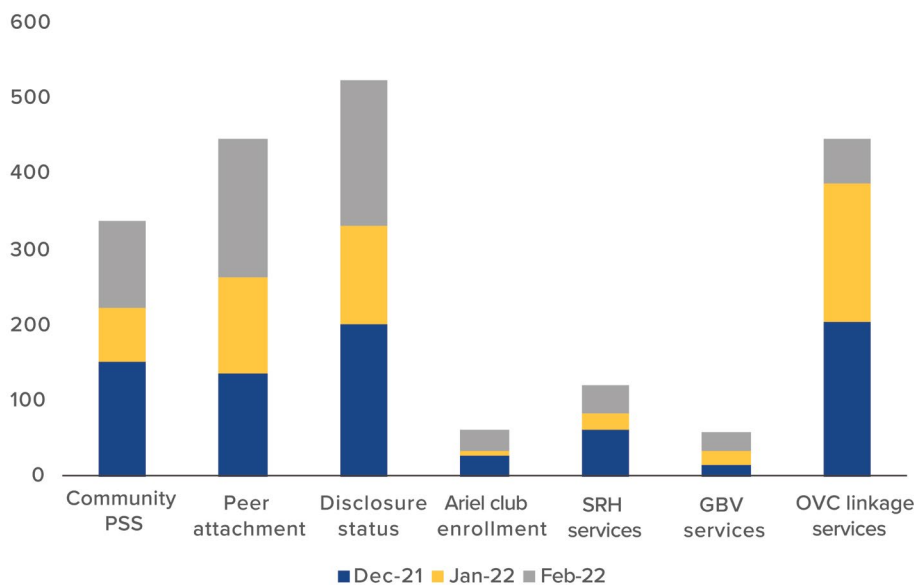


Figure 2. Adolescent and youth participation in Viiv Breakthrough activities supported by Ariel Peers

Across the HIV cascade, the ViiV Breakthrough project reported improved VL coverage, suppression, and retention rates at facilities where activities were implemented in combination with community and peer-based support. Figures 3 and 4 illustrate improvements in VL coverage and suppression among children (0-9 years) and the consistent service uptake among adolescents (10-19 years) between July 2021 to June 2022. VL coverage among children visibly increased from 76% to 87% by June 2022. VL suppression remained high among adolescents at a consistent 94% and children with a slight increase to 91% by June 2022.

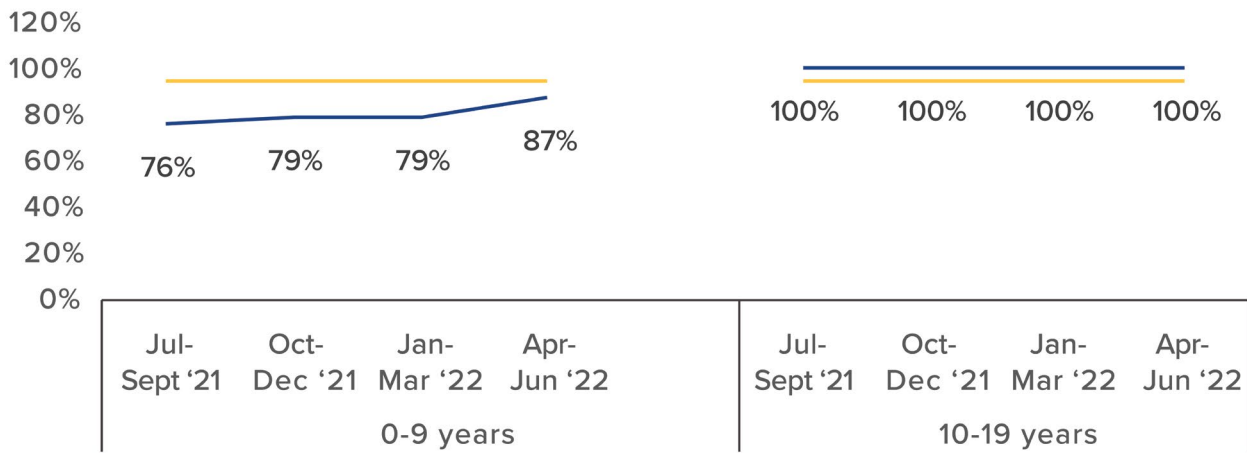


Figure 3. VL coverage among CALHIV

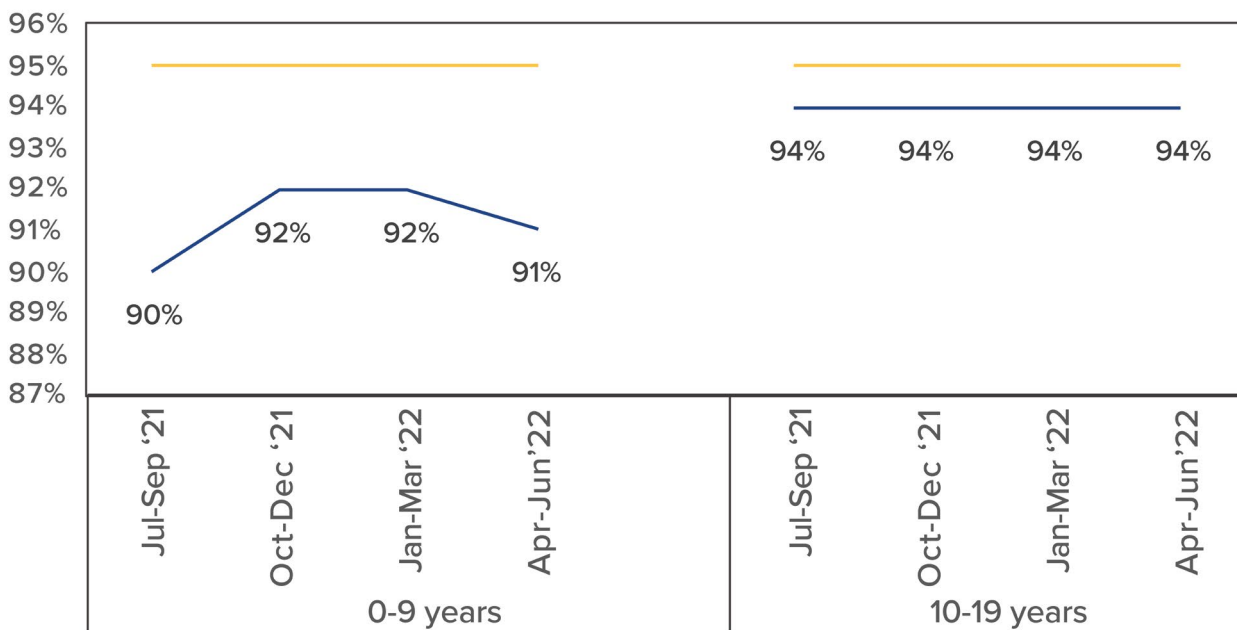


Figure 4. VL suppression among CALHIV

Concerning retention in care, among children and adolescents enrolled in care at ViiV Breakthrough sites, retention at six months following ART initiation was consistently over 83% for the most part, with a slight downtick in January and March 2022 among children due, in part, to the reopening of schools following the COVID-19 lockdown period. The increase in the subsequent quarter (April-June 2022) reflects the successful efforts of tracking the children and adolescents previously listed as having missed appointments, some of whom were attending boarding schools. Figure 5 depicts this trend in comparing the programmatic outcomes to the targets.

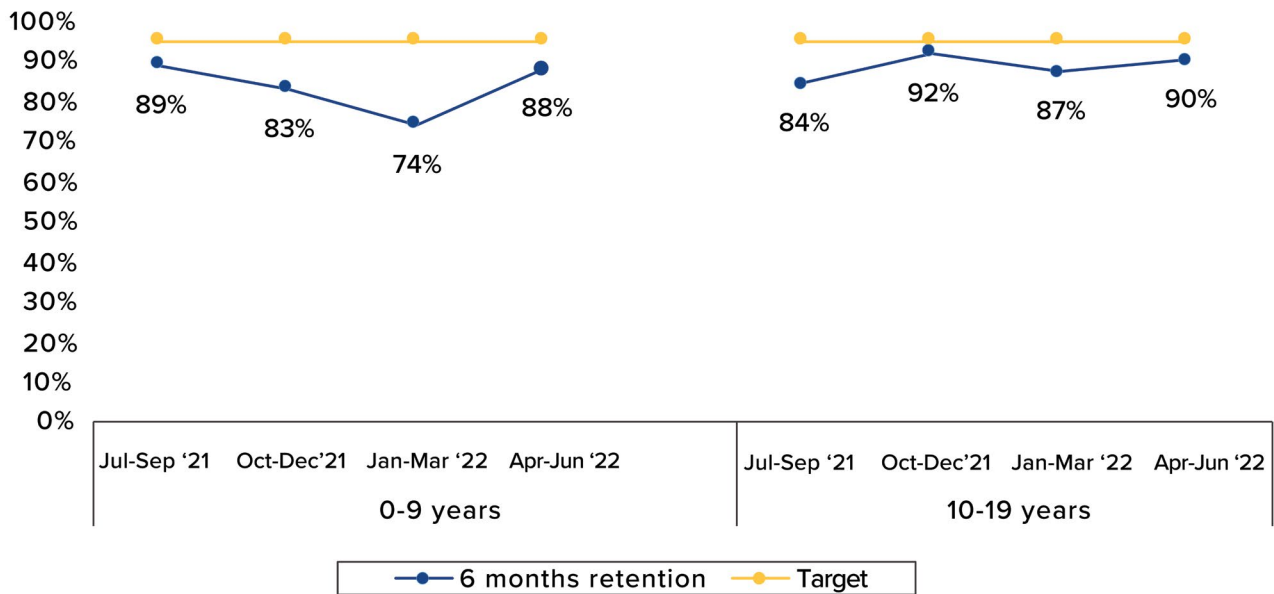


Figure 5. Retention trends among CALHIV

Lessons Learned

Several critical lessons and best practices have emerged during the implementation of the ViiV Breakthrough project.

- PSS benefits from a multi-disciplinary approach that engages trained peers (adolescents and caregivers) alongside professional counselors, clinicians, and other health care workers in the delivery of the activities and information
- Peer-to-peer support is key in offering psychosocial support and achieving results tailored towards children and adolescents living with HIV
- CALHIV programming is an iterative process. There is no one size fits all approach, and, therefore, engaging adolescents and young people in the design, implementation, and evaluation of project activities is crucial
- Investing in building the capacity and support for caregivers is critical to facilitate the knowledge and know how of treatment management and support for CALHIV



Photo: EGPAF, 2022

“In November we had 15 non-suppressed CALHIV but through support all were suppressed only that the non suppressed now we have are new CALHIV not those who were for November.”

- ART Nurse in Charge

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