ADOLESCENTS LIVING WITH HIV IN LOW-INCOME SETTINGS: A REVIEW OF THE EVIDENCE ON GAPS IN HIV SERVICES

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Summary
The number of adolescents living with HIV is rapidly rising, and data focused on low-income settings is still limited.

The aim of this review is to synthesise existing evidence in this area, identify gaps in HIV services for this group and highlight interrelated issues in service barriers and realising rights.

Key findings show that sexual and reproductive health (SRH) and psychosocial needs of adolescents living with HIV remain largely unaddressed. Health systems in low-income settings are ill-equipped to deal with the complex needs of this group.

Background
The focus of this review—adolescents living with HIV—was identified in light of the growing, yet often neglected, importance of this group to HIV responses globally.

Adolescence is a specific developmental phase between childhood and adulthood, characterised by physiological, social and psychological changes, sexual maturation, increased independence and evolving legal capacity. The age range, defined by the World Health Organization, is 10-19.

Increasing numbers of perinatally infected children now have access to anti-retroviral treatment (ART) and therefore reach adolescence. Furthermore, infection during adolescence occurs through experimentation with sexuality and drugs when combined with risk behaviours (e.g. unprotected sex or unsafe injecting equipment).

Disclosure, safer sex and family planning become pressing issues at this age, yet these needs are often unaddressed by existing paediatric and adult services in low-income settings.

Key Findings and Discussion
Adolescents living with HIV face new challenges that require greater attention and advocacy. This group is largely left out of current national responses to HIV in low-income settings, and have few opportunities to participate in the design, implementation and evaluation of HIV responses. Health systems have not been designed as adolescent-friendly in most low-income countries, and there is generally limited guidance about health services for this group.

Key gaps include:
- SRH and psychosocial services, including high-quality targeted support related to prevention, SRH advice, ART adherence, mental wellbeing, social integration, and disclosure to others (see Figure 1).

Key barriers include:
- Lack of confidentiality in clinical settings: personal issues, stigmatisation, discrimination and denial of sexual and reproductive health and SRH services, including high-quality targeted support related to prevention, SRH advice, ART adherence, mental wellbeing, social integration, and disclosure to others (see Figure 1).

One potential consequence of these barriers is that many adolescents are unaware of their HIV status. Therefore, targeted outreach and information/education services are needed to address this barrier.

To achieve the health goal of improving the quality of life of adolescents living with HIV, the behaviours that need to be transformed include:
- Increasing service-seeking behaviour of adolescents
- Reducing stigmatising and discriminating behaviour of service providers.

Key factors influencing these behaviours (behavioural determinants) that need to change include those at the:
- Individual level (e.g. adolescents may lack knowledge about available services)
- Community level (e.g. the lack of programmes empowering this population group or giving them opportunities for meaningful involvement)
- Service level (e.g. the lack of capacity to work with adolescents and to meet their specific needs)
- Social and structural level (e.g. stigma and discrimination from service providers and legal barriers).

Key interventions should be developed to address these key factors, thereby influencing behaviour, and finally, achieving the overall health goal. Comprehensive and high-quality care for adolescents living with HIV is one example, and Figure 1 highlights some key building blocks to be addressed in such an intervention.

Ways Forward
Protecting, promoting and respecting adolescents’ right to information, services and health care requires addressing barriers and service gaps...

...for practice:
HIV and other health and support services need to be re-designed to address the needs of adolescents. This requires making them youth-friendly and responsive to the needs of adolescents. For comprehensive care for adolescents living with HIV, it is necessary to address service gaps and barriers, while realising the rights of adolescents.

...for research:
While anecdotal evidence of targeted interventions for adolescents in low- and middle-income countries exists, few good practice examples are documented. Future research should document these and explore service delivery models of comprehensive adolescent care for different contexts – leading to more guidance for programmers and good practice standards.

...for policy:
Adolescent issues are largely absent from national HIV responses, and concerted advocacy efforts from community, national and global levels are needed to press states to remedy this gap.

IN HIV SERVICES SETTINGS: A REVIEW OF THE EVIDENCE ON GAPS ADOLESCENTS LIVING WITH HIV IN LOW-INCOME

Background
on HIV Treatment and Care Systems, United Kingdom International HIV/AIDS Alliance and Evidence for Action Research Consortium yet often neglected, importance of this group to HIV responses globally.

The roll-out of anti-retroviral treatment (ART) programs has made it possible for perinatally HIV-infected infants to live for many years, while realising the rights of adolescents.

The age of sexual maturity is reached during adolescence, and a significant increase in sexual practices and risk-taking occur at this age. However, young people often lack the knowledge and information on treatment.

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