CHILDREN AND ADOLESCENTS: CLOSING THE GAPS

90-90-90 TARGETS WORKSHOP
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90–90–90: Treatment for all

There are 36.7 million people living with HIV. But only 60% know they are HIV positive. The rest do not. Less than half of people living with HIV are on antiretroviral therapy. And only 38% have achieved undetectable levels of HIV.

90–90–90 HIV treatment targets

- 30 million people on treatment by 2020
- 90% of people living with HIV know their status
- 90% of people who know their status are on antiretroviral therapy
- 90% of people on antiretroviral therapy achieve viral suppression

70% 77% 82%

Children 0-14 years 43%
CLOSING THE GAPS

- PMTCT to EMTCT: Still a challenge (e.g. KwaZulu-Natal)

- Engage children, adolescents, their families and communities in identifying drivers and seeking solutions (especially 3rd 90)

- Collaboration between facility/community partners

- Understand local context (community level)

- Manage HIV continuum beyond health services

- Share evidence of what hasn’t worked!
CHILDREN
0 – 9 YRS

ADOLESCENTS
10 – 19 YRS

YOUTH
20 – 24 YRS
CHIVA SOUTH AFRICA PROGRAMME
REORIENTATING OUR RESPONSE

- Programme premised on the principle that improving health outcomes for 10-24 year olds requires health facilities to become competent (clinically and developmentally) to meet their diverse needs
- Further refined to reflect SA Adolescent & Youth Health Policy 2016 – 2020
- ‘Our Youth – Our Future’: Fixed time intervention to enable clinics to achieve NDoH Adolescent and Youth-Friendly (AYFS) status

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<tr>
<th>CHALLENGES</th>
<th>SOLUTIONS</th>
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<tr>
<td>Understanding data/trends</td>
<td>Facility level data collection/analysis/reporting</td>
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<td>Staff attrition and attitudes</td>
<td>Engage all staff (beyond AYFS ‘Champion’)</td>
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<td>Adolescent engagement</td>
<td>Dialogues, committee membership, service development/evaluation, peer educators/mentors, mHealth technologies, IEC material development</td>
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<td>Community engagement</td>
<td>Campaigns/dialogues, inclusion of schools, CCGs, traditional leaders/elders, community partners</td>
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<td>‘Health only’ approach</td>
<td>Facilitate inter-sectoral engagement; comprehensive (tailored) package of interventions</td>
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<td>Appropriate services for key populations</td>
<td>Mentoring/teaching (all cadres of staff), provision of adolescent and youth-orientated IEC materials</td>
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**DISAGGREGATING SERVICE TRENDS**

**SERVICE UPTAKE: BASED ON UNVALIDATED DATA**

- Trends representative across urban/rural/deep rural clinics (PHC/CHC)
- **Note**: ART initiation rates; STI treatment rates (+/- condoms)
- Providing disaggregated (unvalidated) data enables clinics to know own population trends; to identify successes and gaps and appropriately target responses
- **NB**: This data is further disaggregated into 10-14; 15-19 and 20-24 years to further inform uptake trends and refine targeting
Knowing your situation:
- Findings representative of facility and district trends
- Providing disaggregated data enables clinics to appropriately target their responses
AYFS Assessment Scores 2016
NDoH AYFS 10 Standards

Score

Facility

Clinic 1
Clinic 2
Clinic 3
Clinic 4
Clinic 5
Clinic 6
Clinic 7
Clinic 8
Clinic 9
Clinic 10

Baseline Assessment
Interim Assessment
Final Assessment
PRIORITY ACTIONS

- Need to disaggregate children/adolescents/youth if we are to close the gaps appropriately and effectively

- Need to disaggregate data (meaningful indicators)

- Need political leadership to drive inter-sectoral response to HIV in children and adolescents

- Need financial commitment to take proven interventions to scale if improved health outcomes are to be achieved and sustained (beyond HIV)

- Need to meaningfully engage children, adolescents and youth at all levels of policy/programming

- Need to engage all health facility staff in service delivery and improvement
ACKNOWLEDGEMENTS

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- Clinic staff and all attending/contributing
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