



**CHIVA SOUTH AFRICA**  
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# CHILDREN AND ADOLESCENTS: CLOSING THE GAPS

90-90-90 TARGETS WORKSHOP  
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PARIS

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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 3<sup>rd</sup> 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

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

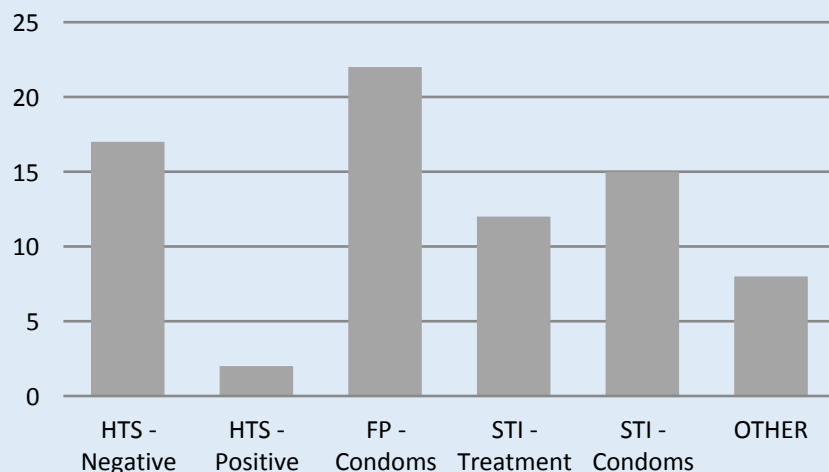
# DISAGGREGATING SERVICE TRENDS



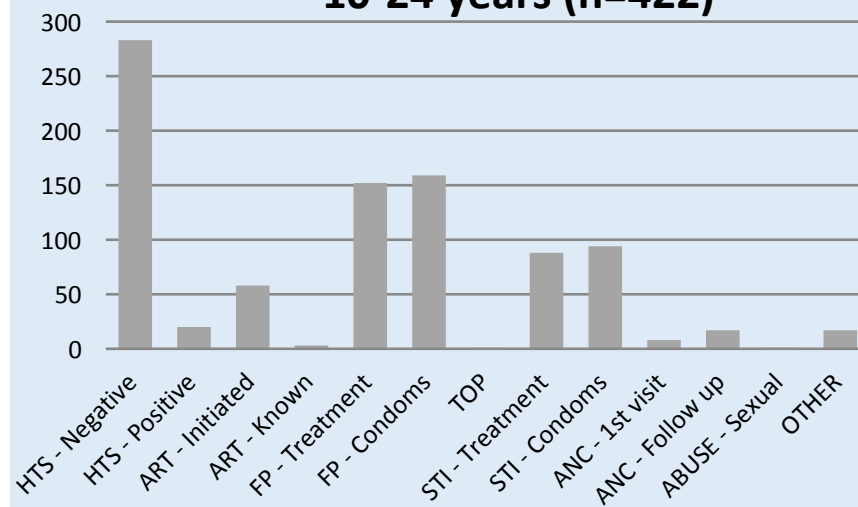
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SERVICE UPTAKE: BASED ON UNVALIDATED DATA

## Services Accessed by Males Age 10-24 years (n=47)



## Services Accessed by Females Age 10-24 years (n=422)

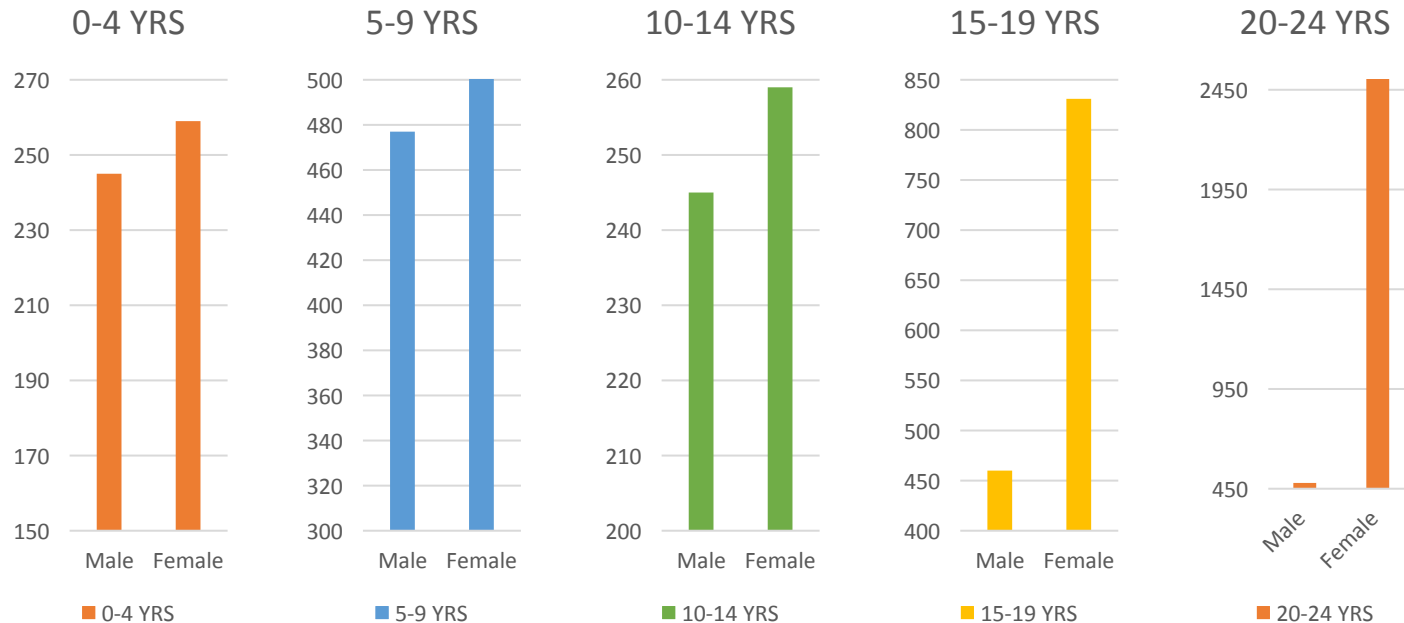


- Trends representative across urban/rural/deep rural clinics (PHC/CHC)
- **Note:** ART initiation rates; STI treatment rates (+/- condoms)
- Providing disaggregated (unvalidated) data enables clinics to know own population trends; to identify successes and gaps and appropriately target responses
- **NB:**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

# DISAGGREGATING HIV OUTCOMES



RIC ON ART: BASED ON AVAILABLE DATA



## Knowing your situation:

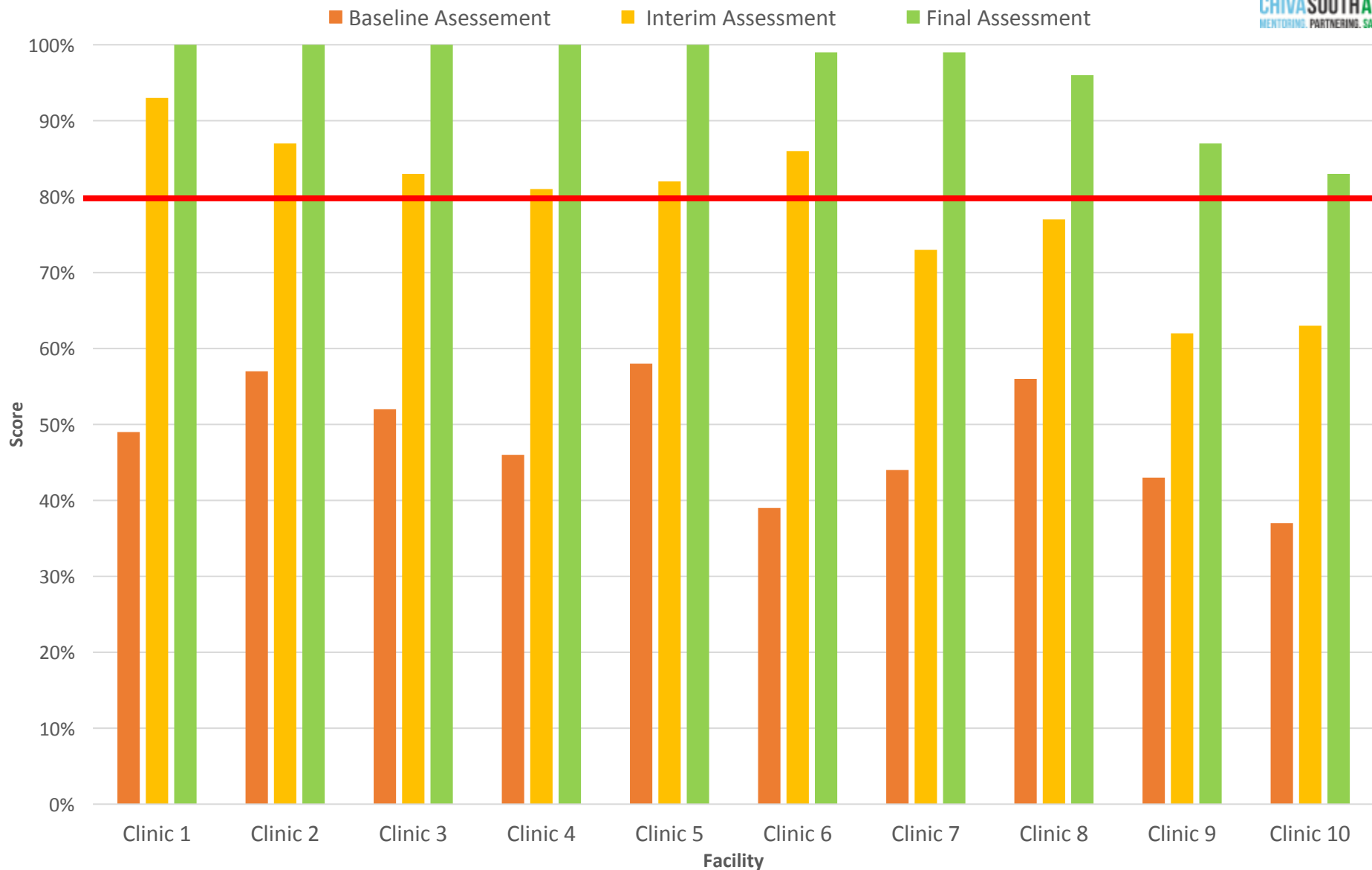
- Findings representative of facility and district trends
- Providing disaggregated data enables clinics to appropriately target their responses

# AYFS Assessment Scores 2016

## NDoH AYFS 10 Standards



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# 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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health

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PROVINCE OF KWAZULU-NATAL



JAKAMaR Trust



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