



PATA 2017 CONTINENTAL SUMMIT

'TOWARDS AN AIDS FREE AFRICA - DELIVERING ON THE FRONTLINE'

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SOUTH AFRICA

SCALING UP: PRIORITY TESTING AND ART INITIATION

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What we did

- Scaling up OPD HIV testing and counselling for adolescents attending the centre, to reach 90% UNAIDS target:
 - Mobilization by youth ambassadors
 - Community out reaches
 - sensitisation through media
- Scaling up index testing
 - Campaign
 - Advice them to bring partners and family members
- Conducting trainings on adolescent friendly services



How we did it

- We offer test and treat approach (same day ART initiation) for adolescents who are newly diagnosed with HIV. (eligible) and PMTCT
- Community outreach and linkage into HIV care.
 - We collaborate with PSI for testing the community then referred to EGPAF community nurses for initiation and linked to the facilities of choice.
- Integrated health services in a form of supermarket approach
 - When an adolescent come for health services, we provide HTS services, screen for TB and STIs, initiation on ART, FP, ANC and PNC services
- We have weekend clinics
- Peer support groups
 - we identify adolescents on ART by age (10-14, 15-19 and 20-24). The adolescents are called and introduced to the peer support group and encouraged to join peer support group.
- Viral load monitoring and setting treatment goals
 - blood is drawn after every 6 of ART initiation months to check the viral load.



Key pops (CSW and MSM)

- Work with LPPA
- They offer 24 hour clinics providing integrated services
- Also have moonlight services
 - health workers mobilise the CSW by joining them in the streets at night and encourage them to test for HIV.
 - By joining them makes them more comfortable and create a rapport between them and the health care provider
- Group counselling or support groups



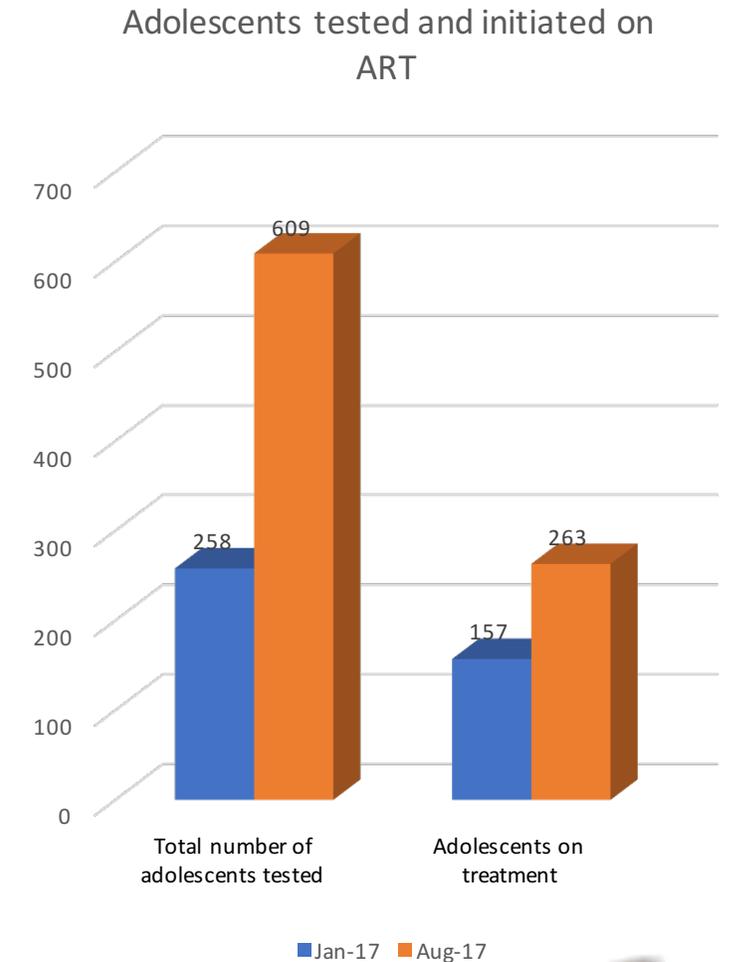
Challenges encountered

- Index and partner testing is still a challenge for adolescents
- Disclosure is a challenge for adolescents on ART hence affecting their adherence.
- For adolescents below 12 years who don't come to health facility with legal guardian/caregiver, they cannot consent for HIV testing hence they are missed.
- For the commercial sex workers, the challenge is that they would compromise their refills for the clients. The refills or any clinical appointment would have to wait for the next day.



Successes

- ❖ We had about 258 (Jan) adolescents testing for HIV but now has increased to 609 by August which makes 136% increase of adolescents testing for HIV.
- ❖ Started with 157 A&YP on ART(Jan) but now 263 (Aug) which makes up to 68% increase for ART patients
- ❖ Many adolescents on ART are joining the peer support groups(4PSG with about 25 members/ group) There was just 1 peer support group for 10-14 and 15-19 which consist of 17 members.
- ❖ Having integrated services at the centre and serving the adolescents at convenient hours.
- ❖ We have now established a dedicated team of health workers



Best practices/ key lessons

- ❖ When dealing with adolescents and key populations, attitude is very vital. They need non judgemental attitude so that they feel that they are cared for and valued.
- ❖ The adolescents also need to be assisted by their peers, someone who they can relate with.
- ❖ For the commercial sex workers, the best practice is to join them in their work so that one can be acquainted in what they do. Gain their trust so that they can access the health services. They need to feel that they are not being discriminated against.



How these lessons are applicable/ scalable to frontline providers

- It's important to know adolescents is a population with higher mortality rates, high transmission rate, low access to health services and retention on treatment
- CSW and MSM and adolescents are key populations with rising HIV incidence hence it's important to scale up services for them in order to stop the epidemic.



Thank you!

