



Service delivery interventions to improve adolescents' retention in pre-ART care; retention in ART care, and adherence to ART

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The adolescent-focused HIV care cascade



Objective

To evaluate the effectiveness of service delivery interventions to improve adolescents':

- Retention in pre-ART care = Linkage from HIV diagnosis to antiretroviral therapy (ART) initiation
- Retention on ART
- Adherence ART

Systematic review methods

Inclusion

- Studies published between 1/1/2011 9/6/2014
- RCTs and non-randomised studies
- Service-delivery interventions specifically targeted towards adolescents, or >50% of participants adolescents, or agedisaggregated data available for 10-19y range or part thereof

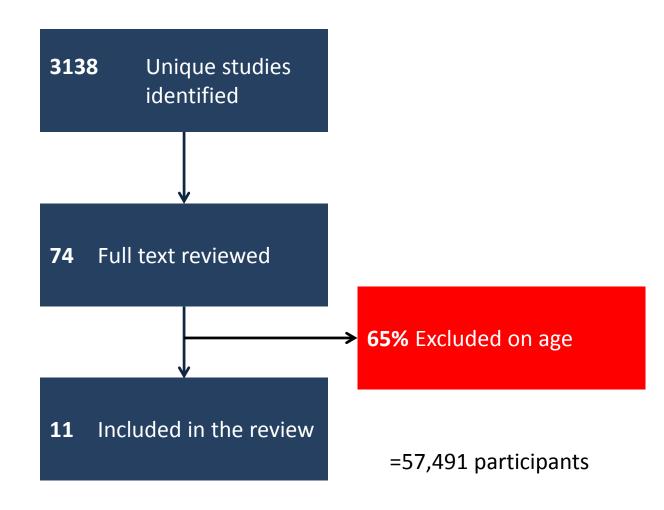
Exclusion

- Non-English language studies
- Reviews, commentaries, qualitative studies, modelling/economic studies

Definitions

- Service delivery interventions
 - ➤ Interventions provided through the health system or health providers, excluding clinical treatment options (such as specific ART regimens or combinations)

Search Results



Characteristics of included studies

Characteristics of studies	Number	
Interventions		
Linkage	1	
Retention	2	
Adherence	9	
Country		
High income	8 (USA=6, France=1, UK=1)	
Low income	3 (South Africa=1, Thailand=1, Kenya/Mozambique/Rwanda/Tanzania=1)	
Study design		
Randomised controlled trials	3	
Non-randomised studies	8	
Participants		
Treatment/virological failure	6	
All clinical attendees	5	

Interventions assessed

Public health approach Potential for greater coverage/ reach More responsive to Individual needs

Individualised approach

LEVEL	INTERVENTIONS	STUDIES IN THIS REVIEW INFORMING RECOMMENDATION	ADOLESCENT GROUP
POLICY/HEALTH SYSTEM-LEVEL	Decentralisation	Davila ¹⁸	Pre-ART clinic attenders ART clinic attenders ART failure/poor adherence
PROVIDER/HEALTH FACILITY-LEVEL	Adolescent/youth-friendly opening hours	Lamb ²³	Pre-ART clinic attenders ART clinic attenders
	Adolescent-specific services	Davila ¹⁸ , Lamb ²³	Pre-ART clinic attenders ART clinic attenders
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COMMUNITY-LEVEL	Peer-support	Funck-Brentano ²⁰	ART clinic attenders ART failure/poor adherence
INDIVIDUAL-LEVEL	Education and counselling (Including education sessions, individual and group counselling, motivational interviewing and case management)	Lyon ²⁵ , Berrian ¹⁶ , Letourneau ²⁴ Kaihin ²² , Bhana ¹⁷ , Lamb ²³	Pre-ART clinic attenders ART clinic attenders ART failure/poor adherence
	Directly observed therapy	Glickman ²¹ , Parsons ²⁶	ART failure/poor adherence
	Adherence support devices	Berrian ¹⁶ , Foster ¹⁹	ART clinic attenders ART failure/poor adherence
	Financial incentives	Foster ¹⁹	ART failure/poor adherence

What works?

Limited evidence for effectiveness

- Linkage (n=1):
 - Adol/youth-friendly clinics: No impact
- Retention (n=2):
 - Adol/youth-friendly clinics
 - Centralised care & enhanced youth support 1
- Adherence (n=9):
 - Individual or family counselling 1
 - Peer-support groups 1
 - Group therapy & peer support 1
 - Motivational interviewing?
 - Home visits 1
 - Directly observed therapy 1
 - Financial incentives 1
 - Adherence support devices ?

Conclusions

- Few studies (n=11)
- 9/11 small (<100 clients)
- Substantial methodological and reporting issues, limiting conclusions
- Only 3 RCTs (34, 37, 65 participants)
- Only 3 in high prevalence countries
- 5/11 evaluated "routine" interventions
- 6/11 evaluated "salvage" interventions

System-level

Research priorities

Greater coverage/reach

- Larger & more rigorous studies of interventions included in this review
- Studies of the specific effects in adolescents of other interventions that have been found encouraging in adults

More responsive to individual needs Should span system, group, and individual-level interventions

Individual approach