Giving young people the services they need

What young people want: enhancing quality and accountability

BY CÉDRIC NININAHAZWE, REGIONAL PROGRAMME MANAGER, GLOBAL NETWORK OF YOUNG PEOPLE LIVING WITH HIV (Y+)

As young people living with HIV, we know what it’s like to go to a clinic for the first time, afraid of what the doctor might say. We know what it’s like to go for a routine appointment every month to collect our antiretroviral therapy and talk to a counsellor, nurse or doctor. This experience can be great, especially if we have a good relationship with our healthcare provider – we might feel welcome, the service might be quick, and the provider might ask, “How’s life?”

But it can also go badly, if we’re feeling uncomfortable, guilty or ashamed or have to wait for hours in a dirty health facility. For girls and young women living with HIV who are pregnant, the experience can be mixed. Their doctors might congratulate them, smile and tell them everything is going to be okay. Or they might point their finger and say, “Why have you been having sex?”, “Why are you pregnant?”, or “That’s so selfish, do you want your child to get HIV too?”

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We want all young people living with HIV to be respected by their healthcare providers and feel welcome. The service might be quick, and the provider might ask, “How’s life?”

Confidentially speaking

Dr Catarina Mboa is a clinical and counselling psychologist. She’s currently supporting READY+ providers in Mozambique. We asked her about a key issue: confidentiality.

How do you ensure confidentiality when working with adolescents? First of all, I try to set a good example. As providers, when we discuss cases, I never mention clients’ names or describe them in a way that could identify them. We deal with confidentiality every day. We insist on it because our clients are so young, and they count on us.

What are the consequences of a provider accidentally disclosing an adolescent’s HIV status? An adolescent may not know their own status, and if they find out by accident, they could react very badly. Stigma and discrimination are still a huge problem in society. Adolescents need to be able to trust peer supporters and providers. Accidental disclosure is a breach of that trust.

Do you ever break confidentiality? Yes sometimes, if, for example, an adolescent is considering suicide or being abused in the family, and someone else in the family can step in and help. That might happen when the adolescent discloses a situation that puts them at risk. So intervening is important if I don’t have enough resources – like time – and I need the family’s support. Whenever I start working with an adolescent, I draw up a contract that says there is confidentiality but up to a certain point. It must not jeopardise their own safety.

What tools are available for healthcare providers to support confidentiality? In Mozambique, we have a psychosocial policy that covers confidentiality. We’ve also been working with the Ministry of Health on a tool around disclosure.

Making differentiated service delivery work for adolescents

Adolescents lead full, active lives that aren’t geared towards accessing health services. This is also true for adolescents living with HIV. HIV doesn’t define them, but it does bring added complexities.

Meeting adolescents where they are – in all their diversity – means breaking down barriers to their engagement in care and taking services to them. It means giving them choices and the chance to make decisions about their healthcare.

Differentiated service delivery (DSD) can ensure that all adolescents living with HIV get support, including psycho-social support, and services that take their needs into account. But for DSD to work for adolescents, community and peer interventions need investment and stronger connections must be forged between the health facility and the community. Matteo Cosmosolo, Senior Advisor: HIV Technical (Treatment), International HIV/AIDS Alliance, said, “By simplifying procedures to obtain antiretroviral therapy, DSD can greatly improve the life of adolescents and young people. However, because needs for support and care change rapidly during adolescence, DSD models must be flexible and linked to support systems that allow for regular monitoring of adolescents’ and young people’s engagement.”

We look at differentiated care: a model that puts young people at the centre of HIV services. It’s all about moving away from a ‘one size fits all’ approach. We touch on key issues like access, quality, accountability, client satisfaction and youth participation. And we feature two great interviews with service providers, covering topics that matter to us, such as confidentiality and the ideal service package. READY is for young people, by young people, so of course we look at the role of technology too!

A good provider is at the heart of quality care. But what makes a good healthcare provider? I think it’s someone who loves their work and focuses on the young person’s needs. They must provide respectful care, be supportive and responsible. Strong communication skills are essential: service providers should be able to express themselves clearly. A good provider can see the challenges a young person faces and listen to them without judgment.

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#WeAreREADY
Delivering quality health services that young people want and need, Tanzania.

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Providing psychological care to adolescents and young people living with HIV is vital. If mental health problems aren’t spotted early on, adolescents might not take their medication, resulting in a high viral load and poor health.

What should a very basic package include? HIV testing and counselling, contraception, HIV care and treatment, and psychosocial support.

The Sustainable Development Goals (SDG) reflect a broad, inclusive agenda. Could a shift to this wider approach benefit adolescent HIV care and improve the survival of adolescents living with HIV? And what’s the role of young people in shaping their own health services, and tracking the SDGs? Two new studies are worth a look:

1. A study by researchers from Oxford University, University of Cape Town and the International HIV/AIDS Alliance found that the broader vision of the SDGs – such as eliminating household poverty, protection from violence, social protection and employment – may help end AIDS and reduce AIDS-related deaths and illness. The study shows that HIV care for adolescents cannot be achieved through bio-medical health services alone. See https://onlinelibrary.wiley.com/doi/pdf/10.1002/aj2.25566

2. In an innovative study, marginalised adolescents living with HIV in South Africa designed and drew an ideal health facility: their ‘dream clinic’. Findings showed that participants viewed healthcare as broader than access to medicines or clinical care. The study indicates ways to boost the involvement of adolescents living with HIV in policy and programming, and implementing and monitoring the SDGs. See https://onlinelibrary.wiley.com/doi/pdf/10.1002/aj2.25567

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