

## USAID'S REGIONAL HEALTH INTEGRATION TO ENHANCE SERVICES IN EAST CENTRAL UGANDA (USAID RHITES-EC)

### CASE STUDY

# Are you a Warrior? Using a Multi-Tiered Peer-Based Support Approach to Improve Intensive Adherence Counseling and Viral Suppression Rates of HIV Positive Adolescents in East Central Uganda

## Background

The UNAIDS Fast-Track Strategy to End the AIDS Epidemic by 2030 aims to have 95% of all people living with HIV (PLHIV) on antiretroviral therapy (ART) with a suppressed viral load by the year 2030. To reach this objective, USAID's Regional Health Integration to Enhance Services in East Central Uganda (RHITES-EC) project collaborates with healthcare facilities and other partners to ensure 95% of all patients on ART have a suppressed viral load (VL). While VL suppression was 88% for all patients (adults and children) on ART in East Central Uganda during the performance period of October–December 2018, further stratification revealed that suppression in children less than 15 years remained low at 73%.<sup>1</sup>

## Interventions

USAID RHITES-EC collaborated with Makerere University–John Hopkins University (MU-JHU) Young Generation Alive to pilot a five-day “Warriors” camp focused on improving viral suppression in adolescents. Forty (20 males and 20 females) adolescents, aged 10–19 years, from 20 USAID RHITES-EC-supported health care facilities with the highest adolescent non-suppression rates participated in the camp. Health care facilities selected the adolescents to



Adolescents attending a peer support session during the Warriors camp.

**Warriors:** *Adolescents living with HIV and facing treatment adherence and viral suppression challenges.*

**Champions:** *Warriors who have attained viral suppression and volunteer at their parent facility to share recovery experiences and provide psychosocial support to peers.*

<sup>1</sup> DHIS2 data, December 2018

## MAY 2020

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Table 1. Major adherence challenges and supportive actions expressed by the Warriors

Challenges	Supportive Actions
Many adolescents are unaware of their HIV-positive status because caretaker did not disclose the information	<ul style="list-style-type: none"> <li>Linking patients to peer support groups at healthcare facilities where expert peers and healthcare workers are engaged to provide intensive adherence counseling (IAC), address stigma, non-disclosure, pill burden, and drug side effects.</li> <li>Involving facility-based peers to conduct physical follow-up to ensure that adolescents attend all IAC sessions at the healthcare facility.</li> </ul>
Increased pill burden, fear of being seen taking frequent medication by peers, and drug side effects	<ul style="list-style-type: none"> <li>Deploying “Warriors” who attain viral suppression as “Champions” to parent facilities to offer psychosocial support and share recovery experiences with virally non-suppressed peers.</li> </ul>
Non-supportive caregivers	<ul style="list-style-type: none"> <li>Engaging caregivers to provide adolescents with direct basic needs—particularly food, love and care.</li> </ul>
Peer pressure to stop taking medication because they feel healthy	<ul style="list-style-type: none"> <li>Encouraging caregivers to take an active role in the patient’s care by helping link them to treatment and directly observing their treatment.</li> </ul>

participate in this peer-support approach based on viral non-suppression; poor adherence to treatment; and, their willingness to share what they have learnt at the camp with other non-suppressed adolescents.

Facilitated by experienced adults living with HIV and peers from MU-JHU Young Generation Alive, the camp sensitized the “Warriors” on the consequences of non-adherence to treatment and the importance of correctly taking medication and seeking guidance and counsel from trained peers and healthcare providers for care and treatment support. The “Warriors” also shared their own treatment experiences and challenges. Together with the facilitators, the “Warriors” developed plans to address challenges in treatment adherence. After the Warriors camp, expert peers, experienced health care workers, and caregivers continued to regularly support the adolescents to achieve viral suppression. Warriors who attained viral suppression were declared “Champions”. In their new role, “Champions” share their recovery experiences and provide peer psychosocial support to other HIV positive adolescents at their health care facilities.

## Results

Six months after attending the “Warriors” camp and receiving the package of interventions described above in December 2018, 65% (26/40) of the adolescents had achieved viral suppression and became “Champions”. Twenty-three percent (9/40) of the adolescents were still awaiting results and 8% (3/40) were non-suppressed and switched to appropriate regimens. Five percent 5% (2/40) of the “Warriors” resumed intensive adherence counselling (IAC) supported by experienced counsellors and health care workers. These “Warriors” also received peer psychosocial support from “Champions” (**Figure 1**).

By May 2020 (approximately 2 years since the launch of the “Warriors” camp), 90% (36/40) of the initial cohort of warriors had achieved viral suppression and became “Champions” (**Figure 2**). The four remaining virally non-suppressed adolescents continue to receive differentiated HIV care and treatment. They also continue to receive intensive adherence and psycho-social support from a team of experienced counsellors and clinicians to enable them to achieve viral suppression. These four “Warriors” still experience various challenging psychosocial issues and contextual challenges affecting their adherence including self-stigma, stigma at school, food insecurity, and being orphaned.

Figure 1: Virally non-suppressed “Warriors” at Baseline and at Six Months (December 2018 to May 2019)

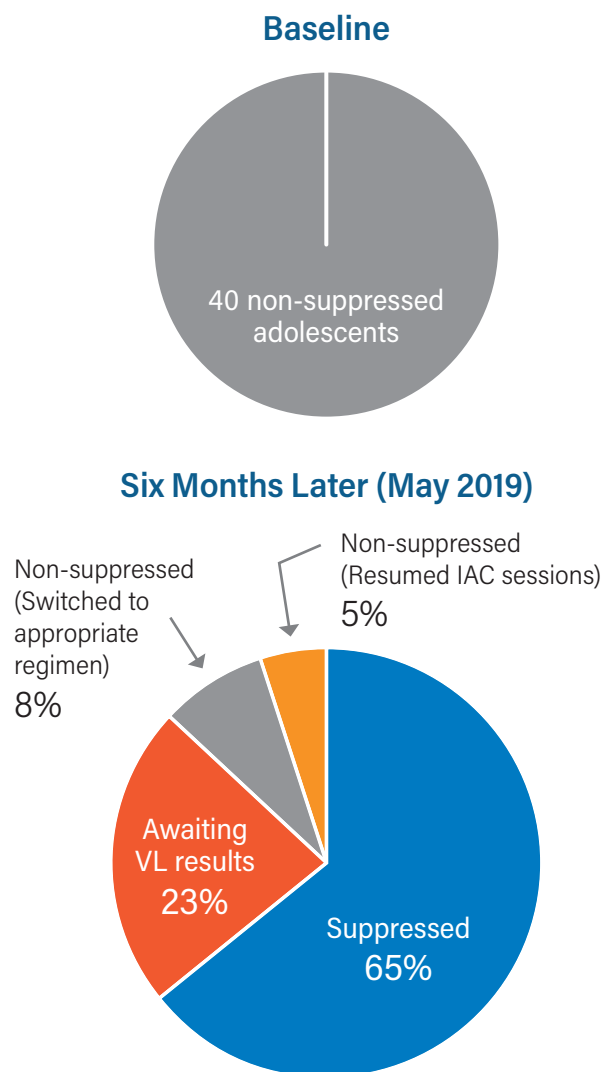
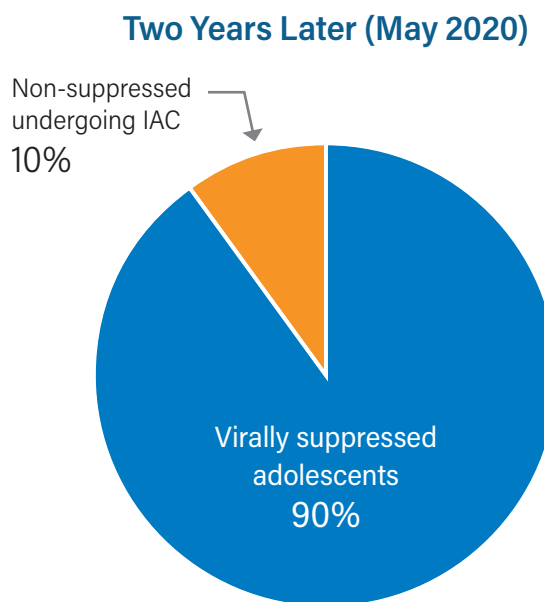


Figure 2: Virally non-suppressed “Warriors” Two Years Later (May 2020)



## Lesson Learnt

Implementing a peer-based support approach, like the “Warriors” camp, to complement conventional IAC can help to address ART adherence challenges and improve VL suppression of HIV-positive adolescents. For such peer-based approach to be effective, it is important to involve expert peers, health care workers, and caregivers who can continue to support the adolescents after the camp has ended. Additionally, engaging “Warriors” who attain viral

suppression as “Champions” at parent facilities to offer psychosocial support and share recovery experiences with virally non-suppressed peers can also be important to the success of the approach. Using a Warrior-Champion” peer-support approach also improves number of virally non-suppressed adolescents accessing IAC and attaining viral load suppression.

