

WHAT'S NEW IN ADOLESCENT TREATMENT AND CARE

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Adolescents face significant barriers accessing and remaining in HIV treatment and care services.

WHO guidelines in 2015 support initiation of antiretroviral therapy for all adolescents living with HIV.

Adolescent friendly health services should be developed, including support for adherence and retention in care.

- Adolescence (10–19 years) is marked by rapid developmental, emotional and social changes.
- Adolescents are underserved by HIV services, have high risk of loss to follow-up^{1,2}, suboptimal adherence and special requirements for comprehensive care, including psychosocial support and sexual and reproductive health care^{3,4,5}.
- Adolescents also face significant barriers to accessing and remaining in treatment care and support services, often due to policy and legal barriers related to the age of consent⁶.

Treat all

Recommendation

- ART should be initiated in all adolescents living with HIV regardless of WHO clinical stage and at any CD4 cell count. (*Conditional recommendation, low quality evidence*)
- As a priority, ART should be initiated in all adolescents with severe or advanced HIV clinical disease (WHO clinical stage 3 or 4) and adolescents with CD4 count ≤ 350 cells/mm³. (*Strong recommendation, moderate quality evidence*)
- Aligning with the initiation criteria for adults simplifies programming and expands ART coverage⁷ creating opportunities to engage adolescents living with HIV in care.
- Lower rates of adherence⁸ and high risk of loss to follow-up, particularly among adolescents aged 15–19 years^{9,10}, are important factors in assessing the trade-off between risks and benefits of earlier ART initiation.
- Adolescent-friendly health services (AHFS) ensure that adolescents are diagnosed and receive ART in a timely manner, and supported to remain in care and stay on treatment.

Using more potent and tolerable drugs

- In 2015 WHO includes more acceptable, durable regimens with lower toxicity profiles whilst preserving harmonization with adult regimens.
- ARV regimens for adolescents need to be guided by:
 - the convenience of once-daily dosing and the use of fixed-dose combinations whenever possible;
 - the desirability of aligning recommended regimens for adolescents with those for adults.
- Due to the lack of adolescent-specific data on the use of DTG-based and low dose EFV-based regimens, these ARVs are considered as alternative first line regimens.

Delivering services to adolescents

- Adolescents living with HIV need services that support access, retention and adherence.
- The implementation of AFHS is proven to improve health outcomes, utilization and acceptability of services for adolescents including those living with HIV.
- The WHO quality of care framework provides a useful working definition of AFHS¹¹ and links



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WHO-defined characteristics of adolescent-friendly health services

Equitable: All adolescents, not just certain groups, are able to obtain the health services they need.

Accessible: Adolescents are able to obtain the services that are provided.

Acceptable: Health services are provided in ways that meet the expectations of adolescent clients.

Appropriate: The right health services that adolescents need are provided.

Effective: The right health services are provided in the right way, and make a positive contribution to the health of adolescents.

to the Global standards for adolescent health service quality.

- Considerations for HIV programmes:
 - Align approaches for HIV service delivery with WHO and national AFHS standards, protocols and activities;
 - Include implementation of AFHS approaches in HIV health service supervisory and monitoring systems;
 - Establish linkages and referral pathways to ensure a comprehensive continuum of care, including for the transition from paediatric to adult HIV services;
 - Ensure training, research and personal development opportunities on adolescent HIV treatment and care;
 - Engage service providers, adolescents and key stakeholders to identify acceptable and feasible activities;

Global standards for quality of health-care services for adolescents

Standard 1. Adolescent health literacy

Standard 2. Community support

Standard 3. Appropriate package of services

Standard 4. Provider competencies

Standard 5. Facility characteristics

Standard 6. Equity and non-discrimination

Standard 7. Data and quality improvement

Standard 8. Adolescents' participation

- Implement AFHS approaches in all HIV services used by adolescents, including antenatal care;
 - Address the needs and vulnerabilities of adolescents from key populations.
- WHO guidance and considerations for adolescents are available for *HIV testing and counselling and care for adolescents living with HIV and young people from key populations*.^{15,16}

Research gaps

- Age disaggregation of existing cohort and surveillance data to improve understanding of adolescent-specific issues and needs.
- Understanding of the implementation of AFHS at a programmatic level and the cost effectiveness of AHFS approaches in HIV services in low resource settings.
- Impact of training providers and peer interventions.
- Bone, growth and renal toxicity profiles of TDF in adolescents, especially in the context of malnutrition and delays in growth and development (i.e. puberty).
- Development of long-acting formulations of existing and newer compounds.
- Interventions to support onward disclosure, improve treatment literacy and mental health.

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