WHO GUIDELINES ON HIV TESTING AND COUNSELLING FOR ADOLESCENTS AND CARE FOR ADOLESCENTS LIVING WITH HIV


Background

Adolescents (10–19 years) are underserved by current HIV testing and counselling (HTC) approaches. Currently adolescents have significantly worse access to and coverage of antiretroviral therapy (ART) than adults and children and lower retention in care and adherence to ART.

In addition, many of the >400,000 infants who have been started on ART as part of PMTCT programmes are becoming adolescents, requiring more complex support to remain in care, adhere to ART, and cope with the psychosocial issues of adolescence in addition to HIV. No global HIV guidance currently exists for this neglected group.

Methods

WHO systematically reviewed published and gray literature relating to HTC for adolescents and care for adolescents living with HIV (ALHIV) using standard Cochrane methods. They conducted community consultations and surveys on the values and preferences of adolescents and care providers, and held an expert WHO guidelines meeting with a wide range of implementers, researchers, and community representatives in Harare, Zimbabwe, to assess the results and formulate recommendations.

The systematic reviews of the published literature for community based interventions assessed in formulating the guidelines included:

- Home-based health assessment, education and support by community health workers;
- Milieu health support used by peer health workers during home visits;
- Peer support interventions;
- Socioeconomic support;
- Community-based Directly Administered Antiretroviral Therapy (DAART).

For some areas considered in the guidance, such as the age of consent for HIV testing, it was not possible to use the GRADE methodology.

Results

Recommendations were developed to support greater access to HTC for all adolescents in generalized epidemics and key populations adolescents in concentrated epidemics.

"The health centres should have youth-friendly staff to cater for our needs; also privacy is an issue, as not all of us are ready to disclose; there is a problem at our hospitals when we queue at a window written 'ARVs' (as) everyone can see that we are HIV-positive and that makes the stigma to be worse." Female, Swaziland

Guidance on issues relating disclosure by adolescents to others was formulated.

The role of training health-care worker to assist in adherence was described.

A series of recommendations on service delivery aspects of HIV care including community-based support and provider training were made.

"Our peers should be trained to support more of our friends because entering the clinic the first time I really suffered." Female, Uganda

Key considerations relating to decentralization, integration of HIV delivery and care in other health services, task shifting and the use of e-health were also made.

The guidance also highlights issues relating to adolescent consent to HTC, operational approaches and options, potential benefits and harms of each recommendation, and research gaps identified in the course of the expert meeting and guideline development process.

WHO’s global guidelines on HTC and care for ALHIV

RECOMMENDATIONS

1. HIV testing and counselling, with linkage to prevention, treatment, and care, is recommended for adolescents from key populations (generalized, low and concentrated epidemics). Strong recommendation, very low quality evidence

2. HIV testing and counselling with linkage to prevention, treatment and care is recommended for all adolescents in generalized epidemics. Strong recommendation, very low quality evidence

3. We suggest that in HIV testing and counselling with linkage to prevention, treatment and care be accessible to all adolescents in low and concentrated epidemics. Conditional recommendation, very low quality evidence

4. We suggest that adolescents be counselled about the potential benefits and risks of disclosure of their HIV status and empowered and supported to determine if, when, and to whom to disclose. Conditional recommendation, very low quality evidence

5. We suggest that HIV treatment and care programmes include community-based approaches to improve treatment adherence and retention in care of adolescents living with HIV. Conditional recommendation, very low quality evidence

6. We suggest that training of health-care workers contributes to treatment adherence and improves retention in care of adolescents living with HIV. Conditional recommendation, very low quality evidence

Conclusions

The new WHO global guidelines on HTC and care for ALHIV provides recommendations to increase access to voluntary HTC, and a series of evidence-based recommendations to support more acceptable HIV care for ALHIV to improve access, uptake, and retention in care and adherence to treatment.

To date there has been insufficient attention given to the needs of adolescents and inadequate data available to unequivocally support many approaches.

Careful monitoring and evaluation is an imperative as services are rolled out, to ensure these are acceptable, effective and delivered equitably.

Key priorities for operational research urgently needed to better inform implementation are also outlined.

"[The] attitude [of health providers] towards young people seeking treatment is very poor. They usually judge why young people seek treatment or contraceptives and this affects how they help the young even if he/she is at risk. We need a youth-friendly environment that can attract and serve the young who may be embarrassed or intimidated to seek HIV care." Female, The Gambia

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