

What is being done to support adolescent and young mothers affected by HIV and their children?

Learning Session on HIV-affected Adolescent Mothers and their Children in Sub-Saharan Africa

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Outline

A bit of context

**What is being
done**

**Where are the
gaps?**

The way forward



A bit of context on sub-Saharan Africa (SSA)



Adolescent population growing rapidly

The adolescent population in SSA is expected to **double** reaching 500 million by 2050.



Global Epicenter of the HIV Epidemic

90% of ALHIV reside in SSA and nearly 4,000 girls newly acquire HIV each week.



Highest rates of teenage pregnancy

SSA has the **highest adolescent fertility** of any region (103 per 1,000 births).



Heavy burden of mental health issues among adolescents

Depressive disorders are among the **top 10 causes of morbidity** for 15-19 year olds in SSA. Most cases start under 15 years of age, but are undetected and untreated.



Growing evidence on children of adolescent mothers living with HIV

Emerging evidence indicates that adolescent mothers and their children **fare less well** in PMTCT and that children who are **HIV exposed and uninfected** experience **greater growth and neurodevelopment deficits** than non-HIV exposed infants.

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Types of intervention and investment by UNICEF

Upstream

National frameworks,
plans, strategies, tools

3 countries

Peer led Interventions

4 countries

Evidence Generation

5 countries + regional
office

Multisectoral

All programming
activities

Humanitarian Response

Cyclone

Upstream National level interventions

National Frameworks and plans



In **Botswana** - programming considerations for pregnant and breastfeeding adolescents incorporated within the National Multisectoral Framework on HIV 2018-2023 and the Operational Plan for Adolescent Health and Nutrition

Health worker tools



In **Tanzania**, Standard Operating Procedures developed for enhanced counseling of pregnant and breastfeeding adolescents.

Client information



In **Zimbabwe** a information package entitled *What Adolescents Need to Know about Pregnancy and Breastfeeding* is being finalized.

Peer led interventions

Zimbabwe: Young mentor mothers with Africaid Zvandiri

- After eight months of programming, all 611 young mothers had a viral load test and 93% were found to be virally suppressed.

Malawi and South Africa: Young mentor mothers with M2M

- Of the 883 participating young mothers at two clinics in South Africa, 98% were initiated on ART and 93% were retained in care at two years post childbirth. Scaled up to 17 sites.
- At year 1 in Malawi, >1,100 adolescent mothers reached and all EID tests (107) were negative.

Lesotho: Community based peer support

- At one year, improvements documented in knowledge, use of modern methods of contraception, testing and knowledge of HIV status and ANC attendance.
- Evidence from this effort will be used to inform the revision of Lesotho's national Essential Health Package.

** All three initiatives are funded by the Government of Sweden through 2gether 4 SRHR*

Evidence Generation

Malawi: Intervention Research

- Led to the adaptation of mentor-mother model for young mothers
- In partnership with the Ministry of Health, University of North Carolina and Mothers2Mothers

Zambia: National KAP survey

- To determine adolescent and young mothers' knowledge and use of sexual, maternal, reproductive health and HIV services.
- Supported by the Government of Sweden through the Joint UN 2gether 4 SRHR programme
- Findings are being used to develop a national SBCC strategy, leverage policy and service change

Zimbabwe: Mixed method study exploring clinical and social status of young mothers living with HIV and their children

- Through local NGO Africaid and research partners
- Findings reinforce the vulnerability of this population and inform further intervention design
- The abstract just received a “best abstract award” from the ICASA organizers.

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Gaps

- Absence of **at scale and sustained** interventions; programming is often “boutique” and siloed
- Persistent and prevalent **stigma** (HIV, adolescent SRH and pregnancy)
- **Data**, especially age and sex disaggregated and outcome-related
- **Data systems**, for longitudinal tracking
- **Insufficient focus on pregnant women who are HIV free** in high burden settings
- Inadequate numbers of capacitated and adolescent friendly **health care workers** and sub-optimal infrastructure
- **Weak coordination and lack of effective referral pathways**, especially for multisectoral programming

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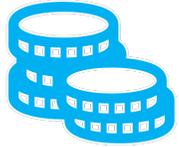
The way forward



Leverage what we have learned

- Prioritize and support **government leadership**.
- Consider **scale and sustainability** from the start
- **Use data and strengthen data systems** to improve programming and only scale up what is documented to improve outcomes.
- **Focus on both** pregnant adolescents living with HIV and those who are HIV free, including **adolescent friendly antenatal and postnatal care**.
- Ensure peers and other **community workers are well linked to health facilities**
- Understand and **develop packages and referral mechanisms** that meet the multisectoral and unique needs of adolescent mothers and their children.

Call to Action 1



INVEST toward **universal health coverage** – governments, donors, private sector, communities



REINFORCE the **workforce** in quantity and capacity, especially for primary health care workers, community cadres and peer.

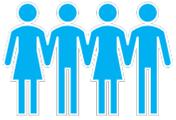


Scale up **electronic medical records** to support continuity and quality of care, including for mother-child pairs.



PRIORITIZE **adolescent health**, including physical and mental health. Sexual and reproductive health, HIV and mental health are priority issues for adolescents in this region

Calls to Action 2



ENGAGE **adolescents in all their diversity** from planning to implementation through evaluation and in advocacy. This includes adolescent mothers.



ADOPT **policies** that are in the best interest of the adolescent including to retain adolescent mothers and all adolescent girls in school, reduce age of consent and offer comprehensive sexual and reproductive health services (including to reduce unmet need for family planning) and eliminate gender based violence.



REDUCE **stigma** by identifying and scaling up effective interventions from national to community level, including to address stigma perpetuated by health workers and self-stigma.



EXPAND to a **multisectoral** programmatic focus to address the unique needs of adolescent parents and their children, including social protection and economic opportunities, early child development, nutrition



**Thank you Alice
Armstrong, our
partners and
country offices!**

“The mentor training has empowered me with knowledge about living positively with HIV as a young mother. I now understand how I can be the best mother to my daughter and keep her viral load low. I have just learnt so much and I feel so confident to go and share my knowledge with other young mothers like myself in Plumtree. Most importantly, I have made lifelong friends, with shared experiences as mine. I no longer feel alone.”

- Young mother in Zimbabwe



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