Adolescent Mothers Affected by HIV

Wednesday, May 27th at 2 PM GMT

The Coalition for Children Affected by AIDS

Elizabeth Glaser Pediatric AIDS Foundation
Fighting for an AIDS-free generation

World Health Organization

www.childrenandHIV.org

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Agenda

• Welcome & Introductions
• Video
• Situation Analysis
• Prevention for Adolescent Mothers
• Adolescent Mothers Living with HIV
• Norms & Guidance
• Country Program & Implementation
• Q&A
• Conclusion
A Few Logistics

All attendees are in “Listen Only” mode

Please submit questions by typing into the "Questions" box in the corner of your screen

You can also tweet your questions to @childrenandhiv using #ReachAllChildren
Today’s Presenters

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Hilton Foundation

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HIV Affected Young Mothers: Situation Analysis

Mary Mahy, ScD
Team lead for Epidemiology, ART, PMTCT
Values in grey bar show the percentage of all (males and females) new infections that are among young women

- One of every six new HIV infections are among AGYW
- In other regions the % of all new HIV infections that are AGYW is 3-7%
New HIV infections are declining faster among young women than older women

Source: UNAIDS preliminary 2020 estimates
Proportion of pregnant women living with HIV 15-24 years is declining

Source: UNAIDS preliminary 2020 estimates
Child-bearing among adolescents 15-19 years remains high in some regions, but declining.
Adolescent girls in poverty are more likely to experience early motherhood

Adjusted risk of adolescent pregnancy and early motherhood by wealth status

New HIV infections among children and the missed PMTCT opportunity, focus countries, 2019

Approximately 125,000 women seroconverted while they were pregnant or breastfeeding leading to 30,000 new infections.

43% were aged 15-24 years. These women are likely in frequent contact with health services!

...leading to 13,000 new child infections.

Source: UNAIDS preliminary 2020 estimates
Policies Matter

Only 40 of 80 countries had policies to re-test during breastfeeding
It’s difficult to start treatment if policies keep you from getting tested

Countries with laws requiring parental consent for adolescents to access sexual and reproductive health services, among 197 countries, 2019 GAM

- Yes, for adolescents younger than 18 years: 18%
- Yes, for adolescents younger than 16 years: 14%
- Yes, for adolescents younger than 14 years: 8%
- No: 24%
- No data available: 36%
Young women have lower viral suppression

Viral Load Suppression among PLHIV, women 15-24 and 15-49, PHIA surveys, 2015-2018

Key messages

• Heading in the right direction with declining new infections and declining fertility rates among adolescent girls and young women
• Need to protect the fragile gains, especially in a recession
• Young women in general more likely to receive ANC but need to provide the right services to protect the mom (and the child)
• ANC is an opportunity to engage young women and protect them and protect their children if we can remove the bottlenecks
Addressing the Needs of HIV-Affected Pregnant and Breastfeeding Adolescents, Young Mothers, and Their Infants

HIV-Negative Adolescents

Aida Yemaneberhan, MD. MPH
Director of Technical Strategy
ANC cascade across EGPAF supported Countries

Of those with confirmed HIV-positive status, 95% of pregnant girls (15-19 years) and 97% of pregnant young women (20-24 years) were receiving ART.
ANC Cascade

Missed Opportunities for Prevention

10-14 years: 1.5
15-19 years: 2.6
20-24 years: 5.3
25+ years: 9.4

anc new clients, known status at ANC, status confirmed as negative, positivity %

In total, 7,388 (15-24) were currently on PrEP in 2019 with 5,280 newly initiated
DREAMS-Lite in the Southwest Region of Uganda
Ugandan Context

- Adolescent and young people (10-24 years) constitute 34.8% of the population.
- High HIV prevalence among young women and older men.

The DREAMS-LITE initiative aims to contribute to PMTCT prong 1 target: reducing HIV incidence by 50% among the reproductive age group with special focus on adolescent girls/young women age 15-24 years in SW Uganda

**Targets:**

- HIV-negative pregnant AGYW and young mothers
- HIV-negative and positive male partners/spouses of AGYW

DREAMS-LITE interventions aim to improve health outcomes and resiliency among the adolescents and young women, targeting districts with highest HIV prevalence and teen pregnancy rates.
CORE Interventions

- Services will include HTS, condom provision, contraceptives, STI screening, post-SGBV care, and VMMC for partners of adolescents and young women.
- Services provided at enrollment working with the DREAMS-LITE ambassadors.
DREAMS-LITE Impact

• All 2160 PBF AGYW were screened for HIV at enrollment
  → 100% of pregnant and lactating AGYW know their HIV status
• Nearly all (94.2%) breastfeeding AGYW are on a modern contraceptive method to delay repeat pregnancy
• All of the AGYW were screened for GBV both at facility and community and 100% of AGYW identified as survivors of violence received post-violence care
• Of 2,160 girls, 4 have sero-converted over the two-year implementation period
  • Identified in ANC
• AGYW male partners reached with:
  • HIV testing and counselling
  • VMMC
  • PrEP

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In Kiswahili, this means “take pride in parenthood and health.” It encourages the pregnant adolescent to be confident and have self-worth during pregnancy and to seek health services as appropriate.

USAID-AIDSFree Project
Kenyan Context

• National data shows that in 2018, 32% of all ANC attendants were adolescent girls, with about 10 counties reporting figures higher than 40%

• Homabay County, where EGPAF supports AGYW, constituted about 50% of all ANC attendance, 30% of all positives

• An audit of early infant diagnostic PCR positive infants indicated 40% of infected infants were born to AGYW, with transmission attributed to likely non-adherence to ART

• **USAID-through AIDSfree project** requested to design project targeting vulnerable pregnant HIV-positive and HIV-negative AGYW to improve access and uptake of health services for HIV and MNCH

JUA Methods

A community-level home visiting and mentoring program for pregnant adolescents and adolescent mothers in Kenya

• **Approach**: Curriculum-driven, community-level home visiting, case management and mentoring program for pregnant adolescents and adolescent mothers with active engagement of CBOs

• **Focus**: Improving HIV and other health and social outcomes for at-risk pregnant adolescents/mothers (10-19) and their children (through 18-months/2-years old).

• **Geographic location**: in 3 counties

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Fundamental Project Elements

• Development of **formative-assessment based training manual**, SOPs, job aids
• Engaged **men as household facilitators** - partner, father, brother, etc.
• Worked jointly with **adolescent and her ‘gatekeepers’** (household, partner, parents) in school and health facility settings
• Offered a **needs-based, case management approach**
• **Engaged schools and leadership**, particularly concerning their role in pregnancy mapping and identification of prenatal and postnatal adolescents, to facilitate early ANC visits and retention/re-entry of adolescents in school
• Utilization of ‘**Mama Packs’ in boosting girls motivation** (non-monetary incentive)
• **Responsive health facilities** that were open to listening to the JUA team and adapting improved attitudes around adolescent pregnancy
JUA Key Results

- **100%** of the 181 pregnant adolescent mothers attended ANC

- **94%** of beneficiaries (n=181) who gave birth delivered with a skilled birth attendant—a rate significantly higher than the Kenyan national average of **61%**

- Family planning uptake increased from **39%** (37/96) to **64%** (227/352)

- Except the 20 mothers who joined the program with known HIV-positive status there was no seroconversions during the 18 months of the program.

- **100%** of ALHIV (18/18) were initiated on treatment (ART) and **94%** achieved viral suppression – compared to the national average of **24%**
REAL LIVES
Getting our Programmes Right for Adolescent Mothers

Lucie Cluver
Professor of Child and Family Social Work, Oxford University
NOTHING ABOUT US WITHOUT US

• Learning from mistakes
• Meeting their priorities
• Understanding their worlds

Elona Toska, Nontokozo Langwenya, Lorraine Sherr, Janina Jochim, Kathryn Roberts, Franziska Meinck, Jason Anquandah, Wylene Saal, Yulia Shenderovich, Sasheenie Moodley, Jonny Steinberg, Nicole Chetty, Siyanai Zhou, Camille Wittesaele, Eda He, Lucie Cluver

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ASPIRATIONS

“One day, I will build a school. It will offer karate and chess. Then youth won’t become gangsters… my boy will finish school. The school will keep my child and other children there safe.”

–Bohlale, March 2019

Toska, E, Moodley, S, Chen, J

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“Going back to school stresses me… but I must come back to school because I’m going to do my Grade 12. Having HIV doesn’t make me less. My life is full of possibilities… It’s not easy to be a mother. I love my baby. I will miss her. But education, it’s the key of success. Success means a good life, a good house, the things I want to give my child. Like love, protection, support”

(Matseo, 2019)

- Continuing school through pregnancy: 6x higher odds of return
- Girls who do return: 70% within 2 months of birth
I want to be a paramedic. My mother says I can go back to school when the baby starts creche. Then I can achieve my dreams.

-Maipato, 2019

Moodley, S, Jochim, J, Saal, W

• Formal childcare - 3x higher odds of school return

• 26% access formal childcare
STIGMA AND MENTAL HEALTH

• Higher depression, anxiety, suicidality than non-mothers

• Blankets: protection from shame, protection from curses

• Higher mother trauma scores: child developmental delay

“We don’t walk around (during pregnancy) with the (unborn) baby. Because the witches might curse the baby. We only leave the house for the clinic, or for an emergency, or if we really have to leave the house. … the witches can see the size of your tummy and then they will know when the baby is coming. They will stop the baby or hurt the baby….”

–Metsi, 2018

Roberts, K, Sherr, L
“I fell pregnant at a young age. I felt like I had let my mom down for the rest of her life.”

–Barbie, 2018

“My mother is sleeping with the child. She feeds the child. I am too weak. My brother helps too. But not when he has school or homework. They love my baby so much. I see how my family cares.”

–Bohlale, 2019

Moodley, S, Steinberg, J
HEALTH SERVICES

- 91% went to clinic in first trimester
- 15% 4 or less appointments
- 10% stopped taking ART when pregnant

Full child immunisation (%)

Wittesaele, C, Toska, E, Anquandah, J, Saal, W
POVERTY

• 8% of children hungry in past week

• 26% of adolescent mothers hungry in past week

“I don’t have breastmilk. There is nothing. There is no food at home. I eat cabbage and maize.”

–Lerato, 2019

Moodley, S, Toska, E, Anquandah, J,
RELATIONSHIPS

“I don’t want to see him ever again. It is too hard. It is too painful ...I love my child, but she needs a father too. Then she will have less pain. So, he will come to visit. I don’t know how I will feel.”

- 63% want two or more children
- 48% hormonal contraception
- 62% condom at last sex
- 12% dual protection

Toska, E, Langwenya, N, Zhou, S, Moodley, S

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Drank enough that couldn't walk or talk (past 3 months)

- Mothers: [Bar Graph]
- Mothers with HIV: [Bar Graph]

Sexual partners 5+ years older

- Mothers: [Bar Graph]
- Mothers with HIV: [Bar Graph]

Langwenya, N, Cluver, L

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PARENTING

- 95% pregnancies unintended
- 37% exclusively breastfeed (6m)
- Protecting the best they can
- Children of ALHIV lower on visual reception, fine motor skills, receptive language, expressive language

“If my baby is asking me for water, but I don’t want to give it, then my baby will go outside and ask someone on the street for water. It is the same with love.”

Delay in fine motor skills

Mothers
Mothers with HIV

Roberts, K, Toska, E, Moodley, S, Sherr, L

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ENTRY POINTS

• 77% own a phone
• 63% own a smartphone
• 7% use their phone for health information

“I am back at school. I work hard. One day I want to study nursing. I will make my grandfather proud.”

–Lerato, 2019

Carty, C, He, E

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I AM DETERMINED TO COMPLETE SCHOOL
I WANT TO MAKE MY FAMILY PROUD OF ME AGAIN
I NEED CHILDCARE
I WILL GIVE MY CHILD LOVE
I WANT TO FOCUS ON MY CAREER
I AM ASHAMED
I NEED TO PROTECT MY CHILD
I AM STRUGGLING WITH RELATIONSHIPS
I AM SCARED
I NEED A BOYFRIEND
Norms & Guidance

Wole Ameyan

Global HIV, Hepatitis and Sexually Transmitted Infections Programmes
Factors Affecting Uptake of Services by Adolescent mothers: What we see is the tip of the iceberg

Low uptake of services

High rates LTFU

Mortality

Poor Adherence

Limited understanding due to data challenges
Limited validated tools
Lack of communication
Poor quality of services
Poor assessments
Lack of support
Stigma

Neurocognitive impairment
Evidence of effective interventions
Insufficient monitoring
Developmental barriers
Structural barriers
Limited tx literacy
Mental health

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The Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030)

VISION: A world in which EVERY woman, child and adolescent in EVERY setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies.

• The Global Strategy includes adolescents because they are central to everything we want to achieve, and to the overall success of the 2030 Agenda.

• Without addressing the needs of HIV-affected adolescent mothers and their children, many targets of the Global Strategy can’t be achieved.
The Global Accelerated Action for the Health of Adolescents (AA-HA!)

- AA-HA! is a guidance that assists countries as they respond to the health needs of adolescents
- AA-HA! takes a systematic approach:
  - Needs assessment
  - Landscape analysis
  - Setting priorities
- In responding to the health needs of adolescents, it is crucial to consider the needs of HIV-affected adolescent mothers and their children
Responding cross the life course through evidence based guidelines & recommendations

- Positive adolescent pregnancy experience and promote and protect maternal and perinatal health
- Preventing early pregnancy and poor reproductive outcomes in adolescents in developing countries (currently being updated)
- Comprehensive WHO guideline on routine ANC for pregnant women and adolescent girls
- Use of skilled antenatal, childbirth and postnatal care among adolescents
Service Package for Adolescent Health & Wellbeing

- Service package has to be cross-sectoral for adolescents and promote cross-sectoral synergies
- Differential approach for different epidemic settings based on Country Data and Local Context

Detailed Strategy Mix for HIV Prevention among girls and young women: A menu of Options

WHO recommendations on adolescent sexual & reproductive health and rights

- Relevant WHO recommendations and real life application of guidelines:
  - Comprehensive sexuality education
  - Contraception counselling and provision
  - Antenatal, Intrapartum and Postnatal care
  - Safe abortion care
  - STIs prevention and care
  - HIV prevention
  - Harmful traditional practices prevention
Mental Health

Adolescent mental health guidelines

Important to keep on our radar!!

Upcoming WHO guidance on promotion of mental health and prevention of mental disorders, self-harm and other risk behaviors in adolescents.
Violence Against Women & Girls: Prevention, Support & Care

Key Concepts to Consider

• Where GBV prevention & response services exist, they are often implemented on a pilot basis & not scaled up; they are piecemeal and not integrated into existing platforms. Further intersectoral coordination is weak:

• Adolescents often do not seek GBV prevention, support and care services

• Many health care providers are not prepared to deal with GBV, including on the reporting of sexual abuse

WHO Guidelines

• Responding to children and adolescents who have been sexually abused: WHO clinical guidelines (2017)

• Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines (2013)

• WHO guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries (2011)

• Consolidated guideline on sexual and reproductive health and rights of women with HIV (2017)
WHO service delivery recommendation Delivering HIV services to adolescents

Recommendations

- Adolescent-friendly health services should be implemented in HIV services to ensure engagement and improved outcomes (strong recommendation, low-quality evidence).

- Community-based approaches can improve treatment adherence and retention in care of adolescents living with HIV (conditional recommendation, very low-quality evidence).

- Training of health-care workers can contribute to treatment adherence and improvement in retention in care of adolescents living with HIV (conditional recommendation, very low-quality evidence).

- Adolescents should be counselled about the potential benefits and risks of disclosure of their HIV status to others and empowered and supported to determine if, when, how and to whom to disclose (conditional recommendation, very low-quality evidence).


A pregnant adolescent is STILL an ADOLESCENT who is pregnant!
What does WHO mean by “adolescent friendly”?

**Box 6.1. 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.

**Box 6.2. Global standards for quality of health-care services for adolescents**

<table>
<thead>
<tr>
<th>Standard</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>The health facility implements systems to ensure that adolescents are knowledgeable about their own health and that they know where and when to obtain health services.</td>
</tr>
<tr>
<td>2</td>
<td>The health facility implements systems to ensure that parents, guardians and other community members and community organizations recognize the value of providing health services to adolescents and support the provision and utilization of services by adolescents.</td>
</tr>
<tr>
<td>3</td>
<td>The health facility provides a package of information, counselling, diagnostic, treatment and care services that fulfill the needs of all adolescents. Services are provided in the facility and through referral, linkages and outreach.</td>
</tr>
<tr>
<td>4</td>
<td>Health-care providers demonstrate the technical competence required to provide effective health services to adolescents. Both health-care providers and support staff respect, protect and fulfill adolescents’ rights to information, privacy, confidentiality, non-discrimination, non-judgemental attitude and respect.</td>
</tr>
<tr>
<td>5</td>
<td>The health facility has convenient operating hours, a welcoming and clean environment and maintains privacy and confidentiality. It has the equipment, medicines, supplies and technology needed to ensure effective service provision to adolescents.</td>
</tr>
<tr>
<td>6</td>
<td>The health facility provides quality services to all adolescents irrespective of their ability to pay, age, sex, marital status, education level, ethnic origin, sexual orientation or other characteristics.</td>
</tr>
<tr>
<td>7</td>
<td>The health facility collects, analyses and uses data on service utilization and quality of care, disaggregated by age and sex, to support quality improvement. Health facility staff is supported to participate in continuous quality improvement.</td>
</tr>
<tr>
<td>8</td>
<td>Adolescents are involved in the planning, monitoring and evaluation of health services and in decisions regarding their own care as well as in certain appropriate aspects of service provision.</td>
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Differentiated service delivery applies across the HIV care continuum & for different populations

**Prevention**
- 90% 

**Diagnosed**
- 90%

**On Treatment**
- 90%

**Virally Suppressed**
- 90%

Differentiated HIV testing

Differentiated ART delivery

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And for the children of adolescents…

The Nurturing Care Framework

Launched at the time of the 71st World Health Assembly in 2018

A road map that outlines:

1. Why efforts must begin in the earliest years, from pregnancy to age 3
2. How nurturing care protects children from the worst effects of adversity
3. What caregivers need in order to provide nurturing care

What the child’s brain needs and expects for optimal development
COVID-19 response: The needs of adolescent mothers must not be relegated

A compilation of resources such as guidance documents, and Q&As in the context of COVID-19


- Coping with stress during COVID-19
- COVID-19 Healthy Parenting tips
- Q&A for Adolescents and Youth Related to COVID-19
- COVID-19 and its implications for protecting children online (April 2020)
- COVID-19 and youth mental health
- Q&A on COVID-19, pregnancy, childbirth and breastfeeding
- Pregnancy-IPC-breastfeeding infographics
Final Thoughts

• Greater visibility with powerful voices needed on global, regional, and national agenda!

• Not another vertical initiative for already stretched and weak health systems!!

• Concerted, multi-sectoral coordinated action is needed!!!

• We must use improve data proactively and differently!!!!

• Involvement of adolescent mothers themselves!!!!!

Website: https://www.who.int/data/maternal-newborn-child-adolescent/gama
Acknowledgements

• Morkor Newman Owiredu
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• Martina Penazzato
• Venkatraman Chandra-Mouli
Matching Need with Strategy: Supporting pregnant adolescents with improved antenatal care and HIV services

Laurie A. Gulaid
Regional HIV Advisor for Eastern and Southern Africa
Outline

Current Programming

Looking Forward

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Girls’ Perspectives

• Delay recognizing and acknowledging pregnancy

• Inadequate information about the benefits of ANC and PMTCT

• Lack support and fear pregnancy and HIV-related stigma and rejection

• Health workers and services aren’t responsive to their needs

• Difficulty accessing services due to distance, time and associated costs
Current Programming

- Peer-Led
- Social Environment
- Service Delivery
- Multisectoral Layering
- Strategic Partnerships
Peer-led Interventions

- Peers, mentor mothers and/or community health workers
- Linked to health facilities
- Provide active case management
- Support pregnant adolescents through:
  - Group discussions and psychosocial support
  - Home visits
  - mHealth – increased importance during COVID-19

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Some Early Results

• In **Zimbabwe**, after eight months of programming, all 611 young mothers had a viral load test and 93% were found to be virally suppressed. Of 577 HIV-exposed infants tested for HIV, only 9 sero-converted

• Of the 883 participating young mothers at two clinics in **South Africa**, 79% were enrolled in ANC by 20 weeks, 98% were initiated on ART and 93% were retained in care at two years post childbirth

• At year 1 in **Malawi**, >1,100 adolescent mothers reached; and all EID tests (107) were negative. Of 381 adolescent mothers tested, 99% were virally suppressed
The Power of Peer Mentoring Mothers

- Proactive outreach to pregnant adolescents supports their **full engagement** in care

- Girls express **confidence and trust** in peer mentors who have successfully navigated the health system and who are comfortable communicating about a range of health issues

- Peer models provide **continuity and coordination** throughout pregnancy and over the next two years
Social Environment

• In Lesotho, adolescent mothers report improved relationships with partners and mothers-in-law, resulting in increased ART adherence

• In Malawi, mentor mothers identified and counseled 45 adolescent discordant couples, promoting positive prevention

• In all 4 countries, male partners are increasingly seeking HIV and SRH services
  • In Lesotho, partner testing increased from 8% to 78%
  • In Zimbabwe 47% of male partners sought HIV testing
Facilities are offering age-specific, adolescent-responsive ANC and HIV services:

- In **Zimbabwe**, an information package for pregnant and breastfeeding adolescents and partners is being finalized.
- In **Tanzania**, Standard Operating Procedures were developed for enhanced counseling of pregnant and breastfeeding adolescents.
- In **Malawi**, adolescent safe motherhood clinics contributed to increased early ANC attendance, HIV testing and syphilis screening.
Multi-Sectoral Programming

- In all 4 countries mentor mothers screen pregnant adolescents **on sexual and gender-based violence** and facilitate referrals to services.
- In **Malawi**, mentor mothers screen and treat pregnant adolescents for **malnutrition** during their ANC visits.
- In **Lesotho**, **social protection** starter packs help pregnant adolescents operate micro-businesses.
- In **Zimbabwe**, 277 young mothers diagnosed with common **mental health** conditions were referred for further support while in **Lesotho** an increased percentage of pregnant adolescents felt “more hopeful about the future.”
Strategic Partnerships

• Programmes work closely with multiple ministries, district authorities, community leaders and NGOs to standardize approaches, leverage resources, increase coverage, improve impact and sustain activities.

• Facility engagement and collaboration across departments are key to efficient and effective interventions.

• Working in partnership is changing how health care is delivered to pregnant adolescents and closing the equity gap.
Outline

Current Programming

Looking Forward

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Looking Forward

• **Prioritize and support government leadership**, including to ensure that pregnant adolescents and adolescent mothers are recognized in national policies, plans and essential health packages

• **Standardize and take to scale** programmes that have demonstrated effectiveness, emphasizing the quality and content of care

• **Reduce barriers to care** through adolescent responsive, decentralized and integrated service delivery

• **Promote active case management** to provide a continuum of services
Looking Forward (2)

- **Strengthen linkages** between communities and facilities and referral pathways to other services to meet multiple needs.

- **Recognize peer providers** and community cadres as part of the health care system, including training, mentorship and supervision.

- Institutionalize their role in health promotion and enhancing pregnant adolescents’ **social support networks**.

- **Support national reporting** of age-disaggregated ANC data and adolescent maternal and newborn health outcomes.

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Join us tomorrow

COVID-19, Paediatric and Adolescent HIV Programme Delivery

THURSDAY 28 May 2020  9:00-10:30 (EST), 15:00-16:30 (SAST)

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Webinar ID: 958 3076 9542

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Acknowledgements:
Judith Sherman
Alice Armstrong
Questions & Answers

Corinna Csaky
Manager, Coalition for Children Affected by AIDS
Reminder

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Concluding Remarks

Luann Hatane

Executive Director, PATA
Thank you!