







Policy Brief: Combination social protection improves adolescent ART-adherence

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The Questions: Can social protection programs improve adolescent ART-adherence in South Africa? If so, do combinations of social protection programs increase adherence rates?

Why is this important?

- Low adolescent ART-adherence is highly associated with morbidity, mortality, and HIV transmission.
- There are many types of social protection programs, and some may be more effective than others for adolescents living with HIV.
- Low reported rates of adherence are a critical factor leading to morbidity, mortality, viral resistance and onward HIV transmission (Nachega et al., 2009).

Methodology:

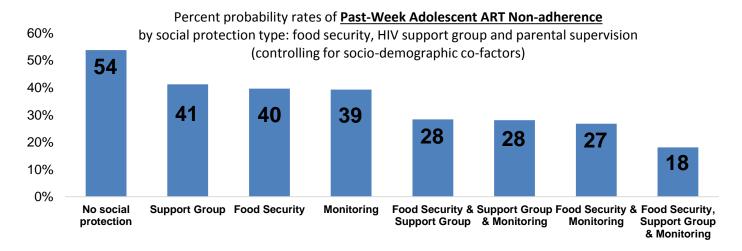
- The largest known community-traced sample of HIV-positive adolescents: 90.1% of all ARTinitiated 10-19-year-olds in 53 government healthcare facilities in Eastern Cape (n=1059).
- Association of 10 social protection provisions to adherence was studied.
- Analyses controlled for socio-demographic, HIV, and healthcare-related covariates.

Finding 1: Self-reported adolescent ART non-adherence is associated with poor clinical outcomes

- Past-week non-adherence was associated with increased rates of opportunistic infections, such as shingles, TB symptoms, and sores on the body and face.
- In a subsample (n = 266), past-week non-adherence was associated with increased rates of detectable viral load (>75 copies/ ml).

Finding 2: Three specific social protection provisions were associated with reduced non-adherenceFood security, attending an HIV support group, and high parental/ caregiver supervision were independently associated with reduced past-week non-adherence.

Finding 3: Combinations of social protection show additive benefits for reducing non-adherence



Key messages:

- HIV-positive adolescents are at high risk of ART non-adherence and related poor health outcomes.
- Social protection provisions are associated with significantly reduced non-adherence in adolescents.
- Combinations of social protection provisions are associated with greater reductions in non-adherence than single provisions alone.

