Background

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) works to end HIV/AIDS in children, adolescents, and their families through research, advocacy, and program implementation. Since 1999, EGPAF has reached more than 27 million women with PMTCT services, and currently supports more than 900,000 adults and 66,000 children on life-saving antiretroviral treatment (ART) at 5,200 sites in Africa and India. In Tanzania, EGPAF currently supports one in four people on ART nation-wide through programs at 410 sites.

Named after Elizabeth Glaser’s daughter Ariel, EGPAF has pioneered the Ariel Club model of psychosocial support groups for HIV-positive children and adolescents, and has been supporting the clubs since 2007. Ariel Clubs are grounded in the belief that children and adolescents living with HIV will achieve improved health outcomes when clinical services are complemented with high-quality social support and age-appropriate information. Ariel Clubs are currently implemented in nine EGPAF-supported country programs (Figure 1). In Tanzania, EGPAF currently supports Ariel Clubs at 105 facilities.

Description

Ariel Clubs provide psychosocial support for children and adolescents aged 5-19 living with HIV, aiming to improve ART adherence and clinic retention, psychosocial adjustment to living with HIV, transitioning to adulthood and adult HIV care. Facility-based Ariel Clubs offer a package of psychosocial activities, which include individualized counseling sessions by trained service providers, dedicated and age-appropriate facility spaces, and monthly support group meetings where trained providers facilitate discussions on drug adherence, the experiences of children and adolescents living with HIV, and self-stigma reduction. As all participants in Ariel Clubs must know their HIV status, trained providers also work with caregivers to facilitate disclosure of HIV status to children and adolescents.

The Ariel Club service delivery model has recently been strengthened in Tanzania with a focus on integrating clinical services into the Ariel Clubs, providing ART refills, clinical consult, and laboratory testing to all club participants on the same day as the monthly meeting. Many Ariel Clubs have also begun to train adolescents living with HIV to serve as peer facilitators during club meetings and play leadership roles as peer educators in their communities.

Ariel Clubs address a critical gap in providing health and life skills information, tools, and support to adolescents living with HIV. Recognizing the complexity of adolescence, Ariel Club providers are trained to discuss sexual health, sexuality, nutrition, first aid, and life skills with adolescents, ensuring that adolescents living with HIV have a safe space to discuss these issues and receive accurate, timely, and age-appropriate messages.

In Tanzania, EGPAF worked in coordination with the Ministry of Health, Community Development, Gender, Elderly and Children to develop the Ariel Club training package,

Figure 1. Map of Ariel clubs
which improves the capacity of health service providers in psychosocial services for children and adolescents. Through this training, service providers are equipped to recognize the unique needs of children and adolescents living with HIV, recognize children and adolescents as clients in need of focused care, discuss HIV care and health directly with children and adolescents, and assist caregivers to provide appropriate care and support to these children and adolescents. The guidance and support provided through EGPAF/Tanzania Ariel Clubs is aligned to Tanzanian national guidelines and standards for HIV care and treatment.

**Ariel Club Benefits**

- Improved retention on ART, adherence, and viral suppression among participants
- Increased capacity of service providers to effectively communicate with and provide quality HIV services to children and adolescents
- Support and guidance for caregivers of children and adolescents living with HIV, particularly for disclosure and retention in care
- Psychosocial support for children and adolescents living with HIV
- Age-appropriate discussion and information-sharing on healthy living and nutrition
- Gender and age-sensitive information and discussion on sexuality and sexual health, including reducing the risk of HIV transmission to sexual partners
- Development of peer educators to improve HIV support among adolescents, preparing to transition to adult care
- Provision of a safe, fun and socially-engaging space for children and adolescents living with HIV

**Results and Monitoring Performance**

EGPAF/Tanzania routinely monitors the effectiveness of Ariel Clubs as part of its reporting, evaluation and learning processes. This includes routine data quality assessments, use of national reporting tools and systems, and regular review of data to identify opportunities for improvement.

In the first year of scaling-up access to HIV Viral load testing (HVL), preliminary data show that HIV viral suppression among patients 5-19 attending sites with Ariel Clubs is higher (60%) compared to those attending sites with no Ariel Clubs (49%), and this association becomes statistically significant for patients 5-19 attending health centers with Ariel Clubs (60%) compared to health centers without Ariel Clubs (35%, p<.02). Overall viral suppression rates are lower than expected, however, which is probably explained by the fact that clinicians may be targeting those with more advanced disease for HIV viral load testing in the early days of testing access.

An evaluation of patients at selected Ariel Club sites showed that monthly visit attendance, as a proxy for ART adherence, was also significantly higher for those who attended Ariel Clubs (91%) compared to those who did not attend Ariel Clubs (82%, p<.0001). An important challenge, however, is that participation rates are lower than desired overall, with fewer than half of adolescents 10-19 attending Ariel Club meetings. In addition, Ariel Club attendance appears to be associated with being enrolled at a younger age. Participation is significantly higher among those who enrolled under the age of 15 years (37%), compared to those entering HIV care at 15-19 years (12%, p<.0001). This suggests that adolescents over 15 years who are diagnosed and linked to care have distinct psychosocial needs compared to those who were enrolled in care as children. The Ariel Club service model requires further differentiation to better meet the needs of all adolescents in care.

**Costs**

The implementation of Ariel Clubs includes two cost drivers: the training and orientation of Ariel Club service providers and the support to monthly Ariel Club meetings. The costs for orientation and refresher trainings for service providers include travel, accommodation, and per diem costs for participants, facilitators, and EGPAF staff. Additional costs may include venue and materials. Costs for hosting monthly Ariel Clubs include meals and refreshments for participants, overtime allowances for health providers, venue costs (if applicable), materials for play and fun such as video or audio games, sports equipment and toys, and EGPAF staff travel costs.

**Scaling Up Ariel Clubs**

Ariel Clubs are a relatively low cost approach which have been effectively replicated across EGPAF country programs, representing diverse contexts. Enhanced models for Ariel Clubs include the integration of community-based components related to Ariel Clubs such as home visits, and innovations to the supportive interventions that better address the needs of newly diagnosed adolescents over 15 years as well as pregnant adolescents. In scaling up Ariel Clubs, key considerations include:

- Working in collaboration with the Ministry of Health, Community Development, Gender, Elderly and Children and other appropriate Ministries to ensure alignment with national HIV guidelines in the development of training materials for service providers;
- Building sustainability through engaging local government authorities to ensure that Ariel Clubs are incorporated into annual budget and plans;
- Identifying health facilities that are most suitable to implement the Ariel Club model, such as those with enough HIV patients 5-19 years
- Ensuring that health care providers selected to support Ariel Club activities are appropriately trained and sensitized to work with children and adolescents living with HIV, and receive appropriate oversight
- Engaging peers, especially stable and successful adolescent clients, to conduct support group discussions and share their own experiences growing up with HIV in the local environment
- Facilitating linkages from the Ariel Clubs to other social protection and community development opportunities, such as education and nutrition support, spiritual guidance, and to livelihood/income generation assistance.