Abstract 6: Newly diagnosed HIV positive youth value peer mentorship via mobile phones, and it may increase engagement in clinic care, in Khayelitsha, South Africa: a mixed methods study

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Background:

Youth typically access health services poorly, however youth-friendly adapted services increase engagement. As part of a youth-friendly model at Site C Clinic in Khayelitsha, Medecins sans Frontieres (MSF) piloted a peer mentorship program, from 2015-2017, leveraging the high rate and acceptability of mobile phones among youth.

Methods:

Mentors were recruited from stable youth adherence club patients and provided a half-day mentorship training. Newly diagnosed youth (mentees) were offered a mentor at the counselors discretion. Mentors contacted the mentee by mobile phone, using their preferred platform, provided peer support, and encouraged ART initiation. Mentorship occurred for a maximum of two months, unless otherwise requested by the counselor. Two controls per mentee were randomly selected based on similar date of diagnosis to compare outcomes. Five mentors and five mentees were interviewed at the end of the program.

Results:

Of 35 mentees, 80% ever initiated ART vs. 43% of the controls. 6 and 12 month retention, and viral load suppression, was similar, however viral load completion was 80% in the mentees and 36% in the matched controls. Mentees reported fears around stigma and disclosure contributing to missed appointments. The mentees had a positive regard for the program; they felt free to talk openly to the mentor, and had a positive view of the mentors asking questions about their HIV journey. Surprisingly, more voice calls were reported than text based interactions. Mentors motivations for being a mentor included previous personal struggles with their status, and a desire to help someone in a similar situation. Mentors frequently reported both inspiring and difficult mentees, but felt the training, peer and facilitator support was sufficient.

Conclusion:

Peer mentorship via mobile phone is desirable, and may encourage newly diagnosed youth to initiate ART. Furthermore, youth from the clinic are engaged and competent peer mentors, requiring minimal facilitator intervention.