

From research to action

A model of differentiated care : the example of HIV youth clubs in Kinshasa (DRC)

HIV/AIDS Project, Doctors Without Borders (MSF)
Luxor and SAMU



Mapping HIV Clubs



CONTEXT



In sub-Saharan Africa, HIV is the **second leading cause of death** among 10- to 19-year-olds, due to limited access to testing, monitoring and ARV treatment.

In Kinshasa, the percentage of children and adolescents with a viral load >1000 copies/ml is higher than that of adults: 36% versus 22%.

Adolescence is a critical period, with a high risk of **treatment dropout**.

Four youth clubs were created in 2019 by MSF and Jeunesse Espoir to address the difficulties identified by young people: stigma, shame, lack of psychosocial support or places to express themselves freely.

The impact of youth clubs on young people's lives had never been documented in research, particularly from the perspective of the beneficiaries themselves.

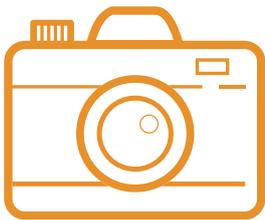


RESEARCH

Anthropological study within HIV youth clubs

How do HIV-positive adolescents perceive and experience the advantages and disadvantages of club membership?

 38 individual interviews
6 group interviews
200 photographs produced using the Photovoice participatory methodology



Socio-demographic profile of young people in clubs

 Aged 12 to 27 years old
68 men, 64 women
60% orphaned
Mainly **vertical transmission** (mother-to-child)
79% have a suppressed viral load in 2024 (less than or equal to 1,000 copies per mL)

RESULTS



Youth club leaders are expert patients, but their essential role in supporting young people living with HIV remains institutionally unrecognized.

Activities carried out by the facilitators:



HIV status disclosure to minors is not standardised in health facilities across the DRC, often resulting in delayed and poorly supported disclosures that can negatively affect mental health and treatment adherence.

→ Gaps in training for caregivers when announcing



The lack of a structured transition of these young people to adult care raises uncertainties about the sustainability of adherence and the gains in psychological well-being after they leave the club.

→ Many young people over 24 continue attending the club due to the lack of alternative support structures.



Structural violence against people living with HIV is an obstacle to the physical and mental well-being of young people despite the positive impact of clubs.

→ Strategic silence is used as a form of agency, allowing young people to protect themselves from structural violence.

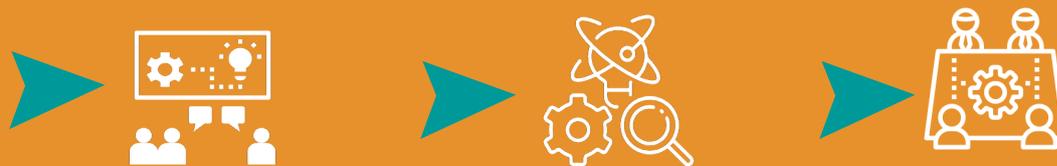


The results of this study were presented to the leaders of the 4 clubs.



Recommendations

These recommendations were co-formulated by the various partners working in the fight against HIV.



1

Scale up youth clubs

Who? The Ministry of Public Health (MSP) and the National AIDS Control Program (PNLS)

Identify health structures that have integrated the HIV package to establish new clubs there, based on a national map and taking into account the technical support that Médecins Sans Frontières has applied to the 4 youth clubs.



2

Harmonize the gradual disclosure of HIV status

Who? The MSP and the PNLS

Train providers in the gradual disclosure of HIV status, according to the PNLS guide, and raise their awareness of the existence and benefits of clubs to better guide young people. Also involve parents in this process, with appropriate tools and the support of expert patients to provide a reassuring environment.



3

Establish a structured transition from youth clubs to differentiated adult care

Who? The MSP, the PNLS, Jeunesse Espoir and RNOAC

To ensure a supervised transition to adult services, it is recommended to strengthen the links between clubs and ARV distribution points for stable patients (PODI), by organizing regular exchanges with their stakeholders.

It is also relevant to create new clubs for young people aged 25 and over, to ensure the continuity of psychosocial support beyond the current clubs.



4

Grant official recognition of facilitators as expert patients and/or peer educators

Who? The Ministry of Education, the Ministry of Health, UNESCO and the National Program for Adolescent Health (PNSA)

An official status would allow the integration of facilitators into existing community systems (like community relays or agents).

A certification system, attesting to the skills acquired, would facilitate their professional integration, particularly in the fields of community health and health education.



5

Work with PNLS, DPS, and health communication experts to develop a compelling national communication strategy to combat stigma.

This includes:

- Engage **trusted figures** (teachers, religious leaders, peer educators, etc.) from communities, schools, universities and places of worship.
- Share personal stories from youth clubs to **challenge misconceptions about HIV**, particularly related to traditional treatments or spiritual healing.
- Implement a large-scale **digital communication strategy**—particularly through social media—to engage young people and amplify key messages.
- Harmonize messages** at the national level to ensure consistent, ongoing communication adapted to the realities of target audiences.

These recommendations were co-formulated with:

The Provincial Health Division (DPS), the PNSA, the PNLS, the National Tuberculosis Control Program (PNLT), UNICEF, UNFPA, UNESCO, ENABEL, UCOP+, National Network of Community Based Organizations of PLHIV (RNOAC), Jeunesse Espoir, the Network of Congolese Youth Associations (RACOJ) ANORS, UNAIDS, ICAP, the Global Fund and youth club leaders.

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