Note: This is Online Appendix 1 of Petinger, C., Mabuza, B.N. & Van Wyk, B., 2026, 'Peer navigation to support psychosocial well-being and HIV treatment among adolescents: A rapid review', *Health SA Gesondheid* 31(0), a3464. https://doi.org/10.4102/hsag.v31i0.3464

Online Appendix 1

Table 1-A1: Summary of included studies' characteristics

Author, year	Country	Study design	Participants and sample size	Description of peer navigation intervention	Key findings/Results
Balogun (2024)	Nigeria	Randomized control trial	Adolescents and young people aged 15–24 years living with HIV, receiving ART in public-sector facilities.	Young adults living with HIV, adherent to ART, virally suppressed, and actively engaged in care; demographically matched to participants where possible.	Peer navigators provided trusted, relatable support, reducing stigma and isolation. Navigation helped them understand treatment better and stay engaged in care. Barriers included transportation costs for visits and need for more frequent contact. Viral suppression increased from ~55% at baseline to ~78% at 6 months. Self-reported adherence improved significantly. Retention rates were >90% at 6 months. High satisfaction: >95% would recommend the intervention to peers.

Author, year	Country	Study design	Participants and sample size	Description of peer navigation intervention	Key findings/Results
Adhiambo (2025)	Kenya	Qualitative	20 participants from 314 randomized AYAH to the E-NAV arm who had received the intervention for at least six months.	AYAH 19 -28 years, living with HIV	*Acceptability and benefits*: There were a high acceptability of the intervention among the participants. They reported their acceptability of the electronic navigation activities based on the timing, frequency, tone of voice and the content of the intervention. *Health-seeking and care behaviours:* Most of the participants reported that the intervention positively impacted their ability to continue engaging in HIV care and treatment through the knowledge they acquired from the Peer Navigators. They learned about ART side effects, prevention approaches, how to handle stigma, and developed skills in communicating their needs. Several participants said that the intervention was helpful in improving their access in the healthcare system. The Navigator served as a link between the participant and the healthcare providers and helped clients who required access to other services. *Relationship with navigator*: Overall participants expressed that the intervention was helpful in building trust with the Navigator. Four participants reported that they could freely share the challenges they had regarding HIV care and treatment without fear of confidentiality breech since some of them were not known to the Navigator.

Author, year	Country	Study design	Participants and sample size	Description of peer navigation intervention	Key findings/Results
					Satisfaction with intervention: there was a high acceptability of the phone-based peer navigation among study participants. This positive response was attributed to intervention characteristics such as its content, timing, frequency, tone, and the flexible way the intervention was delivered.
Bakari (2025)	Kenya	Qualitative	AYPLHIV	Peer mentors were AYPLHIV with good ART adherence and viral suppression, trained to provide adherence support, counselling, health education, and linkage to services for other adolescents.	*Role of peer mentors:* education about LAI-ART, adherence support, psychosocial counselling, reducing stigma, linking AYPLHIV to services, assisting HCWs in patient follow-up. *Facilitators:* peer mentors' lived experience, trust with AYPLHIV, ability to provide age-appropriate counselling. *Barriers:* need for specialized training on LAI-ART, workload concerns, resource limitations, stigma within communities, policy constraints.

Author, year	Country	Study design	Participants and sample size	Description of peer navigation intervention	Key findings/Results
					System recommendations: integrate peer mentors into LAI-ART service delivery teams, formalize training and remuneration, involve them in community sensitization.
Kopo (2023)	Lesotho	Cluster-randomized, open label, pragmatic clinical trial	Young people living with HIV	In PEBRA, a PE at the health facility assisted by a dedicated eHealth application, assessed regularly patients' preferences regarding medication pick- up, short message service (SMS) notifications, and psychosocial support and delivered services accordingly.	At the 12-month follow-up, 99 of 150 (66%) participants in the intervention versus 95 of 157 (61%) participants in the control arm achieved viral suppression below 20 copies/mL (adjusted OR 1.27; 95% CI [0.79 to 2.03]; p = 0.327; Table 2-A1). Of all 258 participants in care, 22 (8.5%) had a missing VL in the primary endpoint window (11 participants in each arm) and were therefore classified as having an unsuppressed VL. ART, antiretroviral therapy; PEBRA, Peer Educator-Based Refill of ART; VL, viral load. We found no significant interaction of the prespecified effect modifiers on the primary end-point (S4 Table). At the end of the study, 268/307 (87%) participants were taking DTG-based ART as compared to 13% at the beginning. Support by the peer educator was chosen by 110 of 123 (89.4%) participants at the first timepoint and decreased to 85 of 123 (69.1%) by end of the study

Author, year	Country	Study design	Participants and sample size	Description of peer navigation intervention	Key findings/Results
Ahonkhai (2023)	Nigeria	Single-arm pilot study with pre–post evaluation, forming the initial phase of the larger iCARE Nigeria stepped-wedge trial.	Youth aged 15–24 years living with HIV, enrolled in care at two public HIV treatment clinics in Ibadan, Nigeria.	Young adults living with HIV who were virally suppressed, stably engaged in care; matched to participants by gender and age where possible.	Participants noted that peer support reduced isolation, increased motivation, and helped manage ART routines; daily reminders kept them on track. ART adherence (≥95% self-reported) rose from 64% at baseline to 100% at 24 and 48 weeks. Viral suppression increased from 50% to 90% at 24 weeks and 95% at 48 weeks ($p < 0.001$). Appointment attendance improved from 64% to 100% during the study. 95% found the intervention helpful and would recommend it.
Shah (2019)	Kenya	Pilot study (Quantitative assessment with routine data collection)	Street connected children and youth	2 Peer navigators between ages 18-24. A PN was initially defined as a person living with HIV and aged between 18–24 years, who had	Total HIV positive (N=63) 8.1% Linked to care 58 (92.1) Still in care as of end of October 2017 N = 35 (60.3) Virally suppressed at the last visit (among those alive and on ART N = 10 (38.5)

Author, year	Country	Study design	Participants and sample size	Description of peer navigation intervention	Key findings/Results
				greater than 1 year of recent experience being street-connected.	
Garofalo (2022)	Nigeria	Nonrandomized controlled pilot trial.	Young men aged 15–24 years, including predominantly MSM	Four trained peer navigators (male and female) with experience working with key populations; MSM-identified navigators were part of the outreach.	Narrative feedback from peer navigators suggested intervention effectively reached MSM target group.42% and 31% increases in HIV testing in two 6-month periods post-intervention. Seroprevalence increased from 1.7% pre-intervention to 5.3% and 4.6% in the two periods; OR = 3.37 and 2.74 respectively. iCARE outreach alone: seroprevalence 9.5% and 10.7%. Linkage to care: 86.1% of positives. Acceptability: 93.7% trusted results to a great extent; 99% would recommend iCARE.
Wambua (2019)	Kenya	Community based participatory research	Adolescents & youth living with HIV aged 10-24	Nine peer mentors working within the CCC were invited to be part of the intervention program and assigned to one of the three groups.	After the stakeholder meetings, some work was done with selected peer mentors working within the health facility (CCC) to practice the manual content (i.e., activities) in the proposed context to ascertain their “workability” in real-life settings. These practice sessions allowed us to see links in the manual and led us to a one-

Author, year	Country	Study design	Participants and sample size	Description of peer navigation intervention	Key findings/Results
				They were chosen as they had previously been identified as "health champions" due to their low viral load and good adherence to medication. The peer mentors were both young adults and older individuals between late 30s and 40s who entered the facility as adolescents seeking care but had gathered a huge experience in working with adolescents.	day manual editing and revision session which included the participation of peer mentors from the CCC.

Author, year	Country	Study design	Participants and sample size	Description of peer navigation intervention	Key findings/Results
Ahmed (2022)	Eswatini	Qualitative descriptive	This study targeted three groups of participants: 1) ECs, 2) ALHIV participating in Teen Club, and 3) key informants (KI) comprising of seven nurses, three program managers, and two program coordinators.	Expert clients are the bridge between the community and the healthcare system, and therefore are critical for reengaging adolescents who are lost to follow-up in HIV care. Additionally, expert clients have the potential to prevent HIV reinfection and onward transmission among adolescents through the provision of community-based adherence support	Participants from all three groups consistently reported how the welcoming character of the ECs enabled them to build rapport and trust among the adolescents they served. ECs were also known for fostering an atmosphere of unity and inclusivity during Teen Club meetings which allowed for adolescents to form meaningful bonds among their peers. Consequently, adolescents have found Teen Club helpful for maintaining medication adherence. As emphasized by the KIs, ECs have the advantage of extended time with ALHIV given the work burden among clinicians. Despite the fact that nurses also participate in Teen Club meetings, the bond formed between the Teen Club members and ECs was considered unparalleled to the relationship that these adolescents have with other health workers (e.g., doctors and nurses). Due to the friendliness and compassion shown to them by ECs, adolescents were willing to confide in them. Adolescents described ECs using positive phrases such as ECs show promise in improving treatment outcomes among ALHIV in resource-limited settings. ECs also demonstrate the capacity to deliver adolescent-friendly services and support caregivers with regard to sero-status disclosure and HIV management.

Author, year	Country	Study design	Participants and sample size	Description of peer navigation intervention	Key findings/Results
				and sexual health education	
Hosaka (2021)	Tanzania	Mixed method	Peer leaders were 17–24 years old at the beginning of the study. Participants were youth between 12-24 of age receiving ART from adolescent HIV clinics at either KCMC or	Peer leaders were 17–24 years of age at the beginning of the teaching period and were recommended for leadership by facilitators of a concurrent mental health intervention and clinic staff.	Results from this study support the use of a PYL HIV curriculum integrated into routine adolescent HIV clinics as a feasible and acceptable means to improve HIV knowledge. Peer leaders completed the CD-RISC pre- and postintervention. All but one leader—who moved away be- fore the study ended—demonstrated stable or improved resilience (Fig. 3), with a mean difference of 3.8 (SD = 7.0; median = 5.5; Q1, Q3 = 0, 9; min, max = − 8, 11). The pre-intervention resilience mean was 60.7 (SD = 9.1; median = 64.0; Q1, Q3 = 49, 68; min, max = 47, 69), while the post-intervention resilience mean was 64.5 (SD = 6.5; median = 64; Q1, Q3 = 60, 71;

Author, year	Country	Study design	Participants and sample size	Description of peer navigation intervention	Key findings/Results
			MRRH and who knew their HIV status.		min, max = 56, 72). One of the seven peer leaders did not have a post measurement due to a recording malfunction during data.
Simms (2022)	Zimbabwe	Cluster-randomised controlled trial (CRT)	842 adolescents living with HIV in Zimbabwe, who also had CMDs (depression and anxiety), and attended public health clinics for HIV care.	CATS are young people aged 18 to 24 years living with HIV who are trained and mentored to provide peer counselling and support.	Qualitative analyses found that CATS- observed participants had limited autonomy or ability to solve problems. At baseline, 35.1% of participants had virological non suppression and 70.3% had SSQ 8. After 48 weeks, follow-up was 89.5% for viral load data and 90.9% for other outcomes. Virological non suppression decreased in both arms, but there was no evidence of an intervention effect (prevalence of non-suppression 14.7% in the Zvandiri-PST arm versus 11.9% in the Zvandiri arm; AOR = 1.29; 95% CI 0.68, 2.48; p = 0.44). There was strong evidence of an apparent effect on common mental health outcomes (SSQ 8: 2.4% versus 10.3% [AOR = 0.19; 95% CI 0.08, 0.46; p < 0.001]; PHQ-9 10: 2.9% versus 8.8% [AOR = 0.32; 95% CI 0.14, 0.78; p = 0.01]). Prevalence of EQ-5D index score <1 was 27.6% versus 38.9% (AOR = 0.56; 95% CI 0.31, 1.03; p = 0.06).

Author, year	Country	Study design	Participants and sample size	Description of peer navigation intervention	Key findings/Results
Burke (2022)	Zambia	Qualitative	AYA 15-24 years old	Participants were 50% female, ages 21–26 years old, and living with HIV. Each YPM participated in a single interview that lasted 1–2 hours (average 1hr 40 min).	While the primary analysis found that Project YES! impacted internalized stigma across all participants and increased VS among AYA at the children's hospital, this qualitative analysis reveals the impact that Project YES! had on the YPMs themselves and what YPMs view as the critical components of a successful peer mentoring program. This insight is all the more relevant because despite an international call for youth engagement in HIV care and prevention efforts, few models provide details on the mechanisms of how to implement a successful peer mentoring program in this population. The CDC has included Project YES! in the Compendium of Evidence Based Interventions (EBI) as a medication adherence and structural EBI; thus, understanding the experiences of the YPMs implementing this EBI becomes critical for scale up in other contexts.

Author, year	Country	Study design	Participants and sample size	Description of peer navigation intervention	Key findings/Results
Ndhlovu (2021)	Zimbabwe	Randomized control trial	The participants had initiated ART as children likely due to perinatal infection and had been on ART.	CATS are young people (18–24 years old) living with HIV who are recruited, trained, and mentored as peer counsellors by Africaid and the Ministry of Health and Child Care.	The study found a transient effect of the Zvandiri peer intervention in improving virological suppression among adolescents and young adults failing ART. We conclude that improving viral outcomes in this population will require an approach that combines psychosocial support to promote adherence, coupled with drug resistance and VL data that are made available to primary providers in a timely manner to support drug switching and ongoing adherence support. In addition, more robust treatment regimens with higher barriers to resistance are required for this heavily treatment experienced populations with significant resistance. The overall rates of viral suppression rates were poor in both groups (i.e. 31.7% in the intervention group vs 20.4% in the SOC) and high levels of NNRTI DRM were observed in both arms at baseline. Among the 212 study participants, only 70 (33%) participants switched to a new regimen during the study—31 in intervention arm and 39 in the SOC care (p=0.24). These 70 participants had a lower median CD4 count at baseline compared to those who did not switch, although not statistically significant [172 (45–338) vs 235 (100–428), p=0.072]. Most of the participants who switched, 86% (n=62/70) were first line failures. These 62 participants switched to a PI based 2nd line

Author, year	Country	Study design	Participants and sample size	Description of peer navigation intervention	Key findings/Results
					ART regimen. Although only 33% (n=70) of the participants switched to a new ART regimen, the "blind" switching i.e. switching using clinical criteria and not VL results by the health caregiver made a difference. After switching, a statistically significant difference in median (IQR) VL at week 36 was observed in those who were switched compared to those who did not switch [1.86 (1.3–4.0) vs 3.66 (2.17–4.72), p=0.0001]. The number of regimen switches was not sufficiently large to evaluate the interaction between regimen switch and study groups (intervention vs. SOC).
Bernays (2020)	Zimbabwe	A cluster randomized trial	13-19 years adolescents living with HIV	The Zvandiri peer supporters aged 18 to 24 years, known as community adolescent treatment supporters (CATS), are themselves living with HIV	The CATS reported that being peer supporters improved their own adherence behaviour and contributed to an improved sense of self-worth. The social connections between the CATS were a source of comfort and enabled them to develop skills to manage the challenging aspects of their work. Two substantial challenges were identified. First, their work may reveal their HIV status. Second, managing the emotional labour of this caring work; given how commonly the complexity of the beneficiaries' needs mirrored the circumstances of their own difficult lives. Both challenges were ameliorated by the support the CATS provided to each other and

Author, year	Country	Study design	Participants and sample size	Description of peer navigation intervention	Key findings/Results
					ongoing supervision from the adult mentor. There was variation in whether they felt their roles were appropriately valued through the remuneration they received and within the health system. There was a consensus that their experience meant that they would graduate from being a CATS with transferable skills that could enhance their employability.

Note: Please see full reference list of this article: Petinger, C., Mabuza, B.N. & Van Wyk, B., 2026, 'Peer navigation to support psychosocial well-being and HIV treatment among adolescents: A rapid review', *Health SA Gesondheid* 31(0), a3464. https://doi.org/10.4102/hsag.v31i0.3464 for more information.

Table 2-A1: Peer navigation characteristics

Author, year	Country	Peer navigator characteristics	Training content and process	Intervention activities / role	Mode of delivery	Theoretical / conceptual framework
Balogun (2024)	Nigeria	Young adults living with HIV, adherent to ART, virally suppressed, and actively engaged in care; demographically matched to participants where possible.	Comprehensive training using a standardized curriculum on adolescent-friendly services, HIV clinical care basics, adherence counseling, confidentiality, motivational interviewing, and linkage to services. Role-playing and supervised practice included; ongoing mentoring provided by clinic staff.	Peer navigators provided: Biweekly contact (in-person, phone, text) for adherence and psychosocial support. Appointment reminders and accompaniment to clinic visits if needed. Assistance with navigating health services and referrals. Linkage to community resources.	Hybrid	Social support theory
Adhiambo (2025)	Kenya	AYAH between the age of 19 and 28 years living with HIV	A 5-day standardized training on ART adherence counseling, psychosocial support, case management, electronic and in-person navigation, data collection,	The E-NAV intervention (a combined strategy involving automated SMS and electronic peer navigation support through the use phone calls & social media) consists of an initial in- person meeting followed by bi-weekly sessions for the	Hybrid	None stated

Author, year	Country	Peer navigator characteristics	Training content and process	Intervention activities / role	Mode of delivery	Theoretical / conceptual framework
			and entry, or standard of care).	first two months and subsequently transitioning to monthly sessions. These sessions, which take place over the phone by a peer navigator, aim to address barriers and strengthen resilience among AYAH. The intervention is delivered for one year following		
Bakari (2025)	Kenya	Peer mentors were AYPLHIV with good ART adherence and viral suppression, trained to provide adherence support, counseling, health education, and linkage to services for other adolescents.	National peer mentor training curriculum including adolescent-friendly HIV care, psychosocial support, counseling skills, confidentiality, and patient rights.	While LAI-ART was not yet fully rolled out nationally, discussions explored hypothetical and anticipated roles of peer mentors in supporting LAI-ART uptake, adherence, and retention.	N/A	The socio-ecological mode.

Author, year	Country	Peer navigator characteristics	Training content and process	Intervention activities / role	Mode of delivery	Theoretical / conceptual framework
Kopo 2023	Lesotho	In PEBRA, a PE at the health facility assisted by a dedicated eHealth application, assessed regularly patients' preferences regarding medication pick-up, short message service (SMS) notifications, and psychosocial support and delivered services accordingly.	Before starting the trial, the PEs completed a 1-week training camp that covered obtaining informed consent, administering study-specific questionnaires, the use of the PEBRApp, and how to deliver PEBRA model.	PEBRA is a DSD model coordinated by the PE, delivered using an eHealth application (PEBRApp) and based on regular service preference assessments in 3 domains: (1) medication pick-up; (2) SMS notifications; and (3) psychosocial support.	Hybrid	Not stated

Author, year	Country	Peer navigator characteristics	Training content and process	Intervention activities / role	Mode of delivery	Theoretical / conceptual framework
Ahonkai (2023)	Nigeria	Young adults living with HIV who were virally suppressed, stably engaged in care; matched to participants by gender and age where possible.	Structured training in HIV care and adherence counseling, confidentiality, communication skills, psychosocial support, and mHealth engagement methods (SMS/WhatsApp). Regular supervision and debrief sessions provided.	Pre–post pilot; all participants received the intervention for 48 weeks, with follow-ups at 24 and 48 weeks. Peer navigation – biweekly contact by trained peers (in-person, calls, texts) to provide adherence counseling, psychosocial support, appointment reminders, and linkage assistance. mHealth daily text reminders – personalized, bidirectional medication reminders sent via SMS or WhatsApp.	Hybrid	Grounded in social support theory and health behavior change principles.

Author, year	Country	Peer navigator characteristics	Training content and process	Intervention activities / role	Mode of delivery	Theoretical / conceptual framework
Shah 2019	Kenya	2 Peer navigators between ages 18-24. A PN was initially defined as a person living with HIV and aged between 18–24 years, who had greater than 1 year of recent experience being street-connected.	The initial PN training took place over 5 days and was comprised of extensive multi-disciplinary training by AMPATH clinicians for the PNs on HIV/AIDS prevention, treatment and care, reproductive health, counselling, documentation, as well as navigation through the AMPATH HIV linkage and treatment process.	This was followed by intensive mentoring and supervision by the social worker. On-going supervision, on-the-job training, and training courses by AMPATH clinicians on reproductive health and ART were provided for the duration of the program. The PNs were based at the adolescent HIV and reproductive health clinic at MTRH. Engagement into the program was on a continuous basis, with PNs visiting the barracks multiple times a week throughout the program duration. SCY who initially declined to participate were free to engage with the PN program when they chose.	In person	None stated

Author, year	Country	Peer navigator characteristics	Training content and process	Intervention activities / role	Mode of delivery	Theoretical / conceptual framework
Garofalo (2022)	Nigeria	Four trained peer navigators (male and female) with experience working with key populations; MSM-identified navigators were part of the outreach.	Training based on Nigerian national guidelines and best practices for HIV testing among key populations, covering human rights protections, safety, confidentiality, setting up and managing social media profiles, scripting messages, and structured participant engagement.	Manualized combination intervention using social media outreach and peer navigation to promote HIV testing and facilitate linkage to care. Trained peer navigators, male and female, operationalized the manualized intervention. Social media messaging focused on non-HIV health topics of interest as well as benefits of HIV testing, management of stigmatization of HIV testing, and peer-based social support.	Hybrid	Not stated.
Wambua 2019	Kenya	Nine peer mentors working within the CCC were invited to be part of the intervention program and assigned to one of the three groups.	To prepare peer mentors to address the specific needs of young people with HIV, the training emphasized short-term and long-term HIV-related challenges and available community resources. In addition,	The counselors and peer mentors led group session with various age groups on a weekly basis conducting support groups.	In person	Not stated

Author, year	Country	Peer navigator characteristics	Training content and process	Intervention activities / role	Mode of delivery	Theoretical / conceptual framework
		They were chosen as they had previously been identified as "health champions" due to their low viral load and good adherence to medication. The peer mentors were both young adults and older individuals between late 30s and 40s who entered the facility as adolescents seeking care but had gathered a huge experience in	communication and attending skills were emphasized as potential tools to help the adolescents obtain desired information from professionals and needed community supports.			

Author, year	Country	Peer navigator characteristics	Training content and process	Intervention activities / role	Mode of delivery	Theoretical / conceptual framework
		working with adolescents				
Ahmed 2022	Eswatini	Expert clients are the bridge between the community and the healthcare system, and therefore are critical for reengaging adolescents who are lost to follow-up in HIV care. Additionally, expert clients have the potential to prevent HIV reinfection and	Expert clients receive a week-long training comprising of the role of ECs, communication and counselling skills, and other HIV-related content such as HIV treatment adherence, stigma and disclosure, and HIV linkage to care. Individuals who are selected to become ECs demonstrate excellent adherence to their ARV treatment and are willing to disclose their HIV status among other patients.	Four focus group discussions occurred among ALHIV (n = 32) with 7 to 10 participants per group, and semi-structured interviews were conducted among 20 ECs and 12 KIs. The KIs consisted of 7 nurses, 3 pro gram coordinators, and 2 program managers. There were two types of ECs: facility-based and community-based. Facility-based ECs were primarily responsible for performing their tasks within health facilities, and community-based ECs were primarily responsible for performing their tasks within community settings, often via home visits. Among the 20 ECs, 17 were facility-based, 3 were community-based, and 1 fulfilled the	Focus groups	Not stated

Author, year	Country	Peer navigator characteristics	Training content and process	Intervention activities / role	Mode of delivery	Theoretical / conceptual framework
		onward transmission among adolescents through the provision of community-based adherence support and sexual health education		duties of both community- and facility-based ECs. Two focus groups had adolescents ranging from age 15–20 years while the other two comprised of adolescents between the ages of 10 and 20 years. One of the EC interviews and 11 of the KI interviews were conducted in English while the rest were conducted in siSwati. All FGDs occurred at Teen Club sites and all but one of the FGDs occurred during regular Teen Club gatherings in conference rooms to maintain confidentiality among participants.		
Hosaka 2021	Tanzania	Peer leaders were 17–24 years of age at the beginning of the teaching period and were recommended for	Peer leaders attended weekly training sessions where they reviewed the HIV curriculum content and practiced session delivery in a mock-teaching session the Friday before	Each month, participants were asked if they were willing to take an anonymous pre-knowledge test before the lesson and a post knowledge test when the lesson was complete. The forms had a number in the top corner and participants pre- and post-	In person	Not stated

Author, year	Country	Peer navigator characteristics	Training content and process	Intervention activities / role	Mode of delivery	Theoretical / conceptual framework
		leadership by facilitators of a concurrent mental health intervention and clinic staff.	they taught at the Saturday clinic.	knowledge questionnaires were matched based on form number. Participants were not identified by name or medical record number and those agreeing to participate likely varied each month.		
Simms 2022	Zimbabwe	CATS are young people aged 18 to 24 years living with HIV who are trained and mentored to provide peer counselling and support.	Not stated	All participants attending clinics allocated to the Zvandiri arm received Zvandiri standard care, consisting of HIV care following Ministry of Health and Child Care (MoHCC) guidelines [8], plus counselling and home visits from trained, mentored CATS, monthly support groups, and weekly text messages and home visits. Participants at the Zvandiri-PST clinics received the same, plus additional sessions based on the CATS' PST training.	In person	None stated

Author, year	Country	Peer navigator characteristics	Training content and process	Intervention activities / role	Mode of delivery	Theoretical / conceptual framework
Burke 2022	Zambia	Participants were 50% female, ages 21–26 years old, and living with HIV. Each YPM participated in a single interview that lasted 1–2 hours (average 1hr 40 min).	Before the start of the intervention, YPMs underwent a capacity-building process, starting with an intensive two-week pre-service training led by a Training and Capacity Building Specialist (TCBS). This pre-service training included opportunities for YPMs to reflect on their own health behaviors and experiences living with HIV and share these experiences in group discussions facilitated by the TCBS. Second, YPMs had one month of practice meetings with non-study youth living with HIV (18 years and	The intervention consisted of one orientation meeting, six monthly one-youth peer mentor implementing experiences in Ndola, Zambia one on-one meetings with an assigned YPM, and six monthly youth group meetings facilitated by YPMs. Youth participants were able to invite a caregiver to attend their orientation meeting and three optional caregiver group meetings over the six-month intervention.	in person	CFIR framework

Author, year	Country	Peer navigator characteristics	Training content and process	Intervention activities / role	Mode of delivery	Theoretical / conceptual framework
			older) prior to the start of the intervention. Third, midway through Project YES! implementation, YPMs underwent an in-service training with the same TCBS to review experiences and reinforce mentoring skills. Fourth, YPMs met weekly as a group to discuss challenges, approaches, and ideas with study leads. Lastly, study team members provided ongoing supportive supervision throughout study implementation to respond to YPM needs in real time. With the exception of one who moved out of town, all			

Author, year	Country	Peer navigator characteristics	Training content and process	Intervention activities / role	Mode of delivery	Theoretical / conceptual framework
			hired YPMs remained throughout the intervention.			
Ndhlovu 2021	Zimbabwe	CATS are young people (18–24 years old) living with HIV who are recruited, trained, and mentored as peer counsellors by Africaid and the Ministry of Health and Child Care.	CATS were trained and mentored to utilize adolescent-sensitive counselling skills and techniques with participants to identify and address adherence barriers. If participants preferred not to be visited at home, they arranged to meet in an alternative venue considered	All participants received their routine HIV care from the national program at no cost at PHFCC from medical staff who were not part of the study. Study procedures included a complete physical examination, evaluation of medical history and other baseline parameters at enrollment by research staff. The research nurses were not responsible for daily participant care, and referred participants to the clinical	In person	The Unified Theory of Behaviour

Author, year	Country	Peer navigator characteristics	Training content and process	Intervention activities / role	Mode of delivery	Theoretical / conceptual framework
			to be safe and acceptable for the participant	care providers, but they ensured study participants adhered to clinic appointment.		
Bernays 2020	Zimbabwe	The Zvandiri peer supporters aged 18 to 24 years, known as community adolescent treatment supporters (CATS), are themselves living with HIV	The Zvandiri mentors, adults with professional experience caring for adolescents living with HIV, provided training, as well as ongoing supervision to the CATS and took on the management of mental health referrals and support in complex cases.	We explored how the CATS considered that the interven- tion affected their lives, their experiences of being involved and their support needs. Individual interviews were conducted by one male and two female Zimbabwean researchers (AC, MT and KM) in private spaces in the public clinics and lasted approximately an hour. All the interviews were conducted in Shona, the participants' language. With the participants' permission, the interviews were audio recorded. The interviewers listened back to the recordings and wrote up the interviews into detailed interview	Audio recorded interviews	Not stated

Author, year	Country	Peer navigator characteristics	Training content and process	Intervention activities / role	Mode of delivery	Theoretical / conceptual framework
				scripts [23,24]. Iterative data collection and analysis was conducted.		

Note: Please see full reference list of this article: Petinger, C., Mabuza, B.N. & Van Wyk, B., 2026, 'Peer navigation to support psychosocial well-being and HIV treatment among adolescents: A rapid review', *Health SA Gesondheid* 31(0), a3464. https://doi.org/10.4102/hsag.v31i0.3464 for more information.

Table 3-A1: Summary of key findings

Author, year	Primary outcomes and results	Secondary outcomes	Qualitative themes	Implementation findings
Balogun (2024)	Improved viral suppression at 6 months. Viral suppression increased from ~55% at baseline to ~78% at 6 months. Self-reported adherence improved significantly. Retention rates were >90% at 6 months. High satisfaction: >95% would recommend the intervention to peers.	Improved ART adherence and retention in care.	Participants reported: Peer navigators provided trusted, relatable support, reducing stigma and isolation. Navigation helped them understand treatment better and stay engaged in care. Barriers included transportation costs for visits and need for more frequent contact.	Acceptability and feasibility of peer navigation in Nigerian adolescent HIV care.
Adhiambo (2025)	Health-seeking and care experiences, acceptability and benefits of the E-NAV intervention, participants' relationship with the phone navigator and satisfaction with the intervention.	Viral suppression and retention in care	Acceptability and benefits: There was a high acceptability of the intervention among the participants. They reported their acceptability of the electronic navigation activities based on the timing, frequency, tone of voice and the content of the intervention. Health-seeking and care behaviours: Most of the participants reported that the intervention positively impacted their ability to continue engaging in HIV care and treatment through the knowledge they acquired from the Peer	

Author, year	Primary outcomes and results	Secondary outcomes	Qualitative themes	Implementation findings
			Navigators. They learned about ART side effects, prevention approaches, how to handle stigma, and developed skills in communicating their needs. Several participants said that the intervention was helpful in improving their access in the healthcare system. The Navigator served as a link between the participant and the healthcare providers and helped clients who required access to other services. Relationship with navigator: Overall participants expressed that the intervention was helpful in building trust with the Navigator. Four participants reported that they could freely share the challenges they had regarding HIV care and treatment without fear of confidentiality breach since some of them were not known to the Navigator. Satisfaction with intervention: in the current study, there was a high acceptability of the phone-based peer	

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			navigation among study participants. This positive response was attributed to intervention characteristics such as its content, timing, frequency, tone, and the flexible way the intervention was delivered.	
Bakari (2025)	Identification of stakeholder perspectives on potential roles of peer mentors in LAI-ART implementation.	Understanding perceived barriers, facilitators, and system requirements for peer mentor engagement in	Role of peer mentors: education about LAI-ART, adherence support, psychosocial counseling, reducing stigma, linking AYPLHIV to services, assisting HCWs in patient follow-up. Facilitators: peer mentors' lived experience, trust with AYPLHIV, ability to provide age-appropriate counseling. Barriers: need for specialized training on LAI-ART, workload	Training needs for peer mentors; recommendations for integration into health system.

Author, year	Primary outcomes and results	Secondary outcomes	Qualitative themes	Implementation findings
		LAI-ART rollout.	concerns, resource limitations, stigma within communities, policy constraints. System recommendations: integrate peer mentors into LAI-ART service delivery teams, formalize training and remuneration, involve them in community sensitization.	
Kopo 2023	The primary outcome was viral suppression at 12 months, defined as the proportion of all partici- pants in care with a VL below 20 copies/mL at 12 months (range 9 to 15 months) after enrolment. At the 12-month follow-up, 99 of 150 (66%) participants in the intervention versus 95 of 157 (61%) participants in the control arm achieved viral suppression below 20 copies/mL (adjusted OR 1.27; 95% CI [0.79 to 2.03]; p = 0.327; Table 2-A1). Of all 258 participants in care, 22 (8.5%) had a missing VL in the primary endpoint window (11 participants in each arm) and were therefore classified as having an unsuppressed VL. ART, antiretroviral therapy; PEBRA, Peer Educator-Based Refill of ART, VL, viral load. We found no significant	The secondary endpoints were viral suppression, engagement in care at 6 (range 5 to 8) and 12 months, transfer out to another health facility, loss to follow-up (LTFU), all-cause	N/A	

Author, year	Primary outcomes and results	Secondary outcomes	Qualitative themes	Implementation findings
	interaction of the prespecified effect modifiers on the primary end-point (S4 Table). At the end of the study, 268/307 (87%) participants were taking DTG-based ART as compared to 13% at the beginning. Support by the peer educator was chosen by 110 of 123 (89.4%) participants at the first timepoint and decreased to 85 of 123 (69.1%) by end of the study	mortality, perfect self-reported adherence, physical and mental QoL, satisfaction with care, and satisfaction with their PE.		
Ahonkai (2023)	ART adherence (self-report ≥95% past 30 days), viral suppression (<20 copies/mL). ART adherence (≥95% self-reported) rose from 64% at baseline to 100% at 24 and 48 weeks. Viral suppression increased from 50% to 90% at 24 weeks and 95% at 48 weeks ($p < 0.001$). Appointment attendance improved from 64% to 100% during the study. 95% found the intervention helpful and would recommend it.	Appointment attendance, retention in care, acceptability (via satisfaction surveys and interviews).	Participants reported that peer support reduced isolation, increased motivation, and helped manage ART routines; daily reminders kept them on track.	Acceptability, feasibility.

Author, year	Primary outcomes and results	Secondary outcomes	Qualitative themes	Implementation findings
Shah 2019	Primary outcomes for this evaluation were uptake of HIV testing, initiation of ART, and retention in care. Retention in care was defined as having attended a clinic visit within 90 days of the expected follow-up date. Individuals who did not attend within the 90 days were defined as lost-to-follow-up (LTFU). Total HIV positive (N=63) 8.1% Linked to care 58 (92.1) Still in care as of end of October 2017 N = 35 (60.3) Virally suppressed at the last visit (among those alive and on ART N = 10 (38.5)	None stated.	N/A	None stated.
Garofalo (2022)	Increased HIV testing uptake; increased HIV seroprevalence compared with historical controls; linkage to care within 2 months. 42% and 31% increases in HIV testing in two 6-month periods post-intervention. Seroprevalence increased from 1.7% pre-intervention to 5.3% and 4.6% in the two periods; OR = 3.37 and 2.74 respectively. iCARE outreach alone: seroprevalence 9.5% and 10.7%. Linkage to care: 86.1% of positives. Acceptability: 93.7% trusted results to a great extent; 99% would recommend iCARE.	High acceptability and participant satisfaction.	Narrative feedback from peer navigators suggested intervention effectively reached MSM target group.	Proportion trusting test results; willingness to recommend iCARE.

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Wambua 2019	Acceptability pilot feasibility, effectiveness in terms of depression and biomarker stabilization.	Not stated	After the stakeholder meetings, some work was done with selected peer mentors working within the health facility (CCC) to practice the manual content (i.e., activities) in the proposed context to ascertain their "workability" in real-life settings. These practice sessions allowed us to see links in the manual and led us to a one-day manual editing and revision session which included the participation of peer mentors from the CCC.	None
Ahmed 2022	ECs show promise in improving treatment outcomes among ALHIV in resource-limited settings. ECs also demonstrate the capacity to deliver adolescent-friendly services and support caregivers with regard to sero-status disclosure and HIV management. None	None	Participants from all three groups consistently reported how the welcoming character of the ECs enabled them to build rapport and trust among the adolescents they served. ECs were also known for fostering an atmosphere of unity and inclusivity during Teen Club meetings which allowed for adolescents to form meaningful bonds among their peers.	None

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			Consequently, adolescents have found Teen Club helpful for maintaining medication adherence. As emphasized by the KIs, ECs have the advantage of extended time with ALHIV given the work burden among clinicians. Despite the fact that nurses also participate in Teen Club meetings, the bond formed between the Teen Club members and ECs was considered unparalleled to the relationship that these adolescents have with other health workers (e.g., doctors and nurses). Due to the friendliness and compassion shown to them by ECs, adolescents were willing to confide in them. Adolescents described ECs using positive phrases such as ECs show promise in improving treatment outcomes among ALHIV in resource-limited settings. ECs also demonstrate the capacity to deliver adolescent-friendly services and support	

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			caregivers with regard to sero-status disclosure and HIV management.	
Hosaka 2021	Participants' knowledge improved in nine of ten sessions. All but one leader—who moved away before the study ended—demonstrated stable or improved resilience with a mean difference of 3.8 (SD = 7.0) from before the intervention to after assuming the leadership role. Peer leaders reported improved leadership confidence and resilience, and their perception was that the curriculum helped normalize the HIV experience for YLWH attending clinic Peer leaders completed the CD-RISC pre- and postintervention. All but one leader—who moved away be- fore the study ended—	Not stated	Results from this study support the use of a PYL HIV curriculum integrated into routine adolescent HIV clinics as a feasible and acceptable means to improve HIV knowledge.	Not stated

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	demonstrated stable or improved resilience (Fig. 3), with a mean difference of 3.8 (SD = 7.0; median = 5.5; Q1, Q3 = 0, 9; min, max = − 8, 11). The pre-intervention resilience mean was 60.7 (SD = 9.1; median = 64.0; Q1, Q3 = 49, 68; min, max = 47, 69), while the post-intervention resilience mean was 64.5 (SD = 6.5; median = 64; Q1, Q3 = 60, 71; min, max = 56, 72). One of the seven peer leaders did not have a post measurement due to a recording malfunction during data.			
Simms 2022	The primary outcome was virological nonsuppression (viral load 1,000 copies/mL). At baseline, 35.1% of participants had virological nonsuppression and 70.3% had SSQ8. After 48 weeks, follow-up was 89.5% for viral load data and 90.9% for other outcomes. Virological non suppression decreased idecreased in both arms, but there was no evidence of an intervention effect (prevalence of nonsuppression 14.7% in the Zvandiri-PST arm versus 11.9% in the Zvandiri arm; AOR = 1.29; 95% CI 0.68, 2.48; p = 0.44). There was strong evidence of an apparent effect on common mental	Secondary outcomes were symptoms of CMDs and depression and health utility score.	Qualitative analyses found that CATS-observed participants had limited autonomy or ability to solve problems.	Not stated

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	health outcomes (SSQ 8: 2.4% versus 10.3% [AOR = 0.19; 95% CI 0.08, 0.46; p < 0.001]; PHQ-9 10: 2.9% versus 8.8% [AOR = 0.32; 95% CI 0.14, 0.78; p = 0.01]). Prevalence of EQ-5D index score <1 was 27.6% versus 38.9% (AOR = 0.56; 95% CI 0.31, 1.03; p = 0.06).			
Burke 2022	While the primary analysis found that Project YES! impacted internalized stigma across all participants and increased VS among AYA at the children's hospital this qualitative analysis reveals the impact that Project YES! had on the YPMs themselves and what YPMs view as the critical components of a successful peer mentoring program. Project YES! YPMs identified two essential components of a peer mentoring program serving youth living with HIV. First, programs should train HIV-positive youth to be YPMs, since the shared experience of living with HIV establishes a foundation of trust between YPM and client that facilitates supportive, positive behavior change. None	Second, investment in professional training and supportive supervision.	While the primary analysis found that Project YES! impacted internalized stigma across all participants and increased VS among AYA at the children's hospital, this qualitative analysis reveals the impact that Project YES! had on the YPMs themselves and what YPMs view as the critical components of a successful peer mentoring program. This insight is all the more relevant because despite an international call for youth engagement in HIV care and prevention efforts, few models provide details on the mechanisms of how to implement a successful peer mentoring	None

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			program in this population. The CDC has included Project YES! in the Compendium of Evidenced Based Interventions (EBI) as a medication adherence and structural EBI.; thus, understanding the experiences of the YPMs implementing this EBI becomes critical for scale up in other contexts.	
Ndhlovu 2021	The study found a transient effect of the Zvandiri peer intervention in improving virological suppression among adolescents and young adults failing ART. However, the overall rates of viral suppression rates were poor in both groups (i.e. 31.7% in the intervention group vs 20.4% in the SOC) and high levels of NNRTI DRM were observed in both arms at baseline. The overall rates of viral suppression rates were poor in both groups (i.e. 31.7% in the intervention group vs 20.4% in the SOC) and high levels of NNRTI DRM were observed in both arms at baseline. Among the 212 study participants, only 70 (33%) participants switched to a new regimen during the study—31 in intervention arm and 39 in the SOC	None	The study found a transient effect of the Zvandiri peer intervention in improving virological suppression among adolescents and young adults failing ART. We conclude that improving viral outcomes in this population will require an approach that combines psychosocial support to promote adherence, coupled with drug resistance and VL data that are made available to primary providers in a timely manner to support drug switching and ongoing adherence support. In addition, more robust treatment regimens with higher	None

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	care (p=0.24). These 70 participants had a lower median CD4 count at baseline compared to those who did not switch, although not statistically significant [172 (45–338) vs 235 (100–428), p=0.072]. Most of the participants who switched, 86% (n=62/70) were first line failures. These 62 participants switched to a PI based 2nd line ART regimen. Although only 33% (n=70) of the participants switched to a new ART regimen, the "blind" switching i.e. switching using clinical criteria and not VL results by the health caregiver made a difference. After switching, a statistically significant difference in median (IQR) VL at week 36 was observed in those who were switched compared to those who did not switch [1.86 (1.3–4.0) vs 3.66 (2.17–4.72), p=0.0001]. The number of regimen switches was not sufficiently large to evaluate the interaction between regimen switch and study groups (intervention vs. SOC).		barriers to resistance are required for this heavily treatment experienced populations with significant resistance.	

Author, year	Primary outcomes and results	Secondary outcomes	Qualitative themes	Implementation findings
Bernays 2020	The CATS reported that working as a CATS had brought them considerable opportunity and advantage, including improving their capacity to manage their HIV status. Although the remit of the CATS was to support other ALHIV, many of them themselves had been struggling with adhering to treatment: “Prior to being a CATS, I would take them anytime (ARVs). If I wasn’t reminded at times I would skip.” (Progress, female, aged 20). Many reported that the training and education which they received through the programme had improved their treatment literacy and galvanized their commitment to compliance: “I only got to know about all of this when I became a CATS.” (Rudo, female, aged 24). All of the CATS who had previously struggled with adherence described how the reminder structures they put in place for beneficiaries helped them too: “I send adolescents reminders, so there is no way that I won’t also take my medication at seven o’clock.” (Geoffrey, male, aged 20); None	Overall the CATS considered their work fulfilling and were proud that the support they offered had a positive impact. The majority considered that the proximity of their own experiences to those of the beneficiaries enabled them to make a unique	The CATS reported that being peer supporters improved their own adherence behaviour and contributed to an improved sense of self-worth. The social connections between the CATS were a source of comfort and enabled them to develop skills to manage the challenging aspects of their work. Two substantial challenges were identified. First, their work may reveal their HIV status. Second, managing the emotional labour of this caring work; given how commonly the complexity of the beneficiaries’ needs mirrored the circumstances of their own difficult lives. Both challenges were ameliorated by the support the CATS provided to each other and ongoing supervision from the adult mentor. There was variation in whether they felt their roles were appropriately valued through the remuneration they received and within the health system.	None

Author, year	Primary outcomes and results	Secondary outcomes	Qualitative themes	Implementation findings
		contribution, which underpinned why they were so effective	There was a consensus that their experience meant that they would graduate from being a CATS with transferable skills that could enhance their employability.	

Note: Please see full reference list of this article: Petinger, C., Mabuza, B.N. & Van Wyk, B., 2026, 'Peer navigation to support psychosocial well-being and HIV treatment among adolescents: A rapid review', *Health SA Gesondheid* 31(0), a3464. https://doi.org/10.4102/hsag.v31i0.3464 for more information.