

Training course in adolescent sexual and reproductive
health 2021

HIV prevention and care

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Question 1

Name three factors that increase adolescent girls' risks of acquiring HIV and of the consequences of HIV infection?

Three factors that increase the risk of HIV for adolescent girls are: gender inequalities and harmful masculinities, violence, poor access to education and employment opportunities, and low levels of economic independence. The consequences of undiagnosed and untreated HIV among adolescents results in high rates of mortality. In fact, adolescents comprise the only age group for which AIDS-related mortality did not decline between 2000 and 2015 worldwide; instead, AIDS-related mortality among adolescents more than doubled during this time period (1).

Question 2

Name three reasons why we have to do more to address HIV in adolescents than we are doing now?

1. Although there are less new infections in younger children, for adolescents the decline has almost flatlined (meaning we aren't seeing a decrease in new infections in girls aged 15-19).
2. AIDS related deaths continue to decrease for all age groups except for adolescents they are also showing a flatline (meaning we aren't seeing a decrease in AIDS related mortality).
3. Adolescents (15-19) living with HIV receive inadequate access to antiretroviral therapy.

Question 3

Name two ways in which service organization of medication refill visits could be differentiated to make them more friendly to young people living with HIV.

1. Make prescriptions to be not more than every 3 months and at a time that is out of school hours, so they don't have to miss school to pick up medication.
2. To allow for out-of-facility individual or group collection ART delivery models as an option.

Question 4

What is the DREAMS initiative? What is meant by "layering" in the context of the initiative? What challenges has the initiative experienced in layering interventions?

The DREAMS initiative is a program aiming to halt the persistent pattern of HIV infection among adolescent girls and young women by creating opportunities for them to live Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe lives (DREAMS). DREAMS provides a combination of HIV prevention packages designed to target multiple sources of risk for adolescent girls and young women, e.g., the economic, social, cultural, behavioral, and biomedical factors that increase AGYW's vulnerability to HIV infection (2).

Layering in the DREAMS program means providing multiple interventions or services from the DREAMS core package to each adolescent girl and young women. The combination of interventions that should be layered depends on several factors: 1) which interventions and services are included in the country's DREAMS program; 2) age (10–14, 15–19, 20–24 years); and 3) specific circumstances of each individual (e.g., experiences of sexual violence). In addition, layering includes contextual level interventions (i.e., community-based activities that are not delivered directly to each girl/woman but from which she may benefit) (2).

Some of the challenges faced in the layering initiative were: delivering all interventions in the Core Package in one geographic area was untenable in the time allocated, coordinating multiple components of the DREAMS Core Package—at institutional level, layering services in the DREAMS Core Package—at individual adolescent girl and young women level, and tracking the layering of services (2).

Question 5.1

Explain what Theory of Diffusion of Innovation is?

Theory of Diffusion of Innovations is new information, an attitude, a belief or a practice or any other object that is perceived as new by the individual or the community and can be diffused to a specific group. An innovation is communicated through certain channels over time amongst members of a social system (3).

Question 5.2

Who are “Change Agents”?

Opinion leaders are considered to be “change agents” (3).

Question 5.3

Statistically speaking, what impact did the peer education intervention have on students' knowledge, as compared to students who were not exposed to the intervention?

Of students targeted by peer education 68% had good knowledge scores, compared with 43.3% of students not targeted by peer education ($\chi^2 = (df = 1) = 111.15, p < .01$). Students targeted by peer education had statistically less misconceptions and better knowledge on the modes of transmission and prevention (3).

Question 5.4

In your country, what role do you believe that peer educators could play in a project/ programme to address HIV among adolescents or young people? Please provide a relevant reference or example.

In Palestine, I think that peer education would be a successful program in teaching HIV in adolescents. Health risk behaviors of Palestinian youth: findings from a representative survey were one of the first studies to look at taboo sexual risk behaviors in the country. One of the recommendations was to introduce peer (youth-to-youth) education programs such as the Youth Peer Education Network implemented in Tunisia and other countries; anonymous telephone hotlines to make information readily accessible confidentially; and the use of social media for youth-friendly discussion and education. Each of these has the potential, among other benefits, to also be able to reach out-of-school youth (4).

Question 6.1

What are the five principal components of the regional strategy for the health sector response to HIV's priorities?

1. Strengthening health information systems for HIV and operational research.
2. Fostering political will, broad participation and increased financing for a coordinated and sustained national response to HIV; 18 Regional strategy for health sector response to HIV 2011–2015.
3. Providing quality HIV prevention, care and treatment services and enhancing their utilization.
4. Strengthening the capacity of health systems for effective integration of HIV services.
5. Promoting a supportive policy and legal environment to facilitate the health sector response (5).

Question 6.2

In your opinion, which of the five principal components of the regional strategy for the health sector response to HIV's priorities is most needed in your country? Please provide a relevant reference or example.

In Palestine, I think that they most need to strengthen the health information systems for HIV and operational research. We do not have gender-sensitive indicators for availability and quality of services, coverage of populations in need and impact on risk factors and health outcomes. The only HIV indicator information can be found in the MICS survey that is done every 5 years. Unfortunately these surveys are only done by women (usually only married women), so we do not have gender-specific information. Also the indicators available are: have you heard of AIDS, knowledge about HIV prevention among young woman, knowledge of mother to-child transmission of HIV, accepting attitudes towards people living with HIV, and who know where to be tested (6).

References

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3. Al-Iryani B, Basaleem H, Al-Sakkaf K, Crutzen R, Kok G, van den Borne B. Evaluation of a school-based HIV prevention intervention among Yemeni adolescents. *BMC public health*. 2011 Dec;11(1):1-0.
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5. World Health Organization. Regional strategy for health sector response to HIV 2011-2015. 2011.
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