

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?

1.6 million adolescents living with HIV worldwide, 61% are girls.

Factors that increase risks of acquiring HIV possibly due to the following:

- Most adolescents lack basic knowledge on prevention of HIV and poor access to education, or where to access HIV preventive services, as reported that only 28% of young women in sub-Saharan Africa had comprehensive knowledge on how to prevent HIV.
- Adolescent girls especially might be unable to negotiate safer sex, the use of condoms due to low levels of economic independence, interpersonal gender based violence, and power differentials related to age and gender (condom less high-risk sex).
- Adolescents are less likely to be tested for HIV, as reported 60% required parental consent for adolescents to access HIV treatment. (1)

Question 2

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

There are 190,000 new adolescent infections globally, 11% of the total number of new infections each year, in spite of the interventions made we still need more to address HIV in adolescents due to the following as shown in the graphs:

- Although there are less new infections in younger children largely due to the impact of prevention of mother-to-child transmission (PMTCT), for adolescents the decline has almost the same, no changes (flat lined graph).
- AIDS related deaths for adolescents continued to rise, adolescents living with HIV (ALHIV) have higher rates of mortality (the decline is flat lined).
- Adolescents living with HIV receive inadequate access to antiretroviral therapy (ART), for reasons such as requirement of 3rd party consent, services are often not adolescent friendly, discrimination, adolescents find it difficult to reach and obtain HIV prevention, care services and treatment. (2)

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.

ALHIV receive inadequate access to ART, service organization of medication refill visits could be differentiated to make them more friendly to ALHIV based on WHO recommendations as following:

1. Where to provide the services: Community based approaches for example: medication refilling visits need to be more frequent and to be out-of-facility, individual or group collection ART delivery models can be considered. Pregnant or breastfeeding adolescents supported within differentiated ART models or clinically stable adolescents, if oral contraception provided refills could be distributed along with ART refills.
Referral check: clear pathway to identify needs for referral to clinicians.
2. Who provides these services: Training of health worker such as the nurses, clinical officers and doctors to provide adolescent-friendly health services (AFHS) (3).

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?

DREAMS is an ambitious program aiming to halt the persistent pattern of HIV infection among adolescent girls and young women (AGYW) by creating opportunities for them to live Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe lives, provides a combination of HIV prevention packages designed to target multiple sources of risk for AGYW.

Layering in DREAMS means providing multiple interventions or services from the DREAMS core package to each AGYW. 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 of the AGYW (10–14, 15–19, 20–24 years); and 3) specific circumstances of individual AGYW e.g., experiences of sexual violence. Challenges:

- Layering services in the DREAMS Core Package—at individual AGYW level.
- Difficulties with the tracking the layering services.

The co-ordination of multi-sectoral approach was complex, as well tracking the layering of services. Having multiple Implementing Partners (IPs) and the absence of a shared identification code, moreover the IPs felt that given more time for planning, and clear coordination strategies, layering could have been possible. (4)

Question 5.1

Explain what Theory of Diffusion of Innovation is?

Theory of Diffusion of Innovations considers that an innovation can be 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 (5).

Question 5.2

Who are “Change Agents”?

Opinion Leaders are the Change Agents

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. Students targeted by peer education had statistically less misconceptions and better knowledge on the modes of transmission and prevention (5).

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 Yemen, the PEER education is a corner stone, as indicated in many studies that the source of information mainly sex are the friends, so school based and community based as well as PLWHIV peer education experienced better knowledge on HIV prevention. The studies' results revealed that young people targeted by peer education attained a higher percentage of good knowledge (47.5%) compared to those who did not receive peer education (25.4%). Levels of stigma and discrimination at individual levels decreased among those targeted by peer education. Among those targeted by peer education, 90.4% reported behavioral change, mainly avoiding sharing needles (53.3%), avoiding sex with female sex workers (37.6%), avoiding male-to-male sex (18.6%), avoiding sex with multiple partners (16.8%), and use of condoms (3.3%). In comparison with the 2005 baseline, knowledge on the protective role of condoms increased from 29% to 49.5%. In 2008, 82.0% perceived themselves at risk for HIV infection compared to 62.0% in 2005; and 65.6% were willing to accept having a person living with HIV teaching their relatives in schools compared to 23% in 2005 (6). So with the very conservative community and cultural setting of Yemen, it was seen by these studies the importance of peer education for better knowledge on the HIV modes of transmission and prevention.

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 (HIS) for HIV and operational research.
2. Fostering political will, broad participation and increased financing for a coordinated and sustained national response to HIV.
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 (7).

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.

From my working experience, in Yemen the most needed priority is HIS, because during this period the National AIDS Program (NAP) is conducting program review, thus meetings and interviews with many stakeholders and decision makers were done, and all of them indicated the lack of HIS and the information, as well as the critical need for having the data for evidence based interventions, policy making and for following up the PLHIV.

Based on these information and data, evidence based high level advocacy and fostering the political will can be more effective.

References:

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