

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 adolescents acquiring HIV are; Lack of basic knowledge on prevention of HIV; only 34% of young men and 28% of young women in sub-Saharan Africa between 2012 and 2017 had comprehensive knowledge on how to prevent HIV. Moreover, they may be unable to negotiate the use of condoms due to low levels of economic independence, interpersonal violence, and power differentials related to age and gender, and adolescents are less likely to be tested for HIV than adults due to lack of access to information and services, including self-testing. HIV among adolescents has major health consequences, undiagnosed and untreated HIV among adolescent's results in substantial mortality. Compared with children and adults living with HIV, adolescents living with HIV have higher rates of mortality (WHO, 2018).

### **Question 2**

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

We have to do more to address HIV in adolescents than we are doing now because, although there are less new infections in younger children, for adolescents the decline has almost flat-lined between 2000 and 2017 as per the UNAIDS estimates at 2018. In addition, however the AIDS related deaths continue to decrease for all age groups for adolescents the decline has flat-lined and Adolescents living with HIV receive inadequate access to antiretroviral therapy in some countries parental consent was required for adolescents to access HIV treatment.

### **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.**

In order to make service organization of medication refill visits more friendly to young people living with HIV; one way could be considering out-of-facility individual or group collection ART delivery models and supporting pregnant or breastfeeding adolescents within differentiated ART models for clinically stable adolescents.

### **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 initiative is an ambitious and a multi-sectoral approach program aiming to reduce the persistent pattern of HIV infection among adolescent girls and young women's (AGYW) 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 AGYW, e.g., the economic, social, cultural,

behavioral, and biomedical factors that increase AGYW’s vulnerability to HIV infection. Layering in DREAMS means providing multiple interventions or services from the DREAMS core package to each AGYW (Chimbindi et al., 2018).

In layering the interventions, the initiative experienced the following challenges;

- DREAMS was ‘a big lift’–requiring a huge effort to get it off the ground
- Ambitious and bold expectations to implement and achieve impact in a quick timeframe
- Coordinating multiple components of the DREAMS Core Package—at institutional level
- A ‘new way of working’ was difficult given lack of existing systems, structures or incentives for organizations to link their services for AGYW
- Delivering all interventions in the Core Package in one geographic area was untenable in the time allocated
- Layering services in the DREAMS Core Package—at individual AGYW level, and
- Tracking the layering of services (Chimbindi et al., 2018).

### **Question 5.1**

**Explain what Theory of Diffusion of Innovation is?**

Theory of Diffusion of Innovation is a theory that considers 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 through ‘change agents ’ in behavioral change communication (Al-Iryani et al., 2011).

### **Question 5.2**

**Who are “Change Agents”?**

In this case, ‘change agents’ are opinion leaders (Al-Iryani et al., 2011)

### **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?**

Students targeted by peer education had statistically less misconceptions and better knowledge on the modes of transmission and prevention (Al-Iryani et al., 2011).

### **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.**

The prevalence of HIV among adolescents and youth in Ethiopia is 1.22%, with significant variation between young females and males (EPHI, 2015). In Ethiopia, School-based HIV/AIDS health education is identified as an effective way to prevent the spread of HIV among adolescents and youth (Federal Ministry of Health Ethiopia, 2017). In a quasi-experimental study done to assess the effects of peer education intervention on HIV/AIDS, showed students in the intervention group demonstrated positive changes in HIV related comprehensive knowledge and showed better interest to go for HIV testing in the near future. Furthermore, positive changes on risky sexual behaviors were reported from the intervention group suggesting peer-education plays significant role to prevent and control HIV/AIDS among youth (Menna et al., 2015).

### **Question 6.1**

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

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

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

### **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.**

Between 2000 and 2017, Ethiopia has witnessed a marked reduction in HIV/AIDS morbidity and mortality (new HIV infections reduced by 90 percent and AIDS-related mortality among adults reduced by more than 50 percent) through its leadership commitment and country ownership of the HIV program response. However, there is significant variations in the burden of HIV across geographic areas and population groups (Federal HIV/AIDS prevention and control office, Ethiopia, 2018). Therefore, Promoting a supportive policy and legal environment to facilitate the health sector response is the most needed component in Ethiopia. With a particular focus on, making available, the necessary health services for all those who need them irrespective of their HIV status, gender, ethnicity, risk behavior or any other factor. Moreover, protecting PLHIV and key populations at increased risk of HIV from prosecution and/or arrest while seeking health services and ensuring the affordability of HIV prevention commodities, HIV medicines and diagnostics.

## **References**

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