

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 adolescent girls' risks of acquiring HIV:

- (1) Gender inequalities and harmful masculinities, violence.
- (2) Poor access to education and employment opportunities.
- (3) Low levels of economic independence.

And the consequences of HIV infection are:

1. Undiagnosed and untreated HIV among adolescents results in substantial mortality AIDS-related deaths among young adolescents aged 10–14 years have declined since 2010 to approximately 20 000 deaths globally during 2015, due largely to the impact of prevention of mother-to-child transmission. However, AIDS-related deaths among adolescents aged 15–19 years have continued to rise, with an estimated 20 800 deaths during 2015. 2. "Compared to HIV-infected children and adults HIV infected adolescents have poorer retention in care, 3. Lower rates of virologic suppression and higher rates of mortality." <sup>(1)</sup>

### **Question 2**

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

1. The decline in number of new infections for adolescents has almost flat-lined, although there is decline in new infections among children.
2. AIDS related deaths flat-lined for adolescents even though it continues to decline for other age groups.
3. Adolescents living with HIV receive inadequate access to antiretroviral therapy just 31% in boys between the age of 15-19 and 41% for girls aged 15-19.

### **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. Out-of-facility individual or group collection ART delivery models can be considered, Pregnant or breastfeeding adolescents supported within differentiated ART models for clinically stable adolescents.
2. Medication refill visits every 3-6 months: Need not be more frequent than every three months ART refill.

### **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 Partnership 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 (DREAMS). Led by the United States (US) Office of the Global AIDS Coordinator (OGAC), and funded by the US President’s Emergency Plan for AIDS Relief (PEPFAR) and private sector partners 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 is a multi-sectorial approach that creates ‘layering’ of services, for example, through referrals between or within DREAMS implementing partners layering 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). In addition, layering includes contextual level interventions (i.e., community-based activities that are not delivered directly to an AGYW but from which she may benefit). To build on existing infrastructures, DREAMS activities are intended to be integrated within government-supported systems.

Challenges to DREAMS were:

1. ‘A big lift’—requiring a huge effort to get it off the ground.
2. Expectations are ambitious and bold to implement and achieve impact in a quick timeframe.
3. Coordinating multiple components of the DREAMS Core Package—at institutional level was challenging.
4. A ‘new way of working’ was difficult given lack of existing systems, structures or incentives for organizations to link their services for AGYW.
5. Delivering all interventions in the Core Package in one geographic area was untenable in the time allocated.
6. Layering services in the DREAMS Core Package—at individual AGYW level.
7. Tracking the layering of services.

### **Question 5.1**

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

The 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. An innovation is communicated through certain channels over time amongst members of a social system (e.g. a school). A central point in this theory is the use of opinion leaders as ‘change agents’. Peer educators are assumed to have this role by influencing not only those for whom the activities are organized (their peers), but also others of relevance in the peer’s environment (family, friends, etc.) through an informal diffusion. Behavioral change thus comes about through a process of formal or informal communication and modeling by trained peers.

### **Question 5.2**

## **Who are “Change Agents”?**

Change agents are opinion leaders.

### **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 the students targeted by peer education 68% had good knowledge scores, compared with 43.3% of students not targeted by peer education ( $c^2 = (df = 1) = 111.15, p < .01$ ). Students targeted by peer education had statistically less misconceptions and better knowledge on the modes of transmission and prevention. The only exception was the knowledge on having sex with an infected person, which was not statistically significant.

### **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 my country the peer education network Y-PEER Iraq has played an integral role in the integration of reproductive health education including HIV/AIDS subjects. Workshops held in youth space led by peer educators using interactive and innovative methods helped spread the knowledge among adolescents and young people in Iraq. In UNFPA Iraq quarterly update #1 report it mentions the Y-PEER Iraq training programs “From 24 to 28 June, Y-Peer in Iraq, supported by UNFPA, organized its first Advanced Peer Educators Training in Duhok, in the Kurdistan Region of Iraq. A total of 25 young Iraqis and Syrians participated in the 5-day training where they learned about life skills, adolescence, leadership, reproductive health, women empowerment, gender equity, HIV, child marriage among other topics.”<sup>(2)</sup> And how those youth will help spread what they learned among their peers “The Peer educators are expected to give awareness sessions and transfer their learning to other youth in their neighborhoods and camp, under the umbrella of Y-Peer.”<sup>(2)</sup>

### **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.
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.

### **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.**

I believe the most important strategy for my country Iraq is strengthening health information systems for HIV and operational research in the study initially as reliable information on the distribution and trends of HIV infection and risk behaviors in the population and the coverage of prevention, care and treatment interventions is essential for rational decision-making. Epidemic surveillance and program monitoring data should allow for dis-aggregation by sex and age and by other relevant variables in order to enable program managers to tailor interventions according to gender and age-specific needs. In general, there is not enough epidemiological studies about HIV prevalence in Iraq and the distribution among the population and it is believed that there are many undocumented cases. In the study (EPIDEMIOLOGICAL ASPECTS OF HIV/AIDS IN IRAQ) .”The total number of patients was (247) which only represented the registered cases in the last years from (1986 up to 2005) ,with males preponderance (86.2%) compared with females (13.8%), The cases were most frequent within the age group (< 20yrs) and least frequent within the age group (≥ 50yrs) Regarding marital status , most of the patients were single (74.5%) followed by those who were married (23.5%), widowed (1.6%) and lastly divorced (0.4%) “ and it mentions that general HIV were restricted and limited overall “All information about AIDS have been under strict governmental restrictions and only two centers in Baghdad were authorized to deal with AIDS patients .These two centers are: 1.AIDS researches and studies centre (Baghdad). 2. Medico-consulting centre for AIDS patients (Ibn –AlZuher Hospital) ”<sup>(3)</sup>.

### **References:**

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2. UNFPA Iraq. UNFPA Iraq Quarterly Update - #1 [Internet]. UNFPA Iraq. 2018 [cited 2021Apr8]. Available from: <https://iraq.unfpa.org/en/publications/unfpa-iraq-quarterly-update-1>
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