

Training course in adolescent sexual and  
reproductive health 2019

HIV prevention and care

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### **Question 1:**

**Name 3 reasons why there is increased risk of adolescent girls acquiring HIV and of the consequences of HIV infection?**

Adolescent girls are at increased risk of acquiring HIV because of gender inequalities that promote gender-based violence and discrimination among men and women in the communities. In addition, there are harmful cultural practices in various countries that put girls at higher risk of HIV. Example, in Malawi currently some harmful cultural practices are taking place, such as early marriages that put adolescents at risk of poverty and maternal mortality rate. More over poor access to education among girls leads to unemployment hence men take advantage of them and this also put them at risk of HIV infection.

Furthermore, there is high mortality rate among adolescents if compared with children and adults living with HIV. Studies have shown that AIDS-related mortality in adolescents double between 2000 and 2015 worldwide instead of decline (UN,2017).

### **Question 2**

**Name 3 reasons why we have to do more to address HIV in adolescents than we are doing now?**

The reasons there is more to do in order to address HIV in adolescents than we are doing now is that; studies have shown that adolescent girls are disproportionately bearing the burden of HIV. For example, UNAIDS in 2018 estimated that 1.6 million adolescents are living with HIV which is at a higher level. Nevertheless, 61 % of the adolescents affected with HIV are girls. In addition, although there are less new infections in younger children, for adolescents the decline is slightly changing. For examples, in 2008 the number of new HIV infections among adolescents and children was at 320,000 while in 2017 new HIV infections among adolescents was at 250,000 and in children it was at 180,000. Moreover, studies have found that AIDS related deaths continue to decrease for all age groups except in adolescents which is at flatline since 2009. Hence, there is more to do to address the HIV infection in adolescents.

### **Question 3**

**Name 2 ways in which service organization of medication refill visits could be differentiated to make them more friendly to young people living with HIV.**

Service organization of medication refill visits could be differentiated to make them more friendly to young people living with HIV. In order to achieve this, medication refill visits for adolescents should not be more frequently than every 3 months so that they should have enough time for classes, other activities and to reduce the travelling costs. In addition, adolescents who are pregnant or breastfeeding should not be segregated but supported within differentiated ART for clinically stable adolescents.

#### **Question 4**

**What is the DREAMS initiative? What is layering in the context of the initiative? What challenges has the initiative experienced in layering interventions?**

DREAMS initiative is an ambitious programme 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 (Chimbindi et al,2018, p.2).

Layering in the context of DREAMS initiatives means providing multiple interventions or services from the DREAMS core package to each adolescent girl and young woman. Provision of multiple interventions depend on country's program, age and specific circumstances of an individual (Chimbindi et al,2018, p.2).

Layering services in the DREAMS Core Package has met challenges. For example, at individual adolescent girl and young women, a lot of resources were expected to be readily available in terms of human and infrastructures which was difficult for the new services in the package. In addition, it was difficult to track the layering services within a geographical area.

#### **Question 5**

**What is the rationale for PrEP? What is WHO's recommendation on the use of PrEP? Name three attributes of the recommendation?**

Even though countries are doing much better on scaling up treatment, globally, there is no decrease in new HIV infections especially in adults hence there are more to do at the global, regional and national level. As a result, the introduction of Pre- exposure prophylaxis as a fast-tracking approach to 2030 will reduce the rate of new HIV infection

WHO recommended the use of Oral PrEP (containing TDF) as an additional prevention choice for people at substantial risk of HIV infection hence as part of combination prevention approaches.

Three attributes of the recommendation are as follows; PrEP is not for specific population since everyone who is at risk of HIV is recommended to take the drug such as gays and drug users. In addition, there is availability of prevention choice within combination prevention such as condoms and voluntary male medical circumcision (VMMC). Furthermore, there is a need to provide PrEP with comprehensive support such as counsel them to adhere since it is for life, they need to be supported mentally as well as emotionally and the contraception and reproductive health services should also be available to them (WHO,2019).

## **References**

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