

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?

Human Immunodeficiency Virus (HIV) is a virus that attacks the immune systems by destroying cells that help the body fight infection thereby destroying or impairing their function and making the person more susceptible to other infections and diseases. HIV is transmitted through exchange of body fluids infected by the virus such as blood, semen, vaginal secretions and breast milk.

According to WHO, in 2017 there were approximately 1.8 million adolescents living with HIV worldwide. HIV is an important problem among adolescent, particularly in sub-Saharan Africa. Adolescents accounted for 16% of new adult HIV infections in 2017. Adolescent girls are disproportionately affected and mostly bear the burden of HIV. For example, in 2017 in Eastern and Southern Africa, girls accounted for two in every three new HIV infections among young people. The increased risk of adolescent girls acquiring HIV is underpinned by gender inequalities and harmful masculinities, violence, poor access to education and employment opportunities, and low levels of economic independence. Most adolescents' girls lack basic knowledge on how to prevent HIV and 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.

HIV infections among adolescents is a cause of major health consequences; if undiagnosed and untreated it advances into Acquired Immuno-Deficiency Syndrome (AIDS) and significant mortality. Compared to children & adults living with HIV, adolescents have higher rates of mortality. Unfortunately, adolescents are less likely to be tested for HIV as some countries require parental consent for adolescents to access HIV treatment. AIDS-related mortality among adolescents persists due in part to unique characteristics such as increasing autonomy of older adolescents and the effects of these characteristics on adherence to treatment, retention in care and suppression of viral load. This is exacerbated by the fact that they are underserved by HIV services.

Question 2

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

HIV infections among adolescents is a cause of major health consequences; if undiagnosed and untreated it advances into Acquired Immuno-Deficiency Syndrome (AIDS) and significant mortality. There is, therefore, a need to do more to address HIV in adolescents than we are doing now and achieve epidemic control.

Many adolescents do not know how to prevent HIV or where to access HIV prevention services. Although there have been less new infections recorded in younger children between 2000 and 2017, for adolescents the decline has almost flatlined. Furthermore, while AIDS-related deaths continue to decrease for all age groups, for adolescents the decline has flatlined. AIDS-related

deaths have declined in 10 to 14 year-olds, largely due to the impact of Prevention in Mother to Child Transmission whereas AIDS-related deaths in 15 to 19 year-olds have continued to rise because of growing adolescent autonomy and its impact on adherence to treatment. This has resulted in higher rates of mortality among adolescents compared to children and adults living with HIV. Furthermore, adolescents living with HIV receive inadequate access to antiretroviral therapy thereby impacting their retention in care and resulting in lower rates of viral suppression. According to WHO, adolescents are less likely than adults to be tested for HIV, and in almost 60% of the 107 reporting countries parental consent was required for adolescents to access HIV treatment. HIV prevention and care services are often not adolescent-friendly thereby discouraging adolescent's engagement in care.

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.

Differentiated approaches to HIV prevention, treatment and care are integral to meeting the diverse need and expectations of young people living with HIV. This ensures an implementation of a client-centered approach which simplifies and adapts HIV services in ways that both serve the needs of young people better and reduce unnecessary burdens on the health system. Differentiated service delivery is essential for making service delivery appropriate and friendly to adolescents living with HIV.

Service organization of medication refill visits could be differentiated to make them more friendly to young people living with HIV by:

1. Making sure the frequency of the medication refilling visits is not more frequent than every three months. This can be scheduled to a 3 to 6 months medication refill visit
2. Broadening medication refilling access points through PHC, out of facility individual or group collection, consideration of Antiretroviral Therapy (ART) delivery models and pregnant or breastfeeding adolescents supported within differentiated ART models 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?

The Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) initiative is a multi-sectoral approach using a public-private partnership to reduce rates of HIV among adolescent girls and young women (AGYW) in the highest HIV burden countries. In 2015, 10 DREAMS countries in sub-Saharan Africa, including Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe, accounted for nearly half of all the new HIV infections that occurred among AGYW globally. DREAMS utilize a core

package of interventions targeting multiple sources of HIV risk with adaptation to national and local contexts. The DREAMS HIV prevention packages target multiple sources of risk for AGYW such as economic, social, cultural, behavioural, and biomedical factors that increase AGYW's vulnerability to HIV infection. This is also aimed at improving AGYW's lives more broadly through enhancing their value in society and their own esteem, their experiences within relationships, opportunities for schooling and employment, and healthy transitions from adolescence to adulthood.

DREAMS multi-sectoral strategy includes what is referred to as 'layering' of services. Layering means providing multiple interventions or services from the DREAMS core package to each AGYW, for example, through referrals between or within DREAMS implementing partners. The combination of interventions that are layered depends on several factors including; which interventions and services are included in the country's DREAMS programme; age of the AGYW; and specific circumstances of individual AGYW such as experiences of sexual violence. Layering also includes context-specific interventions like community-based activities that are not delivered directly to an AGYW but from which she may benefit. The DREAMS activities are intended to be integrated within government supported structures to support existing infrastructure.

Based on an evaluation of the DREAMS initiatives, key challenges were identified in the implementation of the initiative. These included; 'layering' multiple interventions across different sectors (health, education, social welfare); supporting individuals' journeys between services to improve uptake and retention; engaging communities beyond direct beneficiaries; avoiding perceived/actual exclusivity; and ensuring continuity of commitment and funding for DREAMS. The specific layering challenges include; layering services in the DREAMS Core Package at individual AGYW level and tracking the layering of services to gauge whether higher risk AGYW are reached.

Question 5:

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

Pre-exposure Prophylaxis (PrEP) is the use of an antiretroviral medication to prevent the contracting of HIV infection by uninfected persons. PrEP may either be taken orally, using an antiretroviral drug available for treatment of HIV infection (tenofovir plus emtricitabine), or topically as a vaginal gel containing tenofovir. PrEP is significantly effective in reducing risk of HIV infection across gender, PrEP regimen, dosing, and mode of acquisition. PrEP effectiveness increases with increase in adherence and when used as directed.

The rationale for PrEP is due to inadequate global decline in new HIV infections. While scale of treatment is being well implemented, HIV prevention has not been adequately addressed. Ensuring integrated implementation of HIV prevention and treatment would ensure effective programming for HIV and a reduction in HIV infections. PrEP was also introduced as a fast-track approach to enable more effective interventions at global, regional, national and local levels using evidenced based HIV prevention interventions.

In 2015, WHO recommended that people at substantial risk of HIV infection should be offered PrEP as an additional prevention choice, as part of comprehensive prevention and support based on high quality evidence. Substantial risk is defined as an HIV incidence of more than 3 per 100 person per year, and that itself could be defined by a population or a particular district or setting. The recommendation itself is based on a systematic review and meta-analysis that was conducted, where the whole body of evidence looking at TDF-containing regimens was considered. According to the WHO recommendation for PrEP, Oral PrEP (containing Tenofovir - TDF) should be offered as an additional prevention choice for people at substantial risk of HIV infection as part of combination prevention approaches. In recent years, oral PrEP (containing TDF) has become available in some countries.

Key features or attributes of the recommendation include:

- Enabling – it is not population specific rather it is for all people with substantial HIV risk. These are provisionally defined as HIV incidence greater than 3 per 100 person per years in the absence of PrEP
- An additional prevention choice within combination prevention - including condoms and lube, harm reduction, HIV testing and links to antiretroviral treatment
- Provide PrEP with comprehensive support – including adherence counselling, legal and social support, mental health and emotional support, contraception and reproductive health service