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?

Three reasons adolescent girls are at disproportionately greater risk of acquiring HIV are:

- Gender inequalities. Gender norms that reinforce beliefs that women should please men, that men should sleep with many partners, that girls should be docile while men make the decisions, etc., place adolescent girls at greater risk of HIV. For example, gender inequalities can lead to adolescent girls having sex with older men or being unable to negotiate condom use. Due to gender inequalities, girls in many countries are married before age 18 and lack the skills and resources to protect their health.

- Violence. According to the WHO[i], in some countries, up to one-third of adolescent girls report their first sexual experience as being forced. Adolescent girls also suffer from high levels of intimate partner violence. Violent or forced sex can increase the risk of HIV infection, due to the abrasions that occur, especially for adolescent girls whose vaginal mucous membranes are not fully developed[ii].

- Poor access to education and employment. Adolescent girls have less access to education, due to poverty and gender inequalities. Uneducated girls are twice as likely to be infected by HIV compared to those who have some schooling[iii], and in the least developed countries, six out of every ten girls do not attend secondary school[iv]. Poor access to education leads to fewer employment opportunities, compounded by the challenges of domestic chores, girls' lack of status and decision-making power. Adolescent girls in many countries turn to transactional sex or relationships with "sugar daddies" to continue their schooling or to cover basic needs, which leads to higher risk of HIV, as they are not always able to negotiate safer sex.

Consequences of HIV infection in adolescent girls:

- High level of mortality. AIDS-related deaths in adolescents between 15-19 years have increased, while all other age groups have seen a fall in AIDS-related mortality between 2000 and 2015[v].

- Adolescent girls and women living with HIV are at 4 to 5 times greater risk of invasive cervical cancer compared to women not living with HIV[vi].

- Adolescent girls living with HIV have barriers to accessing health services due to multiple forms of discrimination, which delays their diagnosis and start of treatment. They are also at greater risk of mental health issues and may have more difficulty adhering to ART.

- If an adolescent girl becomes pregnant and is not on ART, she can transmit the virus to her child.

- Adolescent girls living with HIV may face violence from their partners, who blame them for "bringing HIV into the relationship."

Question 2:

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

- The decline in new HIV infections in adolescents has flatlined, meaning we are failing this age group.
- The decline in AIDS-related deaths in 10-19-year-olds has flatlined, compared to other age groups, where deaths have decreased.
- Only 61% of the 10-14-year-old adolescents living with HIV are on ART, and 37% of the 15-19-year-olds are on ART, far from the 90% target needed to end HIV as a global health problem.

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.

- Medications could be collected out of the facility or by group (i.e. members of the group take turns to collect medicines for all members), including longer prescriptions of 3 to 6 months
- Lay providers with adolescent friendly health services could dispense the medication

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?

Launched on 1 December 2014, DREAMS, which stands for "Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe," is an initiative funded by the United States President's Emergency Plan for AIDS Relief (PEPFAR) and private sector partners, aimed at decreasing HIV infection among adolescent girls and young women (AGYW). DREAMS provides a combination of HIV prevention interventions that target the multiple risk factors (e.g. economic, social, cultural, behavioral and biomedical) that put AGYW at greater risk of HIV infection.

In DREAMS, layering refers to a multi-sectoral approach, whereby each AGYW receives multiple interventions or services from the DREAMS core package. For example, a girl in the 10-14 age range might receive a "safe space" intervention (where she is mentored with other girls through a curriculum designed to build her life skills and ability to prevent HIV infection), support with school fees, and sexual and reproductive counselling/HIV testing.

Challenges experienced in layering interventions include:

- There was a lack of systems, structures or incentives for organizations to link their services for AGYW.
- Databases did not adequately capture layering or "talk" to each other, meaning there were missed opportunities to provide services to AGYW and count them correctly.
- Multiple partners in the same district posed difficulties with tracking of referrals.
- Ambitious targets impeded layering and referrals in some places, as implementing partners "competed" for beneficiaries, rather than collaborating.
- Older age groups (e.g. 20-24) were difficult to retain in some interventions, such as safe spaces, making it difficult to count them as reached for this service.

Question 5.

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

The rationale for PrEP is that HIV prevention needs a revolution: HIV incidence in adults is not decreasing. Several rigorous studies have proven that PrEP is significantly effective at reducing the risk of HIV infection, making it an important tool in the combination prevention toolbox. PrEP provides more options for individuals at higher risk for HIV; they can use it as a back-up method (for example, sex workers who may face violence, the HIV-negative partner in a serodiscordant couple), as well as for short episodes of higher risk.

WHO recommends that oral PrEP (containing TDF) should be offered as an additional prevention choice for people at substantial risk (i.e. HIV incidence greater than 3 per 100 person-years in the absence of PrEP) of HIV infection, as part of combination prevention.

Three attributes of the recommendation:

- Enabling. It is not population specific, i.e. it is not only for groups such as men who have sex with men or sex workers; rather, it emphasizes individuals at substantial HIV risk.
- Additional prevention choice. It highlights that this is one more tool within combination prevention, which includes condoms and lubricant, harm reduction, HIV testing and links to ART.
- Must be provided with comprehensive support. This support includes adherence counseling, legal and social support, mental health and emotional support, and reproductive health/family planning services.

[i] World Report on Violence and Health, Chapter 6 (Sexual Violence). World Health Organization. Available at: https://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap6.pdf

[ii] Ibid.

[iii] Women and HIV. UNAIDS; 2019. Available at: https://www.unaids.org/sites/default/files/media_asset/2019_women-and-hiv_en.pdf

[iv] Ibid.

[v] Ibid.

[vi] Ibid.