

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?**

1. Gender inequalities and harmful masculinities
2. Violence
3. Poor access to education and employment opportunities

### **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 new HIV cases has flattened for adolescents, as compared to new infections among younger children
2. The decline of AIDS-related deaths has also flattened for adolescents, while it continues to decrease for all other age groups
3. Adolescents living with HIV receive inadequate access to antiretroviral therapy (ART), percentages are distributed as such:
  - a. 61% of younger adolescents (aged 10 to 14)
  - b. 37% of adolescents aged 15 to 19
  - c. 31% of boys aged 15 to 19
  - d. 41% of girls aged 15 to 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. Have lay providers with adolescent-friendly health services
2. Decrease the number of visits to a maximum of once per 3 months

### **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 initiative is a program that aims to stop the persistent pattern of HIV infection among adolescent girls and young women (AGYW), reduce their vulnerability, and enhance their individual agency by providing them with opportunities to live Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe (DREAMS). The initiative offers a combination of HIV-prevention packages to address the diverse factors that increase AGYW's vulnerability to infection, such as the economic, social, cultural, behavioral, and biomedical factors. Additionally, funding HIV testing and treatment for male partners of AGYW is included as a compliment to the core packages of the initiative.

“Layering” in the context of the initiative means that the strategy being adopted is multi-sectorial, such as conducting referrals between or within the DREAMS partners. Through layering, multiple services from the DREAMS core package is provided to each AGYW. Furthermore, the initiative comprises contextual level interventions such as community-based activities, and DREAMS activities are meant to be incorporated within governmental systems.

The challenges that the initiative has experienced in layering interventions so far are as follows:

- Difficulty coordinating the multiple components of the DREAMS core package at the institutional level
- Difficulty measuring and tracking the layering of services
- Difficulty implementing activities with multiple partners in the same geographical areas
- Having multiple implementing partners and no shared identification code

### **Question 5.1**

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

The Theory of Diffusion of Innovation is a theory which seeks to study how, why and at what rate an innovation is spread throughout a certain target population. An innovation can be new information, an attitude, a belief, a practice, or any other object that is perceived as new by the individual or the community and can be spread to a specific group. An innovation is communicated through certain channels, by change agents, over time amongst members of a certain social system.

### **Question 5.2**

#### **Who are “Change Agents”?**

“Change Agents” are opinion leaders, such as peer educators.

### **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?**

There was a statistical significance in the difference in students’ knowledge when comparing students who were exposed to peer education to those who were not. While 68% of students targeted by peer education had good knowledge, only 43% of those not targeted by the intervention shared similar scores. Students receiving peer education showed better knowledge on the modes of transmission and prevention of HIV and had less misconceptions than their counterparts. The aforementioned results were all statistically significant with a 95% CI and  $p < 0.01$ .

### **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.**

Similar to Yemen, Lebanon is a conservative country where open discussions about sex are not acceptable in society and there are no sexual education programs in schools or universities. Few schools do cover reproduction as part of the biology curriculum; however, alone, it is not sufficient to address HIV among adolescents. Local NGOs, like Mars or SIDC, address HIV (through VCT mainly) and provide adolescent-friendly services. However, more awareness and access to information is still needed, free of any barriers, such as transportation costs to the center, fear of being exposed, and so on.

In the absence of national initiatives to address HIV among adolescents and young people, peer educators play a crucial role in increasing awareness on HIV, highlighting the importance of prevention as well as treatment, and destigmatizing the issue. A peer education program was implemented at some point under and it effectively promoted CSE for adolescents in schools. The initiative relies on peer education whereby fourth-year medical students visit different school and scouts' groups to raise awareness about sex education and tackle the adolescents' questions in a scientific way (Porter, 2017). Consequently, peer educators are able to spread awareness on sexual and reproductive health and address HIV-related issues and concerns, decreasing the stigma around the topic and providing the information in an adolescent-friendly manner. Also, UNFPA launched a similar initiative among Syrian refugees and trained women to provide peer education to other men and women in their communities (UNFPA, 2019). The initiatives have been successful so far and has helped in increasing sexual knowledge among adolescents and young people.

### **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.**

Lebanon has a well-established National Aids Control Program run by the Ministry of Public Health (MOPH), in collaboration with local and international NGOs, UN agencies, WHO, and other stakeholders. Community gatekeepers and faith leaders are also included among the

stakeholders as they play important roles in increasing the impact and reach of the program interventions (MOPH, 2017) (WHO, n.d.). The program provides many services which are accessible to all such as (1) VCT in designated centers across the country, (2) providing ART for free in distribution centers for all Lebanese, Palestinian, and Syrian refugees, (3) drop-in centers where beneficiaries can go to access information, counselling, and referral, and (4) conducting national awareness sessions and well as lectures to young people in schools and universities. The program is also responsible for coordinating a national strategic plan, conducting surveys, and developing guidelines (MOPH, 2017) (WHO, n.d.).

The program has been successful so far and has achieved major progress throughout the years; nevertheless, many challenges hinder the national response to HIV/AIDS. Firstly, political and security concerns are a major issue in the country which disrupt sustained and consistent provision of services, especially if treatment cannot be acquired due to the instability. Secondly, there is shortage or lack of funding for the program or any of its stakeholders, negatively impacting the program's future sustainability. And thirdly, still many religious leaders and decision makers show resistance towards the program and hinder its progress, mainly due to lack of awareness or due to social/religious norms and stigmatization (UNAIDS, 2014). Therefore, I believe that the second principal component of the regional strategy for HIV response is most needed in Lebanon. The component states "Fostering political will, broad participation and increased financing for a coordinated and sustained national response to HIV." By focusing on this component of the strategy, increased commitment by the government can be achieved in terms of funding and sustainability of services provision. Additionally, religious leaders and decision makers can be more involved in the program as well as provided with more awareness sessions on the importance of the response, increasing their collaboration and decreasing their resistance to ensure greater impact and reach.

## **References**

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