

Training course in adolescent sexual and reproductive  
health 2021

HIV prevention and care

Ngam Leslie Musas

Cameroon Baptist Convention Health Services, Bamenda, Cameroon

[Lesliemusas228@gmail.com](mailto:Lesliemusas228@gmail.com)

### **Question 1**

**Name three factors that increase adolescent girls' risks of acquiring HIV and of the consequences of HIV infection?**

Gender inequalities and harmful masculinities, violence, poor access to education and employment opportunities and low levels of economic independence. Consequences of HIV infection is high rates of AIDS-related deaths. For example, AIDS-related deaths among adolescents aged 15-19 years have continued to rise with an estimated 20,800 deaths during 2015. More so, compared with children and adults living with HIV, adolescents living with HIV have higher rates of mortality (1).

### **Question 2**

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

- Firstly, although HIV rates are declining this is very slow. A substantial number of new infections occur every year to adolescents, especially to adolescent girls and young women and especially in sub-Saharan Africa. In 2017, 1.6million adolescents were living with HIV worldwide and 61% were girls occurring in Sub-Saharan Africa
- Secondly, although HIV related mortality in all segments of the population are decreasing, this decline is very slow in adolescents.
- Thirdly, adolescents living with HIV receive inadequate access to antiretroviral therapy. Thus with the above mentioned, there is growing need to reinforce efforts to address HIV in adolescents than we are doing now (2).

### **Question 3**

**Name two ways in which service organization of medication refill visits could be differentiated to make them friendlier to young people living with HIV (ALHIV).**

- Give rendezvous/appointments for clinical visits every 3-6 months. For example, clinicians should schedule clinical visits for ALHIV not be more frequent than every three months.
- Focus on out-of-facility individual or group collection. For example, carryout outreach activities in the community to maximize to antiretroviral therapy and ART refill. E.g., develop ART delivery models to support pregnant breastfeeding adolescents within differentiated ART models for clinically stable adolescents.
- Train, supervise and support nurses or doctors in provision of PHC services to ALHIV.

- Provide clinic consultations including provision of oral contraception during ART refill, assessment of adherence to ART, TB screening, psychosocial health and sexual and reproductive health and request lab tests such as viral load every 6-12months (2).

#### **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?**

- DREAMS initiative is an ambitious program that aims to halt the persistent pattern of HIV infection among adolescent girls and young women (AGYW) aged 15-24years by creating opportunities for them to live determined, resilient, empowered, AIDS-free, mentored and safe lives (DREAMS). DREAMS provides a combination of HIV prevention packages designed to target multiple sources of risk for AGYW, such as the economic, social, cultural, behavioral and biomedical factors that increase AGYW vulnerability to HIV infection.
- Layering means providing multiple interventions or services from the DREAMS core package to each AGYW. In addition, layering includes contextual level interventions such as community-based activities that are not delivered directly to an AGYW but from which she may benefit.
- However, the DREAMS initiative experienced the following challenges:
  - Coordinating multiple components of the DREAMS core package at institutional level was challenging.
  - Delivering all interventions in the core package in one geographic area was untenable in the time allocated (3).

#### **Question 5.1**

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

The Theory of Diffusion of Innovation 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 through certain channels over time.

#### **Question 5.2**

**Who are “Change Agents”? Choose one: General population, Opinion Leaders, Program management:**

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. Students targeted by peer education had statistically less misconceptions and better knowledge on the modes of transmission and prevention (4).

### **Question 5.4**

**In your country, what role do you believe that peer educators could play in a project/ program to address HIV among adolescents or young people? Please provide a relevant reference or example.**

In Cameroon peer educators can play the following roles,

- *Behavior change communication:* Through this interactive process, the peer educator provides the target population with basic facts about HIV and AIDS. This gives the target population opportunities to develop skills for personal protection and encourages them to access appropriate services and products in order to maintain and develop safer practices.
- *Community mobilization:* In HIV prevention, community mobilization is a process through which community members come together to address their individual and collective vulnerability to HIV/AIDS. Community members identify their own concerns, participate in decision-making, evaluate the results and take responsibility for both success and failure.
- *Increase Awareness of HIV and STDs among Peers:* These include conducting informal small group discussions about HIV/AIDS, organizing and conducting formal group discussions about HIV/AIDS, teaching peers about reproductive health and STD detection and treatment. It can also include organizing meetings and educational sessions, participating in World AIDS Day and other public events, holding regular meetings, distributing educational materials, displaying posters and other educational materials, and organizing sports events (5).

### **Question 6.1**

**What are the five principal components of the regional strategy for the health sector response to HIV's priorities?**

- Strengthening health information systems (HIS) for HIV and operational research.

- Fostering political will, broad participation, and increased financing for a coordinated and sustained national response to HIV.
- Providing quality HIV prevention, care and treatment services and enhancing their utilization.
- Strengthening the capacity of health systems for effective integration for HIV services.
- Promoting a supportive policy and legal environment to facilitate the health sector response (6).

### **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.**

Promoting a supportive policy and legal environment to facilitate the health sector response is the most needed in Cameroon. Because in Cameroon at the policy level, the government has recognized women as a high risk group and has put in place plans and policies to reduce the high HIV/AIDS prevalence among them. However, at the political and legal level, the lack of political will and the passiveness of the authority in their duty, blatant embezzlement of HIV/AIDS funds and the reliance on a top-down approach have marred the efforts in the fight against HIV/AIDS in Cameroon. On the legal front, the plan to identify legal and ethical problems linked to HIV/AIDS status in Cameroon and conduct action to prevent child prostitution and violence against women has not been implemented. The government of Cameroon needs a sustainable commitment in addressing gender related discrimination that fuels the HIV/AIDS epidemic in Cameroon. It is only with a strong political will that legislative reforms could reverse the trends of the epidemic among women (7).

### **References**

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