International Workshop on HIV & Adolescence 2019

Abstracts
Oral Presentations
Abstract

1

Risky sexual behaviors: a comparative analysis between adolescent female sex workers (AFSW) and adolescents from the general population (GP) in ten Jilinde-supported counties in Kenya.

Ong’wen P1, Were D1, Mutegi J1, Wakhutu B1, Musau A1
1Johns Hopkins Program for International Education in Gynecology and Obstetrics (Jhpiego)- Kenya, Nairobi, Kenya

Background: Young people aged 10–24 years constitute one-quarter of the world’s population, and are among individuals most affected by the global HIV/AIDS epidemic. Adolescent girls are more vulnerable, and those who engage in sex work experience compounded vulnerabilities. Despite this concern, many young KPs (YKPs) do not access health services to receive prevention interventions because they do not perceive their risk, experience stigma and discrimination, and due to lack of appropriate tailor-made interventions. Jilinde is a large-scale project, which provides oral PrEP to key and vulnerable populations including female sex workers (FSW) and adolescent girls and young women (AGYW) in Kenya. PrEP for AGYW is delivered in public clinics, private clinics, and drop-in-centers (DICEs). We investigated the prevalence of self-reported risky sexual behaviors comparing between AFSW and adolescents from the GP.

Materials & Methods: We report demographic and reported risky behaviors of adolescent girls, ages 15 - 19 years, initiating PrEP from February 2017 to May 2019. The adolescents received either static or outreach services from 93 Jilinde-supported clinics. We used data on risk behaviors in the client encounter form as documented by providers during eligibility assessment for adolescents accessing PrEP for the first time. Retrospective analysis was conducted on de-identified client data sourced from the PrEP medical record form approved by the Ministry of Health of Kenya. Chi square and t-tests were conducted to evaluate inter-group differences and odds ratio for the risk factors between the two groups. All analyses were conducted using SPSS 25.0.

Results: Among 1851 adolescent girls initiating PrEP, 1266 (68.4%) self-identified as FSW. Those identifying as FSWs were slightly older than those from the GP (Mean age 18.1, SD=1.0 vs 17.5, SD=1.3) (p<0.001), and a majority (72.3%) of the older adolescent girls were FSW. A majority (72.4%) of the adolescent FSW were single, while a large proportion (62.1%) of the GP were married. The AFSW sought PrEP services predominantly from the DICES (92.5%), while the GP from public health facilities (80.1%). Most (77.8%) of the adolescent FSWs were linked to PrEP services through their peers. On comparison of risk behaviors, the AFSWs had higher odds of having had a sexually transmitted infection in the last 6 months (OR=6.56, CI=3.17,13.54), recurrent use of Post- exposure Prophylaxis (PEP) (OR=2.89, CI=1.29,6.46), and engaging in sex under the influence of alcohol or drugs (OR=7.66, CI=5.62,10.45). They, however, had lower odds of having a known HIV positive sexual partner (OR=0.12, CI=0.07, 0.21) and using condoms inconsistently (OR=0.25, CI=0.12, 0.56). All the differences were significant at P<0.05.

Conclusions: There have been limited concerted efforts to focus on or address the health needs of adolescent girls engaging in sex work, as they are considered underage. Data from Jilinde shows that preventing HIV infection in adolescent girls need to include interventions for those engaging in sex work due to the hire burden of risky behaviors, and harm reduction for those from the GP who do not use condoms consistently.
Reducing HIV Risk, Retaining at-risk Girls In-School, and Linking Girls to Services in Eswatini through School-based Early Warning Systems

Chirume S
1World Education, Inc., Boston, United States

Background: Young women who attend more school days and stay in school have a lower risk of incident HIV and HSV-2 infection. Research shows that interventions to increase frequency of school attendance and prevent dropout should be promoted to reduce risk of infection. However, nearly 50 million school-aged girls in Africa are not in school, and are at risk of engaging in numerous drivers of HIV. Further, while vulnerability assessments successfully identify many girls at-risk, a large number are missed. Early Warning Systems (EWS) can identify girls at risk of drop out and provide robust response protocols and supports to retain them in school and reduce their risk to HIV.

Materials & Methods: EWSs are grounded in the “ABCs” of risk behavior: Absenteeism, Behavior, and Course failure. The Bantwana Initiative of World Education (WEI/Bantwana) piloted two versions of the EWS: a teacher-administered tool, and a student self-administered tool. In collaboration with the Ministry of Education and Training in Eswatini, WEI/Bantwana piloted the teacher-administered EWS tool with 24 Guidance and Counselling teachers across six schools. With the support of Peer Educators, WEI/Bantwana piloted the self-administered EWS tool with 517 adolescent girls, who self-assessed their risk of dropping out within a school club-based setting.

Results: The teacher-administered EWS tool identified 36 adolescent girls as at risk of dropping out of school. The student self-administered EWS tool identified 175 adolescent girls (34%) as at risk of dropping out of school. The teachers’ assessment tended to focus on financial risk factors (girls who had outstanding fees and balances), whereas the girls’ self-assessments better tapped into the three risk factors of absenteeism, behavior, and coursework. Of the 175 who met the at-risk criteria, 65 consented to meet with Guidance and Counselling teachers, and 110 were referred to out-of-school-based support (for post-abuse, health, HIV testing and counseling, and social welfare support). 25 adolescent girls self-reported experiencing sexual abuse, 84 reported being sexually active and 5 reported as engaging in transactional sex. WEI/Bantwana retained 91% of these highly vulnerable girls in school through the EWS and its response protocols.

Conclusions: Results suggest that teachers may be less likely to identify girls at risk of drop out due to factors other than financial needs; deeper training is required to capacitate teachers to see the ABC warning signs. Girls were surprisingly candid about being at-risk, self-reporting gender-based violence, transactional sex and being sexually active, among other indicators. The EWS tool needs to be revised to be a less sensitive instrument, as high numbers of girls were identified as at risk, which could easily overwhelm a nascent EWS and the ability of the school community to implement effective response protocols. Capacity of teachers to fully implement the response protocol, and link girls to services is required. The EWS is a promising approach to identify and retain girls in school, and decrease their risk to HIV. WEI/Bantwana has won onward funding to pilot a digital version of the EWS self-assessment tool to be delivered directly to girls via mobile phones.
Politics or evidence: whose perspectives count? Key challenges experienced in scaling-up Stepping Stones programmes


1Salamander Trust, London, United Kingdom, 2Communicating for Action and Results, Wakiso District, Uganda, 3American Refugee Committee, Kampala, Uganda, 4Pastoral Activities and Services for People with AIDS Dar es Salaam Archdiocese (PASADA), Dar es Salaam, Tanzania, 5Namibia Women’s Health Network, Windhoek, Namibia, 6Stepping Stones Kenya Network, , Kenya, 7Network of Stepping Stones Approaches (NESSA),, Uganda, 8Love and Hope Centre, Nakuru, Kenya, 9Independent consultant, , Zimbabwe

Background: Stepping Stones (1995, 2016) and Stepping Stones with Children (2016) are holistic, gender-transformative programmes working respectively with older adolescents and adults, and with children and younger adolescents living with HIV and their caregivers. The former is recognised to reduce IPV and HSV-2 (Jewkes 2008); the latter to increase body weights and CD4 counts (Holden et al 2018). Both address UNAIDS’ Start-Free, Stay-Free, AIDS-Free strategy (2016), with multiple additional outcomes including tackling adverse childhood experiences (Hughes et al 2017), gendered power-imbalances (Haberland 2015); and developing resilience. However, we have encountered significant challenges in scaling-up both methodologies.

Materials & Methods: We carefully documented, reviewed and analysed our many years’ of experience supporting Stepping Stones practitioners.

Results: Three clear challenges arise:

Censorship: Caregivers requested that the Stepping Stones with Children materials be comprehensive. The programme includes age-appropriate content on abortion, condoms, same-sex relationships, and masturbation. Although facilitators are encouraged to adapt content to their own context, government approval in some countries requires edited versions of the materials. Child, adolescent and adult participants are thus denied full information, to the detriment of their lives.

Exclusion: Some donors’ focus on adolescent girls and young women leads to exclusion of younger children (5-9), of adolescent boys and young men, and of older men and women including caregivers, from Stepping Stones processes. Discrimination in favour of adolescent girls unfairly places responsibility for changing social norms on them, instead of involving the whole community, including those with more power, in learning about and practising equality and negotiating change together. It also discriminates against the excluded sectors of the population, and crucially misses the opportunity to work with younger children, despite UNESCO’s evidence-based CSE guidance.

Short-term results-driven policies: Limited funding and timelines have resulted in poorly adapted materials with fewer sessions, abridged schedules and inadequately delivered training, with insufficient detail or insight. These factors severely affect the outcomes of these programmes on communities.

Conclusions: The described censorship reflects that experienced more widely by many key populations; not unique, but still challenging. The programme shows caregivers and facilitators that children are already familiar with contentious issues, and have the right to age-appropriate accurate information for their own safety and good health. The exclusion of 5-9s, of boys and of adults from these intentionally holistic, cross-generational, cross-gender, and multi-level social norms change programmes is concerning, given clear recommendations (Jewkes et al 2015, Petroni et al 2019) for such inclusive programming. Our findings regarding short-term, results-driven policies closely echo those of the CUSP collective, to which we belong, which includes originators of eight other evidence-based social norms change programmes (CUSP 2019).

We recommend that donors and policy-makers urgently review their current strategies, some of which have inherently limited ethical or effective outcomes. We call on governments worldwide to support children, adolescents and their caregivers to accept the firm and clear evidence that age-appropriate informed choice is a key protector to support children and adolescents alike to grow up happily, healthily and safely.
In utero and Peripartum Antiretroviral Exposure as Determinant of Change in Neurocognitive Function among 6 – 12 years old HIV exposed Ugandan Children - A prospective Cohort Study

**Abstract**

**In utero and Peripartum Antiretroviral Exposure as Determinant of Change in Neurocognitive Function among 6 – 12 years old HIV exposed Ugandan Children - A prospective Cohort Study**

**Ezeamama A1, Zalwango S2, Sikorskii A1, Tuke R1, Musoke P3, Giordani B4, Boivin M1**  
1Michigan State University, East Lansing, United States, 2Kampala Capital City Authority, Kampala, Uganda, 3Makerere University, Kampala, Uganda, 4Michigan State University, Ann Arbor, Michigan

**Background:** The long-term effect of in utero/peripartum antiretroviral (IPA) drug exposure during critical developmental windows in HIV-exposed newborns is unclear. Hence, IPA is examined as a predictor of executive function (EF) and socio-emotional adjustment (SEA) over a 12-month period among 203 perinatally HIV-exposed children enrolled at 6-10 years of age.

**Methods:** IPA exposure was established via medical records and defined as: combination ART (cART), suboptimal IPA (i.e. single dose nevirapine (sdNVP±AZT±3TC) and no IPA. Informant reported neurocognitive assessments were conducted at intake, 6th and 12th months follow-up. Age and sex standardized z-scores for EF and four SEA composites—externalizing problems, internalizing problems, behavioral symptoms index (BSI) and adaptive skills index (ASI)—were calculated via caregiver response to questions on the Behavior Rated Inventory of EF and Behavioral Assessment System for Children respectively. Separate linear mixed effects models were implemented in statistical analysis software (v.9.4) to estimate IPA-related differences in cognitive indices for HIV-exposed uninfected (HEU) and perinatally HIV-infected (PHIV) children.

**Results:** Among HEU, sub-optimal IPA regimen—particularly sdNVP+AZT+3TC, predicted lower ASI (β=−0.47, 95%CI:−0.81 to −0.13), elevated BSI (β=0.65, 95%CI:0.26 to 1.04), internalizing/externalizing problems (β=0.51, 95% CI:0.11−0.89) and EF dysfunction (β=0.73, 95% CI:0.33 to 1.14), whereas cART predicted higher ASI (β=−0.46, 95%CI:0.04 to 0.88) and lower internalizing problems (β=−0.30, 95%CI:−0.84−0.25) over 12 months relative to HEU without IPA. Adjusted for current ART regimen, early life cART vs. no IPA predicted lower BSI, internalizing and externalizing problems (β=−0.65 to −0.31, all P<0.05) whereas sub-optimal IPA regimen was inconsistently associated with SEA and EF dysfunction over 12 months among PHIV.

**Conclusion(s):** The protective association of early life cART with long-term change in SEA and EF in this vulnerable population is reassuring. We emphasize the need for prognostic tools to identify HIV-exposed children at high risk of neurocognitive impairment and the need for empirically informed interventions to mitigate sub-optimal IPA-associated long-term neurocognitive risks in this vulnerable population.
Abstract

Treatment outcomes among adolescents on antiretroviral therapy in Machakos, Kenya

Kimani D1, Karanja S1, Ngure K1
1Jomo Kenyatta University Of Agriculture And Technology, NAIROBI, Kenya

Introduction: It is estimated that globally there were 36.9 million people living with HIV/AIDS (PLHIV) at end of 2017 of who about 1.8 million were adolescents. Of the estimated 1.5 million PLHIV in Kenya in 2017, about 105,000 were adolescents with about 8,200 new infections and 2,100 deaths annually. Adolescents have poorer antiretroviral therapy (ART) outcomes compared to adults. This study was to determine the treatment outcomes of adolescents on ART in Machakos County.

Methodology: This was a cross-sectional study carried out between June and October 2018. Adolescents enrolled in care between 2014 and 2016 and on ART for at least two years were randomly selected from nine facilities. Data were abstracted from patient files using standardized forms to capture routinely collected information including treatment regime, baseline and follow-up clinical information, laboratory monitoring and treatment outcomes. Primary outcomes were retention, viral suppression and mortality while secondary outcomes were loss-to-follow-up; defaulting; transfer-out, treatment interruption and treatment failure. Descriptive analysis were used for central tendency while univariate and multivariate analysis were performed using SPSS version 16.

Results: A total of 182 adolescents participated in the study of whom 102 (56%) were females while 80 (44%) were males. There were 54 (29.7%) young adolescents aged 12-15 years and 128 (70.3%) older adolescents (over 15 years). A total of 119 (65.4%, 95% CI: 58.4 - 72.4) adolescents were retained after a mean follow-up period of 34.5 (95% CI: 32.5-36.5) months and median of 34.7 months of ART. Almost all, 180 (98.9%) of the adolescent had their weight and height documented on every visit, 143 (78.6%) had at least one viral load test, 140 (76.9%) at least one CD4 test and 164 (90.1%) had TB screening at the last visit. A total of 181 (99.5%) and 136 (74.7%) were on Cotrimoxazole and Isoniazid prophylaxis respectively. At the last viral load test, 105 of 144 (73%, 95% CI: 64.6 - 79.5) adolescents were virally suppressed while 9 (4.9%, 95% CI: 1.8 - 8.1) had died after a mean follow-up period of 26.2 (95% CI: 13.6-38.8) months and median of 19.1 months. On the secondary outcomes, 30 (16.5%, 95% CI: 11.0 - 21.9) adolescents were lost-to-follow-up; 19 (10.4%, 95% CI: 6.0 - 14.9) were transferred out, five (2.7%, 95% CI: 0.3 - 5.1) were defaulters, 37 (20.3% 95% CI: 14.4 - 26.2) had a treatment interruption and 12 (6.6%) had been switched to second-line due to treatment failure. Older adolescents had worse treatment outcomes compared to younger adolescents. They had lower retention rates: 60.2% (95% CI: 51.6 - 68.7) compared to 77.8% (95% CI: 66.6 - 89.0); lower viral suppression: 70.4% (95% CI: 61.3 – 79.6) compared to 75.6% (95% CI: 62.8 – 88.3) and higher mortality: 6.3% (95% CI: 2.0 – 10.5) compared to 1.9% (95% CI: 0.0 – 5.5).

Conclusions: We documented suboptimal treatment outcomes despite good clinical follow-up, which were worse in the older adolescents. There is an opportunity to improve adolescent HIV care and treatment to meet national and global goals.
Abstract

Reaching adolescent and young mothers through peer mentors

Sylla M1, Wolfaardt K1
1Unicef, Pretoria, South Africa

In South Africa, adolescent girls and young women (AGYW) (15-24 years) account for 40% of the total pregnant population. Teenage pregnancy is estimated at 16% of girls 15-19 yrs , and is driven by socio-economic determinants and limited adolescent-friendly Sexual Reproductive Health and Rights (SRHR) services.

Effectively supporting pregnant adolescents living with HIV typically requires a more personalized, local approach because adolescents living with and at risk from HIV often do not respond to programs and interventions that seek to serve the general population in any community or city. The overall poor retention in care of adolescents living with HIV suggests that context-specific and targeted innovative approaches are needed to support them. Evidence and observations indicate that adherence, retention in care and overall engagement with health services among adolescents improve when peer-based support is offered.

An integrated innovative approach that focuses on providing peer-based facility and household linked psychosocial and health education support to adolescent girls and young mothers to access prevention of mother to child transmission (PMTCT), Maternal Newborn Child and Women’s Health (MNCWH), Sexual Reproductive Health and Rights (SRHR) and nutrition services. This is provided for adolescent girls, by adolescent girls. The project enrolled 883 AGYWs at 2 clinics in Tshwane (a district in Gauteng, SA). Findings included:

- 93% retention in care at 24 months after delivery
- 98% HIV re-testing rate
- 98% ART initiation rate
- 86% birth HIV PCR test on exposed infants
- 54% exclusive breastfeeding for infants under 6 months
- 92% of infants were fully immunised

Lessons learnt included:

- Effective bi-directional facility-to-community linkage systems lead to high uptake and utilization of services, and retention in care.
- Targeted case finding and instituting a minimum standard for routine household visits (active follow-up) is key to ensure that clients are provided with relevant support and are retained in care.
- Peer-to-peer mentorship enhances high uptake of services through sharing of experiences and advice, thereby positioning Young Peer Mentors as a key resource to address the needs of pregnant and breastfeeding AGYW.
- Integration of PMTCT outcomes (HIV testing, initiation, viral load suppression) with MNCWH&N outcomes (breastfeeding, family planning, child nutrition, etc.) is key to reducing infant and under-five mortality rates.
- Effective referral and linkage systems to non-clinical services is key to addressing other needs of girls and young women. Most girls expressed a desire to return to school to fulfill their professional and academic dreams. The National Integrated School Health (ISHP) programme would be a key platform to assist girls to achieve better health as well as school outcomes.
- Community mobilizations interventions create expectations on the services to be rendered at the facility, and therefore facility staff must be supported to meet the increased demand for services.

This project is currently being scaled up in the Gauteng and KwaZulu Natal provinces in South Africa.
Oral self-testing for adolescents and young adults absent or refusing to test during home-based HIV testing – a mixed-method study embedded in a cluster-randomized trial in Lesotho (ADORE study)

Amstutz A1,2, Kopo M4, Lejone T1, Khessa L1, Kao M4, Muhairwe J4, Glass T1,2, Labhardt N1,2,3
1Swiss Tropical and Public Health Institute, Basel, Switzerland, 2University of Basel, Basel, Switzerland, 3University Hospital Basel (Division of Infectious Diseases and Hospital Epidemiology), Basel, Switzerland, 4SolidarMed, Swiss Organization for Health in Africa, Butha-Buthe, Lesotho

Background: In sub-Saharan Africa, adolescents and young adults (AYA) represent a key population for HIV testing and care. Home-based testing is a validated and widely used approach in sub-Saharan Africa but often fails to reach high coverage among AYA as they are often absent during day-time home-visits. ADORE (ADolescent ORal tEsting) is a mixed-method nested study, embedded in a cluster-randomized trial, that measures the effect of secondary distribution of oral HIV self-tests (HIVST) on testing coverage during home-based testing in rural Lesotho.

Materials & Methods: Clusters were defined as villages in the catchment area of 20 health facilities and were randomized to intervention or control. In intervention clusters, HIVST were left for household members who were absent or declined testing during home-based testing, and one present household member was trained on HIVST usage. Distributed HIVST were followed up by village health workers (VHW). The quantitative outcome of ADORE study was testing coverage among AYA (age 12-24) within 120 days after home-based testing, defined as a confirmed HIV test result, known HIV+, or recent HIV- result. Secondary outcomes included the assessment of effect modification by sex. Analyses were by intention-to-treat. Intervention effects were estimated with adjusted random effects logistic regression models.

Results: 1065 consenting households with 2685 AYA were enrolled (intervention arm: 56 clusters, 572 households, 1449 AYA; control arm: 47, 538, 1236). 426 (29%) AYA in intervention and 315 (25%) in control were present and had an unconfirmed HIV status. Of those, 400/426 (94%) in intervention and 296/315 (94%) in control accepted testing. In intervention arm, 937 AYA were absent (98%) or refused testing (2%). An HIVST was left for 790, and 487 (62%) were returned within 120 days. In control arm, 860 HM were absent (98%) or refused testing (2%); 7 (1%) went to the facility for testing within 120 days. 120 days after the home-visit, HIV testing coverage was 1083/1447 (75%) in intervention versus 469/1236 (38%) in control (odds ratio 5.21 [95% confidence interval 3.83-7.09]; p<0.001). The intervention effect was greater in male AYA (70% vs 24%; 7.94 [5.55-11.37]) than female AYA (79% vs 50%; 3.96 [2.81-5.59], p-interaction<0.001).

11 case-interviews and 10 control-interviews were performed. AYA expressed mixed views about the secondary distribution of oral HIVST, weighing confidentiality and convenience of testing with concerns about insufficient pre-test information and counseling. In-person assistance during and after usage of the HIVST emerged as a key qualitative theme.

Conclusions: Secondary distribution of oral HIVST among AYA achieved an increased HIV testing coverage of >35%. The intervention was particularly successful among males. The training of the present household member and the involved VHW about the HIVST usage is key.
Abstract

Utilising an innovative Safe Space model to increase uptake of HIV testing services amongst adolescents in marginalised settings of Gauteng province, South Africa

Zibengwa E1
1HIVSA, Johannesburg, South Africa

Background: South Africa faces a growing burden of adolescents living with HIV. There is lack of integrated models that innovatively address adolescents’ HIV care needs. The situation is more acute for female adolescents in poor communities who experience structural gender related restrictions that marginalise and close their spaces to enrol and participate in HIV programs. As result, over a third (38%) of new HIV infections in South Africa occur in adolescents and youth aged 15 – 24 years. Also, ART coverage and viral suppression is lowest amongst this age group with only 40% of those living with HIV being on ART and 48% of those on ART being virally suppressed.

Materials & Methods: HIVSA’s Choma Cafés is a PEPFAR-funded DREAMS Innovation Challenge winner. A key objective of the project is to increase HIV identification and linkages to care for adolescents. Utilising shipping containers that are transformed into physical, social and digital safe spaces, adolescents received a core package of HIV education, HIV testing services (HTS) and Sexual Reproductive Health (SRH) services. With on-site mentorship from older female mentors, and in circles of five or more friends, the adolescents underwent social, cognitive, health, economic and protective assets building activities. The activities include trainings in financial literacy, enterprise development, employability and linkages to internship and scholarships. At baseline (pre-intervention), we assessed the uptake of HTS for 16 686 most vulnerable sub-groups of female adolescents aged between 15 and 24 years who enrolled in the program at 30 sites located in poor districts with high HIV burden in Gauteng province in October 2015. A post-intervention assessment was done in December 2018.

Results: At baseline only 1168 (7%) of the 16 686 AGYW disclosed their HIV status. At endline assessment (post-intervention) 15 561 (93%) knew their HIV status as the model optimised HIV testing and disclosures. The 15 561 includes 105 new cases that were discovered to be HIV positive. All the 105 new positives were successfully linked to Antiretroviral Therapy (ART) and were supported through the program’s tailored interventions.

Conclusions: Integrating Safe Spaces in adolescents programming is an effective mechanism that is proving to be a game changer in educating, inspiring, mobilizing and expanding adolescents interest to partake in HTS and SRH services. The Choma innovation Cafés have proven feasibility in cost-effectiveness, scalability, responsiveness and acceptability and can easily be evaluated to trace and measure impact. The model has since been further replicated at new sites; 10 in Kwa-Zulu Natal province and 34 in Gauteng province. Local community-based organizations view the model as a sustainable solution as it improves their capacity to strengthen and leverage adolescent and health interventions. Most importantly, the innovation Cafés have become hubs for optimizing care for adolescents living with HIV by creating systemic platforms and pathways for access to peer network, family disclosures, adherence support, case conferencing, bidirectional referrals and sexual risk reduction.
Abstract

Path to elimination of mother-to-child HIV transmission (EMTCT): the YOUNG MENTOR MOTHERS model in Zimbabwe

Ricotta A, Willis N1, Pierotti C2, Sezanje B1, Andifasi S2, Mukungunugwa S1, Mushavi A1, Bede E1
1Africaid, Harare, Zimbabwe; 2Ministry of Health and Child Care, Harare, Zimbabwe; 3UNICEF, Harare, Zimbabwe

Issues: Although national gains have been made in reducing mother to child transmission (MTCT) in Zimbabwe, the rate remains high at 7.66%, with the predominance of those babies born to young mothers (YMs) under the age of 24. YMs living with HIV face multiple factors which contribute to poor adherence to ART and late testing of their babies, including delayed disclosure, gender based violence, stigma and discrimination. The HIV prevalence rate among YMs in Zimbabwe is still high, with the percentage of YMs on ART at only 84% versus a 95% coverage for mothers over the age of 24, increasing the risk of MTCT in our YMs. Linking YMs with Young Mentor Mothers (YMM) for care and support is one strategy to decrease MTCT by providing peer counselling, support for timely testing and viral load monitoring.

Descriptions: In October 2018, Africaid with the Ministry of Health and Child Care and UNICEF, established the YMM model in five high HIV burden districts in Zimbabwe. YMMs are young mothers living with HIV, 18-24, who are trained and mentored peer counsellors, providing care and support to their pregnant and breastfeeding peers. 48 YMMs volunteer in 26 health facilities where they support 725 pregnant and breastfeeding YMs and their 328 babies. YMMs provide linkage, referral, counselling and follow up in clinics and homes until cessation of breastfeeding. Support for the pair includes YM support groups, home visits, encouraging male partner and care giver support, weekly SMS reminders, adherence counselling, linkage to viral load monitoring and follow up of timely DNA PCR testing for the HIV exposed infant. This program evaluates performance of YMMs using viral suppression rates of the YMs, HEI DNA PCR results and the infant’s final HIV status at cessation of breastfeeding.

Lessons Learned: After nine months of programming, 645 (89%) of YMs had their viral loads drawn and received results; 603 (93%) YMs were virally suppressed. 319 (97%) HEI were over six weeks old and due for DNA PCR testing, and all 319 (100%) were tested and received results, compared to the national average of 64%. 317 (99.3%) of those HEI remain HIV negative, representing a <1% MTCT rate within the program. 341 (47%) of male partners have been tested and know their status with 192 (56%) living with HIV.

Next steps: The high viral suppression rates and low MTCT rates suggest that the YMM intervention is effective and continued efforts should be devoted to expanding this service to reach more HIV positive YMs. YMs do not live in isolation and the inclusion of husbands and partners is key to the enhanced success of this intervention.
Abstract

Background: In 2018, of the 2.1 million HIV infected adolescents worldwide, majority (66%) live in Africa and the most prevalent in Africa. Adherence to antiretroviral treatment (ART) is among adolescents living with HIV (ALWHIV) a major barrier to achieving optimal treatment outcomes. In Cameroon, although some studies have identified factors associated with poor adherence. No study had investigated interventions that can improve adherence and achieve viral load suppression. We evaluated the effectiveness of daily text messaging and peers mentorship interventions in improving adherence and achieving viral load suppression among ALWHIV.

Methods: We conducted a randomized control trial with an intervention group and a control group from July 2018 to February 2019. We recruited adolescents aged more 15 years and with disclosed status in the Mother-Child Centre of the Chantal BIYA Foundation, Yaounde. The first arm in the intervention group received daily SMS and the second arm received weekly home visits by their peers in whom viral load was already suppressed; while the control group received only standard care in the health facility, we collected data on adherence rate, line of treatment and viral load result. This trial was registered in the Pan-African Clinical Trials Registry PACTR201904582515723 at (www.pactr.org).

Results: Overall, of the 184 adolescents included only 150 adolescents were recruited. ART adherence among adolescents in the mentorship and SMS group improved respectively 4.14 and 5.84 times when compared to those received standard care [Odds ratio (OR)=4.1; 95% confidence interval(CI): 1.6–10.9], [OR=5.8; 95%CI: 2.3–14.9]. Adolescents in the mentorship care and SMS group were respectively about 14.68 and 15.64 times more likely to achieve viral load suppressed compared to those in standard care [OR=14.7; 95%CI: 4.8–44.6], [OR=15.6; 95%CI: 4.2–57.7]. However, there were no significant differences in the change of treatment regimen from first to second line drugs in the SMS and standard care groups during the course of 6 month follow-up.

Conclusion: It was found in this study that ART adherence and achievement of suppression viral load among adolescents in the mentorship and SMS group improved respectively when compared to those received standard care. However, it is urgent to use this effectiveness approach when developing national guidelines and service delivery for adolescents living with HIV.

Text messaging and peer mentorship interventions to improve adherence and achieve viral load suppression among Adolescents living with HIV in the Centre region of Cameroon

Alice K1,4, Felix A2, Franciscas M3, Alain F3, Franck A4, Marcelin N1
1Department of Public Health and Hygiene, Faculty of Health Sciences, University of Buea, Cameroon, Buea, Cameroon, 2Department of Public Health, Faculty of Medicine and Biomedical Sciences, University of Yaoundé 1, Yaounde, Cameroon, 3Cameroonian network of positive youths, Yaounde, Cameroon, 4Department for the Control of Disease, Epidemics and Pandemics, Ministry of Public Health, Yaounde, Cameroon

Reviews in Antiviral Therapy & Infectious Diseases 2019_10
Abstract

Speak my language! Using digital media to reach and engage adolescents on oral PrEP

Vundamina N1, Briedenhann E1, Sheobalak N1, Lanham M2, Morales G1, Tanjesen K1, Mullick S1
1Wits Reproductive Health and HIV Institute (Wits RHI), Johannesburg, South Africa, 2FHI 360, Durham, United States of America

Background: South Africa launched oral pre-exposure prophylaxis (PrEP) for HIV prevention in 2016. Various demand creation tactics were employed to reach different populations with positive behavior change concepts and key messages. Adolescents participated in youth dialogues, capacity building sessions and material testing. Their voices were strong and consistent: innovation and digital messaging is key! In response, the OPTIONS Consortium collaborated with the South African National Department of Health (NDOH) to develop two digital approaches to reach and engage adolescents on PrEP: the www.myprep.co.za website and PrEP4Youth public service announcements (PSAs).

Methods: The www.myprep.co.za website used Material Design principles to develop a content management system that translates printed information, education, and communication materials to an online format reflecting popular social media portals. The PrEP4Youth PSAs were produced with nationally recognized actresses from MTV Shuga: Down South. The website content and PSA scripts were developed and adapted with input from a nationally representative youth group. The website and PSAs were primarily disseminated through social media. The website was promoted using Google Ads, and the PSAs were promoted using boosted Facebook posts. Social media and Google analytics were used to measure the reach of these digital approaches.

Results: The website provides a digital PrEP roadmap for potential or current users, including eligibility self-assessment. Linkage to prevention services is supported by a location finder function on the website, and a team responding to private messages on social media. The PSAs use a “spoken word” poetry style and a blend of beautifully shot, honest, informative conversations to normalize PrEP as an acceptable HIV prevention method. Common questions posed by adolescents on HIV testing, stigma, combination prevention, adherence, and side effect management are addressed in a quick, strong and empowered fashion.

The website had 15,053 unique users with 54,935 page views and 9.5% returning users between 4 December 2018 and 23 June 2019. Most users were ages 25-34 (46%) or 18-24 (14%), and 52% were female. Most users accessed the website using mobile phones (82%), while fewer used computer desktops (13%) and tablets (5%). 1,266 users accessed the location finder tool.

The first PSA teaser and full video, focused on HIV testing, were posted on 3 June and 5 June 2019 respectively. On Facebook, the teaser reached 38,415 people with 860 post clicks, 9,700 views and 95 reactions; the PSA reached 31,553 people with 1,717 post clicks, 10,000 views and 79 reactions (as of 14 June). On Twitter, the teaser had 872 impressions and 59 views; the PSA had 858 impressions and 100 views. Both www.myprep.co.za and the PSAs have received positive feedback through online engagement in the form of private messages, post engagement and positive commenting.

Conclusion: Social media analytics demonstrate that South African adolescents and young people can be reached and engaged at scale with PrEP messaging through digital platforms. The social media reach as seen on Facebook versus Twitter suggest that Facebook is still a preferred platform, and post boosting is successful at reaching targeted audiences.
Abstract

HIVFactSheet: A mobile application designed and implemented by youth peer mentors to facilitate HIV and reproductive health care among adolescents and young adults

Apondi E1,2, Bakari S1, Kwendo B1, Ingari J1, McAteer C1, Scanlon M*2, Aluoch J7, Toromo J1, Chemon J1, Kimaiyo S5, Nyandiko W1, Vreeman R1,4, Enane L1,7
1Academic Model Providing Access To Health Care-usaid, Eldoret, Kenya, 2Moi Teaching and Referral Hospital, Eldoret, Kenya, 3University of Nairobi, Nairobi, Kenya, 4Arnhold Institute for Global Health and Department of Health System Design and Global Health, Icahn School of Medicine at Mount Sinai, New York, USA, 5Department of Medicine, School of Medicine, Moi University College of Health Sciences, Eldoret, Kenya, 6Department of Child Health and Paediatrics, School of Medicine, Moi University College of Health Sciences, Eldoret, Kenya, 7The Ryan White Center for Pediatric Infectious Disease and Global Health, Department of Pediatrics, Indiana University School of Medicine, Indianapolis, USA

Introduction: Adolescents and young adults in sub-Saharan Africa face complex challenges in accessing HIV testing, HIV care, and sexual and reproductive health services. We describe and characterize the uptake of a unique mHealth intervention that was designed, led, and implemented by youth peer mentors (YPM) in the Academic Model Providing Access to Healthcare (AMPATH) in western Kenya.

Methods: A mobile application was developed to address the unmet needs that YPM identified in youth education around HIV testing, HIV care, and sexual and reproductive health. The application was available on Android devices for free download on the Google Play store and was advertised at AMPATH clinics with YPM and on social media including Facebook and Twitter. The application incorporates comprehensive educational materials and information about health facilities and services in Kenya. Materials were gathered from local and international government and non-government organizations and reviewed and approved by a clinical and social technical advisory committee at AMPATH. The app has several additional functions; using the app, users can set up reminders for clinic appointments and may call, text, or email a YPM for assistance accessing care or to ask care-related questions. YPM have access to clinical feedback through another WhatsApp group with the advisory committee that included clinicians, nurses, counselors, and other YPM to provide feedback on clinical questions.

Results: Since launching the application in December 2017, as of April 2019 the application was downloaded 5,800 times with 4,953 active users. Downloads primarily originated in Kenya (68%) and other countries of East Africa (12%), but also globally. Through the app, YPM fielded 101 calls, 197 text messages, and 41 emails. Contact with YPM through the app included questions about a broad range of topics on HIV testing, prevention, and care; reproductive and sexual health; substance abuse and addiction; and navigating health care. YPM contacted through the app provided individualized counseling and referred 183 users (97 males and 86 females) to health services.

Conclusions: Adolescents and young adults should be empowered to lead interventions to address the challenges that they face in navigating care. A unique mobile application intervention spearheaded by YPM providing access to comprehensive health education and individualized counseling and referral has great potential to facilitate HIV and sexual and reproductive health care for young people.
Using Entertainment Education to create demand and increase utilization of HIV/AIDS and SRHR services among young people in Uganda. A Case Study of Hoima and Masindi District

Segawa P1, Kyebitondo P2
1Public Health Ambassadors Uganda, Kampala, Uganda

Background: Statistics show evidence of inadequate or lack of accurate SRHR information and services among young people in Uganda. For instance, teenage pregnancy is higher among uneducated girls: 45% of girls without education have already had a baby, compared to 16% of girls with secondary education. (UBOS and Macro International Inc 2011). Young people are poorly informed about issues of HIV, STI and family planning hence making them more vulnerable to engage in risky sexual behaviors. Several myths and misconceptions exist among teenagers: 54% of young people think a girl cannot get pregnant the first time she has sex. (Straight Talk Foundation 2013). In line with above, only 5% of public health facilities in Uganda provide Youth Friendly Sexual and Reproductive Health services. (Ministry of Health, 2011)

Methods: Yo Space is a brand designed by the young people for the young people; to increase access and uptake of youth HIV/AIDS and Sexual Reproductive Health (SRH) information and services. It was created as a result of an illuminating Human Centered Design (HCD) process where young people from various categories shared the barriers they face around accessing and using high quality HIV/AIDS & SRHR information and services, how they react to them, and possible solutions to them.

With support from Population Services International Uganda, Public Health Ambassadors of Uganda have been utilized to breathe life into Space in several districts; using edutainment and other behavior change strategies to increase the uptake of HIV/AIDS & SRHR information and services among young people through door-door sensitization using peer educators, community Market day outreaches, Institutional outreaches and Community Music Concert

Results: 35,382 young people were reached with age appropriate HIV/SRH information through door to door mobilization by our trained peer educators in Masindi and Hoima District and only 32,128 were referred to selected facilities to receive integrated HIV/AIDS services. 1,852 young people directly received HIV/SRH information and services during the community/market day outreaches. 4,690 young people directly received HIV/AIDS information and services during the Institutional outreaches. During the 2 Music concerts, an estimated total of 29,000 people were reached with integrated HIV/AIDS information through mobile drives, radio talk shows, radio jingles/announcements, community flash mobs and at the concert, and 204,240 male condoms were distributed. Ratings from social media show that tweets were majorly used by social media audiences reaching over 114,639 unique accounts on twitters during the pre and post online engagements.

Conclusions: HIV/AIDS interventions especially intended to reach the young women and girls should be brought where they are through peers they know, respect and often interact with. Musicians, actors, opinion leaders and public icons can be used as ambassadors in dissemination of HIV/AIDS information to influence behavior change, increase acceptability and utilization of HIV/AIDS services. This is due to the fact that all young people look up to these people as role models, mentors and sources of inspiration.
Prevalence of mental health and social well-being issues among pregnant adolescent girls and young women in western Kenya

**Background:** Pregnant adolescents and young women (AGYW) in regions of high HIV prevalence are at risk of acquiring HIV. These women experience complex challenges in their lives including depression, partner violence and alcohol use. Despite this, research done to address mental health issues of this vulnerable group remains minimal. We determined prevalence of depression, intimate partner violence (IPV) and availability of social support among pregnant AGYW participating in a Pre-exposure prophylaxis (PrEP) implementation study in Western Kenya.

**Materials & Methods:** The PrEP Implementation for Mothers in ANC (PrIMA) study is an ongoing cluster-RCT (NCT03070600) which tests models for PrEP delivery among pregnant women in 20 clinics. At enrollment, depression was assessed using the Center for Epidemiologic Studies of Depression-10 scale (moderate to major depression symptoms, score ≥10), individual's HIV risk perception using the Perceived Risk of HIV Scale (dichotomized at mean), experience of IPV using Hurt, Insult, Threaten, Scream (HITS) scale (IPV defined as HITS score ≥6), alcohol use (≥2 drinks at one time in last month) and availability of social support using Medical Outcome Social Support survey (dichotomized at the mean). Data included in this analysis was collected between January 2018 and May 2019. We evaluated HIV risk perception, depressive symptoms, IPV, alcohol use and social support among pregnant HIV-negative AGYW age 15-24 years.

**Results:** Overall, 2041 AGYW were enrolled with median age of 21 (IQR: 19, 22) years and gestational age 24 (IQR: 20, 30) weeks, number of complete years in school was 10 (IQR: 8, 12) and 164 (8%) of them reported to having regular employment. Most were married 1501 (74%); 129 (9%) were in polygamous marriages. Moderate to major depressive symptoms were reported among 783 (44%). Participants with depression symptoms were more likely to report higher perceived HIV risk (49% vs 32%, p<0.001). Frequency of IPV (10% vs 3%, p<0.001) was also higher among participants with depression symptoms than among those without. Social support availability was lower among those with depression symptoms (41% vs 57%, p<0.001).

**Conclusions:** Depression symptoms were common among pregnant AGYW in Western Kenya and were associated with higher HIV risk perception and IPV, and lower availability of social support. Integrating social and mental health care within existing health systems frequently used by AGYW will be key in addressing the burden of depression.
Prevalence and correlates of depressive symptoms among adolescents in a population with high prevalence of TB/HIV in Zambia and South Africa: HPTN 071 (PopART) for Youth study

Shanaube K, Gachie 2, Schaap A1,2, Hoddinott G3, Floyd S3, Bock P3, Hayes R2, Fidler S3, Ayles H1,2
1Zambart, Lusaka, Zambia, 2London School of Hygiene and Tropical Medicine, London, UK, 3Desmond Tutu TB Centre-University of Stellenbosch, Cape Town, South Africa, 4Imperial College London, London, UK

Background: Mental health is a critical and neglected public health challenge for adolescents in sub-Saharan Africa. Poor mental health accounts for a large proportion of the disease burden among adolescents. Data on potential risk factors of depression among HIV-infected and uninfected adolescents in SSA are scarce. We aimed to determine the prevalence and correlates of depressive symptoms among adolescents aged 15-19 years in 7 control communities of the HPTN071 (PopART) trial (4 in Zambia and 3 in South Africa (SA)).

Methods: A cross-sectional survey was done from August-November 2017 enrolling approximately 1400 adolescents, 200-350 from each community. Communities were subdivided into blocks, each block consisted on average 50 (~40-60) households in Zambia and 80 (~70-90) households in SA. Blocks visited were randomly assigned to the study. All households within a sampling block and all adolescents aged 15-19 years residing in these households were eligible for inclusion. Written informed consent was obtained. Questionnaire was self-administered for the mental health section. HIV status was self-reported. Depression was measured by a 13-questions self-administered short Mood and Feelings Questionnaire (SMFQ). Each individual was scored by summing the 13 questions and a ≥12 cutoff of the scale response (0-26) was used to determine underlying depressive symptoms. To determine the correlates of depressive symptoms, a binomial regression model was fitted and further a subgroup analysis among those who self-reported to have engaged in sexual intercourse. Sensitivity analysis was done for different outcome definitions.

Results: On average, 15-17 blocks with 15-22 adolescents per community were visited in Zambia and SA. A total of 1,453 and 667 adolescents in Zambia and SA respectively were administered the SMFQ. Overall the prevalence of depressive symptoms was 432/1453; 29.7% (95% Confidence-Interval [CI]: 27.4%-32.2%) in Zambia and 152/667; 22.8% (95% CI: 19.7%-26.2%) in SA. Community, sex, sexual intercourse and having Presumptive-Tuberculosis (PrTB) symptoms were identified as correlates of depressive symptoms across the two countries with HIV-related stigma being specific to Zambia. After adjusting for potential confounders; there are differences in odds of depression among communities. In Zambia adolescent girls were at least one and a half times more likely to experience depressive symptoms compared to boys (Odds ratio (OR)=1.58 (95%CI:1.23-2.02, p-value<0.0001). In SA, adolescents with PrTB symptoms were twice more likely to experience depressive symptoms (OR=2.25(95%CI: 1.51-3.37), p-value<0.0001), however, there was borderline evidence in Zambia (OR=1.28 (95%CI:1.0-1.65), p-value=0.05). Adolescents who reported use of alcohol/drugs during their last sexual encounter were twice more likely to experience depressive symptoms in both countries (Zambia: OR=1.96 (95%CI:1.08-3.56), p-value=0.027; SA: OR=2.67(95%CI:1.29-5.54), p-value=0.008) as were those who did not use condoms (OR=2.29(95%CI:1.29-4.07), p-value=0.005) in SA. There was borderline evidence of depressive symptoms among adolescents who reported HIV-related stigma (OR=1.41 (95%CI: 1.09-1.82), p-value=0.009) in Zambia. Sensitivity analysis showed that the prevalence and correlates of depressive symptoms change with change of the cut-off.

Conclusion: Depressive symptoms among adolescents seem to be associated with sexual and reproductive health related issues and risk factors are different by country.
Self-disclosure of HIV status by Adolescents and Young Adults is Associated With Higher Levels of Enacted and Internalized Stigma

Wachira C1, Seeh D1, Akinyi C1, Okinyi H1, Nduati M1, Muriithi A1, Guthrie B1, Moreno M1, John-Stewart G1, Inwani I1, Ronen K2

1Kenyatta National Hospital, Nairobi, Kenya, 2University of Washington, Seattle, United States, 3University of Wisconsin, Madison, United States

Introduction: Disclosure of one’s HIV status to others is encouraged from a public health standpoint in order to prevent onward transmission. On an individual level, disclosure has been associated with both positive and negative impact on antiretroviral therapy (ART) adherence and mental health. We studied patterns of disclosure among adolescents and young adults (AYA) and association between self-disclosure, ART adherence, social support and mental health.

Methods: HIV-infected AYA ages 14-24 were recruited from a peri-urban HIV clinic in Nairobi, Kenya between December 2017 and April 2019. Participants were asked who knew their HIV status and whom they had informed of their status. Number of missed doses of ART in the prior 30 days were self-reported with good adherence defined as a score of >80%. Anticipated, enacted and internalized stigma was assessed using a stigma scale validated among HIV-infected AYA in South Africa. High resilience was defined as a score above the median on the adapted Connor-Davidson Resilience Scale. Depression was defined as a score ≥5 on the Patient Health Questionnaire (PHQ-9). High social support was defined as a score above the median on the abbreviated social support behaviors (SSB) scale. Prevalence ratios (PR) for correlates of self-disclosure, and the associations of self-disclosure with adherence, social support and mental health outcomes were calculated using binomial regression. Age was included as an a priori adjustment in all regressions; gender was additionally included in analysis involving depression, adherence and social support.

Results: Of the 96 enrolled AYA, 76 (78%) were female and 65 (67%) were age 19-24. The HIV status of 87 (91%) AYA was known by a family member or friend, while 63 (66%) AYA reported having self-disclosed their HIV status; 45 (71%) to a family member and 22 (35%) to friends. Older AYA (age 19-24) were 1.75 (95%CI: 1.15-2.65) times more likely to have self-disclosed to someone, 1.96 (1.15-3.33) times more likely to have self-disclosed to family, and 3.00 (1.17-7.68) times more likely to have self-disclosed to friends, than younger adolescents (age 14-18).

Prevalence of good adherence was 73%, high resilience 38%, high social support 31%, depression 48%, anticipated stigma 58%, internalized stigma 40%, and enacted stigma 18%. AYA who had self-disclosed were 2.35 (1.14-4.84) times more likely to report internalized stigma. This association was stronger when self-disclosure was to family (PR=2.80 (1.35-5.82)) than friends (PR=1.60 (0.59-4.36)). AYA were also 11 (1.50-78) times more likely to report enacted stigma than those who had not self-disclosed. This association was stronger when self-disclosure was to family (PR=15.48 (1.96-122)) than friends (PR=4.26 (0.40-46)). There was a trend for higher depressive symptoms among AYA who had self-disclosed, PR=1.76 (0.99-3.12). No significant association was detected between self-disclosure and good adherence PR=1.23 (0.90-1.69), higher resilience PR=1.32 (0.68-2.54), high social support PR=1.60 (0.75-3.42) and anticipated stigma PR=0.93 (0.62-1.39).

Conclusion: AYA had varying disclosure status depending on age. Self-disclosure, while encouraged, should be carefully considered for individual AYA. Disclosure counseling should be accompanied by stigma reduction interventions. Screening for depression should also be prioritized when AYA are undertaking self-disclosure for early detection and management.
Abstract

Piloting a psychosocial support program to target adolescent girls and young women living with HIV at Baylor-Tanzania

Minde M1,2, Myenzi N1, Makamang’oko B1, Rwerezahura G2, Mng’ong’o V1, Bamba J3, Kasambala B1, Mwita L1,2, Malingoti B3
1Baylor College of Medicine Children’s Foundation Tanzania, Mbeya Tanzania, United Republic of; 2Baylor College of Medicine Children’s Foundation, Mwanza Tanzania, Mwanza, Tanzania, 3USAID Tanzania, Dar es Salaam, Tanzania

Issue: Baylor Tanzania is a home for care and treatment to over 2000 adolescents living with HIV among which more than 55% are girls. Adolescent’s girls aged 15-19 have an HIV prevalence rate eight times higher than boys of the same age. Educational barriers, teenage pregnancies, sexual and gender based violence (GBV), social stigma; access to health services and unemployment all contribute to an environment where adolescent girls and young women living with HIV (AGYW/LHIV) are at significant risk for new HIV infection. AGYW/LHIV need a range of integrated care and treatment services that are youth-friendly and targeted to their particular developmental needs, any effort to reach HIV epidemic control must address high incidence of new HIV infections among AGYW/LHIV and health care seeking behaviors. Baylor Tanzania acknowledges the need to create a project which will recognize and address these challenges.

Description: In 2017, Baylor-Tanzania through social work department launched a program to support and empower AGYW/LHIV acknowledging that they have difficult living condition either economically, socially or psychologically affecting retention, adherence and viral suppression. Program targeted AGYW/LHIV who receive care and treatment at Baylor’s centers of excellence (COEs) with risk behaviors or need behavior changes despite viral suppression, as will be identified at the clinic. Enrolled members met once per month as a group, the program involves standardized curriculum of six session, involvement of caregivers who join in the first and last session, pre and post test assessment of behavioral and general skill were done to measure the competencies, retention, adherence and viral load were followed before and after completion of the program. Some of topics covered are stigma, sexual and reproductive health (SRH), self-awareness and esteem, Gender Based Violence (GBV), puberty, hygiene, children’s rights, safe sex, carrier goals, communication skills and behavior change. Session were facilitated by adolescent friendly health care providers, in some occassions external facilitators (eg legal, police officers) were invited for some session. Refreshments and fare were offered during sessions.

Lessons Learned: Since its launch, 176 girls have participated and graduated with the title of “Tanzanite girls.” Pre and post survey results showed that 89% (157/176) of participants had improved knowledge about HIV and sexuality. The program-improved retention to more than 98% compared to less than 70% before. Caregivers share changes of adolescents behaviors during last session, improves sharing and communication between caregivers and adolescents, reduce engaging in risky behaviors with acquiring knowledge in children’s and reproductive health right. For young women who became pregnant there was good prenatal care and infant care, all of the participants’ infants have had negative DBS results to date, and no unplanned pregnancies to the rest of group members.

Conclusion/Next Steps: The AGYW/LHIV program proved success in improving retention, viral suppression, prevention of MTCT, and prevention of unplanned pregnancies. Creating adolescent girls friendly zone for sharing views and peer support is well accepted by AGYW and their parents. Next step is to scale up the program and targeting partners and more caregivers within the program.
Adolescents and Young People led Support Groups - a veritable strategy towards improving ART adherence, retention and viral suppression among adolescents and young people living with HIV in North Central Nigeria

Okafor A1, Dauda M1
1Management Sciences for Health, Fct, Nigeria

Background: Though a great progress has been made in recent years regarding HIV and AIDS response, adolescents (10 to 19 years) living with HIV are still not receiving the maximum standard of care, attention and quality services they require. This is largely because programmers and service providers do not take into consideration the unique needs of adolescents in program design and implementation. Thus, most interventions targeting PLHIV are not adolescent friendly, therefore, less attractive to adolescents. The implication is that most adolescents living with HIV find it difficult to adhere to their ARVs due to multiple factors ranging from poor knowledge of HIV/AIDS, low rate of status disclosure and poor support from caregivers. This leads to poor treatment outcomes among adolescents.

Materials and Methods: To improve treatment outcomes and achieve viral suppression among adolescents on antiretroviral therapy (ART), in May 2017, the USAID-funded Care and Treatment for Sustained Support (CaTSS) project implemented by Management Sciences for Health (MSH) piloted the establishment of “Adolescents only support group” in 2 comprehensive care and treatment (CCT) centers in Kwara state, North Central Nigeria. The support group membership is comprised of adolescent boys and girls between the ages of 10 and 19. 24 adolescents (9 boys and 15 girls) were randomly selected from the pool of 97 adolescents receiving ART from the CCTs as pioneer support group members. With caregivers’ consent and adolescents’ assent, blood samples were collected from all support group members on inauguration day by trained laboratory staff. Samples were sent to PCR laboratory for viral load tests. When VL results came out, the least VL result was 2700cp/ml and the highest was 17300cp/ml. 2 adults living with HIV mentored the group for 6 months. They elected their fellow adolescents as interim executive members. They agreed that only those who achieved viral suppression (<1000cp/ml) after the next 6 months will be elected as permanent executives. Meeting holds monthly. Support group activities include a mix of health and other social activities such as health talks, indoor and outdoor games, counselling, psychosocial support and ART drug refills. Members belong to the group WhatsApp where information, reminders and other related notices are shared.

Results: After 6 months of the support group activities (November 2017), a repeat viral load test was done for all the members. Results show that 19 out of 24 (79% of members) achieved viral suppression. After 12 months of support group activities (May 2018), a follow-on viral load test show that all support group members (100% of the members) achieved viral suppression, with more than 80% of the members having an undetectable viral load (<20cp/ml).

Conclusion: Having adolescents mentor their fellow adolescents is a very practical strategy to facilitate healthy competition among adolescents. This challenges them to take charge of their health and well-being. Support group empowers members to become champions for their own health. This motivates them to strict ARVs adherence, clinic appointments, leadership skills and less risky behaviors. These ultimately improves health outcomes among adolescents living with HIV.
Abstract

Cost-effectiveness of a combination intervention to improve retention and viral suppression among HIV-positive adolescents in Kenya: The ACT Adolescent Project Study

Adetunji R, Ombija M, Uehling A, Mukherjee S, Waweru M, Matu L
1Elizabeth Glaser Pediatric AIDS Foundation, Washington, United States, 2Elizabeth Glaser Pediatric AIDS Foundation, Nairobi, Kenya

Background: Globally, adolescents living with HIV (ALHIV) have poorer HIV outcomes compared with adults. Emerging evidence suggests combination intervention strategies (CIS), including noncash incentives, are effective in increasing linkage to and retention in the HIV continuum of care, but there is limited focus on its cost-effectiveness. The Accelerating Children’s HIV/AIDS Treatment (ACT) Adolescent Project (AAP), funded by Children’s Investment Fund Foundation (CIFF), provided CIS for adolescent HIV care at 20 health facilities in Homabay County, from 2016 to 2018. The CIS intervention provided non-monetary rewards for ALHIV and facility health providers and hired adherence counselors, peer educators, and field officers to provide direct service delivery and support facility health providers. The program 12-month retention was 88% compared with 65% at baseline. Among those retained in care, viral suppression was 88% in the first year compared with 63% at baseline. This study aims to measure the cost-effectiveness of the CIS differentiated care in addressing the gaps related to ALHIV retention and viral suppression.

Methods: Using a Markov model, projected outcomes in a hypothetical group of symptomatic ALHIV (average age of 10 years) who received either the AAP or the standard of care in a 10-year period were assessed. The model simulated the possible outcomes of adolescents linked to ART care: viral suppression, no viral suppression, lost to follow up (LTFU), and death. Patients enter the Markov cycle virally unsuppressed and may move to suppressed, LTFU, or die from HIV or non-HIV events. Virally suppressed patients can move to viral failure and regain suppression. Hospitalization and death from clinical events were possible in all health states. We assumed patients can remain in each state for more than one period and all clinical events incur a hospital cost. Health-state transition probabilities, costs, and utility values from the health care system perspective were obtained from program data and literature. Costs were calculated in 2016 US dollars, discounted 3% annually. Sensitivity analyses were performed to assess the robustness of the incremental cost-effectiveness ratios (ICERs). TreeAge Pro 2018 was used for the simulation.

Results: AAP effectively increase viral suppression to 88% (n=1755) and reduced deaths in adolescents. The ICER in the base case was $33 per disability-adjusted life years (DALY) averted, increasing to $75 in the worst-case and decreasing to $25 in the best-case scenarios, which are much lower than the 2016 Kenyan Gross Domestic Product (GDP) per capita of $1463, which is a standard WHO threshold for cost-effectiveness. APP would avoid 25% of deaths in the 10-year period.

Conclusion: A CIS, focused on ensuring ALHIV access high quality comprehensive HIV services, including non-cash incentives and a facility-linked staff member who coordinates multi-disciplinary teams to ensure use of available services, proved to be a cost-effective strategy to ensure health equity for adolescents living with HIV in low-resource settings. Investing in quality ALHIV services delivery with innovative interventions is necessary to achieve long-term success together.
Improving HIV case identification for adolescents and young people through Assisted Partner Notification (APN) approach: Implementation progress in Uganda.

John Bosco Junior M, Taasi G, Kamuntu Y, Marvin L, Peter M

1Ministry of Health, AIDS Control Program, Uganda, Kampala, Uganda, 2Clinton Health Access Initiative, KAMPALA, Uganda

Background: Uganda rolled out Assisted Partner Notification (APN), a form of index client testing in January 2018 as a strategy to optimize identification of 11% undiagnosed Ugandans living with HIV by 2020. By December 2018, 805 health facilities were implementing APN. We present early implementation successes and challenges in using APN to maximize yield in adolescents and young people aged 15-24 years during July-December 2018 period.

Methods: The country adopted WHO APN guidelines in 2017. Data capture and reporting tools (HMIS) were developed together with the APN training curriculum. Initial capacity building through national and regional trainings was conducted in Mid-July 2017 and scaled up country wide a phased manner. We conducted 3 days’ facility based trainings of health workers in APN and implementation at trained facilities started same week. APN data was collected by HMIS focal persons at implementing facilities monthly and sent to the Ministry of Health (MOH). Data was analysed monthly and quarterly to inform further decision making during the roll out process.

Results: A total of 19,872 index clients aged 15 to 24 years were identified. Of these, 62% (n=12,326) were interviewed, enlisting 17,930 sexual contacts in the last 12 months. Of the enlisted sexual contacts, 84% (n=15,110,) were notified about their potential exposure to HIV and of the notified, 80% (n=12,185) were tested for HIV and from those tested, 2,623 adolescents and young people were found to be HIV positive resulting in an average yield of 22%. Of the newly identified HIV positive, 91% (n=2403) were linked to care. A total of 1,092 (7.2% of all notified clients were already in care by the time of notification.

Conclusions: Index client testing (APN) is a novel strategy in identifying the undiagnosed adolescents and young people living with HIV. The last mile in reaching the undiagnosed adolescents and young people requires contact tracing using a positive client as the index case. As nations strive to end the epidemic by 2030, targeted HIV testing (APN inclusive) should be embraced. Client loss along the cascade was observed. Next steps shall focus on curbing losses along the cascade.
Abstract

Thetha Nami: Implementation and early lessons learnt from a peer-support program to improve uptake and retention in multi-level HIV prevention for adolescent girls and young women in rural South Africa

Chimbindi N1, Okesola N1, Zuma T1, Mduli S1, Nzuza M1, Sibiya L1, Ntombele N2, Mthethwa P3, Shandu Q1, Mthiyane N1, Adeagbo O3, Herbst C1, Dreyer J1, McGrath N3, Harling G1,2, Sherr L2, Seeley J1,4, Shahmanesh M1,2
1Africa Health Research Institute (AHRI), P.O Box 198, South Africa, 2University College London, London, United Kingdom, 3University of Southampton, Southampton, United Kingdom, 4London School of Hygiene and Tropical Medicine, London, United Kingdom

Background: Adolescent girls and young women (AGYW) in South Africa are at high-risk of HIV-infection and early pregnancy, due to factors, acting at multiple levels: societal, familial, intimate-partnerships, individual behavioural, and biological. We use participatory methods to engage young people in co-creating interventions to tackle factors at multiple levels.

Materials & Methods: Between 3/2018-12/2018 we used participatory methods to iteratively co-create and contextually adapt a peer-led intervention, mapping how and why the components of the intervention will improve awareness, uptake and retention along the multiple levels of the HIV prevention cascade, in a high HIV-incidence area of rural KwaZulu-Natal, South Africa. 108 men and women (peer-navigators) aged 18-30 were selected by their local traditional leadership to help young people aged 15-30 navigate their communities and link them into HIV prevention and treatment services (pre-exposure prophylaxis–PrEP, antiretroviral therapy and sexual reproductive health-SRH) among social and education issues. They represented the 21 intervention implementation areas (izigodi). Participants underwent an intensive training programme covering: HIV testing and counselling, sexual health information, ethics and research methods. We summarised structural, behavioural and biological drivers of HIV, and engagement with the HIV prevention cascade using quantitative and qualitative data collected between 2016 and 2018 into vignettes and case studies which were used for discussion in participatory workshops. Anonymised programme data were electronically collected using RedCap software by peer navigators. Four social scientists supported the peer navigators in the field with identification of: youth-champions, safe-spaces, and community entry-points to engage young people. Regular debriefing sessions were held with peer navigators to identify challenges in the field.

Results: The n=108 peer-navigators participated in two workshops to discuss vignettes, and were able to critically appraise evidence to develop innovative ideas to tackle the health and social issues they face. The Thetha Nami (Talk to me) intervention was co-created through this process. Safe-spaces identified in their communities included libraries, community halls, shops, churches, creches and sport-fields. Youth-champions identified included traditional leaders, sport-coaches, community-caregivers, older traditional women and police officers. Thetha Nami intervention was acceptable by the communities – traditional leaders supported peer navigators working in their areas and eight school-principals allowed peer navigators to address learners during school-assembly as means to gain entry and mobilise young people for uptake of interventions. Peer-navigators were able to reach 4622 young people, of whom 4223 (91.4%) agreed to participate in Thetha Nami intervention, to whom they distributed 3067 (72.6%) HIV-Self Test kits and 30,000 condoms in three months and linked 262 of them to care, with more men accessing care. No major social harms were reported. 15 child protection issues were reported and referred, with common mental disorders, drug and alcohol abuse also reported.

Conclusion: Thetha Nami a community-based youth-led intervention is both feasible and acceptable. Young people were able to identify social capital and resources (safe-spaces and youth-champions) in their communities. Engaging peer-navigators in delivery of HIV prevention interventions reached many young people with HIV tests, PrEP and wider SRH services. Extensive training and participatory methods were required to support the process.

22

Abstract number 22 has been withdrawn.
International Workshop on HIV & Adolescence 2019

Abstracts
Poster Presentations
Barriers to using technology to reach adolescents and young people with HIV and sexual reproductive health services: one2one online integrated digital platform-LVCT Health experience

Owino C, Ombati C1, Kimathi R1, Masaulo P1, Ikahu A1, Mbugua J
1Lvct Health, Kisumu, Kenya

Background: Knowledge and access to information on HIV, Sexual Reproductive Health services (SRH), Gender Based Violence (GBV) remains a major challenge in Sub Saharan Africa. The mobile phone revolution in Africa presents opportunities to reach out to adolescents and young people with key messages through digital platforms. LVCT Health developed a digital platform "one2one integrated digital platform (OIDP)" to offer quality HIV, SRH and GBV information and services to adolescents and youth. We aim to reach adolescents with accurate HIV SRH and GBV information and demonstrate challenges resulting from its implementation.

Methodology: OIDP responds to SRH, HIV and GBV information needs for adolescents and youth by providing accurate, confidential and credible information and referrals. The platform has seven hotline counselors supporting confidential virtual and peer-led support groups and chat-rooms for various groups including adolescents living with HIV, County-based Youth Advisory Councils and young champions for certain causes e.g. PrEP, self-testing, and partner notification services (PNS). Virtual group discussions are regulated by peers, questions that need technical answers addressed by trained counselors. LVCT utilized OIDP to offer the adolescents services, through a toll-free hotline. LVCT developed themes from frequently asked questions to formulate push down messages shared on multiple platforms: Short Messages Services (SMS), Facebook, WhatsApp, Twitter, YouTube, and Instagram, and reached 107,491 adolescents and young people between October 2018 and May 2019. Calls from 2237 female and 998 male beneficiaries were received from Western, Nairobi and Coastal regions of Kenya, where LVCT health implements its programs.

Results: 3,235 calls were received, 104,256 texts sent and replied and 319 young people referred for SRH, HIV and GBV services through a country-wide referral network. Analysis of data from the platform on access and utilization by users from an urban set up (Nairobi and coast) compared to users in peri-urban and rural setups (western) showed disparities i.e.: 41753 SMS and 1373 calls from urban users compared to 1769 SMS and 470 calls from peri-urban/rural setup users. Factors like limited access to the gadgets, lack of privacy where phones are shared, language barriers and illiteracy of users as well as system challenges like: prolonged response time, language barriers with the online counselors and the inability of respondents to address non health related issues emerged as reasons for the disparity.

Conclusion: Adolescents and young people from urban and rural set ups have similar health needs but experience different barriers to access and utilization of online services especially from peri-urban/rural settings including limited access and or lack of technical know how to use technology in accessing HIV/SRH services. Technology therefore may not be the best means of reaching adolescents in rural and peri urban regions, hence the need to rethink strategy.
**Poor Retention in Care in Adolescent and Young Adult (AYA) and Recently Diagnosed Pregnant Women Living with HIV in Kenya**

**Jiang W** 1, Osborn L 1, Perrier T 1, Drake A 1, Unger J 1, Matema D 2, Kinuthia J, John-Stewart G 1, Ronen K 1

1University of Washington, Seattle, United States, 2Kenyatta National Hospital, Nairobi, Kenya

**Background:** Despite widespread access to antiretroviral therapy (ART) for pregnant women, adolescent and young adult women (AYA, age 15-24) may have poorer engagement in prevention of mother-to-child transmission (PMTCT) programs. Limited longitudinal data exist on clinic attendance of pregnant and postpartum AYA living with HIV in sub-Saharan Africa. The goal of this analysis is to compare retention in care between AYA mothers and older adult mothers in a cohort of Kenyan women living with HIV.

**Materials & Methods:** We used data from participants in the control (standard of care) arm of the Mobile WAChX trial (NCT02400671), a study examining the effect of short-message service (SMS) on ART adherence among pregnant women from 6 clinics in Kenya. AYA were defined as 15-24 years old. Clinic visits for HIV care, pharmacy refills, ANC care or infant care were included from enrollment in pregnancy (any gestational age) until 18 months postpartum. Retention in care was defined as on-time attendance of a scheduled clinic visit; on-time attendance was defined as attendance within a window from 14 days before to 14 days after the scheduled date. Univariate and multivariate mixed-effects logistic regression models were used to identify correlates of on-time attendance, with random effects at the individual- and clinic-level. Univariate predictors at p<0.1 were included in multivariate analysis.

**Results:** Of 274 pregnant women enrolled in the control arm, 93 (33.9%) were AYA. Compared with older adult women, AYA women were less likely to be employed (38.7% vs. 68.0%, p<0.0001), less likely to have ever used family planning (59.1% vs. 78.0%, p=0.002), and more likely to be carrying their first pregnancy (23.7% vs. 2.2%, p<0.0001). A smaller proportion of AYA women had been diagnosed before pregnancy than older adult women (45.7% vs. 69.1%, p=0.003).

Overall, 274 women attended a total of 4174 clinic visits (29.5% from AYA women) and were scheduled for 4320 visits (29.9% from AYA women). The proportion of scheduled visits attended on-time among AYA women was lower than that among older adult women (median 83.3%, IQR 57.1%-91.7% vs. median 88.0%, IQR 75.0%-95.2%, p=0.008). In univariate analysis, the odds of attending a scheduled visit on time were significantly lower in AYA than in older adults (OR 0.60 [95%CI 0.42-0.86]). In addition, odds of on-time attendance were significantly higher in women who were employed (OR 1.53 [1.08-2.16]), diagnosed before pregnancy (OR 1.96 [1.37-2.82]), had disclosed HIV to others (OR 1.64 [1.06-2.53]), or whose partner had been tested for HIV (OR 1.63 [1.02-2.59]). In multivariate analysis, being diagnosed before pregnancy remained significantly associated with higher odds of on-time attendance (aOR 1.92 [1.19-3.09]), while effects of AYA age and other covariates were no longer significant (aOR for AYA 0.69 [0.45-1.07]).

**Conclusions:** AYA mothers living with HIV in Kenya had poorer retention outcomes than older counterparts. However, this was largely explained by their more recent diagnoses. These findings underscore the need for addressing barriers to retention in care among women newly diagnosed and initiating Option B+ PMTCT in pregnancy.
Modelling cash plus care interventions to prevent HIV among girls of school age in South Africa (HPTN 068)

Background: Social protections programs like national government grants have had mixed results on sexual behavior and HIV risk in adolescent girls and young women (AGYW). Several studies have shown that combining receipt of cash with other interventions to increase parental support, access to school, or adolescent sensitive clinic care had much greater impacts on HIV risk behaviors than receipt of cash alone. However, no studies have directly assessed the impact of cash plus care interventions on HIV incidence. We use data from AGYW in South Africa to determine the impact of cash plus other interventions on incident HIV infection. In specific, we explore receipt of a government grant plus parental care by 25%, reduced baseline depression, reduced intimate partner violence at baseline or increased time-varying parental care.

Methods: We used data from the HIV Prevention Trials Network (HPTN) 068 study in rural South Africa (2011-2015). AGYW aged 13-20 years at enrollment were followed approximately annually for up to 3 years. We use the g-formula to estimate the effect of intervening on each exposure alone in relation to the observed distribution of HIV in a simulated population of 50,000. We then estimate effects on HIV when intervening on each exposure in combination with receipt of a child support grant and when combining up to 4 other exposures. We calculated four-year risk, risk differences and risk ratios of HIV over the study period including interactions between all exposures.

Findings: At four years, the risk of HIV if all AGYW received a child support grant was 5.5% compared to 6.9% if all did not receive a grant for a risk difference (RD) of -1.4% (95% Confidence Interval [CI]: -1.7%, -1.1%). When pairing cash plus other exposures individual, receipt of a child support grant plus parental care had by far the largest effect on incident HIV infection RD-2.2%; 95% CI: -2.5%, -1.9%). An intervention to provide a child support grant, increase parental care by 25%, eliminate depression, eliminate IPV, and increase school attendance would reduce HIV risk by -2.4% (95% CI -2.7%, -2.1%). Even with an intervention to only provide a child support grant, increase parental care by 25%, and eliminate depression, HIV risk at 4 years would still be reduced by 1.8% (95% CI -2.1%, -1.5%).

Conclusions: Pairing receipt of a child support grant with other psychosocial interventions had a greater impact of HIV incidence than receipt of cash alone. Interventions that included receipt of a child support grant and parental care showed the largest reductions in HIV incidence and were even larger when further combined with eliminating depression, eliminating IPV and increasing school attendance.

Mangawa I
1LSHTM, London, United Kingdom

Background: Given the earlier age of peak HIV incidence among females compared to males, HIV prevention programs often prioritise the prevention needs of young women, at the expense of excluding young men. However, it may be possible that understanding risky socio-demographic pathways and risk factor interactions in young men can be harnessed to reduce HIV risk through prevention programs. Subsequently, this may also bear benefits in reducing the vulnerability of women.

Methods: The study is a secondary data analysis of 6 population-based surveys done in 3 districts of Eastern Zimbabwe, as part of the Manicaland HIV Prevention Project between 1998-2013. Socio-demographic, sexual behaviour and HIV incidence data on 3770 young men aged 15-29 years and HIV-negative at entry (between rounds 1-5) were analysed. Trajectories/pathways were sequenced based on age at first sex, age left school and frequency of employment episodes to assess the risk of HIV associated with each pathway using Cox regression model. Four trajectories were formed; (i) young men who had sexual debut before leaving school and were frequently unemployed during the survey rounds, (ii) young men who had sexual debut before leaving school and were frequently employed during the survey rounds, (iii) young men who had sexual debut after leaving school and were frequently unemployed, (iv) young men who had sexual debut after leaving school and were frequently employed.

Results: 174 new HIV infections occurred over 16420 person years (HIV incidence rate 10.60 per 1000pys, 95% CI 9.13-12.30). Compared to young men who had sexual debut before leaving school who were frequently employed had twice the risk of getting infected with HIV after adjusting for location and study time (aHR 1.82 95%CI 1.10-3.02). Compared to the same baseline group, young men who had sexual debut after leaving school but were frequently employed had four times the risk of getting infected with HIV (aHR 3.98 95% CI 2.44-6.48). There was no evidence that young men who had sexual debut after leaving school who were frequently unemployed had a different risk of getting infected with HIV compared to the baseline group (aHR 1.64 95% CI 0.87-3.09). Transactional sex, Condom use, number of lifetime partners, number of partners in the last 12 months were significant mediators.

Conclusion: Frequent employment opportunities may increase risk of young men to new HIV infections by providing a currency to participate in risky sexual behaviour e.g transactional sex, unlike in young women where it has been associated with reducing vulnerabilities of young women to HIV. This risk is further potentiated in young men who have sexual debut after leaving school. Therefore, HIV prevention in young men should develop mitigating strategies targeted at employed young men. Secondly, sexual debut before or after leaving school did not interact with frequency of employment in an predictable way. Therefore, researchers should consider use of socio-demographic pathways to understand better how risk factors interact with each other to produce vulnerabilities to HIV in young men.
Abstract

28

Growing up with HIV: A temporal understanding of young women’s experiences of living with HIV in Lusaka, Zambia

Mackworth-Young C1, Bond V1,2, Wringe A1
1London School of Hygiene & Tropical Medicine, London, United Kingdom, 2Zambart, Lusaka, Zambia

Young women living with HIV have been identified as a focal population in the HIV response. Recent intensified research with young people, including those living with HIV, has provided greater understanding of their experiences and how best to support them. However, despite the recognition that adolescence is a period of intense change, research on young people frequently only provides a snapshot of their lives at one point in time. Although a growing body of research has looked at the experience of health and disease through temporalities, this has rarely been applied to adolescents and HIV.

We draw on qualitative research undertaken with a cohort of 24 young women living with HIV in Lusaka, Zambia over four years, primarily drawing on ethnographic data with 7 of these young women over 12 months. Detailed notes were taken following meetings with participants in the homes and other social settings, which totalled 276 hours of participant observation. Building on literature on the notion of temporalities for understanding experiences of health and illness, we used Bonnington’s framework of three overlapping temporalities – everyday, biographical and epochal – to analyse the impact of HIV on the young women’s lives across time (2017). Everyday time involves the immediacy and repetition of daily experiences of illness; biographical time concerns the links with past, present and future biographical moments; and epochal time encapsulates the historical shifts in social norms and broad cultural understandings.

In everyday time, HIV impacted the young women’s lives through the repetitive daily taking of antiretroviral therapy (ART), which was a regular symbolic reminder of HIV to the young women, and potentially to others. Familial, friendship and sexual relationships were also impacted continually, either if the young women had disclosed, leading sometimes to closeness or over-protectiveness, or if not, through the continual fear of them finding out about their HIV status. Biographical time framed their HIV experiences through their own and their parents’ experiences of illness over time and sometimes death, the pivotal experience of being disclosed their HIV status to as children, and future desires and fears over having their own families. Lastly, epochal shifts in HIV policy and treatment availability meant these young women lived as a particular “biogeneration”, born at a time when a lack of ART lead to their infection through transmission from their mothers, but when subsequent availability of ART enabled their survival into adulthood.

Our findings suggest that support for young women living with HIV needs to help them cope with the day-to-day impacts of HIV, including managing pill-taking in the context of limited disclosure, stigma and restricted privacy. However, support should also acknowledge the fundamental biographical moments that have shaped their lives, including illness, death, and learning of their HIV status, as well as acknowledging their fears and aspirations about the future, including having healthy children.
Greater HIV risk among male partners of adolescents and young women versus adult women in Kenya

*Gitahi-kamau N*, Otieno F, Odongo w, Odhiambo F, Mehta S
1Institute Of Tropical Medicine And Infectious Disease Kemri, Nairobi, Kenya, 2Nyanza Reproductive Health Society, Kisumu, Kenya, 3University of Illinois at Chicago, Chicago, IL, USA

**Background:** In Kenya, adolescent girls and young women (AGYW) aged 15-24 years contribute to 21% of all new HIV infections in Kenya. Additionally, 50% of the unmarried women aged 15-24 years reported their current pregnancies as unwanted. Evidence suggests that HIV prevention success may be pegged on understanding the risk factors relating to their male partners, though this is largely understudied. This study aimed at investigating the characteristics of male partners and their associations to the risk of HIV and unwanted pregnancies and how that differed for AGYW vs. adult women (aged 25-39).

**Methods:** We analyzed data from a prospective cohort study of community-recruited couples enrolled between April 2014 to July 2016 and followed for one year until August 2017. Men and women were surveyed independently to collect data on socio-demographics, sexual behaviour and relationship dynamics such as communication and perceived partner support. We use Chi-square (X2) test to identify differential male partner factors associated with HIV and pregnancy risk among AGYW vs. adult women (p < 0.05). Wilcoxon rank test was used to determine differences in mean. Multivariable analysis using logistic regression was conducted to identify independent variables and we report adjusted odds ratios (a.O.R) at 95% confidence intervals (CI).

**Results:** We enrolled 252 couples of which the proportion of AGYW while the greatest proportion (60%) of male partners were aged between 25-40 years. Non-use of condoms at last sex was reported by 80% of all the males. While 33% of female partners did not use any form of family planning. There was a significantly (p<0.001) higher proportion of AGYW who were not on any form of family planning. We report a significantly (p<0.001) higher difference in mean age between AGYW and their partners compared with older women. From multivariable analyses, male partners of AGYW reported incomes that were twice lower than partners of older women (a.O.R = 2.6; CI 95%: 1.27-5.66), lower educational attainment (a.O.R = 0.47; 95% CI: 0.24-0.89), lower employment levels (a.O.R = 2.22; 95% CI: 1.04-4.76) and were twice as likely to drink alcohol (a.O.R = 1.83; CI 95%: 1.07-3.12). After adjusting for employment and education status, males were likely to have AGYW partners who had twice lower incomes than older women (a.O.R= 2.65; CI95%: 1.18-5.95). Partner communication did not differ between AGYW and adult women, though some items reflecting higher partner support were more common among AGYW than adult women.

**Conclusion:** The study pointed strongly to a power dynamic among relationships between at-risk AGYW with lower incomes and their partners who were significantly older. Characteristics of AGYW male partners such as the greater use of alcohol and lower educational status, income and employment rates as compared with partners of older women may contribute to a higher HIV risk.
Abstract

Peer group program for children and adolescents living with HIV in Nairobi: A common elements therapeutic approach

Machuka J, Wambua N, Musindo O, Bukusi D, Okech V, Muruun P, Ng’ang’a P, Opiyo N, Mairu R, Kumar M
1Kenyatta National Hospital, Nairobi, Kenya, 2University of Nairobi, Nairobi, Kenya

Gaps exist in HIV/AIDS care and support programs specialized in addressing the needs of adolescents. Psychological and behavioural factors negatively influence disclosure of HIV status, adherence and retention in care among adolescents. To effectively address these issues, the provision of structured evidence based support group therapy that is developmentally and culturally appropriate and peer led cannot be overemphasized.

The objective of the study was to develop a support group program manual that would be the basis of running adolescent support groups at Kenyatta National Hospital Comprehensive Care Centre (KNH CCC). This was done firstly, by identifying group activities which are evidence-based, adolescent friendly and culturally appropriate for adolescents for compilation into a manual. Secondly, by exploring whether the manual content is usable with 3 adolescent groups aged 10-14 years, 15-19 years, and 20-24 years, and what differences are found in acceptability, feasibility, fidelity, effectiveness and sustainability.

A mixed methods design implementation trial was conducted among 28 purposively selected adolescents aged 10-24 years living with HIV and attending KNH CCC. Pre and post analysis was used to determine the effect of the intervention on clinical and mental health outcomes. We collected participant and facilitator feedback through semi-structured questionnaires for quantitative data, as well as interviews and focus group discussions for qualitative data. Quantitative data was analyzed using SPSS v.23. Qualitative data was analyzed using simple thematic analysis.

Preliminary study findings show that the objectives of the study were achieved. Firstly, one manual and 3 workbooks differentiated across age groups were developed and used in adolescent support groups through simple peer facilitation. At the end of intervention, there were positive clinical and mental health outcomes. In terms of HIV associated clinical outcomes, 78% of the participants had either an improved viral load or maintained a low viral load. This could be associated with an increase in medication adherence measured by Morisky Medication Adherence Scale. Of the mental health outcomes, depression scores measured using Patient Health Questionnaire (PHQ-9) showed marked improvement, with 92.8% of the participants having no depression or minimal symptoms. On psychological adjustment measured using Strengths and Difficulties Questionnaire (SDQ) and self-esteem assessed using Rosenberg Self Esteem measures, participants reported improvement in their attitude and behavior regarding their health status and general wellbeing.

Participation in the evidence-based structured support group program for adolescents was found to be beneficial by our participants. Additionally, the clinical team comprising peer mentors and health care professionals found it acceptable and very relevant to the needs of adolescents. The simple peer facilitation enabled identification with the needs of the adolescents, and guided their training towards responsible healthy living. This program is adaptable to different cultural setting and highly recommended as its impact can be measured and improved.
Abstract

31

Toxic Stress and Quality of Life in Early School-aged Ugandan Children With and Without Perinatal HIV Infection

Ezeamama A1, Zalwango S2, Lauren R3, Boivin M4, Musoke P3, Giordani B4, Sikorskii A1
1Michigan State University, East Lansing, United States, 2Kampala Capital City Authority, Kampala, Uganda, 3Makerere University School of Medicine, , Uganda, 4University of Michigan, , MI

Background: The specific contribution of toxic stress to deficiencies in quality of life (QOL) among vulnerable HIV-affected and unaffected African children is unknown. This study investigated perinatal HIV status, physiologic and psychosocial stress as determinants of QOL among 6-10 years old Ugandan children.

Methods: Perinatally HIV infected (PHIV, N=92), perinatally HIV-exposed uninfected (HEU, N=93), and HIV unexposed uninfected (HUU, N=92) children and their adult caregivers were enrolled. PHIV and HEU status was established via DNA-polymerase chain-reaction and current HIV-negative status was confirmed via HIV rapid diagnostic test. Child’s and caregiver’s acute (within 30 days) and lifetime psychosocial stress were measured using perceived stress and lifetime adversity scales. In addition, child’s physiological stress was defined per allostatic load (AL) model as number of dysregulations among 13 biomarkers. The QOL domains of combined QOL (CQOL), multidimensional vigor (MDV) and present functioning impairment (PFI) in children were defined per the Pediatric QOL Inventory using caregiver’s proxy and child’s self-reports. For analytic purposes, five quintile-based categories of child’s and caregiver’s psychosocial stress (ref = 5th quintile) and 4 categories of child’s physiologic stress (AL= 0, 1, 2 vs ≥3) were defined. Stress categories, child’s HIV exposure, and their interaction were related to child’s QOL via linear regression models while adjusting for child and caregiver contextual variables. To gauge the differences in QOL by stress and HIV exposure, in addition to the regression coefficients (β’s), effect sizes (ESs) were calculated as mean differences in standard deviation (SD) units.

Results: Child’s low allostasis (AL ≤1 vs. ≥3) was associated with higher child-reported CQOL and MDV (all ES’s≥0.5) but not with PFI. Child’s low acute stress (quintiles ≤2 vs 5) was associated with better child-reported CQOL (β=8.1–14.8, all P<0.02, ES’s>0.8), higher MDV (β=14.4–14.6, P<0.01, ES>1) and lower PFI (β=-9.0 to -10.5, P<0.04, ES≤0.6). Caregiver-reported child’s QOL had a dose-response relationship with caregiver’s psychosocial stress. The ES’s for differences in QOL according to caregiver’s lifetime adversity were ≥0.7 for CQOL, 0.8 for MDV, and 0.6 for PFI. Perinatal HIV-status related differences in caregiver-reported CQOL, MDV and PFI varied according to caregivers’ acute stress (interaction P ≤0.10). In low caregiver stress environments, with exception of an observed vitality advantage for PHIV vs. HUU (β=0.9, P=0.02, ES=0.5), QOL measures did not differ across perinatal HIV status groups. Among caregivers with high acute stress, CQOL was 0.73 SDs lower, MDV was 0.58 SDs lower and PFI was elevated for PHIV vs. HUU.

Conclusion: Toxic stress in caregivers and dependent children are modifiable determinants of low wellbeing in this cohort of vulnerable children. All children thrive in low stress environments with PHIV exhibiting vulnerability in several QOL domains within high stress environments. Interventions designed to reduce stress among adults in caregiving roles may be particularly beneficial for enhancing wellbeing in dependent HIV-affected children.
Concurrences and divergences about PrEP: Qualitative perspectives from parents with adolescent daughters from Migori County, Kenya

Musau A1, Were D1, Odhyambo G1, Osuka I1, Agunda P2
1Jhpiego, , Kenya, 2Population Services, , Kenya

Background: In 21st century, HIV presents atypical epidemiological patterns afflicting more young people with new infections than before. One third of new infections occur among adolescents and young people. Globally, six nations account for 84% of new infections. Adolescents have high aversion and limited access to protective interventions. Communities influence behaviors, perceptions and patterns of use of prevention interventions by adolescents and parents are an immediate influence to their adolescents. Parents often share aspirations with their children and would provide a more honest opinion about a community’s attitude towards an issue. In Migori County where PrEP was integrated to the toolbox of HIV prevention interventions, we conducted qualitative research involving parents with adolescent girls (15-19 years) to investigate their perspectives about PrEP.

Methods: Data was collected from 26 consenting parents with a daughter aged 15-19 years. Data was collected through privately conducted in-depth interviews. Participants were drawn from 14 sites in seven sub-counties. Interviewees were purposely selected through community health volunteers. Eligibility was confirmed before enrolment by competent qualitative researchers who moderated the interviews in dholuo. Interviews were audio-recorded and back-up field notes collected by trained scribes. Data was transcribed and translated and analyzed using NViVo 11.0 using a constant comparison method through an inductive thematic analysis approach. Verbatim was generated to support emergent themes.

Results
Participants mean age was 40.3 years old and majority (70%) were farmers. Participants acknowledged that HIV as an avoidable yet menacingly difficult to address problem. PrEP received overwhelming support as an expansion of the milieu of prevention interventions. With optimism, PrEP was described as a ‘lifesaver’. Parents exuded willingness to contribute voluntarily towards protecting their daughters through investing efforts to create mass awareness and suggested that governments should aggressively invest in educating and engaging their adolescent girls about PrEP. There were divergent opinions about moralization of PrEP. Most parents were afraid that PrEP would grant their girls a ‘license’ to engage in ‘immoral’ behaviours despite acknowledging that these behaviours existed prior to introduction of PrEP. Parents expressing positive opinions possessed a better understanding of PrEP. There was consensus that PrEP was preferable than other methods, because girls could take PrEP discretely and overcome social barriers. Resemblance of PrEP’s with antiretroviral drugs (ARVs) watered down this preference because ARVs were highly stigmatized. For married individuals, PrEP was identified as a potential source of domestic conflict and because of the daily pill burden, some participants decried that there was no difference between taking PrEP and ARVs.

Conclusions: These findings identify conflicted opinions among parents whose daughters are potential candidates for PrEP. Parents appreciate the urgent need for the adoption of PrEP to avert the unwarranted infections. The cautionary stance towards PrEP illustrates that parents, influenced by the social norm, battle denial that their daughters engage in risky behaviors that predispose them to HIV. Findings suggest that interventions that modify social norms should be packaged as part of the introduction of new HIV interventions, but parents and community members ought to be recognized and engaged as influencers.
Abstract

Motivators and Disincentives for Continued PrEP use among Adolescent Girls and Young Women (AGYW) in Migori County, Kenya

Osuka I, Hongo J, Agunda P, Okello T, Mutegi J, Musau A
Jhpiego, Nairobi, Kenya, Population Services, Kenya, NAIROBI, Kenya

Background: In Kenya, adolescents and young women (AGYW) are 2-3 times more likely to be infected with HIV than their male peers according to UNAIDS 2018. AGYW’s higher incidence of HIV infection has been attributed to a number of factors hindering their uptake of HIV prevention services which including socio-cultural beliefs and norms, stigma towards HIV prevention interventions and negative peer influence. Migori County is one of the high-HIV burden counties in Kenya that has been a focus for implementation of PrEP targeting AGYW through a collaborative effort of diverse stakeholders. We investigated self-reported motivators and disincentives to continued PrEP use among AGYW from 14 sites in Migori County, Kenya.

Methods: We analyzed data from self-administered and semi-structured exit surveys conducted between April 2018 and April 2019 among volunteering AGYW accessing PrEP services in 14 sites in 7 sub-counties in Migori County. Providers introduced the survey questionnaire to the AGYW during routine visits. Willing AGYW completed the surveys in privacy and deposited the anonymized completed forms in a designated place at the facility. Completed survey forms were collected by data clerks affiliated to the authors’ institution, entered into REDCap, cleaned and analyzed. Analysis was conducted using SPSS ver. 26.0 and consisted socio-demographic characteristics and proportions of self-reported motivations for continuation and reasons for discontinuation of PrEP.

Results: During the 12-month period, 229 surveys were completed by AGYW (163 completed by AGYW continuing on PrEP and 66 by AGYW who had stopped PrEP). The mean age for the AGYW who responded was 21.6 (s.d =1.8) years. Majority (70.7%) were not married, half (50.5%) unemployed and over two thirds (65.3%) has attained post-primary education. Intrinsic motivation (76.7%), feeling more confident because of using PrEP (25.2%) and encouragement from peer educators (23.9%) were the predominant motivators for PrEP continuation. Additionally, exposure to adequate PrEP information (21.5%), encouragement from partner(s) (15.3%) and knowing a peer who uses PrEP (12.9%) or a good clinic experience (14.1%) were additional motivators for reporting continued PrEP use. Conversely, experiencing side effects (37.9%), the burden of taking a pill every day (25.8%), change of preference of HIV prevention method (18%), reduction of HIV risk (10.6%) and frequent travel (10.6%) were reported as disincentives, which prompted PrEP discontinuation. Crosscutting barriers reported by AGYW (both stopped and continuing PrEP) included returning frequently on a monthly basis for refills, prolonged wait times and long travel distances to the clinics.

Conclusion: Intrinsic motivation, receiving a form of interpersonal social support and access to adequate information were predominant incentives for continuing on PrEP. AGYW identified product challenges as main drawbacks prompting PrEP discontinuation. System barriers potentially emanating from the organization of PrEP services can be addressed to create a conducive environment for PrEP continuation. Providers need training and encouragement to deliberately provide sufficient information and offer self-help strategies to new and continuing users on how to deal with side effects. Adherence support interventions should be provided to clients to navigate the inevitable yet manageable inconveniences from PrEP.
Abstract

Diversification of delivery channels to reach adolescent girls and young women (AGYW) with PrEP for HIV Prevention: A case study of Migori County, Kenya

Anyona M, Musau A1,2, Wango B1,2, Mutsiya E1,2, Gwaro H1,2, Agunda P1,2
1Jhpiego-NGO, Nairobi, Kenya, 2Populations Services Kenya-PS Kenya, Nairobi, Kenya, 3Jilinde Project, Nairobi, Kenya

Introduction: Kenya’s 2017 PrEP Implementation Framework provided guidance that PrEP delivery could occur through community and facility-based channels. The diversity of channels was envisioned to increase opportunities in reaching target populations. Since 2017, most implementation largely concentrated in public facilities, Drop in Centers (DICEs), private facilities and comprehensive HIV care clinics (CCCs). Focusing PrEP delivery in these traditional channels has presented challenges when reaching adolescent girls and young women (AGYW) resulting in unfavorable experiences. Limited efforts have attempted to widen delivery through AGYW-friendly platforms especially non-facility settings. Jilinde, a scale-up project implemented in ten counties within Kenya, supported Migori County to target PrEP to deserving AGYW. We elucidate Jilinde’s approach, experiences and outcomes of diversifying PrEP delivery channels to circumvent missed opportunities when reaching AGYW with PrEP.

Description: Jilinde collaborated with Migori County Health Management Team (CHMT) to implement a multi-pronged approach to scaling-up PrEP since May 2017. Initially, PrEP was delivered through established CCCs in 12 public health facilities, thereafter, in order to reach elusive AGYW, PrEP delivery was diversified to selected consultation rooms within outpatient departments. Additionally, PrEP was integrated within maternal and child health (MCH) clinics. Within established PrEP sites, potential community safe spaces were mapped out and assessed for appropriateness for PrEP delivery. Consistently scheduled community outreaches were conducted in accredited spaces. Additional, PrEP services were integrated as part of AGYW-branded demand creation promotional events dubbed ‘Brighter Future events’. Two DICE-like model PrEP sites were also adopted to provide a harm-reduction combination package comparable to routinely provided services to key populations. Data on PrEP uptake was monitored using a monthly PrEP reporting tool (MOH 731) and experiential lessons learned gathered during monthly and quarterly review meetings.

Results/Lessons learnt: The implementation of diversified PrEP delivery approach occurred from October 2018 to May 2019 within which 684 AGYW were initiated on PrEP out of which 286 (41.8%) were initiated on PrEP through facility, community outreaches and during ‘Brighter Future Events’, 204 (29.8%) were initiated in MCH/FP clinics and outpatient departments, 122 (17.9%) through DICEs while 72 (10.5%) were initiated PrEP through five community spaces. Lessons learnt include; (1) conducting risk screening as a component of routine clinic visits for AGYW accessing MNCH services was successful and feasible, (2) community safe spaces were captive for AGYW who had limited opportunities to access health facilities and who didn’t want to mingle with their relatives, (3) high motivation by providers was needed to accommodate PrEP as part of daily work and training to offer youth-friendly services was essential.

Conclusion: The configuration of PrEP delivery in a way that it addresses barriers which AGYW experience when accessing sexual and reproductive health services is feasible and results to promising outcomes. Providers are enthusiastic about HIV prevention services to AGYW, but require intrinsic motivation, training so as to offer empathetic and AGYW-friendly services. Community spaces provide opportunities to contact AGYW with unmet sexual, reproductive and HIV prevention needs despite sustainability considerations which need to be addressed.
Abstract

Unpacking the role of gender-based violence as a barrier to pre-exposure prophylaxis use among adolescent girls in the DREAMS program in Kenya through qualitative storytelling

Hartmann M1, Otticha S2, Agot K1, Wangia B3, Oginga F3, Minnis A1, Montgomery E1, Roberts S1
1Women’s Global Health Imperative, RTI International, San Francisco, United States, 2Impact Research and Development Organization, Kisumu, Kenya

Background: HIV pre-exposure prophylaxis (PrEP) has the potential to reduce HIV acquisition among adolescent girls and young women (AGYW) in sub-Saharan Africa by offering a method of prevention that does not rely on negotiation with partner. Existing evidence, however, suggests uptake and adherence has been low in this population and that relationship factors such as gender-based violence (GBV) may be important barriers to PrEP use.

Methods: We conducted formative research to examine the relationship between GBV and AGYW PrEP uptake and adherence during DREAMS PrEP roll-out in Siaya County, Kenya. Using a vignette storytelling technique, we conducted in-depth interviews with 24 AGYW ages 15-24 in DREAMS, half of whom had previously reported GBV to DREAMS staff and 15 of whom were using PrEP. The vignette technique consisted of asking the participants to create a story about a typical couple in their community experiencing violence. Context of the couples meeting, the gender roles each member plays, types of violence experienced, and HIV prevention use, including PrEP use, within the couple were constructed. Participants were also asked to reflect on their own feelings about the couple’s roles, how this couple compares to other’s in their community, and how they compare themselves to the couple. A socioecological model was used to analyze the data and summarize themes within AGYW’s stories, as well as in their personal experiences reported through direct questions. Results were also analyzed by previous reports of violence.

Results: Storytelling narratives revealed inequitable gender norms, male control of female resources and mobility, and GBV in the forms of emotional, sexual, physical, and economic violence. Women’s economic dependence, low educational status, early marriage and motherhood, and male infidelity and alcohol use contributed to experiences of violence. PrEP use without partner approval was also identified as a risk factor for GBV. Similar to the stories, most women described personal experiences of partner control and perceived expectations to be submissive in their relationships; however, these were more frequently described by women previously reporting violence. The majority of women in both violence subgroups reported concerns about male infidelity and the influence of their male partner’s attitude on their PrEP use. Fear of violence was frequently cited as a reason for PrEP non-use among both groups as well. When AGYW discussed their personal experiences, this fear was connected to perceived male concerns around female promiscuity and suspicions that PrEP-users were HIV-positive.

Conclusions: Through storytelling and personal narratives, AGYW described numerous ways in which gender-based violence and relationship factors serve to increase HIV risk and act as a barrier to PrEP use in their communities, social networks, and personal lives. Multiple issues were presented that limited their power to initiate and use PrEP within their relationships, including fear of GBV, which was connected to men’s concerns around PrEP. This suggests a need for interventions to address men’s misconceptions around female PrEP use and build women’s skills and efficacy to use PrEP either covertly or with partner support.
Abstract

How Do We Roll Out PrEP for Adolescent Girls and Young Women (AGYW)? Healthcare providers perspectives on challenges and facilitators to PrEP provision to adolescent girls and young women in South Africa.

London V1, Rambally Greener L1, Makamu T1, Lelaka M1, Butler V1, Mullick S1
1Wits RHI, Johannesburg, South Africa

Background: Adolescent girls and young women (AGYW) in South Africa (aged between 15 and 24 years) have the highest rate of HIV incidence (1.51%), with approximately 1300 new HIV infections in this group every week. Oral pre-exposure prophylaxis (PrEP) is an effective method for HIV prevention and can be delivered as part of an integrated package of sexual and reproductive health (SRH) services. However, without an understanding of best practices and scalable service delivery models for providing PrEP, it will be challenging for South Africa to maximize the impact of HIV prevention technologies, particularly among AGYW. Healthcare providers are key to ensuring the successful delivery of PrEP to AGYW, however little is known about their attitudes around the introduction of PrEP as part of an integrated package of services to AGYW. This paper reports on providers perspectives on training needs as well as barriers and facilitators to PrEP delivery and provision at Primary Healthcare facilities.

Methods: Data were collected as part of an ongoing implementation science study exploring the introduction of PrEP into Comprehensive Sexual and Reproductive Health Services for Adolescent Girls and Young Women (AGYW) in South Africa (Project PrEP). In-depth-interviews (IDI’s) and socio-demographic surveys were conducted with HCP working at participating Primary healthcare facilities between February 2019 - May 2019 in Gauteng and Eastern Cape at seven urban, semi-rural and peri-urban facilities. In-depth interviews were transcribed and analysed thematically, and descriptive statistics were conducted on demographic data.

Results: Professional, enrolled and registered nurses as well as doctors, counsellors and community workers were interviewed. In total 38 HCP’s participated in the interviews. Most HCP were 47years old (min 26 and max 63 years). Many reported currently providing more than one service to clients, such as, STI screening and treatment (70.83%), family planning (62.5%), HCT/HIV counselling (66.67%) and ARV services (58.33%). Most providers interviewed had received training on PrEP (79.17%) from the National Department of Health. Most who attended requested more information on how to integrate PrEP into SRH services. For many their primary source of information on PrEP was from on-the-job training (66.67%). Many expressed a need for support and the desire to access reliable information on PrEP. Other barriers included a scarcity of Nurse initiated management of antiretroviral treatment (NIMART) trained nurses. HCPs were also unsure how to best support AGYW to adhere to PrEP, “I think it will be adherence because the youth are not used to taking tablets”. Finally, logistical concerns around attracting youth and providing services at youth friendly times were noted, “They will be wanting to come during weekend or after hours and we health providers are not there.”

Conclusions: The preliminary findings indicate the need to capacitate as well as mentor HCP on an ongoing basis to implement PrEP services successfully. For PrEP delivery to AGYW to be successful facilities may need to have dedicated times for youth, a means to fast track youth and make pill collection easier and less burdensome.

Abstract number 37 has been withdrawn.
Addressing structural and systematic barriers towards justice for vulnerable adolescent girls in Kisumu and Homabay, Kenya

Monda N1, Wentzell S1, Kroeger L1, Muthui A1
1P.o Box 112, P.o Box 112, Kenya

Background: The Kenya Legal and Ethical Issues Network on HIV & AIDS (KELIN) is a human rights NGO working to promote and protect health-related human rights in Kenya. Young people aged 15-24 years contribute significantly to Kenya’s HIV burden at a prevalence of 51% of all new infections with adolescent girls and young women accounting for 33% of this burden. The intrinsic connections between HIV and sexual and reproductive health and rights (SRHR) are well established given that HIV is predominantly sexually transmitted.

Informed by this, KELIN implemented a DREAMS Innovation Challenge project: “Facilitating access to sexual and reproductive justice for orphaned and vulnerable adolescent girls (AGYW)”, aimed at reducing the HIV prevalence among AGYW in Homabay and Kisumu Counties.

Methods: KELIN documented key lessons learned in addressing structural and systematic barriers towards justice for vulnerable adolescent girls. This was to assess the contribution of different interventions employed towards the achievement of the outcomes of the project.

Quantitative and qualitative data was collected through desk review of project documents as well as field data collection from the project beneficiaries, key actors, stakeholders and project staff. Data collection tools were developed based on predetermined best practices identification criteria.

Results: (What Worked)
1. County legislators’ dialogues aided the development of progressive Laws and policies that promoted SRHR of adolescents.
2. Pro bono lawyers offered legal advice during sensitization clinics and provided legal representation in court that most people could not afford.
3. Directly engaging CBOs as a good practice in identifying the targeted girls and also replicating the trainings to ensure sustainability.
4. Leveraging on existing cultural structures and engaging the Luo Council of Elders to address inequalities within their communities that render AGYW vulnerable to HIV and sexual violence.
5. Linking AGYW and OVCs to the widow champions, elders, police, courts and other stakeholders strengthened the referral mechanism.
6. Court Users Committees provided a platform for actors in the justice sector to address the challenges of seeking justice and coordinated functions of all agencies within the justice system.
7. The inter-generational dialogues addressed the gap in sex education not addressed at the societal level because of the collapse of the traditional cultural structures.

(What Did Not Work)
1. Though the project increased access to legal services, the approach of engaging pro bono lawyers was not sustainable and could only reach a limited number of beneficiaries. Instead we recommend engagement of community paralegals to increase access to justice.
2. Training of CBOs more instead of AGYW training would be more sustainable. The likelihood of AGYWs transitioning to other learning institutions and employment opportunities requires continuous training whereas the CBOs are institutions within the communities and are better placed to continue with the trainings once the project ends.

Conclusions: There is a need to replicate intervention models that address structural barriers. Interventions solely aimed at addressing the individual needs of AGYW fail to address the societal contexts in which AGYWs come from and the areas of vulnerability that individual empowerment cannot shift.
Abstract

39

Addressing barriers to adolescent male health service uptake in Eswatini through facility-based male-friendly corners

Churchyard T

1Kwakha Indvodza, Mbabane, Swaziland

Background: The low HIV agency and services uptake amongst young men in Eswatini stand as fundamental barriers to the nation’s largely-successful response to the epidemic. The 2017 PHIA study (SHIMS2) and other national research reveal that all men trail significantly behind women in HTS, HIV status knowledge and ART initiation, leading to an 11% lower VLS than women but young men are particularly unlikely to know their status or practise condom usage. As a corollary, young men often parrot the views of their elders in reporting that the clinic is a space for women and children, resulting in late presentation and diagnosis, both of HIV and other STIs and NCDs.

Kwakha Indvodza (‘Building a Man’) is the only national NGO working in health and behaviour change interventions targeting men and boys throughout Eswatini.

Methods: As part of a series of activities engaging men in HIV prevention information and services, KI is piloting training and technical assistance to 9 clinics throughout the Lubombo region. KI trains healthcare workers on masculinity and the structural and clinical considerations needed to establish a male-friendly spaces. KI then provides an identified focal person(s), with 6-months of technical assistance in establishing and operating the space and/or designated time for men to receive services.

Results: This project is on-going with the first significant results expected to be released in August 2019, to be shared in preliminary form at the conference. Feedback from the trainings conducted in January suggest that many health service providers continue to overlook how their facilities ostracize male clients, in many of the same ways in which they have typically overlooked adolescent-friendly approaches to service delivery. Such factors include where/how men wait and are seen, the opening hours, combination of services on offer at one visit and the promotional materials exhibited.

Conclusions: Whilst more popular with certain populations, adolescents and men included, community-based health services are not a sustainable long-term strategy towards increased health service uptake in Eswatini, or the region. Partners need new strategies such as this pilot to increase the appeal, accessibility and use of health facilities in order to achieve universal health care and eliminate AIDS as a public health threat by 2030.
Nothing about us without us: Lessons learnt from Youth Trials Boards, an international pilot programme, to make youth participation in clinical trials meaningful and sustainable

Conway M1,2, Bernays S3, Turkova A1, Gibb D3, Kiganda C4
1Fondazione PENTA Onlus, Padova, Italy; 2The University of Sydney School of Public Health, Sydney, Australia; 3MRC Clinical Trials Unit, University College London, London, UK; 4MUJHU Research Collaboration, Kampala, Uganda; 5The University of Zimbabwe Clinical Research Centre, Harare, Zimbabwe; 6King Edward VIII Hospital, Durban, South Africa; 7The Children's HIV Association, Bristol, UK

Background: Young people are increasingly involved in shaping the healthcare that they receive, and young advocates living with HIV set an inspiring example of impactful community engagement. However, in paediatric HIV clinical trials, the level of medical knowledge, social complexities and dense bureaucratic infrastructure have limited the capacity of young people’s voices to influence the ways research studies are designed and conducted. To address this gap an initiative made by a large network of clinical trial research teams, led by UCL and Penta, was undertaken to develop a model of youth participation in clinical trials, called Youth Trials Boards (YTB).

Methods: The aim of the YTB project is to collaboratively design and pilot a model of user-engagement with adolescents living with HIV (ALHIV) to influence the development, delivery and dissemination of the results of paediatric clinical trials. The project is in its third year and YTBs have been established in four sites: Durban in South Africa; Kampala in Uganda; Harare in Zimbabwe; and with young people from across the UK. Each YTB involves approximately 8 young people, who are aged between 15-19 years upon first joining, and who meet up to four times a year. Our process includes reflecting on lessons learnt to date, discussions with YTB members, project coordinators and site facilitators.

Results: What has worked well:
• Key partners were enthusiastic and committed to support YTBs.
• YTBs were successful where embedded at the sites participating in clinical trials.
• YTBs thrived when engaged in task-orientated activities which will clearly influence the direction or delivery of a trial, for example, the collaborative development of graphic illustrations to explain the dolutegravir alert to other ALHIV and their families.
• The development of partnerships with potential collaborators, such as ethics committee boards, increased awareness of the YTB contributions to improving research practice at a national and local level. Once such partnerships are established, YTBs can play a pivotal role in strengthening communication practices between researchers and young participants, so that there is a better understanding among the researchers on participants’ expectations and needs. An example is the initial planning work with ethics committees to develop guidelines for writing patient information sheets, to ensure the study information supports genuine understanding by the group it is targeting.

What we have learnt:
• Meaningful participation takes time to develop the understanding between YTB members, all clinical trial staff and key collaborators through training and dialogue.
• YTBs need to be integrated into trial infrastructures so that their contributions are task-based, structured and adequately supported.

Conclusion: This model creates a framework to improve the influence young people have on the clinical research which is done with and for them. Prerequisites for success and sustainability are ongoing commitment of clinic sites and clinical trial units, staff commitment to learning and developing new ways of working, as well as allocation of sufficient resources within trial budgets.
Abstract

#WHATGIRLSWANT: Promoting Leadership, Mentorship and Advocacy for and by adolescent girls who are most left behind

Obure W1, Sithole N1
1ATHENA Network, Nairobi, Kenya

Background: ATHENA network implemented the #WhatGirlsWant project from June 2018 to May 2019 with an overall objective of ensuring that the lived experiences of adolescent girls and young women (AGYW), in all their diversity, shapes the programs and policies designed to reduce the HIV burden within this population. The project focused on reaching the most left behind AGYW in informal settlements of Homa Bay and Nairobi County characterized by social determinants that put AGYW at risk of HIV acquisition like poverty, high rates of teenage pregnancies and GBV. According to the National AIDS Control of Kenya the HIV prevalence for Homa Bay County is at 26.0 ranking it first in the whole of Kenya.

Materials & Methods: For #WhatGirlsWant project to create a ripple effect of leadership, advocacy and action, 4 AGYW aged 18-26 were trained using the “Step Up, Linkup, Speak Up” methodology developed by ATHENA and partners and piloted with young people in Uganda in 2016. Once trained in mentorship, leadership and advocacy, as well as relevant topical areas, these AGYW leaders in turn collaborated with 12 Adolescent Girl Leaders (AGLs), aged 18-24, to carry out community dialogues for mapping context-specific needs and concerns to inform core team meetings and advocacy agendas at community level. The trained AGYW acted as role models and peer supporters, on HIV prevention, treatment and care; disclosing their HIV status in an empowering, personal and informed way, when and if they chose to. At community level the 12 AGLs recruited 17 mentees each and formed the mentorship core-team at community level which met at least twice a month. These meetings created a safe space for learning on HIV and SRHR, receiving psycho-social support, sharing experiences and getting mentorship on HIV advocacy. Thus, in total the project reached out to +/- 220 AGYW directly.

Results: Specific findings

- 16 AGYW Champions were empowered with skills and information to mentor peers, organize and lead focused community dialogues, do activity budgeting and mobilize resources, utilize social media, improved use of the internet and activity reporting.
- A network of trickle-down effect mentorship of AGYW from different geographical areas i.e. Nairobi which is urban and Homa Bay which is rural.
- The peer support and leadership extended beyond the project as each Co-Team member decided to mentor at least 4 other Adolescent girls between 10-17yrs in their own space i.e. Church, neighborhood, school.

Conclusions: Conclusions that can be drawn from project include:

1. AGYW need to be recognized as experts about their own health and rights. Given the right resources and support AGYW can change the narrative of HIV advocacy in their communities by bringing in more AGYW to be involved thus leaving no-one behind.

2. Inclusion of key decision makers, like parliamentarians and opinion leaders at community levels, parents and caregivers too helps to shape the agenda and push for more young women and girls to be in all spaces of decision making, thus encouraging autonomy and agency of AGYW in the HIV response.
“A life changing experience”: A longitudinal qualitative study of a residential workshop for global youth leadership in the HIV field (SPARK17)

Stainsby C1, Shepherd T2, Robinson M1, Clark M1, Evangeli M3, Robbins M1, McDowell H1, Stebbing S4, Garges H1, Hayward K5

1ViiV Healthcare, London, United Kingdom, 2Keele University, Keele, United Kingdom, 3Royal Holloway University of London, London, United Kingdom, 4Ogilvy Health, London, United Kingdom, 5ViiV Healthcare, Research Triangle Park, USA

Background: Youth leaders require business skills to improve advocacy efforts, including campaign development and implementation. The SPARK17 workshop aimed to unite and empower HIV youth leaders from across the world by equipping them with business skills to communicate, drive and ignite positive change for other young people in their local communities. The residential camp intervention model (based on the positive youth development approach) was adapted to facilitate a creative and interactive peer-to-peer learning environment, using non-traditional teaching methods, fostering relationship building to cultivate a legacy of personal and professional development. No HIV education was done. The workshop occurred over 3-days at Sentebale, Lesotho. A qualitative approach was used to evaluate perceived outcomes in a sample of those who attended.

Methods: Semi-structured interviews were conducted with 9/35 youth delegates randomly selected and balanced for gender (four self-identified females; median age 24-years, range 20-30; six from Sub-Saharan Africa and three from West- or South-Asia). Interviews were performed at two time points: immediately after the workshop (Day-3); and at 6-months follow up. A topic guide was used to facilitate both interviews. In the Day-3 interview (conducted face-to-face), questions explored: pre-workshop expectations; perceived skill development; experiences of the workshop, meeting other international delegates and making connections; and associated feelings/insights. In the 6-Month interviews, conducted with 7/9 delegates (by phone [n=5], or face-to-face), questions explored: reflections of the workshop’s impact on subsequent experience/insights; how learning had been implemented; and how delegates had sustained learning, development and connections since attendance. The delegates provided informed consent for audio recorded interviews, which were later transcribed. Transcripts were analysed using a thematic analysis that followed the recommendations set out by Braun and Clarke (2006).

Results: Four main themes were identified as perceived outcomes from attending the SPARK17 workshop (subthemes relating to each main theme are in parenthesis):

A. Feeling connected and a sense of community (reduced isolation, relationship building, shared experience);

B. Improved self-confidence and motivation (inspiration, confidence, resilience);

C. Professional development (presentation skills, verbal and non-verbal communication, writing, effective use of social media);

D. Paying it forward (responsibility to share learnings, future roles to support others).

Crucially, the perceived outcomes resulting from SPARK17 attendance were discussed at both interview time points. Delegates provided reflections on how they had been able to implement their learning over the 6-month period post attendance, influencing others and change perceptions about themselves, HIV and their work, whilst working collaboratively with their SPARK17 peers. Feedback on how to enhance the experience of future SPARK workshops was also provided.

Conclusions: The SPARK17 workshop model facilitated significant personal and professional empowerment across all interviewed delegates, that was sustained 6 months after attendance. The impact of attendance extended to improvements in self-care approaches and the motivation to support others in their local communities. Novel approaches to youth leadership development, such as those employed in the SPARK model, and the mechanisms by which they can be implemented on a larger scale to increase their reach and impact, should continue to be explored.
“Nothing about us without us”: the participation and partnership of youth in co-designing a community-based HIV intervention in Zimbabwe

Dringus S1, Tembo M1,2, Chikwari C1,2, Doyle A1, McHugh G2, Simms V1, Mavodza C2, Dauga E1, Ferrand R1,2, Bernays S1,3

1London School of Hygiene and Tropical Medicine, United Kingdom, 2Biomedical Research and Training Institute, Zimbabwe, 3The University of Sydney, Australia

Background: There has been a paradigm shift from designing health services for youth to attempting to design youth services with and by youth. However, operationalising this, including ensuring that youth are involved early enough in the process of intervention development, still receives little attention. We present our approach to and learning from co-designing a multi-component, community-based intervention incorporating HIV prevention, testing, treatment and care and sexual and reproductive health (SRH) services for 16-24 year olds in Zimbabwe.

Methods: We began by conducting six months of formative research. This included 90 in-depth interviews with seven groups of respondents, including youth and their family members, health workers, and community stakeholders exploring the barriers and facilitators to accessing HIV and SRH services for youth in Zimbabwe, and investigated how to best deliver the CHIEDZA intervention in such a way that it would be accepted and accessed. The interviews were analysed iteratively by the formative research team on weekly tele-conference calls and formed the basis of the initial intervention sketch.

This preliminary intervention sketch was then presented for feedback, further refinement and expansion in two full-day participatory workshops held with 45 youth age 16-24 years. The first workshop was conducted with HIV negative youth (11 males and 13 females), and the second with a group HIV positive youth (10 males, 11 females). Following each workshop, the facilitation team discussed the findings from the workshop and informed by the audio recordings, detailed summaries were produced and thematically analysed to inform the refined intervention for piloting.

Results: Through the course of the workshops, we were able to refine the intervention and reach a consensus on what services and commodities the CHIEDZA intervention would offer, the mode in which the service would be delivered and by whom. This participatory process influenced the shape of the intervention in three ways: affirming and reconfiguring the delivery model; rationing and refining intervention elements; and reframing the responsibilities of youth.

By way of example, workshop participants confirmed findings from the formative research including that the CHIEDZA service should be situated in busy-multi-use spaces and include outreach and moon-lighting events. However, they also contested the emphasis given (predominately by the adult participants) from the formative research that the service should be delivered exclusively by youth themselves. The characteristics of the delivery team that had been identified remained important such as trust, expertise, and empathy towards the realities of young people attending. However, the age of the provider was not considered absolutely relevant.

Conclusion: By involving youth in collaboratively designing the CHIEDZA intervention, which had a core focus on acceptability as well as effectiveness, we consider that together we have developed an intervention that will be able to generate demand and service uptake, and in doing so meet the intervention aims of decreasing rates of undiagnosed HIV and improving HIV outcomes in youth. These workshops also generated an opportunity to form an ongoing youth advisory group (YAG) which enabled youth to continue to be involved in guiding the subsequent implementation and evaluation phases.
Increasing Uptake of Oral Pre-Exposure Prophylaxis among Adolescent Girls and Young Women (AGYW) through Youth Peer Providers in Migori County, Kenya.

**Agunda P, Mutisya E, Musau A, Odera C, Maikweki L, Wango B, Hongo J, Gwaro H**


**Abstract**

Increased Uptake of Oral Pre-Exposure Prophylaxis among Adolescent Girls and Young Women (AGYW) through Youth Peer Providers in Migori County, Kenya.

**Background:** Young people 15-24 years accounted for 40% of all new adult HIV infections in Kenya, in 2017. Migori County has the 5th highest HIV epidemic in Kenya, with an estimated HIV prevalence of 13.3%, reported 1,143 new infections among individuals aged 15-24 years in 2017. The Jilinde project supported Migori County government to scale-up oral Pre-exposure Prophylaxis (PrEP) among AGYW through 13 health facilities. We describe the effectiveness of using this youth peer provider (YPP) model to create demand and increase uptake of oral PrEP among AGYW in Migori County.

**Description:** The decision to employ YPPs was guided by evidence emanating from qualitative research and co-design workshops conducted with AGYW. Insights generated were foundational to the demand creation approach. One apparent insight was that AGYW did not prefer to be engaged on sensitive issues such as sex and relationships by health care workers or community health volunteers (CHVs) and instead preferred their peers. To respond to this need, Jilinde developed criteria for enlisting YPPs. The selection criteria included age 15-24 years, previous experience in health promotion activities, having ever initiated PrEP, having basic literacy skills and living within proximity to a health facility. Through this process, 67 AGYW were elected and trained using the ‘National PrEP module for training peer educators & community level mobilizers’. The YPPs were supplied with job aids and session facilitation guides, then five assigned to each facility. To create demand for PrEP, YPPs were expected to conduct visits to AGYW homes and conduct one-on-one and small group sessions at antenatal clinics or during promotional events, with close supervision from community health assistants (CHAs). We conducted analysis of routine performance monitoring data collected using a monthly reporting tool for both YPPs and CHVs. The data were entered into an access database and we conducted descriptive. Results were presented through a demand creation cascade for ease of interpretation.

**Results and lessons learnt:** Between May 2017 and May 2019, CHVs reached 8,853 AGYW with PrEP messages, referred 557 (6.3%) to health facilities and 192 (34.4%) initiated PrEP. During a similar period, YPPs reached 30,713 AGYW, referred 3,703 (12.5%) among whom 586 (15.8%) initiated on PrEP. The YPPs reached more AGYW, were more likely to contribute to successful referrals and thus more effective in creating demand for PrEP among AGYW than CHVs. To sustain the YPP model, YPPs received a monthly stipend. Unfortunately, the model was not tenaciously anchored within existing health structures and a high attrition rate was experience among YPPs.

**Conclusions and recommendations:** The use of YPPs to mobilize AGYW for PrEP emerged to be a more effective strategy in reaching many AGYW and in referrals for PrEP uptake, compared to CHVs. Mobilizing AGYW to reach sites where HIV prevention services, including PrEP, were provided. There are opportunities to apply the model in mobilizing AGYW for broader HIV prevention and other sexual and reproductive health services. However, the high attrition rates warrant further investigation on how best to optimize this mod...
Abstract

Development of Youth-Led HIV/AIDS Country Scorecard for Nigeria

Sunday H1, Itoro Effiong E2
1Association Of Positive Youth Living With HIV In Nigeria (APYIN), Kaduna, Nigeria, 2Education as a Vaccine (EVA), Nigeria

Background: The study aims to track and document laws, policies, plans, commitments and the implementation of the National HIV strategy for AYP, ascertain the nature and extent to which youth organizations/associations/networks are involved in the scale up of the HIV response, and engage youth organizations/associations/networks in the process as a strategy to strengthen youth led social accountability to end the AIDS epidemic in Nigeria.

Methods: A mixed method approach was employed for this study, involving using an Uproot Report Card (Questionnaire) developed by PACT to elicit information on Laws and policies, leadership, beneficiaries, participation and partnership as it relates to ending the HIV/AIDS epidemic by 2030. Data collected, collated was analyzed by the Uproot report card and HIV/SRH Youth led and Youth focused organizations, MDAs and UNAIDS in a workshop.

- An online study comprising of 22 Grass root organizations (HIV/SRH and KP based organizations), 6 MDAs, and UNAIDS was conducted from 3rd August to 14th September 2018, the Uproot Report Card developed by PACT was disseminated to the organizations selected.
- One-day workshop where the representatives of the selected organizations/associations/networks discussed the questions, explored local, other routine data sources from Nigeria, and answered the questionnaire through consensus and validate the data collected on 4th October 2018.

Results: Nigeria #uproot youth-led report card results – Oct 2018

Laws and Policies – (- 2.8%)
The result is below 50%, it is indicative that youth organizations and networks that are representative of young people most affected by the epidemic in the country, who completed this report card, perceive that their country is off track to ensuring an enabling environment, including protective laws and policies to guarantee young people’s access to HIV and sexual and reproductive health and rights and meeting the country’s commitment agreed in the 2016 Political Declaration on HIV/AIDS.

Participation – 50%
The result is below 75% and above 50%, it is indicative that youth organizations and networks that are representative of young people most affected by the epidemic in the country, who completed this report card, perceive that young people, individually and/or represented through their networks and organizations, are supported, have access to and participate actively in some decision-making spaces in the national HIV response.

Leaders – 10%
The result is below 50%, it is indicative that youth organizations and networks that are representative of young people most affected by the epidemic in the country, who completed this report card, perceive that young people, including adolescents, are not empowered, are not taking up leadership roles in decision-making spaces or in the design, monitoring and implementation of programmes and interventions, are not producing new leadership and are not organized into networks and organizations that can represent and advocate for their needs.

Recommendation: It is therefore paramount that efforts aimed at addressing these gaps and challenges found, sooner than later, as it will greatly impact on the quality of Sexual reproductive health and right (SRHR) services and also in ending the HIV/AIDS epidemic by 2030.
The use of Adolescents Peer mentors/champions to improve adherence, retention and viral suppression among HIV infected adolescents enrolled at Kericho county referral hospital.

Chepkirui Sheila K
1Kericho County Hospital-pefar, Nairobi, Kenya

Background: AIDS has become the leading cause of death for adolescents in Africa and the second leading cause among adolescents globally. More than 60% of all adolescents worldwide who are living with HIV are in Eastern and Southern Africa and are about 2.1 million. About 500,000 adolescents living with HIV are just in two countries, Kenya and South Africa (UNAIDS 2015).82% of the estimated 2.1million were in sub-Saharan Africa and the majority of these (58%) were females (UNICEF 2015). About 300,000 new infections occurred among 10-19 years in 2012 which accounted for about 13% of the 2.3 million new infections globally in 2012 (about 830 adolescents were infected with HIV every day). Kericho prevalence currently stands at 3.4% and about 2000 adolescents are infected. Of the infected, 1600 have been identified and 1300 are on treatment. (KENPHIA Survey Kericho County) Compared with their adult, adolescents have poor adherence, retention in care and lower rates of viral suppression. The adherence at KCRH in 2016 153 out of 511(30%). Retention rate 357 out of 511(70%) and viral suppression rates 204 out 511(40%). Kericho County referral hospital initiated Adolescents peer mentors /champions Program Orientation(AMPO) to improve these low rates. Adolescents' mentors were trained to support their peers on counseling and psychosocial services to improve adherence, retention, and viral suppression.

Objectives: 1. To assess adherence, retention and viral suppression.

Methods: Through the use of APOC health care guide, launched by NASCOP in 2015, Training for staffs and adolescents in all supported ART sites in Kericho was done bi-annually. Four adolescents from high volume sites and two from other 7 supported sites are trained as peer mentors in each facility to offer one on one peer counseling. The adolescent mentors are linked to their peers who missed taking their drugs, clinic appointments and those who default clinic. The adolescents with high viral load were enrolled in Viremia Clinics. Peer mentors offer enhanced adherence counseling by ensuring that at the end of the clinic day, those who don’t turn up, they make a phone call, use of short SMS and WhatsApp reminders. Quarterly review meetings held to discuss their progress and of the other adolescents on adherence, retention and viral suppression. A 3-day adolescent Mentorship orientation Programme for adolescents. The mentors also support the weekend clinics.

Results: The total number of adolescents increased from 511 in 2017 (F 270)53%( M241)47% to 924 in 2018 (F 584)63%(M 340) 37%. Through engaging of peer mentors, Non-adherence and poor compliance of treatment decreased from (30 out of 100)30% to (10 out 100) 10 %. Retention improved from (357 out 511)70% to(905 out 924) 98%, Missing clinic appointments and defaulters decreased from (153 out of 511)30% to (13 out of 924) 2%. Saturday clinic which increased from 3 to 4 in a month, support group attendance increased from (60 out 100) 60% to 100%. Viral suppression increased from 40% (204 out of 511 in 2017)-84 %( 824out of 924 in 2018).

Conclusion: Programs may consider including Adolescents Mentors in adolescents’ clinics in Kenya.
Abstract

Nothing about us without us - Continuous & meaningful youth engagement built into demand creation for PrEP rollout to youth in South Africa

Rosenberg P1, Briedenhann E1, Mullick S1
1Wits Reproductive Health And HIV Institute, Hillbrow, Johannesburg, South Africa

Background: In South Africa (SA), the highest HIV incidence rate among all populations is reported among adolescent girls and young women (AGYW) aged 15-24 years, with approximately 1 269 new HIV infections every week. For Pre-exposure Prophylaxis (PrEP) provision to be successfully scaled up, youth engagement models need to incorporate innovative methods to reach, support and include adolescents. The model described in this abstract focuses on empowering young people to provide ongoing input on programmatic design.

Materials & Methods: Project PrEP, implemented by Wits RHI in close collaboration with SA National Department of Health (NDoH), aims to integrate PrEP into comprehensive sexual and reproductive health services in public health care settings.

The model produced for this project is cyclical, comprising five continuous phases:

1. Identify: Through existing youth structures and national panels, and newly formed structures, youth, aged 13-28, were identified for continuous and meaningful engagement which takes place, both face-to-face and virtually.

2. Develop: Engagement outcomes highlighted a need to develop a strategy that would focus on identifying youth-friendly and acceptable communication channels and tactics, including developing platforms that young people feel comfortable engaging on.

3. Create: With feedback, the project set out to create interventions to challenge myths and popularize PrEP through empowering messaging and successfully linking young people to services. This resulted in the creation of a human-centred strategy to ensure youth-relevance and success.

4. Implement: Using an implementation science model, feedback is core to programmatic adjustments, led by regularly filtering key aspects of demand creation through the youth structures engaged on the project.

5. Measure: Measuring success is not solely based on reaching targets, but also on how well the project is able to adapt to the diverse environments in which it is implemented, as well as feedback received.

Results: Identifying a diverse and representative group of young people resulted in the ability to continuously engage and get meaningful feedback that was central to the demand creation strategy. This has led to targeted PrEP initiations in the projects four clusters, all in different geographical areas. Ongoing online and face-to-face engagement proved crucial. Between 13 December 2018 and 31 May 2019, direct reach (comprised of stakeholder engagements, dialogues and clinic activations and health talks) was 16 981, and AGYW (15-24-year-old) reach was 7 525.

Online reach includes reach via social media (Facebook & Twitter) and www.myprep.co.za, with overall reach at 783 286 and AGYW (15-24-year-old) reach at 289 815.

Conclusions: Meaningful youth engagement is feasible utilising different forums and channels, ensuring a continuous, relevant and acceptable process for young people. The process of youth engagement thrives when it is built into the project design. Face-to-face engagement is necessary to flesh out understanding. This is a budget heavy process that can be supported with online means of connection.
Experiences of violence among adolescent girls and young women in Nairobi’s informal settlements prior to scale-up of the DREAMS Partnership: prevalence, severity and determinants

Orindi B1,2, Maina B1, Muuo S4, Birdthistle I1, Carter D1, Floyd S3, Ziraba A1
1African Population And Health Research Center, Nairobi, Kenya, 2Department of Public Health and Primary Care, Leuven Biostatistics and Statistical Bioinformatics Centre, KU Leuven, Leuven, Belgium, 3London School of Hygiene & Tropical Medicine, University of London, London, United Kingdom, 4University of California, San Francisco (UCSF) – Global Programs for Research and Training, Nairobi, Kenya

Introduction: We sought to identify the prevalence, severity and determinants for violence among adolescent girls and young women (AGYW) in informal settlement areas of Nairobi City selected for DREAMS investment.

Methods: We used data collected from 1,687 AGYW aged 15-22 years (n=1081) and 10-14 years (n=606), randomly selected from a general population census in the areas of Korogocho and Viwandani in 2017, as part of an impact evaluation of the “DREAMS” Partnership – a complex intervention aimed at reducing HIV incidence among AGYW with a core package of evidence-based interventions, including violence prevention programmes and post-violence care. Among 15-22 year-olds we measured prevalence of violence, experienced in the past 12 months, using WHO definitions for violence typologies. For 10-14 year-olds, we measured violence experienced either in the past 6 months or ever using a different set of questions than those used for 15-22 year-olds. Determinants of violence were identified using multivariable logit models. We summarized the results by age group and DREAMS invitation.

Results: Among 1,081 AGYW aged 15-22 years, psychological violence was the most prevalent in the past year at 33.1% (33.8% among invited to DREAMS, 32.5% among those not invited), followed by physical violence at 22.9% (23.1% among invited to DREAMS, 22.8% among those not invited), and sexual violence (15.8%; 15.1% among invited to DREAMS, 16.5% among those not invited). About seven percent experienced all three types of violence, with greater overlap between psychological and physical violence than other combinations. Among 606 girls aged 10-14 years, about 54% and 7% ever experienced psychological and sexual violence, respectively. About 33%, 16% and 5% experienced psychological, physical and sexual violence in the past 6 months. These prevalences were similar among DREAMS invited and non-invited girls. Severe physical violence was more prevalent (13.8%), than moderate physical violence (9.2%). Among 15-22 year-olds, being previously married/lived with partner, or engaging in employment/income generating activity last month, or sleeping hungry at night during past 4 weeks was a risk factor for psychological violence. For physical violence living in Viwandani slums and being a Muslim were protective; while being previously married or lived with a partner, or slept hungry at night during the past 4 weeks were risk factors. The odds of sexual violence were lower among AGYW aged 18-22 years and among Muslims. Engaging in sex and sleeping hungry at night during the past 4 weeks were increased chances for experiencing sexual violence. The 10-14 year old girls who engaged in chores or activities for payment in the past 6 months, or whose family did not have enough food due to lack of money were at a greater risk for violence. Invitation to DREAMS and being a non-Christian were protective.

Conclusions: Prevalence of recent violence among AGYW is high in this population. This calls for increased effort geared towards addressing drivers of violence as an early entry point of HIV prevention effort in this vulnerable group.
Abstract

Engaging Youth to achieve 90.90.90 Goal in Uganda through Community Outreach Programs: A Young Generation Alive (YGA) innovation.

Kiganda C, Etima J, Yoyeta I, Nabukenya J, Namanya P
1Mujju Care Ltd, Kampala, Uganda

Background: “90.90.90” is a global goal set by the World Health Organization in 2016; aimed at creating an AIDS generation by 2020. Youth are disproportionately infected by HIV compared to the general population in Uganda with 70% of new infections among the youth. Young Generation Alive (YGA) is a psycho-social support group for children and youth infected by HIV that focuses on using peer-led models to reach out to youth and the community. YGA adopted the strategy of youth led community outreach model to engage youth in achieving 90.90.90 with the aim of putting youth at the forefront in the fight against HIV.

Methods: Young People/adolescents living with HIV/AIDS (A/YLWHIV) conduct community outreach which focuses on the 90.90.90 goal, establishments with community leaders/chairpersons and youth leaders are contacted to select a strategic venue. Mobilization of people occurs through the community publicity appropriate dates are selected for each community outreach and data is collected by PMTCT Team and A/YLWHIV using registration forms, referral forms from the Ministry of Health Outreach is conducted with the PMTCT (Prevention of Mother to Child Transmission) program to provide basic services in the community for HIV testing, health talks, pre testing and counselling services hence contributing to 90.90.90.

Results: 21 community outreaches have been conducted between 2016 and 2019. Over 400 youths age 15-24 were reached from of Makindye, Kakiri, Kawempe, Nakawa, Rubaga and central division of Kampala district have been tested for HIV. Sixty-five were males. 101/4000 tested positive through test and treat strategy and referred to nearby 6 health facilities or ART services. 618400 condoms were distributed as one of the preventive measures. 101number of new infections were identified hence rendering community outreaches as a potential strategy to contribute to 90.90.90 goal. During outreach the youth requested for other services such as STI’s screening, Hepatitis B vaccination, lack of awareness about other preventive measures such as PrEP.

Conclusion: Men were most tested during the outreach, the outreach reached more men than clinic which primarily reaches more women than men, and there was increased numbers of male involvement in HIV testing. Thus meaningful engagement of adolescents and young people living positively in HIV programing has led to development of programs that are relevant and acceptable to young people living with HIV thus contributing to identification of the first 90 in the 90.90.90 goal.
Engaging adolescents and young people in designing a comprehensive community-based peer-led HIV and sexual reproductive health intervention: Lessons from a formative study in two urban communities in Lusaka, Zambia


1Zambart, University of Zambia, school of medicine, Ridgeway campus, Lusaka, Zambia, 2Department of infectious disease epidemiology, Faculty of epidemiology and population health, London School of Hygiene and Tropical Medicine, London, United Kingdom, 3Department of Medicine, Imperial college, London, United Kingdom, 4Department of Clinical Research, Faculty of Infectious and Tropical Diseases, London School of Hygiene and Tropical Medicine, London, United Kingdom

Background: Participatory and human centred approaches have proven suitable for engaging target populations in research. However, there is little experience with meaningful engagement of adolescents and young people (AYP) in research. We share our experience of engaging AYP in the design of a sexual and reproductive health (SRH) intervention (Yathu Yathu: ‘for us, by us’) for AYP aged 15 to 24 in two peri-urban communities in Lusaka, Zambia.

Methods: The HPTN 071 (PopART) trial showed that, maintaining high coverage along the HIV prevention and care continuum among AYP remained a challenge. Following preliminary consultations with adolescent community advisory board members and other AYP in Lusaka on possible interventions to maintain coverage, formative qualitative research and discrete choice experiments (DCE) were conducted with AYP to finalize the design of a comprehensive HIV/SRH intervention. The research assessed AYP’s knowledge of HIV/SRH and related services, and elicited AYP’s views on core elements of the proposed intervention, including: community-based spaces (hubs) for service delivery, typology of individuals to deliver services, and incentivizing service use through prevention points cards (PPC; “loyalty” cards AYP would use to gain points when accessing services at the hubs and redeem these for different rewards). Qualitative data were analyzed thematically while DCE data, whose results are presented elsewhere, were analyzed using Nlogit. The findings and final intervention design were presented to AYP and other stakeholders to confirm the accuracy of the researcher’s interpretations and provide an opportunity for further input on the intervention design prior to ethical reviews.

Results: Delivery of comprehensive HIV/SRH services in hubs was acceptable among AYP. They expressed preference of accessing services in hubs compared to the health facility. Permanent and properly labelled hubs, located in common community gathering places were preferred for ease of access and identification. Non-SRH services (life skills training, edutainment, alcohol and substance abuse workshops, and provision of nutrition information) were considered essential for AYP’s empowerment. AYP proposed peer support workers, lay and professional healthcare workers as service providers. The latter were preferred for services like male circumcision and long-term contraceptives which require formal training. The PPCs were acceptable, with several suggestions to improve their appeal and security of information, such as encryption of personal identifiers (address, name and photo). AYP suggested various rewards in exchange for points earned, including; money, airtime, phones, clothing and school requirements. Some rewards in the proposed intervention (movie tickets, AYP ambassador recognition) were less appealing to AYP. Rewards promoting AYP’s health (soap, toothpaste, mosquito nets) were acceptable if provided as a package combining some of them. AYP proposed that more points be awarded for services considered harder for AYP to choose to access such as HIV-testing, male circumcision, cervical cancer screening, and attending substance abuse workshops.

Conclusion: Engaging AYP in designing a SRH intervention was feasible and supported the design of an intervention that was responsive to their needs. However, AYP’s suggestions were sometimes impracticable, therefore, an iterative process of engaging AYP is commendable for the design of interventions that are both socially and scientifically acceptable.
Abstract

Representing the voice of young people and adolescents living with HIV: Establishing and managing an Adolescent Working Group for the CombinADO study

1ICAP at Columbia University, New York, United States, 2Vagelos College of Physicians & Surgeons, New York, United States

Background: Adolescents living with HIV (ALHIV) have poor outcomes across the HIV care continuum. Evidence-based approaches tailored to this developmental stage and informed by ALHIV are critical to successfully engage this population. The objective of the CombinADO study is to develop and test an adolescent-focused multicomponent intervention strategy aimed at improving retention, antiretroviral treatment (ART) adherence and viral suppression among ALHIV in Nampula, Mozambique. This study is focused on a highly stigmatized population living in a setting characterized by low rates of HIV status disclosure as well as delayed HIV disclosure to perinatally exposed children. To date, there have been few, if any, opportunities for adolescents to input on and inform the development of research aimed at improving their health outcomes. We report on our experiences establishing an Adolescent Working Group (AWG) that will act as a vehicle for youth involvement in the study and ensure that the youth voice is heard and considered throughout the entire life cycle of the CombinADO project.

Methods: Potential AWG members were identified through local youth associations, snowball referrals and health facility staff who provide services for ALHIV at two health facilities. Eligibility criteria included: 15-24 years old; willingness to disclose HIV status within the AWG; and completion of a recruitment interview intended to evaluate ability and willingness to engage in open dialogue. Potential members were informed that they would receive a monthly stipend and be required to attend up to two meetings/month. Establishment and management of the AWG is spearheaded by the local CombinADO study coordinator, a social scientist with relevant experience working with adolescent-focused public health projects in the country.

Results: From February to March 2019, 19 ALHIV, 9 boys and 10 girls, were identified and interviewed. Of these, 7 ALHIV (4 girls) were formally invited to join the AWG (mean age: 20 years (17-23); mean duration on ART: 9 years; 50% are current students, none employed). The primary reason for wanting to participate in the AWG was an opportunity to contribute to improving the health of ALHIV and wanting to learn more about HIV and research. Concerns related to the ability to balance time needed for AWG participation with school responsibilities was common. The importance of confidentiality among the AWG was also highlighted and reinforced through use of confidentiality agreements signed by all members. Since March 2019, 3 AWG meetings have been held to welcome and introduce members, present a detailed overview of the CombinADO study, present and revise the AWG terms reference, brainstorm ideas to improve adolescent’s retention and adherence results, review the AWG terms reference, brainstorm ideas to improve adolescent’s retention and adherence results, review data collection tools and instruments and discuss feasible recruitment strategies for the study.

Conclusions: We were able to successfully recruit a group of dynamic, highly motivated ALHIV to participate in a research-focused working group in Nampula, Mozambique. With the establishment of this innovative group, we have prioritized the inclusion of the adolescent perspective and will be well-positioned to design a youth-focused multicomponent intervention that will have a true impact on health outcomes amongst this highly vulnerable population.
Delivering DREAMS and Changing Gender Norms and Health-seeking Behavior for Vulnerable Adolescents and Teen Moms in Eswatini.

**Background:** Adolescent girls and young women (AGYW) in Eswatini face entrenched gender norms that deny them many human rights, and subsequently, limited access to health, education, skills and resources. AGYW experience devastating impacts on physical and mental health due to widespread gender-based violence (GBV), which is a known driver of Eswatini’s high HIV prevalence rate of 27%. In Eswatini, approximately 1 in 3 females have experienced some form of sexual abuse by age 18, and 48% of women have experienced some form of sexual violence in their lifetime. Related, women aged 15-49 face a 35.1% HIV prevalence rate, and 30% of women age 20-24 years in Lubombo region had a live birth before the age of 18 (MICS, 2014). Under the DREAMS Innovation Challenge (funded by USAID), the Bantwana Initiative of World Education, Inc. (WEI/Bantwana) developed a tailored, skills-based social/protective assets and life skills program, called Protect Our Youth (POY), to empower 1,400 out-of-school adolescent mothers and vulnerable in-school girls with core skills to navigate harmful gender norms, access reproductive health and HIV services, and succeed on a 5-year life plan. A Mentor Program supported girls to improve key relationships at home and in communities, and reconnect them into a network of nurturing care and opportunity.

**Materials and Methods:** A pre/post POY survey questionnaire assessed program impact among 447 AGYW, informed by the POY curriculum themes and expected outcomes: (i) purpose and identity, (ii) gender norms, (iii) Gender Based Violence (GBV), (iv) decision making and communication, (v) self-efficacy, (vi) HIV, sexual relationships, sexual reproductive health (SRH) and (vii) personal wellbeing.

**Results:** Several statistically significant improvements were found: AGYW’s willingness to seek sexually transmitted infections (STI) services increased from 79.4% to 85.7%; belief they have power to choose to use protection during sexual intercourse increased from 57.5% to 65.6%; self-esteem, identify and self-determination clusters increased from 42% to 46.3%; girls reporting confidence to say ‘NO’ to peer pressure increased from 37.8% to 48.1%; girls’ awareness of violence and their readiness to report any form of abuse increased from 40.1% to 47.3%; and a 12.8% increase in girls aiming to complete vocational colleges or universities was seen, among other changes.

**Conclusions:** A robust, tailored assets/life skills program, supported by mentors, can yield significant SRH results and health seeking behavior, and contribute to reduced HIV prevalence and positive gender norms change among adolescent girls and women. WEI/Bantwana has won onward funding to pilot a digital version of the POY program, to be delivered directly to girls via mobile phones.
Menstruation Stigma? Men Breaking the Barriers while promoting legal frameworks among adolescent girls.- The case of Adolescent Girls on Transformative Advocacy (AGoTA) project implemented by Stretcher Youth Organization (SYO) in Mombasa County, Kenya.

Background: Menstrual hygiene is a necessity for every girl in puberty. However, some girls are unable to access them due to ignorance from the parents especially fathers and poverty. 65% of adolescent girls and young women in Kenya are unable to afford the sanitary towels according to Menstrual Health in Kenya | Country Landscape Analysis. Majority use the rags, mattresses, cotton etc bringing painful, rashes and infections. Some girls miss classes every month, limiting their performance and missing other useful engagements. These challenges push girls to unprotected sex to get sanitary towels putting them at risk of STIs, HIV or unintended pregnancy, even both. With these challenges, girls have remained soft target for sexual gender based violence, increasing communicable disease like HIV burden in the health care system hence affecting achievements in UHC negatively.

Objective: To promote legal and policy frameworks that empowers girls and advance their sexual reproductive health and rights while accelerating men involvement in breaking the barrier on stigma of menstruation among adolescent girls in Mombasa.

Program description: SYO through AGoTA project in Mombasa County used holistic and multi-faceted approach to handle young people. 35 youths (20 females & 15 males) were trained on peer education, life skills, SRHR advocacy and menstrual hygiene management. Champions acquired knowledge and skills to engage policy makers in consultative forums. Male champions conducted door-to-door campaigns, sensitizing men on the need to support adolescent girls in menstrual hygiene management by providing quality sanitary towels, life skill empowerment, clean water, soap and alternative absorbent materials in poverty stricken settings without sexual exploitation. 20 female champions were given pair menstrual cups as alternative to sanitary pads.

Results: Through FCD, mentorship and girl’s forum 1869 girls & 1387 boys aged 15-24 years and 810 fathers were reached within Mombasa from May 2018-May 2019 with information on menstrual hygiene management and life skills. Parent’s communication has been adopted by more family to break the communication barriers experienced on matters of menstruation and sexuality among adolescent girls. At least 50 men report to our office monthly with sanitary pads supporting vulnerable adolescent girls. Men involvement has eased conversation on menstrual hygiene management and sexuality despite strict Islam religious beliefs. Menstrual cups are user friendly, economical and environmental friendly as expressed by 20 girls who are using them. From the consultative forums, girls drafted action points and memorandums that were submitted to policy and decision makers, leading to formulation of Mombasa county adolescent and young people strategy on SRH & HIV 2018-2023.

Conclusion: Active men involvement in menstrual hygiene management ensures girls need are responded to. Sensitizing the parents and communities in supporting their girls during menstruation reduces stigma. Male sensitization enables fathers to take charge of their responsibilities. Meaningful youth engagement improves responsiveness in formulation and implementation of policies.

Recommendation: Actors must:
- Use menstrual health education curriculum to help shift gender norms improving gender equity.
- Leverage on free pad programs educating girls and women about power dynamics in intimate relationships.
- Integrate menstruation into existing community-led total sanitation efforts shifting community attitudes and practices.
Peer Recruitment of Adolescent Girls and Young Women into A Biomedical HIV Prevention Study: Lessons from the Kampala Women’s Bone Study

Bagaya M, Izizinga D, Mujugira A
1Infectious Diseases Institute, Kampala, Uganda, 2Department of Global Health, University of Washington, Seattle, USA

Background: There were an estimated 50 new HIV infections per day among adolescent girls and young women (AGYW) aged 15-24 years in Uganda in 2015. However, prevention uptake among AGYW is lower than among older groups. Studies show low uptake of contraception and pre-exposure prophylaxis (PrEP) and high rates of STI’s among AGYW. This highlights the need to find effective recruitment strategies to enhance adolescent participation and retention in HIV biomedical prevention research and public health programs. Participation of AGYW in research is key to understanding the effectiveness of biomedical HIV prevention technologies, including PrEP. The Kampala Women’s Bone Study (KWBS) is an ongoing prospective cohort study, enrolling approximately 500 HIV-uninfected ages 16-25 years who have substantial HIV risk and are initiating DMPA and oral PrEP in Kampala, Uganda. The study has a particular emphasis on recruiting minors who require parental/guardian consent for participation. We have innovated methods to reach AGYW for this study that will adhere well to study schedules and procedures.

Description: Peer recruitment is the primary accrual strategy. Peer recruiters are identified through research collaborations with CBO’s and via word of mouth. They are equipped with key messages about contraception, PrEP and HIV risk. Study staff guide peers to create an enabling environment for parent-adolescent discussions about sex, and the high HIV and STI burden among AGYW. Peers navigate cultural taboos, stigma and discomfort about sex when parents and/or guardians are approached to consent for their daughters to participate in prevention research. Parents/guardians are taught that oral PrEP is an effective HIV prevention strategy and is recommended for AGYW at risk of HIV infection. Study participants are provided with combination HIV prevention and contraception services. This strategy has resulted in increased numbers of minors enrolled into the KWBS with consent from a parent/guardian.

Lessons Learned: Adolescent minors are passionate about participating in the KWBS and to initiate PrEP. However, their recruitment into the study is greatly constrained by ethical requirements for parental/guardian consent prior to study participation. Through use of peer recruiters, these barriers have been reduced. Peer recruiters have been able to identify emancipated, mature young women as well as non-emancipated minors. From their interactions with parents/guardians of adolescent minors during home visits, peers have been in position to explain the study rationale to adolescent minors in presence of their parents/guardians without stigmatizing them.

Next steps: Adolescent minors are capable of participating meaningfully in research that directly impacts their lives. While challenges to recruitment and participation in research exist, researchers should adopt recruitment strategies that can address these challenges. Community peer recruitment is one such strategy.
Abstract

HIV Testing Rates among Adolescent Girls aged 15 - 19 years in Nigeria: A Situation Analysis

Aguolu R, Edward C
National Agency for the Control Of AIDS, Abuja, Nigeria

Background: Adolescents and Young People make up as much as 30% of the population in Nigeria. In 2016 of the 220,000 new HIV infections in Nigeria, adolescents aged 15 – 19 years accounted for about 18% (UNICEF statistical data 2017). New infections among females are more than twice among males (NAIIS 2018). A number of prevention interventions aimed at improving access to HIV testing and care services have been implemented for adolescents in recent years. This paper aims at ascertaining the HIV testing rates among adolescent girls aged 15-19 years in Nigeria, identify gaps in prevention interventions and proffer solutions.

Method: Data used in this paper was obtained from the nationally representative Multiple Indicator Cluster Survey conducted between September 2016 to January 2017, in the six geopolitical zones of Nigeria. A household pre-tested questionnaire was used for data collection in the field which was captured electronically using Computer Assisted Personal Interviewing application 5.0. Statistical package for Social Scientists (SPSS) software was used for data analysis.

Result: Of the 6822 adolescent girls aged 15-19 years interviewed, 81.8% had heard about HIV and AIDS, 48.5% of these young girls knew where to get HIV test done while 14.4% had ever been tested for HIV and knew the result of their most recent. 2135 (31.3%) had sex in the last 12 months and only 7.9% of these adolescent girls aged 15-19 years had been tested for HIV in the 12 months preceding the study and knew their results. The proportion of these girls who were sexually active and had been tested for HIV in the 12 months preceding the study and knew their results was 13.2%.

Conclusion: HIV testing rates was significantly low among these adolescent girls aged 15-19 years, and barely half of them knew where to get HIV test done despite high level of awareness of HIV and AIDS among them. Hence, there is an urgent need to review and re-design strategies, and implement targeted interventions aimed at increasing access of adolescent girls aged 15-19 years to HIV testing and counseling services, so as to turn the tide of infections among them and the general population.

Tuberculosis treatment outcomes among HIV positive children on ART in rural southern Mozambique: a 12-year retrospective study

Nacarapa E, Valverde E, Moon T
1Hospital Carmelo Of Chokwe, Chokwe City, Moçambique, 2Vanderbilt University Medical Center, Nashville,, USA; ; 3The Aurum Institute, Maputo, Moçambique, 4TiNPSWALO Association to Fight AIDS and TB, Chokwe City, Moçambique

Background: Globally, tuberculosis (TB) remains a serious cause of morbidity and mortality for children. Mozambique is one of the 30 high TB and TB/HIV burden countries. This study aimed to assess treatment outcomes of childhood TB in Chókwè District, Mozambique.

Methods: A retrospective cohort study of children <15 years of age treated for TB from 2006-2017 was conducted at Carmelo Hospital Chókwè (CHC). Descriptive statistics were used to summarize patient characteristics. Treatment outcomes stratified by HIV status were compared with chi-square. Multivariable logistic regression was used to estimate the odds of a favorable TB treatment outcome. Kaplan-Meier curves were used to estimate cumulative incidence of death.

Results: 933 cases of childhood TB were enrolled, 45.9% of which were female and 49.6% were <5 years old. 762 (83.6%) cases had a favorable TB treatment outcome. Unfavorable outcomes were higher among children aged 0-4 years (65.8% vs. 34.2%; p<0.001). Being aged 5-14 years was associated with lower risk of death (HR=0.435; 95% CI=0.299-0.632). Those starting anti-TB treatment (ATT) ≤ 3 months after antiretroviral therapy (ART) initiation had a survival probability of approximately...
Abstract

75% at one year, compared to 95% survival for those who were HIV-negative.

Conclusions: The majority of children in this cohort had favorable TB treatment outcomes. Worse outcomes were observed for younger children and if ATT started ≤3 months after initiation of ART. Rigorous screening for TB and isoniazid preventative therapy (IPT) may reduce the burden of TB in this population and lead to better outcomes.

Biosignature for early detection of pneumococcal meningitis in HIV infected patients

Kulohoma B1, Marriage F2, Vasieva O3, Mankhambho L4, Nguyen K5, E Molyneux M6, M Molyneux E3, J R Day P2, D Carrol E4,5,6

1Centre for Biotechnology and Bioinformatics, University of Nairobi, Nairobi, Kenya, 2Centre for Integrated Genomic Research, University of Manchester, Manchester, UK, 3Institute of Integrative Biology, University of Liverpool, Liverpool, UK, 4Malawi-Liverpool-Wellcome Trust Clinical Research Programme, College of Medicine, Blantyre, Malawi, 5Institute of Infection and Global Health, University of Liverpool, Liverpool, UK, 6Department of Paediatrics, University of Malawi, College of Medicine, Blantyre, Malawi

Introduction: Invasive pneumococcal disease (IPD), caused by Streptococcus pneumoniae, is a leading cause of pneumonia, meningitis and septicaemia worldwide, with increased morbidity and mortality in HIV-infected children. We aimed to compare peripheral blood expression profiles between HIV-infected and uninfected children with pneumococcal meningitis and controls, and between survivors and non-survivors, in order to provide insight into the host inflammatory response leading to poorer outcomes.

Design: This was a prospective case–control observational study in a tertiary hospital in Malawi.

Participants: Children aged 2 months to 16 years with pneumococcal meningitis or pneumonia.

Methods: We used the human genome HGU133A Affymetrix array to explore differences in gene expression between cases with pneumococcal meningitis (n=12) and controls, and between HIV-infected and uninfected cases, and validated gene expression profiles for 34 genes using real-time quantitative PCR (RT-qPCR) in an independent set of cases with IPD (n=229) and controls (n=13). Pathway analysis was used to explore genes differentially expressed.

Results: Irrespective of underlying HIV infection, cases showed significant upregulation compared with controls of the following: S100 calcium-binding protein A12 (S100A12); vanin-1 (VNN1); arginase, liver (ARG1); matrix metallopeptidase 9 (MMP9); annexin A3 (ANXA3); interleukin 1 receptor, type II (IL1R2); CD177 molecule (CD177); endocytic adaptor protein (NUMB) and S100 calcium-binding protein A9 (S100A9), cytoskeleton-associated protein 4 (CKAP4); and glycogenin 1 (GYG1). RT-qPCR confirmed differential expression in keeping with microarray results. There was no differential gene expression in HIV-infected compared with HIV-uninfected cases, but there was significant upregulation of folate receptor 3 (FOLR3), S100A12 in survivors compared with non-survivors.

Conclusion: We identified biosignatures present in blood to rapidly and accurately detect life-threatening paediatric pneumococcal meningitis in HIV-infected cases, which is challenging to detect even in advanced settings in developed countries, regardless of immune status (healthy or immunocompromised). Children with invasive pneumococcal disease demonstrated increased expression in genes regulating immune activation, oxidative stress, leucocyte adhesion and migration, arginine metabolism, and glucocorticoid receptor signalling.
Abstract

58

Peer led Biomedical HIV prevention education among lesbian, gay, bisexual, transgender and intersex identifying youths in Malawi

Mikel P
1Lesbian Intersex Trans And Other Extensions (lite), Lilongwe, Malawi

Background: The LGBTI community contribute significantly to the high HIV burden in Malawi. In view of the growing prevalence of HIV infection among LGBTI community in Malawi, it was important to educate and support LGBTI persons to access biomedical HIV prevention tools. This project focused on reaching out to youth who identify as Lesbian, Gay, Bisexual, and Transgender persons in Malawi to dispel myths and misconceptions on HIV acquisition/transmission, facilitate their access to HIV testing services (HTS), and educate them on how to access biomedical HIV prevention tools.

Method: The target population were LGBTI identified persons aged 15 – 24 years. Participants were reached through peer contacts to attend focused group discussions held twice weekly for four weeks led by a trained transgender person. Participants were grouped based on their sexual orientation and attended each 90 minutes intense education session. Twelve main topics on gender identity and sexual orientation, HIV, AIDS, biomedical HIV prevention tools, PrEP, PEP, vaginal rings, lubricants, dental dams, including their uses, accessibility, common myths and misconceptions were covered over the four weeks period. Condom demonstrations and songs on behavioral change communication were part of training activities. Skills building sessions were also included. Each session ended with a question and answer session.

Findings: Peer led interventions can facilitate access of LGBTI youth to HIV prevention services. Of the 200 LGBTI youth participants, a vast majority 65(32%) were transgender women, 45(23%) transgender men and 16% each of gay and lesbians respectively. Hetero cis women and hetero cis men were least at 15(8%) and 10(5%) respectively. Baseline assessment shows that knowledge of gender identity and sexual orientation, use of biomedical HIV prevention tools and personal perception of HIV risk among the LGBTI youth were low prior to the intervention. The 200 LGBTI youth who were exposed to the four weeks intense education session attended the complete 8 sessions and learnt about new HIV prevention tools, their uses and accessibility. While (160) 80% of the participants had access to HTS for the first time, out of the 160, 90 tested HIV positive and were linked to care. LGBTI person require constant assurance of your trust/confidentiality before they open up and discuss personal sexual and reproductive health issues.

Conclusion: Peer led educational sessions using trained community members can help improve LGBTI youth education on HIV prevention and access to HTS. There is need for relevant stakeholders to create more opportunities for peer led biomedical HIV prevention interventions for LGBTI communities.

59

Intestinal parasites infections among HIV infected children under antiretrovirals treatment in Yaounde, Cameroon

William Abange B
1Medical Microbiology Laboratory at the Yaounde University Teaching Hospital, Yaounde, Cameroon, 2Chantal Biya International Center for Research on HIV/AIDS Prevention and Management, Yaounde, Cameroon, 3Department of Medical Laboratory Sciences, Faculty of Health Sciences, University of Buea, Cameroon, Buea, Cameroon, 4Center for Mother and Child/Chantal Biya’s Foundation, Yaounde, Cameroon

Background: Intestinal parasitic infections are among the most common communicable diseases worldwide, particularly in developing countries. HIV causes dysregulation of the immune system through the depletion of CD4+ T lymphocytes which gives rise to opportunistic infections.

Methodology: We conducted a hospital based cross-sectional study, from January to October 2018.
at Pediatric units of Yaounde University Teaching Hospital and Center for Mother and Child, Chantal Biya’s Foundation Yaounde. After parental consent, we collected fresh stool and blood samples from all participants both HIV infected and non-infected children of age 1 to 19 years old. After collection, the fresh stool and blood samples were transported to the Parasitology laboratory of Yaoundé University Teaching Hospital (UTHY) and Medical Analyses laboratory of the Chantal Biya International Reference Centre (CBIRC). In the lab, we performed macroscopic examination (detect adult form of parasites, consistency, color and presence/absence of blood or mucus) and microscopic examination (direct wet mount using physiological saline and iodine and concentration techniques-Kato-Katz, Formol-ether sedimentation, modified Ziehl Neelsen stain). Blood samples were analyzed for CD4+ T cell counts using the BD FACSCalibur™ platform.

**Results:** We enrolled 214 children into the study, 119 (55.6%) HIV infected and 95 (44.4%) HIV non-infected, with approximately equal number of male 106 (49.5%) and female 108 (50.5%) with mean age 10.19. The prevalence of intestinal parasites was 20.2% (24/119) for HIV infected and 15.8% (15/95) non-infected children. Among the 119 HIV infected group of children, 33 (27.7%) of them had a CD4+ T cell count less than 500 cells/mm3, and amongst them 7/33 (5.9%) had a CD4+ T cell count less than 200 cells/mm3. Cryptosporidium spp. was frequently detected 7 (5.9%), followed by Giardia lamblia 5 (4.2%) and Entamoeba coli 3 (2.5%) and Blastocystis hominis 3 (2.5%) whereas Giardia lamblia 7 (5.9%) was frequently detected followed by Entamoeba coli 5 (4.2%) and Endolimax nana 2 (1.7%) with the non-infected group. Opportunistic intestinal parasites like Cryptosporidium spp., and Blastocystis hominis, were identified only amongst the HIV infected group of children. More of the parasite detected 17/24 (70.8%) were associated with high CD4 counts >500 cells/mm3. Participants on ART/prophylactic co-trimoxazole for >10 years had little or no parasite detected from them.

**Conclusion:** ART in combination with prophylactic co-trimoxazole and quality adherence stabilize the immune response and reduces the risk of parasitic infection even candidiasis. 20.2% of HIV infected children harbored intestinal parasites. As well opportunistic parasites like Cryptosporidium spp. appear in 5.9%. Stool analysis may be routinely carried out in order to treat detected cases of opportunistic parasites and such improve more on the life quality of HIV infected children.

60

**Serum vitamin D is differentially associated with socioemotional adjustment in early school-aged Ugandan children according to perinatal HIV status and in utero/peripartum antiretroviral exposure history.**

**Background:** An impact of vitamin D in neurocognitive function has been theorized but it remains unknown whether vitamin-D insufficiency (VDI) is associated with worse socio-emotional adjustment (SEA) in vulnerable early school-aged children. This study examines the thesis that deficits in SEA are related to VDI using longitudinal data from 254 children that are perinatally HIV-infected (PHIV), exposed-uninfected (HEU), or unexposed-uninfected (HUU).

**Method:** In utero/peripartum antiretroviral (IPA) exposure was established per medical record documentation of biological mother’s ART regimen in pregnancy. Four caregiver-reported age-and sex-standardized measures of SEA were obtained at months 0, 6 and 12 for dependent children aged 6-10 years: externalizing problems (EPC), internalizing problems (IPC), behavioral symptoms index (BSI) and adaptive skills index (ASI).

**Results:** VDI was highly prevalent (74%, n=188), and its association with change in SEA measures over 12 months varied by HIV-status (VDI*HIV, all p-values <0.03). There was further variation in relationship of vitamin-D to SEA by IPA among PHIV (for ASI, BSI & EPC, vitamin-D*IPA, P-value ≤ 0.0136) and HEU (for BSI & EPC, vitamin-D*IPA, P-value ≤ 0.039). Among HUU, BSI (β = -0.32, 95%CI: -0.50, -0.13), IPC (β = -0.28, 95%CI: -0.47, -0.09) and EPC (β = -0.20, 95%CI: -0.37, -0.02) all declined modestly per quartile increment in VD. Among PHIV, on the one hand higher vitamin D predicted ASI gains (moderate vs. low VD, β = 0.52, P=0.002), but this
Virological suppression among HIV infected adolescents and youths receiving ART in the National teaching and referral hospital in Kenya.

Kangethe J, Muiruri P, Mutai K, Komu J, Gachuno T
1Kenyatta National Hospital/ University Of Nairobi, Nairobi, Kenya, 2University of Nairobi, Nairobi, Kenya, 3Jomo Kenyatta University of Agriculture and Technology, , Kenya

Background: HIV virological suppression is poor among the adolescents and youths which may be related to several factors including adherence to antiretroviral therapy. This study aimed to determine the HIV virological response and the associated risk factors among adolescents and youths on ART.

Methods: This was a cross-sectional study among adolescents and youths aged 10 to 24 years in Kenyatta National Hospital who were on ART for at least six months. Patient characteristics were captured in a questionnaire and viral load was abstracted from electronic medical records. Viral suppression was presented as a proportion based on viral load less than 1000 copies per milliliter of plasma. Viral suppression rate was associated with categorical independent factors using chi square test and means were compared using independent T-test.

Results: The mean age was 17 years (SD 4.3 years) and 55.6% were females. The median CD4 count was 573 cells per micro liter of blood (IQR: 344-1780). A total of 227 (74.2%) HIV infected adolescents and youths were virologically suppressed (viral load less than 1000 copies/ml blood). As compared to children 10-14 years old who had 83.2% suppression rate, adolescents 15-19 years had poorer suppression rate at 69.6% [OR 0.5 (95% CI 0.2-0.9), P= 0.022]. Similarly youths 20-24 years had a lower suppression rate at 70.8% compared to the children [OR 0.5 (95% CI 0.2-0.9), P= 0.022]. Only 56.2% of the study participants had undetectable HIV viral RNA (as per UNAIDS 90-90-90 strategy). RNA Viral suppression rate was lower among ART defaulters (47.2%), those defaulting clinic appointments (51.7%) and those not honoring ART refill (50%). Majority of the participants (86.3%) were in WHO stage I whereas 2% were in WHO stage IV. Among those with unsuppressed viral loads, 20.7% had been diagnosed with Tuberculosis. None of the study participants had Hepatitis B virus infection.

Conclusions: HIV viral suppression among adolescents and youths was low and even much lower among 15 to 24 year-olds. Poor ART adherence and non-compliance to clinic appointments increased the risk of poor virological response.
Atazanavir concentrations in hair predict virological outcome in adolescents with second line treatment failure.

Chawana T1, Ngara B2, Gandhi M2, Nathoo K1, Katzenstein D3, Nhachi C4
1University Of Zimbabwe, College of Health Sciences Clinical Trial Research Centre, Harare, Zimbabwe, 2University of California San Francisco, San Francisco, USA, 3Stanford University, Stanford, USA, 4University of Zimbabwe, College of Health Sciences, Harare, Zimbabwe

Background: Adequate antiretroviral exposure is crucial for virological suppression. We assessed the relationship between atazanavir hair levels with self-reported adherence, virological outcomes, and the effect of a home-based adherence intervention in HIV-infected adolescents failing atazanavir/ritonavir-based second-line antiretroviral treatment in Harare, Zimbabwe. Adolescents were aged 10-19 years old.

Methods: HIV-infected adolescents on atazanavir/ritonavir-based 2nd-line treatment for ≥6 months with viral load >1,000 copies/ml were randomised to either standard care (control) or standard care plus modified directly administered antiretroviral therapy (mDAART) (intervention). Questionnaires were administered; viral load and hair samples were collected at baseline and after 90 days in each group. Viral suppression was defined as <1,000 copies/ml after follow-up.

Results: Fifty adolescents (10-18 years) were enrolled; 23(46%) were randomized to intervention and 27(54%) to control. Atazanavir hair concentration <2.35ng/mg (lower inter-quartile range for those with virological suppression) defined a cut-off below which most participants experienced virological failure, and above which most participants were virologically suppressed. Male sex (p=0.03), virological suppression at follow-up (p=0.013), greater reduction in viral load (p=0.006) and change in average self-reported adherence over the previous month (p=0.031) were associated with adequate (>2.35ng/mg) hair concentrations. Participants with virological failure were more likely to have sub-optimal atazanavir hair concentrations (RR=7.2, 95% CI=1-51, p=0.049). There were no differences in atazanavir hair concentration between the 2 arms after follow-up.

Conclusion: A threshold of atazanavir concentrations in hair (2.35ng/mg), above which virological suppression was likely, was defined for adolescents failing second line atazanavir/ritonavir-based antiretroviral therapy in Zimbabwe. Male sex and better self-reported adherence were associated with adequate atazanavir hair concentrations. Antiretroviral hair concentrations may serve as a useful clinical tool among adolescents.

Baseline Characterization of the Vaginal Microbiome among Secondary School Girls enrolled in the Cups and Community Health (CaCHe) Vaginal Microbiome Study

Mehta S1, Zulaika G2, Agingu W3, Green S1, Nyothach E4, Bhaumik R1, Kwaro D4, van Eijk A2, Otieno F3, Phillips-Howard P2
1University of Illinois at Chicago, Chicago, United States, 2Liverpool School of Tropical Medicine, Liverpool, United Kingdom, 3Nyanza Reproductive Health Society, Kisumu, Kenya, 4Kenya Medical Research Institute, , Kenya

Background: We are evaluating the effect of menstrual cups on the vaginal microbiome and Bacterial vaginosis (BV) and sexually transmitted infections (STIs) among a sub-set of secondary schoolgirls enrolled in the Cups or Cash for Girls cluster randomized controlled trial in Siaya county, western Kenya. We characterized how the baseline vaginal microbiome (VMB) differed by BV and STI, and factors associated with VMB composition.

Methods: May through June 2018, 436 girls were enrolled in the CaCHe VMB sub-study. Girls completed self-administered survey (via electronic tablet) for socio-demographic and behavioral data, and self-collected four vaginal swabs. Vaginal swabs were tested for BV, T. vaginalis (TV), N. gonorrhoeae (NG), and C. trachomatis (CT). VMB was characterized via 16s rRNA gene amplicon sequencing. ElasticNet (EN) identified genus-level taxa that differed by BV and STI status. Hierarchical complete linkage clustering of species-level taxa...
identified community state types (CST), and multinomial logistic regression identified factors associated with CST.

**Results:** Girls were median age 16.9 years and 30% reported ever having sex and/or being coerced into having sex. The prevalence of STIs was 9.9%: 3.0% TV, 6.2% CT, 1.4% NG. The prevalence of BV was 11.2%. The prevalence of STI and/or BV was 17.4%, with 35% of girls with STI also having BV. Significant taxa associated with BV were: Lactobacillus (inverse association), Mega sphaera, Atopobium, Gardnerella, Prevotella, Sneathia, Fastidiosipila, Eggerthella. Taxa associated with STI (composite of NG, CT, and/or TV) were Parvimonas, Mycoplasma, Gemella, Eggerthella, and Peptostreptococcus. Five CSTs were identified: CST-1 L. crispatus dominant (N=174, BV = 0%, STI = 2.9%, sexually active = 22%); CST-2 L. iners dominant (N=79, BV = 1.3%, STI = 7.6%, sexually active = 39%); CST-3 mixed, with moderate L. iners/L. crispatus (N=86, BV = 7.0%, STI = 7.0%, sexually active = 21%); CST-4 mixed, with moderate L. jensenii/L. crispatus (N=29, BV = 10.3%, STI = 13.8%, sexually active = 14%); CST-5 mixed, with moderate G. vaginalis (N=60, BV = 63.3%, STI = 36.7%, sexually active = 59%). Diversity was increased in CST-3, CST-4, CST-5. In multivariable adjusted analyses, more diverse CST was predicted by greater age, ever being sexually active, BV status, and STI status. CST was not associated with period characteristics (e.g., duration, pain/cramping, heavy/normal/light flow) or cloth vs. pad use.

**Conclusions:** The prevalence of STIs and BV were high. Data indicate sexual activity is underreported. Despite substantial overlap in girls with BV and STIs, the taxa discriminating these infections differed. Longitudinal analyses will identify change in VMB composition with incident BV and STI and changing sexual exposure.

---

**What do adolescent girls and young women in sub-Saharan Africa want in an HIV prevention product? Learnings from research investigating product attributes**

Donaldson E1, Rodrigues J1, Segal K1, Warren M1
1AVAC: Global Advocacy for HIV Prevention, New York, United States

**Background:** Adolescent girls and young women (AGYW) in sub-Saharan Africa (SSA) are one of the highest risk populations of new HIV infections worldwide. In order to address this disproportionate risk, new biomedical HIV prevention products need to be developed and delivered with the unique preferences and needs of AGYW in mind. The HIV Prevention Market Manager analyzed findings from projects looking at AGYW and HIV prevention across the prevention journey to identify knowledge and gaps in understanding. This review is a sub-analysis of projects containing findings on attributes that affect the acceptance, uptake, adherence and championing of existing and hypothetical products.

**Methodology:** Ongoing and completed research from 2012 to present on HIV prevention and AGYW ages 13-29 in SSA was reviewed, and findings from interim and final results were plotted along the behavior change framework (awareness, acceptance, uptake, adherence and championing). A sub-analysis was conducted of projects that examined specific product attributes, with findings classified by type of product (oral pill, vaginal ring, vaginal gel, implant, long-acting injectable, film and multipurpose) and attributes. Projects with a primary objective other than HIV prevention or findings broadly focused on AGYW well-being were excluded.

**Results:** Across studies, AGYW and health providers prefer a product that has a longer duration, flexible structure (i.e., not rigid plastic), and helps to reduce clinic visits and additional interactions with the health system (i.e., biodegradable to avoid removal needs). AGYW care about product aesthetic—how a product looks can affect their desire to use it. Lack of understanding around reproductive anatomy.
may deter AGYW from using unfamiliar products, such as the vaginal ring, as opposed to pills and injectables. Several studies showed that duration of affect (i.e. a longer acting product) was more important than delivery form, although injectables were the preferred mechanism in multiple studies. Oral PrEP was less desirable due to daily use. Findings on discrete use were mixed, with some AGYW expressing little concern on whether a sexual partner would notice the product and others citing it as an enabling factor for uptake and adherence. Several studies found products that caused increased vaginal wetness or fluid were not preferred. Across studies, side effects, primarily weight changes, stomach pain and nausea, were the primary product attribute that affected adherence and discontinuation.

**Conclusions:** Understanding product attribute preferences is key to ensure HIV prevention products in the pipeline are designed to accommodate the needs of end users. Expanding the HIV prevention method mix is important as a single product may not meet the needs of one person across their life cycle. Additionally, while most studies did not discuss the effect of products, especially MPTs, on menstruation and return to fertility, these concerns have been a salient factor in the uptake and continued use of family planning products, and attributes for combined products should be further assessed for their uptake and use implications. Lastly, more research is needed on how community perceptions, health systems, preferred service delivery location and other systemic factors interact with and affect product introduction.

---

**Improve uptake of HIV prevention and Testing Services among adolescents and young people.**

**Background:** HIV/AIDS is a leading cause of death among adolescents aged 10-24 years in sub-Saharan Africa. In Zambia, HIV prevalence among adolescent girls and young women (AGYW) is 8.6%, four times higher than adolescent boys and young men (ABYM) at 2.1%. Adolescents and young people face many challenges that put them at risk of HIV acquisition, including peer pressure, poverty, unemployment, alcohol and drug abuse. Crowded health facilities, unfriendly attitudes among health staff, and inadequate knowledge and skills to care for adolescents has led to adolescents and young people shunning health services. We present data from the Community Impact to Reach Key and Underserved Individuals for Treatment and Support (CIRKUITS) project on index and social network testing among adolescents. CIRKUITS is a PEPFAR-funded project that is implementing adolescent-friendly services at government health facilities and utilizing a peer-to-peer model on HIV prevention activities to facilitate access to health services among young people.

**Methods:** A total of 68 adolescent community health workers across 34 communities were recruited, trained, mentored, and deployed to conduct peer education, index testing, and partner notification services. Furthermore, 46 health care workers were trained in supervision of adolescent peer educators and provision of adolescent-friendly health services. A total of 34 adolescent-friendly spaces in health facilities were revamped and improved to provide prevention messages, HIV testing services, and sexual and reproductive health services to the youth. These services were also provided to adolescents in the community at strategic places such as markets, schools, and church gatherings.
Abstract

Results: From October 2018 to May 2019, a total of 24,178 adolescents and young people aged 10-24 years were offered priority population HIV prevention messages; of which 13,422 were AGYW and 10,756 were ABYM. A total of 13,517 adolescents were tested for HIV with 1,897 testing HIV positive, representing a positivity yield of 14% (20% among AGYW and 8% among ABYM). Of these, 1,727 (91%) were started on HIV treatment. Of those who tested negative and were at substantial risk of HIV acquisition, 61 were commenced on HIV pre-exposure prophylaxis (PrEP).

Conclusions: Providing adolescent-friendly health services in dedicated youth-friendly spaces supports the uptake of HIV preventive and testing services among young people. Adolescent peer educators employing index testing are effective in HIV case finding among adolescents. Further community sensitization on HIV prevention methods, especially PrEP, needs to be conducted among adolescents at substantial risk of HIV acquisition.

Engagement of young people in design and implementation of the Young People and Adolescent Peer Support Model (YAPS MODEL)

Namanya Martin Paul M1, Chimulwa T2, Niwagaba N1, Magongo E2, Nabukonya P1
1Uganda Network Of Young People Living With HIV (UNYPA), Kampal, Uganda, 2Ministry Of Health, Kampala, Uganda, 3MU-JHU Young Generation Alive, Kampala, Uganda

Issue: There is currently an estimated number of 5.4 million young people, ages 10-24, living with HIV worldwide (WHO/UNICEF, 2017. The National Consolidated guidelines for preventing and treating HIV in Uganda 2018 recognize use of a Peer-led approach to enhance Adolescent HIV outcomes of early HIV identification, retention in care and viral load suppression. There exists a generic national Peer Educators guide to support these processes however there is no standardized implementation guide to support actual implementation of key processes across the multisectoral approach for care for adolescents living with HIV. In addition, it is not clear how adolescents and young people should participate in the entire HIV prevention and treatment cascade.

Description: The Ministry of Health, AIDS Control Program, after realizing that a lot of young people were having high non suppressed viral loads and with very poor adherence, the team consisting of members from Ministry of Health, Ministry of Gender and Ministry of Education and ANNECA together with partners learnt lessons from Zimbabwe’s Zvandiri CATS Model and embarked on the process of developing a similar peer-led model for Uganda. The model aims to engage adolescents and young people in improving identification of fellow HIV positive adolescents and young people (AYP), linking them into HIV care, enhance adherence and retention on ART and achievement of viral suppression. To ensure this intervention is well developed, tested and generally accepted by AYP; MOH engaged young people at different levels. Working with the networks of young people living with HIV (UNYPA) where they supported all interventions of this program from design, consultations and pilots as well district entry meeting. 33 AYP from all regions in the country were engaged in a consultative meeting; competent young people living with HIV (YPLHIV) were identified to represent AYPLHIV during Consultative meetings; determination of the YAPS name, development of implementation guidelines, training materials, job-aids and M&E tools; training of national trainers and engaged in district level activities. Adolescents and young people were selected and trained as National trainers for the YAPS model to support its roll-out in the country. Currently we are piloting the program in nine (9) districts in the North, East Central, East and Rwenzori Region where a team of 5 trainers and adolescent trainer visit selected sites where the program piloted for a one week YAPS training and another week health facility placement.

Lessons learnt:
• There is need for more support for such interventions that target young people in order to improve service delivery and thus viral suppression.
• Young people should be empowered to lead interventions that involve supporting fellow youths with limited supervision from adults for better outcomes.

Next steps: With MOH commitment and belief in the power of young people- Adult partnership to enhance care for adolescents and young people, there is need for their continued engagement throughout the implementation, monitoring and
evaluation of the YAPS model. More young people will be trained as TOTs to continue to participating in all activities to scale up the YAPS model.

67

Recruiting high-risk adolescent girls and young women for short-term follow-up after HIV self-testing: Strategies that work

1Centre for Infectious Disease Research in Zambia (CIDRZ), Lusaka, Zambia, 2Columbia University, Columbia, 3Centre for Disease Control and Prevention (CDC) Zambia, Lusaka, Zambia, 4Ministry of Health (MoH) Zambia, Lusaka, Zambia

Background: Our study aims to explore barriers and facilitators to linkage to clinical services among 16-24-year-old adolescent girls and young women (AGYW) who screen positive for HIV via HIV self-testing (HIVST) in Lusaka, Zambia. We report on our experiences and lessons learned recruiting high-risk AGYW via community-based and university-based strategies.

Methods: To recruit high-risk AGYW, we designed a short-chain snowball sampling recruitment strategy aimed at two peri-urban communities and two universities in Lusaka. In the community, local Neighborhood Health Committees (NHC) were mobilized to invite high-risk AGYW to attend social events (e.g., nail painting and health talks) organized by the study team. At universities, study recruitment activities were integrated into planned student health fairs. Once enrolled, AGYW received HIVST kits and training on their use. In addition, participants were asked to refer two friends for possible participation in the study. Both NHC and AGYW were offered 20ZMW ($1.50) for referral of AGYW/peers respectively. One month after enrollment, all participants were traced via phone or physical visit to establish their self-reported HIVST results.

Results: From January 23 through May 4, 2019, 1,037 AGYW attended 65 events: 50 community-based social events and 15 university-based health fairs. Amongst these, 892 (86%) were interested in HIVST, of whom 330 (37%) met eligibility criteria and enrolled in the study. 193/330 participants (58%) were recruited from community-based social events. Though NHC members were successful in recruiting AGYW from the communities, nimble, real-time adjustments to the recruitment strategy were required, including relocating social events to more central locations and increasing transport reimbursement and referral incentives for NHCs. None of the 330 eligible participants referred friends to the study. At the time of data analysis, 298/330 (90%) participants had known HIVST results with 12 (7.2%) reporting a positive HIVST result, of whom 5 had a confirmatory HIV test and 4 had initiated antiretroviral therapy (ART). While event volume was higher at university-based health fairs compared to community-based social events, none of the 131/137 university-based study participant traced reported a positive HIVST result.

Conclusions: We found that NHC members were successfully able to identify and refer high-risk AGYW from their communities, comparable to the national prevalence of 5.72% among 15-24years old AGYW. In contrast, AGYW recruited at university health fairs had much lower HIV risk. In both settings, AGYW chose not to refer friends, preventing short-chain and snowball sampling. Further investigation is required to understand peer referral dynamics.

68

Implementing a supported programme for Adolescent Youth Friendly Services in Cape Town, South Africa

Ahmed NF, Storm R, Bekker L
1Desmond Tutu HIV foundation, Cape Town, South Africa

Background: Adolescence is a period of developmental transition between childhood and adulthood. Navigating their way through this time of physical, psychological and social development, young people need appropriate and accessible services that recognise and support their unique needs. Amongst other programmes developed by the South African National Department of Health (DOH) for supporting adolescents and youth, is the Adolescent and Youth Friendly Services (AYFS)
Abstract

package. We aimed to implement the package in 24 healthcare facilities in Cape Town, South Africa.

Materials & Methods: A programme was designed by the Desmond Tutu HIV Centre in partnership with Pathfinder International to support AYFS assessment, implementation and accreditation of healthcare facilities in the Klipfontein and Mitchell’s Plain subdistrict. This includes introduction and training of the AYFS package to all personnel, formation of a task team led by a facility champion as well as adolescent and youth focus groups, regular mentoring and progress review, and a quarterly learning forum with other facilities to share and support progress and challenges. The final step involves DOH validation and accreditation.

Results: The AYFS programme commenced in April 2017 and concluded in March 2019. All 24 healthcare facilities were enrolled and commenced their path to AYFS accreditation. Baseline assessments were conducted at all facilities with follow-up assessments completed at nine months and 12 months. One facility closed during the period of implementation. The overall scores of AYFS according to five standards, showed an improvement in all areas. Standard 1 (management systems) improved from 27.3% to 58.6%, standard 3 (available and appropriate services) from 37.4% to 83.3%, standard 6 (educational material) from 30.4% to 78.8%, standard 9 (adolescent centre care) from 78.6% to 99.2% and standard 10 (dedicated staff) from 66% to 94%. 80% was required in all standards for validation and accreditation, which was reached by 10 facilities. An additional 8 facilities only required 80% in standard 1 to meet validation, and the remaining 5 facilities had challenges related to staffing of the adolescent champions with overall scores between 54% to 79.5%.

Four Champion’s learning forums were held showcasing the specific progress made, including dedicated youth clinics after school hours, youth spaces at the clinic and youth committees. The facilities also shared further innovation to the AYFS package including launch events for the youth clinic, regular school clinics and fast-track youth cards. The forum identified and addressed challenges including some clinics having a maximum quota for patients seen in a day resulting in adolescent and youth being turned away, and the need for adolescent health profiles.

Conclusions: Adolescents and youth face many barriers to accessing health services. AYFS addresses these barriers by making services more attractive to the needs of young people and crucially retaining them within care to support ongoing needs as they develop into adulthood. Our programme provides structured support and mentorship to clinics, and encourages a shared learning environment. It has been shown to be effective in achieving the standards required. All facilities are on track for validation and accreditation as per NDoH guidelines.

69

Out of clinics, and not just about sex: designing a multi-component, community-based intervention to improve HIV testing and treatment outcomes amongst youth in Zimbabwe; the CHIEDZA trial


1London School of Hygiene and Tropical Medicine, , United Kingdom, 2Biomedical Training and Research Institute , , Zimbabwe, 3The University of Sydney, , Australia

Background: HIV is the leading cause of mortality amongst adolescents in sub-Saharan Africa. However, despite focused efforts to increase HIV testing, treatment and care amongst this group, current strategies remain inefficient. If the 90-90-90 targets are to be met for this key population, urgent attention is needed to develop effective approaches. We conducted formative research to design a multi-component, community-based intervention incorporating HIV prevention, testing, treatment and care and sexual and reproductive health (SRH) services for 16-24 year olds in Zimbabwe.

Methods: In-depth interviews (n=90) were conducted in three study communities with seven groups of respondents: community-based organisation (CBO) representatives (n=9), facility- and community-based health care workers (n=8 and n=7 respectively), HIV negative and positive youth (n=25 and n=26 respectively), family members of youth (n=11), and community gatekeepers (n=4). Interviews were conducted to explore the barriers and facilitators to accessing HIV and SRH services for youth in Zimbabwe, and used to investigate how to best deliver the intervention in such a way that it
would be accepted and accessed by youth in this setting. Interview summaries were produced, and analysed through a thematic coding process. Findings were discussed on weekly intervention development calls held by the formative research team, and through this iterative process, contributed to a draft outline of the intervention.

Results: Across all groups of respondents, interview participants described that HIV testing, as it is currently offered in clinics and some community-based models, is not accessed by youth. When asked what type of service they would access, there were two main dimensions that young people would consider acceptable: firstly, that the service be provided a non-clinic setting, in a space that was exclusively for youth and delivered by a team that demonstrated trust, expertise and empathy to the complex realities of youth attending the service; and secondly, that the services and commodities offered extend beyond exclusively being related to HIV and SRH. The first consideration of location and staffing is in response to young people’s concerns of sharing a health space with adults whom they feared might pass judgement, and also distrusting the reaction of some health care workers, while the second suggestion of a broader package of health services dilutes the emphasis on sex and presumptions related to reasons for attending the service, thus reducing associated stigma.

Conclusion: HIV services as they are currently offered for youth appear to be incompatible with their specific needs and preferences. To improve uptake of HIV testing, and facilitate better treatment outcomes for those who test positive, the CHIEDZA intervention has taken HIV testing out of the clinic setting and integrated it into a broader package of health services. The success of this approach in decreasing rates of undiagnosed HIV and improving outcomes in youth will be evaluated in a cluster-randomised trial.

Towards improving retention and viral suppression among adolescents and young adults with HIV: The search-youth randomized controlled trial

Ayieko J1, Olilo W1, Mwangwa F2, Kwarisiima D1, Black D1, Balzer L1, Charlesbois E3, Camlin C1, Shade S1, Bukusi E1, Kamya M2, Kapogiannis B4, Havlir D3, Theodore R1

1Kenya Medical Research Institute, Kisumu, Kenya, 2IDRC, Kampala, Uganda, 3University of California, San Francisco, San Francisco, USA, 4National Institutes of Health, Bethesda, USA, 5University of Massachusetts, USA

Background: Adolescents and young adults with HIV (AYAH) in rural sub-Saharan Africa are more likely to be lost to follow up, report lapsed adherence, and fail to achieve virologic suppression as compared to older adults. The SEARCH-Youth trial aims to address barriers to care engagement and adherence, in order to improve retention and viral suppression among AYAH.

Methods: The SEARCH-Youth intervention includes dynamic, on-going, life-stage adapted counseling at each clinic visit designed to build rapport between providers and AYAH. The life-stage adapted counseling facilitates the identification and shared problem solving of barriers to care and medication adherence while leveraging on identified care engagement facilitators/enablers. Technology-enabled mini-collaboratives allow clinicians at remote sites to discuss challenging cases. Participants also receive structured choice on clinic access (date, location and visit time with option of telephone visits) and rapid viral load feedback (< 72 hours from test to communication) to motivate treatment adherence. The study is a two-arm cluster-randomized trial involving 28 HIV clinics in rural Southwest Uganda (14 clinics) and West Kenya (14 clinics): 14 clinics randomized to the intervention and 14 to the optimized country standard of care. Target enrollment is 1400 (50 per clinic) participants ages 15 to 24 years, including youth who are currently engaged in care, those newly initiating care, as well as those who have previously disengaged from care. The primary outcome of the trial is viral suppression (HIV RNA <400 c/mL) at 24 months. The secondary objectives are to evaluate the barriers and facilitators of the
Abstract

intervention as well as its incremental costs and gains.

Results: A total of 1,075 participants have been recruited into the trial as of June 21, 2019. The median (IQR) age of the participants is 21 (18-23) with 44.7% aged between 15-20 years; 20.7% are male; 54.2% are from SW Uganda. The majority of the participants are single (45.2%) and only 24.5% are currently in school.

Conclusions: This trial proposes an innovative multilevel approach to address barriers to care engagement and treatment adherence among AYAH. After a follow up period of two years, the SEARCH-Youth trial is expected to provide evidence as to whether this comprehensive package of interventions will improve retention in care and viral suppression among the youth.

Healthcare workers experiences following participation in a standardized patient actor-training program in adolescent and young adult HIV care in Kenya

Background: Adolescents and young adults have poor retention in HIV care compared to other age groups, suggesting a need for more tailored services. Despite significant policy efforts to offer “adolescent-friendly” HIV services, healthcare workers (HCWs) report feeling unsure about how to provide adolescent friendly care. Following participation in a clinical training intervention (SPEED Study) utilizing standardized patient actors to improve communication and interpersonal skills of healthcare workers in caring for adolescents, we conducted exit interviews with HCWs to assess their experiences with and durability of the training.

Methods: We conducted 12 in depth interviews with HCWs one year post-training in Nairobi, Kiambu, Homa Bay, and Kisumu Counties, Kenya. HCWs were trained between April and May 2017 and February and March 2018. The training included didactic sessions in adolescent care, communication skills, values clarification, and motivational interviewing. HCWs then rotated through seven video-recorded patient actor encounters reflecting different adolescent care issues including disclosure, gender-based violence, and sexuality; followed by a group debriefing session. Exit interviews were audio-recorded and transcribed. Qualitative data was analyzed using thematic analysis.

Results: Healthcare workers liked the standardized patient actor training approach, they felt it was more practical in delivering skills compared to other training methods because they need to be able to better interact with adolescents in HIV care. A few HCWs noted training with standardized patients who expressed challenges with disclosure and sexual identity were especially valuable to help them engage with actual adolescent clients with these issues. They consistently mentioned motivational interviewing and utilizing the adolescent checklist to outline key steps in a clinical encounter as the most useful skills they gained at the training. They reported using principles of motivational interviewing such as active listening and eliciting change talk in their day-to-day encounters with adolescents and youth.

HCWs also noted that they had improved interactions with adolescents, as they were being non-judgmental and friendlier. They described these improved interactions as having an impact on the quality of care that adolescents received and reported better outcomes among adolescents such as improved medication adherence and viral suppression.

Facility factors that supported HCWs to apply skills gained included: a separate clinic day for adolescents, adolescent friendly spaces within the clinic and having adolescent services team leaders. High adolescent patient volume and clinic flow were some of the challenges HCWs experienced because on busy clinic days, they had limited time for each patient and some clinics had services such as pharmacy outside the main clinic making it difficult to follow up patient issues.
Refresher training, training more HCWs at the clinic, and workplace support through supervision and Continuing Medical Education forums were some of the recommendations by HCWs as ways of improving the training.

Conclusions: Simulated patient encounters appear to provide sustained impact on HCW skills in adolescent service provision. Given the unique needs of adolescents and the inadequacies HCWs feel regarding their skills talking with youth, simulated patient training could enhance care and, in turn, have impact on retention and adherence among adolescents.

72

Perceptions of HIV-affected adolescent girls and young women on integrated delivery of youth-friendly services

Subramanian S1, Edwards P1, Roberts S1, Mnizvo M2
1RTI International, Waltham, United States, 2Population Council, Lusaka, Zambia

Background: Zambia is experiencing one of the highest incidences of HIV in the world, and adolescent girls and young women (AGYW) are a particularly affected group because of their social and economic vulnerability. AGYW are less likely to be tested for HIV than others and are also less adherent to antiretroviral therapy. This may be due to individual and interpersonal factors, such as self-efficacy and social support, as well as health system barriers. The aim of this research is to identify potential facilitators and barriers to receiving HIV care in the clinic setting and evaluate acceptance of an integrated care delivery model that packages HIV services along with sexual and reproductive care.

Materials & Methods: In-depth interviews and focus group discussions were conducted in Lusaka, Zambia during early 2019 with 68 HIV negative AGYW (aged 10-20) and 39 AGYW living with HIV (aged 16-24). Participants were purposively sampled based on recommendations from the study’s community and youth advisory boards. Debrief reports from the interviews and focus groups were analyzed for key themes relating to the perceptions of and experiences with HIV, stigma, and perceptions about integrated delivery of services at government clinics.

Results: Preliminary findings from rapid analysis suggest that trust and confidentiality are major concerns among AGYW in disclosing their HIV status, communicating with family and friends, and seeking care at health clinics. Facilitators for visiting a clinic to receive services include, reimbursement for transportation, high-level of privacy, receiving all necessary tests and drugs in a single location, and friendly, non-judgmental clinic staff. HIV negative girls noted that they would find the clinic beneficial as a place where they can learn their status and receive counseling in a private setting from trained staff. HIV positive AGYW were concerned about attending a clinic which also served HIV negative AGYW as they were concerned about the disclosure of their HIV positive status and potential stigma.

Conclusions: To encourage community-clinic linkages, AGYW need assurance on privacy and confidentially. Clinics that provide services to HIV negative as well as HIV positive AGWY may be less stigmatized as they can mask the HIV status of attendees from disclosure to community members, but procedures should be adopted to ensure that HIV status of AGYW seeking care are not disclosed to other clinic attendees. The findings from this formative research will support the development of an integrated care delivery model for HIV-affected AGYW in Zambia which will be tested using a cluster-randomized trial.

73

“Had I known before” using peer led interventions to change HIV/STI risk behavior among adolescents: Health Improvement-4-Teen Ugandans study, Kampala-Uganda.

Etima J1, Akello C1, Nakywano T1, Nabukeera J1, Kemigisha D1, Nakabululo C1, Mirembe F1
1Makerere University-Johns Hopkins University Research Collaboration, Kampala, Uganda
Abstract

Background: Adolescents are at a high risk of HIV/STI infection, among Ugandan adolescents aged 15-19 years with 19.7% self-report of having had sexually transmitted infection (STIs) yet many are not able to incorporate indicators of risk into the perception of susceptibility. The HI-4-TU study aimed at improved social support and dual prevention of both HIV/STI’s and subsequent unplanned pregnancies using an enhanced peer led reproductive health promotion intervention received as a group or individually among 486 pregnant adolescents.

Methods: The adapted Comprehensive Family Planning and Reproductive Health Training Curriculum for adolescents was implemented by trained adolescent Peer educators either to adolescents randomized to a group of 8-12 or individually, categorized by age 15-17 and 18-19. 12 Focus Group Discussions (FGDs) using local language semi-structured guides were conducted at baseline and study exit, 12 serial IDIs at baseline, 10 weeks postpartum and study exit and 6 single IDIs among repeat pregnancies and 1 with ≥2 STI episodes to assess among others HIV/STI and fertility knowledge, risk perceptions and perceived benefits. Interviews were summarized in reports for rapid thematic analysis.

Results: 60 adolescents were interviewed (FGD n=41, IDI = 19: 15-17 n = 21 18-19 n = 39). Most adolescents aged 15-17 perceived little or no chance that they would be diagnosed with an STI prior to the intervention and expressed more fear of pregnancy than HIV. Older adolescents however considered themselves to be at high risk however failed to negotiate condom use. Salient themes included lack of knowledge about prevalence of STIs, ambiguity around contraception and safer sex practices, and the difficulty faced by young women in to negotiate safer sex. Condom less sex equaling to romantic love was also a salient theme. However mid study and of study interviews after the intervention indicated increase in HIV/STI risk perception with several reporting “had I known all this before…”

Conclusion: Adolescents can be empowered to recognize their HIV/STI risk using tailored adolescent health improvement interventions.

Health care provider’s and adolescent girls and young women perspectives on how to engage youth for effective roll out of PrEP in South Africa

Makamu TJ1, Greener L1,2,3, Lelaka M1,2,3, London V1,2,3, Butler V1,2,3, Mullick S1,2,3
1Wits Reproductive Health and HIV Institute, Johannesburg, South Africa, 2Faculty of Health Sciences, Johannesburg, South Africa, 3University of the Witwatersrand, Johannesburg, South Africa

Background: Oral pre-exposure prophylaxis (PrEP) for adolescent girls and young women (AGYW) is a promising and effective means of HIV prevention among this high-risk cohort. South Africa has a supportive national framework to help direct and support the implementation of comprehensive sexual and reproductive health (SRH) services and combination HIV prevention, including PrEP for AGYW. However, evidence regarding strategies to reach AGYW in a real-world setting are urgently needed. HIV prevention among AGYW is a key priority and vital to the South African healthcare national strategy, and the development of ethical and age appropriate behavioral and biomedical prevention efforts tailored to AGYW in the South African context is of fundamental importance. This paper presents data on Healthcare provider perspectives around the most effective and feasible youth engagement strategies for their contexts.

Methods: Data were collected using a mixed methods approach, as part of an ongoing implementation science study exploring the introduction of PrEP into Comprehensive Sexual and Reproductive Health Services for Adolescent Girls and Young Women (AGYW) in South Africa (Project PrEP). In-depth-interviews (IDI’s) and socio-demographic surveys were conducted with HCP working at participating primary healthcare facilities between February 2019 - May 2019 in Gauteng and Eastern Cape at seven urban, semi-rural and peri-urban facilities. Qualitative data were transcribed and analysed thematically, and quantitative data were analysed using descriptive statistics. The study sample was 36 healthcare providers, who provide SRH and HIV services in their facilities.
Abstract

**Results:** Emergent themes centered around engagement with the catchment area driven by the clinic but based outside of the facility. It was noted that privacy and confidentiality were extremely valued by AGYW and that all approaches should be underpinned by this requirement. Providers were unsure how to ensure privacy and confidentiality for AGYW within the fixed clinic. This resulted in providers suggesting a youth friendly mobile van or youth friendly park home be added to the clinic to extend the clinic’s ability to provide PrEP to AGYW and create demand for SRH services. A HCP said “…AGYW are not open when they among the older people” The results indicated that demand creation strategies such as community meetings and outreach in areas where the youth socializes were an effective way of engaging them. A HCP alluded that “…if it was according to me I would open the youth area outside the clinic…” Additional platforms for effective engagement were social and traditional media, most HCP’s in the Eastern Cape noted that the clinics had timeslots with local radio stations to discuss health services and this had been successful in engaging the community.

**Conclusion:** The results provide evidence of the importance to engage the youth as active partners to the health problems they are faced with. Engaging the youth is fundamental and in order to get the attention of youth, all efforts must be engaging, informative, and interesting. Furthermore, HCPs were aware of the need to accommodate youth and provide private and confidential services in their engagements with the youth.

---

**Background:** Over 90% of children (0-14 years) living with HIV are known to have acquired the infection perinatally with up to 50% of them dying before their second birthday if not receiving treatment. Early infant diagnosis (EID) is critical to ensure infected ones are identified and initiated on treatment. Ghana’s EID coverage for HIV exposed infants (HEI) has however been low, with only 68% being tested in 2017. The country, however, has a very high immunization coverage, with a DPT coverage of 97% in 2017. Therefore, opportunities to identify HIV exposed infants through immunization settings can potentially be helpful to improve EID coverage.

One such innovations is the Integrated Maternal and Child Health Record Book (MCH RB) which was developed by the Ministry of Health and Ghana Health Service with technical and financial support from Japan International Cooperation Agency (JICA). In addition to other novel features, the book contains the antenatal health records of the mother and the immunization and health records of the infant. It, therefore, aids the identification of HIV positive mothers whose children have not had the EID tests, so they get their Dried Blood Spot (DBS) samples taken and offered ARV prophylaxis if required. This review sought to assess the impact of the MCH RB on EID coverage in the Brong Ahafo region (BAR).

**Methods:** Midwives at antenatal clinics and Community Health Nurses at Child Welfare clinics in the BAR, were trained in April 2018 on the MCH RB and started issuing it to new ANC registrants in May 2018. With an average gestational age at registration of 12 weeks, these books were used for the newborns of these mothers from December 2018. The quarterly EID target coverage for the first quarter(Q1) of 2019 was determined using service data captured in the District Health Information Management System and compared with the Q1 coverages for previous years for the region. The statistical significance of the difference in proportions was assessed using StatsDirect version 3.

**Results:** A total of 523 DBS samples were tested from HEIs in the region in Q1 2019, compared with 309 in Q1 2018 and 61 in Q1 2017. In terms of quarterly target coverage, the samples tested translated into 88% in Q1 2019, which was significantly higher than the 35.5% in Q1 2018 (difference =52.5%,95% CI=48.1%-56.4%, p<0.0001) and 8.7% in Q1 2017(difference =79.3%,95% CI=75.6%-82.3%, p<0.0001). Fifteen HEIs were confirmed positive in Q1 2019 compared with 13 in 2018 and 6 in 2017. Despite the higher numbers in

---

**Preliminary impact of an Integrated Maternal and Child Health Record Book on early infant diagnosis coverage for HIV exposed infants in the Brong Ahafo Region of Ghana**

Ayisi Addo S1, Aboagye P3, Ashinyo A1, Adu-Gyamfi R1, Akosua Badoo N1, Abdulai M1, Owusu K1, Armah-Attoh W1, Senyah K2, Kuti O1, Obiri Yeboah D1

1National AIDS/STI Control Programme, Accra, Ghana, 2WHO Country Office, Accra, Ghana, 3UNICEF Country Office, Accra, Ghana, 4College of Health and Allied Sciences, University of Cape Coast, Cape Coast, Ghana, 5Family Health Division, Ghana Health Service, Accra, Ghana
Abstract

subsequent years, the yields for Q1 2017, Q1 2018 and Q1 2019 were 10%, 4% and 3% respectively.

Conclusion: The integrated MCH RB significantly improved the identification of HEIs and EID coverage at 6 weeks and has the potential to accelerate the country’s attainment of eMTCT. All community health nurses, however, need to be equipped to take the DBS samples of identified infants or provided with appropriate referral protocols for sample collection to attain this.

76

HIV and sexual and reproductive health service provision among older and younger adolescents living with HIV in Kenya

1Department of Global Health, University of Washington, Seattle, United States, 2Division of Global HIV/AIDS & Tuberculosis, U.S. Centers for Disease Control and Prevention, Nairobi, Kenya, 3Department of Research and Programs, Kenyatta National Hospital, Nairobi, Kenya, 4Centre for Clinical Research, Kenya Medical Research Institute, Nairobi, Kenya, 5Department of Psychosocial and Community Health, University of Washington, Seattle, United States, 6Department of Epidemiology, University of Washington, Seattle, United States, 7Department of Pediatrics, University of Washington, Seattle, United States, 8Department of Medicine, University of Washington, Seattle, United States

Background: Adolescents living with HIV (ALHIV) have higher HIV-related mortality than adults in part due to poorer medication adherence, retention in care, and viral suppression. In 2015, the Kenyan Ministry of Health adopted an adolescent checklist to track adolescent-specific health information as part of an Adolescent Package of Care (APOC). Understanding HIV-specific and sexual and reproductive health services (SRHS) provided to ALHIV is necessary to improve care for ALHIV.

Methods: Adolescent checklist data were abstracted from medical records for all ALHIV ages 10-19 years attending 34 APOC-trained facilities across Kenya. Abstraction covered the first 2 years post-APOC implementation (January 1, 2015-December 31, 2016) and included information on HIV disclosure, adherence counseling, sexual activity, high risk sexual activity (defined on the adolescent checklist as having multiple partners, sex for money, sex without condom, sex when high, etc.), STI screening, condom provision, school enrollment, support group involvement, and transition preparation. Outcomes were dichotomized into ever (indicated “yes” on the adolescent checklist at ≥1 visit) and never (did not indicate “yes” at any visit) in the abstraction period. Prevalence ratios and generalized linear models with random intercepts for facility to compare female and male ALHIV and older (15-19 years) and younger (10-14 years) ALHIV.

Results: Data were abstracted for 1492 ALHIV, with a median of 4 visits (IQR: 3-5) per adolescent. The median age was 13 (IQR: 11, 15) years, and 71% were ages 10-14 years. Approximately half (55%) were female and nearly all ALHIV (97%) were currently enrolled in school. Overall, 13% of ALHIV were sexually active and older ALHIV were more likely than younger ALHIV to be sexually active (PR: 8.3 [95% CI: 5.9, 11.7]; p<0.001). Among sexually active ALHIV (N=188), 89% ever received STI screening, 52% had ever received condoms, 54% ever engaged in high risk sexual activity, 79% had ever received risk reduction services. Comparing sexually active younger and older ALHIV and male and female ALHIV, there were no significant differences in the proportion that received STI screening, received risk reduction services, and engaged in high risk sexual activity. However, males were more likely than females to receive condoms (PR: 1.7 [95% CI: 1.1, 2.7]; p=0.013). Among sexually active female ALHIV (N=141), 18% ever used contraception and 10% ever used condoms. Use of contraception and condoms did not differ significantly by age group. Almost all ALHIV had documentation of receiving adherence counseling (98%), most (67%) participated in support groups, received substance abuse counseling (70%), and had a mental health assessment (87%). Ninety-one percent of ALHIV between 13-19 years reached full disclosure. Among ALHIV 10-12 years, 65% reached full disclosure (p<0.001).

Conclusion: Among APOC-trained facilities in Kenya, there were high rates of disclosure and adherence counseling for ALHIV. Gaps in providing SRHS for sexually active ALHIV should be addressed.
An evaluation of an Adolescent and Youth Friendly Services (AYFS) programme implemented in a sub-District in Cape Town, South Africa: Healthcare providers’ perspectives.

Titus R1, Storm R1, Bekker L1, Ahmed N2
1Desmond Tutu HIV Foundation, Cape Town, South Africa

Adolescents and youth in South Africa remain vulnerable to HIV and other sexually transmitted infections, which disproportionately affects younger women and men. It is crucial thus to provide accessible adolescent and youth friendly services (AYFS), particularly sexual and reproductive health services that are responsive to their needs. The South African National Department of Health (NDoH) developed amongst other programmes the AYFS package. The Desmond Tutu HIV Foundation (DTHF) designed a programme to support it’s implementation in 24 public healthcare facilities (PHCs) in the Klipfontein/ Mitchell’s Plain sub-District. We aimed to evaluate healthcare providers’ perspective on the impact of the programme supporting AYFS implementation.

Methods: 24 PHCs in the Klipfontein/ Mitchell’s Plain sub-District were selected for the DTHF AYFS programme. The programme included training on AYFS, team support, ongoing monitoring and evaluation which focused on mentoring and progress review according to the AYFS standards, and learning forums to share and support progress, challenges and innovations, as well as provide education. Key healthcare providers involved in AYFS implementation (adolescent champions who lead on AYFS implementation and peer navigators who support adolescents through the service) at each facility, were asked to complete a questionnaire to evaluate the effectiveness and impact of the programme.

Results: 83% (n=20) adolescent champions (AC) and 71% (n=17) peer navigators (PN) completed the questionnaire, 19 females with a mean age of 45 years (range 25-58 years) and 13 females with a mean age of 27 (range 21-41 years), respectively. 80% (n=20) of the AC indicated AYFS was very successfully implemented at their respective PHCs. AC and PNs rated the overall satisfaction and effectiveness of services available for youth as 8-10/10, and 7-8/10 respectively. AC cited successes as changes in the health outcome or indicators for adolescents (e.g. increases in contraceptive use, condom issuing and decreased defaulter rates). They perceived a change in nurses and teachers attitudes towards youth accessing the facility and ultimately lead to an increase of youth accessing AYFS. PNs highlighted increased access of youth to health services, youth feeling more empowered to discuss health issues and different preventative health services available. Challenges faced by AC included staff shortages, overcrowded facilities, and resistance from other healthcare providers not wholly involved in AYFS implementation to support the package. PNs felt their main challenges were the attitude of adolescents, including being impatient and difficult, despite fast-tracked services. AC stated solutions needed to include others within the facility and community stakeholders, human and structural resources to address staffing and space for youth, respectively. PNs highlighted needing more training to deal with social issues and managing work-related issues.

Conclusion: The perspectives of healthcare providers along with service users, are a critical component in evaluating service implementation. As they are delivering AYFS on-the-ground, their invaluable knowledge of facility structure and resources can enable full implementation of the AYFS package if included within the design and planning process. Our programme provided support for implementation of AYFS. Further evaluations of service uses is required and quantitative measures, to fully ascertain the impact of AYFS.
“You Are Not Alone”: Acceptability of Strategies to Address Barriers to ART Initiation Among Community-Diagnosed Young Adults Living with HIV in South Africa

Nardell M1,2,3, Rousseau-Jemwa E4, Julies R4, Lee Y5,6, Klaas P7, Vundhla P8, Butler L9, Bassett P8, Melins C10, Bekker L4,10,11, Katz I1,6,7,9

1Brigham & Women’s Hospital, Boston, United States, 2Beth Israel Deaconess Medical Center, Boston, United States, 3Connors Center for Women’s Health and Gender Biology, Boston, United States, 4The Desmond Tutu HIV Centre, Institute of Infectious Disease and Molecular Medicine, University of Cape Town, Cape Town, Republic of South Africa, 5Institute for Collaboration on Health, Intervention and Policy, University of Connecticut, Storrs, United States, 6Massachusetts General Hospital Center for Global Health, Boston, United States, 7Harvard Medical School, Boston, United States, 8HIV Center for Clinical and Behavioral Studies, Columbia University Irving Medical Center, New York, United States, 9Harvard Global Health Institute, Cambridge, United States, 10Institute of Infectious Disease and Molecular Medicine, Department of Medicine, University of Cape Town, Cape Town, Republic of South Africa, 11International AIDS Society, Geneva, Switzerland

Background: South Africa’s HIV epidemic disproportionately affects adolescents and young adults, especially young women. Despite universal antiretroviral (ART) availability, an estimated 60% of South Africans ages 15 to 24 years living with HIV are not on treatment. Few evidence-based interventions exist to enroll and retain this population in treatment. This study aimed to identify barriers to ART initiation and acceptability of community-based interventions to improve ART initiation for adolescents and young adults diagnosed in community settings.

Materials and Methods: This qualitative study was conducted in a limited-resource, high-prevalence community in Cape Town, South Africa. Between July 2018 and May 2019, we recruited and enrolled i) 20 young adults ages 18 to 24 years diagnosed with HIV at two mobile community testing sites, including a testing van, and ii) 10 healthcare providers offering HIV testing at these sites. Trained assistants conducted in-depth, semi-structured interviews with participants in Xhosa and English. Interviews were transcribed, translated to English, and coded by a team with both double and single codes. An inductive content analytic approach was used to review data iteratively to develop conceptual categories.

Results: We enrolled 20 adolescents and young adults (17 female, median age 22.5) and 10 healthcare providers (7 female). Interviews with young adults and healthcare providers revealed that young adults struggle to process the shock of an HIV diagnosis, often feeling overwhelmed and isolated. They lack sufficient skills and support to enable effective coping and treatment initiation. Three participants described suicidality following diagnosis, two with reference to themselves, one with reference to others. Additionally, most newly-diagnosed young adults struggle with disclosure of their status to intimate partners, friends, and family members. In addition, respondents reported that adolescents and young adults face stigma in clinics without therapeutic environments for young people. There was universal support for a proposed ART initiation intervention, with an emphasis on the need for both individual counseling and group sessions with facilitators living with HIV. All respondents favored a youth-friendly intervention situated in the community rather than in clinics.

Conclusion: Adolescents and young adults diagnosed with HIV in the community face psychosocial barriers to ART initiation and lack professional and peer support. These barriers may be overcome through interventions prioritizing professional counseling, peer support, and self-empowerment in youth-friendly, community-based groups.

Structured Adolescent-Friendly Services Facilitate Viral Suppression among Adolescents Living with HIV in Nigeria

Jasper T1, Torbunde N1, Adamu G2, Yahaya D3, Chinye O4, Abdulsalam M2, Shamange M5, Iwu E1, Sam-Agudu N2,4,6

1Continuous Quality Improvement Unit, Institute of Human Virology Nigeria, Abuja, Nigeria, 2Pediatric and Adolescent ART Unit, Institute of Human Virology Nigeria, Abuja, Nigeria, 3Pediatric/Adolescent Care and Support Unit, Institute of Human Virology Nigeria, Abuja, Nigeria, 4International Research Center of Excellence, Institute of Human Virology Nigeria, Abuja, Nigeria, 5Association of Positive Youths Living with HIV/AIDS in Nigeria, Abuja, Nigeria, 6Institute of Human Virology, University of Maryland School of Medicine, Baltimore, USA
Abstract

Background: At an estimated 230,000, Nigeria has the 2nd highest population of 10-19 year old adolescents living with HIV, globally. Despite increasing access to antiretroviral therapy, ALHIV have poorer treatment outcomes compared to adults, and remain the only age group in which AIDS-related mortality has increased. Achieving viral suppression for ALHIV remains a major challenge, with poor medication adherence, sub-optimal HIV status disclosure to adolescents, poor treatment retention and high AIDS-related stigma. In an effort to improve the third 90 of the UNAIDS 90-90-90 strategy among ALHIV, we evaluated the impact of structured adolescent-friendly services on viral suppression among ALHIV in North-Central Nigeria.

Materials and Methods: A pilot quality improvement intervention was conducted between March and September 2018 at 13 healthcare facilities comprising two large tertiary centers and 11 secondary sites with at least 20 ALHIV enrolled. Adolescent-friendly services comprising a dedicated adolescent ART clinic and/or adolescent support group were established or strengthened at the two tertiary centers. This involved the engagement of trained peer educators and navigators from the Association of Positive Youths Living with HIV in Nigeria (APYIN). APYIN personnel provided age-appropriate peer education on self-care for chronic illnesses for ALHIV with undisclosed HIV-status, and on HIV specifically, for those with disclosed status. For the latter, APYIN also provided curriculum-based health education and counseling on ART medication adherence, viral suppression, and drug resistance. These learning sessions were peer-facilitated during support group meetings to foster sharing and learning from experiences and promote coping strategies. The 11 secondary sites did not receive any establishment or strengthening of adolescent-targeted HIV services.

We collected data on the most recent viral load (VL) test done and result available within the study period. We then compared viral suppression rates at <1,000 copies/ml for ALHIV in the 2 “intervention” sites with those at the 11 “control” facilities. Chi-square compared proportions at p<0.05 significance.

Results: During the 7-month intervention, 116 ALHIV (49 [42.2%] female) at the 2 intervention sites had VL available, of which 75 (64.6%) were suppressed. Only 50.3% (72) of 143 adolescents with VL available at control facilities were suppressed, which was significantly lower than intervention (p=0.02). At intervention sites, viral suppression rate for males (45/67, 67.2%) was higher than for females (30/49, 61.2%), though not statistically significant (p=0.76). Similarly, viral suppression at control sites did not significantly differ by gender: 48.4% (32/66) for males vs 51.9% (40/77) for females, p=0.68.

Conclusion: Structured adolescent-friendly services facilitated significantly higher viral suppression rates, achieving approximately 15% higher suppression rate over a 7 month period. In our study setting, peer support appears to be an impactful strategy for improving adolescent viral suppression. However, there is a need to further standardize, scale up and sustain adolescent-friendly services to achieve maximal impact for optimized long term clinical outcomes.

Childhood conditions, pathways to entertainment work and current practices of female entertainment workers in Cambodia: Baseline findings from the Mobile Link trial

Brody C1, Chhoun P2, Tuot S1, Swendeman DJ3, Yi S4,2
1Public Health Program, College of Education and Health Sciences, Touro University California, USA, 2KHANA Center for Population Health Research, Tonle Bassac, Cambodia, 3Department of Psychiatry and Biobehavioral Sciences, University of California, USA, 4Saw Swee Hock School of Public Health, National University of Singapore and National University Health System, Singapore

Background: Entertainment venues have been identified as an important location for HIV prevention due to the increasing number of young female entertainment and sex workers at these venues. The purpose of this report is to increase understanding of the childhood conditions, pathways to entertainment work and current practices of female entertainment workers (FEWs) in Cambodia.

Methods: Data used for this study were collected in April 2018 as part of the baseline survey of the Mobile Link, a randomized controlled trial to improve sexual and reproductive health of FEWs in Cambodia. We used a stratified random sampling method to recruit 600 FEWs for face-to-face
abstract

interviews using a structured questionnaire. Descriptive analyses were performed.

results: Most participants came from childhood homes without electricity (82.0%) or running water (87.0%). Most women moved to the city in the last ten years (80.5%) for economic reasons (43.7%). About a third worked in the garment industry prior to the entertainment industry (36.7%). Participation in sex work in the past three months was reported by 36.0%. Women reported low condom use practices with non-paying partners (23.4% used condom with partner at last sex), excessive and forced alcohol use at work (33% reported being forced to drink alcohol at work more than once a month), low modern contraception use (31.4% was using modern contraception) and experiences of gender-based violence (23.3% reported verbal threats, physical abuse or forced sex in the past six months).

conclusions: This information will help to support the development of future individual and structural level interventions for the safety and support of FEWs. In addition, these results may contribute to an evidence base that can inform policy level changes intended to support the realization of full human rights for entertainment works in Cambodia including the rights to health, safety and respectful employment.

81

invariance of the WHO violence against women instrument among Kenyan adolescent girls and young women: ESEM and Bayesian MIMIC modeling analysis

orindi b1, ziraba a1, bruyneel l2, birdthistle i3, floyd s4, lesaffre e5

1african population and health research center, nairobi, kenya, 2department of public health and primary care, leuven institute for healthcare policy, kU leuven, leuven, belgium, 3department of population health, london school of hygiene & tropical medicine, university of london, london, united kingdom, 4department of infectious diseases, london school of hygiene & tropical medicine, university of london, london, united kingdom, 5department of public health and primary care, leuven biostatistics and statistical bioinformatics centre, kU leuven, leuven, belgium

introduction: To make valid comparisons across groups, a measurement instrument needs to be measurement invariant across those groups. The present study evaluates measurement invariance for experience of violence among adolescent girls and young women (AGYW) in two informal settlements in nairobi, kenya.

methods: We used survey data collected on 1,081 AGYW aged 15-22yrs from two Nairobi’s informal settlements of korogocho (n=617) and viwandani (n=464) in 2017 through DREAMS (an initiative aimed at reducing HIV incidence among AGYW with a core package of evidence-based interventions) impact evaluation project. Experience of violence was measured using the WHO’s violence against women instrument, and factorial (non)invariance assessed within exploratory structural equation modeling (ESEM) framework. Cross-group measurement invariance was using a Bayesian multiple indicator multiple causes (MIMIC) model.

results: The mean (median) age of the AGYW was 17.9 years (17 years). About 59% reported having had sex and were in school. The proportion reporting each item varied from 1.6% (“attacked you with a weapon”) to 26.5% (“insult you or make you feel bad about yourself”). About 44% (n=474) of participants experienced ≥1 items, and 2.7% (n=19) experienced at least half of the 15 items. The factor structure was configurally similar to that proposed by WHO with 3 domains of psychological, physical and sexual violence. Non-invariance was detected for five items only – spread across the three domains – for single levels of the covariates, with three of them being attributed to a single covariate of sleep hungry at night past 4 weeks. As the majority of items were invariant, differences in latent mean scores may be interpreted as such.

conclusions: Using state-of-the-art statistical techniques on a widely used instrument for measuring exposure to violence among women, this study provides support for the subscales of psychological, physical and sexual violence in a Kenyan AGYW population. The instrument supports comparisons across groups. This is crucial when comparing violence against women/girls prevalence rates and to understand challenges and exchange strategies to reduce abuse or violence experienced by AGYW, or women in general.
HIV case finding and linkage to care in eleme local government area, rivers state: a comparative analysis of facility HIV services optimization and community based HIV intervention

Emenike A1, Ekele O1, Badru T1, Oladele E1, Adedokun O1, Khamofu H2, Owhonda G2
1Family Health International, Fhi360, Federal Capital Territory, Nigeria, 2River State Ministry of Health, Port Harcourt, Nigeria

Background: A combination of effective and efficient approaches is necessary for scaling up of HIV case-identification, particularly in resource-limited settings. To increase access and coverage, communities need to be linked to facilities via community-based interventions that seek to promote health seeking behavior.

Aim: This study aims to compare the effect of community based HIV testing services (HTS) to HTS optimization at the facility level.

Methods: This is a pre-and post-intervention study conducted in Eleme, one of the priority LGA supported by the USAID funded Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS) in Rivers State. The pre-intervention phase (PIP1) covers the period November 2015 – October 2016 while the post intervention phase is from November 2016 – Oct 2017. PIP1 involved community entry/mobilization, HIV screening in general population, referrals and linkage to care and treatment services from the community to the facility, while the PIP2 focused on optimization of HIV testing services within the facilities through multipoint/Provider Initiated Testing and Counselling[PITC], targeted testing in the communities, Sexual Network and Genealogy Testing and referrals by escort to Service Delivery Points. We reviewed HTS and ART commencement data to compare differences in positivity yield and linkage between both phases.

Results: The PIP1 had 107,813 individuals counselled, tested and received result, 1,406 tested HIV Positive and 964 linked to ART while the PIP2 had 24,078 individuals tested, 614 HIV positive and 610 linked to ART. Findings show increase in positivity yield from 1% to 3% and linkage from 87% to 99% in PIP1 and PIP2 respectively.

Conclusion: Although community outreaches create awareness, a targeted approach to HTS including sexual network/genealogy testing may be a more efficient approach. In addition, PITC in health facilities yields a higher positivity and linkage rates, maximizes use of testing resources by focusing on higher risk populations.

Peer – driven community based Youth friendly Centers; lessons learnt from standalone sites in Benue State, Nigeria

Emerenini F1, Okpe H1, Idoko G1, Ngwoke K1, Akande P1
1Apin Public Health Initiatives, FCT, Nigeria

Background: World Health Organization (WHO) defines young people as persons within the age range of 10 to 24 years. This period is characterized by several behavioral issues prominent among which is to learn from peer rather than adults. Attitudes, competencies and skills are acquired within this period however errors with potential for lifelong effect can also be made within this period.

To harness this potential in adolescents for control of HIV and other STIs, APIN launched Standalone Community-Based youth Friendly Centers in Benue State Nigeria. In these centers qualified young healthcare workers and counsellors trained on the provision of youth friendly services operate the youth friendly center (YFCs). These centers offer comprehensive package of care that includes health education on a wide range of topics, HTS, STI screening/referrals, family planning/ contraceptive services, HIV risk assessment counselling, life skill sessions, skill acquisition and referral for other services from June – October 2018.

Objective: This aimed to evaluate the uptake of HIV and Reproductive Health Services in Community-Based YFC.
Abstract

Methods: Data was obtained by review of documentation at the 4 YFCs Benue State Nigeria. Simple descriptive analysis of data was done using excel.

Results: Three thousand two hundred and sixty nine (3,269) adolescents and young persons aged 10–24 years accessed services from this centers within this Period. The mean age was 19.6 SD 3.5 years. 1,746 (53.4%) had risk assessment, 1816 (55.6%) had HTS, 1631 (49.9%) were screed for STI, and 6872 packs of condoms were distributed. HIV positivity rate in the center was 2.3% (42/1816) and all (100%) were linked to treatment, HIV Positivity rate among those that had STIs was 11.6% (190/1631). The Local ownership of the centers promoted a conducive environment for the adolescents and young people to receive correct information and health education. A holistic approach of community structures reduced the risk of stigmatization and made ALHIV are more comfortable accessing services.

Conclusions: Peer-driven YFCs was effective in providing avenue for uptake of Health services for young people in the community. We recommend Youth Driven Health intervention for adolescents and young people.

84

Namibia Experience and lessons learned on Teen Club Service Delivery Model

Ashikoto S1, Armstrong A2, L Chandler C2, Helvi L2

1MOHSS, Windhoek, Namibia, 2UNICEF, Windhoek, Namibia

Background: Namibia has one of the world’s highest HIV prevalence rates, with an estimated 12.6 % of adults 15-64 living with HIV. To date, great progress has been made and Namibia is on track to reaching the UNAIDS global 90-90-90 targets set for 2020. However, Namibia’s adolescents living with HIV (ALHIV), have not experienced the same level of positive health outcomes. Compared to any other age group, adolescents have the lowest rates of virological suppression (68%). In Namibia, the first Teen Club was established in 2010 in response to an improved understanding of the complex health and psychosocial needs of ALHIV. To reflect on how to improve and scale up the Namibian Teen Club model, a documentation process of the impact and lessons learned from current implementation was undertaken.

Materials and Methods: The documentation process utilised mixed methods including: a desk review of published and grey literature, a series of stakeholder interviews and consultations across three regions, documentary storytelling from ALHIV teens, video recording to capture the spirit and impact of Teen Clubs, and a case study of Oshana region in Namibia. Participants were identified by national and provincial MoHSS. Standardised data extraction tools were used to collect facility level data and descriptive statics were generated for key variables. The interviews and consultations were analysed using qualitative content analysis.

Results:

• Teen Clubs currently operate in 12 of the 14 regions with 98 Teen Clubs comprising of 3291 members, with national coverage at approximately 30% of health facilities.
• Approximately 30% of ALHIV in Namibia regularly attend Teen Club. Regional uptake among ALHIV ranges from 8% in Otjozondjupa to 53% in Ohangwena, with regions recently establishing Teen Clubs having lower uptake.
• In Oshana region, 73% of Teen Club members had undetectable viral loads (<20 copies/ml), 16% were virologically suppressed (<1000copies/ml) and 20% showed virological improvement.
• 84% of Oshana Teen club members had good clinic attendance, with higher rates seen among females (64%) and those 15-19 years (63%).
• The adolescents attending Teen Club reported significant additional benefits of being a member including: a sense of belonging, gaining knowledge, building resilience, feeling empowered, developing leadership skills, and feeling healthy and strong.

Lessons Learnt: The key lessons learnt:

• Scheduling clinic appointments on the same day as Teen Clubs and holding Teen Clubs during out of school hours reduces attendance barriers.
• Group or individual sessions with caregivers facilitate disclosure and help caregivers understand the benefits of Teen Club
Abstract

• Providing transport costs and refreshments supports ongoing engagement
• Political will and leadership by MoHSS is critical in facilitating the scale-up
• Effective collaboration between a range of partners – donors, technical and implementing partners, NGOs and youth-lead organisations – encourages collective ownership and commitment

Conclusion: Teen club is an effective service delivery model that improves adolescents viral load suppression, clinical attendance and provides key psychosocial support. Teen Club has been successfully scaled up to 30% of facilities nationally, however further efforts are required to reach all ALHIV in Namibia.

85

Promoting education on HIV and Sexual Reproductive Health at 18 rural schools in Bikita District, Zimbabwe, evaluation of a School Health Program

Kunzekwenyika C1, Chibhura T2, Gwatinyanya M3, Van Dijk J1
1Solidarmed, Masvingo, Zimbabwe, 2Zimbabwe Ministry of Health and Child care, Masvingo, Zimbabwean

Background: Adolescents in rural areas are disproportionately affected by poor access to sexual reproductive health (SRH) and HIV/AIDS information services, especially in economically challenged communities. The Zimbabwe School Health Program (SHP) entails a set of policies, procedures and activities designed to promote and support the health and well-being of learners and staff, and School Health Education is a component of this. In October 2018, SolidarMed, in partnership with the Zimbabwe Ministries of Health and Child Care (MoHCC) and the Ministry of Primary and Secondary Education (MoPSE), supported an HIV educational campaign for students and teachers at 48 schools in a rural district in support of the School Health Educational program. Two teachers and 10 pupils per school received a 1-day training with the aim to increase SRH/HIV knowledge among adolescents and build school capacity to respond to SRH/HIV related matters. We evaluated knowledge, attitudes and practices among pupils from schools where educational campaigns had taken place.

Methods: A mixed qualitative and quantitative method was employed using structured questionnaires and focus group discussion with teachers and pupils from 18 rural secondary schools. Secondary data was obtained from registers kept at the schools. Data was analysed using epi-info. Results includes adolescent SRH related knowledge and behaviours, availability and use of SRH and HIV manuals and tools by teachers, and health education activities conducted by the schools.

Results: 360 pupils completed questionnaires, with a median age of 15 (range 13-21yrs). 182(50.6%) were males. The majority 358(99.4%) had heard of HIV, with 169 (47%) first hearing about it at school and 79(22%) at a clinic. 79.2% knew what HIV stands for, but knowledge-gaps related to risks associated with HIV and SRH were apparent. 86.9% responded that sexual activity is not acceptable in school-going children hence no need to get tested. 73/360(20.3%) had ever had sexual intercourse in their life (24.5% of male, 16.3% of female respondents), youngest aged 13years. 44% of those had unprotected sex and responded that “sex at our age is hard to negotiate.”

Almost all (up to 98%) schools had SRH/HIV teaching resources available for teachers. Only 4/18(22%) schools had conducted SRH/HIV related activities since the campaign. There was no reported involvement from surrounding Health Facilities in school health activities.

Conclusions: Through School Health Programs adolescents and youth can be reached with information on HIV and SRH. Implementation of the SHP highly depends on motivation of staff and relies on activities that do not need additional funding as financial resources are primarily channelled toward academic activities. Good collaboration between local MoPSE and MoHCC can make it possible to revive the school health program on HIV and SRH but there is need for continuous advocacy among school leaders to keep a focus on this for it to remain on the agenda.
Abstract

Exploring acceptability, barriers and facilitators for implementation of digital vending machines to distribute HIV self-testing kits to young men in Lusaka

Foloko M¹, Nyirenda H¹, Bolton C¹, Sharma A¹, Vera J²
¹Center For Infectious Disease Research In Zambia-cidrz, Lusaka, Zambia, ²Brighton and Sussex Medical School University of Sussex, Sussex, United kingdom

Background: Novel strategies are needed to increase HIV testing in adolescents and young men (age 16-24) at risk of HIV infection. HIV self-testing (HIVST) is an attractive strategy enabling user autonomy in the timing, location and disclosure of testing as well as convenience. Self-testing also gives opportunities for providers to reach populations not engaged with conventional testing. We explore the acceptability, barriers and facilitators for implementation of a digital vending machine (VM) to distribute HIVST kits to young men in Lusaka.

Methods: Three focus group (FG) discussions with 26 young people and three qualitative in-depth interviews (IDI) with health care professionals (1 doctor and 2 adolescent care mentors) were carried out at dedicated health facilities in Lusaka. FG and IDI facilitators used a semi-structured discussion guide in the group’s preferred language. Recruitment was via purposive sampling. Interviews and focus groups were recorded, translated, transcribed and entered into NVivo for thematic analysis.

Results: Median age (range) for the FGD participants was 21 years (17-24). 42% (11) were unemployed and all were single. 77% had more than 12 years of education. Confidentiality, privacy and rapid availability of results were seen to facilitate HIV testing. Lack of confidence on the accuracy of the results, was the predominant concern associated mainly with oral HIVST kits. Overall the concept of VM to distribute HIVST was found highly acceptable due to convenience such as not having to wait in a health care facility for tests. While clinic facilities were highly favoured across all groups, participants also preferred sport centres, lodges and bars as potential locations to place VM.

Concerns reported included being noticed using the VM or HIVST kits, not being able to use either correctly and vandalism of the VM. Health care professionals considered that decongesting clinical services was the most likely consequence of using VM to distribute HIVST. However, they suggested that availability of VM could also encourage risky behaviours like using HIVST for serosorting (choosing to have sex only with people they believe to be HIV negative) without knowledge about the window period.

Conclusions: The concept of VM to distribute HIVST kits, were highly acceptable amongst young men. To extend HIV testing coverage, differences in concerns and location preferences will inform and tailor development of the vending machine interface and choice of venue to maximise reach to these key populations.

Assessment of sexual and reproductive health service (SRHS) provision among adolescents living with HIV (ALHIV) in Kenya

Lawrence S¹, Moraa H², Wilson K¹, Mutsiya I¹, Neary J², Kinuthia J³, Itindi J¹, Muherije O¹, Singa B², McGrath C¹, Ngugi E³, Beima-sofie K¹, Katana A¹, Ng’ang’a L², John-Stewart G¹,²,³, Kohler P¹,⁵
¹Department of Global Health, University Of Washington, Seattle, United States, ²Division of Global HIV/AIDS & Tuberculosis, U.S. Centers for Disease Control and Prevention, Nairobi, Kenya, ³Department of Research and Programs, Kenyatta National Hospital, Nairobi, Kenya, ⁴Centre for Clinical Research, Kenya Medical Research Institute, Nairobi, Kenya, ⁵Department of Psychosocial and Community Health, University of Washington, Seattle, United States, ⁶Department of Epidemiology, University of Washington, Seattle, United States, ⁷Department of Pediatrics, University of Washington, Seattle, United States, ⁸Department of Medicine, University of Washington, Seattle, United States, ⁹Department of Paediatrics, University of Nairobi, Nairobi, Kenya

Background: Integrating HIV treatment and sexual and reproductive health services (SRHS) provides an important opportunity to meet health needs of adolescents living with HIV (ALHIV) and prevent
Abstract

To improve holistic care for ALHIV, including integration of SRHS, the Kenya Ministry of Health implemented an adolescent package of care (APOC) in 2015. Understanding experiences of ALHIV, their primary caregivers, and healthcare workers (HCWs) with SRHS following APOC implementation can optimize service delivery.

Methods: To characterize SRHS provided and personal experiences with access, we conducted a mixed methods evaluation between February and May 2017. We conducted surveys with facility managers from 102 randomly selected large (>300 patients) nationally representative HIV treatment facilities in Kenya. Among a subset of 4 APOC-trained facilities in a high HIV burden county, we also conducted in-depth interviews (IDIs) with 40 ALHIV (ages 14-19) and 40 caregivers of ALHIV, and 4 focus group discussions (FGDs) with HCWs. Adolescents provided consent (≥18) or assent (10-17) with parental permission. Interviews were audio-recorded, transcribed, and translated to English. Qualitative data was analyzed using thematic analysis. Facility survey data was analyzed using descriptive statistics, including proportions of facilities providing adolescent-related SRHS training and frequency of provision of condoms, family planning services, and screening and treatment for sexually transmitted infections (STIs).

Results: Of 102 surveyed facilities, 56% reported training in APOC and 12% reported receiving additional adolescent-related SRHS training outside of APOC. Provision of condoms differed across facilities with 65% providing condoms daily, 24% providing condoms less frequently, and 11% never providing condoms to ALHIV. Family planning (FP) was provided to ALHIV daily in 60% of facilities, whereas 14% of facilities reported not providing any FP services to ALHIV. Screening and treatment for STIs for adolescents were provided at all clinics with 67% providing services daily.

Almost all caregivers preferred that adolescents receive SRH information and services from HCWs, although some wanted to discuss SRH with their adolescents to supplement information provided by HCWs. Many ALHIV felt most comfortable speaking about SRH with HCWs. This preference was linked to adolescents feeling respected and understood by HCWs, having freedom to express themselves and ask questions about SRH with HCWs, as well as perceptions of HCW knowledge and expertise related to SRH. HCWs reported feeling comfortable discussing SRH with adolescents, but highlighted that adolescents were not universally comfortable discussing the topic with them. Discussion of SRH topics was the most common reason why caregivers and ALHIV preferred that ALHIV meet separately with HCWs, without their caregiver present. As reported by ALHIV, caregivers and HCWs, the primary SRHS available to ALHIV were abstinence and condom use education. There was variable access to family planning, condoms, and partner, pregnancy, and STI testing. Adolescents reported very limited utilization of SRHS other than education services.

Conclusions: Our results indicate the importance of the HCW role in provision adolescent-friendly FP and STI screening services. Inconsistent offering of SRHS and limited training in APOC and SRH limit the capacity of health programs to fully integrate service delivery.

For us by us: Adolescents and young people’s preferences for incentivised HIV and sexual reproductive health service delivery in Zambia.

‘For us by us’: Adolescents and young people’s preferences for incentivised HIV and sexual reproductive health service delivery in Zambia.

Mwenge L1, Hensen B2, Simuyaba M1, Kabumbu M1, Floyd S3, Phiri M1, Simwinga M1, Shanaube K1, Fidler S4, Hayes R2, Ayles H1,3, Quaife M5, Terris-Prestholt F5

1Zambart, Lusaka, Zambia, 2Department of Clinical Research, Faculty of Infectious and Tropical Diseases, London School of Hygiene and Tropical Medicine, London, United Kingdom, 3Department of infectious disease epidemiology, Faculty of epidemiology and population health, London School of Hygiene and Tropical Medicine, London, United Kingdom, 4Department of Medicine, Imperial College, London, United Kingdom, 5Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine, London, United Kingdom

Background: Findings from HPTN071-PopART show that despite the increased HIV prevention and care coverage, sustaining their coverage among young people was still challenging in Zambia. Based on these findings, a community-based peer-led SRH intervention, called Yathu Yathu (For us, by us), was proposed to be implemented in two peri-urban communities in Zambia, and funding was secured. The proposed Yathu Yathu interventions were: 1) provision of comprehensive SRH services at community-based hubs, an innovative reward,
Abstract

“prevention points card” (PPC) system. The PPC system is designed to incentivise service use by allowing AYP to accrue points for accessing services and redeem them for rewards. The third component involves mobile phone-based support groups.

Methods: To finalise Yathu Yathu design, formative research was conducted using qualitative research (finding reported elsewhere) and discrete choice experiments (DCE) in which we engaged AYP themselves to explore their perceptions and preferences for incentivised SRH service delivery. This paper presents findings from DCE. We designed two DCEs to exploring people’s preferences for SRH service delivery and incentives to elicit AYP preferences for amount & type of rewards. The experiments were designed based on formative literature reviews and qualitative research. The study was done among 423 AYP aged 15-24 years in two peri-urban communities in Lusaka, Zambia using a household survey. In both experiments, respondents were presented with a series of 6 scenarios in which they had to choose one of the three alternative interventions, including a ‘neither’ option. We analysed data using multinomial logit and nested logit to explore observable preference heterogeneity by community, age, gender and health seeking behaviour.

Results: AYP preferred a more youth-friendly space at the facility to out-patient department. The addition of a peer supporter workers alongside a healthcare worker alone was the most valued service component. They preferred having SRH services which include a range of health to having HIV services alone. Service differentiation by gender was not preferred. Young people preferred services which were offered during day time as compared to evenings.

When comparing alternative reward values and products to redeem, adolescents and young men did not show strong preference among the reward system options. Adolescents and young women preferred rewards with larger value to ones with lower values. An incentive system which contained a range of products to choose from as rewards was preferred to a one with a single product among young women.

Conclusions: These findings provide a deeper understanding of AYP’s preferences for incentivised SRH service delivery in Zambia. One of the remaining critical questions is to explore what and how factors influence AYP’s decisions to/not take part up incentives for accessing SRH services.

Lessons Learnt: Engaging Young Adolescents (13-15 years) in Sexual Reproductive Health Research

Nematadzira T1, Mungate L1, Sango A1, Muchabaiwa Z2, Tauya T3, Stranix-Chibanda L3, Seeley J1, Fox J4
1University of Zimbabwe College of Health Sciences-Clinical Trials Research Centre, Harare, Zimbabwe, 2University of Zimbabwe College of Health Sciences, Harare, Zimbabwe, 3Medical Research Council/Uganda Virus Research Institute and London School of Hygiene & Tropical Medicine Uganda Research Unit, Entebbe, Uganda, 4King’s College London, London, United Kingdom

Background: Early adolescence is a critical time of social, emotional, physical and cognitive transition, including the onset of puberty. For some it is the time of initiation of sexual activities. It is an opportune time to provide a strong foundation for healthy sexual reproductive lives. Adolescence has been identified as a critical time for HIV acquisition and behaviors initiated during this age inform a lifetime of sexual behavior. Very young adolescents face structural and cultural barriers in accessing sexual reproductive services.

Materials and Methods: The Combined HIV Adolescent PrEP and Prevention study is being done to investigate the acceptability, feasibility and implementation of daily and on-demand PrEP in adolescents by identifying barriers and motivators towards the uptake of daily and on-demand PrEP among male and female young people aged 13-24 years in South Africa, Uganda and Zimbabwe. We conducted twenty in-depth interviews, eight group discussions, and administered a survey to 400 males and females aged 13-24 years in Zimbabwe. 64 participants aged 13-15 years were enrolled. For participants aged between 13-15 years parental consent and adolescent assent were sought. In this paper we share lessons learnt in community engagement, recruitment and obtaining parental/guardian consent for a sexual reproductive health study in a resource limited setting were cultural barriers often hinder open discussion of SRH issues.

Lessons Learnt: Community buy in was vital for the successful implementation of the study. The Community Advisory Board (CAB) played a key role in identifying gatekeepers. The study team met different stakeholders (pastors, teachers, traditional...
Abstract

Leaders) this helped to build a shared understanding. Youth CAB was actively involved in community engagement meetings with stakeholders and youth groups. From this process the study team identified ‘key community persons’ who played a vital role in recruitment of participants for the study. Recruitment was done from many locations were young people ordinarily meet such youth centers, shopping malls and leisure centers. Engaging parents/guardians to provide consent for participation in the study was a critical step. Younger adolescents see parents as a primary source of information and support, parents were contacted through their youth and during community meetings were invited to the study site to receive more information. It was crucial to have study materials including assent forms and comprehension quizzes that could easily be comprehended by the adolescents. The Youth CAB played a pivotal role in materials development. The evidence of success for this approach is that 70 young adolescents were reached within 12 weeks, of who 64 were enrolled.

Conclusion: Community gatekeepers influence and control young adolescents’ access to Sexual Reproductive Healthcare. Their support is key for young adolescents to understand and increase demand access to sexual reproductive health services. It is imperative that we develop interventions which enhance community support towards adolescents and young people. Very young adolescents can contribute meaningfully to SRH discussions when given a safe platform to do so. Continuous engagement of very young adolescents in SRH issues will help to formulate positive attitudes which will be vital in the future.


Nyirenda H¹, Foloko M¹, Bolton C¹, Vera J², Sharma A¹
¹Center for Infectious Disease Research in Zambia (CIDRZ), Lusaka, Zambia, ²Centre for Global Health and Infection, Brighton and Sussex Medical School, University of Sussex, UK, Brighton, England

Background: We sought to understand drivers of HIV testing among adolescent boys and young men (ABYMs) living in urban settlements in Lusaka in order to design a targeted intervention to increase HIV testing uptake.

Methods: From 28 May to 18 June, 2019, we conducted three focus group discussions (FGDs) lasting 1.25 hours with 8-9 ABYM per group and, three in-depth interviews (IDIs) with health care providers working with adolescents. FGDs were moderated by a male moderator used a semi-structured discussion guide in the group’s preferred language. Groups were recruited from, and in, the environs of first aid training, sports clubs, and youth friendly corner in three different settlements. For IDIs, mentors were strategically selected from a pool of health care workers to get health system perspectives from community, facility and district levels.

Results: The 26 FGD participants were 17-24 years old (median 21 years), single, from 11 different neighborhoods and 77% had >12 years of education. Most ABYM thought that HIV testing was important to help plan for their future, meet job requirements, and maintain good health. They believed that those who tested positive would start timely treatment and avoid transmission. Thus, they posited that awareness of HIV transmission, repeated illness, and risk perception could motivate ABYM to test for HIV. On the other hand, ABYM thought that clinic setting compromised confidentiality and privacy exposing them to stigma from people who see them access testing services. Also, health care workers tended to be judgmental and use scare tactics instead of being friendly, respectful, and mindful of their confidentiality and privacy. Some also believed that if they are found to be HIV positive and initiated on anti-retro viral therapy (ART), they would have to stop drinking alcohol and having sex. The mentors concurred that lack of youth-specific services in a separate space with appropriate number and mix of staff exposed ABYM to stigma and long wait times, demotivating them from accessing HIV testing services. Additionally, they thought that some ABYM may have unresolved psychological trauma from a previous testing experience or a relative dying of HIV that could prevent them from accessing HIV care and treatment.

Conclusions: ABYM in Lusaka Zambia are disillusioned by standard counseling procedures despite being well aware of the benefits of test and treat. This, compounded by systemic barriers leading to stigma, deters HIV testing in this population. Youth friendly services, with adequate space and a team of professional health care
Abstract

workers trained to meet the special needs of this age group, could reassure ABYM of their privacy and confidentiality. Such services will be better equipped to serve ABYM with unresolved psychological trauma and those not motivated to adopt healthier lifestyle choices.

91

Community Dialogues Assessment with adolescent girls and young women Living with HIV on the Use of Dolutegravir-based Regimen for Antiretroviral Therapy in Zimbabwe

Makoni W1, Nkomo S1, Kujinga T2
1Pangaea Zimbabwe Aids Trust, Harare, Zimbabwe, 2PATAM, Harare, Zimbabwe, 3AfroCAB, Lusaka, Zambia

Introduction: In July 2018, World Health Organization (WHO) released guidance on the use of new optimal antiretroviral treatment (ART) regimens, with a recommendation to include dolutegravir (DTG), as part of the regimen for first-line (1L) ART and an alternative for second-line (2L) ART. Safety concerns, however, have been raised on its use in certain sub-populations of people living with HIV, mainly pregnant women and women of childbearing age due to potential NTDs. In light of these developments and country context, Ministry of health engaged AfroCAB, a network for HIV treatment advocates across Africa, to support adaptation of interim guidance by providing insights from women living with HIV (WLHIV) on their preferences for ART provision including contraception.

Methods: Purposive sampling was employed to identify participants. Quantitative and qualitative data were collected using self-administered questionnaires. A standardized discussion guide was used for group dialogues to ask participants about their perceptions of DTG and contraception and identify potential facilitators and barriers of use. Quantitative data was analysed using Microsoft Excel while qualitative data applied content analysis methods. In October 2018, we conducted 14 community dialogues with WLHIV to gather evidence on the acceptability and key concerns for the pending introduction of DTG.

Results: A total of 270 participants were involved in the consultations, with 39% (106) of the women below 24 years of age. Of these, 46 were young mothers. Approximately 84.8% of all the participants were on ART at the time of the consultation. 69% of the participants had at least one child, and 62% were already pregnant or planning to get pregnant in the near future. Most adolescents and young women consulted were willing to take DTG as part of their ART regimen, with the majority of them citing minimal side effects, faster viral suppression and size of the pills as strong factors to their willingness. For those not willing to be placed on DTG expressed that they wanted more information regarding risks such as NTDs before making a decision while some noted that they had no negative experience with their current regimen.

When asked if they were willing to use DTG based regimens with contraception, some adolescents and younger women who were not sexually active did not want to be on any contraceptives but wanted to take DTG. Younger women (15-21) were also concerned about potential backlash from families and community at large should it be known they were taking long acting contraception (for the sake of DTG). As a result, they perceived the use of DTG along with long acting contraception (LAC) as a barrier. Some young women were concerned about access to LAC methods like implants, IUD and tubal ligation citing health care workers’ reluctance to offer these due to their age.

Conclusions: It’s important to avail adequate information to adolescents and young women regarding their treatment so that they make informed decisions. There is need to train health care providers around provision of youth friendly SRH services so that they address the needs of adolescents and young women effectively.
Abstract

92

READY to Care: Young people living with HIV say how they feel about their HIV care in Mozambique

Dziwa C, Nininahazwe C, Philips L, Tembe J
1Frontline Aids, Cape Town, South Africa, 2Y+ Network - Africa, Cape Town, South Africa, 3Paediatric-Adolescent Treatment Africa, Cape Town, South Africa, 4Y+ Network - Mozambique, Maputo, Mozambique

Background: Adolescent and youth friendly health care services designed to respond to the needs of adolescents and young people living with HIV (A&YPLHIV) remove access barriers and improve their independent role in their care. Person-centred health care has been a growing feature of health care policy and therefore, understanding individual experiences of A&YPLHIV is integral to improving the quality of health care. The Global Network of Young People Living with HIV (Y+) developed a ‘READY to Care’ scorecard to assess the quality of health service provision from the perspective of the A&YPLHIV. Training of health care providers and a Service Charter that promotes and champions good practices of health care providers precedes the rating on the level of user friendliness using the scorecard and is disseminated in all health centres.

Materials: The scorecard has 15 questions on whether health care workers are friendly, provide appropriate services and the care needed by A&YPLHIV. Supported by a short and practical user guide, the scorecard, was self-administered by the A&YPLHIV with the facilitation of the Y+ Mozambique focal person and community adolescent treatment supporters (CATS) over one week in September 2018 in Maputo and Sofala provinces. A&YPLHIV completed the scorecard anonymously to allow them to feel free to share his/her real experiences and views. A total of 98 A&YPLHIV aged between 13 – 24 years completed the scorecard. The respondents constituted females as the majority (67.3%) and the average age was 19 years.

Lessons Learned: Seventy-five percent of the A&YPLHIV indicated that health providers listen to them without judgement (51%), treat them with respect and do not talk about them with others (55%), and explain things clearly (58%). However, only 27% felt that the health providers make appointments quick and smooth reducing the waiting time.

Based on the results from the scorecard, there are three key lessons learned. First, the scorecard provides the A&YPLHIV with an opportunity to assess health services based on their experiences. Second, the scorecard bridges interactions between A&YPLHIV and the health providers to allow young people to be active participants in the provision of their care. Lastly, its key to triangulate feedback from young people with the perspectives from the health workers to understand context and identify impactful action to improve A&YPLHIV’s experiences.

Conclusions: The scorecard allows A&YPLHIV to assess how they experience the health services within the facilities. The scorecard is continually being improved to ensure questions are appropriate, precise, and unbiased. To reduce time required for use of feedback by the health facilities, the scorecard will be electronic and put on mobile devices used by the CATS within the health facilities. Conversations amongst health providers, youth advocates and CATS are planned to discuss the findings of the scorecard in order to improve the experiences of A&YPLHIV in health facilities.

Conclusions: The scorecard allows A&YPLHIV to assess how they experience the health services within the facilities. The scorecard is continually being improved to ensure questions are appropriate, precise, and unbiased. To reduce time required for use of feedback by the health facilities, the scorecard will be electronic and put on mobile devices used by the CATS within the health facilities. Conversations amongst health providers, youth advocates and CATS are planned to discuss the findings of the scorecard in order to improve the experiences of A&YPLHIV in health facilities.

93

Attainment of UNAIDS first 95: A comparative review between community and health facility HIV Testing Service (HTS) uptake for young people ages 15 – 24 years

1Achieving Health Nigeria Initiative (AHNI)/Family Health International, FHI 360, Uyo, Nigeria, 2Family Health International FHI 360, Uyo, Nigeria, 3Family Health International FHI 360, FCT, Nigeria
Abstract

Background: As defined by the World Health Organization (WHO), adolescents and young people (AYP) are persons between 10 and 24 years of age. Nigeria has a large population of AYP which is 22% of total population and it is observed that there is an increase of new infection among the adolescents and young people. Estimates over the years show there’re more new infections among young women age 15-24 than their male counterparts. However, although majority of AYP (79.3%) are willing to test for HIV, only about 17% ever tested and received results and 24% correctly identify ways of preventing the sexual transmission of HIV. The objective of this review is to compare community and health facility interventions geared at improving access to HIV-Testing-Services (HTS) for AYP in Akwaibom state.

Methods: This was a cross sectional retrospective review of routinely collected HTS data April and May 2019 from communities and facilities in Ikot Ekpene LGA, supported by Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS) with funding by PEPFAR through USAID. As part of the drive towards epidemic control in Akwaibom states, SIDHAS supported routine testing of all hospital attendees through PITC as well targeted community testing in identified hot spots.

Result: Out of a total of 1224 people (M=436, F=788) that accessed HIV counselling and testing services (HTS), 1070 (87%) were tested in the community (M=394, F=676) while 154 (13%) were tested in the facility (M=42, F=122). Overall, 57 (5%) of the AYP tested were confirmed positive (M=12, F=45), with 48 (84%) from community testing (M=11, F=37) and 9 (16%) from facility testing (M=1, F=8). Positivity rate (6%) was higher in the facility than the community (4%). Positivity rate was also higher in females (5%) than in males (3%) for community testing and was higher as well in females (7%) than in males (2%) for facility testing. Of the 1070 tested in the community, 779 (73%) where young adults (20 – 24 years) while 291 (27%) were adolescent (10 – 19 years). Of the 154 that were tested in the facility, 84 (55%) were young adults while 70 (45%) were adolescent. Overall, 57 (5%) of the AYP tested were confirmed HIV-positive, with 48 (84%) from community testing; 37 (77%) young adults and 11 (23%) adolescents while 9 (16%) were from facility testing 4 (44%) young adults and 5 (56%) adolescents. Positivity rate (6%) was higher in the facility than the community (4%). Positivity rate for young adults were same in the facility and community (5%) each while for that of adolescent, positivity rate was higher in the facility (7%) than the community (4%).

Conclusion: Attainment of the UNAIDS 1st 95 is hinged on optimization of HTS at community and facilities settings. We conclude that strategies involving community support group, youth friendly Centre, household testing and sexual network testing implemented at the community setting needs to be replicated and domesticated for health facilities as the chances of a better yield is higher within the health facilities.

94

Development of resources for adolescents living with HIV in a high income country.

Voss L1, Flanagan R1, Best E1, Farrant B2
1Starship Children’s Hospital, Auckland, New Zealand, 2School of Medicine,University of Auckland, Auckland, New Zealand

Background: As an isolated high income country New Zealand has a small population of HIV-infected children. These young people are from ethnically diverse backgrounds, many arriving as refugees or immigrants along with a small number of positive indigenous Māori and children of Pacific island descent. As a result there have been limited resources available for age appropriate HIV education for this diverse group.

We identified that, for our adolescents and young adults (AYA) growing up with a ‘sexually transmitted’ disease before they had even had first sexual experience, created particular discomfort around disclosing HIV diagnosis to their partner in a timely way. It was very apparent to both our medical and nursing team that these AYA, as they established intimate relationships, did not know how to talk about their diagnosis with their partners or close friends.

Method: The paediatric HIV team, in conjunction with a Youth health physician, developed a dialogue script. A group of teenage actors of diverse ethnicity who had been involved in health education worked to create a short digital film. These actors enacted a scenario around disclosing HIV status to a partner. A booklet was also created to support ongoing discussion.
Abstract

**Results:** The film features a 5 minute scripted role play of two teenagers with one disclosing his/her HIV diagnosis. It is followed by a fifteen minute group conversation between teenagers on issues around disclosing to intimate partners. This is used for ongoing education by our HIV service with AYA both before and as they progress to establishing relationships and become ready to disclose their HIV status. Our AYA have given positive feedback on this resource, particularly around being a resource specific to their needs with culturally representative young people from NZ as actors.

**Conclusion:** In line with the needs of our AYA living with HIV and their familiarity with media devices we developed a short film to help with partner disclosure. The use of technology and addressing specific local need by AYA living with HIV is strength of this resource.

95

Break through the clutter - Using digital media tools to influence and engage adolescents on oral PrEP in South Africa

Sheobalak N1, Greener L1, Briedenhann E1, Mullick S1

1Wits RHI, Johannesburg, South Africa

**Background:** Since the inception of Project PrEP, a Unitaid funded initiative implemented by Wits RHI in close collaboration with the South African National Department of Health (NDoH), various tactics have been employed to reach adolescent girls and young women (AGYW) with positive behaviour change communication. This abstract documents the use of digital media on an interpersonal to mass media level, highlighting successes in reaching AGYW and their communities to create demand, support linkage to care and documenting lessons learned. The focus of Project PrEP is the integration of PrEP into comprehensive sexual and reproductive health services for AGYW in South Africa in public health care settings.

**Materials & Methods:** Ongoing youth engagement enabled the project to facilitate input on appropriate messaging, channels and tactics. Social media and mobile applications were recurring themes and as such included in the project’s comprehensive demand creation strategy.

MyPrEP social media (Facebook @myPrEPSouthAfrica, Twitter @myPrEP_SA) focusses on raising awareness, reinforces linkage to care and creates an enabling environment for PrEP uptake. It provides continued support by delivering content that helps AGYW to consider and possibly adopt PrEP as part of combination prevention into their lifestyles. The social media channels link back to the official NDoH PrEP website (www.myprep.co.za), allowing for further dissemination of online resources, support and information.

The MyPrEP Journey mobile application’s (app) purpose is multi-pronged and will be used to remotely monitor and support the consistent use of PrEP among AGYW. The app has built-in gamification that adds an element of fun to create further interest. Surveys will be issued periodically to collect operational data and users will be rewarded with mobile data to ensure they continue their journey with ease.

**Results:** To date, MyPrEP Facebook has gained 7,061 followers, reaching a potentially inclusive audience of 234,022 people, 82% of them female, and 76% of them engaging with the page. Twitter has generated 164 page followers, reaching a potentially inclusive audience of 13,148 people, 52% of them female. Social media has been utilised to drive traffic to www.myprep.co.za with a total of 1,521 website link clicks.

During user testing, youth rated the following functions of the app highest: motivational reminders, youth-focused messaging, design elements and gamification - the ability to create an avatar and customize the appearance.

**Conclusions:** Social media analytics demonstrate that South African adolescents and young people can be reached and engaged at scale with PrEP messaging through digital platforms. Compared to Twitter, Facebook is the preferred platform and proves to be successful when paid advertising is utilized. From the various engagements with the ‘Gen Z’ generation, typically classified as being unpredictable, elusive and non-conforming, it has been identified that a “one-size-fits-all” campaign is not enough to reach and engage. Applying various communication tactics and channels with continued youth input is essential.
MHealth solutions for adolescent and young people on HIV self-testing in Kenya.

Mbugua J
Lvct Health, Nairobi, Kenya

Background: Adolescents and young people access to HIV testing services is very low especially in developing countries. HIV self-testing (HIVST) is recommended as an approach to HIV testing services that can be used by populations with low access to HIV testing services and at high risk of contracting HIV such as Adolescents and Young Persons (AYP). LVCT Health developed a program that provides virtual support to AYP through provision of HIVST information to promote uptake and use. Data from the project was analyzed to assess AYP’s access to HIVST information.

Methods: The HIVST project was implemented between March 2018 and March 2019. The project targeted adolescents and young people aged from 15 years to 24 years living in Nairobi and Mombasa counties and their environs. Awareness creation of the project was done through paid social media promotions in Facebook, Twitter, Instagram, YouTube and WhatsApp and activations. Information provided through the virtual platforms (calls and sms platforms) on HIVST was on where to get a kit; the cost; how to conduct a test; where to get a voucher for subsidized HIVST price; how to interpret results; what to do with positive results; and general inquiries about HIVST. Data was collected to assess access to the toll free Calls and SMS platforms and was collected through an online based data tool. Data for age and reason for calling were documented by counselors for calls made. For sms, the data was documented by clients and included the age and category of question asked. We analyzed quantitative data from the platforms to assess its usage and type of information sought by the AYP.

Results: We received a total of 747 calls and 2,893 sms on HIV self-testing from the target group. 3% (n=22) of calls were from 15 to 19 years old; while 97% (n=725) were from 20 to 24 years old. 30% (n=864) of sms were from 15 to 19 years old; while 70% (n=2029) were from 20 to 24 years old. Information sought on HIVST was distributed in the cascade. In calls, what to do with a positive result had 1% (n=7) how to interpret results 1% (n=8), the cost of a HIVST 2% (15) where to get a HIVST voucher 4% (n=30), how to conduct a HIVST 5% (n=37), general information on HIVST 6% (n=45) what is self-testing 6% (n=45), 75% (N=560) were on where to get a kit. For SMS, 1% (n=30) were on general information on HIVST, what is self-testing 6% (n=173) how to conduct a HIVST 10% (n=289) what to do with a positive result 10% (n=289) the cost of a HIVST 12% (347) and 61% (N=1765) were on where to get a kit.

Conclusions: Mhealth platforms should be integrated in self-care strategies such as HIVST to provide additional support to users in the absence of providers. Compared to phone calls, SMS based platforms perform better at reaching AYP with information on HIVST. HIVST demand creation strategies for AYP should contain information on where to get the kits.

HIV prevention: We forgot about the young men!

Visser M
University of Pretoria, Pretoria, South Africa

Background: Most HIV prevention programmes in Southern Africa currently focus on young women (such as Dreams and Global fund projects), because of the high incidence of HIV among girls (15-24 years). In the process young men are neglected which has implications for gender relationships. I want to advocate that boys should be included in these interventions, because of high levels of sexual risk behaviour that develop into behaviour patterns of men.

Materials & Methods: The paper will report on two studies. The quantitative study used a survey among a sample of 5500 school going young people (ages 14-18 years) in 4 provinces of South Africa. The qualitative study involved six focus group discussions with Grade 10 to 12 learners in urban and rural areas of South Africa. Questions were about their construction of sexuality and opinion about HIV prevention programmes.
Abstract

Results: The survey found that 49% boys reported sexual activity compared to 30% girls, while 56% of the sexually active young people reported consistent condom use. Of the sexually active boys, 31.3% reported having multiple sexual partners, 20% intergenerational sex and 15.7% having sex while under the influence of alcohol. Alcohol consumption was more prominent among senior boys than girls (29% vs 16.7%). Heavy or binge drinking was reported by 17% boys. Traditional gender norms was an important factor explaining high risk behaviour among young people. The qualitative study showed that young men experience severe peer pressure to conform to dominant gender norms of hegemonic masculinity. For young men sexual activity is seen as a central marker of being a real man. Their status among peers and girls grows when they have risky sex, without a condom and with multiple partners.

Conclusion: In various national studies through four decades of research, young men reported high levels of risky sexual behaviour and high levels of peer pressure that maintain these risky behaviour. Most research on masculinity in Southern Africa describes masculinity constructions as problematic because of the risk of HIV and their negative impact on girls and women. Adolescence is the time when behaviour patterns form and these patterns continue into adulthood. If we do not have a specific focus on young men, we allow these high risk patterns to develop as part of men’s identity which explains high HIV prevalence of men in age categories 25-29 (12.5%), 30-34 (18.4%) and 35-39 (23.7%). As part of HIV prevention, programmes for young men to reconstruct their views on masculinity should be priority. Young people need the opportunity for dialogue to reconstruct and renegotiate gender roles and to construct more positive masculinities and femininities, as the current constructions place them at risk of HIV.

98

A pilot study of the acceptability and feasibility of a mobile application for peer and counseling support among adolescents living with HIV in Kenya

Njoroge T1, Ashimosi C1, Aluoch J1, Scanlon M1,2, Apondi E1,3, Nyandiko W1,4, Vreeman R1,2,4
1Academic Model Providing Access to Healthcare (AMPATH), Eldoret, Kenya, 2Arnhold Institute for Global Health, Department of Health Systems Design and Global Health, Icahn School of Medicine at Mount Sinai, New York City, USA, 3Moi Teaching and Referral Hospital, Eldoret, Kenya, 4Department of Child Health and Paediatrics, School of Medicine, College of Health Sciences, Moi University, Eldoret, Kenya

Introduction: High rates of mobile phone usage in sub-Saharan African settings such as Kenya provide important opportunities for mobile health interventions. We explored the acceptability and feasibility of using the WhatsApp© platform on mobile phones to deliver peer support and mental health counseling to adolescents living with HIV (ALWH) in western Kenya.

Methods: Thirty ALWH aged 10-19 years who were engaged in care at the AMPATH-Turbo clinic and aware of their HIV status were enrolled in a six month mixed-methods study to assess the acceptability and feasibility of the WhatsApp© platform for delivering peer support and individual counseling for Kenyan ALWH. The intervention involved both group and individual counseling support components, facilitated by a trained counselor and delivered primarily via WhatsApp© chat groups. Participants received a smartphone and were organized into two WhatsApp© groups of 15 participants, divided based on age (10-14 years and 15-19 years). The groups had an initial in-person meeting facilitated by the study counselor. The counselor monitored the WhatsApp© groups, answered questions, and led weekly discussions on specific topics related to living with HIV. The study counselor also contacted participants individually via WhatsApp©. Pre- and post-intervention interviews were guided by a semi-structured questionnaire in Kiswahili, audio-recorded, transcribed and translated. Thematic analysis was led by two researchers (TN and CA) who identified and compared preliminary codes related to
Abstract

acceptability and feasibility that were refined in a second round of review and analysis by two additional researchers (JA and MLS).

Results: Twenty-nine ALWH completed the study (1 relocated). Mean age was 15.5 years and 17 (59%) were female. In pre-intervention interviews with 25 participants, ALWH identified important topics to address in the WhatsApp© groups: issues related to “stress” and “anxiety,” myths and misconceptions of HIV, confidentiality, and disclosure of HIV status to friends, partners, and others in the community. In post-intervention interviews with 15 ALWH, participants expressed a number of benefits. First, participants used the platform to communicate and build relationships with other ALWH. Second, participants liked having access to a counselor, either through the group chat or one-on-one, to ask HIV-related and general health-related questions. They reported feeling uncomfortable asking their regular health provider these questions. There were several challenges to feasibility and acceptability, including network and power issues with phones, scheduling conflicts for regular chats, and parents not feeling comfortable with the ALWH having access to a phone. Parents’ concerns prompted the counselor on several occasions to open up productive communication channels at the family level, that were ultimately deemed helpful to understand the home environment for ALWH. Finally, the younger age group was much less active on the WhatsApp© platform compared to the older group, suggesting that older ALWH may be a more appropriate target for this type of intervention.

Conclusion: We found that the WhatsApp© platform was a highly acceptable and feasible vehicle to deliver peer support and mental health counseling to ALWH in western Kenya despite phone-related (e.g., network and power) challenges and family acceptability that required sensitization and communication with caregivers.

99

Applying Human-Centered Design (HCD) to inform design and implementation of a Demand Creation Strategy to Drive PrEP Uptake) among Adolescent Girls and Young Women (AGYW) in Migori County, Kenya

Mutisya P1, Maikweki L1, Were D2, Musau A2, Agunda P1, Gwaro H2

1Population Services Kenya, Jilinde Project, Nairobi, Kenya, 2JHPIEGO, Nairobi, Kenya

Introduction: HIV remains a persistent global health problem in sub-Saharan Africa (SSA) disproportionately affecting lives of young people. This predicament demands the development of innovative approaches to create interest and access to prevention services. Oral PrEP is an emergent preventive intervention and its integration as part of the prevention in Kenya in 2017 opened doors for young people to benefit from its undoubted efficacy. As a new product being introduced to the market, Jilinde, one of the largest PrEP scale-up projects in SSA and supporting 10 counties in Kenya, adopted innovative user-centered approaches to design and implement demand generation interventions among AGYW. These approaches included segmentation research and human centered design (HCD) and were essential to fundamentally drive uptake from a user’s perspective. We present results and share experiences about how we employed the qualitative processes to understand emotional aspects of AGYW and in co-designing strategies during PrEP introduction to AGYW.

Description and methods: The design process shadowed diverge-converge model beginning with broad quantitative research that utilized machine learning to categorize the AGYW to four distinct personas; The girl in sponsored sexual relationships, married young women, libertine girl and the naive young girl. Further, qualitative research was undertaken to create deeper understanding of the AGYW. Convergence began by ideation entailing synthesis of the research findings to 2 insights; 1) Existence of social norms that fuel transactional
sexual relationships among AGYW and 2) power of peer inspiration in impacting behavior change or uptake of products.

Three co-design workshops involving 66 AGYW were conducted to generate ideas which were further synthesized by a team of experts to design concepts. These concepts were pre-tested and refined to derive five prototypes.

Results: The five developed prototypes were: (1) Incentivized referral mechanism which involves a volunteering AGYW PrEP client inviting peers to a safe space then she is rewarded using non-monetary incentives, 2) Peer-driven conversations - a PrEP user talks to peers about PrEP as a youth peer educator (YPE), oversees the session to ensure correct messaging, (3) Information, education communication materials, (4) YPE session facilitation guide (5) 'Bright future' promotional events.

Further, a pilot test was conducted that informed iterations such that, incentivized- peer referral and peer-driven conversations were merged and implemented as a singular intervention in five sites, while events where merged with IEC materials and implemented in three sites.

In October to December 2018, the interventions had not been rolled out; interpersonal communication was conducted by YPEs only, reaching 7053 AGYW with PrEP messages, yielding 181 initiations.

In the period of January to March 2019, the 8 sites implementing the HCD developed interventions - incentivized peer referral coupled with peer-driven conversations and 'bright future' events resulting to 6,104 AGYW reached with messages and 501 initiated on PrEP, which was a 170% increase from previous quarter.

Conclusion: In order to promote uptake of a new product among AGYW, it is paramount to obtain a deep understanding of audience and utilize user-centered approaches to design the marketing strategy before implementation.

“They can stigmatize you:” A qualitative assessment of the influence of school factors on engagement in care and medication adherence among adolescents living with HIV (ALHIV)


1Department of Global Health, University Of Washington, Seattle, United States, 2Division of Global HIV/AIDS & Tuberculosis, U.S. Centers for Disease Control and Prevention, Nairobi, Kenya, 3Department of Research and Programs, Kenyatta National Hospital, Nairobi, Kenya, 4Centre for Clinical Research, Kenya Medical Research Institute, Nairobi, Kenya, 5Department of Psychosocial and Community Health, University of Washington, Seattle, United States, 6Department of Epidemiology, University of Washington, Seattle, United States, 7Department of Pediatrics, University of Washington, Seattle, United States, 8Department of Medicine, University of Washington, Seattle, United States, 9Department of Paediatrics, University of Nairobi, Nairobi, Kenya

Background: Sustained engagement in care and adherence to antiretroviral therapy (ART) among adolescents living with HIV (ALHIV) is critical to reduce the risk of poor health outcomes and onward HIV transmission. School-related factors may influence retention in care and adherence to medications among ALHIV.

Methods: We conducted 40 semi-structured individual interviews (IDIs) with ALHIV (ages 14-19 years), 40 IDIs with caregivers of ALHIV, and 4 focus group discussions (FGDs) with healthcare workers (HCWs). Participants were recruited from 4 large (>300 active patients) HIV programs in Western Kenya during 2017. Adolescents provided consent (≥18) or assent (10-17) with parental permission. Topic guides explored experiences receiving or providing HIV care, factors influencing engagement in care and ART adherence, and strategies to improve care. Sessions were audio recorded, translated and transcribed verbatim. Transcripts were systematically coded using a constant comparative approach. Conventional content analysis identified themes related to the influence of school factors on engagement and adherence.

Results: Median age of ALHIV was 16 years, majority were female (69%), and all but one participant was...
Currently in school. Most caregivers were parents (60%) and female (80%). HCWs represented nurses, counselors, clinical officers, with a median of 3 years (IQR: 1-6) of experience providing care to ALHIV. ALHIV, caregivers and HCWs all identified the school environment as a critical barrier to engagement in HIV care and medication adherence for ALHIV. ALHIV reported inflexible school schedules and lack of disclosure to school staff as the biggest challenges to adhering to clinic appointments. Most ALHIV reported being reluctant, or unable, to obtain permission to miss classes to attend clinic. When granted permission to attend clinic visits, ALHIV and caregivers complained that they would often need to miss a full day of class because of long wait times at the facility. HCWs noted that lack of caregiver involvement during boarding school sessions negatively influenced their child’s ART adherence and viral suppression.

Within school, the major barrier to ART adherence was fear of reactions after disclosure of HIV status. ALHIV described experiencing stigma and discrimination by peers and school staff, and would adjust when, where, and how often they took ART to avoid inadvertent disclosure. Boarding school students faced particular challenges because they had limited private space or time, describing taking medication in secret in their dormitories or in the bathroom. ALHIV also described how daily visits with the nurse to take medications could inadvertently disclose their status to others. Some ALHIV reported ART side effects, especially dizziness and fatigue, which impaired school performance.

Despite these challenges, all groups described strategies to overcome school-related barriers. Caregivers were often instrumental in navigating school permissions, including identifying a treatment supporter among school staff. All participants suggested weekend scheduling would facilitate clinic attendance, while positive counseling messages and peer support could improve adherence.

Conclusions: School schedules, permissions, and fear of disclosure are important barriers to ALHIV care engagement and ART adherence. Achieving suppression goals among ALHIV may require more flexible refills and visits, greater sensitization of school nurses/administration, and stigma reduction interventions.

101

Treatment adherence amongst young people living with HIV only possible if we have good mental health and wellbeing

Nosenga A¹, Dziwa C¹, Gwasira D², Ngubo F³, Nininahazwe C⁴, Manxiwa G¹
¹Zimbabwe Young Positives, Harare, Zimbabwe, ²REPSI, Harare, Zimbabwe, ³Africaid, Harare, Zimbabwe, ⁴Frontline AIDS, Cape Town, South Africa, ⁵Y+, Cape Town, South Africa

Background: We know as young people living with HIV that taking our medication properly is not easy. There are many reasons for this. But what are our specific reasons? In the READY+ programme in Zimbabwe, we conducted community documentation amongst adolescents and young people living with HIV, our parents/caregivers and community leaders to understand the context within which adolescents and young people live and what it takes to support us to stay healthy and to thrive. Mental health and wellbeing came up as an issue that needs to be seriously managed.

Materials/Methods: A group of young people living with HIV in Zimbabwe conducted focus group discussions with approximately 1000 young people, both living with and affected by HIV, in Harare, Bulawayo, Chitungwiza and Masving. During the focus group discussions, we asked what some of the key issues are for young people living with HIV in Zimbabwe. Challenges around disclosure, treatment fatigue and depression were amongst the psychosocial issues raised. Feedback from young people encouraged us to focus our programming on safe spaces for adolescents and young people living with HIV where groups of us meet regularly to talk about all the things on our mind that may be causing us anxiety, stress and even silent death.

Lessons Learned: Through our community documentation, we learnt that interventions need to look at health beyond treatment to include a focus on positive mental health and wellbeing. Adolescents and young people are not a homogenous group and therefore interventions need to be tailor made to address their specific physical, emotional and spiritual needs. This is because we are at a stage where a lot of emotional turmoil and self-discovery occurs and it does not get easier by living with HIV and taking treatment. The
resultant effect of this psychosocial strain, if unaddressed, is treatment default (over or under dose). Through our programming, we learnt that ‘safe spaces’ in the form of peer-led support groups, community dialogues or other community forums are an important way for us as individuals to say our issues in life, including those of treatment fatigue, ART-related depression and difficult issues such as sexuality, disclosure, stigma, labeling and stress. Safe spaces that are well-coordinated by a member of the group (in terms of where to meet, what to eat/drink when together and topics to focus on) tend to be well-attended and engage their members consistently over time.

Conclusions & Next Steps: Mental health and wellbeing is not sufficiently prioritized in our programming and services. However, it is key to staying well and thriving in life, including being able to take and adhere to ART. Physical safe spaces remain important in the lives of young people because of the human contact and the opportunity to hear others’ stories, to share and to empathise or problem-solve together. We need to take safe spaces seriously and build them into adolescent programs so they are well resourced and can cater to the needs of adolescents and young people living with HIV in our diversity.

Methods: This was an exploratory study aimed at assessing the mental health status of caregivers of children and adolescents living with HIV (CALHIV) in Trans Nzoia County in Western Kenya. Caregivers of 52 CALHIV aged 6-17 years were screened for anger, depression, and generalized anxiety disorder (GAD) and alcohol addiction between October 2018 and February 2019.

Results: The majority (79%, 41/52) of the caregivers interviewed were female (mean age 48 years). 73% (38/52) had primary education or less, 50% (26/52) were currently living with a partner, 50% (20/52) were living with HIV, and 21 (50%) were biologic parents to the children. 83% of the caregivers had anger (40% moderate, 10% severe), 95% had depression (63% moderate/moderately severe, 10% severe), 57% had Generalized Anxiety Disorder (21% severe, 7% severe) and 5% had alcohol addiction. The challenges they reported included constant worry about the child’s general health and fear of death, lack of transport to clinic, lack of food, child’s refusal to take medication or behavioral issues, child’s blame for being infected, frequent clinic visits, caregiver illness thus inability to provide for the child and fear of child infecting other children.

Conclusion: Caregivers of adolescents living with HIV have high levels of fairly severe anger, depression and GAD irrespective of the caregivers HIV status and relationship with child. These are likely to affect the overall wellbeing of the adolescents and may be contributing to the lag in improvements in the outcomes of adolescents living with HIV in Kenya.
Lessons Learnt: Post-disclosure perceptions of adolescents, parents/caregivers and healthcare workers on the mini-flipster method of adolescent HIV disclosure

**Background:** Parent’s often delay the disclosure of their children’s HIV status to them due to the fear of stigma and discrimination, the belief that the child will think they will die, and the lack of disclosure skills. This can affect the children’s adherence, physical health, mental health and can enable unknowing transmission.

**Materials and Methods:** Adolescents (aged 10-19) on ART from three clinics in Mpumalanga were booked for disclosure with their parent or caregiver (PCG) during the school holidays. Five doctors and two social workers performed full disclosures with PCGs using the mini-flipster method. A social worker assisted the adolescents and PCGs to complete anonymous post-disclosure surveys on their perceptions of the disclosure process, under informed consent. The healthcare workers (HCW) also completed anonymous surveys after each disclosure.

**Results:** Surveys were answered for 21 full disclosures. The median age was 13 yrs old, and the median age that adolescents and PCG thought best for disclosure was 13 and 12 respectively. Only 1 adolescent admitted to being sexually active. 95%(n=20/21) were glad that they were told their HIV status, and 100%(n=21/21) believed it would help them to adhere to their medication. 70%(n=14/20) and 25%(n=5/20) adolescents reported that the disclosure process was very good, or good, respectively, compared to 95%(n=19/20), and 5%(n=1/20) PCGs. Adolescents reported feeling “happy because now I know my status”. HCWs thought that 69% of the children reacted very well, and 23% well, and 8%, average. Three adolescents became tearful after disclosure, one was assessed as depressed, and the other two felt better with some support from the PCG and HCW. Things that the HCW said which the adolescents found helpful, represented the following themes 1) that they were still normal, 2) that they could live as long and healthily as people without HIV, if they take their medication, and 3) that they could still have children and a family, and follow any career. 100% of PCG thought the disclosure process was very good, especially because the HCWs were friendly and used pictures to explain HIV. 95%(n=19/20) PCGs believe disclosure should be performed by the HCW and PCG together, while 86%(n=18/21) adolescents agreed, and 2 and 1 believed it should be PCG or HCW alone. PCG’s reported feeling very relieved that the HCW helped them because they were afraid and didn’t know how to tell their child. Questions asked by adolescents included “why did I get HIV and not my sibling?”, “how did my mother get HIV?”, and “where does HIV come from?”, and myths believed by some adolescents, included 1) HIV+ people can only live a few years even with treatment, 2) they will still be sick, 3) you can see when a person has HIV, and 4) HIV can spread through kissing or sitting next to someone.

**Conclusions:** This mini-flipster method of adolescent HIV disclosure was beneficial to 95% of adolescents, PCG and HCW, and was liked because it used pictures to provide positive information about HIV and refute negative myths, before disclosing their HIV status.

Integrating Mental Health Screening into Primary Health Services: staff-buy-in as a critical component

**Background:** Mental illness is a leading cause of disability in adolescence, with 10-20% of young people experiencing mental health problems. Poor mental health in adolescents is associated with poorer health outcomes, school failure, substance abuse, HIV transmission, poor treatment adherence, sexual risk, and unintended pregnancy and suicide is the third leading cause of death among adolescents. Yet, routine mental health...
screening of adolescents is uncommon in most healthcare services. This can be attributed to the complexity of mental health screening tools, staff time constraints, stigma around mental illness and a lack of specialised staff – resulting in undiagnosed and under treatment of mental health disorders.

**Methods:** Wits RHI’s USAID-funded Adolescent Innovations Project (AIP) attempted to address this problem by developing a mental health screening and referral model and piloted it in two South African specialist adolescent and youth ART clinics as part of routine care over 30 months. It consists of three stages: 1) Pre-screening: Four pre-screening questions, asked of all patients, assess core indicators of the most commonly diagnosed mental disorders. Scores indicate whether additional screening is required. 2) Full screen: Validated mental health screening for depression, anxiety, substance use and trauma disorders. 3) Referral: Patients who screen positive for mental health symptoms are referred to appropriate mental health professionals.

As part of the quality improvement process, 11 clinical healthcare providers were trained and surveyed on their experience of integrating and implementing the screening model and the value they believed it brought to adolescent healthcare.

**Lessons learned:** Our quality improvement surveys found that culturally held beliefs about mental illness negatively influenced staff buy-in and the quality of implementation. Ongoing training and supervision that integrated role-plays, standardises knowledge and skill and beliefs about mental illness, were implemented for the first 6 months of implementation to increase healthcare workers buy-in and confidence.

For some staff mental health screening was seen as ‘extra work’, rather than a means to reduce poor adherence to ART treatment. Consequently, the proportion of patients who pre-screened positive was lower than expected at the beginning, due to staff resistance to follow the model and conduct full screens based on the results of initial 4 question screening tool. However, once this was addressed, staff screened and referred resulting in high referral rates that strained an already burdened mental healthcare system.

Overall, healthcare providers appreciated that the mental health screening tool enabled them to detect mental health problems more systematically. Patient appreciated the new lines of questioning that seemed to open communication and build rapport. Providers found the holistic management of patients improved clinic team dynamics.

**Conclusion:** Despite the challenges of changing clinical processes and addressing entrenched stigma, mental health screening should be integrated into routine adolescent patient care. Ongoing mentoring and training should address health care providers’ workload, lack of knowledge, cultural difference, skill gaps and resistance to mental health screening, and mental healthcare referral networks should be established in advance.

**106**

**Self-efficacy as a predictor of adherence among perinatally infected HIV positive adolescents transitioning to adult care in Kenya**

*Gitahi-kamau N*, *Wahome S, Nigure K*, *Bukusi E*, *Mwania V*  
1Institute Of Tropical Medicine And Infectious Disease Kemri, Nairobi, Kenya, 2Jomo kenyatta University, , Kenya

**Background:** Adolescents are more likely to be non-adherent to antiretroviral therapy which has resulted in higher mortality and morbidity. The transition of adolescents to adult care is a challenge due to the inability to identify the risk for non-adherence. Self-efficacy to ART has been identified as an important predictor of adherence among adults living with HIV. Little data is available on ART adherence self-efficacy among adolescents, in Sub-Saharan Africa. The objective of this study was to examine the relationship between self-reported adherence and ART self-efficacy among HIV positive perinatally infected adolescents and associated psychosocial determinants.

**Methodology:** Between April and December 2018, 83 perinatally infected HIV positive adolescents aged 16-19 years were systematically sampled and enrolled in this study from two high volume facilities in Nairobi Kenya. Baseline ART self-efficacy was measured using the HIV Adherence Self-Efficacy Scale (HIV-ASES). Data were collected on socio-demographic data, perception of social support, self-esteem (using the Rosenberg scale),
enacted stigma, viral load in the past six months and self-reported adherence to ART were collected through a semi-structured questionnaire and abstracted clinical notes. We used Chi-square (X2) test and ANOVA to identify factors associated with ART adherence self-efficacy. P-value of <0.05 indicated statistical significance. Multivariable analysis using Linear regression models were conducted. We report standardized regression beta coefficients.

Results: We enrolled 115 adolescents in a prospective cohort study. Mean age 17.8 (SD 1.5). The median number of years on ART was 11 years IQR (6-13) and 42.5% were male. Viral suppression (<400 copies/ml) was reported in 65.5%. Self-reported adherence of >95% was reported by 67.3% and 16.8% reported taking a treatment break in the past year. Self-esteem had a median score of 33(IQR; 0-37). A higher proportion of adolescents 54.4% showed a high HIV treatment adherence self-efficacy with only 8.8% showing a low self-efficacy. The mean composite HIV-ASES score was 7.4 (SD1.7) out of a possible score of 10. The lowest scoring HIVASES –mean score 4.7(S.D 3.9) component explored the ability to be adherent to medication even if it meant taking the drug in front of other people. Adolescents who had high self-reported adherence (>95%) scored a significantly (p=0.01) higher self-efficacy mean score and significantly lower viral load (p<0.001) scores. During multivariate analysis independent associations ART adherence self-efficacy was found to be associated with self-esteem (standardized β = 0.451, P <0.001) and earlier age of disclosure (β = 0.71, P < 0.01). Reported enacted stigma (β = -0.397, P < 0.02) having a negative association on self-efficacy.

Conclusion: ART adherence self-efficacy were strong predictors of adherence among HIV positive adolescents in this context. Poor self-esteem and reported enacted stigma may be barriers that may hinder the ability to achieve optimal adherence to ART in this population.

Building demand for HIV self-testing: how an integrated demand generation and mental health service model promotes uptake of self-testing among high-risk young men in Kenya.

Bontempo M1
1Ylabs, Berkeley, United States

Background: Adolescents have unique vulnerabilities to HIV. In Kenya approximately 29% of all new HIV infections are among youth - yet only 43% are aware of their status. And while testing is the entry point to accessing treatment, less than one-third of young Kenyans have tested. HIV self-testing technologies offer a promising way to promote testing among never- and infrequent-testers, but promotional campaigns often ignore the needs, behaviors, and preferences of young men.

Materials & Methods: In 2018, YLabs worked in Western Kenya using human-centered design to address barriers to HIV self-testing.

Through participatory research, young men shared that for them, testing isn’t just a finger prick. It’s the possibility of a different life - one that young men can’t comprehend living or affording. Nearly all study participants were concerned about testing alone for the first time, citing a recent uptick in post-test suicides.

Ideas were developed in partnership with young men and designed to support young men to feel confident testing for HIV by themselves, without feeling like they are testing alone. The resulting solution concept combined multimedia messaging campaigns, and mental health services to support young men to test with knowledge, power, and dignity.

Results: Men needed to hear that there was ‘life after testing’ from young and relatable peer influencers living with HIV. We co-designed and prototyped a combined intervention strategy that
used mass media storytelling and digital support tools to generate demand for testing and also build emotional resilience and provide support throughout the testing journey for high-risk men.

The first intervention was a podcast for young men to share their experience of living with HIV. Messaging addressed young men’s dominant fears about the implications of testing positive: you can still go to the gym, have a healthy family, and even have sex without condoms.

The second intervention was a series of music videos created by local artists aimed at destigmatizing testing. Videos promoted images of strength and resilience to counteract harmful narratives from traditional fear-based campaigns for HIV testing in this community.

The third intervention was the development of digital/SMS tools that helped testers link anonymously to HIV care clinics or access mental health services through trained community health volunteers.

Prototypes were tested through a micro-pilot of 105 men. The program was successful in promoting uptake of self-testing services with 82% of prototype participants seeking an HIVST from the pharmacy and 27% taking a test home for someone else. It successfully reached infrequent testers; 52% of users identified as not have tested within the last year, and 9 individuals (9% of testers) with reactive tests were successfully linked to care.

Conclusions: New technologies such as HIV self-testing have the potential to change the lives of young men, especially infrequent testers. However, demand generation efforts and new market strategies should include messaging that addresses men’s key concerns, and provider wrap-around support services to support mental health and emotional resiliency.

Knowledge of HIV-positive status at antenatal care services among adolescent and adult women in Eswatini, Ethiopia and Mozambique

Njah J1, Chiasson M2, Teasdale C1, Reidy W1
1ICAP at Columbia University, Mailman School of Public Health, Columbia University, New York, United States, 2Department of Epidemiology, Mailman School of Public Health, Columbia University, New York, United States

Background: Antenatal care (ANC) services remain important entry points for HIV diagnosis and care among pregnant women living with HIV. HIV-positive pregnant adolescents aged 15-19 years are more vulnerable to loss to follow-up compared to other age groups, placing them at increased risk for mother-to-child transmission of HIV. We describe data from ICAP-supported prevention of mother-to-child transmission of HIV (PMTCT) services in Eswatini, Ethiopia and Mozambique to assess knowledge of HIV status at first ANC visit among adolescents and older women.

Methods: Routine facility-level data collected from January through December 2018 from ICAP-supported facilities in Eswatini, Ethiopia, and Mozambique were analyzed. We examined testing outcomes by country for three age groups: adolescents aged 15-19 years, young women aged 20-24 years, and adult women aged 25-49 years. We report the HIV prevalence among all women attending a first ANC visit and proportions of previously known and newly tested positive women, by age group and country.

Results: Overall, 419 ICAP-supported PMTCT facilities were examined, including 52 (12.4%) facilities in Eswatini, 63 (15.0%) in Ethiopia, and 304 (72.6%) in Mozambique. A total of 488,121 women attended a first ANC visit between January-December 2018 and 23,917 (4.9%) were HIV-positive. HIV prevalence among pregnant women varied by country 35%, 1.9%, and 4.6% in Eswatini, Ethiopia and Mozambique, respectively. Across three countries, adolescents constituted 22% of all ANC attendees whereas young and adult women represented 33% and 45% of all pregnant women attending ANC services. HIV prevalence was higher in older age groups and lowest among adolescents;
Abstract

Eswatini (adolescents 11.9%, young 24.2% and adult 47.3%), Ethiopia (adolescents 1.6%, young 1.6% and adult 2.2%), and Mozambique (adolescents 2.5%, young 4.6% and adult 5.8%). Previously known HIV positive status before ANC enrollment across all age groups was 73.7% in Eswatini, 67.8% in Ethiopia and 37.9% in Mozambique. Across three countries, HIV-positive adolescents were less likely to know their HIV status before ANC enrollment compared to older women; in Eswatini (adolescents 51.3%, young 59.9% and adult 79.2%), Ethiopia (adolescents 42.9%, young 63.7% and adult 75.2%), and Mozambique (adolescents 16.4%, young 33.2% and adult 45.6%).

Conclusions: Our data show that a quarter of all HIV-positive women attending ANC services were adolescents and that the majority of them were newly identified as HIV-positive during enrollment in ANC services. Targeted adolescent-friendly sexual and reproductive health services before pregnancy and in PMTCT programs are needed to support these young mothers and their infants.

109

Building the SKILLZ of ALHIV: lessons learned from a sport-based programme for adolescents living with HIV in Zambia

Mkandawire B 1, Lee D 2, Govere F 2, Bhauti K 2, Coakley C 2
1Grassroot Soccer Zambia, Lusaka, Zambia, 2Grassroot Soccer, Inc., Hanover, United States

Background: A lack of interventions to support adolescents living with HIV (ALHIV) spurred Grassroot Soccer (GRS) to action in 2012: GRS developed SKILLZ Plus, a sport-based life skills and psychosocial support intervention, to fill the gap in age-appropriate programs for ALHIV ages 10-19 in Zambia. The intervention recognises adolescents’ increased need for psychosocial support, the challenges of long term adherence, and risk of drug resistance and treatment failure.

SKILLZ Plus aims to build the assets of ALHIV - increasing their health knowledge and confidence to use it; improving access to high quality health services; and promoting adherence to medical treatment and healthy behaviours. GRS signed an MOU with the Zambia Ministry of Health (MOH) to recruit ALHIV participants, implement SKILLZ Plus in public clinics, and link adolescents to health services.

Materials & Methods: SKILLZ Plus includes eleven 60-minute “practices” and ongoing SKILLZ Plus Clubs to enhance peer support of ALHIV participants. Sessions are facilitated by HIV-positive near-peer ‘Coaches’ from the community who can connect with adolescent participants with similar lived experiences. Coaches are trained in youth facilitation methods and technical content covered in the SKILLZ Plus curriculum.

GRS conducts rigorous routine data collection on all its programmes. Participants take a ‘Pre/Post Challenge’ to assess changes in knowledge, attitudes, and self-reported behaviours, and referrals to SRH services are tracked. GRS triangulates ART adherence of SKILLZ Plus participants through mixed methods, using attendance and retention data, clinical partner reports on participant visits, and limited viral load testing data, where possible.

Results (Lessons Learned): Through SKILLZ Plus implementation in Zambia, GRS has learned valuable lessons about partnerships and program implementation for scaling up: a partnership with the MOH has proved important at the national and community levels, where the MOH recognizes SKILLZ Plus as critical to adolescent retention in care. Over 90% of SKILLZ Plus participants are referred to the program by MOH facilities.

Since 2014, over 2700 ALHIV have graduated from SKILLZ Plus in Zambia. The numbers of participants and graduates are much higher in Lusaka than rural Chipata (1049 graduates in Lusaka vs. 193 in Chipata from August 2018-March 2019). Due to the popularity and effectiveness of the program; GRS initiated partnerships with other community organizations to reach more ALHIV outside of urban areas: SKILLZ Plus is currently implemented in three rural districts (Chipata, Chongwe, and Kafue) at schools or community health facilities. Further scale is possible due to the cost-efficiency of the program: from 2015 to 2019, the direct cost per participant decreased from $52.54 to $21.46 after initial start-up costs in Chipata.

Conclusions: In order to continue serving ALHIV in Zambia, GRS is scaling SKILLZ Plus to additional rural districts through partnership with MOH and community-based partners. GRS is currently
Abstract

completing an internal programme review to inform adjustments to the design of SKILLZ Plus, and will pilot test a self-reported adherence tool to improve triangulation of participant ART adherence. Additionally, GRS intends to improve psychosocial and mental health support for SKILLZ Plus participants through new partnerships.

110

Using Electronic Medical Records for Research in Kenya: Lessons from a Clinical Trial Evaluating Adolescent HIV Care

Onyango A1, Wilson K2, Mugo C3,1, Iwani H, Bukusi D1, Guthrie B2, Richardson B2, Nduati M1, Moraa H1, John-Stewart G1, Wamalwa D1, Kohler P2

1Department of Pediatrics, University of Nairobi, Nairobi, Kenya, 2University of Washington, Seattle, United States, 3Kenyatta National Hospital, Nairobi, Kenya

Problem: Electronic medical record (EMR) systems have the potential to improve quality of care and contribute to more generalizable research in Sub-Saharan Africa. However, there are numerous challenges to optimize use of these data, including poor data quality, changes to data platforms, and lack of point of care data entry. We describe the process and lessons from a randomized clinical trial in Kenya that used routine EMR data from adolescents and young adults (AYA) for assessment of trial outcomes.

Approach: We used a multi-faceted approach to access and manage EMR data. To facilitate ongoing data access, we formed collaborations and data sharing agreements with national and County leadership, partners, and facilities. To support data quality and standardization across platforms, we developed protocols, study-specific query syntax to pull demographic and clinical data, and a routine data quality audit tool. Once all data were obtained, we combined EMR data across facilities and merged these AYA with viral load data (a secondary trial outcome) available through a national database.

Local setting: We have drawn lessons learned from an ongoing trial in 24 public HIV care facilities in Kenya with functioning EMR systems and from local and national stakeholders that support these systems. Facilities were supported by 6 different implementing partners and used 3 different EMR systems. Abstracted records were from AYA ages 10-24 with at least one clinic visit during a 15 month period before the trial.

Relevant changes: By establishing regular strong collaborations with the County and facility leadership and EMR implementing partners, we were able to plan data abstractions and anticipate system disruptions. Our study-specific query syntax pulled data across different EMR platforms, which accounted for non-standard variable naming. This standard syntax has been adapted by other studies. Given variable data quality, we implemented routine data quality audits using an Excel tool, which enabled us to identify patterns of poor data quality cross facilities and give facility-specific feedback. We retrieved viral load data from the national data platform, as EMR data were incomplete for this variable.

Lessons learnt: Collaboration with local stakeholders is vital to ensure continuous access to EMR data and navigate changes in systems and implementing partners. Using a standard query syntax was essential to ensure harmonization of abstracted variables across platforms. As in other settings, laboratory data, specifically viral load results, are not routinely entered in EMR and may need to be abstracted from other sources until data can be linked or more routinely entered at the facility-level. EMR systems and corresponding identifiers are not yet linked between facilities, which can affect data quality because of double counting of clients and over-reporting of loss from care. Standard procedures should be in place for all steps of the abstraction, audits, and storage process appropriate for large scale, longitudinal data. To optimize the potential of EMR data for clinical care and research, countries should prioritize investments in EMR systems and human resources as part of their health systems strengthening initiatives.
The development and initial implementation of a national framework of national standardised psychosocial support for all children and adolescents living with HIV in Kazakhstan

Conway M1,2, Sukhanberdiyev K1, Karimov N1, Malyuta R1
1UNICEF Regional Office, Europe and Central Asia, Almaty, Kazakhstan, 2UNICEF Kazakhstan, Nur-Sultan, Kazakhstan

Background: As global HIV figures are in decline, the CIS/CEE is the only region to experience a rise in incidence. The number of children and adolescents living with HIV (C&ALHIV) in Kazakhstan is small, with just over 500 in care. But C&ALHIV and their families present complex issues, with low levels of information and understanding; high levels of stigma and self-stigma; isolation and a history of protectionist practice which means many are unaware they have HIV. The current system does not have capacity to address all these complex needs.

Methods: UNICEF Kazakhstan initiated a year-long national programme in response to this and requests from ALHIV, caregivers and practitioners for support provision.

An international expert ran training on ‘Developing and strengthening care and support services for C&ALHIV’.

A ‘Train the Trainer’ course was delivered to produce a sustainable pool of local expert trainers. An advisory group, involving healthcare providers, NGO’s, ALHIV, politicians and international experts, produced ‘National Standards for Psychosocial care of C&ALHIV’. These cover key areas including naming HIV to children at a younger age; holistic approaches to adherence; addressing stigma/self-stigma.

Once Standards were produced, the main clinical sites were visited and asked to share the challenges implementation presents and the support they need to achieve these.

Results:
• The standards were agreed and adopted by the Ministry of Health of Kazakhstan (May 2019). These guide the provision of care for C&ALHIV from the point of diagnosis to transition to adult services, with a focus on the integration/inclusion of children and families as partners. They include individual care packages focusing on holistic assessments.
• The first national psychosocial support camp was held in Spring 2019 for 80 C&ALHIV.
• UNICEF and Karaganda State University are incorporating these standards into the national education curriculum of colleges, universities and centres of best practice.
• A second year of work has been developed to build on the successes and address the challenges.

What we have learnt:
• An inclusive, strategic, national approach is essential.
• Starting with training key stakeholders allows for discussion on the core issues and builds skills and knowledge for implementation.
• Producing nationally agreed working practice involving all stakeholders ensures it is realistic and has their buy-in.
• Success depends on local political will, staff commitment, the availability of human resources and the engagement of families.
• Implementing national structural changes such as case managers, multidisciplinary teams and interagency cooperation will take time.
• Telling children their diagnosis in line with WHO guidelines (aged from 6) is possible where staff are willing and have been trained to manage conversations with caregivers.

Conclusion: After one year there have been major changes in practice in some centres in Kazakhstan. This programme will continue to develop, aiming to expand psychosocial support for C&ALHIV in Kazakhstan and Central Asia. The priority is to achieve the “last mile” - the well-being of the most vulnerable and marginalised - and ensure all C&ALHIV have access to health and social protection services by 2021.
Use of Incentivized Referrals and Peer-Driven Conversations to drive PrEP Uptake among Adolescent Girls and Young Women (AGYW) in Migori County, Kenya

Wango B,1,2 Mutisya E1,2, Musau A1, Maikwewi L1, Gwaro H2, Agunda P1,2, Osuka I1, Wakhutu B1
1Population Services Kenya, Nairobi, Kenya, 2Jhpiego Kenya, Nairobi, Kenya

Background: Kenya has rapidly scaled up use of PrEP as part of HIV combination prevention package since May 2017. Migori County, one of the high-HIV burden counties with an overall HIV prevalence rate of 13.7% experiences a disproportionately higher incidence among AGYW. The Jilinde Project supports the rollout of PrEP specifically targeting AGYW in 14 sites in Migori. Through qualitative research and human centered design (HCD) process, Jilinde established that peer-led approaches have a huge potential in stimulating demand and uptake of PrEP among AGYW. We describe Jilinde’s experiences and the outcomes of implementing two blended peer-led approaches on PrEP uptake among AGYW.

Materials and Methods: Building on qualitative ethnographic immersion research, which revealed that transactional sex was normalized in Migori County, Jilinde conducted three design sprint workshops involving AGYW, to develop communication prototypes for mobilizing AGYW for PrEP. Two strategic communication objectives emerged; portraying PrEP as a means for harm reduction and shaping future aspirations of the AGYW. To actualize these objectives, two blended interventions were prototyped; non-monetary incentivized referral and peer-driven conversations. They involved an expert AGYW PrEP user voluntarily inviting her peers for a discussion on PrEP in a community safe space. At the safe space, the expert peer would deliver an evocative talk about PrEP. A trained youth peer provider (YPP) moderated the session. The YPP ensured correct messaging and linkage to a health care provider (HCP). The expert PrEP user would receive a non-monetary reward; a purse or pouch for motivation. Expert PrEP users illustrating consistent referrals graduated to receive higher-value PrEP promotional materials and appointed as YPPs when vacancies arose. HCPs provided support to the referral and linkage processes. These approaches were evaluated through PrEP summary reporting tools collected at each PrEP site and analyzed descriptively.

Results: This intervention was implemented in five Jilinde-supported sites. Most of the conversations occurred at the AGYW’s homes, or at the safe spaces. The intervention was well received and contributed to increased PrEP uptake among AGYW. During the 3 month period of implementation (January – March 2019), 331 AGYW were initiated compared to a similar period prior to the intervention (October – December 2018) when 152 AGYW were initiated. This represents a 217% increase in PrEP uptake. Qualitatively, PrEP users who appeared responsible and yielded confidence upon their peers, who were engaged in multiple relationships or perceived higher HIV-risk were likely to succeed in referring their peers. Community spaces nearer to AGYW’s homes were preferable for hosting the peer-driven conversations because the AGYW were within the purview of their relatives.

Conclusion: Interventions developed through HCD emerged feasible to implement in this rural setting. The blended intervention was effective resulting to commendable increase in new AGYW PrEP clients. Certain traits of PrEP clients provided them a better position to succeed in mobilizing their peers to conversations and could be exploited to encourage AGYW drive their peers to initiate PrEP. The transparency of taking the PrEP conversations to precincts of the AGYW guaranteed them safety, further facilitating the referral mechanism.
Abstract

Setting up an adolescent competent & Friendly Centre in a secondary HIV treatment facility- A tool for epidemic control amongst Adolescent: The General Hospital Ikot Ekpene Experience.

Oche David E1, Yemi-Jonathan J1, Kakanfo K1, Olatunbosun K1, Adedokun O2, Khamofu H2, Raj Pandey S3

1Achieving Health Nigeria Initiative (AHNi)/Family Health International, FHI 360, Uyo, Nigeria, 2Family Health International FHI 360, Uyo,

Background: There is increasing concern in the growing disproportionate share of adolescent and young people living with HIV/AIDS worldwide. One major issue confronting this age group is identity crisis, self-stigmatization and inability of the public health system to respond effectively to the need of this age group. While adolescent friendly centres are rarely available in health facilities, the few available may lack the competence to provide services in a manner that would enhance adolescent mental and health seeking behavior.

Materials & Methods
A six-step setting for adolescent competent and friendly centre was used to upgrade General Hospital Ikot Ekpene, a SIDHAS supported Comprehensive HIV treatment facility adolescent clinic to an acceptable standard;

1. Stakeholders Engagement: Working with health facility workers, other implementing partners and adolescents to understand the process and requirement for an adolescent competent and friendly centre.

2. Infrastructural and facilities upgrade and awareness creation: Based on the feedback from stakeholder’s engagement, a unit within the health facility was designated as the adolescent centre, which was renovated to befit an adolescent centre, modern facilities like adolescent friendly indoor games, table tennis, library, privacy for counselling and movie screen were provided. Awareness was also created about the upgrade and better quality of service at the centre.

3. Peer to Peer Support system set up: In addition to the identification of an adolescent focal person for the facility, trained young case manager were peered up to support and follow up on other adolescent accessing care and treatment within the facility.

4. Adolescent competent capacity building and ongoing mentoring; Using the WHO/FHI360/PTA positive connections manual and other related materials, the service deliverers at the centre were trained and had ongoing mentoring on providing adolescent competent and friendly services.

5. Delivering Adolescent friendly services in a competent manner: (Core services include recreational activities, adolescent support group meeting, adolescent ART refill, counselling and testing, family planning, Gender based violence, tracking of defaulters, support for documentation)


Results: A review of activities within the centre shows relative improvement in access and uptake of services within the adolescent centre post upgrade; A total of 291(169 males & 122 females) visited the centre, 56% were in-school adolescent while 44% were out of school, the number of adolescents accessing the centre increased by 65% (291) post upgraded from the initial 175 attendees. In addition to other counselling services, 9% (25) were counselled and tested for HIV, of which 12% (3) were positive and linked to treatment. With the introduction of movies, library and recreational activities, male adolescent participation has also increased from 104 in quarter two to 169 in quarter three, similar, the number of adolescents picking up their ART increased from 57 in quarter two to 87 in quarter three.

Conclusion: Early results show that setting up an adolescent competent and friendly centre within an ART clinic holds potential for adolescent HIV epidemic control.
Continuous quality improvement approach in increasing reporting of sexual gender based violence amongst adolescence

Omware P1, Okeyo C1, Bodo C2
1Ministry Of Health, Migori, Kenya, 2Afya Ziwani, 

Background/Significance: Awendo sub county hospital, in Migori county is a high volume facility bed capacity of 60 which previously had low reporting of cases of sexual gender based violence(SGBV). The staffs at the facility formed a work improvement team and did a root cause analysis using fishbone diagram to establish the causes which were: knowledge gap amongst clinicians on the examination, management of survivors and perpetrators of SGBV and documentation of SGBV, ignorance amongst the members of the community on SGBV and available health services. Quality improvement (QI) is a cyclical process of measuring a performance gap; understanding the causes of the gap (RCA); testing, planning, & implementing interventions to close the gap; studying the effects of the interventions; and planning additional corrective actions in response. QI was to improve reporting and management of victims of survivors and perpetrators of sexual gender based violence (SGBV)

Objectives:
1. To improve on documentation and reporting of sexual gender based violence cases at the facility level by clinicians and health records officer.
2. To promote awareness in the community on SGBV and available services to encourage reporting
3. To improve on the management of SGBV victims and perpetrators.

Methodology/Interventions: Using a priority matrix the following interventions were put forward.
1. Having a focal person to coordinate SGBV issues such as availability of reporting tools.
2. Selection of four specific clinicians to be on call to examine, manage and document SGBV cases.
3. Mentorship of clinicians on the filing of SGBV tool.
4. Monthly data review meetings to verify reports.
5. Sensitizing community using health talks at the facility, chief’s baraza and using community health volunteers.

Results: In 2017 a total of 30 survivors of SGBV (0-9yrs-7 females, 10-14yrs-7 females, 15-19 yrs -10 females) and 2 perpetrators (15-19yrs) were examined. In 2018 a total of 44 (146.7%) survivors of SGBV (0-9yrs-7 females, 10-14yrs-24 342% females, 15-19yrs-10, above 20yrs-3) and 7(350%) perpetrator were examined. The increased numbers of cases were attributed to increased referrals from the community after being sensitized and improved reporting by designated clinicians seeing patients at the outpatient clinic who documented all cases in the relevant registers. After mentorship the use of the reporting tools acted as checklist in ensuring that the clients received comprehensive services and adequate documentation. This resulted in collection of adequate evidence to sustain conviction of all the perpetrators.

Conclusions:
1. Continuous quality improvement is essential in increasing reporting and monitoring in sexual gender based violence.
2. Girls aged 10-14 yrs are more susceptible to sexual gender based violence

Recommendations: Implement Continuous quality improvement at all service delivery points to improve on performance indicators
Enhancing government participation in SRHR through a multi-sectoral approach; a case narration of Kilifi County

Background: Projected population of Kilifi County is 1,498,647, Majority (65%) of the population is below the age of twenty-four. 15 to 24 year olds constitute 19% of the population. Sixty-one percent of inhabitants reside in rural areas, median age of first sexual intercourse is 18.4 years for females and, 17.7 years, for males. In 2014, only 20% of adolescent girls between the ages of 15 and 19 were using contraceptives, 59%, of these adolescents did not have access to contraceptives. This is more than double the national average unmet contraceptive need for this age group which (23%). Family planning coverage for women of reproductive age is at 34.7%. It is not surprising then that the teenage pregnancy rate in Kilifi was 30% in 2018, higher than the national average of 26%. This figure is also representative of an alarming increase in teenage pregnancy in the county from 22% in 2014. There is an increase in new HIV infections among adolescents too.

Materials & Methods: Between October 2018 and 17th April 2019, Kilifi County embarked on development of a strategy to curb down the increasing numbers of teenage pregnancies and increasing number of new HIV infections among adolescents. A desk review of existing documents was done followed by FGDS with interest groups which included adolescent’s in and out of school, opinion leaders, parents, religious leaders, cultural leaders and policy makers. Results from the focused group discussions were analyzed to come up with strategic responses that informed the formulation of a final strategic response document.

Results: The strategy implementation through a multi-sectoror approach has increased adolescent and youth participation in planning and decision making, 60 %of the members of the AYSRH TWG are young people while the county is working hard towards the introduction of a functional youth advisory council which will spearhead the implementation and ensure inter departmental synchrony. The county has formed an interdepartmental multisector taskforce against adolescent pregnancies. Department of health has seen an increased number of facilities providing adolescent friendly sexual reproductive health services from the initial 25 facilities to 75 facilities in one year of implementation and a pool of AYFS health care providers from 5 to 200.

To strengthen meaningful engagement of communities in adolescents and young people programs and policy processes health facilities have included young people in health management teams and young people for the first time will be included in the program implementation team at sub county and county levels. Since the launch of the strategy the line departments have recorded an Increased budget allocation to support SRHR efforts in line with the strategic objectives Increased youth participation particularly young women in advocacy for gender and SRHR, the gender policy development is led by the young people.

Conclusions: Multisector approach towards tackling ASRH issues in Kilifi County has proved to work in the early stages of the AYP strategy implementation, this approach combined with meaningful engagement of young people in policy formulation and reviews are key drivers to excellent ASRHR outcomes.

I SABI HIV adolescents and young people campaign on HIV and aids prevention: user center design (ucd) approach – the Nynetha-Lagos, Nigeria experience.

Objective: To identify effective approaches to significantly prevent incidence of HIV infection among Adolescents and Young People (AYP) aged 15 – 24 years in Lagos State, Nigeria.

Method: The user centred design (UCD) approach is one which takes into consideration a primary target audience to develop concerns, solutions and drive
Abstract

or lead interventions to solve problems that affects them, thus using community resources to solve community’s problems.

Virtual-time Online Intervention through Virtual Community Activities: this approach was used to reach AYP in their teaming populations on the various social media platforms (WhatsApp, Facebook, Instagram, Twitter etc.)

Real-time On-site Interventions through Social Peers Activities: HIV Testing Services, Peer Education Plus, Interpersonal Communication (IPC), Entertainment Shows, Film Show, and Community Drama for Development etc.

Findings/Results:

• Trained AYP were supported to lead advocacies and stakeholders engagements which had more impact breaking barriers.
• Comprehensive intervention including condom programming was allowed in about 80% of the schools, churches and mosques reached through tailored advocacy.
• About 90% of all the Gender Based Violence cases referred were reported through the virtual-online platform.
• Lower AYP who are sexually active were found to have little or no knowledge about safer sex practices and requested audio-visual BCC materials to enhance learning.
• Trained social media advocates developed contents and crafted messages with over 200 online sessions conducted and about 25,000 AYP engagements reached.
• The Virtual online session was found to be a Cornerstone approach for BCC intervention where peers prefer to keep to keep a partial anonymous status which makes it easier for them to open up and share their ordeals (difficult or worst experiences).

Challenges:

• Bottle neck policies still exist in school settings especially secondary schools and faith-based/religious settings which prevent AYP from access to comprehensive HIV and SRHR intervention.
• The value system and self-esteem perception for Upper and Lower AYP were seen to be very poor, which was a major factor for high vulnerability among the young stars.
• The virtual intervention via various social media networks (twitter, facebook, Instagram, youtube, WhatsApp etc.) were social interaction and sexual networking takes place have not been well explored to programme effectively for young people to improve their response.

Recommendations:

• The Virtual online programming needs to be well researched with respect to cost effectiveness for improved HIV response of AYP.
• The Peer Education Session should be gender specific (Boys Corner and Girls Corner): Female in-school/Out-of-school youth (FISY/FOSY) and Male in-school/out-school (MISY/MOSY).
• Adolescents and Young People should be empowered to engage stakeholders both at the grassroots and top level of decision and policy making to break barriers and review unfriendly policies.

Conclusion: AYP themselves can prevent incidence of new HIV infection among their respective populations if supported and empowered to take responsibilities in the fight to end HIV/AIDS. It is possible, it begins with us (#AYPHIVCampaign - #isabiHIV).

117

Optimizing treatment outcomes for adolescents and young people living with HIV in western Kenya through Operation Triple Zero.

Odhiambo F, Odhiambo S, Nziwa P, Bodo C, Onsomu J

1Path, Kisumu, Kenya, 2Ministry of Health, Kisumu, Kenya, 3Initiatives Inc, Seattle, USA

Background: Adolescents and young people (AYP) aged 10-24 years bear a disproportionate burden of HIV in Kenya, with AYPs accounting for half of new HIV infections in 2016 and only 61% of AYPs living with HIV achieving viral suppression. NASCOP initiated Operation Triple Zero (OTZ) an initiative aimed at improving treatment outcomes among AYPLHIV, by empowering AYPs to commit to the “triple zero outcomes” defined as zero appointments missed; zero pills missed and zero AYPLHIV with undetectable viral loads. OTZ focuses
on providing adequate ART treatment literacy to adolescents to ensure they adhere to their scheduled clinic appointments and to taking their drugs consistently, with an aim of achieving viral load suppression while on OTZ.

Methods: The OTZ package includes treatment literacy; peer support through social groups; counseling to mitigate self-stigma; support transitioning to adult care; and life skills building. PATH initiated implementation of OTZ in western Kenya in January 2018, introducing the approach to 78 facilities across 5 counties. A consent form was administered to the AYP to confirm commitment to the OTZ club. Service providers these facilities were sensitized on OTZ methodology; they then took lead in offering the OTZ package to the AYP during their clinical visits. We conducted a review of programmatic data to analyze viral load suppression at baseline, three months and 12 months for AYPs enrolled in OTZ.

Results: A total 1777 AYPs were enrolled in OTZ from January to December 2018. 50% of AYPs enrolled in OTZ were 10-14 years old, 37% were 15-19 years old, and 13% were 20-24 years old. Majority were female (59% 1048). At baseline viral load uptake was 75% (1332), with 68%(905) viral load suppression rate. At 3 months 32% (452) had a re-suppression rate of 66%(298). At 12 months the viral load suppression rate was 86% (778).

Conclusions: The OTZ initiative led to increased viral load suppression rates among AYP enrolled in the program, thus leading to improved treatment outcomes for AYP. To help Kenya attain and maintain epidemic control, expansion of OTZ is critical to support AYP/HIV achieve viral suppression and cultivate positive health-seeking behaviors as they transition into adulthood.

Strengthening mHealth solutions in promoting HIV-self testing among adolescents and young people in Kenya: A data quality management approach for one2one integrated digital platform

Ombati C1, Kimathi R1, Mbugua J1, Kioko A1, Ondiek C1, ikahu A1
1LVCT HEALTH, Nairobi, Kenya

Background: HIV testing and counselling (HTC) is an essential step towards HIV prevention both HIV-infected and uninfected persons. Knowledge on HIV status reduces by more than 60% HIV transmission through improved risk-reduction behaviour. Kenya National HTC strategy integrated HIV self-testing (HIVST) model to help achieve the first 90. HIVST has potential to expand HIV testing among adolescent and young people who have low testing rates. However, due to the autonomous nature of self-testing, limited access exists to relevant information and counselling support typically provided by in-person HIV testing counsellors. E-health interventions such as mobile technology are already being used within the global HIV response. LVCT Health in collaboration with Population Services Kenya, adopted the use of technology to provide information and online support on HIVST services. A continuous quality improvement project was initiated to improve completeness of documentation from a baseline of 45% in November 2018 to a target of 90% in April 2019.

Methods: LVCT Health instituted a work improvement team (WIT) in October 2018, to respond to data quality management. WIT adopted brainstorming model and identified gaps and the decision matrix was used to rank the gaps and documentation scored highest. The fish-bone model was used to identify the possible causes of poor documentation: low staff knowledge on documentation and high workload; clients not willing to disclose personal information such as HIV status and age; clients hanging up before completion of data form and SMS system limited not to probe for client demographics automatically. Plan-Do-Study-Act strategy was instituted to ensure completeness of data collected through; capacity
building sessions for counsellors on completing data form and skills of getting information from clients, counsellor debriefing on burnout, automation of Bulk SMS system to collect demographics and in-built-system quality checks. Two data quality assessments were done by monitoring and evaluation division in January and May 2019 to establish the progress.

**Results:** From a baseline of 45% in November 2018, the quality check indicated an increased quality in completeness of data both in calls and SMS in January at 56% and 89% in May 2019. The project is still being monitored to ensure the 90% target is met and sustained.

**Conclusion:** System checks and building capacity of counsellors, improved quality of HIVST data recorded for young people accessing information via the hotline. Quality improvement projects are ideal in reference to quality of service and we recommend scaling up of the process in similar areas of service delivery affecting the young people so as to strengthen the mHealth services. The Ministry of Health should incorporate continuous quality improvement in the Kenya Standards and Guidelines for mHealth Systems.

119

**Unmet family planning (FP) needs among sexually active adolescent girls accessing oral PrEP services in Kenya**

*Njoroge R*, Kamau M, Marwa T, Were D, Musau A

1Jhpiego, Nairobi, Kenya

**Background:** Adolescent girls engaging in unprotected heterosexual intercourse are at risk of HIV infection and unwanted pregnancy. In developing regions, 16 million girls (15-19 years) give birth annually. In Kenya, adolescent pregnancies rates are common and approximately one in every five adolescents has conceived or experienced a live birth. Globally, complicated pregnancies and childbirth are the leading cause of death for adolescent girls. Additionally, in 2017 alone, 590,000 young people (majority girls) aged 15 to 24 years were newly infected with HIV, nearly half being adolescent boys and girls. In Kenya, 51% of new HIV infections occur among adolescents and youth. We investigated the predictors of unmet need for FP among sexually active adolescent girls seeking PrEP for HIV prevention through sites supported by Jilinde in ten counties in Kenya.

**Methods:** We analyzed de-identified data collected between June 2017 and May 2019. Data was abstracted from records of female adolescent PrEP clients from 86 sites. This data was based on the MOH PrEP encounter form, which captures data related to each clinic visit. We restricted our analysis to data from the initial visit. Analyzed data included socio-demographic details, sexual behaviours, pregnancy status, fertility intentions and FP use. Unmet need for FP was defined as not being pregnant, not using FP and not intending to have a child in the following 2 years. Unmet need was as a binary outcome variable. Associations of independent variables with unmet need were estimated using bivariate logistic regression. Significant variables were used to estimate a multivariate logistic regression model and interpreted.

**Results:** Data from 1851 adolescent PrEP clients were analyzed. Median age was 18 years and majority (68.4%) were sex workers. A small proportion (11.7%) were attending school, and majority were single (88.4%). Nearly all (96.5 %) reported inconsistent condom use and majority (82%) engaged in sex with partners of unknown HIV status. Unmet need for FP was high (62%). Single adolescents experienced higher unmet need, AOR 2.24 (1.58-3.20) as were adolescents accessing PrEP through public facilities, AOR 2.05 (1.42-2.95) or from private facilities, AOR 1.80 (1.13-2.89) compared to drop in centres (DICEs). Adolescents who engaged in sex predominantly with partners of unknown HIV status, AOR 1.63(1.21-2.20) or from the Coast region, AOR 1.55(1.12-2.15) experienced a higher unmet FP need. Compared to adolescents from the Nairobi region, those from the Lake region experienced lower unmet need, AOR 0.33(0.25-0.44). All these associations were significant at p<0.05.

**Conclusion:** Surprisingly, unmet need for FP among sexually active adolescents accessing HIV prevention services was high. This underscores the urgent need to integrate and pair family planning and HIV prevention services across all service delivery points that serve adolescent girls. Furthermore, behavioral risks reported to drive adolescents to access PrEP are overlapping risks for unwanted pregnancies. Strengthening programming for pregnancy prevention in geographies where intense HIV programs targeting
adolescents are implemented is needed urgently. Training of health care providers to offer empathetic combination prevention services in public and private facilities comparable to what is provided through DICEs is recommended.

120

Let Youth Lead: Adolescent participation through social accountability to improve the quality of health services

Nchephe M, Nkuatsana M1, Vivas M2
1Ministry of Health, Maseru, Lesotho, 2UNICEF, Maseru, Lesotho

Background: Adolescents make up 18% of the total population of Lesotho, a country with the second highest prevalence of HIV in the world. While HIV-related outcomes have improved for other age groups, this is not the case for adolescents. Overlapping risk factors, such as high rates of teenage pregnancy (19%) and low comprehensive knowledge of HIV (30%), place adolescents at substantial risk of contracting HIV, in particular girls. Sexual and reproductive health (SRH) services for adolescents and young people (AYP) are not readily available and only a third of health facilities comply with existing guidelines on adolescent-friendly health services (AFHS). Against this background, Let Youth Lead, was initiated to improve the quality of AFHS, and access to SRH services for AYP through social accountability.

Materials & Methods: At community level, AYP were mobilized by implementing partners to elect their youth advocate (YA)—their representative in the Health Center Committees (HCC). Service Provider (SPs) and YAs were trained on social accountability and AFHS and changes in knowledge were assessed through training impact evaluation tests. Participatory methods were used in the development of the community score card—which was modelled after the AFHS Standards monitoring and evaluation framework. Consensus was built between SPs and YA on the criteria within the standards that would be monitored. YAs, through community dialogues, collected AYPs perception of services through the score card and presented the results to the SPs at interface meetings. The SPs and YAs decided on a common score and developed community score card action plans which are monitored quarterly. Actions that were beyond the SPs control, were escalated to district and national interface meetings. YAs, through community dialogues, kept AYP informed of the actions taken at the health center, district and national level—creating an accountability feedback loop.

Results /lessons learned: Overall 41 health centers in the country (20%) are participating in the process. To date, 3,284 AYP have been mobilized through the scorecard administration—identifying limited AYP knowledge of SRH rights and services, unfriendly health worker attitudes, long waiting hours, and inadequate opening hours as the major deterrents to service access. To address these concerns, score card action plans were developed and implemented. As a result, service provider knowledge on AFHS increased 40%, and youth advocates’ knowledge on their SRH rights improved by 42%. Other achievements included the strengthening community-facility linkages, the institutionalization of AYP participation in HCCs (100%), changes in facility opening hours to accommodate AYP, or the introduction of specialized days for adolescent services where time adjustment were not possible.

Conclusion: Let Youth Lead generated understanding on AYP experiences and needs, placing them at the forefront of action. It strengthened community-facility linkages, improved AYP knowledge on SRHR and improved quality of AFHS. Most importantly Let Youth Lead created awareness among AYP of their rights. Next steps in the implementation of Let Youth Lead includes monitoring of community scorecard action plans, interface meetings at district and national level, and scale up to an additional two districts.
Abstract

121

Continuous quality improvement approach in increasing pre exposure prophylaxis uptake amongst adolescents and young women of reproductive age

Omware P1, Agunda P2, Lawi R3, Gwaro H2, Bodo C3
1Ministry Of Health, Migori, Kenya, 2Jilinde, Migori, Kenya, 3AFYA ZIWANI, Migori, Kenya

Background/Significance: Awendo sub county hospital, in Migori county is a high volume facility with 2496 on care which include 78 (10-14yrs), 69 (15-19 yrs) and 103 (20-24yrs).The facility previously had a low monthly enrolment on prep. The staffs at the facility formed a work improvement team and did a root cause analysis using fishbone diagram to establish the causes which were: Knowledge gap amongst clinicians and nurses on prep, inadequate sensitisation of the community, centralisation of PREP services at the outpatient. Quality improvement (QI) is a cyclical process of measuring a performance Gap understanding the causes of the gap (RCA); testing, planning, & implementing interventions to close the gap; studying the effects of the interventions; and planning additional corrective actions in response. QI was to sensitise staffs and the community on prep and decentralise prep services from the outpatient.

Objectives:
1. To increase enrolment of clients on prep by 100% in 6 months time.
2. To sensitise the staff on PREP
3. To promote awareness in the community on prep and availability
4. To decentralise prep services from the outpatient.

Methodology/Interventions: Using a priority matrix the following interventions were put forward 1.Formation of a prep work improvement team and whatsapp group 2.Continuous medical education on prep and documentation of tools 3. Daily health talks at the facility 4. Mobilisation through youth peer providers, HTS counsellors, peer educators, nurses and clinical officers. 5. Monthly data review meetings.

Results: In 2018 a total of 107 were enrolled into prep according to the following age distribution 15-19yrs- 2 females, 20-24 yrs-7 males, 25 females over 25 years-34 males, 39 females. In 2019 from January to end of June a total 167 (156%) clients were enrolled into prep according to the following age distribution 15-19yrs -1 male (100%), 27 females (1350%), 20-24yrs-7 males(100%), 68 female (272%) and above 25 yrs 32 males (94%), 32 females(82.1%) . The facility also decentralised PREP from outpatient to maternal child health clinic (ANC, PMTCT &Immunization clinic)

The increased numbers of clients in 6 months was due to increased sensitisation of staffs, recruitment of youth peer providers that that helped in mobilisation and daily health talks that helped in sensitisation of the community.

The increased number of adolescents (15 -19 yrs) and young women (20-24%) was due to use of peer educators.

Conclusions: Continuous quality improvement is essential in increasing enrolment of adolescents and young women of reproductive age into PREP.

Recommendations: Implement Continuous quality improvement to improve PREP uptake amongst adolescents and young women of reproductive age.

122

Title: The long-term behaviour change impacts of the integrated, comprehensive HIV Prevention package of Lihawu Male Mentoring Camp

Churchyard T1, Khela Adams A2
1Kwakha Indvudza, Mbabane,, Eswatini, 2The Centre for HIV/AIDS Prevention Services , Mbabane, Eswatini

Background: HIV prevalence amongst adults (15+) Swazis is 27%. Whilst significant progress is being made towards the 95-95-95 UNAIDS Fast track targets, adult circumcision rates remain lower than neighbouring countries (38.2% in 15-24 year olds). There is no cultural circumcision and all other male health service uptake remains lower than that of women, especially amongst young men (SHIMS2, 2017).
Between 2015 and 2018, Kwakha Indvodza, The Centre for HIV/AIDS Prevention Services (CHAPS) and the Government of Eswatini MOH, with support from USAID conducted 40 male-only weekend camps named Lihawu ('Shield') Male Mentoring Camps with 1017 participants aged 15-29 (the VMMC “pivot age”). The three-day camp curriculum used elements of Bantu and Swazi tradition to combine youth-friendly health and HIV prevention information sessions with goal setting, gender norms transformation, violence prevention and mentoring opportunities. At the end of camp, a comprehensive package of HIV prevention products and services was offered to participants, including on-site VMMC through a mobile clinic. Seventy-three percent of these clients underwent VMMC on the final day of camp, or shortly afterwards whilst 91% underwent HTS. Over 20,000 condoms were distributed to camp participants (all KI Project Report, 2018).

Lihawu Male Mentoring Camp has been featured by UNAIDS and others as a regional promising practice.

Method: This paper builds on data collected during an independent pragmatic program evaluation conducted by CHAPS Swaziland and the Indiana University. Responses were gathered by Sihle Mankhanya and Michele Ramirez during 11 FGDs with successful VMMC clients (5 with past camp participants, 6 with those who undertook routine facility-based VMMC). Participants were randomly drawn from all regions of Eswatini (including rural and urban areas) at least 6-months post-procedure. Forty-three participants took part in the min. hour-long FDGs which ranged in size from 4-9 participants each. Audio-recordings of the responses were transcribed and then translated verbatim before being analysed.

Results: Even at 6-months post-intervention, camp participants demonstrated significant improvement in tolerance for gender equality and gender sensitive attitudes and lower acceptability of GBV. Also, camp participants showed improved knowledge and self-reported practices of VMMC complementary HIV prevention behaviours such as condom usage and couple communication. Lastly, those who attended Lihawu Camps showed improved understanding of goal setting and career planning. Conversely, those who underwent regular VMMC had low/no knowledge of VMMC complementary HIV prevention services and behaviours and were more resistant to gender equality. All respondents continue to express a resistance to LGBTQI rights.

Conclusion: Whilst a small sample size, Lihawu Male Mentoring Camp participants clearly demonstrate not only increase in HIV prevention service (VMMC, HTS, STI screening) uptake but a comprehensive HIV prevention knowledge and increase in gender-equitable views on exit, which continue through 6-month follow-up.

Lihawu participants surveyed suggest that the intervention had a long-lasting positive impact on HIV-risk behaviours as well as in reducing attitudes which impede gender equality and GBV prevention.

Lihawu Male Mentoring Camp and qualitative interventions like it represent opportunity to integrate SBBC messaging into existing bio-medical HIV prevention interventions, serving to bridge a current gap in response.
Evaluation of TB screening, clinical profile and ART initiation among HIV positive children and adolescents in Gaza Province, Mozambique, 2015-2018

Munyangaju I1, Muhwa A1, Nhabanga A1, Cassamo A1, Mikusova S1, Musarandega R1, Greenberg L1, Nhangeve A1, Filipe E4, Bhatt N1

1Elizabeth Glaser Pediatric AIDS Foundation, Maputo, Mozambique, 2Elizabeth Glaser Pediatric AIDS Foundation, Washington DC, United States of America, 3Núcleo Provincial de Pesquisa de Gaza, Direcção Provincial de Saúde, Gaza, Mozambique, 4Direcção Nacional de Saúde Pública, Ministry of Health, Maputo, Mozambique

Background: Mozambique’s health system has experienced a growth of software platforms for reporting, analysis and dissemination of health data. These platforms can improve overall patient care, enable evaluations of clinical practice and facilitate clinical research. In Gaza province, Open MRS (a web-based electronic database transcribed from the patient paper-based medical record) is used to record individual patient data from the HIV care and treatment program. We analyzed data from Open MRS to assess TB/HIV clinical care of children, adolescents and young adults aged ≤24 years.

Methods: We extracted data entered in Open MRS between January 2015 to December 2018 for HIV-positive children, adolescents and young adults aged ≤24 years who had baseline TB screening in 96 health facilities in Gaza. We calculated proportions initiated on ART, with a baseline CD4, initial TB smear test and result, WHO HIV clinical staging (pulmonary TB and extra-pulmonary TB are defined as stage III and IV, respectively), with TB diagnosis, and TB treatment initiation and completion.

Results: Data for 48,966 HIV-positive children/adolescents/young adults were extracted. Only 9,110 (18.6%) had documentation of TB screening and were eligible for inclusion in the analysis; 8,517 (93.5%) patients screened for TB were on ART. Of 9,110 screened for TB, 53.0% (4,815) had TB smear result recorded [75 (1.6%) patients had a positive result]. No record of GeneXpert testing was found. Of 9,110 screened for TB, 86.6% (7,887) were initiated on TB treatment [3,593 (46.0%) had no TB smear results recorded]. Among those who started TB treatment, 65 (86.6%) were initiated on TB treatment. WHO HIV clinical stage 3 and 4 was documented in 1,202 (15.3%) and 193 (2.5%) patients, respectively. Among those who started TB treatment, 6,710 (85.1%) should have had treatment outcome registered by the end of 2018. However, only 96 (1.4%) had a TB treatment end date entered in Open MRS.

Conclusion: TB screening and treatment completion among HIV-positive children and adolescents is inadequate or undocumented in Open MRS. There is an urgent need to validate the information in Open MRS with the paper-based medical record to assess completeness of reporting and ensure patients receive care that meets national guidelines. In addition, intensive technical support and on-job training of clinical staff is critical to improve the lack of adherence to the TB diagnostic algorithm. For TB eradication by 2030, it is pivotal that strong clinical services and robust monitoring and evaluation are coupled under the national programs.
International Workshop on HIV & Adolescence 2019

Abstract Book Only
A Critical Review of Sexual and Reproductive Health Policy for Adolescents in Nigeria

Zhang A¹, Lachir Y², Ohagwu P³, Wright I¹, Folayan M¹, Sam-Agudu N¹,²,⁵,⁶
¹University of Maryland School of Medicine, Baltimore, USA, ²University of Maryland School of Pharmacy, Baltimore, USA, ³University of Maryland School of Social Work, Baltimore, USA, ⁴Department of Child Dental Health and Institute of Public Health, Obafemi Awolowo University, Ile Ife, Nigeria, ⁵International Research Center of Excellence and Pediatric/Adolescent HIV Program, Institute of Human Virology Nigeria, Abuja, Nigeria, ⁶Division of Epidemiology and Prevention, Institute of Human Virology, Baltimore, USA

Background: Adolescents and young people (AYP) aged 10 to 24 years old constitute approximately 30% of Nigeria’s population of >200 million people. Additionally, at 230,000, Nigeria has the second-largest population of adolescents living with HIV (ALHIV) aged 10-19 years old worldwide. In general and in the context of the HIV epidemic, adolescents in Nigeria have experienced large unmet needs for their sexual and reproductive health (SRH). We reviewed key national documents to analyze the comprehensiveness of Nigerian policy regarding SRH services for adolescents.

Materials and Methods: We identified and reviewed relevant documents pertaining to Nigerian SRH policy for AYP. Selection criteria were as follows: written by the Federal Government of Nigeria, published within the last five years, and addresses SRH and/or HIV and adolescents and/or young people. The World Health Organization’s (WHO’s) 2018 Recommendations on Adolescent SRH and Rights outlined eight benchmarks that served as standards for the critical review: comprehensive sexuality education; contraception counselling and provision; antenatal, intrapartum and postnatal care; safe abortion care; STI prevention and care; HIV prevention and care; violence against women and girls prevention, support and care; and harmful traditional practices prevention.

Results: Five key documents were identified: the 2014 Guidelines for Young Persons’ Participation in Research and Access to SRH Services; the 2016 National HIV Strategy for AYP; the 2016 National Guidelines for HIV Prevention, Treatment and Care; the 2017-2021 National HIV/AIDS Strategic Plan, and the 2019 National Youth Policy. No one document addressed all eight WHO recommendations. In totality, the five documents provided guidelines for seven of WHO’s eight benchmarks. Recommendations for safe abortion care were absent from all documents reviewed. Our analysis highlighted additional gaps: the current (2003) national comprehensive sexuality education curriculum is outdated; and collectively, the policy documents do not explicitly address or provide strategies for comprehensive access to preventive care; especially, HIV testing, PrEP and contraception for minor AYP. Besides the 2014 Research/Access policy recommendation of 14 years, no other document specifies an age of consent for SRH services among minors <18 years old.

Gender-based violence was mentioned by all five documents, however no actionable recommendations were provided besides legal action. Three documents mentioned harmful traditional practices; besides calling for the ratification and enforcement of the United Nations’ Convention on the Rights of the Child in all Nigerian states, no recommendations were made.

Conclusion: Policies and strategies are particularly needed to address age of consent and access to/provision of contraception and safe abortion for AYP. The legislative response to gender-based violence and harmful traditional practices remains inadequate and inconsistently adopted across states. Overall, there was a paucity of recommendations for ancillary services such as psychosocial counseling and protection for survivors of gender-based violence and harmful traditional practices. There is a need to update, reduce fragmentation, and improve consensus and comprehensiveness of Nigeria’s current SRH policy for AYP.
Youth-driven strategies to overcoming school-based barriers in delivery of comprehensive HIV and SRH programming and services in Malawi

Cohen I, Coakley C, Miller S, Bozuwa A

1Grassroot Soccer, Inc., Hanover, United States

Background: While the percentage of young people demonstrating sufficient knowledge on HIV risk and transmission is relatively high, condom use amongst young people is low. Young people face obstacles to accessing sexual and reproductive health (SRH) services, which increases their risk of HIV transmission. While the school is a natural space to access young people, it has structural barriers which prevent young people from receiving holistic support and care. A shortage of female teachers reduces the number of role models and safe spaces for female students. Restrictive policies around service provision on school grounds limit the space and time for those services. Recognizing that structural changes are long-term, it is critical to consider more immediate youth-driven solutions.

Materials and Methods: Using contextualized, evidence-based curricula, near-peer facilitators (or “Coaches”), and interactive culture, Grassroot Soccer (GRS) harnesses the power of soccer to build young people’s health assets, facilitate their access to services, and promote their adherence to healthy behaviors. This approach is known as SKILLZ. GRS partners with organizations and governments to build their capacity to deliver SKILLZ. In Malawi, GRS has partnered with 15 organizations across 23 districts to reach 83,174 young people. 60% of participants have been reached in the school environment. Through routine monitoring, programme reviews, and internal evaluations, GRS has identified key youth-driven approaches to overcoming the aforementioned challenges.

Lessons Learned: Youth-driven strategies to ensuring mixed-sex, youth-friendly facilitators within school-based SRH and/or HIV prevention programming include:

- Involve young people in coach recruitment. Empower young people to take a role in monitoring coach performance.
- Pair a teacher coach with a coach from the community, expanding the young person’s network outside of school and promoting sustainability if the teacher is relocated. Ask the young people to identify community leaders.
- Create a trajectory for SKILLZ participants to become coaches when they graduate from the program.

Youth-driven strategies to navigating policy restrictions around service provision include:

- Host Youth Friendly Open Days (YFOD) in conjunction with SKILLZ graduations. YFOD include debates competitions, football, dramas, and service provision. If the YFOD is promoted as a weekend community event, school grounds can be used for service provision. Inviting the community creates a culture of learning and an opportunity for the young people to showcase what they have learned in SKILLZ.
- Set up a youth tent at YFOD. Young people may be discouraged from accessing services if they have to queue in the same line as older people.
- Train young people on HTS and disclosure. Assign the young person to be at the clinic during certain hours. Communicate to the participants when the coach will be at the clinic.

Conclusions: The school provides a prime opportunity to build young people’s health assets, provide access to services, and promote adherence to healthy behaviors yet there are long-term structural obstacles. To ensure programs are youth-driven, it is critical to engage young people to lead their own solutions and engage their broader networks in order to improve SRH and HIV related outcomes.

Abstract number 127 has been withdrawn.
Roll out of Routine Viral Load Testing in two rural districts within Masvingo Province, Zimbabwe: a programmatic review of uptake among adolescents

Kunzekwenyika C, Mupamhadi J, Gwatinyanya M, Magara T, Van Dijk J
1Solidarmed, Masvingo, Zimbabwe, 2Ministry of Health and Child Care, Masvingo, Zimbabwe

Abstract

Background: The WHO recommends viral load (VL) as the gold standard monitoring test in HIV. In 2015, the Zimbabwe Ministry of Health and Child Care (MoHCC) released a 5-year VL scale-up plan, aiming for all patients on ART to have an annual VL test by the end of 2018. SolidarMed (SM), an aid organisation in health working in partnership with MoHCC, supports the VL scale-up in 3 districts in Zimbabwe, with special focus on adolescents and children. We share our experiences and findings related to the routine VL testing among adolescents managed at 17 Health Facilities (HF) in two districts.

Methods: Through focused training and mentorship of health care workers, annual VL testing in children and adolescents was introduced in the period 2017-2018. Tests were carried out on either plasma or dried blood spot (DBS) samples depending on vicinity to laboratories. Nine HFs collected plasma samples, which were transported using existing sample transport system to be processed at the main provincial laboratory in Masvingo using the Roche platform. Eight HFs located furthest from the laboratory, collected DBS samples that were transported using courier for processing either locally, using the Abbot platform, or at a laboratory in South Africa using the biomerieux platform.

Results: By the end of 31 March 2019, 496 adolescents and young people aged 10-24 years were on ART and eligible for a VL at the HF under review. Of these, only 282 (57%) ever had a VL done since the VL roll-out in 2017. 135(48%) plasma samples were processed at the provincial laboratory and 147(52%) DBS samples were processed through national or international referral laboratories. Turn-around time (TAT) of test result from collection of blood to patient receiving results ranged from 4 weeks for DBS at SA laboratory, to 6 weeks for plasma samples at the provincial laboratory, to 3 months for DBS at national laboratory.

Of the 480(97%) patients on 1st line treatment, 256(54%) had a VL done, of which 121(47%) were above 1000 cps/ml. According to records only 58 received Enhanced Adherence Counselling (EAC), and 55(95%) patients had a repeatedly detectable VL>1000cps/ml after EAC. Only 6(11%) were switched to 2nd line regimen. Of the 16 patients on 2nd line treatment all had a VL done, of which 3(19%) were above 1000cps/ml. Repeat VL after EAC confirmed virologic failure in all 3, currently awaiting drug resistance testing.

Conclusions/lessons learnt: Relatively low number of routine VL testing is done among adolescents and actioning on results was frequently delayed, suggesting that the overall success of roll-out heavily depends on the skills and awareness of HCWs to provide routine testing, as well as on system strengthening to improve patient follow-up and timely switch to 2nd line treatment in case of confirmed treatment failure. DBS sample collections plays an important role in the hard-to-reach areas.

Innovative ways are needed to improve viral load uptake by adolescents in rural communities with far distances to their health facilities. Platforms such as support group meetings can be used to facilitate viral load monitoring.

Lessons in Delivering HIV Prevention to Adolescent Girls and Young Women and HIV Prevention in sub-Saharan Africa

Donaldson E, Rodrigues J, Segal K, Warren M
1AVAC: Global Advocacy for HIV Prevention, New York, United States

Background: To begin to address the disproportionate number of new HIV infections among adolescent girls and young women (AGYW) in sub-Saharan Africa (SSA) HIV prevention services and products need to meet the needs of this
Abstract

population. An understanding of the factors that influence AGYW’s awareness, acceptance, uptake, adherence and championing of HIV prevention is essential to ensure their needs are met by existing and new HIV prevention services and products. The landscape of research on AGYW and HIV prevention is highly saturated, and it is important to understand the full scope of projects underway to minimize duplication and apply existing findings to new projects. Since 2017, the HIV Prevention Market Manager has analyzed findings across the prevention journey to identify knowledge and gaps in understanding.

Methodology: A review of ongoing and planned research 2012 to present on HIV prevention and AGYW ages 13-29 in SSA was conducted. Individual findings from interim results and completed projects were plotted along the behavior change framework (awareness, acceptance, uptake, adherence and championing). Projects with a primary objective other than HIV prevention or findings broadly focused on AGYW well-being were excluded.

Results: The review identified 81 organizations working on seven planned, 90 ongoing and 23 completed projects. Analysis of final or interim findings from ongoing and completed projects found 308 unique, relevant findings from 49 projects. The majority of findings focused on individual knowledge, attitudes and skills of AGYW and fell in the awareness stage of the prevention journey. Across projects common concerns were: product side effects, particularly with PrEP, low self-perception of HIV risk, and low adherence. Social support, in the form of emotional, appraisal and informational support, from partners, peers and family members for HIV prevention is a determinant of both AGYW risk behaviors and product uptake and adherence. Trust in relationships with male partners motivates AGYW prevention choices, as well as whether they disclose product use. Some AGYW prefer to keep their product use private, fearing their partners will disapprove, and make decisions based on how effectively they can maintain their privacy. Healthcare providers have limited capacity to meet the sexual and reproductive health needs of AGYW which is linked to judgmental attitudes toward sexual activity of adolescents and inadequate spaces to discuss HIV prevention, and sexual health.

Conclusions: Misconceptions about HIV prevention products underscores the need for expanded access to and development of accurate information, communication and education campaigns that resonate with AGYW. While many projects reported low adherence to HIV prevention methods, there is a need to investigate strategies that improve continued use of HIV prevention products among AGYW. This mapping is updated with new findings as they are published, can inform collaborations and guide funders and implementers when considering new investments and research on understanding how AGYW engage with HIV prevention products and services.

130

A Descriptive study of the Challenges of Condom Compatible Lubricants Usage amongst adolescents and young adult Men who have sex with men in Lagos State, Nigeria.

Oke G1, Adebimpe P2, Ajani F3

1Initiative for the Development of Next Generation, Nigeria, Osogbo, Nigeria, 2Department of Public Health, University of Medical Sciences, Ondo, Nigeria, 3Axios International, Abuja, Nigeria

Background: Men who have sex with men have a heightened vulnerability to HIV infection. Condoms still remain the single most effective safer sex aid in prevention of HIV. However, without the accompaniment with personal water based lubricants, they may break off, slip off during anal intercourse increasing vulnerability to HIV. This study sought to explore challenges and experiences of condom compatible water based lubricants use amongst MSM.

Method: Five focus group discussions were conducted with men who have sex with men age range of 17-29 (n=252). Purposive sampling was used to recruit study participants through announcements at relevant meetings, Safe spaces and Peer networks in Lagos, Nigeria. Focus group discussions were digitally recorded and transcribed verbatim. Using ATLAS.ti software, a set of a priori concept-driven codes were applied to the transcripts. They provided information about their
Abstract
demographic characteristics. The analysis concentrated on availability and accessibility of lubricants, sexual practices including lubricant use and HIV risk perception. Well Structured data collection tools were used. Thematic approach was applied.

Results: 40.1%, 33.7% and 26.2 are of Igbo, Yoruba and Hausa tribe respectively. 35.7% are living with their partners. 6.3% claimed to be atheists. 31.7% use and have easy access to lubricants by virtue of being in contact with their local LGBTI organization and having peer networks close to LGBTI organizations. 55.6% are not using any form of lubrication of which 29 of them cited stigma associated with identifying with MSM and distance from the LGBTI organization safe spaces, as a reason for poor accessibility. 12.7% revealed poor usage of water based lubricants and poor accessibility. The fear of losing a partner, water based lubricants drying fast and preference for oil based lubricants were highlighted to be causes of poor usage. HIV risk perception was low and 60.3% practice unprotected anal sex. Their narratives revealed that 25.8% of all respondents use some form of lubrication with no condoms. 50% highlighted stigma, discrimination and heteronormative assumptions amongst health care workers as reasons for not seeking HIV tests. 95.2% think easy access to condoms and lubricants can help prevent the spread of HIV among MSM and 81.7% would use condoms and lubricants if they are readily available and easily accessible.

Conclusion: Various LGBTI organizations should be lobbied to make Condom-compatible lubricants and condoms easily accessible to MSM to help increase lubricant use and decreasing HIV transmission. Stigmatization against MSM should also be stopped.

The Journey from a Positive HIV Self-test to Linkage and Treatment: Barriers and Enablers Among Adolescent Girls and Young Women in Zambia


Background: We sought to understand experiences and decision-making regarding confirmatory testing and ART initiation among adolescent girls and young women (AGYW) who screen positive on HIV self-test (HIVST) in order to inform development of interventions targeting linkage to HIV treatment in this population.

Methods: We organized social events (e.g., nail-painting) to recruit at-risk AGYW aged 16-24 years in Lusaka, Zambia. Following informed consent, participants received HIVST kits and were trained on how to use them. Participants were encouraged to use the HIVST kit within two weeks of enrollment and follow-up with the study team within one month if HIVST+. Participants who did not present within a month were traced. In-depth interviews (IDI) were conducted with AGYW who self-reported a HIVST+ result. IDIs used an open-ended guide and were conducted in AGYW’s preferred language. Thematic analysis and case comparison were conducted using NVIVO.

Results: A total of 14 AGYW reported a HIVST+ result, of whom 10 completed an IDI. At the time of the IDI, 7 had undergone confirmatory testing and 4 had initiated ART. In general, AGYW described difficulties interpreting HIVST results, accessing clinics for confirmatory testing and initiating ART. Despite the training provided, three (33%) AGYW reported having difficulties interpreting their results. Three participants had not linked to their local clinic: one suspecting fatal misdiagnosis of her late sister, another fearing recognition and a third reporting unhygienic surroundings, long wait, and lack of care and attention from staff who favoured some patients over others. Timely ART initiation
depended on trust in confirmatory test results, non-discriminatory treatment - ‘like a person’, current health status, having children to support, maternal support, and discreet ART pick-up. Though AGYW expressed disbelief, denial and pain related to their positive test results, those who initiated ART seemed less concerned with understanding where has this come from? The others wanted reconfirmation by ascertaining which sexual partner was HIV+ or repeat HIV test. Those with children intended to begin ART. The rest grappled with fear of disclosure, ridicule, pity, judgement and reduced possibilities for child-bearing and marriage. AGYW suggested both integrating and disintegrating testing and ART pick-up from other health services/clinic to maintain privacy and reputation. AGYW preferred to disclose to mothers and sisters over friends unless their group included those on ART. All trusted persons encouraged ART initiation and adherence. Though friends’ stories of ARV size were scary (dying was better), 2 AGYW described persevering and overcoming side-effects.

Conclusions: This study confirms prior findings of the acceptability of HIVST among AGYW, but raises concerns about their willingness to pursue swift linkage and treatment. Participants highlighted the importance of discreet confirmatory testing and ART services to preserve their self-image and reputation. Marital status, children, and nature of primary relationship should be considered when counseling newly diagnosed AGYW. Early support through a trusted female relative or friend may be critical to accepting HIV status, confirmatory HIV testing and ART initiation.

Perception of Risk and Vulnerability of Adolescents and Young Persons to HIV Infection in Bonny Town, Rivers State, Nigeria.

Usinoma A1, Ijadunola K1
1Department of Community Health, College of Health Sciences, Obafemi Awolowo University, Ile-Ife, Nigeria

Background: Nigeria has the second highest burden of HIV in the world with Adolescents and Young Persons (AYP) contributing a significant 28.3% of the entire Nigerian population, and HIV prevention efforts among them in the direction of perception of vulnerability to infection are important to achieving sustainable HIV control. This study assessed AYP’s level of comprehensive knowledge of HIV infection, their perceived risk of HIV infection and compared that to their assessed vulnerability status toward acquiring the infection in Bonny Town, Rivers State, Nigeria.

Materials and Methods: The study was conducted in Bonny Town, Nigeria. It was population-based and comprised both quantitative and qualitative methodologies. The quantitative study employed a descriptive cross-sectional design. Sample size was determined using the formula for estimating single proportions. Two hundred and fifty respondents aged 10-24 years were selected for the quantitative component using a multi-stage sampling technique involving three stages. The qualitative component involved six Focused Group Discussions (FGD) with forty-eight participants (eight per session) who were homogeneous in their ages. Interviewer-administered questionnaire, adapted from the National Reproductive and Health Survey (NARHS) questionnaire was used to collect data on socio-demographic variables, knowledge of HIV and AIDS, modes of transmission, perception of risk of HIV infection, prevalent HIV risk indicators and vulnerability towards HIV acquisition. Quantitative data were analysed using STATA 13, subjected to univariate and bivariate analyses (Chi-square test). Sensitivity, Specificity, Positive and Negative predictive values were used to compare perceived risks and assessed vulnerability to acquiring HIV infection. Statistical significance was set at p<0.05. Qualitative data were transcribed verbatim, coded.
and analyzed using Atlas.ti software, the result was used to triangulate the quantitative findings.

**Results:** Respondents’ level of awareness of HIV and AIDS was high at 100%, while their comprehensive knowledge of HIV and AIDS was very low at 17.2%. Only 7% of the respondents perceived themselves to be at high risk of HIV infection compared to the researcher’s assessment of high vulnerability of 62%, while 93% perceived themselves to be at low/no risk of HIV infection compared to the researcher’s assessment of low vulnerability of 38%. Sensitivity, Specificity, Positive and Negative Predictive Value of self-perception of risk of infection compared with their vulnerability to infection were 9.7%, 96.7%, 83.3% and 39.7% respectively, with a Kappa Statistic of 0.0509. No significant association between perceived levels of risk and assessed vulnerability status of the respondents (p=0.053).

**Conclusions:** Despite the high level of awareness of HIV and AIDS among respondents, a majority had less than comprehensive knowledge of the infection, with prevailing myths and misconceptions. Their perceptions of personal risk of acquiring HIV infection based on standardized vulnerability indicators were largely inaccurate. These have grave implications for the control of the infection among Nigerian AYPs. Correct, Consistent and Continuous HIV and AIDS behaviour change communication programmes are advised. Adolescent-friendly programmes that cover health, social, academic, economic empowerment and skill acquisitions are recommended to address the menace of poverty that continues to fuel increased vulnerability of AYPs to acquiring HIV infection in HIV burdened communities.

133

**133 Initiative to reach adolescent males with Medical Male Circumcision in Western Province, Zambia**

Jere B, Lyabola L, Chituwo O

Centre for Infectious Disease Research in Zambia, Lusaka, Zambia

**Background:** CIDRZ is helping build capacity of Provincial Health Offices to provide comprehensive and sustainable HIV prevention, treatment, care, and support services in Zambia particularly in Western and Lusaka Provinces. Among the health interventions is Voluntary Medical Male Circumcision (VMMC). The prevalence of HIV among adolescents and adults between 10-49 years of age in Zambia is 11.4%. Prevalence in Western Province stands at 15.9% according to Zambia Population-based HIV Impact Assessment, (ZAMPHIA, 2016) report. Western Province is dominated by non-circumcising tribes of Lozis and Nkoyas who are highly conservative with a strong and rich culture. However, there are pockets of smaller circumcising tribes such as the Luvale, Bundu and Kachokwe scattered throughout the province. These tribes traditionally circumcise boys below 10 years and older at a ceremony called Mukanda which signifies a rite of passage. The Zambian Demographic Health Survey of 2013/14 determined male circumcision rate for Western Province as 47.9%. However, uptake in the dominant tribes was low at 23.3% because it is considered an inferior practice for very small tribes. This puts the males from non-circumcising tribes at higher risk of contracting HIV.

**Methodology:** In 2017, CIDRZ MC program through its community team embarked on a series of aggressive demand creation interventions to mitigate devastating effects of HIV infections. These included robust awareness campaigns involving key stockholders such as the traditional leaders, service providers, political and other community leaders. This involved a series of social behavioural change awareness activities to deal with cultural and institutional barriers to VMMC. Key message shared were on benefits, link between VMMC and HIV, HIV cutting across tribes and cultures and that nobody should be deprived an opportunity to enjoy 60% protection because of identity and fear of cultural erosion. The circumcising tribes were encouraged to bring their boys for safer circumcision using qualified MC providers at health facilities or outreach points closer to their homes while, rest of the traditional teachings would be conducted at their secluded camp sites without interference.

**Results:** The VMMC target in 2017 was 23,811 while for 2018 it was 21,705 according to Zambia VMMC Operational Plan 2016 – 2020. Resulting from the strategies employed, 11,882 adolescent males were circumcised in 2018 compared to 5,455 in 2017 giving a 117.8% increase. (Zambia Health Management Information System, 2019)

**Conclusion:** The effective engagement and active participation of traditional leaders and other key stakeholders in VMMC program planning and
management contributed significantly to addressing barriers and increased uptake for the adolescent males who are a key age group. This will significantly contribute to HIV prevention in the province.

134

Knowledge and perceptions of health care providers on legal and policy environment regarding sexual and reproductive health in Sri Lanka

Nawaratne S, Fernando M, Suranga A, Vidanapathirana J

Background: Many young people in Sri Lanka face barriers to reproductive health information and care. Ensuring the delivery of proper Sexual and Reproductive Health services for youth is an important public health priority. Thus it is important for health care providers to have adequate knowledge and understanding of current legislation and policies pertaining to sexual and reproductive health services in Sri Lanka. The aim of the study was to describe the knowledge and perceptions of health care providers on the legal and policy environment regarding sexual and reproductive health in Sri Lanka.

Methods: Qualitative study carried out using focus group discussions. Total of 48 purposely selected health care providers from different health care settings participated in six Focus Group Discussions. Semi-structured interviewer guide was used and all interviews were digitally and manually recorded. Recorded interviews were transcribed, and thematic analysis method was used to analyze the transcripts.

Results: Knowledge of Sri Lankan legal and policy environment regarding sexual and reproductive health varied between different health care providers. Nursing officers from obstetric wards had the least knowledge while Public Health Nursing Sisters and Medical Officers of Health had a fairly good understanding of the legal and policy environment in Sri Lanka. Transgender/gender identity was the least familiar areas among all health care workers. While knowledge of the current legislation and perceptions on homosexuality was poor among the majority of participants. The importance of comprehensive sexual education at schools is a theme that emerged from all interviews. Both Public Health Inspectors and Public Health Nursing Sisters wanted to have a one legal age limit of 18 years for both marriage and consent for sexual activities. Public health Nursing Sisters voiced the need for one legal age limit of 18 years for marriage for all ethnicities. Disappointment on the non-health sector involvement in providing youth sexual and reproductive knowledge was voiced by many.

Conclusions & recommendations: Knowledge gaps were clearly seen among health care providers on legal and policy environment regarding sexual and reproductive health in Sri Lanka. Programmes should be implemented to strengthen the knowledge and understanding of health care workers regarding policies and legislation on sexual and reproductive health. In addition to improving the knowledge, a system which monitors misconducts related to legal and policy framework in the health care sectors should be in place to keep the program sustainable.

135

Reaching for YMSM through internet survey in developing country, Myanmar

Phyo San M, Mon M, Htun K, Myint W, Htut A
1Myanmar Youth Stars, Yangon, Myanmar

Background: The lack of data and inaccessibility of young MSM via traditional methods is a major setback in the HIV response for young MSM and this leads to the worsening of the impact. With the growing popular of smartphone in recent decade, utilization and addiction of social media like Facebook (FB) is becoming widespread in Myanmar, particularly among youths. Therefore, such platform provides a remarkable opportunity to reach YMSM to gather epidemiological behavioural
Abstract

Data. The study is intended to provide crucial information useful for designing innovative intervention strategies for YMSM.

Description: This is a cross sectional online survey to collect information on individual demographics, sexual behaviors and syndemic conditions. As online recruitment strategy, we designed the incentive and online promotion which is attracted to the target group. The survey information was distributed via FB, through MYS page, closed groups, messenger groups, as well as social media posts of key influencers, LGBT page and events, HIV service centers and other partners. In addition, we organized a number of FGD as offline promotion, explained about the survey and request the participants to spread the information through their own networks. We collected total 798 survey respondents who were eligible the criteria within 26 days after launching the survey in June 2019.

Lesson Learned: On first day of launching the survey, 170 participants which is 21% of total were recruited via FB and 79% of them responded all the required questions. Sharing the survey post via FB through peer to peer approach was more reachable to participants rather than FB boosting method. The reasons observed were most of the YMSM are not disclosed their sexual orientation, i.e. hidden so that FB boosting was unable to make specific focus to targeting such audience who were less likely to be identified as gay. Since online survey is new tactic in the country, they might have challenge to go through all questions and occurring more chance to be dropout during the survey. Therefore, we used offline promotion as to overcome the gap of such technical know-how.

Conclusion: Online survey data collection is an efficient approach to carryout HIV research especially for socially hard-to-reach population like YMSM. Incentives and SMS reminder can increase survey completion rate. Among technical issues we encountered in the process of developing online survey, creating the survey questionnaire in Myanmar language at online platform and identifying a secure server to ensure confidentiality are major challenges, but once it is set up, it is easily able to engage many participants via online in a short time, with less cost compared to field survey. To fulfill the target numbers it is crucial to promote the survey consistently. In addition, using the internet would assure respondents to have ample extent of privacy to answer sensitive questions. Offline promotion and peer to peer approach is still essential in our context. As the very first experience with online survey, conducting rigorous, ethical research with these populations remains a substantial challenge and standardized ethical guidelines is needed for online study.

136

Youth-friendly HIV service delivery increases uptake of HIV testing and viral load testing among young people in Zimbabwe


1United Bulawayo Hospital OI Clinic, Zimbabwe, Bulawayo, Zimbabwe, 2Paediatric Adolescent Treatment Africa, Cap Town, South Africa, 3International AIDS Society, Switzerland

Background: According to UNAIDS 2017 estimates, HIV prevalence among young females (15-24) in Zimbabwe was at 6.1 and at 3.3% for young males with 13,000 new infections among young people that year. In response to these numbers, young people need HIV and sexual and reproductive health and rights (SRHR) services that are comprehensive and integrated. A comprehensive package should include confidential HIV prevention, treatment, monitoring, supportive psychosocial and mental health services, and sex-positive messaging and counselling. Services should recognize young people’s diversity and strive to be safe and inclusive, ensuring all young people, including young key populations and other vulnerable groups, receive services without stigma and discrimination, and learn to accept their HIV status.

Methods: The Friendly Service Delivery project was designed and its implementation led by a young person living with HIV (YPLHIV) who is engaged as an IAS Youth Champion and PATA Peer Supporter at United Bulawayo Hospital OI Clinic, Zimbabwe. The project runs from March 2018 to September 2019, aiming to raise awareness amongst adolescents and young people living with HIV (A/YPLHIV) on SRHR, improve linkage and uptake of services and ensure treatment adherence and retention in care. To ensure young people are centrally involved in the design and delivery of services, the project also focuses on improving the relationship between A/YPLHIV and healthcare providers through facilitating regular intergenerational dialogues. Activities engage A/YPLHIV at the facility through
Abstract

Awareness raising events, youth day celebrations and network meetings. Day-to-day activities include adherence counselling, health talks, treatment literacy education and support groups.

Results: Intergenerational dialogue discussions held between A/YPLHIV and health providers resulted in improvements in service delivery at the facility, including having multiple healthcare providers available in the HIV testing room during adolescent clinic days. This means more adolescents and young people can get tested at a time that suits them, with reduced waiting times. Comparing client data collected at two time points (May 2018 and November 2018), there has been a 60% increase in the number of A/YPLHIV accessing the facility’s viral load monitoring service (from 60 to 96) and a 52.5% increase in the number of adolescents and young people accessing HIV testing services (from 40 to 63). As a result of the dialogues and other activities, A/YPLHIV have also reported that attitudes of health providers to the young clients have changed, becoming more youth-friendly and welcoming which makes them more likely to access services.

Conclusion: The improved uptake of and access to HIV services among young people can be linked to the intergenerational dialogues, awareness raising activities and ongoing peer support activities at the facility, including health talks and adherence counselling. This project highlights the power of peer support and youth-friendly health services in improving HIV testing and viral load monitoring rates. Meaningful engagement of young people in developing and delivering services, including through peer-led approaches, should be a central component of future HIV programming that effectively reaches young people.

Drivers and barriers of access to comprehensive health care for adolescent girls between 14-17 years: Understanding how the age of consent affects equal access to HIV related services in Kenya

Hassan R1, Mtende Z2, Mwangi P2
1Institute for Development Studies, Nairobi, Kenya, 2Bar Hostess Empowerment and Support Programme,

Background: Bar Hostess Empowerment and Support Programme (BHESP) has conducted a study to understand the drivers and barriers of access to comprehensive services for adolescent girls between 14-17 years. The study focuses on how age of consent among other barriers affects the equal access to HIV related services. The study builds on BHESP’s two years experience in the implementation of the PITCH project. Data on this cohort of adolescent girls is scanty and yet through practice and assessment of trends in BHESP programs, tangible evidence needs to be generated for effective programs to be tailored and better understanding of their sexual and reproductive health needs. Moreover the barriers that are presented by the very nature of their age and the structural challenges that are posed by the systems and health care providers are unique aspects of highlighted in this study. This is more so with the sex workers and young girls engaged in transactional sex.

Materials and Methods: The study was carried out among 672 adolescent girls in Nairobi and Nanyuki. The main methods for this study were a survey questionnaire, focus group discussions and key informant interviews. The survey and focus group discussions respondents were adolescent girls and young women aged between 14-17 years. The study targeted those who because of their age and vulnerability may face the challenges in seeking health services as well as those indirectly involved by the nature of their role in relevant programs or championing access for this target group. The study further employed participatory approaches where principles of inclusion of the young girls and all stakeholders were the core of the process which
ensured methods adopted are cognizant of young people preferences and were relevant. Ethical approval was granted by AMREF Ethics Review Committee

**Results:** The study finds aspects which could aid in better understanding critical barriers presented to adolescent girls as they seek comprehensive health care services. Sexual reproductive health services were found to be the most commonly sought health services at 33% followed by HIV testing at 31%. Fear of disclosing their age and unfriendly services were found to be the main barriers to accessing comprehensive health care for adolescents at 38% and 36% respectively. Friendly staff, free services and easily accessible facilities were identified as drivers to seeking the services while nearby youth clinics, offering services during weekends (and 24hrs) and community centres were among the proposed ideas for encouraging adolescent access.

**Conclusion:** BHESP and partners will use the findings to improve on current and future work reaching adolescent girls and young women and more vulnerable groups engaged in transactional sex.

138

**Ball-room Culture: An Innovative space and a tool for HIV Prevention for Adolescent and Young MSM in Nairobi Kenya.**

**Mukoma C**

**ISHTAR KENYA, Nairobi, Kenya**

**Background:** MSM are disproportionately affected by HIV: MSM HIV Prevalence rate 18% (IBBS 2010), MSM Contribute 15% to new infections. Kenya Stigma Index Survey (2013) reported stigma and discrimination at 45%. The punitive laws and policies lead to violence against adolescent and Young MSM which leads to stigma and discrimination index sky-rocking. This makes them to hide out in the closets, where they reel under mental distress and they don’t have access to health services.

Adolescent brain maturation does not favor long-term, future thinking and planning, but looks to satisfaction of immediate needs and mitigation of short-term dangers thus they are impulsive and have limited behavioral control resulting to elevated risk behaviors.

**Objectives:** To be on an overdrive to exterminate HIV/AIDS in MSM, by bringing ballroom culture to scale.

To influence adolescent and young MSM to take comprehensive services including PrEP, and Achieve retention, adherence and viral load suppression.

Use ballroom culture to foster mental health by creating a space for adolescent and young MSM/MSW to express and accept their true selves, celebration, affirmation, embrace inner sexuality and gender.

**Methods:** The ballroom culture include Voguing, runway, Comics, music, choreograph, dance a story line to tell a HIV story or theme, beauty pageant, dance-modern/old school, poem, runway and cat walking.

Voguing is a form of expressive dance to express true selves without having to hide. The costumes involved, the steps of the dance, convey and imparting HIV message to the adolescent and young MSM. During these activities the adolescents and YMSM/MSW access STI/HTS screening/treatment, PrEP, PEP. Health education, Condoms /lubes are also offered.

Life Skills Education is also offered. It increases positive and adaptive behavior by assisting adolescent and young MSM to develop and practice psycho-social skills that minimize risk factors and maximize protective factors. It’s delivered by competent facilitators and is appropriately evaluated to ensure continuous improvement of documented results.

**Results:** Over 4000 young MSM and over young MSW 300 have been mobilized; all of them have been offered health educations, about 4200 have been STI/HTS Screened. Over 200 are on PrEP, Over 200 are on ART and all of them adhere to ART, and are also given psycho-social support.

They are mentored to uptake and adhere to comprehensive health services thus enhanced psycho social and sexual health outcomes.

The ball-room activities assist the young MSM celebrate and affirm their sexual and gender diversity. They also assist in the LGBT+ community unwinding from the pressures, challenges they face. It’s also a networking space for sharing of ideas, experiences and contacts.
Abstract

It fosters self-awareness and self-confidence.

**Conclusion:** Youth friendly spaces attract a lot of young MSM since ‘youth do not go well with stand-alone clinics.

Innovation in HIV messaging is needed to reach the adolescent and young MSM.

Getting the youth involved in demand creation makes it easy to mobilize and reach the hard to get young MSM/MSW.

139

**Adolescents at risk: A qualitative study of adolescent sex workers in Kenya dubbed underage and legally underprotected**

**NIUKIA AF**

1KENYA SEX WORKERS ALLIANCE, NAIROBI, Kenya

Adolescent children in Kenya are increasingly becoming engaged in sex work, and are being exploited and exposed to various sexual or health risk. In spite of the disconcerting increase in incidences with the associated risks, research efforts have not been concentrated on adolescents' sex work with the false assumption that sex work is an adult business. Yet, in an era of HIV/AIDS, the implications of adolescent sex work can further contribute to the national burden of the epidemic. This paper, presents the findings of a study conducted to determine the motivating factors for involvement in sex work, the profile of adolescent sex workers, perceived vulnerability to HIV/AIDS and their future aspirations despite their captivation in this disturbing practice.

Data was collected from 5 counties in Kenya on adolescent sex workers, selected purposively, making use of the in-depth interview methods. Findings reveal that poverty, large families without financial means, peer pressure and poor socioeconomic background are the major contributing factors for the involvement of adolescents in sex work. They often realise that they face different kinds of risks in sex work, and all the adolescent sex workers interviewed desperately wanted to quit the work as soon as a legitimate job was available. The study concludes with some recommendations aimed at preventing potential adolescent girls from engaging in sex work and striving towards a healthy life for those already involved.

140

Abstract number 140 has been withdrawn.

141

**HIV co-infection with hepatitis B and C among students in Abubakar Tafawa Balewa University, Bauchi.**

**Twah John O**

1 Adda D, Torsen E, Abdulkadir S, Issa A, Yakubu N, Namkusong J

2Center For Initiative And Development In Taraba, Jalingo, Nigeria

Nigeria has one of the world’s largest burdens of people living with HIV and highly endemic for Hepatitis B and C viral infection which are major global public health problems with hepatitis B and C being a silent killer in the world. The study set out to determine the prevalence and knowledge of undergraduate students of Abubakar Tafawa Balewa University, Bauchi regarding the existence of HIV co-infection with hepatitis B and C and to identify factors associated with these co-infections.

Study was conducted using stratified random sampling among 387 students, using pre-tested self-administered questionnaire, consisting of 290 (74.9%) males and 97 (25.1%) females within the age bracket of 15 to 35 years. The tools used for data analysis was frequency distribution (for descriptive statistics), chi-square tests to explore associations between variables and binary logistic regression model.

Result from the findings showed 336 ATBU students representing 86.8% do not have HIV co-infection with hepatitis B and C, only 51 students representing 13.2% have HIV co-infection with viral hepatitis B, none was Co-infected with C and all the three viruses. It was also discovered that their
knowledge about HIV co-infection with hepatitis B and C depend on some demographic variables such as location and age. Result also disclosed that 211 students (54.5%) do not know their HIV/hepatitis B and C status, only 176 (45.5%) know their status. It was also found out that 209 students (54%) are aware of the availability of ARV and hepatitis B vaccine compared to 176 (46%). Their knowledge on ARV/vaccine was said to be dependent on government effort towards public encouragement on HIV/hepatitis testing and vaccination. However, 280 (72.4%) students have inadequate knowledge about the modes of transmission of HIV/viral hepatitis B and C, while they mentioned correct modes of transmission such as tattooing, unscreened blood transfusion, unprotected sexual intercourse, and contaminated blades, but still had wrong information such as mosquito bite, and shaking of hands. It was also discovered from binary logistic regression that knowledge of HIV/Hepatitis B and C are being influenced by location Urban and rural for every unit increase in location (urban), knowledge of HIV/Hepatitis increases by 93% with Nagel kerke R Square value of 0.047 which implies 5% variability in the outcome variable knowledge of HIV/Hepatitis is been explained by the respond variable location (Urban). These findings imply that there is need for HIV/hepatitis health promotion among the ATBU students and possibly other students across the globe. It will serve to improve their levels of knowledge; attitude and practices in short term and get them protected against the disease in the long run.

142

Factors associated with relapse among people who inject drugs: implications on how to improve services in drug treatment centers in Quetta, Pakistan

ul Mehdi H

Community Development & Entrepreneurship Foundation, Quetta, Pakistan

Background: It is reported that there are more than 47,000/- addicts, IDUs living across Quetta city areas including women, SW/MSM with the most common drug use including heroin, opium and hashish in particular. The local treatment centers including the government providing services to injecting drug users but the relapse ration is still at high proportion of 87%. We studied the proportion of drug use relapse among IDUs who attended Drug Treatment Centers in Quetta and factors associated with the relapse including domestic, personal, social, cultural and lack of sustainable support.

Activity: Community Development & Entrepreneurship Foundation a NGO in collaboration with local drug treatment center carried out a one year project based survey in 2016 to see the factors involved in relapse ratio. Total 700 drug users were face to face interviewed with a set questioner.

Results: These IDUs mostly from indigenous tribes including Dari Hazaras 20%, Pashtons 46%, Panjabi 8% and Afghan migrants 26 %. The result from this activity allowed for a clear comparison and defines groups at risk. During the set intervention, 700 drug users were recruited/interviewed mostly received treatment more than once. Relapse ratio of 87% shows that it is nourishing despite treatment and detoxification services. The factors involved including personal frustration, domestic violence, joblessness; family disrespect, lack of sustainable economic support and social status/ownership.

Lesson learned: Harm reduction services needs to be sensitized by local CBOs to maximize the positive impact. More community based interventions such as sports, social, cultural, and recreational activities to be initiated to form a healthy society. Drug users need sustainable health care cycles for knowledge building and better understanding the risks involved using Drugs. Government is has a central role to play.
Sustainable Outcomes for Children and Youth (SOCY) to enhance leadership and Advocacy for HIV/AIDS prevention

EMMANUEL S, Felicity N1, Kaleebi J1
1Reach Out Mbuya Hiv/aids Initiative, Kampala, Uganda

Issues: Uganda government has made steps in responding to most of the youth Health demands especially within the legal and policy framework. Of all the health concerns, HIV/AIDS seems to have had the highest level of productive response. In 2015, 3.2 per cent of adolescent girls and 1.9 per cent of adolescent boys aged 15–24 years old were living with HIV/AIDS, young girls aged 15–24 years accounted for an estimated 19% of new HIV infections among people ≥15 years of age. Since then, Uganda has made some progress towards the prevention and care of HIV/AIDS among adolescents, However there is still a need for coordinated efforts to ensure that youth are stalk holders in HIV/AIDS prevention to improve on the process of effective and meaningful participation of youth in all their programmes as part of promoting inclusiveness and ownership of the programmes. Therefore, all HIV/AIDS partners should be encouraged to harness and support youth development and leadership in HIV prevention.

Description: Reach Out Mbuya and partners have been implementing a “Sustainable Outcomes for Children and Youth (SOCY)” project with a holistic approach originally focusing on Socioeconomic and Life Skills Activities for Youths, the project has been modified to enhance youth development and leadership in HIV/AIDS prevention. 33% of the youth in our catchment areas have received group-based education and support training. 633 girls have been enrolled to the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) program aimed at reducing the rates of HIV among adolescent girls and young women (AGYW).

Lessons learned: Youth and children have demonstrated the potential to champion development, leadership, advocacy and a sustainable response to HIV/AIDS prevention. Equipping them with a diverse set of skills, technical knowledge about HIV related topics, such as stigma and discrimination; practical programs and agro-enterprise training have been fundamental in influencing behavior and building capacity for leadership in HIV/AIDS prevention. Life skills training have boosted youth and children’s self-confidence to take up leadership positions while living responsible lives.

Next steps: The ROM Strategy has equipped youth and children with leadership skills to serve in their communities. We have prepared them to lead in their areas of influence and supported their voice of concern. However, challenges remain to increase the number of leadership programmes targeting those at most risk and most marginalized and to also sustain and expand the program. We aim at mentoring them in leadership and economic empowerment to address HIV/AIDS and related concerns.

Demographic bonus? Promising practices of Youth in Africa fighting against HIV and AIDS.

Isaac I
1Ntengwe For Community Development, Victoria Falls, Zimbabwe

Background: There is a general agreement that the Human Immunodeficiency Virus (HIV) and the Acquired Immunodeficiency Syndrome (AIDS) have hit hardest the youth population in Africa. There is also convergence that the youth (14-25 years) who constitute 20% of the African population, 41% of the work force and 60% of the unemployed have been growing at a faster rate than any other in the world. However, this demographic bulge has been met with more skepticism with terms such as ‘crisis’, ‘liability’ and ‘ticking time bomb’ used to describe it. Given this Background: , this paper explored youth leadership potential for agency in HIV and AIDS programming by investigating an International Citizenship Programme in which United Kingdom and Zimbabwean youth actively implemented activities to the fight against HIV and AIDS. The programme was implemented under the guidance of Ntengwe for Community Development from October 2012 to December 2013 in Binga
Abstract

district of Zimbabwe. The research gave specific
attention to investigating the Approaches the youth
used and the attendant results.

Materials and Methods: The research applied both
counting and qualitative research
methodologies. Research tools including Key
Informant interviews with government
stakeholders, a Focus Group Discussion with 10
youth involved in the programme, extensive desk
review of the programmes work plans and reports
as well as the writer’s field work experience in
managing the programme.

Results: The results show that 48 youth innovated
practices that increased Voluntary HIV Counselling
and Testing among youth who had previously been
reluctant to get tested. For example using the One
Love One Enemy Campaign the Youth successfully
used zero to low budgets to lobby government
stakeholders, private businesses and civil society to
advocate for HIV Counselling and Testing resulting
in 330 people being tested for HIV. The youth also
managed to harvest increased recognition among
stakeholders as key agents in the fight against HIV
and AIDS in Binga district. For instance, the National
Aids Council of Zimbabwe managed to engage the
youth as part of the Young People’s Network
Zimbabwe and channelled National Aids Trust Fund
grants for the youth to implement HIV and AIDS
activities. An unintended result of this initiative was
that some of the youth were able to gain direct
employment in civil society and government
institutions as a result of this work.

Conclusions: The results show strong evidence that
the youth bulge can be turned into a demographic
bonus as youth added value both as resources and
beneficiaries in the fight against HIV and AIDS in
Binga district. The Youth innovated build up
activities such as voluntary cleaning of institutions
to build partnerships for their main One Love One
Enemy Campaign. The key lesson learnt from the
study is that Youth led volunteer approaches that
are based on meaningful collaborative frameworks
can create impactful practices in the fight against
HIV and AIDS in Africa. The study recommends
embracing the youth bulge as an opportunity in

145

AHEAD for AG (Advancing HIV
Advocacy Development for
Adolescent Girls)

Mwaniki G

Safe Community Youth Initiative, Mtwapa, Kenya

Background: AHeAD for AG (Advancing HIV
Advocacy Development for Adolescent Girls) Kilifi
County covers an area of 12,609.7Km; population
estimated at 1,217,892, Young people under the
age of 35 make up 70% of the population. Kilifi is
one of the counties that recorded an increase in the
number of new HIV infections in 2018 compared to
the year 2014. Adolescents and young people bear
disproportionate burden of the epidemic in the
county with 40% of new infections in 2017 occurring
among those aged 15-24 years. A large majority,
59%, of these adolescents did not have access to
contraceptives when they needed them. This is
more than double the national average unmet
contraceptive need for this age group which is at
23%. On the gender front, women are
disproportionately affected by a prevalence of 5.4%
compared to 2.3% in men. In the survey, HIV
prevention knowledge was lower for those aged 15-
19 years compared to those who were 20 years and
older.

Objectives:

I. To Increase knowledge and skills on
advocacy and leadership for 15 adolescent
girls to conduct effective advocacy in Kilifi
County by December 2021.

II. To Increase participation of Adolescent
Girls in HIV TWG in Kilifi County in
December 2021.

III. To enhance the implementation of the
County HIV Strategic Plan in Kilifi County by
December.

Methodology/Interventions: Trained AG and
policymakers: We organized a 1-day on capacity
building training targeting 15 participants. These
included 5 members of the County Assembly, 3 sub-
county administrators, CEC for Health, CEC for
Youth, CEC for Gender and 4 AG. Modules included
advocacy, AG engagement in policy development
and implementation of the County HIV Strategic
Plan.

AG Meaningful Engagement Forums: We organized
for 5 community forums targeting 50 AG to discuss
how they would like to be engaged in the implementation of County HIV strategic plan. AG were engaged to review the HIV strategic plan and identify gaps which shall form the basis for their advocacy work. AG would develop Memo to be presented to the members of the county assembly to enhance implementation of the HIV Strategic Plan. Establishment of a County Adolescent Girls Technical Working Group: We planned to establish a County AGTWG which shall form the basis for sustainability to undertake effective advocacy on implementation and resource prioritization for the County HIV Strategic Plan.

Results:
Outcome 1: Increased support for AG in decision making, the joint meeting increased the involvement of policymakers in supporting AGs in HIV Strategic Plan implementation and decision-making processes.

Outcome 2: Increased Knowledge and skills in Advocacy and leadership.

Outcome 3: Established and strengthened County HIV ATWG. Through the establishment of a County adolescent Girls technical Working Group we expected to have guaranteed full implementation of the County HIV Strategic Plan. AG involvement in County HIV Strategic Plan implementation.

Outcome 4: Generated evidence for HIV advocacy. AG-TWG will be engaged at all levels of project implementation and generate evidence for HIV advocacy at the County level.

Peer to Peer Engagement in Technical Vocational Education and Training (TVET) Institutions in Kenya

Kagai H1
1Maisha Youth, Nairobi, Kenya

Background: National data indicates that Adolescents and Young people (AYP’s) aged between 15-24 years contribute to 40% of all new HIV infections. This high rates of new infections among AYP’s have been linked to a lack of comprehensive education on HIV and safe sex practices. Comprehensive knowledge of HIV among AYP’s is at 54% and 64% among boys and girls respectively. While there has been a lot of focus on informing university and college students on HIV, TVET institutions have often been left out in this exercise. Use of peer to peer engagement has shown promise in delivering HIV-related health information and services in TVET institutions.

Objective:
General Objective:
To champion and demonstrate the impact of peer to peer engagement in reaching Adolescents and young people with information on HIV and (SRH) services.

Specific Objectives:
1. Reach 2500 young people in TVET Institutions with HIV Prevention Information.
2. Test 1500 young people in TVET Institutions.

Methodology:
Peer to peer engagements were conducted in four counties in Kenya between May and June 2019. With the use of entertainment which acted as an effective crowd puller, students received information on HIV and safe sex practices, VCT services and free condoms. Information was delivered through one-on-one and group talks as well as through pamphlets.

Results
A review of the reports generated from the TVET activities revealed that:
- Over 3000 young people reached with HIV Prevention information in TVET Institutions.
- At least 800 young people tested for HIV in TVET Institutions.

Key Findings:
- AYP’s are more willing to seek HIV services such as HIV information and testing when the services are brought to them through events as opposed to when they have to go seek them out.
- AYP’s are more willing to share and seek health information from their peers.
- There is a lot of misinformation and lack of information on HIV/AIDS for instance, people still can’t differentiate between basic definitions such as the difference between HIV and AIDS.
- There is still a lot of stigma attached to HIV/AIDS and sexual behavior.
Abstract

• Married people are more reluctant to use condoms and prefer to rely on faithfulness as a method of prevention.
• Many people still believe that condoms reduce pleasure during sex.

Conclusions: When peer to peer approach is well coordinated in conjunction with mobilizers from a local team and edutainment, young people can be reached in high numbers. Peer to peer engagement can benefit from better monitoring and evaluation practices that enable more concise and accurate assessments on its impact on behavior change.

Youth leadership, commitment and defense

NDIKURIYO F
Reseau National des Jeunes vivant avec le VIH(RNJ+), Bujumbura, Burundi

Among young people aged 15-24, data from EDSB III 2016-2017 show that the prevalence of HIV among young girls is 0.3% while among young boys it is 0, 1%. This confirms a gradual decline in the prevalence of HIV among the general population (1.4% to 1% between 2010 and 2017). Also, it shows a reversal of the situation among young boys aged 15-24, where the prevalence rose from 0.2% in 2010 to 0.9 in 2017. Overall, the seroprevalence rate among young people aged 15-24 rose from 0.5% to 0.6% over the same reference period. Most of this population is a young population between 18-24 years old.

We continue to observe cases of youth and adolescents who do not adhere properly to ARVs. According to a survey of young people living with HIV by the RNJ + 15/20 do not regularly take ARV treatment for fear of being stigmatized or discriminate, others are afraid to go get ARVs because poor reception that manifests itself in health facilities and sometimes is done by health care providers.

Methodology: After an alarming constant of unwanted pregnancies among adolescent girls living with HIV and death cases, the RNJ + commissioned an investigation to find out the causes that include:

Non-acceptance of serological status in young people and adolescents
The announcement of the results in young people and adolescents who are sometimes difficult and most of them take ARVs without knowing why. The disgust of taking ARVs by young people and adolescents.

Being the only organization run and run by young people living with HIV in Burundi it is our duty to defend the interests of the AJVVIH and advocate for their consideration. In a country like ours where the population is young, more than 60% are under 25 years of age from which it is necessary to plan and plan actions that meet the real needs of adolescents and young people.

RNJ + became a member of the 2016-2018 CCM. With the restoration of CCM since June 2018, the RNJ + has pleaded for the establishment of two places (2) minimum of KP which has been a success.

Lessons learned:

1. Young people and adolescents are more comfortable when services are offered by their peers.
2. The organization of inter-youth meetings on different themes gives them an opportunity to contribute to the quality of the services they need.
3. The need for a specialized program for adolescents and young people.
4. Policies and programs should reflect the real needs of adolescents and youth if they are involved.

Conclusion: When one is young and adolescent, at the same time HIV-positive, one is more exposed to HIV and the contamination is more frequent. For all these reasons it is obvious that the involvement of young people in the HIV response and flawless to lead to the three 90-90-90.

Create a specific care center for HIV-positive young people and adolescents.
Create a favorable climate and friendly spaces for HIV-positive young people and adolescents.
Abstract

148

Using an unusual Approach to Mitigate HIV Prevalence Among the Adolescents in a Humanitarian Crisis Zone, North West Region of Cameroon

Jacqueline Shaka N
1Youth 2 Youth, Bamenda , Cameroon

Introduction – The need: It is sad to know that one of the primary causes of mortality for people from 15-19 years in Africa is as a result of HIV/AIDS. Working within the North West Region of Cameroon (which happens to be one of the WHO 14 high HIV prevalence countries) as a physician in a place that has been completely plagued by a deadly humanitarian crisis since October 2016 has been an overwhelming experience. For more than two years now, over 70% of schools have been shut down leaving teenagers with untold vulnerability. Many have become victims of unwanted pregnancies with so many who have suffered from life threatening complications from unsafe abortions. Current healthcare statistics (unpublished) show a disturbing rise in the prevalence of HIV among this age group in this region with less than 50% on treatment and with poor drug adherence rate for those on treatment.

The health facility where I work is one of the main public facilities within the region. I came to realize that one of the principal reasons why teenagers have a poor ART adherence rate is as a result of stigma and poor knowledge on HIV. They do not feel comfortable receiving their treatment in the same centre with adults.

Actions taken/Outcomes: Since January this year, we have engaged more than 2500 young people directly with healthcare information, have distributed 5000 condoms and in April this year, Youth 2 Youth empowered the facility where I work Nkwen Medicalized Centre, to launch the first ever youth corner in the entire region where we are creating safe spaces for teenagers. At the corner we provide especially sexual and reproductive health services with HIV prevention as our key objective. So far, we have received 357 adolescents already at the corner and have tested 90% of these for HIV. All those who have been tested positive now receive their care at the youth corner. Youth 2 Youth (with her 20 volunteers) is also working with the facility on practical policies to adopt in line with the ECHO trial results that have called for rigorous HIV prevention methods to be integrated in all family planning service delivery. Each month, we host community radio programs and outreaches to sensitize the youth.

Recommendations: We have learned that young people are very reachable and that all it takes is to create an environment that is youth friendly. We now know that it is very possible to reverse the current tides of HIV incidence and prevalence rates among teenagers, even for those in crisis zones.

I therefore recommend that youth-led organizations and health facilities be empowered to engage adolescents when it comes to HIV care in each community. There is a dire need for youth friendly service delivery as it is a great platform to retain most adolescents living with HIV on treatment and to ensure drug adherence. Partnership between youth-led organizations and health facility will go a long way for effective HIV care and prevention for adolescents.

149

Case study: Working with Advocacy Champions to end gender-based violence against adolescent girls and young women in Luwero District, Uganda

Segawa P
1Public Health Ambassadors Uganda, Kampala, Uganda

Sexual and gender-based violence (SGBV) has been identified through community dialogues as a major issue affecting adolescent girls and young women in the Luwero district sub-counties of Kamira, Kalagala and Bamunanika. As well as being a human rights violation, SGBV increases adolescent girls’ and young women’s vulnerability to HIV and other sexual and reproductive health problems, with potentially lifelong consequences. Poverty, unemployment and lack of access to education
Abstract

often result in early and child marriage – itself a form of gender based violence, entailing sexual, social and psychological abuse.

Through the Partnership to Inspire, Transform and Connect the HIV response (PITCH), (PHAU) has selected and trained Advocacy Champions to: connect adolescent girls and young women to sexual and reproductive health services; raise awareness about SGBV among adolescent girls and young women, and among community stakeholders, including local and religious leaders, teachers, service providers and parents; support adolescent girls and young women who have experienced violence to access legal, medical and psychosocial support; and, mobilise a community-driven response to protect and promote the rights of adolescent girls and young women, by engaging duty bearers at different levels.

Advocacy Champions are selected from among village health teams as young women who are well placed to reach and mobilise young women and their families as well as other community stakeholders, and help girls and young women who experience violence to navigate health and other support systems – both formal and informal. They are respected and trusted leaders in the community, who can engage and influence duty bearers, and are well positioned to conduct training, outreach and referrals in the community. Capacity building of the Advocacy Champions about access to SRHR services

Training on SGBV and sexual and reproductive health and rights (SRHR) for key populations and adolescent girls and young women conducted by PHAU has built the capacity of advocacy champions to help girls like Margret (not her real name). Margret was 10 years old when she was raped on her way home from school. Despite medical evidence provided by her Doctor, the police refused to help the girl without payment, allowing the perpetrator time to flee the village. Unable to pay for further medical treatment, Margret also developed symptoms of one or more sexually transmitted infections.

The local advocacy champion of Kalagala sub county was able to intervene to mediate between Margret’s mother – a widow living with HIV – and the health centre, to ensure Margret was able to receive the treatment she needed with the payment being made in instalments. This in turn enabled Margret’s health to improve so that she could go back to school.

“It’s through the sexual and gender based violence trainings [provided by PHAU], that we have been informed about the services offered at health centres to the victims of rape and defilement and how to follow up and engage the different stakeholders in such cases. That’s why I was able to involve myself in the case and help the family.” (Kalagala SGBV Advocacy Champion)

150


SIKUTA N

1BAR HOSTESS, NAIROBI, Kenya

Background: Oral Pre-exposure prophylaxis (PrEP) has the potential to reduce HIV acquisition among adolescent girls and young women (AGYW) in Sub-Saharan Africa who contribute to 19% of the estimated 40 million people. HIV prevalence in AGYW is almost 4 times higher by the age of 24 compared to their male counterparts. Although Kenya has reported a robust prevention system and interventions such as PrEP, there are still gaps in lack of information on what affects uptake and adherence to PrEP among AGYW. This study seeks to evaluate the acceptability of using education and entertainment to improve knowledge and awareness of PrEP as an HIV prevention intervention among AGYW in Nairobi, Kenya

Methodology/Interventions: A cross-sectional descriptive study was carried out among 150 AGYW from Babadogo slum in Nairobi, Kenya. Face-to-face interviews using a semi-structured questionnaire were administered from January to June 2017. The mean age of the respondents was 16 years ranging from 10-19 years. The intervention employed the use of education entertainment materials during adherence support group sessions mostly through short videos on themed days dubbed “movie Fridays.” Besides watching educational movies, AGYWs also engaged in life skills sessions, group talks and debates discussing an array of topics and
Abstract

issues affecting them. During the sessions, a health provider was present to provide backup support to answer questions that AGYW asked during dialogues organized after the educational movies.

Results: Overall, AGYW reported that they enjoyed the experience and would come again if such activities were repeated. As a result of the intervention, 72 AGYW were restarted on PrEP and 141 girls reported a reduction in the believability of myths and misconceptions about PrEP acknowledging that myths and biases, rooted in cultural norms had been a potential barrier for PrEP uptake and adherence. Few girls had prior PrEP knowledge, but once informed, 61.1% were willing to start PrEP.

Conclusion: This intervention shows that use of edutainment to promote knowledge on PrEP among AGYW does not only provide important avenues to pass on messages on PrEP but also on HIV/AIDS prevention in an entertaining and educative way. Tapping into activities for demand creation can go a long way in boosting retention to PrEP among AGYW with a ride on using the forums for capacity building and continuous sensitization.

151

Youth led Initiatives on one to one engagement on advocacy.

Wambura MF
Maisha Youth, Nairobi, Kenya

Introduction: For adolescents and young people the challenge continues to be limited access to youth friendly services, lack of policies that speak to their needs,, and lack of representation in high level policy making dialogues for adolescents and young people to articulate their HIV/Sexual reproductive needs. For better service provision it is necessary to modify health policies, systems and environment which young people engage in to have more inclusive policies for adolescents and young people. The case is a study of Unified and amplified voices in engagement with young people from various part of the country, youth led organizations in advocating for their space in the policy making stages. In Kenya the collaborative voices of adolescents’ and young people are very powerful in influencing the priorities and decisions of policymakers.

Objective: To Advocate for meaningful engagement of adolescents and young people to take up leadership positions, to be included in high level policy meetings for responsive programming, and champion for integration of other services such as (entrepreneurship, entertainment etc) together with HIV Services.

Description: In 2017 during the Maisha Conference, Maisha Youth was mandated to organize a youth pre-conference by the National Aids Control Council. The whole process was given to the young people from planning to execution which turned out to be very successful. This was a clear example of the benefits and rewards of meaningful youth engagement. Similarly, the event resulted in the rise of other youth networks in different organizations championing for Meaningful youth engagement in their spaces.

Lesson Learnt: When young people are given leadership opportunities and meaningfully engaged, among-st themselves they are able to work very well and have a great impact on peer to peer approach. However, success is also guaranteed if there is technical support from the implementing partners, donors and professions.

Conclusion & Recommendations: Capacity building on Leadership, advocacy, and meaningful engagement (Policy engagement) in HIV/Sexual reproductive health among adolescents and young people is key in decision making process. Guidance on standard definition of meaningful engagement of adolescent and youth in advocacy and policy is needed.
Abstract

152

Synergizing the voices of adolescents and young people in policy formulation. A case of Youth Advisory Council-Mombasa County

Zuma H1, Juma R1, Chazara A2, Kimathi R2, Kissinger G2, Alwar T4
1Youth Advisory Council, Mombasa, Kenya, 2LVCT Health, Nairobi, Kenya, 3Mombasa County Government, Mombasa, Kenya, 4UNICEF, Nairobi, Kenya

Background: Adolescents comprise about 24% of Kenya’s population. Nonetheless they experience some of the poorest reproductive health outcomes in the country. In Mombasa county AYP (10-24) account for 29% (346,916) of the population. Many AYP do not have access to quality HIV and SRH services. Poor SRH and HIV have shared drivers such as lack of correct and comprehensive HIV/SRH information, GBV and harmful cultural and religious practices. Integrating HIV/SRH services is a health and community system response that can improve access and uptake of services.

Methodology: YAC comprises of young people aged (15-24), from diverse sub-groups attached to different organizations, institutions and youth groups in Mombasa county. In order to improve access to HIV and SRH services the Mombasa County, YAC undertook a mapping process of all CBO and Youth focused organization as well as consultations to understand their health needs in January 2018. This was undertaken with the support of LVCT Health and UNICEF. During the process the YACs engaged AYP from the CBO, Youth focused organizations through FGDs, one on one sessions and online feedback mechanism (monkey survey).

Results: 68 active youth groups and Community Based Organizations were identified during the mapping within Mombasa County. 12 FGDs, 34 AYP on one on one sessions were conducted. AYP highlighted; limited access to comprehensive HIV/SRH information, youth friendly HIV/SRH related services and inadequate socio-economic support as the challenges. These inputs shaped the development of the Mombasa County Adolescent & Young People HIV/SRH Strategy.

Conclusion: Adolescents and young people are productive, energetic and represent a positive force in society. The spirit of collegiality among adolescent and young people in policy engagements and formulation is key in their health well-being. We recommend replication and scale-up of self-coordination of adolescent and young people model to minimize redundancy in policy engagement processes.

153

Meaningful youth, girls and women participation and meaningful involvement in national processes targeting marginalized rural societies

Maposa T1
1Girl Child Empowerment Of Zimbabwe, Mucheke, Masvingo, Zimbabwe

Implications and Contribution: Findings from this review highlight the need to further develop indicators and methodologies for the evaluation of youth participation, both in terms of HIV and Sexual Reproductive Health Rights policies. Participation is a right and involving young people in a meaningful way in program and policy development should continue to be a priority targeting rural marginalized areas.

Zimbabwe, Chiredzi District youth participation in sexual and reproductive health and rights (SRHR) policies and programs is regarded as a taboo and an outcast behaviour at different levels. Women and young girls are regarded as decision takers, not makers due to deep rooted religious and traditional beliefs. The area is associated with people who practice what is local known as shangaan. The practice offers girls skills on how to practice sexual intercourse and allows child marriage. Youth are denied space to air out their views and issues which affect them.

Due to Girl Child organization programs of action, gave some initial steps in the recognition of young girls and women’s participation. Some of these considerations are the encouragement of girl-children’s participation in societies’ development; the integration and promotion of youth participation in all spheres of society, including political processes and leadership roles; the
Abstract

participation of young people in reproductive health programs; and the need for youth participation in the development of educational projects related.

In Zimbabwe young people are subject to power dynamics that respond to their age, gender, social and economic class, ethnicity, race, sexual orientation, human immunodeficiency virus (HIV) status, and other dimensions that shape their personal identity. The boundaries of childhood, adolescence, youth, and adulthood evolve constantly and is a blurry in Chiredzi district.

As a youth advocate and a feminist, I perceive youth participation as an approach to improve adolescents’ and young people’s personal traits and social resources such as self-esteem, confidence, autonomy, greater initiative, teamwork, networks, and social capital, independently of the specific policy or program objectives.

As an organization we have introduced a number of approaches in Chiredzi district as a way to encourage youth participation on issues which affect them such as photo-voice. Photo-voice is also a participatory action research method, based on the health promotion principles of community engagement and empowerment, and the theoretical literature on education for critical consciousness.

The methodology of this initiative entails providing cameras to participants to photograph the environments and communities in which they live and aim to promote critical dialog and knowledge about personal and community strengths and concerns and to reach policymakers. In most instances girls are denied access to education and SRHR services also as a result of gender norms, relationship consent or age of consent. We have reviewed and discovered that an economically empowered can make wise decisions.

The answer is that what young people need most is supportive relationships with adults; everyone has a role in building healthy communities and healthy youth. It is through shared responsibility and purposeful actions by each of us that we achieve positive community change.

154

You’ve Got Power! Adolescent and young Self-Advocates on county health processes.

Juma R1, Okumu J2, Chazora A, Kimathi R1, Jeckonia P1, Ikahu A1, Otiso L1, Kissinger G3, Alwar T4
1Lvct Health, Nairobi, Kenya, 2Youth Advisory Council, Mombasa County, Nairobi, Kenya, 3Mombasa County Government, Mombasa, Kenya, 4UNICEF, Nairobi, Kenya

Background: The Kenya AIDS Strategic framework (2014-2019), identifies AYP as a priority population for HIV response since it contributes greatly to new HIV infections and STIs. In Mombasa County AYP (10-24 years) account for 29% (346,916) of the population. Since the identification of AYP as priority population, the country has continued to invest in policies and programmes that address the gaps in AYP. Despite the investments the AYP are yet to demonstrate the benefits drawn from improved services. Engagement of AYP in policy making meetings is important since it ensures services are responsive to their needs. There is limited access to youth-friendly policy forums and the lack of representation and capacity in high level policy making meetings for adolescents and youth to articulate their HIV/sexual reproductive health needs.

Objective: To strengthen capacities of AYP on self-advocacy in order to participate in HIV/SRH planning and programming at all levels.

Methodology: Mombasa County department of health, in collaboration with LVCT health and support from UNICEF, identified and engaged 15 adolescents aged 15-24 years (6 males and 9 female) as youth advisory council (YAC). They were recruited from community serving organization and health facilities on the basis of their commitment to advocate for SRHR and HIV issues for adolescents and young people in the County. In March 2017 LVCT Health conducted a 3-day training on advocacy and policy engagement to build YAC capacity in HIV/Sexual reproductive health issues and defined the council engagements in county and national level.

Results: The council participated in shaping adolescent and youth technical working group agenda in the county. Quarterly ATWG meetings were conducted to evaluate AYP programs and
Abstract

Policies within the County. YAC participated and provided insights during the development of Mombasa County AYP strategy and other policy engagements. Suggestions made by the YACs during the development of AYP strategy includes: Integration of SRH services in the first objective and inclusion of fun day where young people can meet for cross-learning and networking.

Conclusion: Creating opportunities and spaces for AYP to be engaged in responding to negative outcomes on HIV, SRH and strengthening their capacities on self-advocacy, and policy engagements is paramount in addressing the needs of AYP in the Country.

155

Creating awareness on pre-exposure prophylaxis (PrEP) and condom use among youth in Mukuru area-Nairobi, Kenya

Ochieng S1, Chazara A2, Jeckonia P2, Kimathi R2, Kiruthi F3, Tracy M4
1Youth Advisory Council, Nairobi, Kenya, 2Lvcnt health, Nairobi, Kenya, 3Nairobi County Government, Nairobi, Kenya, 4NairobiBits Trust, Nairobi, Kenya

Background: Kenya has been very vigilant in fighting HIV prevalence in the last fifteen years with focus on policies that aims to provide an overview on current strategies used to reach 90-90-90 goals. While the decline of HIV prevalence is encouraging, the total number of people living with HIV(PLHIV) is estimated at approximately 1.5 million in 2017. In 2017 the ART coverage was estimated at 75% and 82% for Adults and children respectively. Although awareness and treatment of HIV and Aids is high in Kenya, many people living with HIV face high levels of stigma and discrimination which prevent people accessing HIV services. Mukuru is among the slums in Nairobi with the highest number of early pregnancy from unprotected sex, and adolescent in this area are highly exposed to this social vice. This makes adolescents in this area vulnerable to HIV infection. The sexual debut of adolescent in this area is on the rise exposing them to risk of contracting HIV through sex. A number of factors contribute to the increasing rate of HIV infection among young people including incorrect perception of HIV risk; and having unprotected sexual intercourse under influence of alcohol or drugs. Forced sex and sexual violence also increase young people’s vulnerability to HIV in the area.

Objective: To disseminate HIV/AIDS preventive measures and information among youth and Adolescents.

Methodology: To ensure that there is a reduction of HIV/AIDS among youth in Mukuru charm prevention measures have been used to curb this “norm”. Activities such increasing awareness of HIV new infections among Adolescents generating demand for HIV/AIDS prevention measures and dissemination of sexual Reproductive health information had been conducted by peer educators from the Nairobi youth Advisory council to curb the HIV prevalence in the area. Also the council has been at the forefront in distribution of Condoms and self-test kits.

Results: 47 out 63 Youth were able to access Sexual Related Health commodities including the contraceptives and information on HIV preventive measures during an event on HIV prevention campaign at Reuben center hall on 18th of May 2019 by the peer educators and counselors from World Start With Me class. Also from the condom demonstrations and awareness created by Nairobi youth advisory council in the two events that was organized in May; more than nineteen boxes of condom were distributed.

Conclusion: Adolescent living with HIV face a number of challenges like fear of talking and addressing issues that are affecting the like sexual health, because most of the health facilities in the area are never friendly. Further targeted interventions specifically for young people, plus enhanced monitoring and reporting, will be very crucial. The environment created in a number of health facilities is harsh to the adolescents since they don’t get a one on one time with the service providers; this is because their clinic days are together with of the adults.

Recommendations: Peer support may create an enabling environment and sensitize young people on adherence, integrated and comprehensive sexual reproductive health services are needed by young people.
Abstract

Peer to peer knowledge translation to advocate and disseminate HIV key messages in relation to Sexual Reproductive health to adolescents and by the adolescents

Ochieng J, Otieno G, Aluoch N, Nyabuga L, Owino C

LVCT health, Homabay County, Kenya

Introduction: Programmatic gaps of the 90.90.90 HIV cascade in relation to sexual reproductive health among Young people have been recognized as a national challenge. Meaningful leadership, participation, advocacy and dissemination of HIV and AYSRHR responses are characterized as the critical insight that has been lacking. LVCT Health in collaboration with the department of health, Homabay county, initiated Youth Advisory Council (YAC) to participate, guide and advocate for ALHIV & AYSRHR needs thus acknowledge the slogan, “NOTHING FOR US WITHOUT US”.

Methodology: LVCT health in collaboration with the department of health, Homabay county responded to the gap on the engagement of adolescents and young people’s sexual reproductive health by establishing a Youth Advisory Council (YAC). The YAC consist of 26 young people. YACS have been trained on Key concepts of self-advocacy and disseminating messages on Adolescents Health. YAC team was commissioned by the adolescent technical working group to conduct school health talk sessions, facility / Youth-friendly services focus group discussions, create awareness on HIV prevention, HIV stigma, and discrimination, SRHR messages as well as offer psychosocial support Counselling for fellow peers.

Results: 26 adolescent and young people were recruited as YAC. Adolescents, therefore, have felt that they are highly owners especially when discussing their needs with their fellow age groups hence transparency and opinion of ideas, sharing feelings, sharing life challenges when discussing life skills and brainstorming possible solutions. YAC has also represented the voices of Adolescents and Young people in Mbita, Homabay, Rangwe, Rachuonyo south and North sub-counties and Homabay County Adolescents Technical Working Group. YAC has led to more School sensitization Health Forums.

Conclusion: YAC has been a great impression to the Young people most especially in coming to address non-technical Adolescents and Young people needs. I would like to recommend more inclusion of adolescents and young people in the advocacy platforms.

A survey of sexual behaviours among adolescents in Odukpani local government area of cross river state

Edet R

University of Ibadan, Ibadan, Oyo State, Ibadan, Nigeria

Sexual risk activities are common among adolescents, and many of the behaviours that they engage in put them at risk of contracting sexually transmitted infections and experiencing unwanted pregnancy. This study investigated sexual behaviours among adolescents in Odukpani local government area of Cross River State, Nigeria.

Using cross-sectional survey design, the study adopted multi-stage sampling procedure to; purposively select Odukpani local government, stratify the local government into wards, randomly select five wards, and systematically select households and respondents. A 112-items questionnaire was administered to 422 adolescents proportionately in Odukpani, to elicit information on common sexual behaviours, patterns of sexual partnerships, factors associated with multiple and concurrent partner relationships, and perceived consequences of multiple and concurrent sexual partnerships. Four focus group discussion sessions were conducted with in-school and out-of-school adolescents on the basis of gender and age. Eight participants made up each focus group, one trained moderator and an observer. Quantitative data were analyzed using chi-square at p<0.05, while qualitative data were content analyzed.
The mean age if adolescents in the study was 17 years, showing that majority were late adolescents. Also, there were more females (55.2%) in the study than males (44.8%) in the study. The study revealed that more (65.4%) of the adolescents were sexually active. It was also discovered that the mean age at sexual debut was 15 years for both males and females. The study revealed that while more than half (51.4%) were practicing protected sex, 25.2% were not using protections consistently. Findings showed that 21.8% of the adolescents practiced masturbation, 16.6% practiced anal sex, more than half (51.7%) viewed pornography, and 27% had sex with older persons. The study revealed that gender was significantly related with sexual involvement ($\chi^2 = 16.430$), masturbation ($\chi^2 = 5.084$), pornography ($\chi^2 = 11.296$), and sex with older persons ($\chi^2 = 16.094$). The findings from the qualitative study revealed that most of the respondents practiced unprotected sex during their sexual debut, and this sometimes happened after alcohol consumption. Also, easy accessibility to pornographic materials made them easily obtainable by adolescents. It was revealed that material gains was the motivating factor for sex with older persons especially among female adolescents.

The study produced the view that there was a need for peer advice and that clubs and groups should be formed. This study incorporated innovative ways to engage adolescents in programming in research, which is one of the core topics of the workshop.

---

Child sex workers and access to sexual reproductive health and rights: case study of Masvingo Urban Zimbabwe

Mashinge A1
1Ministry Of Women Affairs, Masvingo, Zimbabwe

Child Sex Workers (CSW) have been at increase recently in Zimbabwe however accessibility to Sexual Reproductive Health and Rights (SRHR) has been a challenge. Meanwhile programming for sex work has increased and institutions providing services for sex workers have improved as well but to a larger extend CSW still face challenges in accessing SRHR services. This paper aims at identifying challenges CSW face and factors contributing to failure in accessing SRHR services. There is a further discussions on recommendations on improving service access and delivery. The research drove from the Social Ecological Model (SEM). The SEM enabled for understanding the multifaceted and interactive effects that determine access of SRHR by CSW. Data was collected through purposive sampling with in depth interviews with CSW being conducted, two Focus group discussion were held and four key informant interviews with service providers. The data was analyzed using the unique case orientation. The results reflected that even though services are available there are underlying factors that inhibit the CSW to access SRHR services. These factors include individual attitudes, societal views, and attitudes by service providers, laws and policies. In as much recommendations proposed address the individual attitude, society values and laws to be accommodative of the plight of the CSW. Comprehensive approach on measures to eradicate CSW through network of all partners should be in place especially family economic empowerment framework.

159

Kiganda C, Barlow L1, Ahimbisibwe G1, Etima J1
1Makerere University John Hopkins University Research Collaboration, Kampala, Uganda

Background: Only Once Dolutegravir among Young People Vs Standard of Care (ODYSSEY) Youth Trial Board is a pilot project that focuses on how young people can be meaningfully involved in clinical trials to provide feedback to researchers about their experiences in Clinical Trials. This project consists of 9 members, 8 of whom are research participants. In Uganda, this trial project exists in research institutions namely Makerere University John Hopkins University Research Collaboration (MU-JHU), Baylor College of Medicine-Uganda and Joint Clinical Research Center (JCRC).

Methods: ODYSSEY Youth Trial Board (YTB) conducts monthly meetings to discuss issues related to clinical trials that concern young people, they also schedule stakeholders meetings to meet research leads and other people that conduct clinical trials to discuss research related questions, raise concerns that affect young people, come-up
with the way forward how young people can be meaningfully engaged in clinical trials and also provide feedback from research leads to young people themselves involved in Clinical Trials. YTB members also provide holistic peer support to fellow young people living with HIV/AIDS who have adherence challenges to become champions in taking well their medicine.

**Results:** Many issues that burden young people in clinical trials in trial sites such as MUJHU, Baylor-Uganda and JCRC have been addressed. Young people who have adherence challenges have been empowered and most of them are virally suppressed. Many research questions that young people had have been answered by research leads through YTB organized stakeholders meetings. The YTB project also came-up with a behavior change communication tool concerning the side effects of Dolutegravir targeting HIV-infected youth. This involves informing and empowering young people in Clinical Trials to speak-up to their health service providers about their sexuality and contraceptive needs. This also helps young people to make informed decisions about what really takes place in clinical trials including the consenting process to sign documents that they really understand.

**Conclusion:** Meaningful engagement of young people in clinical trials helps them to understand research and clinical trials that they are actively involved in as research participants. The Uganda YTB experience has shown promising processes and meaningful results and could be a model used in other settings, “Nothing can be done for young people without involving young people”.

Approximately 1.2 million children under 15 years of age were living with HIV in Sub-Saharan Africa in 2015; this represents 90% of all children with HIV in the world. With widespread access to ART in high-resource settings, many perinatally infected children are surviving into adolescence, young adulthood and beyond. However long term challenges of HIV on perinatally infected children is now a cause of concern and these should not be overlooked. There have been significant difficulties in maintaining adherence to lifelong therapy and selecting successive antiretroviral drug regimens due to limited availability of pediatric formulations, pharmacokinetic, and safety data in children and development of drug resistance in multi-drug experienced children. Although HAART is publicly available in Kenya through PEPFAR funding, literature on documented lived experiences and challenges faced by Adolescents with Perinatally Acquired HIV infection is scanty compared to other groups of people living with HIV.

As programs continues to follow-up of these adolescents into adulthood there is a need to continuously assess the long term effects of HIV and ARVs, and to examine issues specific to these emerging young adults, including effects of transitioning from pediatric to adult healthcare, clinical and behavioral outcomes and retention in care. We are conducting a study, through a KEMRI grant, to explore and document lived experiences and challenges faced by adolescents with perinatally Acquired HIV in western Kenya. This study will help shed light on the plight of this group and more importantly provide recommendations that should be included in policy.

This is a prospective study using a mixed-method approach of both qualitative and quantitative methods. The study has received KEMRI IRB and counties approval. The study is currently enrolling 130 adolescents and 30 caregivers and health workers from health facilities within Kisumu and Homabay counties. Survey questionnaires will be administered to the adolescents at enrolment, at 6 months and 12 months to help address some of the study objectives. The participants will also go through two FGD sessions. Key informant interviews will be conducted with the caregivers and health workers. So far 30 adolescents have been enrolled into the study. Findings of the study will be shared once data analysis is completed.
161

Institutionalization of Youth Friendly services through bundled integration Service approaches in Kilifi county

Miriti K
1Miriti K., Kilifi, Kenya, 2MWEMA E., Kilifi, Kenya, 3Onsase L, Mombasa, Kenya

Background: According to the Kenya Service Provision Assessment Survey (KASP, 2010), only 7 percent (3.2% in Kilifi county) of all health facilities provide youth-friendly services. The limited coverage of AYFS can be attributed to: limited number of trained service providers on adolescents and youth friendly service provision; shortage of health personnel; inadequate infrastructure for provision of AYFS; and limited resources to support the establishment of adolescents and youth friendly facilities.

Adolescents and Youth-friendly services (AYFS) are meant to help young people overcome barriers to access to quality sexual and reproductive health care services. AYFS providers should be able to respond to the needs of young people, remove their fears, respect their concerns, confidentiality and provide the services within an environment that suit their preferences.

Methods: Between November 2018 and May 2019 the department of health Kilifi county in collaboration with The Challenge I initiative implemented a pilot AYSRH program using the integrated facility model, 25 high volume urban and peri-urban facilities were conveniently selected to take part in the pilot program, the interventions included the use of AYSRH toolkits namely, AYSRH Services & Supply which recognized that the journey to accessing sexual and reproductive health (SRH) services starts long before a young person enters a clinic, pharmacy or health center. However, once there, her or his experience is vital to ensuring the continued use of SRH services. This was achieved through youth friendly services in the facilities, integration of service package and out of facility service delivery. The AYSRH Essentials were a set of cross-cutting components that were to be considered in all adolescent and youth sexual and reproductive health programs offering facilities. These components included: adolescent youth friendly services, integration and expansion of service package and provision of out of facility youth friendly services.

AYSRH Advocacy: aimed at increasing support and building a favorable environment for support to provide sexual and reproductive health to the young people this was achieved through a demand for accountability and creation of a positive legal environment.

Results: Within the period of the pilot there was increase of providers trained on AYSRH by 93.4%, and 100 percent knowledge of youth friendly services service integration by facility staff, the 25 facilities collected quality AYFS specific data which indicated an increase in the number of adolescent and youth seeking for various services by 65% in comparison with the same period in the previous year. There was an increase in AYSRH budget by 300%, development of adolescent sexual reproductive health strategy, not to forget the scale up of the interventions to 15 more facilities.

Conclusion: Adolescent sexual reproductive health services can at the best be offered as a bundle in the already existing facilities by ensuring compliance with the yfs guideline on standard YFS furthermore the use of multipronged approaches in offering the services provides an easy way of reporting program report.

162

Successful Snowball Approach for Comprehensive HIV Testing Services Among Adolescents MSM in Lagos, Nigeria

Enadeghe O1, Benson R2
1Develop the Youth Health Initiative (DYHI), , Nigeria, 2New HIV Vaccine and Microbicide Advocacy Society (NHVMAS), , Nigeria

Men who have sex with men (MSM) in Nigeria contribute significantly to the national HIV epidemic. Data from the Integrated Biological and Behavioural Surveillance Survey (IBBSS) report, 2014 shows that prevalence of HIV among MSM in Nigeria is as high as 22.9%. Adolescent MSM are more at risk. In view of the high prevalence of HIV infection among this vulnerable population, it was important to educate and provide comprehensive HIV services for adolescents MSM in Nigeria. This
Abstract

Project focused on reaching out to adolescents MSM to dispel myths and misconceptions on HIV acquisition/transmission, facilitate their access to HIV Testing services (HTS), and educate them on how to access biomedical HIV prevention tools.

Methodology: Target group were adolescents MSM aged 15-19 years. The targets were reached using snowball approach and social gathering (parties) where each existing subjects recruit further subjects from among their acquaintance. Communication was initiated via close group social media network and followed up with weekly face-to-face meetings during strategic social gatherings parties for sixteen (16) weeks to facilitate HIV Testing Services (HTS). Condom demonstrations and songs on behavioural change communication were part of the party activities. Skill building sessions were also included. Each session ended with question and answer session.

Result: The use of snowball approach where each existing subjects recruit further subjects from among their acquaintance can facilitate the provision of comprehensive HIV services for adolescents MSM in Lagos. Thirty –five adolescent MSM reached in this project completed the sixteen weeks interactive educational sessions during the social gatherings. Of the 35 adolescents MSM provided with HTS, 10 (29%) tested HIV positive. Ten (100%) who tested positive to HIV were linked to HIV treatment. Follow up of adolescent MSM is challenging as most had to rely on the use of cellphones of friends/relatives and often require financial support for transportation or time is not convenient for them to take ARV.

Conclusion: The snowballing approach is effective in providing targeted HIV testing services for adolescents MSM. The use of social media and network help facilitate peer interaction on HIV prevention education. Adolescents MSM need constant assurance of your trust/confidentiality before they open up and discuss personal sexual and reproductive health issues. Follow up on adolescent MSM for uptake of HTS is very challenging especially due to time and financial constraints in seeking HIV treatment. There is need for more target interventions to address unmet of HIV among adolescent MSM in the State.

163

Characterization of HIV drug resistance mutations and subtype diversity of isolates from children and adolescents failing viral suppression in Kenyatta National Hospital

Magomere E1,2,3
1Kenya Medical Research Institute (KEMRI), Nairobi, Kenya, 2Egerton University, Department of Biochemistry and Molecular Biology, Nakuru, Kenya, 3University of Nairobi Center of Excellence in HIV Medicine (CoEHM), Nairobi, Kenya

Human Immunodeficiency Virus (HIV) remains a major global public health concern with an estimated infected population of 36.9 million people. The HIV health burden is most felt in Sub-Saharan Africa, where an estimated 70% of the infection occurs.

The unprecedented scale-up of access to antiretroviral therapy (ART) has improved the management of HIV and reduced HIV-associated morbidity and mortality. However, long term sustainability of this success requires treatment monitoring and surveillance of emerging HIV drug resistance in patients during combination Antiretroviral Therapy (cART) treatment.

This study aimed at characterizing HIV drug resistance mutations in children and adolescents failing treatment; investigating the relatedness of viral isolates genotyped, and modifying and assessing performance characteristics of Thermofisher HIV drug resistance genotyping assay.

Fifty plasma samples collected from children and adolescent experiencing virologic failure were used to characterize HIV drug resistance mutations and an additional set of 26 plasma samples used to assess the performance of a modified Thermofisher HIV drug resistance genotyping assay. HIV-RNA was extracted from 500 µl plasma and subjected to RT-PCR before nested PCR amplification. The amplicons were purified and sequenced using the ABI 3730 genetic analyzer. The modified assay was assessed by testing its accuracy, precision, reproducibility, and amplification sensitivity. The prevalence of drug resistance mutations was 89.4% with the prevalence of NRTI, NNRTI and PI
Abstract

mutations being 81%, 90%, and 5% respectively. HIV-1 subtype A was the most prevalent (70.7%) followed by D (13.6%), C (7.3%). The accuracy, precision, and reproducibility of the modified assay were 98.5% (CI, 97.9 – 99.1%); 98.67% (CI, 98.1 – 99.23), and 98.7% (CI, 98.1 – 99.3) respectively.

Concordance between the assays showed no difference in mutations detected by the two assays ($\chi^2 = 2.358$). The modified assay showed amplification sensitivity of 62.5% for viremia between 200 and 999 copies/mL and 100% for viremia above 1000 copies/mL. Assay modification resulted in a 38.5% reduction in reagent cost per test.

The study showed that HIV drug resistance remains to be a major drawback to management of HIV in children and adolescents. With 89.4% prevalence of drug resistance mutations in this population, it is clear that there is a need to channel more resources towards the surveillance of HIV drug resistance to ensure positive treatment outcome. To achieve this, the use of modified and validated HIV drug resistance testing assays can be adopted as a cost-effective alternative in limited resource settings.

Methods: A retrospective chart review was performed examining adolescent patients failing antiretroviral therapy (ART) at a large pediatric HIV treatment center in Mbeya, Tanzania. All visits involving a viral load (VL) lab draw were examined between 2015 and 2018. Comparisons were made between children between 0-9 years of age and adolescents between 10-19 years of age.

Results: A total 398 patients failing ART were examined with an average age of 12.4 years. Among these, 265 (67%) were between 10-19 years of age at the time of lab draw; 51% (201/399) were female. Compared to children aged 0-9 years, adolescents were significantly more immunocompromised with an average CD4 count of 424 cells/mm³ vs. 1207 cells/mm³ ($P=0.00001$). Moreover, significantly more adolescents had CD4 counts less than 100 cells/mm³ (2/86 vs. 31/179; $P=0.000538$), less than 500 cells/mm³ (19/86 vs. 120/179; $P=0.00001$), and CD4% <15% (9/86 vs. 69/179; $P=<0.00005$). Adolescents were not found to have higher VLs (128,643 vs. 155,821 copies/ml; $P=0.531307$). Adolescents were on ART for a significantly longer period of time (41 months vs. 72 months; $P=<0.00001$) but other parameters including severe malnutrition, active tuberculosis, advanced WHO stage, on protease inhibitor (PI) regimens, adherence listed as “poor”, and outcome of lost-to-follow-up or death were similar between the groups.

Conclusions: Adolescents failing ART have significantly higher levels of immunosuppression than their younger counterparts including greater numbers with CD4 counts of less than 100 cells/mm³. Interestingly, adolescents do not exhibit greater elevations in their VL measurements.

High level of immunosuppression found in adolescents failing antiretroviral therapy in Tanzania

McKenzie K.1,2,3
1 Baylor College Of Medicine, Houston, USA, 2 Baylor International Pediatric AIDS Initiative (BIPAI) at Texas Children’s Hospital, Baylor College of Medicine, Houston, USA, 3 Baylor College of Medicine Children’s Foundation, Mbeya, Tanzania

Background: Adolescents have emerged as one of the most vulnerable populations in the HIV epidemic. Not only are mortality rates rising among adolescents despite an overall decrease in the number of deaths due to HIV, but there is a lack of understanding of the major issues HIV-infected adolescents face and how to address them.
A fast forward investigative forecasting: Challenges, unmet needs and gaps of the new HIV prevention technologies (NPT) in a Malawian context

Mahwayo D
1Given-Secret Foundation, Mangochi, Malawi

Introduction: It is a fact that the New HIV Prevention Technologies (NPT) are basically a strong key of the future efforts to halt or reduce the spread of HIV especially amongst women who are highly infected and affected more than men. One of the NPT which is a promising HIV prevention strategy is the vaginal microbicide/ring known as Dapivirine ring. Because many women in Malawi do not have the powers to insist on condom use, hence its use is always in the hands of the man, vaginal ring would be a great alternative. Vaginal ring would basically not require consent of the male partner.

Objective(s): With all the success stories coming out from the two main clinical trial sites of microbicides studies (John Hopkins University at Queen Elizabeth Central Hospital in Blantyre and the University Of North Carolina Project at Kamuzu Central Hospital in Lilongwe), a study was conducted to explore possible challenges, unmet needs and gaps of the NPT with vaginal microbicides as a specific area of study.

Methods: We conducted 11 in-depth interviews, 13 focus group discussions and 8 Key informant interviews to collect data from health care workers and sexually active women. Literature and secondary data review was also carried out of which data was being analysed on a continuous/ongoing basis in line with the knowledge, altitude and practice.

Results: 
- There is lack of scientific knowledge on vaginal microbicides of which women are not yet appreciating the effectiveness of this NPT.
- Given the sophisticated nature of the technology, affordability, availability and the slow roll out and uptake pace of the Dapivirine ring will obviously have an effect on the success of the technology.

Conclusion and Recommendation: The introduction of the Vaginal/Dapivirine ring should be well planned with an extensive awareness campaign for communities to have a scientific knowledge to appreciate and be impressed with the NPT thereby gradually but hopefully accepting it.

Promoting comprehensive HIV education and uptake of community-based testing services among residents in Ogba, Lagos, Nigeria

Ita D1, Durueke F2
1Global Advocacy For HIV prevention (AVAC), New york, America,
2New HIV Vaccine & Microbicide Advocacy Society, Ikeja- Lagos, Nigeria

Background: As part of efforts toward achieving the UNAIDS 90:90:90 target by 2020, New HIV Vaccine and Microbicide Advocacy Society (NHVMAS) launched an advocacy programme called Leaving No Nigerian Behind (LeNNiB) Champions mentorship programme to empower young HIV prevention advocates through trainings, mentorship and implementation of Zero Funded Project to support the National HIV response. This project aimed to provide HIV prevention education among residents and youthsto facilitate their access to comprehensive HIV testing services. Target population were aged 19-45 years. The prevalence rate varies by state across south west zone, and Lagos is 1.4% which is the second highest in the south west zone among adultof 15 - 64.

Methodology/strategy: NHVMAS trainer used the NHVMAS HIV training manual for vulnerable persons to train residents of Ogba and Lagos. Weekly house-to-house and shop-to-shop education sessions on HIV prevention was conductedfor a 20- week period. Main topics covered include HIV transmission, new and existing tools, benefit of treatment care and support services for PLHIV, stigma and discrimination, serodiscordancy and opportunity for HIV
Abstract
prevention like PrEP and treatment as prevention. Condom education and demonstration and distribution. Condom display was done by using penal model to sensitize the youths in the residents on how to properly place male and female condom. Community based HIV counseling and testing was done me bringing HTS closer to their community. Pre- and post-intervention assessment was carried out using focused group discussion to assess sexual respondents’ practices.

Results/Outcome: A total of 191 young people including tricycle riders and residents were educated during the 20-week period. This sensitization and consistent information on HIV prevention increased their knowledge about HIV prevention with an average pre-test and post-test score of 58.5% and 71.3% respectively. A total of 92 participants underwent the HCT. This could be because of phobia of a possible positive outcome. The Seventy-three percent of the participants who were tested knew about their HIV status for the first time. Forty-five percent of the people tested were males while 55% were females. All 92 results were negative. A total of 800 male condoms and 90 female condoms were distributed during education session.

Conclusion: Community HIV prevention education and community based HIV counseling and testing is effective in reaching youths and adults. There is need for the state and relevant stakeholders to carry out more interventions specifically tailored to bringing HTS closer to community in order to achieve the HIV 2020 target.

Introduction: Nigeria has 9.5% of HIV prevalence among key population living with HIV/AIDS according to 2014 Integrated Biological Behavioral surveillance survey (IBBSS). It shows high burden of HIV infection among Men who have sex with Men (MSM) (22.9%), Brothel Base Female Sex Workers (BBFSWS) (19.4%), Non-Brothel Base Female Sex Workers (NBBFSWS) (8.6%) and People who Inject Drugs (PWID) (3.4%).

Methodology: This study aimed to determine factors that influence improved adherence among key population who are Adolescences. A cross sectional study was conducted to 355 KPs Adolescence living with HIV and receiving free ART services at 5 OSS such as: Bakassi, Calabar Municipality, Yakurr, Ikom and Ogoja One Stop Shop (OSS) using randomized controlled intervention structured through Interviewer-administered questionnaires.

Results: A total sample size of 355 (FSW: 152 (43%), MSM: 127 (43%) PWID: 76 (21%)) key population was drawn from four Heartland Alliance One-Stop-Shop (OSS) in Cross River State. High optimal of ART adherence level (>95%) was among 58% of the respondents, 29% respondents had fair level of adherence between (85-95%) while 13% of respondents had poor adherence of (<85%). Causes of improved health adherence among key population living with HIV were being Confidentiality and Trust (38%), Health care provider as community members (17%), Counseling and information on Drug Effect and Reaction (42%), OSS or Facility location (53%), services provider relationship with clients (28%), support group meetings (53%), Nutritional support (69%), mobile phone intervention (Text messages and calls) (72%), Multi-Month scripting (81%) for stable clients, ARV fast tracking (43%) for stable clients, Advocacy and sensitization to faith base organization and religious leaders (69%) and availability of resources and mobility for clients (13%).

Conclusion: These findings showed that there should be proper attention for optimal adherence on ART among key population.

167

Factors Influencing Improved Adherence to ART among Key Population who are Adolescences Living with HIV Infection in Cross River State Nigeria: A cross sectional study

Edet B
1Heartland Alliance International-nigeria/usaid, Calabar, Nigeria

Reviews in Antiviral Therapy & Infectious Diseases 2019_10
Seroprevalence of anti-T. Gondii IgG and IgM among pregnant women, children and HIV infected individuals: A cross sectional study

Agordzo S, Badu K1,2, Owusu C1
1Kwame Nkrumah University of Science and Technology, Kumasi, Ghana, 2Kumasi Centre for Collaborative Research for Tropical Medicine, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana

Toxoplasma gondii causes opportunistic infection in immune compromised conditions such as HIV/AIDS and can lead to death resulting from latent infections. Transmission can occur during pregnancy, leading to neurological, hepatic and ophthalmic disorders in the fetus, with fatal consequence. Despite the life-threatening consequences and high seroprevalence of the infection globally, little to no efforts are made in managing the disease in Ghana. This study aims at determining seroprevalence of anti-T. gondii immunoglobulins G and M among pregnant women, children and HIV infected individuals in Ashanti region, Ghana.

Methods: Cross sectional study was conducted from selected hospitals. Participants where individuals referred to the laboratories to conduct various tests and people seeking HIV counselling and testing. Participation was voluntary and written informed consents were obtained. Toxo IgG/IgM combo test kits were used to determine the presence of anti-T. gondii antibodies.

Results: 111 pregnant women aged 16-45 years, 41 children aged 8 months-14 years and 30 HIV infected individuals with average aged of 36.6 years were recruited. Overall seroprevalence of 56.8% (63/111) was observed in pregnant women. Seroprevalence of 98.4% and 1.6% were recorded for IgG and IgM respectively among the exposed group. Seropositivity of 8/41 (19.5%) was observed in children. Seroprevalence of anti-T. gondii IgM and G were 12.5% and 87.5% among the seropositive cases. Among the HIV infected individuals, overall seroprevalence was 76.7% (23/30). From the exposed group, 4.3% and 100% were recorded for anti-T. gondii IgM and IgG respectively. Cat Ownership and contact with cat litter were significant risk factors associated with infection (p-value < 0.05).

Conclusion: High seroprevalence of T. gondii in pregnancy is a threat to public health. Again, T. gondii causes an opportunistic infection in HIV/AIDS patients hence needs urgent treatment to prevent latent infection. We recommend that pregnant women should not contact cat or cat litter in order to minimize infection.

Antiretroviral therapy modification among adolescents and young adults living with HIV in an ART clinic in Accra, Ghana: A retrospective review

Ganu V1, Berko K1, Fesi B1, Puplampu P1, Larney M2
1Korle-Bu Teaching Hospital, Accra, Ghana, 2School of Medicine and Dentistry, University of Ghana, Legon, Accra, Ghana

Background: Antiretroviral therapy has markedly reduced morbidity and mortality in adolescents and young adults living with HIV (AYAHIV). This population are diverse and most often experience unique issues related to antiretroviral treatment and management resulting in poor treatment outcomes. In Ghana, the first line treatment for AYAHIV in Ghana are non-nucleoside reverse transcriptase inhibitor based regimen. The second line treatment are the protease inhibitor based regimen. Identifying the reasons for ARV modifications among AYAHIV will provide insight into the varying approaches that can be required to address the challenges faced by this population. This study assessed the reasons for antiretroviral modifications among AYAHIV on antiretroviral therapy.

Materials & Methods: A facility-based retrospective study was conducted through the review of clinical records of AYAHIV aged 10 to 24 years in care from March, 2012 to April, 2019 at an ART clinic in Accra, Ghana. Data from clinical records of AYAHIV seen at the clinic were extracted
and analyzed. Data was analyzed using STATA version 13.

**Results:** A total of 261 patients comprising of 67% (175/261) adolescents and 33% (86/261) young adults living with HIV were on antiretroviral therapy at time of the study. Their mean age was 19.6±2.8 years and 56% (146/261) of them were female. Seventeen percent (45/261) of AYALHIV had at least one documented ARV modification. Antiretroviral modification was documented once in 78% (35/45) of AYALHIV, twice in 16% (7/45) of them, thrice in 4.4% (2/45) and four times in 2.2% (1/45). Mean duration on previous ARV regimen before ARV modification was 5.3±4.2 years with a range of one month to 14 years.

The commonest reasons for ARV modification were treatment failure (44.4%) and side effects of ARVs (40%). Non adherence to ARV medications was the commonest reason for treatment failure whilst anemia was the commonest reason for side effects. Being an orphan and having a father as the only caregiver were significantly associated with ARV modification. Maternal orphans had the highest rate of ARV modifications whilst paternal orphans had the least rate of ARV modifications.

**Conclusions:** Antiretroviral modification among adolescents and young adults is common. Treatment failure and treatment side effects were the commonest reasons for ARV modifications. There is a need for targeted interventions to improve adherence as the causes of non-adherence are multi-factorial. Anemia was the commonest side effect among this population. This warrants broad evaluation of AYALHIV at clinic visits for possible causes of contributors to anemia including nutritional issues and drug regimen.

**170**

**HIV/ART profile among adolescent and young females admitted at a rural district hospital in Malawi**

Mbamba P

*College of Medicine, Mangochi, Malawi*

**Background:** Africa is dominated by the young population, this is no different for people living with HIV (PLWHIV). In southern and eastern Africa 1.6 million adolescents and young people are affected by the HIV epidemic with females being twice as affected as males(1). In Malawi the 3.4% females aged between15-24 were HIV positive in 2015 to 2016 according to the population based HIV impact survey(2).

**Methods:** We set out to find the in-hospital prevalence of HIV among adolescent girls and young women at Mangochi district hospital in the south eastern lake shore of Malawi. Our aim was to assess the HIV/ART profile of young females with HIV infection or with HIV infection on current admission. We retrospectively reviewed 203 files of all female inpatients that were HIV positive or on ART in the months of February 2019 and March 2019. We assessed their ART status, ART regimen, if ever switched, viral load status and final diagnosis on discharge or cause of death.

**Results:** Young women and adolescent girls contributed to 10.8% (22/203) of all HIV positive female inpatients with 6/22 being adolescent girls and more than 90% already on ART. For those on ART the average number of years on ART was 2.6 years. Nine percent (2/22) changed ART regimen, to alternative first line and the other to alternative second line. Viral load was only documented in the one case that was switched to alternative second line. The most common diagnosis was bacterial infection in 40.9% (9/22) with pneumonia leading, followed by dental abscess. Pulmonary Tuberculosis was present in 2 cases and highly attributed as a secondary cause of mortality. The primary causes of mortality in the 3 cases were septic shock, severe immunosuppression and hypoxia.

**Conclusion:** Adolescent girls and young females had a high rate of HIV infection. Opportunistic infections
were common in patients on ART. There was lack of monitoring of viral load during admission despite the notable high rate of Bacterial infection. There is need to intensify adherence counseling among adolescent girls and young females followed by viral load monitoring.


171

Family functionality among HIV serodiscordant couples and its association with treatment outcomes

Ayisi-Boateng N1, Spangenberg K2, Enimil A3

1School of Medicine and Dentistry, Kwame Nkrumah University Of Science And Technology, Kumasi, Ghana, 2Family Medicine Directorate, Komfo Anokye Teaching Hospital, Kumasi, Ghana, 3Child Health Department, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana

Introduction: HIV Serodiscordance, with a prevalence of 3-20% among the general sub-Saharan population, is quite an intriguing subject. Family instability and partner conflicts are reported among people living with HIV and infected women in discordant relationships are often affected.

General Aim: To determine the association between family functionality and treatment outcomes among discordant HIV couples

Materials and Methods: This was a hospital-based cross-sectional study. It was undertaken at the ART centres at the KNUST Hospital and KATH, Kumasi. A systematic sampling method was used to select 374 HIV positive clients, who were at least 18 years of age, married or cohabiting, whose partners were HIV positive (concordant) or negative (discordant). Hospital records were reviewed to obtain data on participants’ clinical records such as CD4 count, viral load, WHO clinical staging, weight and frequency of hospital admissions. A standardized questionnaire which includes a family APGAR questionnaire was administered to assess family function among study participants, status disclosure strategies and drug adherence practices. All data was recorded on a data capturing sheet, entered into Microsoft Excel® and exported to SPSS® (version 20) and STATA® (version 14) software for analysis. Some of the data were presented using frequency tables, charts and descriptive statistics. Chi-square (X2) or Fischer’s Exact test was used to assess the association between family functionality and treatment outcomes. Odds ratios and associated 95% confidence intervals were computed to estimate the magnitude of associations between family functionality and serodiscordance as well as treatment outcomes in a bivariate logistic regression model; p-values ≤0.05 were considered as statistically significant.

Results: The study recruited 374 respondents. Out of this, 52% (195) were in HIV discordant relationships whilst 48% (179) were HIV concordant. Approximately, 68% (254) of the patients rated their families as functional, 15% (57) as moderately dysfunctional and 17% (63) as severely dysfunctional. A statistically significant relationship was found between family functionality and gender (X2 [p-value] = 14.7 [0.001]). The likelihood of a female HIV positive patient rating the family as dysfunctional was found to be two times higher (OR = 2.4, 95% CI = 1.44 – 4.15) compared with the male counterpart. There was a statistically significant relationship between family functionality and viral load suppression after 12 months of treatment (p=0.048). The odds of a patient with virologic failure (viral load > 1000 copies/ml) having a dysfunctional family is significantly higher. However, the relationship between family functionality and other treatment outcomes was not statistically significant (p>0.05). HIV positive patients who have disclosed their status to their partners were 94% (350).

Conclusion: There was a statistically significant relationship between family functionality and viral load after 12 months of treatment. The study did not establish any statistically significant relationship between family functionality and HIV serodiscordance. Family APGAR is a useful validated tool which has provided results on family functionality among HIV couples. Future research should explore family functionality among a different cohort of HIV positive patients or patients with other chronic medical conditions.
Knowledge, Attitude and Practice of prevention of mother to child transmission PMTCT among Teenage pregnant adolescents and young Adult antenatal attendees of Hospital Management Board, Cottage, Ede, Osun State, Nigeria.

Oke G, Olaoye P, Memunat B, Olajide T
1Initiative for the Development of Next Generation, Nigeria, Osogbo, Nigeria, 2Ladoke Akintola University of Technology Teaching Hospital, Osogbo, Nigeria, 3Axious International, Abuja, Nigeria, 4Faculty of Nursing Science, Ladoke Akintola University of Technology, Osogbo, Nigeria

Background: The prevention of mother to child transmission is highly effective intervention and has a huge potential to improve the health of mother and child. The PMTCT continuum of care represents a comprehensive range of prevention treatment and care services for pregnant women and their infants during pregnancy, labor and delivery. The aim is to assess the knowledge, attitude and practice of prevention of mother to child transmission PMTCT among teenage pregnant adolescents and young adult antenatal attendees of Hospital Management Board, Cottage, Ede, Osun State, Nigeria.

Method: Cross Sectional descriptive study of 40 respondents. The study population was adolescent and young adult pregnant women attending antenatal clinic at the Hospital Management Board, Ede, Osun State, and data was collected using self administered questionnaires adopted and adapted to meet the specific objectives of the study. IBM SPSS Statistics 20 was used for analysis.

Result: All respondents have heard about HIV/AIDS. 75% know that HIV/AIDS could be transmitted from mother to baby. 50% and 3% knew HIV is transmitted from mother to child via breastfeeding and during delivery respectively. 85.9% know there are drugs for PMTCT. 14.4%, 4.4%, 31.2%, 34.1% and 30.2% have a wrong knowledge that HIV/AIDS is transmitted via mosquito bite, handshake, eating from the same plate, curable and there is an effective vaccine respectively. 90.2% has the attitude that routine screening is necessary for HIV in pregnancy. 60.4% believe HIV positive mothers should exclusively breastfeed their babies. HIV positive mothers should give only infant formula HIV infected pregnant mothers must deliver with skilled personnel. 100% have tested for HIV and have their results kept confidential by the health workers. 73.8% shared their result with their husbands out of those 60.1% disclosed they are positive for HIV. Of this 60.1%, 50% have more than one sexual partner. 50% use condom some of the time they had sex. 30% use art to prevent mother to child transmission of HIV. 31.1% overall 83.9%, 80.5% and 82.2% had good knowledge, positive attitude and good practice respectively. Occupation of respondents and occupation of husband were significantly associated with attitude on PMTCT. Marital status educational level occupation of respondent’s occupation of husband’s parity and HIV status were significantly associated with the mean practice of PMTCT.

Conclusion and recommendation: Topic centered on HIV and PMTCT should still be part of regular health education program of antenatal clinics by nurses with the view of translating knowledge of HIV and PMTCT into practice.

Tuberculosis lymphadenitis and human immunodeficiency virus co-infections among lymphadenitis patients in Northwest Ethiopia: A cross-sectional study design.

Zenebe Y
1Bahir Dar University, Bahir Dar, Ethiopia

Background: Tuberculosis (TB) is one of the leading causes of death worldwide. According to the hospital statistical data of the Ethiopian Federal Ministry of Health (EFMOH) TB is the leading cause
of morbidity, the third cause of hospital admission and the second cause of death in Ethiopia. Assessing the rate of TB lymphadenitis (TBLD), HIV infections and TBLD/HIV Co-infection will be helpful for appropriate interventions that will reduce mortality, morbidity and other complications.

Methods: An institutional based cross sectional study was carried out from October 2015 through February 2016 in the selected hospitals of Amhara regional state. Data on demographic and clinical variables were collected with pre-tested standardized questionnaire. Fine needle aspirates (FNA) was performed by senior pathologist and analyzed by staining with hematoxylin and eosin. Microbiological culture was done based on the standardized procedures. To determine the status of HIV, rapid anti-HIV antibody test was performed based on the manufacturer’s instructions. Data was entered and scrutinized using SPSS version 20 statistical packages. A stepwise logistic regression model was used. Odds Ratio (OR), p-value and their 95% Confidence Intervals (CI) were calculated. The result was considered as statistically significant at P<0.05.

Results: A total of 381 lymphadenitis patients were included in the study. The overall prevalence of TBLN and HIV were at 250(65.6%) and 9(2.4%), respectively. The TBLD/HIV co-infection was at 6(2.4%). Based on the cytological examination, 301(79.0%) of them were diagnosed as TBLN; but only 217(60.0%) of them were culture confirmed TB. The patient age group, (P=0.01) and residency, (P=0.01) were found significantly associated with TBLN. Similarly, unsafe sex was also statistically significant for HIV infection (P=0.007).

Conclusion: The prevalence of TBLD in the study area is still a burden of the region. However, TBLN/HIV co-infection was promisingly low. There is inconsistency on diagnostic results of cytological and culture methods. Hence it is suggested to add different diagnostic techniques for the appropriate treatment of TBLD patients.

HIV seroepidemiology and co-infection among blood donors at Hôpital Sominé DOLO de Mopti, Mali.

Coulibaly MP, Moussa D², Bakary M², Mounirou B², Dolo A²
¹Hôpital Sominé Dolo De Mopti/Centre National de Recherche Scientifique Et Technologique, Sévaré, Mali, ²Université des Sciences Techniques et Technologique de Bamako, Bamako, Mali

Background: Despite global health action against HIV, it continues to be a major global public health issue. According to World Health Organization, in 2017, 940 000 people died from HIV-related causes globally. The WHO African Region is the most affected region, with 25.7 million people living with HIV in 2017. The African region also accounts for over two thirds of the global total of new HIV infections. Blood transfusion transmitted infections control play a pivotal role in HIV prevention in developing countries where the three ninety objectives are far to be reached. The aim of this study was to assess the link between sociodemographic factors and seroprevalence of HIV according to the type of blood donation.

Material and Methods: A retrospective serological study was performed at Hôpital Sominé DOLO de Mopti. A total of 11.372 donors were enrolled from 2011 to 2014. The logistic regression was used to determine the odds ratio after adjusting for age, gender, educational level and occupational status. Data were collected on Microsoft Excel and analyzed by R 3.4.3.

Results: The overall prevalence of HIV was 2.44%. Co-infections prevalence were 1.9%, 0.4% and 0.07% respectively for HIV-HBV, HIV-HCV and HIV-HBV-HCV. HIV prevalence was significantly high in family donors (300/9574 = 3.13%) than volunteer donors (28/1470 = 1.90%) p = 0.01. Educational levels like secondary school aOR = 0.64 [0.41-0.97], p = 0.04 and high school aOR = 0.48 [0.24-0.90], p = 0.03 were negatively associated to HIV seropositivity. In contrast, the occupational status like unemployee positively associated to HIV seropositivity aOR = 1.31 [1.07-1.77].

Conclusion: our data suggest high prevalence of HIV and its co-infection with HBV particularly in family donors. Prevention program should be emphasized on low-educated and unemployees blood donors.
Abstract

#ISABIHIV improved uptake of HIV services in Kaduna state Nigeria

Ajiboye A1, Aboki H1, Daniel U1, Ajaja O1, Isiramen V2, Anthony M3
1National Agency For The Control Of AIDS (naca), ABUJA, Nigeria,
2UNICEF, ABUJA, NIGERIA, 3Kaduna State Agency for the Control of AIDS, Kaduna, Nigeria

Background: Young people 15-24yrs bear the brunt of HIV infection. The National Agency for the Control of AIDS, Nigeria with the support of UNICEF proposed a National HIV prevention campaign targeted towards Adolescent and Young People (AYPs) to increase access to HIV information and services among this population. A baseline assessment was conducted in Kaduna State to inform a proper campaign.

Description: During the baseline assessment, Focus Group Discussions (FGDs) and Key Informant Interviews (KIs) were conducted among 40 AYPs in Kaduna State, ages 15-24. The participants were drawn from both the general and key populations within rural and urban settings. Issues explored included knowledge, risk perception, age of sexual debut, condom use, HIV Testing Services (HTS), Gender Based Violence and appropriate messaging for AYPs. KIs using a structured questionnaire were conducted among key influencers such as teachers, brothel owners, healthcare providers and community leaders. Based on this, appropriate messages were developed and pretested before the roll out of the campaign to the state. The HIV prevention campaign was tagged #ISABIHIV.

One of the campaign activities was conducted at the National Youth Service orientation camp in 2018, youth-focused organizations working in the state was engaged to disseminate messaging to attract AYPs to receive HTS and condoms. HIV identified AYPs were linked to care. Another activity was the sensitization meeting using local celebrities in the state as HIV champions to create awareness on Gender Based Violence, HIV/AIDS and other related diseases.

Result: At the end of the campaign 1,744 AYPs were tested for HIV. 11,176 condoms, 240 lubricants and 200 IEC were distributed. 763 AYPs were sensitized on Gender Based Violence.

Conclusion: The plan is to expand #ISABIHIV to other states following the success of the campaign.

176

Predictor factors of Helicobacter pylori infection among HIV patients at yeka sub city; cross-sectional study

Abegaz G1
1Ethiopian Public Health Institute, Addis Ababa, Ethiopia

Background: Helicobacter pylori are a potent producer of urease. HIV infected patient’s experience many form of opportunistic infections including gastrointestinal symptoms. There are limited data regarding risk factors of H.pylori infection among HIV-positive patients in our city and country.

Objectives: To assess predictor factors of Helicobacter pylori infection using stool antigen among HIV patients in Addis Ababa.

Methods: A crosssectional study enrolling 370 study participants was conducted from January- June 2017. Socio-demographic and clinical data were collected and stool samples were collected for H. pylori stool antigen test. All necessary data were recorded on questionnaires and data sheet.

Results: H. pylori antigen was detected in 117 (31.62%) of the total 370 study participants. Among HIV patients no significant association was observed in the prevalence of H. pylori with age, family size, educational status, marital status, toilet use habit, occupation, alcohol drinking, cigarette smoking and khat chewing (p>0.05). H.pylori infection was not associated with hemoglobin level among HIV patient (p>0.05).

Conclusion: In our study prevalence of H. pylori infection was 31.6% among HIV patients but it does not associated with any of the risk factors that we study. so it needs further investigation to know risk factors of H.pylori infection among HIV patients.
HIV Prevalence Is High In Districts with Long Term Traditional/Religious Male Circumcision History: A Close Analysis Of Contributing Factors versus The Efficacy Of Medical Male Circumcision Over the Latter.

Mahwayo D 1
1Given-Secret Foundation, Mangochi, Malawi

Introduction: Three randomized controlled trials on Male Circumcision (MC) carried out in Kenya, Uganda and South Africa suggests up to 60% reduction in HIV acquisition among circumcised men. Hence in 2007 the WHO and UNAIDS recognized MC as an effective intervention for HIV prevention especially in areas where HIV acquisition and transmission through heterosexual is high like in some parts of Africa especially sub Saharan Africa. In the light of these findings, the study wanted to find out as to why HIV/AIDS prevalence is high in some districts in Malawi where according to DHS 2004, have a large percentage of circumcised males (20.7%)

Methods: An exploratory, mixed method study was conducted in Mangochi, Machinga, Phalombe, Mulanje and Nkhotaka districts from February to June 2013. Data was collected through in-depth interviews and Focus Group Discussions. Content analysis was used to analyse qualitative data while quantitative data was analysed manually using tally sheets and matrix method.

Results: MMC is effective as compared to traditional MC because in MMC the foreskin which is surgically removed contains Langerhans cells which are known to be prime targets of HIV and apart from this, the fore skin doesn’t have a protective layer of Keratin, total removal of the foreskin reduces the numbers of susceptible cells. In Traditional MC in some cases the whole fore skin is not removed( leaving a ring like skin around the penis) in order to bring high sexual excitement to the female partner and to avoid sexual dysfunction in some men amongst other reasons, hence men who have undergone traditional MC still have 100% risk of contracting HIV and other STIs as compared to those who have undergone MMC that is why ironically HIV/AIDS prevalence is high in districts where traditionally, culturally and based on religious sensitivities , men are circumcised.

Conclusion and Recommendation: It is only MMC which reduces the risk of HIV and other STIs acquisition as such it is imperative for all males who underwent traditional MC to have MMC done by qualified medical personnel in order to reduce the risk in acquisition of HIV. STIs and other urinary tract infections including human papilloma virus.

Integration of cervical cancer screening and prevention into HIV-care at the family AIDS Care and education services (faces) clinics in Abuja Nigeria

Akinbade O 1
1Jolade Research Initiative, Lagos Mainland, Nigeria

Background: HIV-infected women are at higher risk of human papillomavirus infection, cervical pre-cancer and invasive cancer. The risks are increased in resources limited setting, where cost and infrastructure requirements limit access to tradition, cytology -based screening programs. Integration of cervical cancer screening and prevention (CCSP) services into HIV care Service may be a feasible and effective way of impacting a high – risk population of women.

Method: In October 2010 CCSP was integrated into routines care at the family AIDS care and education services (faces) program in Abuja Nigeria during regular visits, non pregnant women over 25 are invited to undergo cervical cancer screening using visual inspection with acetic acid (VIA) followed by colposcopy and biopsy to confirm positive result. Women who are tested negative were re-screened every 3 years .treatment of cervical intraepithelial naoplasia 2/3 (CIN 2/3) is done with loop electrosurgical excision procedure (LEEP) on site, with referrals given for more advance diseases.
**Results:** Between October 2010 and April 2015 we screened over 94,567 women using VIA and diagnosed 1,657 cases of CIN 2/3. We performed 1,243 LLEPS with no serious adverse events. We have trained 890 clinical officers and nurses to perform VIA and 80 clinical and medical officers to perform LEEP. Based on the program success, services are now being scaled up to outpatient’s facilities in multiple districts throughout the maitama provincein partnership with the Nigerian ministry of health.

**Conclusion:** This is an example of successful integration of cervical cancer screening and prevention services with an HIV Care setting. Building local capacity while providing services to prevent invasive cancer, screening using low-cost, easy-to-train approaches can result in high coverage of HIV-positive women, with follow up nested within ongoing HIV care services. With continued mentorship, mid-level HIV care providers can carry out the cervical cancer screening techniques safely and effectively.

---

**The perceived physical challenges in adolescents with perinatally acquired HIV.**

**Comley-White N, Potterton J, Ntsiea V**

1University Of The Witwatersrand, Johannesburg, South Africa

**Background:** As the global availability of antiretrovirals for pediatric patients continues to increase, so the body of perinatally HIV-infected adolescents (PHIVA) grows, creating a unique population of people living with a chronic disease. In 2016 there were an estimated 2.1 million adolescents living with HIV, with 84% living in sub-Saharan Africa. It is well documented that perinatally acquired HIV results in neurological, physical and cognitive developmental delays in children. As they develop into adolescents, there are residual problems in neurocognitive functioning and increased mental health problems. However, there is still a paucity of literature on the physical sequelae of perinatally acquired HIV in adolescents and there has been a clear call for further studies to be done in this area.

As a starting point to establishing what some of the physical sequelae of perinatally acquired HIV may be in the adolescent population, one needs to consider what their experiences are and what they perceive as challenges. The aim of this study was to establish the perceived challenges that PHIVA face with regards to physical sequelae.

**Materials and Methods:** A qualitative study design with semi-structured, individual interviews was conducted. Participants were sourced from an outpatient clinic and research unit for pediatric infectious diseases, in Johannesburg, South Africa. Early and middle phase adolescents (age 10–14 and 15–16 years, respectively) with perinatally acquired HIV were invited to participate. The interviews were audio-recorded and transcribed verbatim. Substantive statements were identified by two separate coders and thematic analysis was done via the general inductive approach. Manifest analysis was used to quantify the data. Field notes were used as an added aspect of triangulation.

**Results:** After 19 participants were interviewed, data saturation was reached. Eleven (57.9%) participants were in early adolescence and eight (42.1%) were in middle adolescence. The mean age was 13.1 ±2.2 years and 12 (63.2%) were female. Of the 19 participants, only one (5.3%) did not express that they had any challenges. The other 18 participants discussed difficulties with pain (n=10 [52.6%]), endurance (n=9 [47.4%]), fatigue (n=7 [36.8%]), community participation (n=4 [21.1%]), muscle strength and/or motor skills (n=3 [15.8%]), emotional issues (n=2 [10.5%]), and other health issues such as dizziness, forgetfulness, nausea (n=1 [5.3%]).

**Conclusions:** Pain, decreased endurance and fatigue are commonly voiced as challenges for PHIVA. This leads to decreased levels of participation which in turn could lead to other mental and physical health complications. Establishing and understanding the perceived challenges that PHIVA face helps to address some of the gaps in knowledge that clinicians experience when working with this vulnerable population. Addressing these challenges through the correct assessment, treatment, referral and education hopefully increases the adolescents’ participation, improving their quality of life.
Abstract

Improving viral load suppression in Nigerian adolescents 10-24 years through an adolescent-friendly service package


Background: Since 2005, the U.S. Army Medical Research Directorate-Africa/Nigeria (USMRD-A/N), in collaboration with the Nigerian Ministry of Defence Health Implementation Program (NMOD-HIP), has supported implementation of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) in military treatment facilities across Nigeria. Management of HIV in adolescents is a key partnership focus to ensure military and family health in Nigeria, particularly as this population is estimated at 50 million nationally. In response to sub-optimal adolescent VL suppression (a population-level proxy for adherence to antiretroviral therapy or ART), the USAMRD-A/N | NMOD-HIP partnership implemented a package of focused adolescent services to improve ART adherence and viral suppression in October 2018. We reviewed preliminary implementation and health outcomes from three military treatment facilities.

Materials and Methods: We selected three high volume Nigeria military facilities (DHQ MC, 44 NARHK and MHPH) with low viral suppression rates among adolescent patients. VL suppression was defined as viral load result less than 1000 copies/mL. We conducted an orientation for providers on adolescent friendly services, disclosure orientation for caregivers, and focused adherence monitoring for this age group with a monthly audit of patient charts to identify virally unsuppressed adolescents. We examined monthly trends in VL suppression by facility over five months.

Results: We enrolled n=130 adolescents and young adults 10-24 years between November 2018 and March 2019. Following the intervention, in November the VL suppression in adolescents and young adults eligible for VL test in DHQ MC, 44 NARHK and MHPH sites increased to 100%, 80%, and 65% respectively. DHQ MC sustained this performance through January 2019, dipping to 60% in February and increasing to 100% in March. DHQ conducted monthly adolescent meetings on weekends, supported by facility heads and conducted extensive tracking. 44 NARHK and MHPH sites had more variable performance, requiring additional intervention. This re-intervention at 44 NARHK and MHPH sites included a facility-level re-orientation for care providers and engagement of adolescent champions who helped to support adherence for their peers, with improved performance the following month. VL suppression at 44 NARHK subsequently improved to 100% by March.

Conclusion: The implementation of intensive, friendly, and patient-centered individual and group interventions for HIV-positive adolescents is a critical component in ensuring they remain virally suppressed and reduce onward transmission. To achieve epidemic control in this age group, health care providers will need to commit time and effort to making adolescents services visible, flexible, affordable, confidential and culturally appropriate. Intensive, site- and patient-level monitoring may be required during the start-up phase of similar adolescent-focused interventions to ensure VL suppression. Lessons from this intervention may inform similar interventions in other military treatment settings, across PEPFAR-supported sites in Nigeria, and in countries where viral load in adolescents remains high.
Peer to Peer Comprehensive HIV Prevention and Sexual Health Education Increases testing among adolescent girls and young women in Evbuotubu

Abstract

Background: The 2018 data sentinel survey shows that the prevalence of HIV in Edo State, Nigeria is estimated at 1.8% which is higher than the national average of 1.4%. Adolescent girls and young women (AGYW) between the ages of 15-24 has a prevalence rate of 5.9% in south south of Nigeria. Insufficient knowledge of HIV transmission mode contributes greatly to the high prevalence rate in rural communities. Thus, there is need for comprehensive HIV education and HIV testing service particularly among these vulnerable age group.

Objective: The project aimed to educate, promote safe sexual practices and increase uptake of HIV testing services among AGYW.

Methodology/strategy: Adolescent girls and Young women (AGYW) were trained by me and my colleagues in the two communities as peer educators for 24 weeks. Eight of them received training on main topics: on safe sex, HIV/AIDS, mode of HIV transmission, reproductive health, and female genital mutilation (FGM). They were taught, once weekly, 4 times a month, consistently 4 hours per session. Education sessions were conducted at the communities town hall by trained peer educators using the UNICEF approved "SEXUAL AND REPRODUCTIVE HEALTH" manual.

AGYW were mobilized through house-to-house sensitization to participate in the peer education session at the community town hall. Communication was done using local dialects (Bini) language. Monthly HIV testing services (HTS) were conducted with joint effort of HIV prevention trained counselor testers and qualified nurses in primary health care centres (PHCs), while reactive cases were linked to care. Pre- and post- training assessment was conducted using an interviewer administered questionnaire.

Result/outcome: The prevalence of condom uses among AGYW increased from 20% at baseline to 70% at the end of 12 months. Eight adolescent girls were successfully trained as peer educator and reached others, through town hall meetings, market square, and under a tree in community chairman house, who is a member of community advisory board (CAB). A total of 845 persons had learnt about safe sexual practices and HIV Prevention methods. 2,392 female condom and 2,964 male condoms were distributed and over 800 IEC materials were distributed. A total of 151 were tested and 148 AGYW knew their HIV status for the first time. 5 AGYW tested positive for HIV. Prevalence of 3.3% was observed among AGYW tested in this project. Some of the tested HIV negative AGYW were link to PrEP. While 5 (100%) who tested positive were linked to care.

Conclusion: Community HIV Prevention Education using house-to-house sensitization is effective in reaching AGYW. Peers led education helps overcome barriers of community entry and facilitate access to HIV testing services. There is need for the State and relevant stakeholders to carry out in-depth oriented projects specifically tailored to the HIV prevention needs of AGYW in rural communities.
Abstract

The roles of clinic-based social activities and peer support in enhancing adolescent retention in HIV care

Enane L1,2, Apondi E1,2, Omollo MF, Bakari S1, Toromo J1,2, Braitstein P1,4,5,6, Nyandiko W7, Vreeman R7,8
1Academic Model Providing Access to Healthcare (AMPATH), Eldoret, Kenya, 2Ryan White Center for Pediatric Infectious Disease and Global Health, Department of Pediatrics, Indiana University School of Medicine, Indianapolis, USA, 3Moi Teaching and Referral Hospital, Eldoret, Kenya, 4Richard M. Fairbanks School of Public Health, Indiana University, Indianapolis, USA, 5Dalla Lana School of Public Health, Division of Epidemiology, University of Toronto, Toronto, Canada, 6Moi University, College of Health Sciences, School of Medicine, Department of Medicine, Eldoret, Kenya, 7Moi University, College of Health Sciences, School of Medicine, Department of Child Health and Pediatrics, Eldoret, Kenya, 8Arnhold Institute for Global Health and Department of Health System Design and Global Health, Icahn School of Medicine at Mount Sinai, New York, USA

Background and objectives: Adolescents living with HIV (ALHIV, ages 10-19 years) have low rates of retention in HIV care compared to other age groups. Efforts to improve adolescent retention should address their social and developmental needs that extend beyond clinical care. The Academic Model Providing Access to Healthcare (AMPATH) in western Kenya has trained youth peer mentors (YPM) to facilitate adolescent care, and has instituted a comprehensive adolescent health clinic, the Rafiki Centre for Excellence in Adolescent Health at Moi Teaching and Referral Hospital, in Eldoret. We investigated factors underlying adolescent retention in HIV care through interviews with YPM.

Methods: This qualitative study, performed at Rafiki Centre, comprehensively sampled YPM for semi-structured interviews investigating barriers and facilitators to ALHIV retention in care as well as peer interventions supporting adolescent retention. Interviews were conducted by a trained interviewer in either English or Swahili. The sessions were recorded, transcribed, translated and then analyzed through thematic analysis. Findings regarding social activities and peer support are highlighted here.

Results: A total of 34 interviews were done with 21 YPM. Adolescent-friendly social activities at the Rafiki Centre emerged as a major facilitator to adolescent retention in HIV care. Activities and events including music and dance classes, fun days, group meetings with YPM, outdoor games, and social events provided critical social support to adolescents and motivated them to continue to attend clinic. YPM described strong friendships and bonds that formed among ALHIV and with YPM through these activities. Such relationships became critical resources for ALHIV to motivate and support each other in care. Social forums provided spaces to work through particularly difficult challenges that were not easy for ALHIV to speak about, including coping with intense isolation and stigma. For street-connected adolescents in particular, these spaces allowed them to discuss their frustrations and find relief from stress. As such, these low-cost social activities and forums provide for the social and developmental needs of adolescents in meaningful ways that motivate them to continue in HIV care and navigate the difficult challenges that it entails. Having strong social support through such programs is a key motivation for continuing in care among ALHIV.

Conclusion: Social activities and peer support programs for ALHIV within a comprehensive adolescent care clinic provide crucial support for retention in care and mitigate complex barriers to ALHIV care. HIV care programs should scale up adolescent-friendly care including social activities and peer support programs to support ALHIV retention and well-being.

Increasing young men’s engagement with HIV and sexual and reproductive health services in Harare, Zimbabwe: a qualitative study

Wedner-Ross MF1, Sekanekana C1, Ndaba S1, Koris A1, Dringus S1, Wedner S1, Ross D1, Ferrand R1,2
1Biomedical Research and Training Institute, Harare, Zimbabwe, 2Duke University, USA, 3The London School of Hygiene and Tropical Medicine, London, United Kingdom, 4Independent Consultant, Thoiry, France, 5The World Health Organisation, Geneva, Switzerland

Introduction: To reach the UNAIDS 95-95-95 target for HIV in sub-Saharan Africa, uptake of HIV and sexual and reproductive health (SRH) services by young men must increase substantially. We
Abstract

investigated approaches of engaging men within an ongoing cluster randomised trial (CHIEDZA) in Zimbabwe aimed at improving HIV outcomes in youth aged 16-24 years through provision of a community-based integrated package of HIV testing, treatment and prevention, and sexual and reproductive health (SRH) services.

Materials & Methods: Barriers and facilitators of engagement with HIV/SRH services were explored in five focus group discussions, one with CHIEDZA trial service providers, four with young men from study communities in Harare who had (n=2)/had not (n=2) accessed CHIEDZA services, as well as in five in-depth interviews and one participatory workshop with young men. All were conducted by male youth researchers. Transcriptions and summaries were produced and analysed through a thematic coding process.

Results: CHIEDZA service users valued the privacy, anonymity and friendliness of providers. Facilitators of CHIEDZA service use included lack of user fees and privacy and anonymity of clients being maintained.

Users of routine services consistently reported that a lack of anonymity, confidentiality and of a reliable supply of commodities, and a mismatch between the services available and their perceived needs deterred their use. Proposed solutions included providing a package of services that i) did not reveal the reason for attendance and therefore preserved an individual’s privacy, ii) went beyond HIV, for example by including other health services, iii) were “demedicalised” and included aspects that were attractive to males particularly sports and entertainment in a multi-use facility iv) focused on concerns important to male youth, including flavoured condoms in packages designed for young men, free STI screening, comprehensive counselling and provision of information.

Conclusion: Few HIV/SRH services have taken the perceived needs and wishes of young men into account. Male youth in this study were aware of the importance of SRH/HIV services and were eager to engage with good quality, age-appropriate, respectful services. Delivering those as part of a package of services attractive to young men, in a multi-use environment they feel comfortable in, could greatly increase young men’s uptake of services.

184

Litfuba Ngelakho (‘It’s Our Chance’): Integrating crime-prevention, gender norms transformation and HIV prevention programming for adolescent boys in at-risk urban communities of Eswatini

Churchyard T
1Kwakha Indvodza, Mbabane, Swaziland

Background: With an HIV incidence of 1.4% and prevalence of 27%, Eswatini has a severe HIV epidemic. Adolescents, especially girls, are increasingly at-risk. However, young Swazi men demonstrate low(er) uptake of HIV testing (48%), lower viral suppression (62.7%), poor transmission knowledge (66%), inconsistent condom use and low VMMC uptake (48%). This, coupled with the prevalence of patriarchal gender norms, GBV, and poor economic opportunities creates environments of interrelated conflict with the law, violence and HIV vulnerability among young men, and as a result, correlated vulnerabilities amongst young women.

In 2019, Kwakha Indvodza (KI) and European Union Delegation in Eswatini launched the Litfuba Ngelakho project, providing a comprehensive package of adolescent crime prevention, behaviour change sensitizations and SRHR services in order to increase uptake and referrals of quality HIV prevention service and products and strengthen the social protection offered to young men at-risk of conflict with the law, before, during and after conviction.

Description: To-date 320 (out of 2-year target of 3200) adolescent boys and young men (15-25 years old, in and out-of-school), from seven under-served urban communities (and one juvenile correctional facility) have been enrolled an intensive 15-session curriculum of HIV prevention knowledge and services, gender sensitivity, GBV and economic empowerment. KI has established male-focused youth centres which provided opportunity for mentoring, HIV service delivery, follow up and complementary services, such as psycho-social support, career guidance, parenting workshops and study support. The 24-month pilot programme
integrated HIV prevention into other sensitizations and services to encourage uptake of HIV prevention services by combining referrals to existing health facilities and community-based youth-friendly HIV prevention services.

Lessons learned: Similar interventions conducted by KI in 2017 & 2018 revealed significant increase in participant status knowledge (89%), self-reported VMMC (66.3%) and self-reported condom usage at last sex (75%) among pivot-age course graduates. Project beneficiaries also exhibited substantial increase in gender-equitable norms and practices, including GBV awareness (38%) with 24% increase in GBV reporting at local police stations.

Data from the first 2019 Litfuba Ngelako cohort will be released in August 2019 and will be shared at the conference.

Conclusions: Integrated HIV prevention packages targeting young men should be implemented as an HIV prevention approach for young men and women.

Whilst HIV incidence among young men is lower than that of women, by 29 years, men’s HIV incidence increased dramatically and continues throughout the 29-45 age range. Long-term prevention strategies are needed to engage young men in HIV prevention knowledge and services earlier.

There is resistance from young men when implementers engage them only for HIV prevention purposes. Engaging adolescent males in HIV prevention requires more integrated approaches (combining bio-medical, SBCC, skills development and well-being).

Parent-adolescent HIV communication remains very low in Eswatini and must be strengthened as a viable HIV prevention approach. There is a strong correlation between HIV prevention knowledge and uptake, and more broad social protection of adolescence. More research on the impact of capacitating parents/guardians to deliver accurate HIV prevention messaging is also advised.

Knowledge, Attitude and Use of Female Condom among Female Medical Undergraduates of three selected Higher Institutions in Osogbo, South-Western, Nigeria

Oke G1, Faremi A2, Olaiya P3, Ajani F3

1Initiative for the Development of Next Generation, Nigeria, Osogbo, Nigeria, 2Hospital Management Board,, Ede, Nigeria, 3Axious International, Abuja, Nigeria

Background: Increase in sexual risk behaviors among students of higher institutions has exposed them to negative consequences such as unprotected sex, STIs and unwanted pregnancy. The female condom is one of the very few currently available female-initiated methods that provide bi-directional protection to both partners which can help to prevent consequence of unsafe sex (unintended pregnancy and sexual transmitted infections).

Objective: This study therefore, aimed to investigate the knowledge, attitude and practice of female condom use among Female Medical Students of three higher institutions of learning in Osogbo, Osun State, Nigeria.

Method: A cross-sectional survey was employed in the study in which well-structured questionnaires were developed and administered on the respondents. Simple Random sampling was used. Data obtained were analyzed using IBM SPSS, descriptive and chi-square statistics.

Results: There were 451 respondents. The result obtained showed that respondents had poor knowledge of female condom (22.2%). (44.6%) of the respondents agreed that female condom could protect against STDs, HIV/AIDS etc efficiently. The media and friends were the most effective sources of information of female condom among female medical undergraduates.26.6, 28.8, 29.5 are in their First, second and third year respectively. Mean age of respondents 18.26±3.45. 92.8% are single, 85.6% are Yoruba and only 10.8% have confidence in the use female condom. Perceived confidence was significantly higher amongst other ethnicities.
Abstract (19.59±3.827) compared to Yoruba ethnicity (18.04±3.337) (F=9.935; p<0.05). Perception towards male condoms was a significant factor that influenced the confidence to use a female condom (F=9.896; p<0.000). Three themes emerged. The first is that the size and shape of Female condom may be undesirable which may lead women to contract HIV and AIDS. The second theme was that the size and shape of female condoms and female genitals may make insertion complicated. The third was that the size and shape of a female condom may results in pain and discomfort during coitus. 86.7% are ready to inform others if well exposed to enough information about female condom

Conclusions: Efforts should be made by relevant bodies to encourage the use of female condom in order to ameliorate the negative consequences of unprotected sex. Concerted efforts are advocated to improve the low perception exhibited towards the use of female condoms and the low perceived confidence to its utilization.

186

Achieving Zero Viral Load Adherence through Operation Triple Zero Initiative

Maulti V, Mutruri P, INIWANI I, Ondari E

1 University Of Nairobi, UNITID, Nairobi, Kenya, 2 Kisii Teaching and Referral Hospital, Kisii, Kenya

Mortality and burdens from HIV/AIDS has increased steadily and new institutions have been formed with substantial commitment to HIV/AIDS. ART coverage has contributed to reversal of the global trend in HIV/AIDS mortality. As a result of curbing the rise in epidemic ‘Getting zero campaign’ has been promoted with a vision of achieving universal health care through reduce in HIV/Aids prevalence among HIV infected population having Zero new infections, Zero Discrimination and Zero AIDS Related disease in order to achieve 95:95:95 strategy.

Kisii county is ranked eleventh nationally with a total of 5976 new infection annually and the most affected population being adolescent aged 10-24 years where their ART coverage stands at 92% while viral suppression is at 65% . Operation Triple Zero initiative has helped adolescent with high viral load to closely monitor their appointments, drug intake in order to achieve zero viral load suppression. The adolescent who achieved zero campaign were rewarded in order to encourage the rest of the club members to achieve zero campaign. The slogan for the initiative is ‘Zero for hero’s’

The adolescent are recruited voluntarily both with high viral load and those who have suppressed to join a club where they are educated and inform that their health is their responsibility through Operation Triple zero initiative which means : First Zero is no missed Appointment, the second Zero is No missed Drug and the last Zero is maintain Zero viral Load. Review of viral load was done after six month to monitor their viral load suppression. As a way of strengthening the initiative, surveillance committee team was formed among the health workers with small motivation to help them utilize data for decision making.

The intervention has encouraged adolescent to joint an OTZ club where they share their experience with peers and also to keep track of their appointment and their medication thus resulting to low viral load, active surveillance committee utilize data timely for decision making and response to emerging issues and champion adolescent act as ambassador to the rest through forming clubs in school which encourage other peers without disclosing their status. Champion adolescents also will continuously encourage the rest of the adolescents on the importance of drug adherence through taking treatment to be their own initiative.

187

Abstract number 187 has been withdrawn.
Abstract

188

PrEP uptake and persistence in two adolescent and youth friendly facilities in inner city Johannesburg.

Travill D, Celum C1, Morton J1, Johnson R2, Kidoguchi L1, Baeten J2,3, Delany-Morette S1
1Wits RHI, Johannesburg, South Africa, 2Dept. of Global Health, University of Washington, 3School of Medicine and Epidemiology, University of Washington, United States of America

Background: Prevention Options for Women Evaluation Research (POWER) is an open-label PrEP implementation project investigating scalable PrEP delivery models for adolescent girls and young women (AGYW) aged 18-25 years.

Methods: POWER PrEP delivery in Johannesburg is through two public sector primary health care clinics (PHC) that provide youth friendly services: Ward 21 is a specialist PHC clinic focused solely on care for 9-24-year olds while Jeppestown provides care to all ages. PrEP is offered in these two clinics as part of an integrated sexual and reproductive health (SRH) services that offers provider-initiated HIV testing, STI screening and contraception. Age-eligible young women attending for any of these services were offered the option to start PrEP, as well as other aspects of the SRH package.

Results: Since July 2017 346 AGYW were enrolled in Ward 21 with 339 (98%) ever initiated on PrEP. All accepted PrEP on the day of enrollment. In Jeppestown 95 AGYW have been enrolled and 87 (92%) ever initiated PrEP since January 2019. Average PrEP enrollment per month is 16 in ward 21 vs. 22 in Jeppestown. Among those enrolled, 64% in Ward 21 vs 51% in Jeppestown were aged 18-21 years. A higher proportion of Jeppestown clients reported >1 sex partner (13% vs 8%), did not know their partners HIV status (68% vs 54%), and had a curable STI (42% vs 29%). Inconsistent condom use (62% vs 67%) and contraceptive use rates were similar across both clinics (55% vs 57%).

PrEP persistence data in Ward 21 was 40% at month 1, 22% at month 3, 17% at month 6 and 7% at month 12. In comparison, Jeppestown PrEP persistence at month 1 was only 20%. Updated follow up data from Jeppestown will be presented.

Conclusion: PrEP uptake in AGYW in inner city Johannesburg is high. These data provide insights into how service delivery models may influence PrEP continuation. Further analyses will provide more information on whether individual or delivery model characteristics influence PrEP continuation in AGYW and suggest additional strategies to strengthen ongoing PrEP use in this group.

189

Towards 90-90-90 Diagnostic target: HIV testing, Sexual Behavior and Knowledge of Pre-Exposure Prophylaxis among Adolescent Female Sex Workers of Osogbo, Osun state.

Oke G1, Ayodeji F3
1Initiative for the Development of Next Generation, Nigeria, Osogbo, Nigeria

Background: Stigma and discrimination in health care settings deter many members of key populations from learning their HIV status. This study is to access HIV testing, Sexual Behavior and Knowledge of Pre-Exposure Prophylaxis among Adolescent Female Sex Workers of Osogbo, Osun state, Nigeria.

Methods: We conducted Nine Focus group discussions (FGDs). 80 Adolescent FSW were randomly selected from 5 bars, 2 brothels, 2 street corners in Osogbo, Osun State Nigeria. They provided information on their knowledge about prevention and treatment of HIV, sexual behaviors, condom use and PrEP. Translated and transcribed FGDs were thematically coded and analyzed using NVivo. HIV testing was also done.

Results: 16-19 is the age range. Half have tested HIV status before. 48% have heard of PrEP but do not see it as useful for them.10% mistook it for contraceptive pills and they all think it should come with pregnancy prevention. All women were equally concerned about what the side-effects could be. 20% were HIV positive and were not aware of their HIV positive status. Testing positive
Abstract
to HIV means the end of their profession. FSW felt daily PrEP would be logistically challenging. Death of Parents and need for survival was a major predisposing factor. Most FSW would prefer to receive PrEP from government health facilities or HIV testing clinics. 5% suggested including cervical cancer screening along with HIV/STI prevention counseling.

Conclusion: There is need to reach younger FSWs and those newly entering sex work, with HIV prevention, education, testing and pre exposure prophylaxis (PrEP).

190

Creating Demand for HIV Testing Services (HTS) among School-aged Children

Ginindza MF
1Elizabeth Glaser Pediatric AIDS Foundation, Mbabane, Swaziland

Background: HIV testing is a critical step in epidemic control. Testing children, especially in the 5-14 years’ age group, is difficult because of a drop in health service engagement between infancy and adulthood. A school-based educational campaign initiative was developed in Eswatini aimed at mobilizing primary school children age 5-14 years to engage in HIV testing.

Methods: EGPAF developed a strategy with the Ministries of Health and Education (MoE) to conduct school-aged children mobilization campaigns in selected primary schools to encourage and link children for HIV testing. Four schools were identified with MoE and campaigns were launched in two phases; phase one in Matsanjeni and Lulakeni (June-August 2017), phase two in New-Heaven and Ntjanini primary schools (February-April 2018). Prior to each campaign, teachers and grouped pupils selected a topic (e.g. factors inhibiting access to HIV testing) and conducted in-depth research on that topic. On campaign day, groups presented their topics to the whole school; discussions ensued moderated by local nurses. Children who showed interest in HIV testing services (HTS) at the campaigns were referred to two nearby facilities for testing using referral forms.

Consent forms were sent home for caregivers sign-off among children under 12 years.

Results: For phase 1, during a 3-month period (January-March 2017) pre-intervention, 371 children (5-14 years) were tested for HIV in two nearby facilities, while during the 3-month intervention period (June-August 2017), 564 children were tested in the two same facilities. For phase 2, during a 3-month period (October-December 2017) pre-intervention, 477 children were tested, while during the 3-month intervention period (February-April 2018), 839 children were tested. Combining phase 1 and phase 2 data, the intervention improved HTS uptake from 848 children before to 1,403 children during the 3-month intervention period. By referral form count, 1,401 children were referred for HIV testing, 1,403 (including peers recruited by those referred) reached the facilities and were tested for HIV. Three (0.2%) children tested HIV-positive and started treatment.

Conclusion: Although the positivity yield was low, this strategy enhanced the number of children (5-14 years) accessing HTS. The MoE is currently adapting this initiative across all regions of Eswatini.

191

Topic: Social media interventions in promoting HIV prevention, treatment and retention among adolescents and young people in Kenya

Lomken SF, Kimathi R, Gatimu J
1LVCT Health, Nairobi, Kenya

Background: The number of social media users worldwide in 2019 is 3.484 billion. However, the platforms have not been widely explored in promoting HIV testing, linkage to treatment and retention. LVCT Health’s OneZone Integrated Digital platform (OIDP) was established to address lack of access to HIV services and information among adolescents in Kenya through interactive engagement across social media spaces. We reviewed the effectiveness of the platforms in disseminating information and providing online
Abstract

linkage to services such as counselling, and HIV testing and care.

Methods: OIDP comprise of various social media spaces i.e. Facebook, Twitter, YouTube, Instagram. These spaces are introduced to the adolescents through activations that create awareness on HIV and also the use of electronic media whenever we have a counsellor on a show that is discussing topics on HIV. Facebook and Twitter promotion is done to reach a wider online community. We post short videos, pictographs, blogs and podcasts that generate discussions from adolescents on different topics weekly. These topics are selected by following trending topics or asking adolescent and young people through posts to what they want discussed by leaving a comment or a direct message. The posting is done at the start of the week by a trained peer educator with the help of a media personnel, who conducts cafes and podcasts. A minimum of four interactive posts are shared on a daily basis across the spaces and these are then monitored and reported for on a weekly basis. Clinical queries are done by professional clinical counsellors as well as nurses providing referrals depending on the issue presented. We evaluate and merge topics that present similar sequel to come up with messages to be used in videos and pictographs. Data to monitor the spaces is collected by a media expert using Sprout-social site and recorded on a spreadsheet. Data for monitoring is collated on a weekly basis on the number of posts sent, number of adolescents reached and performance towards target set for the week. These targets are done by analyzing the previous week’s performance and any upcoming activity that will generates traffic. Data is also collected on information provided and services given such as linkage to treatment. This data is collected by a counsellor on a weekly basis using Sprout-social and recording it on a spreadsheet. We analyzed OIDP quantitative data in the period of October 2017 to October 2018 to evaluate the program’s effectiveness. We used STATA tool to analyze data.

Results: The platform registered over 10,000 adolescents and youth through activations and social meet-ups around the country. We reached 3.3 million adolescents and young people through the OIDP spaces with information on accessing HIV services; counselling testing, treatment and adherence across all the platforms. Facebook recorded a following of 40,000 from 5,000 adolescents and young people by October 2018.

Conclusion: Social media reach is wider as compared to other mediums in disseminating HIV information. There is need to consider paying for content as it may result in increase in interactions.

192

Implementing Evidence Based Integrated Youth Friendly Health Services in Lilongwe, Malawi: Lessons Learnt from Mphamvu Project.

Phanga T1, Rosenberg N1,2, Herce M1, Libale C1, Mofolo I1

1University of North Carolina Project, Lilongwe, Malawi, 2University of North Carolina, Chapel Hill, USA

Introduction: Adolescent girls and young women (AGYW) find sexual and reproductive health (SRH) care seeking unbearable in government health facilities. This is due to compromised privacy, poor provider attitudes, and long queues, disintegrated services etc. Integrated youth friendly health services (YFHS) can improve services experience for AGYW in government clinics.

Method: Mphamvu project is a YFHS program for AGYW at Kawale health center in Lilongwe. The project was formulated from the evidence gained from the Girl power study i.e. the program aims at addressing SRH service barriers that AGYW face at government facilities by providing integrated YFHS. AGYW receive HIV testing and counselling, STI screening/treatment, and contraceptives from trained youth friendly providers in one space, separate from adults. AGYW have a one-stop shop for all their sexual and reproductive health needs. The project also offers SRH services to partners of AGYW. Adolescent boys and young men (ABYM) can also receive HIV testing and counselling, condoms and STI screening/treatment. The project has seen an increase in Uptake of SRH services among AGYW and their partners. Reaching 1733 HIV tests, 271 STI treatments, 1675 with condoms and 640 girls with contraception over a last six months period.

Results: The platform registered over 10,000 adolescents and youth through activations and social meet-ups around the country. We reached 3.3 million adolescents and young people through the OIDP spaces with information on accessing HIV services; counselling testing, treatment and adherence across all the platforms. Facebook recorded a following of 40,000 from 5,000 adolescents and young people by October 2018.

Conclusion: Social media reach is wider as compared to other mediums in disseminating HIV information. There is need to consider paying for content as it may result in increase in interactions.

Reviews in Antiviral Therapy & Infectious Diseases 2019_10
service per visit. 2. Integration of services reduced queues therefore less time spent at clinic by AGYW. 3. Separating AGYW from adults during services improves privacy and consequently led to high uptake SRH services. 4. Non-judgmental providers make AGYW feel confident to seek for services.

**Conclusion:** Integrated youth friendly health services improved access to and uptake of SRH services among AGYW.

---

**Abstract**

**Background:** The HIV program involves sequential steps: HIV testing, diagnosis, linkage to care, retention and viral suppression. Access to Antiretroviral Therapy with appropriate regimen, continuity of care, technical competence of service providers on counselling and client focus are required to meet the bench mark for quality and standards of care. Most often than not, retention in care of PLWHIV is a public health issue.

**Aim:** This study aims to review retention and variations in treatment outcomes among adult and children in high volume ART sites in Rivers State Nigeria.

**Method:** This is a retrospective cohort study investigating one-year treatment outcomes of adults (15 years and above) and children (0-14 years) who started ART between January 2017 and December 2017 across 6 high volume ART sites in Rivers State Nigeria (University of Port Harcourt Teaching Hospital, General Hospital Ahoada, Braithwaite Memorial Specialist Hospital, Model primary Health Centre Rumuokwurusi and Obio Cottage Hospital) supported by the USAID funded SIDHAS project and Global Fund. A treatment current of 1000 and above was the rationale for choosing the high-volume ART sites. The study involved secondary data collection, using the Retention Audit Determination Tool (RADET).

**Result:** A total of 3704 records of individuals who started antiretroviral therapy were reviewed. Of these, 4.7%(177) and 96.5%(3577) accounted for children and adult respectively. Treatment outcomes after one year on treatment showed that 61.0%(108) of children were active, 2.8%(5) dead, 19.2%(34) transferred-out and 35.6%(63) lost to follow up. Adults had 80.8%(2891) active outcome, 1.3%(48) dead, 2.7%(99) transferred-out, 12.2%(437) lost to follow up and 0.3%(12) stopped treatment.

**Conclusion:** Positive treatment outcome is important for viral load suppression, reduced morbidity and mortality. Transferred-Out is considerably high among children and even more for Lost to Follow Up outcome among children. We found variation in attrition between children and adults. Higher mortality rate was recorded among children as compared to adults. A well-planned children and adult counseling methods, follow up tracking, family centered approach and client understanding of lifelong ART are required in Patient Management and Monitoring to improve treatment outcomes for People Living with HIV especially children on ART.

---

**Calls for integration of safer contraception counselling and reproductive services into HIV care and treatment services from HIV serodiscordant couples desiring conception in Abuja, Nigeria**

**Background:** HIV serodiscordant couples desiring conception are interested in safer conception interventions that will reduce the risk of HIV transmission to the negative partner. Preconception counselling and reproductive services is either not readily available in low
resources environments or does not adequately address the needs of HIV serodiscordant couple desiring children.

The acceptability and feasibility of safer methods of conception have yet to be evaluated in low resources settings. We aimed to access the availability of preconception counselling and reproductive services for HIV serodiscordant couples (female positive, male negative) desiring conception.

**Method:** We conducted mixed and single gender focus group discussions comprised of 23 women (20 HIV positive, 3 HIV negative) and 22 men (20 HIV negative, 2 HIV positive) in serodiscordant partnerships who were purposely selected from Abuja Nigeria. The transcribed data was analyzed qualitatively using grounded theory content analysis.

**Result:** All the HIV serodiscordant couples desired children for personal, social and cultural reasons. HIV serodiscordant couples except their healthcare providers to introduce and counsel them on safer method of conception. However they have not engaged their health care providers in such discussions. HIV infected women were not aware of any method including timed, unprotected intercourse or vagina insemination to reduce the risk of transmission to their HIV negative partners. Participants reported a lack of time, support and comfort with their providers, and possible worsening their health status in pregnancy as factor inhibiting them from discussing their child bearing desires with their health care providers.

**Conclusions:** HIV serodiscordant couples interested in child bearing inconsistently receive preconception counselling and are unaware of safer methods of conceptions. Therefore the development of a standardized preconception counselling message is needed. The integration of comprehensive reproductive services for HIV serodiscordant couples into HIV and treatment program will strengthen the repertoire of medical services available to HIV-affected couples desiring children.

---

**Determinants of access to sexual health care by adolescent LGBTI community.**

**AMAIZA C**

1 Ambassador for Youth and Adolescent Reproductive Health Programme, NAIROBI, Kenya

**Background/Significance**
Kayole a slum in Eastlands Kenya is one of the biggest hotbeds for sexual violence and exploitation showcased primarily by its high rates of teenage pregnancy. In a school study 6 out of 10 girls living in Kayole are likely to get pregnant before the age of 20. This necessitated a very interactive approach to reach these vulnerable young adolescents with Sexual Reproductive Health & Rights (SRHR) information to enable them make informed decisions.

**Objectives:** To effectively pass SRHR information to young people.

**Methodology/Interventions:** In 2017 the Ambassadors for Youth and Adolescent Reproductive Health Programme (AYARHEP) decided to train Far East Basketball Association (FEBA) coaches who are based at Divine Word parish (DIWOPA) in Kayole on SRHR. AYARHEP then decided to sponsor their tournaments which would be rated by both team scores as well as their knowledge on different SRHR issues. As such standard questions on SRHR were used to evaluate the teams. Prior to the games kicking off the teams would sit in for an SRHR quiz against their opponents and the team that answered most of the questions correctly were added 5 points per questions as such had better competitive ability even before the games began considering there was an attractive prize for the winners.

**Results:** 15 teams both from FEBA and different universities for example Zetech and Nairobi Institute of Business Studies (NIBS) signed up for the tournament. These tournament attracted both male and female oriented basketball teams. We realized the coaches had relayed intensive knowledge on their teams concerning SRHR. One all-female team with girls aged 12-19 was able to answer correctly 15 questions out of the possible 20 thereby beginning with 75 points which enabled them to win the tournament against their
opponents. The biggest success was that the government mapped out the DIWOPA area as Youth Friendly Centre for acquiring SRHR information in Kayole.

Conclusions: AYARHEP has continued sponsoring holiday basketball tournaments for teams made of young people throughout 2017. But as from 2018 they decided to make a defensive cup tournaments to make it more attractive with winners keeping the prize of SRHR Champions of the Year. This has made the teams to continuously seek information on SRHR prior to the cup tournaments.

Recommendations: In order to effectively pass SRHR information we need to invest in unconventional methods which fit easily into a young person’s life.

196

Fighting HIV among Adolescents in Beira, Mozambique

Atzori A

1Doctors With Africa Cuamm, Padova, Italy

Background: HIV in Mozambique is a crucial public health challenge. As of 2017, approximately 2.1 million people were living with HIV (PLHIV), out of which only 57% were accessing antiretroviral therapy (ART). CUAMM’s projects are targeted at adolescents, a particularly at risk group for contracting the virus in high prevalence situations. In Beira, prevalence is estimated at 25%.

Materials & Methods: The project of Doctors with Africa CUAMM is based on three levels of intervention - health facilities, schools, and communities — creating a strong linkage between counselling, testing and treatment.

1) Health facilities
Since 2016 CUAMM has supported specific facilities for adolescents and young people (10-24 years), named SAAJ (Serviços Amigos dos Adolescentes e Jovens). The SAAJ services are located inside a health centre and they offer free counselling on reproductive and sexual adolescent health; pregnancies (antenatal and postnatal visits); prevention, test and treatment of HIV and sexually transmitted infections (STIs) and contraceptive methods. Since 2018, CUAMM has introduced the role of the case manager aiming at following up the HIV+ adolescents over time, in order to understand and tackle potential barriers hindering the specific adolescent to stay on treatment.

2) Schools
The project supports the cantinho escolares (school corners areas) in primary and secondary schools, specifically designed to provide information and counselling on sexual and reproductive health and rights for adolescents. Among the organized activities: sensitization sessions on a weekly basis and trainings within the school. These corners count on the daily presence of peer activists, one focal point professor and, periodically, a nurse from the health centre.

3) Community
CUAMM organizes raising awareness activities to make sure people get familiar with HIV prevention, get tested, start treatment if necessary, and stay on treatment. In order to increase effectiveness, CUAMM involves young people themselves, who chose to work in peer education activities to cut down fear and stigma and who serve as link between the community and the health centre. CUAMM operates in partnership with Geração Saudável Association and ANANDJIRA, two groups of young activists (peer to peer support groups) — some of whom HIV positive — who receive and support youths referred from SAAJs and organize events, provide psychological support for adolescent and youth at SAAJ at home.

Results: From August 2016 to September 2018, in the 7 targeted SAAJ, the following results have been achieved: 109.790 young people and adolescents accessing SAAJs for the first time; 53.537 young people and adolescents tested for HIV; 1.658 adolescents tested positive for HIV and followed up for care and treatment.

Conclusions: From July 2017 to September 2018, the number of adolescents who accessed SAAJs and started ART has increased. Adolescents are key to a society development and investing on their health and well-being is fundamental for a Country like Mozambique, in which the youth population is growing fast and 34.7% is among 10-24 years old. Starting from these encouraging results, CUAMM intends to intensify its intervention to achieve a major impact.
Differentiated service delivery - A key to improving retention to in care and treatment adherence for among young people living with HIV in Mzuzu, Malawi

Chirombo T1
1Youth And Society, Mzuzu, Malawi

In Malawi, young people living with HIV (YPLHIV) including adolescents and young female sex workers face several barriers to accessing HIV treatment and care, including stigma and discrimination. Although according to the National AIDS Commission (2015) Malawi AIDS Response Report there was a total of 3.6% of young women and 2.5% of young men (aged 15-24) living with HIV in 2015, compared with other age groups, adolescents and youth in Malawi have a lower uptake of treatment services and poorer retention rates.

Unfriendly youth health services, stigma and discrimination coupled with limited access to quality HIV information and knowledge remain major barriers to young people’s access to HIV services. It from a research done at Baylor College of medicine children’s clinical centre of excellence, Malawi (2017) shows the 45% of adolescents living with HIV missed their ART in the last month for reasons such as forgetting to take the drug (90%), they were travelling (14%) and other reasons (11%). Apart from these alcohol use and violence in the clients homes contributed to poor adherence. Another research the follow up visit patterns in an Antiretroviral therapy(ART) Programme in Zomba, Malawi shows how inefficient the ART follow up procedures are for YPLHIV especially on consistency as clients turning up and missing appointment. These tend to affect adherence to ART which brings emphasis on the importance of monitoring and following up.

To improve access to ART services for 150 young people living with HIV in Mzuzu, Youth and Society developed an initiative addressing a number of barriers to accessing HIV treatment and care, including stigma and discrimination. A differentiated service delivery model was piloted from November 2018 to June 2019 that was entirely run by trained young positive health service providers supported by trained peer supporters who opened the clinic on the last Saturday of each month. In this there was special care for the newly diagnosed, defaulter and for those already on ART who are stable (fast track window) and unstable (Intensive adherence counselling). The model yielded an increase in the number of young people in the community and enrolled in HIV services from 125 to 254, the number of those accessing ART at the health centre also increased as people preferred to be there from 38 people at the start to 143. Another key milestone was on number of YPLHIV adhering to treatment from 16 out 38 from baseline to 115 out 143 May. Lastly there was no defaulter tracking system as a result at baseline there were no clients returned to care but in May 38 were retained in care.

Due to the demonstrated high retention and adherence rates among young people in our pilot programme, it is recommended to scale up differentiated ART delivery models to additional clinics in Mzuzu city which are accessed by YPLHIV. It is from the data it was clear that men had lower retention and adherence rates, differentiated ART services should include components such as male corners to make it more male friendly.

A case for improvements in HIV treatment monitoring outcomes among adolescents in South-East Nigeria.

Onyegbado C1, Aneke C1, Emeh D2
1Family Health International (FHI360), Owerri, Imo State, Nigeria, 2Imo State Ministry of Health, Owerri, Nigeria

Background: To achieve the goal of ending HIV by 2030, access to HIV treatment monitoring services should be universal or at the minimum to 95% of all persons living with HIV. While there is emerging literature on viral load (VL) monitoring outcomes generally for all persons living with HIV, studies are scarce on specific outcomes for adolescents and children in Nigeria. Highlighting adolescent specific results on HIV treatment cascade may guide
interventions to improve health outcomes for this complex and often neglected population.

Methods: A cross-sectional retrospective review of electronic medical records of one hundred and nineteen adolescents receiving HIV treatment in 3 treatment centers in Imo State Nigeria was done. Statistical analysis was done to explore the viral load coverage and viral suppression rates for the adolescents.

Results: Out of the 119 adolescents, 51.3% (n= 61) were females while 48.7% (n=58) were males. A total of 105 (88.2%) were eligible for VL test after 6 months and above on HIV treatment. Viral load coverage rate was 47.6% with 50 adolescents receiving VL tests out of the 105 eligible. Viral suppression rate among the adolescent was 38% (19 out of 50 adolescents that did the test)

Conclusion: This study shows that there is need to prioritize interventions that explore the predictors of treatment outcomes for young people especially adolescents. Strategies should be developed to improve the uptake of viral load services among this age group.

199

Improving the life chances and quality of life of vulnerable Adolescents through HIV-Sensitive Social Protection in Kisumu County, Kenya

Buju M, Ogutu B, Moth E
1Maseno University, Nairobi, KENYA

Overview: The Cash plus Care Project implemented by ICS SP in collaboration with UNICEF encompassed Social Protection and HIV prevention bundled with parenting education and Cash Transfers and specific care components that are effective in realizing the best outcomes for adolescents living in the OVC Cash Transfer OVC households to facilitate access to HIV prevention, care and treatment services.

Innovative ways of engaging adolescents:
• Creating Adolescent Safe Space in and out of schools: A good platform for adolescents to share challenges and experiences on subject areas like HIV risk factors, relationships, career and talent.
• Assigning adolescent mentors: These mentors engage with adolescents in structured sessions including life skills and HIV&AIDS education.
• Engagement adolescents in advocacy platforms: Voices of adolescents picked from the adolescent symposia activities were used to beef up Kisumu County Adolescents and young person’s Health policy.
• Parenting training for caregivers/parents of adolescents: Provided appropriate skills and tool for parents of adolescents to support them in their caregiving role and promote responsive caregiving and positive parenting.

Focus on disadvantaged, vulnerable and marginalized adolescents: The project targeted adolescents from OVC Cash Transfer beneficiary households; living in informal settlements of Kisumu County and exposed to social services that present higher risk of contracting HIV infection. We worked with adolescents both in and out of school; living with elderly caregivers and those infected with and affected by HIV.

Programmatic data: monitoring and evaluation system with a service tracker, capturing all services delivered to the adolescents and their caregivers; analysing that information to inform project management decisions.

Project outcomes:
• 3,053 (1,593 males and 1,460 females) adolescents received HTS services; 52 (1.6%) tested positive for HIV and all linked to care.
• Birth registration increased from 82% at baseline to 95% at endline.
• 69% of 8527 adolescents reached with HIV prevention, care and treatment services.
• 2,323 caregivers of 5,191 (2,119 boys and 3,072 girls) adolescents registered with NHIF.
• 71% of adolescents linked to mentors.

Lessons learnt: The following promoting factors should be considered:
• Enhance Outreach services: The outreach activities enhanced coverage and accessibility of health care services especially in the hard to reach areas.
Abstract

• Strengthen Community Systems: Building the capacity of grassroots CSOs and Beneficiary Welfare Committees, supporting them to take lead in community mobilization, awareness creation and addressing structural barriers to adolescents’ accessing health and social services.
• Employ Multi-sectoral approach and coordination by lead government agency: (Adolescent TWG) Involving other sectors such; education, health; and supporting AACs at locational, sub county and county levels.
• Contextualize Parenting training: Parenting education tailored to specific needs of caregivers of adolescents to help them address parenting challenges.
• Promote Adolescent Advocacy: Adolescent to be in the leadership position to champion their agenda.

Knowledge, attitudes and practices of youth towards HIV/AIDS

The Case Of Fgae Adama Youth Center

Deressa B
1Family Guidance Association Of Ethiopia (FGAE), Adama, Ethiopia

Background: HIV/AIDS is a global challenge that has threatened the very existence of the human race. In most countries the epidemic did not occur until the 1980s. At present, there is no country in the world without HIV cases (WHO 1995). The African continent is said to hold the vast majority of the world’s HIV infected population. It is estimated that in 2007, of the 33.0 million people living with HIV/AIDS, 22.0 million of them lived in sub-Saharan Africa (UNAIDS, 2008).

The earliest documented case of AIDS in sub-Saharan Africa appears to have been in 1981, (Biggar and Aggius, 1987). The elusive nature of the Human Immuno-deficiency Virus (HIV) and its sequelae has created a demand for increased research in the area of human sexual behavior.

Many available studies show that transmission of the disease is as a result of multiple sexual partners, in both heterosexual and homosexual relationships, (Sewankambo et al.1987; WHO 1990; Serwadda et al.1992).

Main question: Youth are at the center of the global HIV/AIDS pandemic. They are the world’s greatest hope in the struggle against this fatal disease. However it has also been reported that a number of youth are too reluctant to undergo positive behavior change in spite of extensive information through awareness campaigns. This research tries to answer what are knowledge, attitude and practice of adolescents towards HIV?

Methods: A facility based cross-sectional study was carried out using quantitative method in Adama FGAE youth center. The data was collected from those youth who attended the center for recreational and library service by applying a structured questioner with face to face interview from January 12-15 2019. Systematic random sampling technique was used. A total of 88 youth participated in the study.

Key Findings/Results: A total of 88 respondents were participated in the study. Almost all participants were heard about HIV from different medias. Regarding on history of HIV testing, majority 72 (81.8%) of respondents were not tested for HIV. The reasons for not testing were due to fear of hearing test result which accounts 48(66.6%), considering themselves at HIV low risk which accounts 24(33.3%). Based on history of sexual contact, 86(97.7%) were experiencing sex and 78(90.7%) had multiple sexual partners. Factors contributed for initiation of sexual contact were 59(71.9%) due to peer pressure and 23(28%) were due to pornography. Among those who had history of sexual practice, only 4(4.6%) were used condom for HIV protection. Educational background of those who conduct sex without condom were 9(10.9%) no formal education, 52(63.4%) primary education, 18(21.9%) secondary education and 3(3.6%) college education.

Conclusion: Though all participants had access to information about HIV, but the attitude towards prevention of HIV is still low. Condom usage among respondents was low due to assuming as it decreases their sexual feelings. Those respondents who were at primary school were more exposed to HIV due to non-usage of condom and this needs further investigation.
How clinical lab interphase has helped to improve laboratory – PSC services

**Ogweno P**

*Fhi360, Nairobi, Kenya*

**Introduction:** Lab plays critical role in the management of HIV service. Sample are either processed or networked for key HIV laboratory management tests. Initially Keumbu lab in Kisii County, Kenya, was independent of the PSC and HIV laboratory related tests samples were collected at the PSC. All tracking logs, samples and results were managed directly at the PSC. Lab staffs were assigned to collect samples at alternate days. There were noted congestion, delays and long working hours at the PSC. PSC staffs were straining and working for long hours, clients were booked for one day per week for lab services that resulted into long queue. Client stigma was a challenge as HIV clients were mostly isolated and lack of proper results tracking were noted from fatigue staffs.

**Methodology:** A meeting was called by implementing partners and Sub-county HMT. Following the mentorship from UMB and FHI360 on clinical lab interphase and subsequent MDT meeting it was agreed that all samples and results be handled from the laboratory. The facility did a baseline audit where it was realized that TAT for client’s sample collection was as long as 5 hours. A work plan was developed, and minutes taken. The Laboratory did risk assessment and proved that infection was more in a make shift laboratory at the PSC as there was no client’s privacy and laboratory phlebotomy setup. The Lab team were taken through how to complete the tracking logs, provided with sample requisition forms, and HIV related phlebotomy consumables. Clients were advised on the changes for sample collection and all related lab services were to be provided at the main hospital lab. The clinicians were taken through the importance of spreading the PSC booking days and integration of clients.

**Results:** There has been an improved follow up on missing results and reduced TAT for VL. Clients waiting time has been reduced from about 5 hours to 30 minutes for sample collection for viral load. The clients booking spread through the 5-day a week has eased and reduced fatigue, pressure and increased customer satisfaction and reduced customer complaints. Lab staff involvement and participation on HIV management has improved, staff’s knowledge on HIV Lab sample networking improved. There has also been improved mobility of samples and results from lab to clinics and vise versa as well as improved working relationship among the staffs (lab, clinics and support staffs) with the upper management.

**Conclusion:** Clinical lab interface is key for successful utilization of the laboratory services and improved treatment outcome as well as achievement of 100% viral load suppression.

The effectiveness of Adolescent psycho-social support group to improve adherence among young people on ART towards their retention and VL suppression

**Ndungutse B**

*Ahf Rwanda, Kigali, Rwanda*

**Introduction:** According to the 2017/2018 reports from UNAIDS, UNICEF and WHO on HIV/AIDS (UNAIDS): 590,000 young people aged 15-24 got newly infected with HIV in 2017. 250, 000 of them were adolescents aged 15-19. HIV disproportionately affects young women and girls. 7,000 young women become infected with HIV every week.

In Rwanda, AIDS Healthcare Foundation (AHF) supports HIV prevention, care and treatment program and to date more than 30,000 clients get services from 30 AHF supported health facilities and 9% ( meaning 2562 ) among them are young people aged between 10 – 24 years old.
**Abstract**

**Program intervention:** Recently, the AIDS Healthcare Foundation (AHF) has supported the Ministry of Health (MOH)/Rwanda Biomedical Center to integrate adolescent friendly health services in youth corners in 30 AHF supported sites from December 2018 to date. Youth corners in each health facility offer a welcoming space for youth clients (ages 10-24) to participate in information, education, and communication (IEC) sessions on related reproductive health such as adolescent risk behaviour prevention, GBV, teen pregnancy, FP, and ANC, VMMC, etc. Each health facility has determined the Adolescent day a week from where they are able to receive full information on HIV prevention, care and treatment - including voluntary counselling and testing for HIV – and got tested within the facility. Adolescent psycho-social support group members meet at health centre once month, during designated youth service times for experiences sharing, testimonies of their live of treatment. AHF organized onsite training of ASRH focal points, across 30 AHF supported sites and the site staff are being orientated on adolescent friendliness integration in all services and the continuous Mentorship will facilitate the implementation.

**Methodology:** Comparison and data collection was compared before and after the intervention in the 30 AHF-supported sites. The primary data sources included qualitative and quantitative monthly reports from ASRH focal points and in charge of adolescent psycho-social support group as well as the national HMIS.

**Results:** Introducing the “adolescent psycho-social support group” gathering patients on ART aged from 10 to 24 have improved their adherence significantly: case of WeAct for Hope as pilot site.

By end of December 2016, WeAct for Hope had 411 Adolescent on ART, 26% (105) of them were with high VL over 1000 copies. 3 years later after introducing the adolescent psycho-social support group the situation; all of them are suppressing VL (< 200 copies) from those suppressing 34 with VL undetectable (< 20 copies)

In the same period, 306 out of 411 came with VL undetectable (<20 copies). And after 3 years the situation remain the same VL undetectable.

**Watch What Matter concerning Adolescent Male and Female age (15-24) across the HIV Care Cascade in Ghana**

**Teye J**, Kofi Glover E, Musah N, Beluzebr Suurkure E, Gizo Odoro MP

1NAP+ GHANA / ITPC WEST AFRICA, Lapaz Petroleum, Nii Boi Town, Ghana, 2School of Allied Health Sciences, University of Development Studies-Tamale Ghana, Tamale, Region, 3Ghana AIDS Commission, Tamale, Ghana

**Background:** Monitoring of health services and health systems by communities in West Africa lags behind the rest of the world which has led to low access to ART treatment among adolescents and other vulnerable groups across the West Africa sub-region including Ghana.

Global Fund to fight against AIDS, Tuberculosis, and Malaria approved a grant of three years (in January 2017-Decembre 2019) to allow International Treatment Preparedness Coalition (ITPC) to support the development of a community regional monitoring observatory on the treatment of the HIV in western Africa.

The goal of this project is to improve the access to the antiretroviral treatments (ARV) for the PLVIH in Ghana.

The project rests on the strengthening of the networks of people living with the HIV (PLVIH) so that they collect and analyze quantitative and qualitative data on the barriers of access to HIV Prevention, care & treatment and viral suppression.

The project targets the most vulnerable five populations across the HIV Care cascade such as youth male and female age (15-24), sex worker (SW), the men having sexual relations with other men (MSM), drugs user by way injectable (PUD) and pregnant women.

**Methodology:** The project is operational research which involved cross-sectional study in both Northern and Brong Ahafa Regions Ghana concerning adolescent youth age (15-24), Key Population (KPs) including people who inject (PWID) and pregnant women by collecting and analyzing quantitative and qualitative data on the barriers of access to HIV Prevention, care & treatment and viral suppression. The data collection period were between June – December 2018.
Abstract

Results:
• Out of the total number of people who tested for HIV in the Northern Region of Ghana only 13% of youth male and female age (15-24) were provided with HIV testing services and 14% in the Brong Ahafo Region
• Out of total tested for HIV in the Northern Region of Ghana 13% of youth male and female age (15-24) tested HIV positive and 20% tested HIV positive in the Brong Ahafo Region
• Out of the total number tested HIV positive in the Northern Region of Ghana 12% initiated on ART and 20% in the Brong Ahafo Region
• Adolescents scored 0% viral suppression

Findings:
• Ghana’s National HIV response is not giving much attention to adolescents in terms of HIV prevention.
• Few adolescents are targeted for HIV Testing Services
• HIV Prevalence among the adolescent age (15-24) is high
• The 2018 HIV Sentinel Survey indicate that the HIV prevalence rate among adolescent age (15-24) is 2.7% which is far above the national HIV prevalence rate of 2.4
• Adolescent has low knowledge on HIV Prevention, Care & Treatment and Viral Suppression

Recommendation:
• National HIV response across Africa need to focus much attention on adolescents across the HIV care cascade.
• School Health Programmes (SHEP) as being practice in Ghana needs to be intensified in order to reach the adolescent.
• Out of School youth also need to be targeted with tailored HIV prevention, care & and treatment programmes.

204

Peer to peer model in improving access and utilization of HIV and Sexual Reproductive Health (SRH) services among the young people;

Mangwana W1
1LVCT, Kisumu, Kenya

Introduction: About one third of all new HIV infections globally occur among adolescents and young people between the ages 15 and 24. Adolescents’ access and uptake of sexual and reproductive health and HIV services are reported to be lower than among older groups. Young people, in their diverse and intersecting identities, often face significant barriers when trying to access sexual and reproductive health (SRH) and HIV services. Barriers include, but are not limited to, age-based stigma, harmful societal norms, lack of youth-friendly health services (YFHS) and restrictive laws and policies.

Methodology: Kisumu Youth advisory council with support from LVCT Health and collaboration with the various departments in Kisumu county have been able to reach out to young people in the seven sub counties with correct HIV and sexual and reproductive health information through one on one engagement in the community, school health talks and support group meetings for adolescents that are enrolled on care program. In addition, referral for service through the one2one Integrated digital platforms run by LVCT Health has enabled young people access youth friendly counselling services. To effectively deliver the key messages to the young people, YACs employed use of edutainment, IEC material and one on one engagement to disseminate information and refer young people for the HIV and SRH service’s they require.

Results: We managed to visit 40 schools where we conducted 35 edutainments on Sexual Reproductive Health Service and manage to reach 16,000 young people. We also distributed 2400 IEC material with key messages that’s targets different category of young peoples, we registered young
people for OIDP and supported adherence in 8 facilities within the subcounty.

**Conclusion:** Young people are dynamic and require different approaches to be employed whenever you want to pass information or engage them. There is need for strengthen peer led mentorship models inorder for young people to improve access and uptake of HIV and SRH information and services.

---

**205**

**READY to drive HIV and SRHR integration from the frontline**

Soeters H, Davids M, Hatane L

1Paediatric-Adolescent Treatment Africa, Cape Town, South Africa

**Introduction:** HIV is the leading cause of death amongst adolescents (10-19 years) in Africa, with adolescents and young people experiencing increased risk of exposure to HIV due to peer pressure, gender discrimination and sexuality. Health providers and Community Adolescent Treatment Supporters (CATS) are at the frontline of the HIV response. They bear witness to everyday successes and failures in HIV, sexual and reproductive health and rights (SRHR) and psychosocial support (PSS) service access for adolescents and young people, yet their potential to act as drivers of change is not always fully recognised.

READY+ is a four-year programme that seeks to ensure that adolescents and young people living with HIV (A&YPLHIV; 10-24 years) are resilient, empowered and knowledgeable, and have the freedom to make healthier choices and access services and commodities related to their SRHR.

**Methods:** Paediatric-Adolescent Treatment Africa is a READY+ consortium partner focusing on increasing access to, and use of, high quality HIV, SRHR and PSS services by A&YPLHIV in Tanzania, Swaziland, Mozambique and Zimbabwe. To do so, health providers and CATS (A&YPLHIV themselves; ages 18-24 years) from 26 health facilities, jointly designed operational quality improvement plans (QIPs) on the integration of HIV, SRHR and PSS services. Such a collection of 26 QIPs set out progressive steps to address and overcome barriers hampering HIV, SRHR and PSS service integration and delivery.

**Results:** Across the 26 QIPs, service delivery improvement areas focused primarily on upskilling of health providers (training and knowledge on HIV, SRHR, and PSS); improving the frequency and quality of health talks, information and education on HIV, SRHR and PSS services; assigning a designated and confidential youth-friendly corner; and strengthening teen clubs whilst arranging more convenient appointment times or fast-tracking ART collection. To ensure completed referrals for HIV, SRHR and PSS to other facilities and community partners, health facilities highlighted the following improvement areas: improving documentation processes, updating contact details more regularly, and developing and using a referral directory; strengthening partnerships with facilities and community partners; and training CATS to conduct follow ups including phone calls, SMS reminders and home visits. Focus in each of the QIPs included mechanisms for more regular engagement and feedback from A&YPLHIV on their service experience.

**Conclusion:** Whilst similar challenges and quality improvement areas emerged across the 26 facilities, these were prioritised differently with different strategies and actions to be taken identified. Health facilities will be implementing their quality improvement plans over a 4-year period with progress being tracked over time. Outside the extent to which each of the QIP objectives and targets are met, important insights and lessons on collaboration, local ownership and context can be learnt along the way. In working collaboratively, the service provider and service user can harness their local knowledge and lived experience, to plan together and set goals and specific actions. Most importantly, the planning, implementation and ongoing monitoring and evaluation of these QIPs is locally driven, comprehensive and context specific, and therefore more likely to succeed.
Flexible Models of Private Sector Engagement Lead to Rapid Scale-Up towards for achieving Elimination of Mother to Child Transmission of HIV (EMTCT) in the state of Gujarat

1GSACS, Government of Gujarat, India, Ahmedabad, India, 2Department of Health and Family Welfare, Government of Gujarat, Ahmedabad, India, 3SAATHII, India, Ahmedabad, India

Background: Eliminating pediatric HIV in India requires a reduction in the 41% PMTCT coverage gap through the engagement of the private sector, which accounts for 20% of the total deliveries. In the absence of a mandatory HIV reporting policy, flexible models are required to encourage the private sector to voluntarily test and report to the national program. GFATM funded Śvetana program was implemented to assess and scale up various Public-Private-Partnership (PPP) models in increasing the PMTCT coverage.

Material & Methods: Śvetana program was initiated in 23 districts of Gujarat state in October 2015, and was extended to all 33 districts from January 2018. As part of the state’s PMTCT program Gujarat State AIDS Control Society (GSACS) provided free HIV test kits, recording formats, HIV treatment and early infant testing and SAATHII, a civil society organization provided technical assistance for the implementation. Towards this, the program mapped and assessed 1173 private facilities providing maternity services and of them 1019 (86.9%) facilities were enrolled in the program. Facilities willing to partner and report data to GSACS were offered to be enrolled in one of three different models of engagement. In model A, the facilities used their own HIV test kits and in model B, the facilities were supplied with free government test kits, and in both models the facility agreed to follow government data recording formats. In model C, the facilities agreed to share data but used their own test kits and recording formats.

Results: The majority (89%) of private facilities opted for model C, followed by B (11%), and only 1 facility opted A. Facilities enrolled in model C were had low monthly antenatal caseload (between 10 to 30), whereas facilities enrolled under A and B had larger antenatal caseload (between 30 to 100). Between January 2018 to February 2019, the program reached 190,192 pregnant women with HIV testing, representing 53% of the estimated pregnant women accessing maternity services in private sector in Gujarat. Of the total HIV testing model C facilities contributed to 81% and about 19%from model A and B facilities. About 43 HIV+ pregnant women were identified and all were linked to government or private treatment centers and initiated on treatment.

Conclusions: Flexible models for private sector engagement in the PMTCT program allowed for scale-up Śvetana program in Gujarat state. Simplified enrollment and reporting requirement through model C allowed for rapid scale up to achieve increased PMTCT coverage in the private sector in the state.

Care and treatment for adolescents and young people living with HIV in Rwanda: Emphasis on proper adherence through the “youth-friendly pill box”

Alexis K
1Kigali Hope, Kigali, Rwanda, 2Dream Village, Kigali, Rwanda

Adherence to ART can be influenced by a number of factors, including the patient’s social situation and clinical condition, the prescribed regimen, and the patient-provider relationship.

Poor adherence is often a consequence of one or more behavioral, structural, and psycho-social barriers (e.g., depression and other mental illnesses, neuro-cognitive impairment, low health literacy, low levels of social support, stressful life events, busy or unstructured daily routines, active substance use, homelessness, poverty, nondisclosure of HIV sero-status, denial, stigma, and inconsistent access to medications due to financial and insurance status). Single-tablet
Abstract

regimens (STR) that include all antiretrovirals in one pill taken once daily are easier for people to use.

Factors associated to Effects of poor adherence in patients taking ART in a study done in the USA and western Europe included: Active alcohol or drug use, Competing priorities (e.g., housing, childcare, food, work), Depression, Lack of belief in treatment efficacy, Lack of social support, Lack of support from a partner, Low literacy, more advanced HIV infection, Unstable housing, Young age.

With our experience as an organization working with young people living with HIV, we found out 4 main categories of barriers to adherence to HIV treatment: Patient characteristics, the health care provider-patient relationship, the services at health center, issues related to the treatment itself.

According to young people living with HIV, transportation issues and fear of disclosure due to stigma could lead to non adherence patterns.

Youth-friendly Pill Boxes as a solution: Adherence to treatment among adolescents and young people is another issue that needs to be understood and consequently addressed considering the high prevalence in this particular age group.

During a certain training on adherence to treatment, a young person living with HIV remarked, “During school period at a boarding school, the biggest problem I was having there was ducking and dodging my classmates in taking my medication”. This statement indicates that it is often harder to take ART for adolescents and young people in school settings and certain community environments.

The pill boxes have often been used in the past to help patients with chronic diseases to take their medication regularly. As well as for people living with HIV, this same technique has been used but for only some patients with rather very poor adherence to ART.

However, from testimonies given by young people living with HIV who use the pillboxes and my personal experience, adherence to treatment can be improved and is associated with a decrease in viral load. pill box usage increases privacy in public places, schools and also during travels. Pillboxes should be a standard intervention to improve adherence to ART. Incomplete adherence is the most common cause of sub optimal response to medical therapy. And incomplete adherence is associated with the development of drug-resistant infection, disease progression and death.

208

Abstract number 208 has been withdrawn.

209

Trend in Age-Sex Distribution of HIV Infection in Ogun State, Nigeria (2012-2015): Implications for Control Programmes

Sanni S1,2, Dairo D2, Mahmud D2, Yusuf Q1
1Ogun State Ministry of Health, Abeokuta, Nigeria, 2Nigeria Field Epidemiology and Laboratory Training Programme, Abuja, Nigeria

Background: Ogun State has the second highest HIV prevalence in South-West Nigeria. Specific HIV information for local action is lacking. There is a need to have a clear picture of the age and sex distribution of HIV infection in Ogun State to help guide targeted control programmes.

Purpose: To describe the trend in age and sex distribution of HIV infection in Ogun State, Nigeria.

Methods: We reviewed records of HIV counselling and testing between 2012 and 2015 from Ogun State AIDS and Sexually Transmitted Infection Control Programme. Proportions were used to describe the age and sex distribution of HIV in the state while chi-square test for trend was used to determine the trend of HIV across age-group over the study period at p-value < 0.05.

Findings: A total of the 417,535 clients were tested for HIV from 2012-2015, out of which 260,959 (62.5%) were females. The age-group 25-49 years constituted the highest proportion of those tested (57.0%) and had the highest prevalence of HIV (5.8%) while the age-group 15-19 years accounted for the lowest proportion of those tested (8.5%) as well as the lowest prevalence of HIV (1.3%). There was no statistically significant change in the overall trend of HIV prevalence between 2012-2015. When
disaggregated by age-group, only the age-group 15-19 years (p= 0.003) and 20-24 years (p= 0.04) showed a statistically significant downward trend in the prevalence of HIV.

**Conclusion:** HIV prevalence decreased significantly among the age-groups 15-19 and 20-24 years. However, the burden of HIV was highest among those aged 25-49 years. Therefore, we recommended that control measures should be targeted at those aged 25-49 years.

**Data-informed Stepped Care: A Study Protocol for the Development and evaluation of a data-driven, health services intervention to improve engagement in care and clinical outcomes among HIV-positive adolescents and young adults in Kenya**

**Background:** Despite global recognition that adolescents and young adults (AYA) have high rates of loss from care, HIV care facilities are challenged with how to deliver services to AYA that improve care engagement and health outcomes. The Data-informed Stepped Care (DiSC) study will establish an AYA cohort, develop and validate a clinical prediction tool for AYA loss to follow-up, and develop recommendations for comprehensive ethical guidelines on AYA consent in Kenya. This abstract is a summary of the DiSC study protocol.

**Materials & Methods:** In the formative phase of this National Institutes of Health-funded study, which is part of the multi-country PATC3H Consortium, we will establish a cohort of AYA ages 10-24 enrolled in HIV care and their caregivers at 6-10 HIV care facilities in Western Kenya. We will collect social and behavioral characteristics through surveys and electronic medical record (EMR) abstraction to inform the development of an age-specific clinical prediction tool of loss to follow-up (LTFU). Regression modeling will be used to identify the strongest predictors of LTFU from survey and EMR data in half of the sample data and validated in the remaining sample. This tool will be used to design a stepped care intervention, where AYA most in need are allocated more intensive care services and resources. Qualitative interviews and focus group discussions (FGDs) with key stakeholders (AYA, caregivers, HCWs, legal experts, and decision makers) will assess ethical and legal considerations for adolescent participation in HIV care and research to identify best practices and inform national guidelines.

**Results:** Results from the formative phase will inform a future randomized trial to evaluate the effectiveness of intervention for health and implementation outcomes.

**Conclusions:** This study will contribute valuable information to HIV programs in Kenya and other low-resource settings by providing a data-driven, adaptable health systems intervention to improve engagement in care and clinical outcomes among this priority population.

**Standardized Patient Encounters to Improve Counseling for Pre-Exposure Prophylaxis (PrEP) to Adolescent Girls and Young Women (AGYW) in Kenya: A Study Protocol**

**Background:** Despite global gains in female-controlled HIV prevention strategies, the incidence of HIV in adolescent girls and young women (AGYW) continues to rise. Pre-exposure prophylaxis (PrEP) has been shown to reduce the risk of HIV acquisition...
in trial settings. However real-world effectiveness at scale is limited by poor adherence. An important barrier to uptake and adherence to HIV services among AGYW is the experience of judgmental interactions with or poor adherence to national guidelines by health care workers (HCW). New strategies are needed to improve provider counseling and communication skills to support PrEP adherence among AGYW. The PriYA-SP study is using standardized patient actors (SPs) to improve delivery of PrEP services to AGYW in Kenya.

**Materials & Methods:** PriYA-SP is a cluster randomized trial of a standardized patient actor training intervention designed to improve provider communication skills and adherence to PrEP guidelines. Twenty-four facilities in Kisumu County that have routine care staff currently offering PrEP to AGYW have been recruited. At baseline, unannounced SPs will conduct a cross-sectional assessment, presenting to clinics and portraying predetermined AGYW PrEP cases. After the encounter, they each complete a checklist about services they received and provider behavior. Following this assessment, 12 facilities will be randomized to the SP training intervention. The two-day intervention consists of didactic sessions covering national guidelines and communication skills, role playing sessions with SPs, and a group debriefing session. Following the intervention, unannounced SPs will repeat the cross-sectional assessment. The primary outcome is defined as adherence to national guidelines for PrEP delivery and use of non-judgmental, high-quality interpersonal skills, summarized as a score from the unannounced SP checklist. An intention-to-treat (ITT) analysis will be used to evaluate whether the SP training intervention resulted in higher competency scores at intervention compared to control facilities, adjusted for relevant baseline characteristics and evaluation scores.

**Results:** We hypothesize that this SP training intervention will improve HCW counseling quality and communication skills in delivery of PrEP to AGYW compared to standard of care. Results from this study will inform operational guidelines and HCW training for PrEP delivery to AGYW in low-resource settings.

**Conclusions:** This intervention is a potentially scalable strategy to improve quality of PrEP service delivery among AGYW and may help countries to accelerate progress toward HIV elimination among this priority population.

---

**Multi-sectoral guidelines to facilitate adolescents’ access to services in Eswatini**

Ferguson J1, Kamugisha L2, Mthethwa N3

1self-employed, Tannay, Switzerland, 2UNICEF, Mbabane, Eswatini, 3Ministry of Health

**Background:** The National Multisectoral HIV and AIDS Strategic Framework (NSF) 2018-2022 is a five-year policy and planning document developed to guide focused resource allocation, programming and implementation of the HIV response in the Kingdom of Eswatini. Eswatini also focuses on the sexual and reproductive health (SRH) of adolescents aiming to reduce unwanted pregnancy among adolescents and to positively influence sexual behaviours.

Adolescents and young people have relatively poor coverage of services in the HIV prevention and treatment cascades and SRH services. Those aged 15-24 years’ account for 45% of all new HIV infections, with girls aged 15-19 years being the most affected; only 66.1% of PLHIV under 15 years are aware of their HIV status. Similarly, with respect to SRH, only 31% of adolescent girls and young women aged 15-24 years indicate using a condom as a contraceptive while the rate of pregnancy among adolescents (15-19 years) is high (16.7%). Of great concern is the decrease in comprehensive knowledge about HIV and condom use among adolescents. Policy documents across sectors assert the importance of including and extending services to ALL adolescents and young people in the country, including young key populations. A multi-sectoral approach is needed to successfully make this a reality.

The Eswatini Ministry of Health requested the support of UNICEF to develop multi-sectoral guidelines to facilitate improved adolescent access to services related to HIV and SRH.

**Methods:**

1. An initial national consultative workshop with 5 government ministries, 36 programme implementing partners and 5 coordination organizations participating was held to discuss the audience, content, and format of guidelines;
2. Preparation of a short paper summarizing a literature review of recent evidence-informed experiences from other countries;
3. Review of relevant national policies;
4. Key informant interviews and focus group discussions; and
5. A validation workshop to comment on draft guidelines. A total of 79 persons were involved in the guideline development over a 5-month period.

Results: The guidelines focus on 6 duty bearers: adolescents themselves, parents/caregivers, health workers, teachers/educators, social workers and the police and judiciary. The document has 6 sections, each section referring to one of these groups in terms of the:

- Rationale – why this group of people have an important contribution to make for HIV and SRH among young people;
- Roles – their specific roles in relation to HIV/SRH and young people;
- Recommended actions – what could improve the performance of these roles; what might the duty bearers do better?
- Resources – a short list of references that explain and/or give ideas in relation to the recommended actions.

Conclusion: For health workers, teachers, social workers and police to address adolescents’ needs, they must know what other (service providers) do and how to access them. Shared understanding of the problem; committing to sharing solutions and two-way communication is paramount. It is hoped that the use of these guidelines will assist in strengthening cross-sectoral service delivery to this vulnerable and otherwise underserved population.

High uptake and engagement in a WhatsApp support group for youth living with HIV in Nairobi, Kenya: the Vijana-SMART study

Ronen K1, Kaggiah A1, Mugo C2, Seeh D2, Kumar M3, Guthrie B3, Moreno M4, John-Stewart G1, Inwani I2
1University Of Washington, Seattle, United States, 2Kenyatta National Hospital, Nairobi, Kenya, 3University of Nairobi, Nairobi, Kenya, 4University of Wisconsin, Madison, United States

Background: Youth age 10-24 are disproportionately affected by HIV and experience poor treatment outcomes. Mobile health strategies show promise in improving ART adherence but studies in youth are limited. Inspired by youth-initiated WhatsApp groups and using user-centered design, we developed a facilitated WhatsApp support group for youth living with HIV (YLWH) in Nairobi, Kenya, and performed a 6-month pilot to evaluate feasibility and acceptability.

Materials & Methods: The Vijana-SMART intervention was developed based on youth, caregiver and healthcare worker preferences ascertained in formative interviews (previously presented). WhatsApp groups consisted of ~25 YLWH, age-segregated (<18 vs. ≥18 years) and gender-mixed. All participants were asked to agree to group norms, including maintaining confidentiality and respecting others. Participants were encouraged to remove identifiers from their WhatsApp profile and download an app-lock to protect WhatsApp. An HIV counselor employed by the study facilitated groups by sending weekly scheduled messages, answering questions, and encouraging discussion. Youth could message the group at any time; the facilitator responded within 24 hours. Participants were recruited at a district hospital serving an informal settlement in Nairobi, in person, by phone, through healthcare workers, and by snowball recruitment. Participants were age 14-24, HIV-positive, aware of their HIV status, and had weekly access to a phone with WhatsApp. Participants answered questionnaires at enrollment. Group WhatsApp messages were exported and content analyzed qualitatively.

Results: Seventy-one youth presented for eligibility screening: 29 (41%) identified by in-person
Abstract

outreach, 5 (7%) by phone outreach, 36 (51%) referred by a healthcare worker, and 1 referred by another participant. Of these, 55 (77%) met eligibility criteria; 88% of ineligibility was due to lacking phone or WhatsApp access. All eligible participants enrolled in the pilot: 27 in the <18 group and 28 in the ≥18. Participant characteristics were: 37 (67%) were female, 22 (40%) shared their phone, 37 (67%) had ever used WhatsApp and 25 (45%) used WhatsApp >once per month. Reported modes of HIV acquisition were 19 (35%) perinatal, 13 (24%) sexual, 3 (5%) injection, and 19 (35%) did not know. During the first 3 months of the pilot, 26 (47%) participants communicated in the WhatsApp groups, sending a total of 2,127 messages. Participants in the ≥18 group sent more messages than the <18 group (average 11.3 vs 1.6 messages per active participant per week). The topics most frequently discussed in participant messages included medication regimens and side effects, status disclosure, pregnancy and infant care, and mental health. Participant messaging in a given week was generally unrelated to the scheduled facilitator message. Six participants chose to leave the groups during the first 3 months.

Conclusions: Delivery of a WhatsApp support group to YLWH in Nairobi was feasible, and all eligible participants enrolled in the groups. Youth age ≥18 sent a large volume of messages, exploring a range of sensitive topics; however, only half of members sent messages. Youth age <18 sent fewer messages. The pilot will be complete in October 2019; evaluation of social support, mental health, ART adherence, and satisfaction with the intervention is planned.

214

Knowledge, Perceptions and Practices of Students Aged 20-24 years towards HIV and AIDS in Jomo Kenyatta University of Agriculture Technology—A Case of Juja Campus

Abade NI1, Barcosio H1,2, Muinde F3, Muya S4
1Kemri- Center For Global Health Research, Kisumu, Kenya, 2Liverpool School of Tropical Medicine, Pemelak Place, United Kingdom, 3National AIDS Control Council, Nairobi, Kenya, 4Jomo Kenyatta University of Agriculture and Technology, Nairobi, Kenya

Background: Adolescents living in Sub-Saharan Africa carry the heaviest burden of HIV infection contributing to 83% of the 2.1 million adolescents living with HIV globally. Sexual behaviour change remains the most effective way of preventing further transmission of HIV infection. This study was carried out to among young people aged 20 to 24 years in JKUAT Juja Campus to (1) Determine the knowledge, perceptions and practices of with regard to HIV infection transmission, prevention and control and, (2) Assess steps of behaviour change in regard to risk perceptions of HIV infection.

Methods: The study was a cross-sectional descriptive study conducted in JKUAT Juja campus among 105 students aged 20-24 years. Student were randomly selected from 78 undergraduate programs in JKUAT who met the inclusion criteria. Students were given self-administered structured questionnaires to assess knowledge, perceptions and practice. Each component of the questionnaire was scored out of ten. Data collected on knowledge, perceptions and practice was used to assess steps of behaviour change in regard to risk perceptions of HIV infection using AIDS Risk Reduction Model (ARRM).

Results: Out of the 105 students, 100 students complete the self-administered questionnaire. The mean age of the respondents was 22 years. The respondents generally expressed high knowledge levels on transmission and prevention of HIV and AIDS with a mean score of 8.4 and 7.7 out of 10 for knowledge questions on transmission and prevention was respectively. However, 70.6% of respondents did not perceive themselves as being
Abstract

at risk of getting infected with HIV. Additionally, majority, 64.2%, had more than one sexual partner in the past six months. The 29.4% who perceived themselves as being at risk were significantly more likely to use condoms during sexual intercourse (p=0.805) than their counterparts. The AIDS Risk Reduction Model (ARRM) suggested that most students were at the first stage of change: recognition of the problem. The low risk perception likely prevented many of the subjects from moving to the second stage of making commitments to change high risk behaviours.

Conclusion: The low risk perception to HIV infection has harboured behaviour change among majority of the respondents. Any interventions including interpersonal or mass media directed towards this population should thus be centralized around risk perception.

A Triad model to improve adolescent’s adherence to ART in Kenya, Youth Zone, Coast general Hospital; Mombasa County

Ogoma E1, Kachama M2, Chazara A2, Kimathi R2, Alwar T3
1Cost General Provincial Hospital, Mombasa, Kenya, 2LVCT Health, Nairobi, Kenya, 3UNICEF, Nairobi, Kenya

Background: AIDS is the leading cause of death among adolescents in Africa and the second leading cause of death among adolescents globally. Adherence to Antiretroviral therapy (ART) leads to viral suppression and in the long run it reduces mortality. Studies have shown that adolescents have poor adherence. Hence the need for setting up a multifaceted approach in addressing adherence that involved peer educators, health care providers and care givers.

Methods: LVCT health with support from UNICEF, identified, recruited and trained peer educators for one week on adherence, peer education, sexual reproductive health (ASRH) and life skills. Following the training, they provided programmatic support in several aspects. These included: identification, referral and linkage for HIV Testing Services; provision of Adolescent Sexual Reproductive Health services, psychosocial support; counseling and health education. Some of these were carried out through conducting Focus Group Discussion (FGDs) and One on One sessions in support group meetings. Adolescents were reached through in-school and out-of-school programs. Other interventions included condom distribution, program monitoring, defaulter tracking and support for retention to care. A capacity building workshop for 60 caregivers based on their children's age cohorts of 10-14yrs, 15-19yrs, and 20-24yrs respectively was held. Key issues discussed were on disclosure to adolescents, adherence to ART, stigma and sexual reproductive health issues including safe sex with their children. Twenty support groups were thereafter formed, and members held meetings every Saturday to discuss issues around adherence, viral load, HIV/STI prevention, safe sex, life skills training and psycho-social support and counseling. A comparison of adolescent viral loads before the intervention (as at October 2017) and after the interventions (as at May 2018) was done. A descriptive analysis of quantitative data was done using Microsoft Office Excel.

Results: The analysis indicated that, 48 adolescents (10-19 years) at the youth zone by October 2017 had had high viremia of more than >1,000 copies/ml. Of the Adolescents with high viremia, 41.7 (20) were 10-14 years and 58.3% (28) were adolescent 15-19 years. By May 2018, 60% (12) adolescents 10-14, and 64.3% (18) 15-19 years who had high viremia had achieved viral suppression with less than <1,000 copies/ml.

Conclusions and recommendations: The multifaceted approach that was client-centered led to successful improvement in adherence to ART and viral load suppression for young people living with HIV. We recommend a health care model that combines peer led approaches with parent and caregiver support systems for young people living with HIV.

Reviews in Antiviral Therapy & Infectious Diseases 2019_10
Abstract

“Pregnancy never knocks at the door, it is like HIV”: Kenyan adolescent women’s perspectives on the risks of unprotected sex

Harrington E1, Casmir E2, Kithao P3, Ngure K1,4
1University of Washington, Seattle, United States, 2University of Nairobi, Nairobi, Kenya, 3Kenyatta National Hospital, Nairobi, Kenya, 4Jomo Kenyatta University of Agriculture & Technology, Nairobi, Kenya

Background: Adolescent women in sub-Saharan Africa face disproportionately high rates of HIV incidence, unmet need for contraception, and unsafe abortion. While these poor adolescent sexual and reproductive health (ASRH) outcomes stem from complex sociobehavioral, gender-based, and health systems factors, they are linked by a proximal risk factor: unprotected sex. We explored the social context of adolescent sexual decision-making and (unmet) contraceptive need in the highest HIV prevalence region of Kenya.

Methods: Our sampling frame included unmarried, nulliparous adolescent women aged 14-19 in Kisumu and Siaya counties, Kenya who were “at risk” for pregnancy (ever sexually active or currently in a heterosexual relationship). An all-female research team recruited women in community settings, and parental consent was obtained for all participants under 18. We conducted 40 in-depth interviews (IDIs) and 6 focus group discussions (FGDs) in participants’ chosen language, with total n=86. Interview content was developed collaboratively by the research team using a conceptual framework modeled on Social Cognitive Theory, emphasizing the interplay between adolescent cognition, behavior, and social environment. IDIs and FGDs were transcribed and translated into English. Two investigators coded the transcripts in Dedoose using an iterative, constant comparative approach, and quotations were condensed into emerging concepts.

Results: Adolescents had a median age of 17 (IQR 16-18), 72% (57/79) were currently students, and the majority were in a relationship (88%). Most reported prior sexual activity (75/86, 87%), with a median age of sexual debut of 15 (IQR 14-17), and 91% (71/78) had ever tested for HIV. Among the 68 adolescents (79%) who reported ever using contraception, 71% used condoms alone. Participants mentioned peer and partner pressure, curiosity, and need for financial support from male partners as influences on sexual debut. Adolescents frequently used the term “spoiled” to refer to sexually experienced girls, who may be labeled as promiscuous in the community. All participants strongly desired to avoid “getting sick [HIV] and pregnant” as adolescents and students, describing peers’ educations and futures “spoiled” by pregnancy. Some stated they would risk death through unsafe abortion rather than continue a pregnancy. Yet, they reported inconsistent condom use and few reported a perceived need for contraception. They weighed the perceived risks of HIV and pregnancy with unprotected sex against personal and partner sexual preferences, and the community stigma attached to contraceptive use, including pervasive narratives of future infertility.

Conclusions: Adolescent women in our study perceived themselves to be at risk for HIV and pregnancy. Yet, their decision-making around sexual debut, condom use, and contraceptive use was strongly influenced by peers and stigma attached to adolescent sex and contraceptive use. It is clear that vulnerabilities to HIV and unintended pregnancy among adolescent women are sociobehaviorally linked. Our findings suggest that strategies to improve ASRH must acknowledge community narratives, use already existing adolescent social networks, and take into account the realities of poverty and stigma facing some adolescents. Future research should explore and measure adolescent sexual risk perception, reproductive autonomy, and adolescent-centered family planning, embracing the ethical and logistical challenges of conducting research among minors.
Impact of youth corners and knowledge about human sexuality among young adults and adolescents of Nigerian population living with HIV in the prevention of sexually transmitted diseases.

Oke G, Faremi A
1Initiative for the Development of Next Generation, Nigeria, Osogbo, Nigeria, 2Hospital Management Board, Ede, Ede, Nigeria

Background: The prevention of mother to child transmission is highly effective intervention and has a huge potential to improve the health of mother and child. The PMTCT continuum of care represents a comprehensive range of prevention treatment and care services for pregnant women and their infants during pregnancy, labor and delivery. The aim is to access the Knowledge, Attitude and Practice of prevention of mother to child transmission PMTCT among teenage pregnant adolescents and young adult antenatal attendees of Hospital Management Board, Cottage, Ede, Osun State, Nigeria.

Method: Cross Sectional descriptive study of 40 respondents. The study population was adolescent and young adult pregnant women attending antenatal clinic at the Hospital Management Board, Ede, Osun State, and data was collected using self administered questionnaires adopted and adapted to meet the specific objectives of the study.IBM SPSS Statistics 20 was used for analysis.

Result: All respondents have heard about HIV/AIDS. 75% know that HIV/AIDS could be transmitted from mother to baby. 50% and % knew HIV is transmitted from mother to child via breastfeeding and during delivery respectively. 85.9 know there are drugs for PMTCT. 14.4%, 4.4%, 31.2%, 34.1% and 30.2% have a wrong knowledge that HIV/AIDS is transmitted via mosquito bites, handshake, eating from the same plate, curable and there is an effective vaccine respectively.90.2% has the attitude that routine screening is necessary for HIV in pregnancy. 60.4% believe HIV positive mothers should exclusively breastfeed their babies. HIV positive mothers must deliver with skilled personnel.100% have tested for HIV and have their results kept confidential by the health workers.73.8% shared their result with their husbands out of those 60.1% disclosed they are positive for HIV. Of this 60.1%, 50% have more than one sexual partner. 50% use condom some of the time they had sex. 30% use art to prevent mother to child transmission of HIV.31%. Overall 83.9%, 80.5% and 82.2% had good knowledge, positive attitude and good practice respectively. Occupation of respondents and occupation of husband were significantly associated with attitude on PMTCT. Marital status educational level occupation of respondent’s occupation of husband’s parity and HIV status were significantly associated with the mean practice of PMTCT.

Conclusion and recommendation: Topic centered on HIV and PMTCT should still be part of regular health education program of antenatal clinics by nurses with the view of translating knowledge of HIV and PMTCT into practice.

Using behavior change communication to empower and promote attitude change on HIV among the youths aged 15-24 years in Nyamira county, Kenya

Ondieki J, Omwenga I
1County Government Of Nyamira, Nyamira, Kenya, 2County Government Of Nyamira, Nyamira, Kenya

Background: HIV/AIDS is one of the leading causes of mortality and morbidity among all age groups worldwide. Adolescents and youths aged15-24 years account for half of new cases diagnosed with HIV. Kenya has approximately 1.6 million people living with HIV, whereby in 2017, 52,767 new case of HIV were diagnosed. Of the incidence Nyamira contributed 1,584 cases whereby 843 of the 1584 were adolescents and youths aged 15-24 years which translates to 52%. Different interventions have been put in place to reduce the prevalence; among them is behavior change communication (BCC) which is an interactive process to promote
Abstract

Positive behavior. The roles of BCC are to increase knowledge by ensuring people are given the basic facts about HIV and AIDS, stimulate community dialogue, promote attitude change, reduce stigma and discrimination, create demand for information and services, promote services for prevention, care and support and improve skill and sense of self efficacy.

Objective: To use behavior change communication to empower the adolescents and youths of Nyamira south Sub County with knowledge on HIV, promote attitude change and reduce stigma and discrimination surrounding HIV.

Methodology: A longitudinal study carried out in Nyamira south Sub County between June and December 2018. Strategies targeting the adolescents and youths include; use of mass media messages delivered through local radio stations (KISIMA radio and Kisii FM) distribution of Information Communication and Education (IEC) materials, health education in schools and youth camps, youth friendly outreaches and availing condoms in strategic points where the youths could access them.

Data was collected during education and communication sessions whereby the adolescents were allowed to have an interactive session by asking questions, giving their contributions/comments and expressing their fears and concerns in a free and friendly atmosphere. Then their responses were analyzed qualitatively and presented in narrative form.

Results:
1. Most of the adolescents now understand different measures of HIV prevention including PrEp, PEP, HTS, adherence to drugs, abstinence and consistent correct condom use.
2. There is increased demand and use of condoms among the adolescents and youths.
3. There is reduced Stigma and discrimination among the adolescents because HIV/AIDS is not attributed to promiscuity any more.
4. Through communication many adolescents understand that HIV is neither witchcraft nor a curse.
5. Through education adolescents understand the different modes of HIV transmission.
6. There is increased demand for more communication sessions from the youths.

Conclusion: Inadequate knowledge and communication on HIV transmission and prevention among the adolescents are contributing factors to HIV infection, high levels of HIV stigma and discrimination, low HTS uptake and poor adherence to treatment and this can be corrected through behavior change communication.

Recommendations:
• Use positive and informative health messages and avoid stark and negative messages linking HIV/AIDS to social evil when communicating with the adolescents.
• Implementing partners to embrace BCC as a strategy to reduce HIV infection and promote quality care among adolescents living with HIV.
• Teachers to be taken through basic HIV and care of infected students.

The Sexual, Reproductive Health (SRH) Literacy Program

Nakamba K.
Zambia Network Of Young People Living And Affected With HIV/AIDS (ZNYP) and SRHR Africa Trust (SAT), Lusaka, Zambia

Significance/Background: Sexual Reproductive Health (SRH) literacy program is designed to improve the Sexual and Reproductive Health Literacy among the young people, to correct their perception on Male circumcision and understanding of disease contraction and progression. The paper was developed in 2013 and has won five awards (three national and two regional awards).

Young people who lack SRH information have misconceptions about their body and pathogens as well as the nature and disease contraction, progression and treatment. Young people who lack this information are more likely to contract, mismanage infections and diseases and are unable to make informed health decisions.

SRH literacy creates demand for services among diverse populations including young people and also enables them seek medical advice, make confident and informed decisions, take up preventive measures and share correct information on SRH services and information.

Objective:
• Every young person should understand the basic virology of HIV/HPV and how they affects body systems and the influence of...
Abstract

ART on body systems and how to control them e.g. neurological effects.
- To ensure there is standardization of SRH information among activists and the general public.
- Provide and increase access to professional SRHR information among adolescent girls and young women.
- Desexualisation of SRHR information and services.
- To ensure that the Comprehensive Sexuality Education and Knowledge addresses epidemic control.

Program intervention/activity tested:
1. With support from SRHR African Trust (SAT) Zambia we carried out the following activities:
   - Sensitization of 2,000 young people on SRH literacy in Kalingalinga compound of Lusaka in Zambia which is known for high levels of teenage pregnancies and early sexual debut.
   - Sensitization of 1,000 people at the Nc'wala traditional ceremony in Chipata (rural) in Eastern Province.
   - Trained 30 young leaders from various schools to gain more knowledge on SRH and share the information they had learnt with their peers in and outside the school environment.
   - Trained SAT Zambia youth hub facilitators to enable them disseminate accurate information on Male Circumcision, foreskin and vaginal health.
2. Young people from the Evangelical Church in Zambia (ECZ) of Zambia were trained in SRH literacy.

Results/Key findings: The Cancermucision project succeeded in the development and enforcement of SRHR policies that promote VMMC and safer sex especially among the young people. The people understood the importance of not only HIV response measures but also the virology of HIV, safe sex and proper vaginal and foreskin health and its role in disease contraction and prevention.

Program implications/lessons:
I. When young people fully understand SRH they are open to take preventive measures such as practicing safer sex and help others with the knowledge they have gained thereby reducing infection rates.
II. Desexualization will also lead to normalization of SRH which will enable health practitioners to treat SRH has a health issue and also as an important issue in epidemic control and will enable countries reduce the age of consent for access to SRH services and information.

220

Awareness about oral PrEP among adults from a high HIV-burden rural community: results from a household survey in Migori County, Kenya

Agunda P1, Were D2, Mutisya E1, Musau A1, Odhyombo G1, Osuka F1, Gwaro H2
1Jilinde project , Nairobi, Kenya, 2Population Services Kenya, Nairobi, Kenya

Background: HIV/AIDS continues to negatively impact communities in high-burden geographies in sub-Saharan Africa. Communities living along shores of Lake Victoria in Kenya report disproportionate HIV incidence and contribute substantially to Kenya’s HIV burden. The emergence of new HIV technologies including PrEP offers choices for these communities. Uptake and persistence to use of new interventions is premised on awareness of their existence coupled with easily effective delivery pathways. With PrEP at scale-up mode in Kenya since May 2017, we conducted a household survey to determine awareness about PrEP, its recency and determinants among community members in one of the high burden counties currently involved in scale-up through the Jilinde project.

Methods: We collected data from household members through trained data collectors using a semi-structured survey. Data was collected from households in seven of eight sub-counties in which the Jilinde project is involved. Each data collector was accompanied by a community health volunteer familiar to the geography and started with an index household proximal to the selected PrEP sites. The pair moved northwards along a straight line guarded by a compass and interviewing at most two consenting adult members per household. Enrollment was closely monitored to ensure an equitable number of men, older and young women were recruited. Data was analyzed using SPSS version 25.0 and regression analysis used to identify
Abstract

factors associated with PrEP awareness. Results are presented in means and proportions.

Results: In November 2018, 414 household members were involved in the cross-sectional survey. Majority (75.1%) of participants were female and mean age was 28.8 years (range=15-80). A large proportion (71%) were Christian, 56.9% were married and nearly half (46.4%) had attained post-primary education. Overall, 187 (45.2%) respondents had never heard about Oral PrEP. Health providers, friends and peers and mass media were the popular channels through which individuals heard about PrEP. Over half (58.4%) of these respondents had heard about PrEP recently (less than six months prior to survey). Nearly three quarters of respondents expressed interest in using PrEP if it was offered to them. Post-primary education was the only factor associated with a higher likelihood of being PrEP aware (p=0.005).

Conclusion: Results from this survey demonstrate moderate awareness about PrEP within the context of a 15-month national scale-up program. This level of awareness indicates a potential barrier for rapid uptake in a community, which can benefit optimally from the intervention. Further, recent awareness might imply that current awareness creation efforts are impactful. These results highlight opportunities for tailoring awareness creation channels to effectively reach diverse community groups. The enthusiasm expressed towards PrEP, even among respondents who heard about it for the first time, highlights the thirst for new preventive interventions in this community.


Background: Young people are at risk of poor sexual health and are, therefore, in need of comprehensive, effective sexual health education. Young people are confident users of digital technology, such as the internet and mobile phones, and there are many innovative possibilities for sexual health education. In this report we present the available evidence for the effectiveness and cost-effectiveness of interactive digital interventions (IDIs) for sexual health promotion, what is known about how best to design, develop and implement IDIs and how best to evaluate them.

Methods: This review considers sexual health promotion for young people aged 13–24 years in the Nairobi, Kenya, and defining sexual health in holistic terms to include physical, emotional, mental and social well-being in relation to sexuality. We focus particularly on interactive digital interventions, defined as digital media Programmes that provide sexual health information and tailored decision support, behavior-change support and/or emotional support for sexual health issues. We conducted a literature review to locate and synthesize available evidence on digital interventions for sexual health for young people spanning the last 10 years, integrating the findings with the views of key informants (young people, parents and experts in digital media/sexual health).

Results: Evidence on best practice for digital intervention design and development. Good practice for IDI design and development includes:

1. developing an understanding of the target population and their behavioural needs,
Abstract

2. Targeting the modifiable mechanisms of the desired behavior change through research with users
3. Selecting change techniques that match user needs,
4. Implementing techniques in forms that are engaging and promote long-term interest/use among users and
5. Ensuring that interventions are feasible and sustainable in an implementation context. Young people should be involved at all stages, and the views of other stakeholders can highlight sexual health needs not identified by young people themselves and help to optimize implementation.

Conclusion: Most IDIs focus on reducing sexual risk-taking behavior and increasing condom use, with few interventions addressing issues such as sexual pleasure and relationships or co factors such as alcohol and mental health. There are also gaps for risk groups such as young women after pregnancy, looked-after young people (in institutional care), young people experiencing sexual and domestic violence, young people with learning difficulties and lesbian, gay, bisexual and transgender youths. Promising interventions that have already been developed could be adapted for specific target groups and evaluated in Kenya programmes. There has been rapid innovation in the development and design of digital interventions. More collaboration is needed to capitalise on the knowledge of users and stakeholders.

222

Sociodemographic and Anthropometric Profile of Positive HIV Patients in Early Traditional Treatment: Case of the Bonkoko Center

Bulanda B, Tshunza Kateba, Bongenia B, Kasonga V, Kingombe M, Kamangu E
1Focus Hiv, Kinshasa, Congo (the Democratic Republic of the), 2National Program for the Promotion of Traditional Medicine and Medicinal Plants (PNMT/PMI), Ministry of Public Health, , Kinshasa, Democratic Republic of Congo, 3Bonkoko Traiti-Modern Center, , Kinshasa, Democratic Republic of Congo

Context: In the Democratic Republic of Congo (DRC), the Antiretroviral (ART) drug coverage is still very low throughout the country. Hence, a large number of People Living with HIV (PLHIV) use traditional treatment made from plants to fight the HIV infection and the opportunistic infection associated to it.

Objective: The objective of this work was to evaluate the clinical parameters; para clinical and socio-demographic studies at the beginning of treatment of People Living with HIV (PLHIV) who adhere to traditional treatment in Kinshasa.

Methods: A cohort study was conducted in the Bonkoko center with a baseline of 3 months; 97 HIV positive patients were included randomly according to the specific inclusion criteria from January 11, 2016 to April 11, 2016. Clinical, biological and socio-demographic parameters were recorded in all patients at baseline.

Results: A total of 97 patients were selected for the job. A total of 79 women (81%) and 18 men (19%) participated voluntarily. The mean age was 40.8 ± 10 years and the most represented age range was 36 - 45 years. The married dominated the sample while the dominant religion was the other religions called revival. The level of study that dominated the population was the secondary level. The mean biological values at baseline were as follows: Glycaemia 85 ± 19 mg/dl; Urea 22.5 ± 6.66 mg/dl; Creatinine 0.88 ± 0.22 mg/dl; Total cholesterol 169.6 ± 37.7 mg/dl; HDL 52.6 ± 15.1 mg/dl; LDL 96.4 ± 31.4 mg/dl; Triglyceride 102.8 ± 47 mg/dl; SGPT 23.3 ± 11.1 UI/L; SGOT 22.3 ± 10
UI/L; Amylase 81.9 ± 31.1 UI/L; and the median values for CD4 was 220 cells/ml and for the Viral Load was 4.10 log10 copies of RNA/ml.

**Conclusion:** This study showed that patients who adhere to traditional medicine for the treatment of HIV infection are not different from those starting Antiretroviral into modern centers. The patient is in search of wellness and what is better. These patients followed by Traditional Medicine must be considered and taken care of in an integral way like all PLHIV followed by modern medicine. Subject Areas HIV.

---

**Social Media Impacts to Behavior Change among Adolescents**

**Mark M**

1Uganda Youth Alliance For Family Planning And Adolescent Health (uyafpah), P.o.box 10746, Uganda

**Background:** In Uganda, 78% of the population are adolescents who face many Sexual and reproductive Health challenges and results from lack of SRH related information. Currently, adolescents are the leading social media users almost at 72% and subscription varies at 81.34% for Facebook, 4.22% Twitter and You Tube 1.79%. Use of social media has become a new trend used for sharing and empowering young people with information.

Using social media for Sexual Reproductive Health promotion has successfully impacted on Uganda’s adolescent health behavior.

**Materials and Methods:** The Internet and the social media are now pervasive and ubiquitous. By the end of 2015, the Internet had been used by 3.2 billion people, 2 billion of them from developing countries, with over 78% of social media users being young people in Uganda, I use Facebook, Twitter, Instagram, WhatsApp and Wordpress to empower young people with SRHR information and this is done through on daily basis by disseminating SRHR information. On Facebook I reach up to 370 young people and Twitter over 150 young people per day, Instagram over 10-15 and on Wordpress over 20-30 per month. This has been achieved through campaigns for example “I KnowKati” campaign which focuses on young people aged 25-35 year olds as these target groups are being affected by reproductive health challenges and HIV largely due to inadequate information. Through the iKnow campaign, we empowered young people with information to seek for SRHR services such as HIV Testing and Counseling closer to them. Through “Know Your Status Afande,” this focused on encouraging police officers to know their HIV status. And finally managed to reach more than 2,058 people per post yet I used to share five posts via twitter. More than 70% of the campaign objectives were been achieved.

**Results:**
The number of young people accessing accurate Sexual and Reproductive Health information and services increased which has helped them to make right choices; the uptake of health services has also increased among adolescents for example family planning use of modern contraceptives has increased significantly since 2000, nearly doubling (from 18% to 26%) between 2000 and 2011 among youth who are sexually active and The proportion of women (ages 15-49) who have tested for HIV and received their results in the past 12 months increased from 47.7% in 2012 to 57.1% in 2014 and from 37.4% to 45.6% among men.

**Conclusions:** Many young people access health information through social media as shown in the results. There is need to address issues hindering adolescents from using social media. Use of social media and improving access to online accurate information is highly recommended to avert some of the sexual and reproductive health myth among the adolescents. Before health promoters and researchers carry out sexual health promotion interventions they should consider the possible ethical, confidentiality and anonymity issues linked to the use of these media especially to the audience.
Social support among the PLWHIV

Balayan T1
1National Center For Disease Control And Prevention, Yerevan, Armenia

Background: Received social support has been associated with reduced rates of depression among the people living with HIV (PLHIV). Several studies show the positive association between the received social support and the adherence to antiretroviral treatment (ART). To our knowledge, this was the first study exploring social support and adherence to ART in PLHIV in Armenia.

Methods: We recruited 180 participants using quantitative cross-sectional survey design with convenience-sampling approach. The sample size was calculated using the formula for two equal groups to detect the difference between two proportions. The interviews were conducted in the main office of “PPAN” NGO in Yerevan city during February-May 2017. We used MOS RAND questionnaire to assess social support. Descriptive statistics and simple logistic regressions were run using SPSS.

Results: The mean score of received social support was 69.4 (ranging from 0 to 100, SD 26.1). The mean score of received instrumental social support (based on the first 4 questions) was 71.1 (SD 30.2). The mean score of reporting having someone to help them if they were confined to bed was 68.9 (SD 33.9), to take them to the doctor if they needed was 68.6 (SD 34.0), to prepare meals if they were unable to do it themselves was 73.6 (SD 32.0), and to help with daily chores if they were sick was 73.8 (SD 31.2). The mean score of received emotional social support (based on the last 4 questions) was 67.7 (SD 31.2). The mean score of reporting having someone to have a good time with, if they needed was 67.5 (SD 32.6), having someone who turned to for suggestions about how to deal with a personal problem was 73.8 (SD 33.7), who understands their problems was 67.2 (SD 33.2), and who loved and made them feel wanted was 70.3 (SD 33.7). In unadjusted analysis received social support was not significantly associated with adherence to ART (p-value 0.05).

Conclusion: The results of the study show that the mean score of received social support was 69.4 out of 100 maximum. No significant associations were found between the level of received social support and the adherence to ART. However, we highlight the importance of treating PLHIV not only by providing antiretroviral drugs but also by providing social support. Support groups for PLHIV need to be integrated into HIV care and treatment programs to increase patients’ literacy and to address the patients’ psychosocial needs.

Measuring the impact of teen club in Mwanza, Tanzania: preliminary results for medication adherence and clinical markers

Minde M1, Elimwaria W1, Persaud U1, Cataldi J2, Bisimba J1, Mwita L1
1Baylor College of Medicine Children’s Foundation Tanzania, Mwanza, Tanzania, United Republic of, 2Baylor College of Medicine International Pediatric AIDS Initiative at Texas Children’s Hospital, , USA, 3USAID, Dar es Salaam, Tanzania

Background: Adolescents living with HIV (ALHIV) are a key population affected by HIV and they face unique challenges to successful long-term management of their infection. Psychosocial interventions to support teens are common among clinics and organizations caring for ALHIV, however evidence for the impact of such programming on clinical outcomes is lacking. Baylor Center of Excellence (COE) in Mwanza, Tanzania conducts a Teen Club program that has served over 500 adolescents over the past 5 years. The aim of this study is to evaluate whether Teen Club improves medication adherence and clinical markers such as CD4 and viral load (VL) among ALHIV.

Methods: Retrospective chart review of teens (age 13-18) with ≥3 clinic visits at Baylor Mwanza COE during 2017 was conducted using electronic medical records and Teen Club attendance records. Patients were classified as attending Teen Club if they attended ≥5 Teen Club meetings January-December 2017. Data collected included age, sex, medication adherence, CD4, and VL. Clinical and adherence data were collected for the period May
2017-April 2018. Adherence was measured as proportion of visits with ‘good’ adherence (pill count 95-105%). Most recent CD4 and VL results measured during the study period were recorded. Adherence, CD4, and VL outcomes were compared between those attending and not attending Teen Club using chi-square tests.

**Results:** Of 353 adolescents meeting inclusion criteria, 62% (218/353) attend teen club. Mean age was 15.2 years and 48% (168/353) of patients were female. The average proportion of visits with good adherence was 87% for the attendees and 86% for non attendees. Nine percent of those with results available (30/328) had CD4<250 for both attendees and non attendees, 18% (58) had CD4 of 250-499 for attendees and 17% for non attendees, and 73% (240) had CD4≥500. Seventy-seven percent of patients with results available (202/242) had VL<1000. Adherence, CD4, and VL were not different between those attending and not attending Teen Club.

**Conclusions:** Medication adherence and clinical markers were not different between those attending and not attending Teen Club. An ongoing study will use surveys and focus groups to measure additional outcomes including quality of life and possible confounding patient factors such as ART regimen, caregiver status and level of education.

---

**Impact of a formal transition of care process on young adults living with HIV who are moving from a pediatric to adult clinic in Tanzania**

Minde M1, Msonga S2, Roche T1, Elimwaria W1, Shea S3, Cataldi J4, Desderius B5, Bisimba J2, Mwita L1

1Baylor College of Medicine Children’s Foundation Tanzania, Mwanza, Tanzania, United Republic of, 2Bugando Medical Center, Mwanza, Tanzania, 3Baylor College of medicine International AIDS Initiative, USA, 4USAID, Dar es Salaam, Tanzania

**Background:** Young people living with HIV between the ages of 10 and 24 represent the only age group with increasing HIV prevalence and mortality worldwide. HIV-infected adolescents and young adults face many challenges to long term antiretroviral treatment (ART) including peer pressure, risky behaviors, poor adherence, and missed appointments. To counter the potential risks these challenges pose for adolescents as they move from pediatric to adult care, the Baylor College of Medicine Children’s Foundation- Tanzania Centre of Excellence (COE) in Mwanza, Tanzania has established a formal transition process. Adolescents complete 2 phases between ages 15 and 17 prior to transfer to adult care. However, there could be multiple sessions in each phase depending on individual understanding. Through transition, they learn more about their disease process and how to continue to live positively with HIV while also receiving encouragement to take responsibility for their healthcare needs.

**Methods:** To assess the impact of this transition process, we conducted a retrospective chart review of clients’ ages 18-24 years enrolling at Bugando Medical Centre (BMC) adult HIV clinic from January 2015 to May 2016. Clients on ART transferred from Baylor COE after completing transition were compared with clients on ART enrolled directly at BMC or transferred from a non-Baylor clinic. The last five visits through May 2017 were reviewed for ART regimen, adherence, attendance, and most recent viral load.

**Results:** Sixty-four young adults who completed transition and 50 non-transitioned young adults were enrolled at Bugando Medical Centre during the study period. Compared with non transitioned clients, more transitioned clients had good adherence (89% vs. 64%, p<0.01) and good clinical attendance (92% vs. 60%, p<0.01). There were no pregnancies among the transitioned clients and one pregnancy among the non-transitioned clients. There was no difference in viral load results between the two groups.

*p<0.01 is significant based on α=0.05 using Bonferroni correction for multiple comparisons

*VL results not available for 26 transitioned clients and 28 non-transitioned clients.

**Conclusions:** Young adults completing a formal transition program had better attendance and adherence to ART. A transition process bridges the gap between pediatric and adult services and represents an effective strategy to ensure long term ART adherence for adolescents. Additional study is needed to determine the impact of transition programs on clinical indicators including viral load and treatment failure.
‘I didn’t take it hard’: Experiences of disclosure of HIV status during adolescence among perinatally infected adolescents. A qualitative study

Gitahi-kamau N1,2, Bukusi E1, Ngure K2, Mwania V2
1Institute Of Tropical Medicine And Infectious Disease Kemri, Nairobi, Kenya, 2Jomo Kenyatta University, Kenya

Background: World Health Organization (WHO) guidelines on HIV status disclosure focus on children aged 7-12. In Africa, most disclosure happens during adolescence (13-19). There is a paucity of data on the perspective of HIV positive adolescents on the post-disclosure experience and a lack of understanding of the information gaps when this process is delayed particularly as transition from adolescent clinics to adult HIV care. This study sought to document existing knowledge gaps and explore experiences of HIV positive adolescents aged 16-19.

Methods: Between June to September 2018 we conducted focus group discussions (FGDs) and in-depth interviews (IDIs) among only perinatally infected adolescents aged 16-19 years. We excluded adolescents who did not have their HIV status disclosed and those for whom disclosure was ongoing. Purposive stratified sampling was utilized for both FGDs and IDIs where stratification was done by viral load (≤1000 or >1000 copies/ml) and sex. Demographic and viral load (copies/ml data) for the preceding six months was collected using interviewer-administered questionnaires and clinical notes abstraction respectively. Data were analyzed inductively and deductively to identify themes related to the experiences of the adolescents with the disclosure process.

Results: In total we conducted eight focus groups discussions (n=48) and ten in-depth interviews resulting in a total of 58 participants. Emerging themes included re-emergence psychosocial post disclosure feelings, a need to have open discussion round the circumstances surrounding their acquisition of HIV and an opportunity to raise previously unvoiced concerns. Often even when disclosure was not delayed, there was re-emergence of post-disclosure feelings of despair that occurred in late adolescence as cognitive developed enabled them to fully comprehend the implication of their HIV positive diagnosis.

Conclusion: To achieve a successful transition to adult care, adolescents need planned post disclosure support that extends to late adolescence.

Role of disclosure, romantic relationship and growing up on the Adherence to ART among Adolescent and Young people Living With HIV And AIDS in Nigeria

Odey B1, Esther S3, Udosen I2, Umeh K4
1David Bongre Initiative, Surulere, Nigeria, 2APIN Public Health Initiative, Yaba, Nigeria, 3United Nation Population Funds, Ikoyi, Nigeria, 4Global Network of Positive Youth Living With HIV, Amsterdam, Netherlands

Background: Understanding the emotional, mental well-being and sexual reproductive Health of adolescents living with HIV is critical to improving their self-efficacy, adherence to Antiretroviral Therapy and in achieving positive treatment outcome. The aim of this study was to assess the mental and emotional health and how it affects adherence of adolescents living with HIV in three major urban cities in Nigeria.

Method: This is a mixed method cross sectional study was conducted from 2nd to 30th April 2019 among 60 adolescents and young people, randomly selected from three urban cities across the country. Descriptive and qualitative analyses were done to summarize their socio-demographic characteristics, access relationship and disclosure status and its effect on their adherence to ART.

Results: Participants between the age of 15 and 24 participated in the survey as 31.43% were between the age of 15 and 19 and 68.57% were between ages 20 and 25. Among the participants 60% were female and 40% were male.
Abstract

Among the participants that took the survey 54.29% are in a relationship and 45.71% are currently not in a relationship. Among those not in a relationship 37.14% found it difficult to be in a relationship as a result of their status while 5.71% were indifferent.

On Adherence to ART 22.8% believed their relationship affects their clinical and drug adherence.

Among participants who find it difficult to be in a relationship, 60% believe that they won’t be accepted by their partner due to their status and 42.8% of those who took the survey believes relationship is not for them due to their status.

Regarding disclosure of status, 60% of respondents have never disclosed their status and said they would never, 15.3% had disclosed to their partner who changed towards them after disclosure. Among those who are yet to disclose to their partner, 22.9% always hide to take their medication when with their partner while 14.3% sometimes hide.

On living and growing up with HIV, 20% indicated that they were scared of the future due to their status and 28.6% are sometimes scared, 25.7% presently have guilt due to their status and 34.3% sometimes feel guilt. 11.4% have thought of dying in the last 3 months due to their status and 28.6% sometimes had that thought.

Conclusion: Provision of peer-led interventions that fully include psychosocial counselling and support would improve the adherence of adolescents and young people living with HIV and 90-90-90 inclusive of AYPs.

Introduction: Acquiring autonomy is a key aspect of adolescence. Providing psycho-social support to adolescents living with HIV is essential because of the emotional and financial strain of long-term care and adherence to treatment, and the challenges of stigma and discrimination. An estimated 50% of clients who are enrolled at Baylor-Tanzania, Mbeya and Mwanza centers of excellence (COE) are living in extreme poverty, unable to take care of themselves and having difficulty with clinic attendance. This can adversely affect clinic attendance, adherence to medication, and overall well-being. To address these challenges, Baylor Tanzania launched the income-generating program (IGP) aimed at building capacity of vulnerable adolescents and young adults in IGP knowledge and skills to allow them start micro-business for self sustenance.

Description: The IGP launched February 2012 at Baylor-Tanzania to help adolescents and young adults (including single parents) who are experiencing significant social and economic problems, in addition to their health issues. IGPs include “bead-by-bead,” a 6-month beading project and “stitch-by-stitch,” a 6-month tailoring project. Participants meet at the COE twice a week, they have a professional trainer from the industry, they also receive other training on financial literacy, negotiations & communication skills. Adolescents are provided with transport fare and meals when they attend session, program pays the professional trainer.

The program was able to support 15 adolescents with sewing machine as startup kits, four caregivers were able to purchase sewing machine for their adolescents.

Lessons learnt: 93 clients aged between 13 to 18 years were recruited in the program. 60.2% (56/93) were female, 98.9% (92/93) were on antiretroviral
therapy (ART). During the program 96.7% (90/93) were successfully retained into care. Currently 29% (27/93) of beneficiaries of program continue with tailoring, some of them have been retained as trainers, 21.5% (20/93) ventured in other directions of carrier and they are currently employed, unfortunately the vast majority 40.8% (38/93) are still struggling with no stable income and 6.4% (6/93) are deceased. Apart from those outcomes there was some challenges fire accident destroys one tailoring shop which was jointly started by adolescents. The program was unable to provide sewing machines to all graduates due to limited budget.

Conclusions/Next steps: The majority of adolescents in the IGP were retained in care, had good adherence to scheduled appointments and achieved viral suppression. The clients in need of these programs greatly outnumber the capacity of the IGP. We recommend more stakeholder involvement in order to scale up the program with more vocational training opportunities.

230

Continuous Psychosocial Support (PSS): Building a Workforce for Adolescents Living with HIV (ALHIV) Care in Democratic Republic of Congo (DRC), Eswatini, Kenya, Malawi and Tanzania

Ombija M1, Ahimbisibwe A2, Van de Ven R3, Matu L4, Ditekemena P5, Loanda A1, Odionyi J5, Makwindi C1, Mpango L3, Musukwa T5, Simiyu R4
1Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Washington, United States, 2EGPAF, Democratic Republic of Congo, 3EGPAF, Eswatini, 4EGPAF, Kenya, 5EGPAF, Malawi

Psychosocial support (PSS) is essential to care and treatment success for persons living with HIV (PLHIV). In 2017, the WHO recommended applying differentiated care models for optimal adolescent antiretroviral (ART) delivery. These guidelines indicate that stable ALHIV receiving chronic care can reduce the frequency of clinic visits, but should continue to attend regular PSS routinely. PSS is also critical to care for adolescents living with HIV (ALHIV) experiencing treatment failure, complementary to enhanced adherence counseling techniques. PSS can be clinic- or community-based, offered one-on-one or in a group.

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) provides PSS within an HIV treatment package, offered as part of routine clinical visits, and through specially formed clubs or groups, delivered by lay (peers or expert clients) and professional providers (nurses, counsellors, psychologists, and social workers). EGPAF reviewed two years of program data for adolescent HIV treatment and access to PSS to review multi-country service delivery outputs. Data sources include Datim, project reports and attendance records. PSS includes clinical counselling and group/club models within each country, called PSS groups, teen clubs, operation triple zero (OTZ) groups, and peer support groups.

Prior to 2017, national programs prioritized PSS to protect vulnerable populations (affected children of PLHIV, and orphans) or, in some cases, added it to clinic care to address disclosure, but with less focus on ALHIV needs. In a 24-month period (2017-2018) in DRC, Eswatini, Kenya, Malawi and Tanzania, the number of clubs/groups offering PSS clubs to ALHIV increased from 206 to 306. These areas also saw increased attendance in club/group activities among ALHIV (10-19 years) from 6,285 in 2017 to 12,000 in 2018; and a substantial increase in the proportion of ALHIV on treatment accessing clubs/groups from an average of 25% attendance in 2017 to over 40% in 2018. During this period, 2,487 health providers (lay and professional) were trained to implement quality PSS for ALHIV. Training approaches varied by country with PSS content either added to on-going skills building for health care workers serving adolescents, via site support and coaching with specialized tools, or more intensive dedicated capacity building of clinical focal points and peers clubs/group implementation.

With global policy shifts embraced at national level, implementing partners can rapidly improve ALHIV access to a PSS-competent workforce that both treats HIV and addresses the psychosocial needs of this group. In our efforts, sites doubled the number of trained social workers, psychologists, and professional counsellors providing PSS, which are critical in initiating ART, supporting disclosure, identifying mental health needs, retaining clients on treatment, and addressing suboptimal treatment results. Ensuring each site has at least one club/group offers social cohesion for high volume...
Abstract

facilities. Building PSS capacity at clinic and community levels requires lay and professional training that respond to national PSS guidelines and address the whole needs of ALHIV, beyond the clinic setting. Continued investment in bidirectional PSS linkages between clinic-community are critical to ALHIV achieving and maintaining treatment. Further exploration of home-, community, and school-based care is needed.

231

Survey of Drug use and Abuse among Nigerian Adolescents of the Nightlife settings.

Oke G1, Ilesanmi E1
1Initiative for the Development of Next Generation, Nigeria, Osogbo, Nigeria

Background: Bars, nightclubs and other recreational venues provide adolescents with opportunities to socialize and dance. Nevertheless, alcohol and illicit drug substances are widespread in recreational night settings. The aim is to assess the level of Drug use and abuse among Nigerian adolescents in some selected nightlife setting.

Method: 6 popular Night clubs were visited in Osogbo metropolis between January and April, 2018. Simple Random Sampling was used and 6 emergent focus group discussions were conducted for perceptions, opinions, and thoughts of the respondents in nightlife settings. Adolescents provided data on their use of key party drugs as well as gender, sexual orientation, race, ethnicity and other demographic variables. Overall, 90 male and female willingly participated. A Micro-interlocutor Analysis was used to analyze data collected and test the reliability of respondents and answers.

Result: 16-19 was the age range. 80% report illicit drug use. 66.7% admitted they are already addicted. The most common drugs use includes Codeine, Tramadol, Rohypnol, Marijuana, Morphine and Overdose of analgesics. Unconventional names of drugs were taken into consideration. Codeine is the most used of the drugs. 10-14 years is the age of introduction into Alcohol and Hard drug use. 50% use these drugs to boost sexual performance and they all have the idea that overuse of these drugs can lead to rape. 33.3% tested for HIV in the last two years. 66.7% have once tested for HIV status. 22.2% have had sex in a nightlife setting without protection.

Conclusion: They are interested in information about reduction of the negative consequences they might experience from substance use but not abstinence.

232

Inclusion of lesbians, bisexual, transwomen, queer adolescents, young women and girls living with and affected by HIV in srhr interventions

Kerubo F1
1Positive Young Women Voices, Nairobi, Kenya

Key populations contribute significantly to the HIV epidemic. Adolescents, young women and girls living with and affected by HIV who identify as Lesbians, Bisexuals, Transwomen, Queer women have limited information on sexual and reproductive health and rights. New infections are high among Lesbians, Bisexuals, Transwomen and Queer adolescents, young women and girls due to gender inequality, stigma and discrimination.

Objectives: Advocate for access to Sexual Reproductive Health and Rights by Lesbians, Bisexuals, Transwomen And Queer adolescents, young women and girls living with and affected by HIV. Promote research on the Sexual Reproductive Health of Lesbians, Bisexuals, Transwomen and Queer adolescents, young women and girls living with and affected by HIV.

Methodology/Interventions: Through the support of UNAIDS and HerVoiceFund, Positive Young Women Voices has managed to mobilize 100 Lesbians, Bisexuals, Transwomen and Queer people living with and affected by HIV. We has engaged them through economic empowerment whereby they are given technical skills and social empowerment through creation of support group for psychosocial support.
Abstract

Results: Through economic empowerment we have managed to train 100 young women and girls living with and affected by HIV on beauty and barbering and managed to have two groups start businesses. Through the psychosocial support, there is a support group that exists that has 50 members who meet once every month.

Conclusion: If we are to holistically put an end to new infections among adolescents and young people, then Lesbians, Bisexuals Transwomen and Queer adolescents, young women and girls must be included in the conversation.

Abstract number 233 has been withdrawn.

Assessing the psycho-social challenges of young people living with HIV in south-east Nigeria

Onyegbado C, Emeruwa P, Iwuoha G, Anumudu E

1Family Health International (FHI360), Owerri, Imo State, Nigeria, 2Federal University of Technology, Owerri, Nigeria, 3Imo State Specialist Hospital, Owerri, Nigeria

Introduction: Social support to young people living with HIV (YPLHIV) is key but often neglected in health care delivery in Nigeria. The vulnerability of an YPLHIV will be further amplified by poor understanding of certain psycho-social issues facing young people. This study explores the prevalence of these problems in South-East Nigeria.

Method: Using pretested questionnaires, 57 YPLHIVs were interviewed in a cross sectional descriptive study in a model comprehensive clinic in Imo State Nigeria. Statistical analysis was done to calculate the frequencies and rates of 6 psycho-social variables.

Results: Forty-seven (82.5%) respondents were aged 20–24 years, 8 (14%) aged 14 – 19 years while 2 (3.5%) aged <14 years. Thirty-four (59.6%) were males while 23 (40.4%) were females. Fifty-six (98.2%) were already on HIV treatment while 1 (1.8%) started treatment on interview day. Fifteen (26.3%) felt some form of discrimination while attending clinic. Thirty-three (57.9%) were yet to disclose their status to family members. The reactions of family to the 24 respondents were that of anger (14.0%), sadness (15.8%) while 14.0% were supportive to the YPLHIVs following disclosure. Twelve (21.1%) felt safe to disclose their status to 2 or more non-family members. Forty (70.2%) felt hopeful, 5 (8.8%) felt angry, 4 (7.0%) felt scared and 6 (10.5%) felt depressed anticipating the future. Seventeen (29.8%) felt lonely while 3 (5.3%) did not associate their loneliness with their HIV status. Thirty-six (63.5%) did not feel any loneliness. One (1.8%) has withdrawn from social activities while 12 (21.1%) participate in select activities. For 44 (77.2%) YPLHIVs, being HIV positive did not affect their social activities.

Conclusion: This study suggests the need to pay attention to the psycho-social factors that affect the uptake of HIV treatment for young people. More research is needed for young people specific HIV treatment interventions.

Mental Health Challenges Amongst Key Populations Living with HIV in Uganda

Steven M

1Visual Echoes For Human Rights Advocacy - Vehra, Kampala, Uganda

Introduction: Mental health is a critical and neglected global health challenge for adolescents infected with HIV. The prevalence of mental and behavioral health issues among HIV-infected adolescents may not be well understood or addressed as Uganda’s scales up HIV prevention and treatment for adolescents. The objective of this narrative review is to assess the current literature related to mental health challenges faced by adolescents living with HIV, including access to...
mental health services, the role of mental health challenges during transition from pediatric to adult care services and responsibilities, and the impact of mental health interventions within the key population groups.

**Methods:** For each of the topics included in this review, individual searches were run using Medline and PubMed, accompanied by scans of bibliographies of relevant articles. The topics on which searches were conducted for HIV-infected adolescents include depression and anxiety, transition from pediatric to adult HIV care and its impact on adherence and mental health, HIV-related, mental health services and interventions, and the measurement of mental health problems. Articles were included if the focus was consistent with one of the identified topics, involved HIV-infected adolescents.

**Results and Discussion:** Mental and behavioral health challenges are prevalent in HIV-infected adolescents, including in resource-limited settings where most of them live, and they impact all aspects of HIV prevention and treatment. Too little has been done to measure the impact of mental health challenges for adolescents living with HIV within key population groups, to evaluate interventions to best sustain or improve the mental health of this population, or to create healthcare systems with personnel or resources to promote mental health.

**Conclusions:** Mental health issues should be addressed proactively during adolescence for all HIV-infected youth. In addition, care systems need to pay greater attention to how mental health support is integrated into the care management for HIV, particularly throughout lifespan changes from childhood to adolescence to adulthood. The lack of research and support for mental health needs in resource-limited settings presents an enormous burden for which cost-effective solutions are urgently needed.

---

**Sitting on a live bomb: A close analysis of mental health as Malawi’s national problem - challenges and perceptions**

**Mahwayo D**

1Given-Secret Foundation, Mangochi, Malawi

**Background:** Going by the study findings of The London School of Hygiene and Tropical Medicine in the UK, The University of Cape Town in South Africa and the University of Melbourne in Australia on mental health of young people in Europe, Asia and South Africa versus availability of mental health professionals to assist, a study with comparative elements to the situation on the ground in the three districts of Mangochi, Machinga and Balaka in Southern Malawi where numbers of mentally challenged persons in the streets and villages are basically high, was conducted to investigate the availability of mental health personnel in public health facilities in these districts, the general public’s views, perceptions and approach to mental illness/mentally challenged persons and willingness of young people who have completed secondary education to enrol for mental health education.

**Methods:** REALITY V tool as developed by Engender Health under the ACQUIRE Project was used of which quantitative, descriptive and explorative method was also used to generate and analyse data. In some cases people interviewed were not necessarily a representative sample in statistical terms but key informants and knowledgeable individuals conversant with mental health issues. Sampling was based on the WHO EPI 30 Cluster Coverage Survey Sampling.

**Formula used:** \( N= \frac{Z^2(pq)}{d^2} \), where \( N= \text{Sample Size} = \text{Statistical Certainty} \), \( p= \text{Estimated coverage rate to be investigated} \), \( q=1-p \) and \( d= \text{Precision desired} \).

**Results:** There is severe neglect of peoples mental health hence there is lack of enough qualified mental health nurses and professionals in district hospitals and other health facilities in Malawi including the only public Mental/Psychiatric Hospital in Zomba which by August 2014 had 1 Psychiatrist, 5 Clinical Officers and 20 Psychiatric Nurses, this can well be described as having
Abstract

fragmented Mental Health systems. There is low budgetary allocation towards mental Health, for instance total expenditure on Health is 6.6% of the Malawi’s gross Domestic Product (GDP) from which only 1.5% of the total goes towards the mental Health Budget.

Publics’ different attitudes, perceptions and approaches to mental illness some of which are cultural and traditional beliefs attuned don’t regard mental illness as an illness at all.

Conclusion and Recommendation: There are bunches of unmet needs for mental health services in Malawi of which this evidence points to the need for the government of Malawi and its development partners to reinvigorate their investments and programs. There is an urgent need to expedite the public and stakeholders consultations on the mental Act Draft of 2004 which will eventually lead to the enactment of the new Bill replacing the old Legislation of 1960s.

237

Whom will I talk to? I am tired to live; Online support systems for suicidal adolescent and young people in Kenya; A case of one2one integrated digital platform

Nzuki MF, Kinyanjui A1, Mbugua F1, Ombati C1, Chazara A1, Kimathi R1, Ondiek C1, Ikuha A1
1Lvct Health, Nairobi, Kenya

Background: According to World health organization, 1 in 4 people in the world will be affected by mental or neurological disorders at some point in their lives. Around 450 million people currently suffer from such conditions placing mental disorders among the leading causes of ill-health and disability worldwide. 1 in 4 disabilities among young people aged 10-24 years worldwide is caused by mental disorders. Suicide is the second leading cause of death among adolescents and young people. In Kenya, there are so many reported teen suicides happening due to various challenges the young people are facing such as unemployment, conflicts in intimate relationships among others.

LVCT Health through One2one Integrated Digital Platform (OIDP) offers tele-counselling services to adolescents and young people with suicidal tendencies. This helps to lessen the suicidal rates in Kenya.

Objective. To lessen or eradicate the rate at which adolescents and young people commit suicide in Kenya.

Procedure: One of the ways to deal with increased suicidal tendencies among adolescents and young people is through the use of OIDP which is a peer led initiative that offers quality service and literacy to over one million adolescents and young people in Kenya on a yearly basis. 1190 is a toll free hotline number which retains high anonymity and confidentiality to the client who call. The OIDP platform targets young people aged 10-24 years. Through 1190, it has reached 41 clients (18 males and 23 females) through calls and 15 clients (6 males and 9 females) through sms platforms on suicidal inquiries from the month of August 2018 to May 2019. When the client calls 1190, the call is received by one of the counselors who develops a relationship with the client which is based on trust, respect and mutual purpose. The counselor then makes an informed assessment depending on the client’s presenting problem. After which there is establishment of mutually agreed upon goals which informs the developing of the action plan that is realistic as the client commits verbally to not commit suicide as the sessions are ongoing.

Results. In line to mental health, general outcome is to provide information and create awareness to adolescents and young people.

Conclusion: Through the one2one platform, we have been able to reach and inform adolescents with suicide messages through bulk sms and videos. In turn, the anonymity nature of the platform propels one to discuss the stressful events in their lives that they are unable to cope without fear. We get to mitigate and lessen suicide rates among young people through our engagement.
“Time to take stock” – monitoring availability and accessibility of HIV, TB, cancer medicines and diagnostic equipment by PLHIV in Zimbabwe

Mpofu S, Mpofu R, Mpofu A
1NAC, Harare, Zimbabwe

Background: Zimbabwe has a total estimated population of 13 Million People of which 1, 32 Million are PLHIV, a prevalence of 13.3% and incidence of 0.45 % (Ministry of Health and Child Care, 2017, HIV Estimates). Over the years the country’s worry was to ensure PLHIV are enrolled on ART but now that about 86% (ZIMPHIA, 2016) are already accessing ART, the major worry is on availability, affordability and accessibility. It is against this background that PLHIV organised themselves to form a Team that monitors availability of HIV and TB Medicines on a randomised basis across the country’s 10 Political provinces.

The team of about 12 PLHIV representatives divides itself into sub teams and visit selected health facilities to assess availability, affordability and accessibility of ART and diagnostic equipment on a quarterly basis. The programme objectives are:

- To assess the availability of ARVs, cancer and TB in the OI clinics and discuss best practices and challenges of the ART Programme with health workers and clients
- To assess the barriers that Adolescents Living with HIV (ALHIV) face in accessing HIV Services
- To assess the state of diagnostic equipment for OI/ART services.

Description: PLHIV conduct interviews with health personnel of selected health centres as well as PLHIV clients using standardised tools to ascertain the structural, social and economic blockages and barriers to access to medicines and diagnostic equipment. The issues identified are discussed with the district, provincial and national service providers including policy makers in order to take corrective action.

Lessons learnt:
- Distance is still a major barrier in some hard to rich areas but establishment of Community ART Refill Groups and Community Adolescents Treatment Supporter has greatly improved access.
- Stock raptures due to logistical problems occur at some facilities
- Adolescents still face stigma which inhibit their access to services
- The decentralisation of the Community Monitoring process to district level has assisted in alerting national level of any stock raptures enabling swift remedies being undertaken.
- The establishment of adolescent support groups and having them restock on different days from those of adults has improved access for this age group/
- The monitoring has integrated HIV, TB and Cancer after realising the co-morbidity

Conclusion: Being Commenced on ARVs is a lifelong condition and taking stock by the consumers of the product ensures ownership and sustainability. ALHIV support groups have gone a long way in reducing stigma and loss to follow.

Integrating PrEP into Sexual Reproductive and Health (SRH) services in resource limited and high HIV burden settings: Are Health Care Providers in South Africa ready?

Lelaka T, Greener L, London V, Makamu T, Butler V, Mullick S
1Wits Health Consortium, Parktown, South Africa

Background: Adolescent Young Women and Girls AGYW in South Africa (15-24 years) have been identified as a key population at risk of HIV acquisition, with young women in their early 20’s having a three-fold burden compared to their male peers.

South Africa has a supportive national framework in place to help direct and support the
implementation of comprehensive services and combination HIV prevention, including PrEP for AGYW. Integrated service delivery seeks to deliver services to clients to ensure they get the care they need, when they need it, in ways that are user-friendly, achieve positive health outcomes and provide value for money.

To effectively rollout PrEP to AGYW evidence as to the most effective and cost-effective strategies to reach AGYW are needed. This paper explores healthcare providers (HCP) knowledge, attitudes, experiences and beliefs around PrEP delivery as part of a package of integrated sexual and reproductive health (SRH) services.

Material & Methods: Data were collected as part of an ongoing implementation science study exploring the introduction of PrEP into Comprehensive Sexual and Reproductive Health Services for Adolescent Girls and Young Women (AGYW) in South Africa (Project PrEP). In-depth-interviews (IDI’s) and socio-demographic surveys were conducted with HCP working at participating Primary healthcare facilities between February 2019 - May 2019 in Gauteng and Eastern Cape at seven urban, semi-rural and peri-urban facilities. IDI’s were conducted after Providers received National Department of Health PrEP provision training. Data were transcribed and analysed thematically.

Results: Thirty-eight IDI’s were conducted with HCPs. Preliminary analyses found the average age of the sample were 47 years, n=3 males and n=35 females. Key themes emerged around PrEP and integrated SRH services. Providers were generally optimistic about the introduction of PrEP, “At 2030 we will have reached 95% HIV free nation” and “The young ones will grow up knowing Prep like contraceptives”. However, although 79% reported receiving training on integrated PrEP delivery only 20% reported confidence in providing integrated services. Most providers reported a need for integrated services and were supportive of the integration of PrEP into SRH services and felt it would improve the quality of health and care. However, a few providers expressed concerns around the length of consultations and staff shortages as potential barriers to integrated service delivery.

Conclusions: The preliminary results of this study found that PrEP provision as part of an integrated package of SRH and HIV prevention services is viewed as key priority element to benefit AYWG to continue to remain HIV negative. HCPs were open and willing but require additional training and support to provide integrated services. The introduction of PrEP provides a unique opportunity to provide integrated SRH and HIV prevention services to AGYW and youth at risk.

240

Continuous Quality Improvement (CQI) Pivots PrEP Uptake among Adolescent Girls and Young Women (AGYW) in Public Facilities: A Pilot Study in Migori County, Kenya

Gwaro H1, Okoth E1, Agunda P2, Osuka F1, Anyona M1, Odhyambo G1, Musau A1
1Jhpiego, Nairobi, Kenya, 2PS Kenya, Nairobi, Kenya, 3Ministry of Health-Godkwer Dispensary, Migori, Kenya

Background: The WHO’s endorsement of Oral PrEP in 2015 and sanctioning by Kenya’s Ministry of Health in 2017 heralded an era of reduced new HIV infections. Unfortunately, scale-up has been slow and coverage restricted to certain geographic pockets. CQI is a promising tool that address implementation exigencies through involvement of frontline workers and is recommended by Kenya’s quality model for health (KQMH). Jilinde, a large PrEP scale-up project, has been supporting ten counties in Kenya to expand PrEP for all eligible populations. Jilinde supports Migori County to reach AGYW. We describe the approach, experiences and outcomes of implementing a CQI model that turned around PrEP uptake among AGYW in Migori County.

Methodology: We employed a model for improvement suggested by Associates in Process Improvement (API) to implement a systematic CQI approach in three primary care facilities (God Kwer, Muhuru and Awendo). First, a team of mentors was built that cascaded CQI training to existing facility HIV care CQI teams. Second, a CQI lead in each facility led their team to develop an ambitious aim for their CQI project. Developed aims aligned with the project’s overall goal to improve PrEP uptake by 60% in 6 months. Third, each team conducted a root-cause analysis (RCA) to identify potential gaps contributing to low PrEP uptake. Each team
developed a visual process map, which complemented the RCA in identifying implementation gaps. Change ideas were developed around identified gaps through an inclusive process. These ideas were subjected to multiple plan, do, study and act (PDSA) cycles. Teams received onsite mentorship support as they implemented PDSA cycles. CQI teams urgently escalated requests for support. Implementation was supervised by a County CQI Coordinator. Routine program data and experiences were documented and recommended rules of run charts used to interpret data.

Results and lessons learnt: Baseline data was collect was conducted between August and December 2018 and CQI implemented from January to May 2019. The RCA established that low community awareness, weak mobilization and referral strategies, sub-optimal risk screening by HIV testing services (HTS) providers and poorly defined PrEP pathways were predominant bottlenecks. The three sites surpassed their set aims. Cumulative performance improved from a median of 7 AGYW four months period prior to CQI to a median of 59 AGYW during the course of implementation CQI. This improvement was superior to improvements witnessed by CQI naïve sites (median of 23 AGYW during the same period). One facility had an outstanding performance due to high level of commitment by the facility team to serve AGYW. Embedding PrEP project to an already formed CQI team was feasible and least disruptive to already existing structures.

Conclusion: CQI emerged as a promising approach that engaged frontline workers to generate innovate solutions to challenges of integrating PrEP. To attain observed results, adequate support and mentorship was provided. Tapping on the existing leadership structure was germane and increased accountability from frontline workers. Packaged successful ideas need to be tested at a wider scale and in different conditions to validate their replicability.

Trends in HIV rapid testing among pediatric and adolescent clients in Uganda.

John Bosco Junior M1, Geoffrey T1, Kamuntu Y2, Marvin L2, Joshua M1, Peter M1
1Ministry of Health, AIDS Control Program, Uganda, Kampala, Uganda, 2Clinton Health Access Initiatives(CHAI), KAMPALA, Uganda

Background: About 89% of all people living with HIV in Uganda know their HIV status. With an HIV prevalence of 6% in the Ugandan general population, close to 212,000 individuals living with HIV are yet to be identified. The national identification gap for children and adolescents living with HIV by 2020 corresponds to about 30,000 children below the age of 10 years and about 34,000 adolescents aged 10-19 years. We present trends in HIV testing yield among pediatric and adolescent clients during a 27 months’ period (January 2017-March 2019) and suggest next steps aimed at optimizing HIV testing among these age categories in Uganda.

Methods: HIV rapid testing in Uganda is provided through health facility and community testing models. Both models use client initiated or provider initiated HIV counselling and testing. We reviewed HIV testing program data from the District health information system (DHIS2) of 27 months (January 2017 to 31st March 2019). We used descriptive statistics to describe HIV positivity rates among clients provided with HTS aged from 18 months to 19 years of age.

Results: A total of 4,639,264 were tested for HIV, of which 938,589 were aged 18 months to 9 years and 3,700,675 were aged 10 to 19 years. Of those tested, a total of 15,739 tested HIV positive among the 18 months to 9 age category while 36,015 tested positive among the 10-19 category. The average HTS yield among those aged less than 10 years was 1.7%, higher than that of those aged 10-19 years (1%). In terms of gender, 7677 male children below the age of 10 years tested HIV positive out of a total number of 493,354 children representing a positivity rate of 1.5%. Among females of the same age category, a yield of 1.6% was realized (8062 HIV positive diagnoses out of 493, 254). Across all age categories, the yield was
higher in females compared to males (1.3% vs 0.5%/).

Conclusions: The HIV positivity rate for children and adolescents who received HIV testing services in a period of 27 months was lower than the national general HTS yield of 3.3%. Owing to the low yield, there is need to develop and use an HTS screening tool so as to increase efficiency in HIV rapid testing among these age groups. With about 64,000 pediatric and adolescent clients yet to be diagnosed, there is need to adopt targeted HIV testing focusing on case identification such as Index Partner Notification among sexually active adolescents, use of HIV self-testing for self-screening in older adolescents (15 years and above) and use of index client testing for pediatric clients.

Prevalence and correlates of HSV-2 infection in an adolescent girls’ cohort in an urban slum in Kenya

Kangwana B1, Kamau N2, Austrian K1
1Population Council, Nairobi, Kenya, 2LVCT Health, Nairobi, Kenya

Background and setting: HSV-2 infection is associated with an increased risk of HIV acquisition. Our study describes the prevalence and risk factors associated with HSV-2 infection in adolescent girls in a slum in Nairobi, Kenya.

Methods: In 2017, 1,117 girls aged 15 to 17 were tested for HIV and HSV-2 as part of a study measuring the impact of a girl’s empowerment program. Data on socio-demographic characteristics, education and sexual behavior were also collected. Correlates of HSV-2 were determined using multivariate logistic regression.

Results: HIV prevalence was 1.5% and HSV-2 prevalence was 11%. 78% of girls who tested positive for HSV-2 reported never having had sex. Independent factors significantly positively correlated to HSV-2 were: being older (aOR (adjusted odds ratio)): 1.5; 95%CI: 1.1, 2.0, p=0.009), ever having had sex (aOR: 2.1; 95%CI: 1.1, 4.0, p=0.023); having had transactional sex (aOR: 3.8; 95%CI: 1.3, 11.1, p=0.014); and belonging to an ethnic community originating from the western part of Kenya (aOR: 2.5; 95%CI: 1.3, 4.5, p=0.004). Having saved money was negatively associated with HSV-2 status (aOR: 0.7; 95%CI: 0.4, 1.0, p=0.063).

Conclusions: HSV-2 prevalence is high among adolescent girls aged 15–17 in Nairobi’s urban informal settlements. Results suggest that interventions that target young adolescents belonging to ethnic groups originating from the western part of Kenya; aim to increase the age of sexual debut; address the transactional sex, and encourage financial savings have the potential to reduce HSV-2 prevalence in Kenya. In addition, biomarker data should be used when possible as a more reliable measure of exposure to risky sexual behavior.

Clinical Trial Number: ISRCTN 77455458

Individual and facility-level factors associated with adolescent and young adult engagement in care

Neary P1, Mutisya I2, Beima-Sofie K1, Begnel E1, Kinuthia J1, Omboga E1, Itindi J1, Chen T3, Singa B1, McGrath C1, Kohler P1, Ngugi E2, Katana A2, Ng’ang’a L1, John-Stewart G1,2,3,4,5
1Department of Global Health, University of Washington, Seattle, United States, 2Division of Global HIV/AIDS & Tuberculosis, U.S. Centers for Disease Control and Prevention, Nairobi, Kenya, 3Department of Research and Programs, Kenyatta National Hospital, Nairobi, Kenya, 4Centre for Clinical Research, Kenya Medical Research Institute, Nairobi, Kenya, 5Department of Psychosocial and Community Health, University of Washington, Seattle, United States, 6Department of Epidemiology, University of Washington, Seattle, United States, 7Department of Pediatrics, University of Washington, Seattle, United States, 8Department of Medicine, University of Washington, Seattle, United States

Background: Adolescents and young adults living with HIV (ALHIV) experience high rates of HIV-related mortality and low rates of adherence, retention, and viral suppression. We determined rates of engagement in care among ALHIV attending clinics across Kenya.

Methods: We abstracted medical records for ALHIV ages 10-19 years from 49 facilities throughout Kenya. ALHIV with ≥1 clinic visit between July 1, 2016 and September 30, 2016 were defined as
Abstract

being engaged in care if they presented to facility within 90 days of their first visit in the abstraction period. Based on reported adolescent visit frequency from these same clinics, a 90 day window was used to define retention. Univariate analysis estimating prevalence ratios (PR) using generalized linear models with random intercepts for facility were conducted for individual-level factors including sex (female/male), age (younger [10-14]/older [15-19 years]), time enrolled in HIV care (<1 year/≥1 year), age at HIV diagnosis (<12 years/≥12 years) treatment supporter at enrollment (parent/other), and facility-level factors including facility size (small/medium vs large), facility burden (low or medium/high), adolescent friendly services offered (yes/no), adolescent friendly services on Saturdays (yes/no), support groups offered (yes/no), and dedicated staff to adolescents and children (yes/no).

Results: Medical records were abstracted for 1606 ALHIV; 1144 (72%) were 10-14 years and 462 (29%) were 15-19 years. The majority were female (947 [59%]), enrolled in HIV care for ≥1 year (1145 [77%]), and engaged in care (1300 [81%]). ALHIV with a parent as a treatment supporter were less likely to be engaged in care compared to those with a non-parent treatment supporter at enrollment (PR: 0.8 [95% CI: 0.6, 0.9]; p=0.004). There were no differences in engagement in care by age (PR: 0.9 [95% CI: 0.8, 1.0]; p=0.135), sex (PR: 1.0 [95% CI: 0.9, 1.1]; p=0.744), time enrolled in care (PR: 1.0 [95% CI:0.9, 1.0]; p=0.870) or age at diagnosis (PR: 0.9 [95% CI: 0.8, 1.1]; p=0.296). ALHIV were more likely to be engaged in facilities from high burden counties (84%) compared to medium/low burden counties (64%) (PR: 1.2 [95% CI: 1.0, 1.5]; p=0.022). There were no differences in adolescent engagement in care by facility size (PR: 1.1 [95% CI: 0.96, 1.2]; p=0.221), facilities that offer adolescent friendly services (PR: 1.2 [95% CI: 0.97, 1.5]; p=0.094), facilities that offer adolescent friendly services on Saturdays (PR: 1.1 [95% CI: 0.9, 1.3]; p=0.591), facilities the offer support groups (PR: 1.3 [95% CI: 1.0, 1.8]; p=0.079), or facilities that have dedicated staff for children and adolescents (PR: 1.2 [95% CI: 1.0, 1.4]; p=0.077).

Conclusion: Engagement in care among ALHIV is suboptimal but is higher among adolescents who attend clinics in high burden counties. Future studies are needed to assess potential associations between adolescent support and engagement in HIV care.

244

Enhancing comprehensive sexuality education services to ensure adolescents and young people have access to critical information and services that enable them to live healthy and productive lives

Chiti M†
Phakama Africa, Lusaka, Zambia

Background: Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people on knowledge, skills, attitudes, and values that will empower them to realize their health, well-being, and dignity; develop respectful, social, and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives. Whilst different countries refer to it differently, a commonly used terms being life skills education, Zambia uses the term CSE as an all-encompassing term.

Description: Despite the growing recognition of the benefits of investing in the sexual and reproductive health of adolescents, and of the costs of failing to do so, several biological, social and economic factors converge to undermine the sexual health of adolescents. This is particularly true in developing countries where adolescents face structural, cultural and legal barriers to obtaining reproductive health information and services. This has significantly increased their risk to adverse sexual and reproductive health outcomes, including early and unintended pregnancy, HIV and other STIs, GBV and child marriage. The institutionalisation of ESA commitments has also been demonstrated by the establishment of structures that coordinate the implementation of policies by every ESA member country, albeit with varied effectiveness. In some countries the implementation of ESA commitments is sector specific, and thus with many coordinating structures. This approach results not only in wasteful and inefficient implementation, but
Abstract

Available resources are also spread too thinly. Rationalisation of coordination structures yields better implementation outcomes as seen in the number of countries implementing CSE (under the ESA Commitment) with a multi-sectoral coordination plan increased from 16 to 18 in 2018. Whilst 12 had a technical task team for coordinating the implementation of the ESA Commitment. However, only 6 had ring-fenced resources for the implementation of the Commitment.

Lessons learned: Evidence shows that CSE has a positive impact on safer sexual behavior and has great potential to change risky behaviors and enable young people to develop adequate capacity to manage their well-being. CSE with links to SRH services is identified as best practice for prevention of HIV and early/unintended pregnancy among Adolescents and Young People (AYP).

The last few years have seen an increase in the delivery of CSE in the ESA region, with most countries developing strategies and frameworks to make it a reality. However, many of these strategies are inadequate and ineffective as they either cater mostly to in-school AYP to the exclusion of out of school youth, lack operationalisation plans, are poorly resourced, lack credible and harmonised monitoring and evaluation systems, or adopted ‘selective teaching’ in their curricula. This means that much still needs to be done to ensure that AYP have access to critical information and services that enable them to live healthy and productive lives.

HIV and Asymptomatic Malaria Parasitemia (AMP) Co-infection in a Cross-Section of Pediatrics Population on Antiretroviral Therapy (ART)

Adeniyi D1, Owolagba F2, Ofuche E1, Adewale E1, Samuels J1, Okonkwo P2
1APIN Public Health Initiatives Ltd/Gte, Jos, Nigeria., Jos, Nigeria,
2APIN Public Health Initiatives Ltd/Gte, Abuja, FCT, Nigeria., Abuja, Nigeria

Objectives: In this study, we sought to determine the prevalence of HIV and AMP co-infection in a cross-section of pediatrics HIV patients on ART. We also sought to correlate this co-infection with HIV viremia and %CD4 among the study population.

Introduction: While AMP has been defined as malaria infection at sub-clinical level, HIV and malaria are two of the most complex and dangerous health problems globally; and this is especially so in Sub-Saharan Africa. It has been estimated that combined malaria and HIV co-infection causes more than two million deaths annually. HIV and malaria each interact with the host’s immune system, resulting in the complex activation of immune cells, and subsequent dysregulated production of cytokines and antibodies. Also, increasing body of studies have suggested that malaria parasitemia increases HIV plasma viral load. AMP aids the spread of malaria parasitemia, and possibly fosters HIV transmission.

Materials and Methods: 198 randomly selected pediatrics HIV patients on ART, attending the APIN Laboratory of the Jos University Teaching Hospital (JUTH) in Plateau State, North Central Nigeria, participated in this study for a duration of three months. The mean age of the participants was 11(±7) years. After seeking due Ethical Clearance, participants’ venous blood samples were drawn into EDTA sample containers following standard phlebotomy procedures. Two thick blood films were made and air-dried for malaria microscopy using both Field and Giemsa stains. %CD4 was estimated using the Partec® Cyflow Counter II Analyzer. The separated plasma from the collected sample was assayed for HIV viral load using the Roche® Cobas Ampliprep/Cobas Taqman_96 System. The final analysis of data obtained was carried out using simple percentages.

Results: Of the 198 pediatrics subjects in this study, 122 (62%) were virally suppressed (using the WHO standard of <1000 copies/ml), while 76 (38%) were virally unsuppressed (>1000 copies/ml). 66% (130) of the entire study population have AMP; microscopically confirmed using the X100 objective of the Light Microscope. Of the virally suppressed population, 64/122 (53%) had AMP, with a mean %CD4 value of 27%; while the virally suppressed population without AMP 58/122 (47%) have a mean %CD4 value of 31%. Of the virally unsuppressed population, 66/76 (87%) had AMP, with a mean %CD4 value of 20%; while the virally unsuppressed population without AMP 10/76 (13%) have a mean %CD4 value of 18% respectively.

Conclusion: The prevalence of AMP in this pediatrics population is very high (66%). The high AMP prevalence among the virally unsuppressed...
population (87%), with a mean %CD4 value of 20% has helped give credence to the allusion that increase malaria parasitemia leads to an increase in plasma HIV viral load. Based on findings from this study, it is strongly advised that the use “Long Lasting Insecticides Treated Nets” (LLINs), use of Intermittent Malaria Therapies (IPTs), and Routine Malaria Screenings (RMS) using microscopy should be incorporated into the continuum of pediatrics and adolescents HIV care services.

The uptake of sexual reproductive health and rights (SRHR) services among adolescent girls and young women in Nigeria, Kenya and Uganda.

Sunday H1, Nkay Bathiale S2, Nyokabi Kinya T3, Umerewoshi A4, Dadi A5, Munro A6, Usoro E7, Kintu K8, Mukoma C9

1Association Of Positive Youth Living With HIV In Nigeria (APYIN), Kaduna, Nigeria, 2Uganda Network of Young People Living with HIV (UNYPA), Uganda, 3Ishtar, Kenya, 4African Young Positive Network (AY+), Uganda, 5Society for Family Health (SFH), Nigeria, 6Family Health International (FHi360), Nigeria, 7African Network of Adolescents and Young Persons Development (ANAYD), Nigeria, 8Center for Integrated Health Programs (CIHP), Nigeria, 9Feminist for Peace Rights and Justice Centre Organization, Kenya

Background: Low uptake of Sexual Reproductive Health and Rights (SRHR) services amongst Adolescent Girls and Young Women have created a heavy burden in the tackling of associated health issues. This ranges from unsafe sex, Sexually Transmitted infections (STI), unplanned pregnancy, unsafe abortion and early marriage amongst these population.

This study aims at assessing the knowledge, experience, and exposure of Adolescent Girls and Young Women on sexual education, condom use and Gender-based Violence (GBV), which also contribute in their poor uptake of Sexual Reproductive Health and Rights (SRHR) services.

Methods: An online study comprising of 154 Adolescent Girls and Young Women, age 10-24 of different ethnic background and religion was conducted, from the 1st of January to the 28th February 2019, in Nigeria, Kenya and Uganda.

A mixed method approach was employed for this study, involving the use of self-administered online questionnaires to elicit information on Sexual education, condom use and Gender-based violence (GBV). Data collected was analyzed by Google, and presented graphically, in percentages. https://bit.ly/2HejPPf

Results: Sexual Education:
- 46.1% of the respondents got their first knowledge about menstrual cycle from their parent, while 35.1% from school, 18.8% from peer group and 8.4% by self discovery.
- 79.2% of the respondents know how to track their menstrual cycle, while 20.8% do not.
- Only 46.1% of respondents have knowledge of their safe period, while 53.9% do not have knowledge of their safe period.

Condom:
- 80.5% of respondents have heard of female condom, while 19.5% of respondents have not. Of the 80.5% that have heard of female condom, 41.3% got their knowledge from peer group, 37.2% from School, 28.9% from Social Media, 3.3% from Parent and 3.3% from Religious groups.
- 56.5% of respondents have seen female condom, while 43.5% have not. Of the respondents that have seen a female condom, 60.9% saw it at the health facility/pharmacy, 27.6% saw it with friends, 16.1% saw it in school and 5.7% at home.
- Only 2.6% of respondents have ever use female condom, 97.4% of respondents have never used a female condom.
- Of the 2.6% that have ever use female condoms, 84.4% never encounter any challenge using it, while 15.6% encountered challenge using it.

Gender-based violence (GBV):
- 25.3% of respondents are victims of Gender-based violence (GBV), while 74.7% have never had such experience. Of all the victims, 66.7% did nothing, 7.7% reported to the Police/Authorities, 5.1% visited health facility to access service and 28.3% reported to their Parent/Guardian.
- Of all the victims that did nothing, 53.1% was because they did not know what to do,
15.6% were threatened, 6.3% were shy and 25% were scared of stigma.

**Conclusion:** Sexual Reproductive Health and Rights (SRHR) are services we must provide to Adolescent Girls and Young Women. It is therefore paramount that efforts aimed at addressing these gaps and challenges are made, sooner than later, as it will greatly impact on the quality of Sexual reproductive health and right (SRHR) services and its outcome.

---

**Bottleneck Analysis, A Rapid Preparedness Rapid Approach to Enabling Countries to Commit to Eliminating Mother-to-Child Transmission of HIV (e-TME) by the end of 2020: Case Of The Democratic Republic Of The Congo**

**Issues:** With 3.4% of pregnant women living with HIV, the reach and performance of PMTCT services remains low: 10% of pregnant women are screened for HIV, 14% of HIV-positive pregnant women receive ARVs and 13% of children exhibits are tracked. The prescription of ARVs is only done by doctors. To arrive at the e-TME, a fast and consistent extension strategy has been applied. The purpose of this abstract is to present the processes and steps that were used and the next steps.

**Description:** With the support of the partners, the Congo conducted an analysis of the bottlenecks of PMTCT, which made it possible to prioritize 10 provinces covering 36 health zones which contribute to 73% of the needs not covered. A national team was set up and trained in the micro-planning process based on the bottlenecks and disparities analysis approach. Partners then engaged in a decentralized micro-planning process with zone teams. The use of real-world data from districts and outlying health facilities has allowed for the mapping of the maternal newborn / child health (MNCH) platform and the selection of tracer interventions and indicators adapted to the local context in order to analyze the bottlenecks. The zone management team and the community actors together identified and analyzed their bottlenecks and disparities to identify strategic priorities. At the end of this process, 36 district e-TME micro-plans integrating the SMNI platform strengthening actions are available targeting the health and community systems. The targets to be reached, the bottlenecks to be periodically monitored, the reporting periodicity and the accountability were consensually defined with each zone team. The estimation of input needs was made and PMTCT focal points set up in each district. The resources of UNICEF and the Global Fund have been synergized to finance micro plans.

**Lessons Learned:** The process of rapid country preparation for E-TME is possible, provided that there is substantial technical support, synergy with existing funding, national ownership and leadership, and accompanying measures for actors and communities.

**Next steps:** To ensure the effective implementation of the plans developed, it is planned to train all the staff involved in the health centers in each district, the implementation of the delegation of tasks for the prescription of ARVs by paramedical staff supported by a tutoring program, the establishment of a proactive supply chain, the monitoring of implementation and results, the biannual review and the annual review as well as the broader involvement community structures and organizations.
Abstract

248

Cervical cancer and HIV positive clients CMIS data review lesson. The case of FGAE Adama model clinic.

Mellese E1
1Family Guidance Association Of Ethiopia, Adama, Ethiopia

Background: In Ethiopia, cervical cancer is the commonest cancer affecting reproductive organs and also the leading cause of death from cancer among women. In 2010, it was estimated that 20.9 million women were at risk of developing cervical cancer in Ethiopia with an estimated 4,648 and 3,235 annual numbers of new cases and deaths, respectively. VIA is an evidence-based and affordable alternative approach for cervical cancer screening in low-resource settings.

Methods: Data reviewing conducted to answer question of how many clients were integrated in cervical cancer screening among the HIV positive clients in our center and how many of them become positive and linked to cryo therapy and in the meantime the clients data was reviewed interns of condom use and history of multiple sexual partners and the OPEN EMR data capturing web based application and individual level data capturing pool showed the below results. The data reviewing was conducted in the model clinics of FGAE Ethiopia found in Adama city, Adama Model clinic initiate VIA in year 2013 , At the initiation phase to integrate VIA with the existing SRH services

• Training to medical staffs provided
• All non-medical staffs oriented on CC cancer and screening options
• Service availability was sign posted on the clinic premises.
• Orientation work shop and meeting to conducted to partners, to strengthen referral linkage and create awareness on the availability of this service for women association and Gender office found in different factories.
• A one day work shop given on service marketing of clinic activities to respective partners
• Integrated service delivery approach by offering a client to have cervical cancer screening through providers.

Key findings/Results: A total of 210 HIV positive clients who were enrolled in ART service in 2017 were participated in the study. Out of this, 78(37.1%) age range were from 15-24 while > 24 consists 132(62.8%). Among those started ARV treatment, 32(15.2%) were dropped out due to shortage of 3rd line drugs 6.2%, stigma 9.3%, side effect which accounts 28.1%, food shortage 9.3%, believing in faith healing 15.6% non-disclosure of HIV status 9.3%, use of herbal remedies and alcohol 18.7% and discordant result 3.1%. Regarding on age category of dropped out clients, 21 (65.6%) were from age 15-24 while 34.3% were > 24 years. A total of 4 clients were restarted the therapy due opportunistic infections and loose of body weight. Based on treatment retention on age category, 73.7% were from age 15-25 while > 24 accounts 91.6% respectively.

Conclusion: The document reviewed indicated that treatment retention, greater than the age of 24 years were more retained than the age of 15-24 age (73.7%, 91.6%). In this regard, the problem found on ART adherence among young people needs further study. The document also showed reason for discontinuation of ARV drugs among HIV clients were side effect, believing in faith healing, use of herbal remedies and alcohol, Shortage of 3rd line drugs, stigma, food shortage, non-disclosure of HIV status, and discordant result.

249

Sexual gender based violence and child marriage

Njuki G1
1AYARHEP, Nairobi, Kenya

Description: The focus of Ambassador for youth and adolescent reproductive health program (AYARHEP) been on HIV/AIDS awareness creation and education, however, AYARHEP has over the past three years integrated in its projects, sexual and reproductive health rights (SRHR) and gender based violence issues (GBV). AYARHEP projects are intended to benefit young people of ages 14 to 24 and implementation of project activities employs various strategies including use of sports and
Abstract

theatre to create awareness and education on HIV/AIDS, SRHR and GBV. The strategies used have proved to be powerful tool for reaching young people living in low income settlement areas.

Methodology: Peer educators mobilized young people in Kayole, Soweto informal settlement area in Nairobi during the period of June 2017 to December 2018. AYARHEP prepared and adopted targeted information on Sexual Gender Based Violence (SGBV) and child marriage for the young people. A basketball tournament was organized and used to reach 1200 young people with information on SGBV and child marriage. AYARHEP also designed simple questions on the information subject categorized by age to gauge the level of knowledge of the young people on the subject. Data from the questionnaires was collected and analyzed.

Results: Of the 1200 young people reached, 824 were women while 376 were men aged 15 to 24 years. Young people cited Sexual Gender Based Violence as the most common violence experienced in their surroundings, and that it leads to child marriages, deaths, depression and new HIV infections. Lack of youth friendly services, stigma and discrimination among survivors, local norms, poor referral systems, confidentiality of survivors records at referral centers were mentioned as obstacles for accessing Sexual Gender Based Violence services and other health services amongst the young people.

Lessons learnt: Young people have information on Sexual Gender Based Violence and child marriage, and girls especially were more informed than the boys.

Conclusion: More awareness creation on SGBV and child marriage and male involvement in SGBV is needed. Community and facility based interventions targeting Sexual Gender Based Violence reduction are needed and the promotion of services accessibility by young people. Sexual Gender Based Violence survivors need friendly services. Going forward AYARHEP will use the findings to design suitable targeted interventions, inform advocacy on GBV and also share with like-minded organizations for joint planning for interventions.

250

Knowledge and perceptions of Sexually Transmitted Infections (STIs) among public high school learners participating in the GAP Year Trial Intervention, Soweto Township, South Africa

Mahuma T1, Yah C1, Ndlovu M1, Naidoo N1, Mullick S1

1Wits Reproductive Health And Hiv Institute, Parktown, South Africa

Background and Objectives: The prevalence of sexually transmitted infections (STIs) is higher among those aged 15-24 compared to older age groups.1 In South Africa, only 40% of male and 31% of female adolescents always use a condom.2 STIs such as syphilis can increase the risk of HIV acquisition and others can pose serious reproductive health consequences such as infertility, stillbirth and mother-to-child transmission.1 This study seeks to examine the knowledge and perceptions of STIs among adolescents enrolled in the "Girls Achieve Power (GAP)" Year trial which aimed to empower adolescent girls through an asset building approach, building health, social, educational and economic assets, whilst shifting gender norms among adolescent boys as they progress through school. Furthermore, it aims to gather information on the knowledge and acceptability of Pre Exposure Prophylaxis (PrEP) as prevention.

Methods: Phenomenological theory was used to understand the knowledge and perceptions of STIs and PrEP by grade 9 learners enrolled in the GAP Year cluster randomised controlled trial between June and September 2018 across 3 public high schools in Soweto, South Africa. Learners were purposively sampled through random selection using the programme monitoring and evaluation (M&E) data. Learners that completed a minimum of 16 out of 22 sessions of the first year of the GAP Year intervention were eligible to take part in the study. Three focus group discussions (FGDs) were conducted by a female researcher. FGDs were conducted on the school premises after school in the local languages of SeSotho and IsiZulu and lasted between 45-60 minutes. Semi-structured
CCDO carried out the project aimed at identifying HIV infected children and link them to care and treatment at facilities in TA’s Changata and Nsabwe in Thyolo District. Among other activities, the project introduced organic garden farming among the HIV positive identified children in order to improve food security and nutrition at their household levels.

The methods used were that the identified HIV positive children or their parents depending on age were put in trio’s of three so that would work as team. Each trio had a garden. 20 community volunteers were trained in organic garden farming and introduction to Climate Smart Agriculture. These volunteers further trained the Trio’s in the community in the same topic.

The results were that 99 Trios had established organic gardens around their homes and in their fields. 297 children and their parents had access to nutritious food through the farming. The households of 297 children increased their income through sales of surplus from the organic garden. 297 children’s parents became conversant with organic farming as well as CSA.

Hence, introducing CSA through organic garden farming among children living with HIV and AIDS can improve sustainable food security and Nutrition among households.

252

Family Planning use & fertility intention of Female sex workers living with HIV/AIDS in Anti-retroviral therapy at FGAE clinics of Adama, Ethiopia

Mellese E

1Family Guidance Association Of Ethiopia, Adama, Ethiopia

Significance/Background: Evidence show that HIV prevalence among sex workers is 12 times greater than the general population(UNAIDS 2014) on top WHO, 2011 estimates of the extent of sex work vary considerably and are generally higher in urban

Sustainable Food and Nutrition security is paramount important in human being’s all aspect of life. People Living with HIV and AIDS suffer most when there is no security in the mention elements.
Abstract

areas, port cities and on major highways & In a number of African countries the rate of unintended pregnancy among women living with HIV range from $51$ to $84\%$ and family planning has a major impact on improving the overall health of a woman as well as that of her children by delaying first births. Despite these benefits, in sub Saharan Africa, family planning in PLWAH is not widely used.

Main question/hypothesis:
1. What is the proportion of women who have intention to use Family planning service while using ART in FGAE sex workers& model clinic?
2. What proportion of women have fertility desire from clients coming for ART service?
3. What type of Family planning methods intended to use among ART users in FGAE?

Methodology: The study conducted in the two clinics among the study site one of the clinic was opened to address sex workers and it was established in 2011 GC and since its establishment more than 4000 Sex workers have visited the clinic and it is providing integrated SRH service for this special groups.

The study employed was cross sectional institution based and the data was collected from March 21 to April 4, 2018. 183 female sex workers coming for ART service in during the study period were included in the study. Data entry, cleaning and analysis was done by SPSS version 21. Descriptive statistics: frequencies, percentages, cross tabulation, graphs and tables were performed. Then factors that affecting family planning intention were assessed by the Chi-square test. Results were considered statistically significant for $p < 0.05$.

Results/Key Findings: A total of 183 female sex workers who are taking ART were included the study. The majority 71.2% had intention to use FP service with 66 % among them prefer injectable followed by 30% permante method and the rest condom and about 21 % of them want to have additional children of whom 36.5% of them want more than three children. Only 20.2% of them were used family planning methods previously. Out of this women who were using at least one method of contraception, 72% of them were using injectables followed by implant (15%) and least was 4% condom Besides Majority(64%) of them didn’t know about emergency contraceptives. The major factors contributing for family planning intention was the no of children respondents have (chi Square =10.84(4) $p< 0.036$), educational status (chi Square =10.47(2) $p< 0.005$)

Conclusion: The family planning utilization intention of female sex workers coming to our clinics for ART service was high (72.1%) and the most preferred method was injectable, followed by Permante and lest preferred was condom & for family planning intention variable associated were educational status, & no of children respondents have during the study period.

253

Reduction in Risky Adolescent Sexual Behavior Associated with Increased Health Education in Cameroon, West Africa.

Kwalar R

1Cameroon Baptist Convention Health Services, Bamenda, Cameroon

Background: Cameroon is the country hardest hit by HIV in the West and Central Africa Region. HIV prevalence rate is 3.4\% in the general population age 15-49, 3.7\% in age 15-64 and 0.27\% in age 0-14. In 2003 the Cameroon Baptist Convention Health Board (CBCHB) started Youth Network for Health (YOUNEFHO) in the North West and South West Regions of Cameroon, to promote healthy behaviors to reduce the transmission of HIV and STIs.

Methods: As part of the first stage in the YOUNEFHO program design, CBCHB developed a survey questionnaire which included questions on demography, occupation, HIV status, prevention methods and sexual history. CBCHB surveyed 4,389 unmarried youth aged 12-26 years in 2004 and 4,858 in 2007 in the North West and South West Regions of Cameroon using an anonymous self-administered questionnaire. The surveys were independent of convenience samples of youth in 58 schools and 85 churches. STI-focused health education provided by CBCHB was strengthened in youth clubs, schools and churches between 2004 - 2007. Training for trainers (students, teachers and church leaders) was conducted and youth began holding meetings on health education with quarterly CBCHB supervision. CBCHB analyzed how...
Abstract

sexual behavior changed in this three year interval among young in these two regions.

Results: Respondents were 56% female and 44% male in both surveys. Preference for abstinence to prevent STIs increased from 67% to 73%. Preference for condom use increased from 8% to 11%. Youths surveyed who were not sexually active at the time of survey administration grew from 34% in 2004 to 52% in 2007. The number of youths who had sexual relations less than one month ago decreased from 34% in 2004 to 21% in 2007. Those who had sex with one partner at time of survey increased from 35% to 46%. The proportion of sexually active youths who have ever used condom increased from 45% to 58%. The number of youths who reported being tested for HIV increased from 10% to 27%. Self-reported HIV prevalence decreased from 6% in 2004 to 4% in 2007 among those tested and 14% of youth reported sexual debut at age ten or less in both surveys.

Conclusions: The overall trend reveals a reduction in risky sexual behavior among youth of the North West and South West Region of Cameroon, which may be associated with increased sexual health education. YONEFOH has expanded to three of ten regions in Cameroon, offering voluntary HIV counseling and testing, contact tracing and partner notification services and YONEFOH reaches out to over 60,000 adolescents annually. More follow-up surveys are essential to further monitor program impact.
<table>
<thead>
<tr>
<th>Author Name</th>
<th>Abstract Title</th>
<th>Abstract #</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abade, N.</td>
<td>Knowledge, Perceptions and Practices of Students Aged 20-24 years towards HIV and AIDS in Jomo Kenyatta University of Agriculture Technology-- A Case of Juja Campus</td>
<td>214</td>
<td>175</td>
</tr>
<tr>
<td>Abange, B.W.</td>
<td>Intestinal parasites infections among HIV infected children under antiretrovirals treatment in Yaoundé, Cameroon</td>
<td>59</td>
<td>56</td>
</tr>
<tr>
<td>Abati, A.</td>
<td>Calls for integration of safer contraception counselling and reproductive services into hiv care and treatment services from HIV serodiscordant couples desiring conception in Abuja Nigeria</td>
<td>194</td>
<td>160</td>
</tr>
<tr>
<td>Abegaz, G.</td>
<td>Predictor factors of Helicobacter pylori infection among HIV patients at yeka sub city; cross-sectional study</td>
<td>176</td>
<td>148</td>
</tr>
<tr>
<td>Adeniyi, D. S.</td>
<td>HIV and Asymptomatic Malaria Parasitemia (AMP) Co-infection in a Cross-Section of Pediatrics Population on Antiretroviral Therapy (ART)</td>
<td>245</td>
<td>198</td>
</tr>
<tr>
<td>Adetunji, O.</td>
<td>Cost-effectiveness of a combination intervention to improve retention and viral suppression among HIV-positive adolescents in Kenya: The ACT Adolescent Project Study</td>
<td>19</td>
<td>20</td>
</tr>
<tr>
<td>Adu-Gyamfi, R.</td>
<td>Preliminary impact of an Integrated Maternal and Child Health Record Book on early infant diagnosis coverage for HIV exposed infants in the Brong Ahafo Region of Ghana</td>
<td>75</td>
<td>69</td>
</tr>
<tr>
<td>Agordzo, S. K.</td>
<td>Seroprevalence of anti-t. Gondii igg and igm among pregnant women, children and HIV infected individuals; a cross sectional study</td>
<td>168</td>
<td>143</td>
</tr>
<tr>
<td>Agunda, P.</td>
<td>Increasing Uptake of Oral Pre-Exposure Prophylaxis among Adolescent Girls and Young Women (AGYW) through Youth Peer Providers in Migori County, Kenya.</td>
<td>44</td>
<td>43</td>
</tr>
<tr>
<td>Agunda, P.</td>
<td>Awareness about oral PrEP among adults from a high HIV-burden rural community: results from a household survey in Migori County, Kenya</td>
<td>220</td>
<td>180</td>
</tr>
<tr>
<td>Agoulu, R.</td>
<td>HIV Testing Rates among Adolescent Girls aged 15 - 19 years in Nigeria: A Situation Analysis</td>
<td>55</td>
<td>54</td>
</tr>
<tr>
<td>Ahmed, N.</td>
<td>Implementing a supported programme for Adolescent Youth Friendly Services in Cape Town, South Africa</td>
<td>68</td>
<td>63</td>
</tr>
<tr>
<td>Ajbibo, A.</td>
<td>#ISABIHIV improved uptake of HIV services in Kaduna state Nigeria</td>
<td>175</td>
<td>148</td>
</tr>
<tr>
<td>Akinbade, O.</td>
<td>Integration of cervical cancer screening and prevention into HIV-care at the family AIDS Care and education services (faces) clinics in Abuja Nigeria</td>
<td>178</td>
<td>149</td>
</tr>
<tr>
<td>Alexis, K.</td>
<td>Care and treatment for adolescents and young people living with HIV in Rwanda- emphasis on proper adherence through the &quot;youth-friendly pill box&quot;</td>
<td>207</td>
<td>170</td>
</tr>
<tr>
<td>Amazia, C.</td>
<td>Determinants of access to sexual health care by adolescent LGBTI community.</td>
<td>195</td>
<td>161</td>
</tr>
<tr>
<td>Apondi, E.</td>
<td>Mental health of caregivers of adolescents living with HIV in western Kenya</td>
<td>102</td>
<td>91</td>
</tr>
<tr>
<td>Ashikoto, S.</td>
<td>Namibia Experience and lessons learned on Teen Club Service Delivery Model</td>
<td>84</td>
<td>76</td>
</tr>
<tr>
<td>Atito, J.</td>
<td>Menstruation Stigma? Men Breaking the Barriers while promoting legal frameworks among adolescent girls.- The case of Adolescent Girls on Transformative Advocacy (AGoTA) project implemented by Stretchers Youth Organization (SYO) in Mombasa County, Kenya.</td>
<td>53</td>
<td>52</td>
</tr>
<tr>
<td>Atzori, A.</td>
<td>Fighting HIV among Adolescents in Beira, Mozambique</td>
<td>196</td>
<td>162</td>
</tr>
<tr>
<td>Ayieko, J.</td>
<td>Towards improving retention and viral suppression among adolescents and young adults with HIV: the search-youth randomized controlled trial</td>
<td>70</td>
<td>65</td>
</tr>
<tr>
<td>Ayisi-Boateng, N. K.</td>
<td>Family functionality among HIV serodiscordant couples and its association with treatment outcomes</td>
<td>171</td>
<td>145</td>
</tr>
<tr>
<td>Bagaya, M.</td>
<td>Peer Recruitment of Adolescent Girls and Young Women into A Biomedical HIV Prevention Study: Lessons from the Kampala Women’s Bone Study</td>
<td>54</td>
<td>53</td>
</tr>
<tr>
<td>Bailey, C.</td>
<td>Delivering DREAMS and Changing Gender Norms and Health-seeking Behavior for Vulnerable Adolescents and Teen Moms in Eswatini.</td>
<td>52</td>
<td>51</td>
</tr>
<tr>
<td>Bajenja, E.</td>
<td>Politics or evidence: whose perspectives count? Key challenges experienced in scaling-up Stepping Stones programmes</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Bakari, S.</td>
<td>HIVFactSheet: A mobile application designed and implemented by youth peer mentors to facilitate HIV and reproductive health care among adolescents and young adults</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Author Name</td>
<td>Abstract Title</td>
<td>Abstract #</td>
<td>Page #</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>------------</td>
<td>--------</td>
</tr>
<tr>
<td>Balayan, T.</td>
<td>Social support among the PLWHIV</td>
<td>224</td>
<td>184</td>
</tr>
<tr>
<td>Beima-Sofie, K.</td>
<td>Assessment of sexual and reproductive health service (SRHS) provision among adolescents living with HIV (ALHIV) in Kenya</td>
<td>87</td>
<td>78</td>
</tr>
<tr>
<td>Beima-Sofie, K.</td>
<td>“They can stigmatize you:” A qualitative assessment of the influence of school factors on engagement in care and medication adherence among adolescents living with HIV (ALHIV)</td>
<td>100</td>
<td>89</td>
</tr>
<tr>
<td>Bontempo, M.</td>
<td>Building demand for HIV self-testing: how an integrated demand generation and mental health service model promotes uptake of self-testing among high-risk young men in Kenya.</td>
<td>107</td>
<td>94</td>
</tr>
<tr>
<td>Bosco Junior, M, J.</td>
<td>Trends in HIV rapid testing among pediatric and adolescent clients in Uganda.</td>
<td>241</td>
<td>195</td>
</tr>
<tr>
<td>Bulanda, B.</td>
<td>Sociodemographic and Anthropometric Profile of Positive HIV Patients in Early Traditional Treatment: Case of the Bonkoko Center</td>
<td>222</td>
<td>182</td>
</tr>
<tr>
<td>Chawana, T.</td>
<td>Atazanavir concentrations in hair predict virological outcome in adolescents with second line treatment failure.</td>
<td>62</td>
<td>59</td>
</tr>
<tr>
<td>Chhoun, P.</td>
<td>Childhood conditions, pathways to entertainment work and current practices of female entertainment workers in Cambodia: Baseline findings from the Mobile Link trial</td>
<td>80</td>
<td>73</td>
</tr>
<tr>
<td>Chipukuma, J. M.</td>
<td>Improve uptake of HIV prevention and Testing Services among adolescents and young people.</td>
<td>65</td>
<td>61</td>
</tr>
<tr>
<td>Chipungu, J.</td>
<td>The Journey from a Positive HIV Self-test to Linkage and Treatment: Barriers and Enablers Among Adolescent Girls and Young Women in Zambia</td>
<td>131</td>
<td>116</td>
</tr>
<tr>
<td>Chirombo, T.</td>
<td>Differentiated service delivery - a key to improving retention to in care and treatment adherence for among young people living with HIV in Mzuzu, Malawi</td>
<td>197</td>
<td>163</td>
</tr>
<tr>
<td>Chirume, S.</td>
<td>Reducing HIV Risk, Retaining at-risk Girls In-School, and Linking Girls to Services in Eswatini through School-based Early Warning Systems</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Chiti, M.</td>
<td>Enhancing comprehensive sexuality education services to ensure adolescents and young people have access to critical information and services that enable them to live healthy and productive lives</td>
<td>244</td>
<td>197</td>
</tr>
<tr>
<td>Churchyard, T.</td>
<td>Addressing barriers to adolescent male health service uptake in Eswatini through facility-based male-friendly corners</td>
<td>39</td>
<td>38</td>
</tr>
<tr>
<td>Churchyard, T.</td>
<td>The long-term behaviour change impacts of the integrated, comprehensive HIV Prevention package of Lihawu Male Mentoring Camp</td>
<td>122</td>
<td>107</td>
</tr>
<tr>
<td>Churchyard, T.</td>
<td>Litfuba Ngelakho (‘It’s Our Chance’): Integrating crime-prevention, gender norms transformation and HIV prevention programming for adolescent boys in at-risk urban communities of Eswatini</td>
<td>184</td>
<td>154</td>
</tr>
<tr>
<td>Cohen, I.</td>
<td>Youth-driven strategies to overcoming school-based barriers in delivery of comprehensive HIV and SRH programming and services in Malawi</td>
<td>126</td>
<td>113</td>
</tr>
<tr>
<td>Comley-White, N.</td>
<td>The perceived physical challenges in adolescents with perinatally acquired HIV.</td>
<td>179</td>
<td>150</td>
</tr>
<tr>
<td>Conway, M.</td>
<td>Nothing about us without us: Lessons learnt from Youth Trials Boards, an international pilot programme, to make youth participation in clinical trials meaningful and sustainable</td>
<td>40</td>
<td>39</td>
</tr>
<tr>
<td>Conway, M.</td>
<td>The development and initial implementation of a national framework of national standardised psychosocial support for all children and adolescents living with HIV in Kazakhstan</td>
<td>111</td>
<td>98</td>
</tr>
<tr>
<td>Coulibaly, M.</td>
<td>HIV seroepidemiology and co-infection among blood donors at Hôpital Soniné DOLO de Mopti, Mali.</td>
<td>174</td>
<td>147</td>
</tr>
<tr>
<td>David, E. O.</td>
<td>Setting up an adolescent competent &amp; Friendly Centre in a secondary HIV treatment facility- A tool for epidemic control amongst Adolescent: The General Hospital Ikot Ekpene Experience.</td>
<td>113</td>
<td>100</td>
</tr>
<tr>
<td>David, E.O.</td>
<td>Attainment of UNAIDS first 95: A comparative review between community and health facility HIV Testing Service(HTS) uptake for young people ages 15 – 24 years</td>
<td>93</td>
<td>83</td>
</tr>
<tr>
<td>Deressa, B.</td>
<td>Knowledge, attitudes and practices of youth towards HIV/aids the case of fgae adama youth center</td>
<td>200</td>
<td>165</td>
</tr>
<tr>
<td>Donaldson, E.</td>
<td>What do adolescent girls and young women in sub-Saharan Africa want in an HIV prevention product? Learnings from research investigating product attributes</td>
<td>64</td>
<td>60</td>
</tr>
<tr>
<td>Author Name</td>
<td>Abstract Title</td>
<td>Abstract #</td>
<td>Page #</td>
</tr>
<tr>
<td>-------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>------------</td>
<td>--------</td>
</tr>
<tr>
<td>Donaldson, E.</td>
<td>Lessons in Delivering HIV Prevention to Adolescent Girls and Young Women and HIV Prevention in sub-Saharan Africa</td>
<td>129</td>
<td>114</td>
</tr>
<tr>
<td>Dringus, S.</td>
<td>“Nothing about us without us”: the participation and partnership of youth in co-designing a community-based HIV intervention in Zimbabwe</td>
<td>43</td>
<td>42</td>
</tr>
<tr>
<td>Dringus, S.</td>
<td>Out of clinics, and not just about sex: designing a multi-component, community-based intervention to improve HIV testing and treatment outcomes amongst youth in Zimbabwe; the CHIEDZA trial</td>
<td>69</td>
<td>64</td>
</tr>
<tr>
<td>Dziwa, C.</td>
<td>READY to Care: Young people living with HIV say how they feel about their HIV care in Mozambique</td>
<td>92</td>
<td>83</td>
</tr>
<tr>
<td>Edet, S.</td>
<td>Factors Influencing Improved Adherence to ART among Key Population who are Adolescences Living with HIV Infection in Cross River State Nigeria: A cross sectional study</td>
<td>167</td>
<td>142</td>
</tr>
<tr>
<td>Edet, R.</td>
<td>A survey of sexual behaviours among adolescents in Odukpani local government area of cross river state</td>
<td>157</td>
<td>135</td>
</tr>
<tr>
<td>Elimwaria, W.</td>
<td>Measuring the impact of teen club in Mwanza, Tanzania: preliminary results for medication adherence and clinical markers</td>
<td>225</td>
<td>184</td>
</tr>
<tr>
<td>Emenike, A.</td>
<td>Treatment Outcomes in HIV Care among Children and Adult in High Volume ART Sites in Rivers State Nigeria</td>
<td>193</td>
<td>160</td>
</tr>
<tr>
<td>Emenike, A. P.</td>
<td>HIV case finding and linkage to care in Eleme local government area, rivers state: a comparative analysis of facility HIV services optimization and community based HIV intervention</td>
<td>82</td>
<td>75</td>
</tr>
<tr>
<td>Emerenini, F.</td>
<td>Peer – driven community based Youth friendly Centers; lessons learnt from standalone sites in Benue State, Nigeria</td>
<td>83</td>
<td>75</td>
</tr>
<tr>
<td>Emmanuel, S.</td>
<td>Sustainable Outcomes for Children and Youth (SOCY) to enhance leadership and Advocacy for HIV/AIDS prevention</td>
<td>143</td>
<td>125</td>
</tr>
<tr>
<td>Enadeghe, O.</td>
<td>Successful Snowball Approach for Comprehensive HIV Testing Services Among Adolescents MSM in Lagos, Nigeria</td>
<td>162</td>
<td>138</td>
</tr>
<tr>
<td>Etima, J.</td>
<td>“Had I known before” using peer led interventions to change HIV/STI risk behavior among adolescents: Health Improvement-4-Teen Ugandans study, Kampa-la-Uganda.</td>
<td>73</td>
<td>87</td>
</tr>
<tr>
<td>Ezeamama, A.</td>
<td>In utero and Peripartum Antiretroviral Exposure as Determinant of Change in Neurocognitive Function among 6 – 12 years old HIV exposed Ugandan Children - A prospective Cohort Study</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Ezeamama, A. E.</td>
<td>Serum vitamin D is differentially associated with socioemotional adjustment in early school-aged Ugandan children according to perinatal HIV status and in utero/peripartum antiretroviral exposure history.</td>
<td>60</td>
<td>57</td>
</tr>
<tr>
<td>Falcao, J.</td>
<td>Representing the voice of young people and adolescents living with HIV: Establishing and managing an Adolescent Working Group for the CombinADO study</td>
<td>51</td>
<td>50</td>
</tr>
<tr>
<td>Ferguson, J.</td>
<td>Multi-sectoral guidelines to facilitate adolescents’ access to services in Eswatini</td>
<td>212</td>
<td>173</td>
</tr>
<tr>
<td>Foloko, M.</td>
<td>Exploring acceptability, barriers and facilitators for implementation of digital vending machines to distribute HIV self-testing kits to young men in Lusaka</td>
<td>86</td>
<td>78</td>
</tr>
<tr>
<td>Gachie, T.</td>
<td>Prevalence and correlates of depressive symptoms among adolescents in a population with high prevalence of TB/HIV in Zambia and South Africa: HPTN 071 (PopART) for Youth study</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>Ganu, V.</td>
<td>Antiretroviral therapy modification among adolescents and young adults living with HIV in an ART clinic in Accra, Ghana: A retrospective review</td>
<td>169</td>
<td>143</td>
</tr>
<tr>
<td>Geoffrey, T.</td>
<td>Improving HIV case identification for adolescents and young people through Assisted Partner Notification (APN) approach: Implementation progress in Uganda.</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>Ginindza, M.</td>
<td>Creating Demand for HIV Testing Services (HTS) among School-aged Children</td>
<td>190</td>
<td>158</td>
</tr>
<tr>
<td>Gitahi-Kamau, N.</td>
<td>Greater HIV risk among male partners of adolescents and young women versus adult women in Kenya</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>Gitahi-kamau, N.</td>
<td>Self -efficacy as a predictor of adherence among perinatally infected HIV positive adolescents transitioning to adult care in Kenya</td>
<td>106</td>
<td>93</td>
</tr>
<tr>
<td>Gitahi-Kamau, N.</td>
<td>I didn’t take it hard': Experiences of disclosure of HIV status during adolescence among perinatally infected adolescents. A qualitative study</td>
<td>227</td>
<td>186</td>
</tr>
<tr>
<td>Author Name</td>
<td>Abstract Title</td>
<td>Abstract #</td>
<td>Page #</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------</td>
<td>--------</td>
</tr>
<tr>
<td>Gopal, R.</td>
<td>Flexible Models of Private Sector Engagement Lead to Rapid Scale-Up towards for achieving Elimination of Mother to Child Transmission of HIV (EMTCT) in the state of Gujarat</td>
<td>206</td>
<td>170</td>
</tr>
<tr>
<td>Gwaro, H.</td>
<td>Continuous Quality Improvement (CQI) Pivots PrEP Uptake among Adolescent Girls and Young Women (AGYW) in Public Facilities: A Pilot Study in Migori County, Kenya</td>
<td>240</td>
<td>194</td>
</tr>
<tr>
<td>Harrington, E.</td>
<td>“Pregnancy never knocks at the door, it is like HIV”: Kenyan adolescent women’s perspectives on the risks of unprotected sex</td>
<td>216</td>
<td>177</td>
</tr>
<tr>
<td>Hartmann, M.</td>
<td>Unpacking the role of gender-based violence as a barrier to pre-exposure prophylaxis use among adolescent girls in the DREAMS program in Kenya through qualitative storytelling</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td>Hassan, R.</td>
<td>Drivers and barriers of access to comprehensive health care for adolescent girls between 14 -17 years: Understanding how the age of consent affects equal access to HIV related services in Kenya</td>
<td>137</td>
<td>121</td>
</tr>
<tr>
<td>Isaac, I.</td>
<td>Demographic bonus? Promising practices of Youth in Africa fighting against HIV and AIDS.</td>
<td>144</td>
<td>125</td>
</tr>
<tr>
<td>Ita, D. E.</td>
<td>Peer to Peer Comprehensive HIV Prevention and Sexual Health Education Increases testing among adolescent girls and young women in Evbuotubu</td>
<td>181</td>
<td>152</td>
</tr>
<tr>
<td>Ita, D. E.</td>
<td>Promoting comprehensive HIV education and uptake of community-based testing services among residents in Ogba, Lagos, Nigeria</td>
<td>166</td>
<td>141</td>
</tr>
<tr>
<td>Jasper, T</td>
<td>Structured Adolescent-Friendly Services Facilitate Viral Suppression among Adolescents Living with HIV in Nigeria</td>
<td>79</td>
<td>72</td>
</tr>
<tr>
<td>Jere, B.</td>
<td>Initiative to reach adolescent males with Medical Male Circumcision in Western Province, Zambia</td>
<td>133</td>
<td>118</td>
</tr>
<tr>
<td>Jiang, W.</td>
<td>Poor Retention in Care in Adolescent and Young Adult (AYA) and Recently Diagnosed Pregnant Women Living with HIV in Kenya</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>John, O.T.</td>
<td>HIV co-infection with hepatitis b and c among students in Abubakar Tafawa Babulewa university, Bauchi.</td>
<td>141</td>
<td>123</td>
</tr>
<tr>
<td>Joshua Ochieng, J</td>
<td>Peer to peer knowledge translation to advocate and disseminate HIV key messages in relation to Sexual Reproductive health to adolescents and by the adolescents</td>
<td>156</td>
<td>135</td>
</tr>
<tr>
<td>Juma, R.</td>
<td>You’ve Got Power! Adolescent and young Self-Advocates on county health processes.</td>
<td>154</td>
<td>133</td>
</tr>
<tr>
<td>Kangethe, J.</td>
<td>Virological suppression among HIV infected adolescents and youths receiving ART in the National teaching and referral hospital in Kenya.</td>
<td>61</td>
<td>58</td>
</tr>
<tr>
<td>Kangwana, B.</td>
<td>Prevalence and correlates of HSV-2 infection in an adolescent girls’ cohort in an urban slum in Kenya.</td>
<td>242</td>
<td>196</td>
</tr>
<tr>
<td>Kerubo, F.</td>
<td>Inclusion of lesbians, bisexual,transwomen, queer adolescents, young women and girls living with and affected by HIV in srhr interventions</td>
<td>232</td>
<td>189</td>
</tr>
<tr>
<td>Ketchaji Alice, K</td>
<td>Text messaging and peer mentorship interventions to improve adherence and achieve viral load suppression among Adolescents living with HIV in the Centre region of Cameroon</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Kiago, H.</td>
<td>Peer to Peer Engagement in Technical Vocational Education and Training (TVET) Institutions in Kenya</td>
<td>146</td>
<td>127</td>
</tr>
<tr>
<td>Kiganda, C.</td>
<td>Engaging Youth to achieve 90.90.90 Goal in Uganda through Community Outreach Programs: A Young Generation Alive (YGA) innovation.</td>
<td>49</td>
<td>48</td>
</tr>
<tr>
<td>Kiganda, C.</td>
<td></td>
<td>159</td>
<td>136</td>
</tr>
<tr>
<td>Kimani, D.</td>
<td>Treatment outcomes among adolescents on antiretroviral therapy in Machakos, Kenya</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Kopo, M.</td>
<td>Oral self-testing for adolescents and young adults absent or refusing to test during home-based HIV testing – a mixed-method study embedded in a cluster-randomized trial in Lesotho (ADORE study)</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Kulohoma, B.</td>
<td>Biosignature for early detection of pneumococcal meningitis in HIV infected patients</td>
<td>57</td>
<td>55</td>
</tr>
<tr>
<td>Kunzekwenyiaka, C</td>
<td>Roll out of Routine Viral Load Testing in two rural districts within Masvingo Province, Zimbabwe: a programmatic review of uptake among adolescents</td>
<td>128</td>
<td>114</td>
</tr>
<tr>
<td>Kunzekwenyiaka, C</td>
<td>Promoting education on HIV and Sexual Reproductive Health at 18 rural schools in Bikita District, Zimbabwe, evaluation of a School Health Program</td>
<td>85</td>
<td>77</td>
</tr>
<tr>
<td>Kwalar, R. A.</td>
<td>AIDS Care and Prevention Program Cameroon Baptist convention Health Board, Bamenda Cameroon, West Africa</td>
<td>253</td>
<td>204</td>
</tr>
<tr>
<td>Author Name</td>
<td>Abstract Title</td>
<td>Abstract #</td>
<td>Page #</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>------------</td>
<td>--------</td>
</tr>
<tr>
<td>Lagat, H.</td>
<td>Standardized Patient Encounters to Improve Counseling for Pre-Exposure Prophylaxis (PrEP) to Adolescent Girls and Young Women (AGYW) in Kenya: A Study Protocol</td>
<td>211</td>
<td>172</td>
</tr>
<tr>
<td>Lando, R.</td>
<td>Exploring experiences and challenges of adolescents living with perinatally acquired HIV in western Kenya</td>
<td>160</td>
<td>137</td>
</tr>
<tr>
<td>Lawal, I.</td>
<td>Improving viral load suppression in Nigerian adolescents 10-24 years through an adolescent-friendly service package</td>
<td>180</td>
<td>151</td>
</tr>
<tr>
<td>Lelaka, T.</td>
<td>Integrating PrEP into Sexual Reproductive and Health (SRH) services in resource limited and high HIV burden settings: Are Health Care Providers in South Africa ready?</td>
<td>239</td>
<td>193</td>
</tr>
<tr>
<td>Lomlen, S.</td>
<td>Topic: Social media interventions in promoting HIV prevention, treatment and retention among adolescents and young people in Kenya</td>
<td>191</td>
<td>158</td>
</tr>
<tr>
<td>London, V.</td>
<td>How Do We Roll Out PrEP for Adolescent Girls and Young Women (AGYW)? Healthcare providers perspectives on challenges and facilitators to PrEP provision to adolescent girls and young women in South Africa.</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>Machuka, J.</td>
<td>Peer group program for children and adolescents living with HIV in Nairobi: A common elements therapeutic approach</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Mackworth-Young, C.</td>
<td>Characterization of HIV drug resistance mutations and subtype diversity of isolates from children and adolescents failing viral suppression in Kenyatta national hospital</td>
<td>163</td>
<td>139</td>
</tr>
<tr>
<td>Mahaka, I.</td>
<td>Community Dialogues Assessment with adolescent girls and young women living with HIV on the Use of Dolutegravir-based Regimen for Antiretroviral Therapy in Zimbabwe</td>
<td>91</td>
<td>82</td>
</tr>
<tr>
<td>Mahuma, T.</td>
<td>Knowledge and perceptions of Sexually Transmitted Infections (STIs) among public high school learners participating in the GAP Year Trial Intervention, Soweto Township, South Africa</td>
<td>250</td>
<td>202</td>
</tr>
<tr>
<td>Mahwayo, D.</td>
<td>A fast forward investigative forecasting: challenges, unmet needs and gaps of the new HIV prevention technologies (npt) in a Malawian context</td>
<td>165</td>
<td>141</td>
</tr>
<tr>
<td>Mahwayo, D.</td>
<td>HIV Prevalence Is High In Districts with Long Term Traditional/Religious Male Circumcision History: A Close Analysis Of Contributing Factors versus The Efficacy Of Medical Male Circumcision Over the Latter.</td>
<td>177</td>
<td>149</td>
</tr>
<tr>
<td>Mahwayo, D.</td>
<td>Sitting on a live bomb: a close analysis of mental health as Malawi’s national problem – challenges and perceptions</td>
<td>236</td>
<td>191</td>
</tr>
<tr>
<td>Makamu, T.</td>
<td>Health care provider’s and adolescent girls and young women perspectives on how to engage youth for effective roll out of PrEP in South Africa</td>
<td>74</td>
<td>68</td>
</tr>
<tr>
<td>Malit, V.</td>
<td>Achieving Zero Viral Load Adherence through Operation Triple Zero Initiative</td>
<td>186</td>
<td>156</td>
</tr>
<tr>
<td>Mangawa, I.</td>
<td>Sexual Debut, Age Left School and Frequency of Employment Trajectories In Young Men and Associated HIV Risk. A Secondary Data Analysis of The Manicaland HIV Project in Zimbabwe.</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>Mangwana, W.</td>
<td>Peer to peer model in improving access and utilization of HIV and Sexual Reproductive Health (SRH) services among the young people;</td>
<td>204</td>
<td>168</td>
</tr>
<tr>
<td>Maposa, T.</td>
<td>Meaningful youth, girls and women participation and meaningful involvement in national processes targeting marginalized rural societies</td>
<td>153</td>
<td>132</td>
</tr>
<tr>
<td>Mark, M.</td>
<td>Social Media Impacts to Behavior Change among Adolescents</td>
<td>223</td>
<td>183</td>
</tr>
<tr>
<td>Marwa, M.</td>
<td>Prevalence of mental health and social well-being issues among pregnant adolescent girls and young women in western Kenya</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>Mashinge, A. T.</td>
<td>Child sex workers and access to sexual reproductive health and rights: case study of Masvingo Urban Zimbabwe</td>
<td>158</td>
<td>136</td>
</tr>
<tr>
<td>Mbanda, J.</td>
<td>HIV/ART profile among adolescent and young females admitted at a rural district hospital in Malawi</td>
<td>170</td>
<td>144</td>
</tr>
<tr>
<td>Mbewe, B. V.</td>
<td>Introducing climate smart agriculture through organic garden farming among children living with HIV and aids in Thyolo district.</td>
<td>251</td>
<td>203</td>
</tr>
<tr>
<td>Mbewu, J.</td>
<td>Mhealth solutions for adolescent and young people on HIV self-testing in Kenya.</td>
<td>96</td>
<td>86</td>
</tr>
<tr>
<td>McKenzie, K.</td>
<td>High level of immunosuppression found in adolescents failing antiretroviral therapy in Tanzania</td>
<td>164</td>
<td>140</td>
</tr>
</tbody>
</table>
Nawaratne, S.
Nardell, M.
Namanya, M. P.
Nakamba, K. Z.
Nacarapa, E.
Myenzi, N.
Myenzi, M.
Mwenge, L.
Mutisya, E.
Musau, A.
Munya, I.
Mulaja, J. P. I.
Mukoma, C.
Mtetwa, E.
Mukoma, C.
Mulaja, J. P. I.
Munyangaju, I.
Musa, A.
Mutisya, E.
Mwankiki, G.
Mwenje, L.
Myenzi, M.
Myenzi, N.
Nacarapa, E.
Nakamba, K. Z.
Namanya, M. P.
Nardell, M.
Nawaratne, S.
Ndikuriyo, F.

Abstract

Youth leadership, commitment and defense environment regarding sexual and reproductive health in Sri Lanka

Knowledge and Initiation Among Community-Diagnosed Young Adults Living with HIV in "You Are Not Alone": Acceptability of Strategies to Address Barriers to ART Engagement of The Sexual, Reproductive Health (SRH) Literacy Program in rural southern Mozambique »

Tuberculosis treatment outcomes among HIV positive children on Tanzania.

Income generating project for adolescents living with HIV at Baylor women living with HIV at Baylor Piloting a psychosocial support program to target adolescent girls and young women living with HIV at Baylor-Tanzania

"For us by us": Adolescents and young people’s preferences for incentivised HIV and sexual reproductive health service delivery in Zambia.

Peer led biomedical HIV prevention education among lesbian, gay, bisexual, transgender and intersex identifying youths in Malawi

Building the SKILLZ of ALHIV: lessons learned from a sport-based programme for adolescents living with HIV in Zambia

Addressing structural and systemic barriers towards justice for vulnerable adolescent girls in Kisumu and Homabay, Kenya

I SABI HIV adolescents and young people campaign on HIV and aids prevention: user center design (ucd) approach –the Nynetha-Lagos, Nigeria experience.

Youth-friendly HIV service delivery increases uptake of HIV testing and viral load testing among young people in Zimbabwe

"Time to take stock" – monitoring availability and accessibility of HIV, TB, cancer medicines and diagnostic equipment by plhiv in Zimbabwe

Impact of a formal transition of care process on young adults living with HIV who are moving from a pediatric to adult clinic in Tanzania

Path to elimination of mother-to-child HIV transmission (EMTCT): the YOUNG MENTOR MOTHERS model in Zimbabwe

Ball-room Culture: An innovative space and a tool for HIV Prevention for Adolescent and Young MSM in Nairobi Kenya.

"Bottleneck Analysis, A Rapid Preparedness Rapid Approach to Enabling Countries to Commit to" Eliminating Mother-to-Child Transmission of HIV "(e-TME) by the end of 2020: Case Of The Democratic Republic Of The Congo »

Evaluation of TB screening, clinical profile and ART initiation among HIV positive children and adolescents in Gaza Province, Mozambique, 2015-2018

Concurrences and divergences about PrEP: Qualitative perspectives from parents with adolescent daughters from Migori County, Kenya

Applying Human-Centered Design (HCD) to inform design and implementation of a Demand Creation Strategy to Drive PrEP Uptake) among Adolescent Girls and Young Women (AGYW) in Migori County, Kenya

AHEAD for AG (Advancing HIV Advocacy Development for Adolescent Girls)

The Sexual, Reproductive Health (SRH) Literacy Program

Engagement of young people in design and implementation of the Young People and Adolescent Peer Support Model (YAPS MODEL)

"You Are Not Alone": Acceptability of Strategies to Address Barriers to ART Initiation Among Community-Diagnosed Young Adults Living with HIV in South Africa

Knowledge and perceptions of health care providers on legal and policy environment regarding sexual and reproductive health in Sri Lanka

Youth leadership, commitment and defense
<table>
<thead>
<tr>
<th>Author Name</th>
<th>Abstract Title</th>
<th>Abstract #</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ndungutse, B.</td>
<td>The effectiveness of Adolescent psycho-social support group to improve adherence among young people on ART towards their retention and VL suppression</td>
<td>202</td>
<td>166</td>
</tr>
<tr>
<td>Neary, J.</td>
<td>HIV and sexual and reproductive health service provision among older and younger adolescents living with HIV in Kenya</td>
<td>76</td>
<td>70</td>
</tr>
<tr>
<td>Neary, J.</td>
<td>Individual and facility-level factors associated with adolescent and young adult engagement in care</td>
<td>243</td>
<td>196</td>
</tr>
<tr>
<td>Nematadzira, T.</td>
<td>Lessons Learnt: Engaging Young Adolescents (13-15 years) in Sexual Reproductive Health Research</td>
<td>89</td>
<td>80</td>
</tr>
<tr>
<td>Ng’andu, M.</td>
<td>Recruiting high-risk adolescent girls and young women for short-term follow-up after HIV self-testing: Strategies that work</td>
<td>67</td>
<td>63</td>
</tr>
<tr>
<td>Njah, J.</td>
<td>Knowledge of HIV-positive status at antenatal care services among adolescent and adult women in Eswatini, Ethiopia and Mozambique</td>
<td>108</td>
<td>95</td>
</tr>
<tr>
<td>Njoroge, R.</td>
<td>Unmet family planning (FP) needs among sexually active adolescent girls accessing oral PrEP services in Kenya</td>
<td>119</td>
<td>105</td>
</tr>
<tr>
<td>Njoroge, T.</td>
<td>A pilot study of the acceptability and feasibility of a mobile application for peer and counseling support among adolescents living with HIV in Kenya</td>
<td>98</td>
<td>87</td>
</tr>
<tr>
<td>Njuki, G.</td>
<td>Sexual gender based violence and child marriage</td>
<td>249</td>
<td>201</td>
</tr>
<tr>
<td>Njukia, M.</td>
<td>Adolescents at risk: A qualitative study of adolescent sex workers in Kenya dubbed underaged and legally underprotected</td>
<td>139</td>
<td>123</td>
</tr>
<tr>
<td>Nosenga, A.</td>
<td>Treatment adherence amongst young people living with HIV only possible if we have good mental health and wellbeing</td>
<td>101</td>
<td>90</td>
</tr>
<tr>
<td>Nzuki, M.</td>
<td>Whom will I talk to? I am tired to live; Online support systems for suicidal adolescent and young people in Kenya; A case of one2one integrated digital platform</td>
<td>237</td>
<td>192</td>
</tr>
<tr>
<td>Obure, W.</td>
<td>#WHATGIRLSWANT: Promoting leadership, mentorship and advocacy for and by adolescent girls who are most left behind</td>
<td>41</td>
<td>40</td>
</tr>
<tr>
<td>Ochieng, S.</td>
<td>Creating awareness on pre-exposure prophylaxis (PrEP) and condom use among youth in Mukuru area-Nairobi, Kenya</td>
<td>155</td>
<td>134</td>
</tr>
<tr>
<td>Odey, B.</td>
<td>Role of disclosure, romantic relationship and growing up on the Adherence to ART among Adolescent and Young people Living With HIV And AIDS in Nigeria</td>
<td>228</td>
<td>186</td>
</tr>
<tr>
<td>Odhiambo, I.</td>
<td>Optimizing treatment outcomes for adolescents and young people living with HIV in western Kenya through Operation Triple Zero.</td>
<td>117</td>
<td>103</td>
</tr>
<tr>
<td>Ogoma, E.</td>
<td>A Triad model to improve adolescent’s adherence to ART in Kenya, Youth Zone, Coast general Hospital; Mombasa County</td>
<td>215</td>
<td>176</td>
</tr>
<tr>
<td>Ogutu, B.</td>
<td>Improving the life chances and quality of life of vulnerable Adolescents through HIV-Sensitive Social Protection in Kisumu County, Kenya</td>
<td>199</td>
<td>164</td>
</tr>
<tr>
<td>Ogwenoe, P.</td>
<td>How clinical lab interphase has helped to improve laboratory –PSC services</td>
<td>201</td>
<td>166</td>
</tr>
<tr>
<td>Okafor, A.</td>
<td>Adolescents and Young People led Support Groups - a veritable strategy towards improving ART adherence, retention and viral suppression among adolescents and young people living with HIV in North Central Nigeria</td>
<td>18</td>
<td>19</td>
</tr>
<tr>
<td>Oke, G.</td>
<td>A Descriptive study of the Challenges of Condom Compatible Lubricants Usage amongst adolescents and young adult Men who have sex with men in Lagos State, Nigeria.</td>
<td>130</td>
<td>115</td>
</tr>
<tr>
<td>Oke, G.</td>
<td>Knowledge, Attitude and Practice of prevention of mother to child transmission PMTCT among Teenage pregnant adolescents and young Adult antenatal attendees of Hospital Management Board, Cottage, Ede, Osun State, Nigeria.</td>
<td>172</td>
<td>146</td>
</tr>
<tr>
<td>Oke, G.</td>
<td>Knowledge, Attitude and Use of Female Condom among Female Medical Undergraduates of three selected Higher Institutions in Osogbo, South-Western, Nigeria</td>
<td>185</td>
<td>155</td>
</tr>
<tr>
<td>Oke, G.</td>
<td>Towards 90-90-90 Diagnostic target: HIV testing, Sexual Behavior and Knowledge of Pre-Exposure Prophylaxis among Adolescent Female Sex Workers of Osogbo, Osun state.</td>
<td>189</td>
<td>157</td>
</tr>
<tr>
<td>Author Name</td>
<td>Abstract Title</td>
<td>Abstract #</td>
<td>Page #</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------</td>
<td>-------</td>
</tr>
<tr>
<td>Oke, G.</td>
<td>Impact of youth corners and knowledge about human sexuality among young adults and adolescents of Nigerian population living with HIV in the prevention of sexually transmitted diseases.</td>
<td>217</td>
<td>178</td>
</tr>
<tr>
<td>Oke, G.</td>
<td>Survey of Drug use and Abuse among Nigerian Adolescents of the Nightlife settings.</td>
<td>231</td>
<td>189</td>
</tr>
<tr>
<td>Okesola, N.</td>
<td>Thetha Nami: Implementation and early lessons learnt from a peer-support program to improve uptake and retention in multi-level HIV prevention for adolescent girls and young women in rural South Africa</td>
<td>21</td>
<td>22</td>
</tr>
<tr>
<td>Okinyi, H.</td>
<td>Healthcare workers experiences following participation in a standardized patient actor-training program in adolescent and young adult HIV care in Kenya</td>
<td>71</td>
<td>66</td>
</tr>
<tr>
<td>Ombati, C.</td>
<td>Strengthening mHealth solutions in promoting HIV-self testing among adolescents and young people in Kenya: A data quality management approach for one2one integrated digital platform</td>
<td>118</td>
<td>104</td>
</tr>
<tr>
<td>Ombija, M.</td>
<td>Continuous Psychosocial Support (PSS): Building a Workforce for Adolescents Living with HIV (ALHIV) Care in Democratic Republic of Congo (DRC), Eswatini, Kenya, Malawi and Tanzania</td>
<td>230</td>
<td>115</td>
</tr>
<tr>
<td>Omollo, M.</td>
<td>The roles of clinic-based social activities and peer support in enhancing adolescent retention in HIV care</td>
<td>182</td>
<td>153</td>
</tr>
<tr>
<td>Omware, P.</td>
<td>Continuous quality improvement approach in increasing reporting of sexual gender based violence amongst adolescence</td>
<td>114</td>
<td>101</td>
</tr>
<tr>
<td>Omware, P.</td>
<td>Continuous quality improvement approach in increasing pre exposure prophylaxis uptake amongst adolescents and young women of reproductive age</td>
<td>121</td>
<td>107</td>
</tr>
<tr>
<td>Ondieki, J.</td>
<td>Using behavior change communication to empower and promote attitude change on HIV among the youths aged 15-24 years in Nyamira county, Kenya</td>
<td>218</td>
<td>178</td>
</tr>
<tr>
<td>Ong’wen, P.</td>
<td>Risky sexual behaviors: a comparative analysis between adolescent female sex workers (AFSW) and adolescents from the general population (GP) in ten Jilinde-supported counties in Kenya.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Onyegbado, C.</td>
<td>A case for improvements in HIV treatment monitoring outcomes among adolescents in South-East Nigeria.</td>
<td>198</td>
<td>163</td>
</tr>
<tr>
<td>Onyegbado, C.</td>
<td>Assessing the psycho-social challenges of young people living with HIV in south-east Nigeria</td>
<td>234</td>
<td>190</td>
</tr>
<tr>
<td>Orindi, B.</td>
<td>Experiences of violence among adolescent girls and young women in Nairobi’s informal settlements prior to scale-up of the DREAMS Partnership: prevalence, severity and determinants</td>
<td>48</td>
<td>47</td>
</tr>
<tr>
<td>Orindi, B.</td>
<td>Invariance of the WHO violence against women instrument among Kenyan adolescent girls and young women: ESEM and Bayesian MIMIC modeling analysis</td>
<td>81</td>
<td>74</td>
</tr>
<tr>
<td>Osuka, I.</td>
<td>Motivators and Disincentives for Continued PrEP use among Adolescent Girls and Young Women (AGYW) in Migori County, Kenya</td>
<td>33</td>
<td>33</td>
</tr>
<tr>
<td>Owino, C.</td>
<td>Barriers to using technology to reach adolescents and young people with HIV and sexual reproductive health services: one2one online integrated digital platform-LVCT Health experience</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>Pahad, S.</td>
<td>Integrating Mental Health Screening into Primary Health Services: staff-buy-in as a critical component</td>
<td>105</td>
<td>92</td>
</tr>
<tr>
<td>Phanga, T.</td>
<td>Implementing Evidence Based Integrated Youth Friendly Health Services in Lilongwe, Malawi: Lessons Learnt from Mphamvu Project.</td>
<td>192</td>
<td>159</td>
</tr>
<tr>
<td>Phy San, M. T.</td>
<td>Reaching for YMSM through internet survey in developing country, Myanmar</td>
<td>135</td>
<td>119</td>
</tr>
<tr>
<td>Ronen, K.</td>
<td>High uptake and engagement in a WhatsApp support group for youth living with HIV in Nairobi, Kenya: the Vijana-SMART study</td>
<td>213</td>
<td>174</td>
</tr>
<tr>
<td>Rosenberg, P.</td>
<td>Nothing about us without us - Continuous &amp; meaningful youth engagement built into demand creation for PrEP rollout to youth in South Africa</td>
<td>47</td>
<td>46</td>
</tr>
<tr>
<td>Sanni, S.</td>
<td>Trend in Age-Sex Distribution of HIV Infection in Ogun State, Nigeria (2012-2015): Implications for Control Programmes</td>
<td>209</td>
<td>171</td>
</tr>
</tbody>
</table>
Abstract

<table>
<thead>
<tr>
<th>Author Name</th>
<th>Abstract Title</th>
<th>Abstract #</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Segawa, P.</td>
<td>Using Entertainment Education to create demand and increase utilization of HIV/AIDS and SRHR services among young people in Uganda. A Case Study of Hoima and Masindi District</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>Segawa, P.</td>
<td>Case study: Working with Advocacy Champions to end gender-based violence against adolescent girls and young women in Luwero District, Uganda</td>
<td>149</td>
<td>129</td>
</tr>
<tr>
<td>Shaka, N. J.</td>
<td>Using an unusual Approach to Mitigate HIV Prevalence Among the Adolescents in a Humanitarian Crisis Zone, North West Region of Cameroon</td>
<td>148</td>
<td>129</td>
</tr>
<tr>
<td>Sheila, K. C.</td>
<td>The use of Adolescents Peer mentors/champions to improve adherence, retention and viral suppression among HIV infected adolescents enrolled at Kericho county referral hospital.</td>
<td>46</td>
<td>45</td>
</tr>
<tr>
<td>Sheobalak, N.</td>
<td>Break through the clutter - Using digital media tools to influence and engage adolescents on oral PrEP in South Africa</td>
<td>95</td>
<td>85</td>
</tr>
<tr>
<td>Sikuta, N.</td>
<td>Using Edutainment to Promote Knowledge and Acceptability of PrEP among Adolescent Girls and Young Women in Babadogo Slums Nairobi, Kenya.</td>
<td>150</td>
<td>130</td>
</tr>
<tr>
<td>Simuyaba, M.</td>
<td>Engaging adolescents and young people in designing a comprehensive community-based peer-led HIV and sexual reproductive health intervention: Lessons from a formative study in two urban communities in Lusaka, Zambia</td>
<td>50</td>
<td>49</td>
</tr>
<tr>
<td>Soeters, H.</td>
<td>READY to drive HIV and SRHR integration from the frontline</td>
<td>205</td>
<td>169</td>
</tr>
<tr>
<td>Stainsby, C.</td>
<td>“A life changing experience”: A longitudinal qualitative study of a residential workshop for global youth leadership in the HIV field (SPARK17)</td>
<td>42</td>
<td>41</td>
</tr>
<tr>
<td>Steven, M.</td>
<td>Mental Health Challenges Amongst Key Populations Living with HIV in Uganda</td>
<td>235</td>
<td>190</td>
</tr>
<tr>
<td>Stoner, M.</td>
<td>Modelling cash plus care interventions to prevent HIV among girls of school age in South Africa (HPTN 068)</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>Subramanian, S.</td>
<td>Perceptions of HIV-affected adolescent girls and young women on integrated delivery of youth-friendly services</td>
<td>72</td>
<td>67</td>
</tr>
<tr>
<td>Sunday, H. A.</td>
<td>The uptake of sexual reproductive health and rights (srhr) services among adolescent girls and young women in Kenya and Uganda.</td>
<td>246</td>
<td>199</td>
</tr>
<tr>
<td>Sylla, M.</td>
<td>Reaching adolescent and young mothers through peer mentors</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Teye, J, T-K.</td>
<td>“Watch What Matter concerning Adolescent Male and Female age (15-24) across the HIV Care Cascade in Ghana”</td>
<td>203</td>
<td>167</td>
</tr>
<tr>
<td>Titus, R.</td>
<td>An evaluation of an Adolescent and Youth Friendly Services (AYFS) programme implemented in a sub-District in Cape Town, South Africa: Healthcare providers’ perspectives.</td>
<td>77</td>
<td>71</td>
</tr>
<tr>
<td>Travill, D.</td>
<td>PrEP uptake and persistence in two adolescent and youth friendly facilities in inner city Johannesburg.</td>
<td>188</td>
<td>157</td>
</tr>
<tr>
<td>Turner, J.</td>
<td>Lessons Learnt: Post-disclosure perceptions of adolescents, parents/caregivers and healthcare workers on the mini-flipper method of adolescent HIV disclosure</td>
<td>104</td>
<td>92</td>
</tr>
<tr>
<td>ul Mehdi, H.</td>
<td>Factors associated with relapse among people who inject drugs: implications on how to improve services in drug treatment centers in Quetta, Pakistan</td>
<td>142</td>
<td>124</td>
</tr>
<tr>
<td>Usinoma, A.</td>
<td>Perception of Risk and Vulnerability of Adolescents and Young Persons to HIV Infection in Bonny Town, Rivers State, Nigeria.</td>
<td>132</td>
<td>117</td>
</tr>
<tr>
<td>Visser, M.</td>
<td>HIV prevention: We forgot about the young men!</td>
<td>97</td>
<td>86</td>
</tr>
<tr>
<td>Vivas, M.</td>
<td>Let Youth Lead: Adolescent participation through social accountability to improve the quality of health services</td>
<td>120</td>
<td>106</td>
</tr>
<tr>
<td>Voss, L.</td>
<td>Development of resources for adolescents living with HIV in a high income country.</td>
<td>94</td>
<td>84</td>
</tr>
<tr>
<td>Vundamina, N.</td>
<td>Speak my language! Using digital media to reach and engage adolescents on oral PrEP</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Wachira, C.</td>
<td>Self-disclosure of HIV status by Adolescents and Young Adults is Associated With Higher Levels of Enacted and Internalized Stigma</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Wambura, M. X. A.</td>
<td>Youth led Initiatives on one to one engagement on advocacy.</td>
<td>151</td>
<td>131</td>
</tr>
<tr>
<td>Author Name</td>
<td>Abstract Title</td>
<td>Abstract #</td>
<td>Page #</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------</td>
<td>-------</td>
</tr>
<tr>
<td>Wango, B.</td>
<td>Diversification of delivery channels to reach adolescent girls and young women (AGYW) with PrEP for HIV Prevention: A case study of Migori County, Kenya</td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>Wango, B.</td>
<td>Use of Incentivized Referrals and Peer-Driven Conversations to drive PrEP Uptake among Adolescent Girls and Young Women (AGYW) in Migori County, Kenya</td>
<td>112</td>
<td>99</td>
</tr>
<tr>
<td>Wedner-Ross, M.</td>
<td>Increasing young men's engagement with HIV and sexual and reproductive health services in Harare, Zimbabwe: a qualitative study</td>
<td>183</td>
<td>153</td>
</tr>
<tr>
<td>Wilson, K.</td>
<td>Using Electronic Medical Records for Research in Kenya: Lessons from a Clinical Trial Evaluating Adolescent HIV Care</td>
<td>110</td>
<td>97</td>
</tr>
<tr>
<td>Wilson, K.</td>
<td>Data-informed Stepped Care: A Study Protocol for the Development and evaluation of a data-driven, health services intervention to improve engagement in care and clinical outcomes among HIV-positive adolescents and young adults in Kenya</td>
<td>210</td>
<td>172</td>
</tr>
<tr>
<td>Zalwango, S.K.</td>
<td>Toxic Stress and Quality of Life in Early School-aged Ugandan Children With and Without Perinatal HIV Infection</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td>Zenebe, Y.</td>
<td>Tuberculosis lymphadenitis and human immunodeficiency virus co-infections among lymphadenitis patients in Northwest Ethiopia: A cross-sectional study design.</td>
<td>173</td>
<td>146</td>
</tr>
<tr>
<td>Zhang, A. L.</td>
<td>A Critical Review of Sexual and Reproductive Health Policy for Adolescents in Nigeria</td>
<td>125</td>
<td>112</td>
</tr>
<tr>
<td>Zibengwa, E.</td>
<td>Utilising an innovative Safe Space model to increase uptake of HIV testing services amongst adolescents in marginalised settings of Gauteng province, South Africa</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Zuma, H</td>
<td>Synergizing the voices of adolescents and young people in policy formulation. A case of Youth Advisory Council-Mombasa County</td>
<td>152</td>
<td>132</td>
</tr>
</tbody>
</table>