HIV PREVENTION, CONTROL AND TREATMENT

The human immune-deficiency virus is abbreviated as HIV. Clients should be counselled on how to lower their risk of HIV infection, as well as HIV prevention and treatment, as well as pre- exposure prophylaxis (WHO 2018a: 332).

Counsel clients on reducing risk through HIV counselling and testing, and promote dual protection methods routinely (WHO 2018a: 332). One of the primary responsibilities of competent health care providers is to provide HIV prevention, treatment, care and support services (ICM 2019:13).

Modes of transmission of HIV

HIV is found in many body fluids but transmission takes place through blood, seminal fluid, vaginal and cervical secretions, and breast milk (FMoH 2017b: 128). The following are the primary modes of HIV transmission:

- HIV is transmitted by modes people who have had sexual encounters have become infected (80-90%).

- Contact with infected blood, bodily fluids, tissues, or organs can transmit HIV.

- Mother-to-child transmission occurs during

pregnancy, labour and delivery, and through breast milk without treatment, if a pregnant woman is living with HIV the likelihood of the virus passing from mothers-to-child is 15% to 45%. Antiretroviral therapy (ART) and other interventions, however, can reduce this risk to less than 5%.

Adolescent clients' vulnerability to HIV

Several social and contextual risk factors, gender norms, relationships between different

age groups, cultural norms, and economic status all contribute to adolescent girls' vulnerability to HIV (FMoH 2017b: 129).

According to FMoH (2017b: 113), there should be special considerations in adolescent HIV testing and counselling.

- The possibility of HIV in clients should not be dismissed.

- Health care providers must make the most during the first meeting with clients.

- Beneficial disclosure must be encouraged.

- The opportunity presented by a negative

HIV test should be used advantageously.

- Future counselling of clients and their sexual partners must be encouraged.

Mature minors

Mature minors refer to adolescent girls who know their HIV status, protect themselves and their partners against related risks.

Access to quality care and treatment services (FMoH 2017b: 208)

- Clients under the age of 15 should be tested with the knowledge and consent of their parents or guardians.

- Girls under the age of 15 who are married, pregnant, commercial sex workers, or street teenagers are examples of exceptional groups.
- The level of readiness for HIV testing must be determined.

- Clients aged 15 and above whom request

CHTC should be deemed mature enough to provide full informed consent.

Challenges related to HIV in adolescent clients

Adolescent girls face several HIV related challenges (FMoH 2017b: 130), which include:

- Inadequate understanding of HIV transmission and prevention.
- Inadequate access to health care and information.
- There is a scarcity of adolescent-friendly

health services.

- Issues related to disclosure of their own status to others.

- Single family or being the head of the household, having to look after younger siblings because of death or illness of parents. Stigma and discrimination.

Combination prevention intervention for HIV

There is no single method for HIV prevention. At various points, combinations of HIV prevention strategies are likely to be most effective. Using a variety of intervention

strategies (FMoH 2017b: 131) can be helpful (see Table 6.1).

Table 7.5.1 Behavioural, biomedical and structural interventions

Behavioural interventions	Biomedical interventions	Structural interventions
Delay of onset of sexual intercourse. Reduce sexual	Ensure adolescent girls have access to HCT, PMTCT,	Address the critical social, legal, political,

partners. Provide increased comprehensive information on HIV	STIs management services, male and female condoms, PEP, VMMC, ARTPrEP.	and environmental enablers that contribute to the spread of HIV

Source: (FMoH 2017d: 131)

Approach to care and treatment of adolescents living with HIV (ALHIV)

In order to provide effective services for adolescent girls living with HIV (ALHIV), health facilities should (FMoH 2017b: 131):

- Be integrated as one-stop shopping.
- Emphasise care and treatment; and maintaining care.
- Provide a complete assessment of care.
- Provide ART.
- Facilitate adherence and psychosocial counselling and support.
- Carry out nutritional assessment and counselling

- Encourage psychotherapy, play therapy, family therapy, and support groups.
- Be empowering; encourage clients to take responsibility for their own health care, treatment, and for living positively.

Adherence of adolescents living with HIV

Adherence refers to the ability of adolescent clients to adhere to or continue HIV care/ART. It includes everything from taking medications in the prescribed amount, at the prescribed time, and in the prescribed manner to adhering to a care plan, attending scheduled clinic appointments, and collecting medicines on

time. Caregivers need to identify factors that affect adherence, such as health service, individual client and community and cultural factors (FMoH 2017b: 132).

Improving PMTCT services for adolescent clients living with HIV

Adolescent clients (15-19 years) on the PMTCT program are threatened by the double burden of HIV and pregnancy (FMoH 2017b: 133).

HIV-positive pregnant adolescent clients

An HIV-positive pregnant client needs extra post-test counselling and support (FMoH

2017b: 133).

Improve PMTCT services for adolescents living with HIV

- Preventing early defaulting among adolescent pregnant clients.

- Providing enough preparation priors to start treatment and community engagement is crucial.
- Promoting formation of family support groups within facilities for psychosocial support.

- Providing targeted interventions for mothers who are most likely to be LTFU.

- Reducing the transition points for pregnant and postpartum services.