



INTERNATIONAL
WORKSHOP ON

HIV & ADOLESCENCE 2023



ABSTRACT BOOK

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INTERNATIONAL WORKSHOP ON
HIV & ADOLESCENCE 2023

4-6 OCTOBER
HYBRID MEETING
LUSAKA, ZAMBIA

ABSTRACTS
ORAL PRESENTATIONS

1

A Community-Based Psychological and Social Support Model to Improve Retention in Care Among Cameroonian Adolescents Perinatally Infected With Human Immunodeficiency Virus

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Background: HIV treatment outcomes in adolescents living with HIV (ALHIV) may be improved by addressing the psychosocial challenges they face. However, social support for HIV-infected adolescents remains undocumented and unaddressed in Central Africa. This study aimed at assessing effectiveness of community-based support in improving retention in care among ALHIV attending care in Chantal Biya Foundation, Yaounde, Cameroon.

Materials and methods: We conducted an analysis of ALHIV included in the IAS-CIPHER-2021/1214-ATE SMAVI, a randomized controlled trial study in ALHIV aged 10-19, organized in intervention and a control arms. The intervention arm received routine care and was assigned to an HIV association for sustained support model. ALHIV were defined as having good retention in care within the first 15 months after the study start if they kept close enough to their month-15 medical appointment that they never had more than a 45-day gap between the date they actually attended the clinic and the scheduled visit date.

Results: In total, 302 adolescents were recruited in the study at a median age of 15.2 years old (interquartile range : 12.0 – 17.5), including 159 (52.7%) girls. Both parents died for 57 (18.9%) adolescents; only the father was alive for 64 (21.2%) adolescents; only the mother was alive for 48 (15.9%) adolescents, both parents were alive for 133 (44.0%) adolescents.

This study found prevalence of 26.5% for severe depression, 29.1% for high/very high anxiety, and 20.5% for low self-esteem.

Retention in care within the first 15 months of study was significantly higher in adolescents who attended >6 clubs (79.0%) versus those who attended 1-6 clubs (57.6%) and those who attended no club (63.4%) ($p < 0.001$). Moreover, retention in care was significantly better in adolescents receiving second line antiretroviral regimens ($p < 0.001$), those living in households with tap water available ($p = 0.004$), and those living with more than 6 people ($p < 0.001$). However, retention in care was significantly poorer in adolescents receiving antiretroviral treatment for >10 years ($p = 0.004$) and those presenting with low self-esteem ($p = 0.030$).

Conclusions: This study found that sustained community-based psychological and social support is efficient in improving retention in care among adolescents perinatally infected with HIV.

2

The Feasibility of a Youth Community-Based Distributor Model to Improve Access to Sexual Reproductive Health Information and Services Among Adolescents in Zambia

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Background: In Zambia, the need for contraceptive care and education among adolescents is low, with rates of 12.9% and 16.4% for the age groups 15-19 and 20-24, respectively. However, the demand for family planning is higher, at 25% and 52.2% for the same age groups. Despite the near-universal knowledge of family planning methods in Zambia, the lack of access to comprehensive sexual and reproductive health information hinders adolescents' ability to meet their contraceptive needs.

Materials and Methods: The Youth for Adolescent Contraceptive Care and Education (Y4CARE) initiative provided adolescent and youth-friendly contraceptive care and education to adolescents aged 10 to 24 years. Trained youth community-based distributors (YCBDs) conducted sexual and reproductive health (SRH) sessions, distributed contraceptives, and offered referrals to adolescent-friendly healthcare facilities. A mobile application facilitated easy access to YCBDs through Facebook, allowing young people to request their preferred contraceptive delivered to a convenient location. An 8-month pilot involving 800 participants was conducted, followed by an evaluation using the RE-AIM framework to assess the intervention's feasibility in terms of Reach, Effectiveness, Adoption, Implementation, and Maintenance.

Results: Reach: 3371 adolescents and young adults were reached with contraceptive care and education against a baseline of 1389. Effectiveness: there was improved knowledge of contraceptive methods, a reduction in unwanted pregnancies, and increased access to modern contraceptive methods including long-acting contraception, among adolescents. Healthcare providers were reported to be more receptive and friendly to adolescents seeking SRH services.

Adoption: 6 healthcare providers, 5 rural health centre's (RHC) and 15 youth CBDs from five different communities participated in the delivery of the intervention. Participation from one RHC was minimal due to its religious values which do not support SRH access for adolescents. Implementation: adolescents (95%) found the youth CBD model to be a better method of providing reproductive services to young people. Maintenance: there is potential for contraceptive care and education services to be accessible beyond the life of the Y4CARE project. Out of 3371 adolescents reached, 1520 accessed long-acting contraceptives.

Conclusion: Y4CARE proved acceptable and feasible. It shows the potential to reduce the met need for contraceptive care for adolescents and make healthcare systems adolescent-friendly.

3

Vulnerabilities Identification and Layering of Need-Based Services in Young Women Selling Sex Enrolled in DREAMS Program in Zimbabwe, Matabeleland North

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Background: The Determined, Resilient, Empowered, AIDS-free, Mentored, Safe (DREAMS) program targets vulnerable adolescent girls and young women (AGYW) aged 15 to 24 at an increased risk of acquiring HIV with an objective of 40% HIV incidence reduction which is higher among young women selling sex (YWSS) due to multiple sexual partners and inability to negotiate for safer sex. YWSS includes sex workers and those who merely engage in transactional sex. Pangaea Zimbabwe Aids Trust (PZAT) identifies and links YWSS to need-based HIV prevention and economic strengthening interventions in four districts of Matabeleland North province.

Materials and Methods: Between October 2022 and April 2023, PZAT enrolled 1,535 YWSS into the DREAMS program using the enrollment user guide tool detecting vulnerabilities that may be exhibited by an AGYW (multiple sexual partners, transactional sex, irregular condom use). Upon administering the tool AGYW identified to be engaging in transactional sex are enrolled under the YWSS program. Mentors then generate referrals enabling YWSS to access clinical and non-clinical HIV prevention services in free and confidential environments where YWSS meet regularly in small groups for 3-6 months [clinical: HIV testing services (HTS); Sexually Transmitted Infections (STI) screening and treatment; Gender Based Violence (GBV) response; family planning (FP); condoms, non-clinical: financial literacy; life skills and job preparation]

Results: Among 1,535 YWSS enrolled, 1,434(93%) had multiple sex partners; 1,257(81%) had irregular or no condom use; 1,036(67%) experienced STI symptoms;

239(15%) had ever been pregnant and 35(2%) experienced sexual violence. Following identification of vulnerabilities, YWSS accessed: HTS 696(45%), FP 857(56%) (including FP counselling); oral PrEP initiation 297(19%), STI screening and treatment 1,153(75%); GBV response 304(19%); economic strengthening 783(51%). DREAMS provides ongoing support and access to HIV prevention services beyond the health sector such as sexual violence prevention curricula, social asset building, financial literacy, and economic strengthening. Uptake of services was found to be dependent on self-identification as a YWSS or not, hence person-centered approaches are ideal.

Conclusions: There is possibility of different typologies of YWSS in implementing districts thus developing vulnerabilities identification tools that distinguish them is recommended; furthermore, packages for YWSS considering themselves professional sex workers, should differ from who do not.

4

Chomi: a Survivor-centric, Multilingual Gender-based Violence (GBV) Chatbot Leveraging Technology to Increase Access to GBV Information and Support Services

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Background: Shout-It-Now (Shout) received funding from Grand Challenges Canada to create Chomi, a South African multilingual GBV chatbot designed to raise GBV awareness and education, and connect survivors to support services. Chomi was added to Shout's existing differentiated HIV prevention services to drive GBV prevention and care engagement with youth, particularly adolescent girls and young women.

Materials and Methods: Chomi, a WhatsApp-based multilingual GBV chatbot, is accessible in four languages (English, isiZulu, SeTswana and isiXhosa). Chomi addresses common barriers survivors face including fear: fear of speaking to someone, fear of the perpetrator, fear of the process; a perceived lack of options; and misplaced guilt, blame and shame. Chomi empowers people with information, access and options, anonymously and without judgement, thus increasing the likelihood that a person will seek health and support services when s/he is ready. Chomi users can connect to support services via Shout social workers or national 24/7 GBV hotlines. Chomi contains over 640 unique multilingual messages across nine different GBV content streams. Messages in each content stream were informed by GBV best practices and a psychological formula that begins with empathy and affirmation, followed by factual information, options and practical strategies.

Results: Launched in August 2022, Chomi has been accessed by 1,454 unique individuals in its first 11 months of operation, with 553 (38%) users requesting connection to support services. Of the total users, English, which is the language that has been available the longest, has been accessed by 65% of the users, followed by 25% of users selecting isiZulu, 9% SeTswana and 1% isiXhosa. The content streams accessed most frequently include connecting to support services, GBV FAQs and information, emergency assistance and safety planning.

Conclusions: Chomi has shown that accessible, user-friendly technology has a role to play in improving GBV awareness and uptake of support services. By providing safe, anonymous access to GBV information and support options, Shout reduced barriers that prevent many GBV survivors from accessing mental and physical health services and support, while simultaneously driving GBV awareness and education. Chomi has also shown that there is an interest and need for GBV information in multiple languages.

5

SAM4SRHR Is a Key Strategy to Improve Uptake of Youth Friendly SRHR Services in Eswatini

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Background: In 2020 Eswatini became the first country to reach the 95-95-95 targets. While the national trends are showing steady progress towards 98-98-98, analysis of target groups shows that some sub populations are lagging behind, including adolescents and young people (AYP). Although youth friendly services are being provided, uptake of services by adolescents and young people continues to lag behind.

Materials and Methods: SaFAIDS introduced a model that sought to strengthen community led monitoring of SRHR services through the MobiSaFAIDS application a Mobile App for Social Accountability Monitoring for the provision of youth friendly SRH services. The MobiSaFAIDS App supports social accountability monitoring of SRH services by allowing adolescents and young people (AYP) to monitor service provision; interact with the health facility administrators, health services providers and duty bearers; track progress on the resolution of concerns raised through the application. It further seeks to strengthen evidence generation in real time to advocate for accountability on the part of service providers in delivering youth friendly SRH services through digital citizen engagement.

Results: The introduction of the model in health facilities saw a sharp increase in uptake of health services by AYP in the project sites. This is directly attributed to the positive responses to concerns raised through the App, strengthening the relationship between AYP and service providers. On average service uptake increased from 80 AYP per month to 230 AYP per month in 5 facilities. There was 4-fold service uptake increase across all the 15 facilities. Lubulini Clinic saw an increase from 15 to 70 AYP per month. While Mangweni Clinic increased from 15 to 60 AYP per month. Dwaleni clinic saw the lowest increase from 30 to 50 AYP per month. Lubulini Clinic response to concerns regarding difficulties in identifying service points within the facility yielded increased uptake when a map was developed for clients to easily identify service points improving the facility user friendliness.

Conclusion: Utilisation of target specific empowerment strategies to deliver health services improves uptake of services as it gives beneficiaries confidence in service delivery and service provision, this is key in increasing utilisation of services by AYP.

6

The mHealth Intervention InTSHA (Interactive Transition Support for Adolescents Living with HIV) Improves Retention in Care for Adolescents Living With HIV in South Africa: A Pilot Randomized Clinical Trial

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Background: Retention in care for adolescents with HIV during the transition from pediatric to adult-based care is often worse than children or adults. We describe the results of a pilot, type 3 hybrid, randomized clinical trial of a mobile phone-based intervention, InTSHA: Interactive Transition Support for Adolescents Living with HIV compared to standard of care.

Materials and Methods: InTSHA is a mHealth intervention developed using participant centered design. It uses encrypted, closed group chats delivered via WhatsApp to provide peer support and improve communication between adolescents with HIV, their caregivers, and healthcare providers during transition from pediatric to adult care. We randomized 80 South African adolescents with perinatally-acquired HIV who were aware of their HIV status and aged 15-19 years to receive either the InTSHA intervention (n=40) or standard of care (n=40). We measured acceptability of the intervention (acceptability implementation measure) and feasibility (feasibility implementation measure) as primary outcomes and evaluated effectiveness on retention in care (clinic visits and pharmacy refills) and viral suppression (viral load <200 copies/ml) after completion of the intervention and at least six months after randomization as secondary endpoints. We performed bivariate and multivariate analyses using logistic regression models to assess the effect of the InTSHA intervention compared to standard of care.

Results: Among the adolescents randomized to the InTSHA intervention (n=40), the median acceptability of the intervention was 4.1/5.0 (82%) and median feasibility was 3.9/5.0 (78%).

Adolescents randomized to the InTSHA intervention had higher retention in care at 6 months follow-up (98%) compared to adolescents randomized to standard of care (88%): OR 2.79 (95% CI 1.70 – 3.87; p<0.001). Among participants randomized to the InTSHA intervention, retention in care increased by 60% for each session attended. For participants who attended ≥3 sessions, retention in care was 100%. There was no difference in viral suppression comparing the InTSHA intervention (88%) and standard of care (90%): OR -0.22 (95% CI -2.90 – 2.45; p=0.87) six months after randomization.

Conclusion: InTSHA is a highly acceptable mHealth intervention that improves retention in care for adolescents living with HIV and transitioning to adult care in South Africa.

7

Digital SRHR + HIV Approaches That Reach Adolescents in All Their Diversity

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Adolescents and youths in their diversity, particularly in the Sub-Saharan Africa (SSA) region, face disproportionate impacts of HIV due to risky behaviours, marginalisation, and exposure to structural factors like stigma, discrimination, violence, and human rights violations. Limited access to essential health services, specifically sexual and reproductive health (SRH) information and services, leads to increased rates of unintended pregnancies, unsafe abortions, HIV, sexually transmitted infections, and sexual and gender-based violence. Triggerise has been implementing programmes on sexual and reproductive health (SRH) and HIV that targets adolescents and young people (AYPs) aged 15-24 years in their diversity. The organisation employs a digital platform to empower and connect them to reliable private and public healthcare facilities.

Triggerise's digital platform, Tiko, serves 15-24-year-old adolescents and young people (AYPs) in Sub-Saharan Africa, connecting them to public and private health facilities. Tiko empowers AYPs to make informed decisions about their sexual and reproductive health (SRH), while also enabling them to rate the quality of services received. By utilising behavioural science, the platform encourages positive behaviours through nudges and rewards, such as sustained PrEP use or ART adherence. Additionally, real-time data is generated to track performance and adapt interventions for maximum impact.

The Tiko platform has significantly enhanced young people's access to HIV services. From January 2020 to June 2023, Triggerise's platform has reached a total of 554,000 girls and delivered 950,000 services specifically to girls in Kenya. During this period, over 65,000 HIV services, including testing, pre-exposure prophylaxis (PrEP), and antiretroviral therapy (ART), were provided. The participating clinics and pharmacies on the platform received an average rating of 4.88 out of 5, indicating a remarkably high level of satisfaction with the services offered through Tiko.

These statistics highlight the platform's effectiveness in improving HIV service provision and quality, positively impacting young people's access to care.

Organisations should implement digital platforms like Triggerise's Tiko to connect diverse AYPs to reliable SRH and HIV services, improving access and quality.

8

Ethical Engagement of AGYW in Global Fund GC7 Process: AGYW Perspectives From Eswatini, Lesotho, Malawi, Mozambique, and Zimbabwe

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Background: Adolescent girls and young women (AGYW) in Southern Africa continue to face disproportionate risk of HIV acquisition. Meaningful and ethical engagement of AGYW coupled with inclusive decision-making are critical strategies to achieve regional HIV prevention and treatment goals. The HER Voice initiative focuses on investing in the capabilities of AGYW leaders and AGYW-led organisations serving AGYW to participate in Global Fund and other national policy and planning processes that affect the trajectory of their lives.

Materials and Methods: In the first part of 2023, HER Voice Ambassadors (HVAs) led a process of ethical engagement, towards the development of AGYW priorities for inclusion in Global Fund Cycle 7 (GC7) country funding requests. HVAs led meaningful engagement processes with approximately 250 AGYW aged 15-24 years across 5 countries in Southern Africa. To prepare for consultations with AGYW, HVAs analysed epidemiological trends, population size estimation tool (NAOMI), service facilitators and barriers and referrals. Consultations included AGYW in their diversity: pregnant adolescents and mothers, those living with HIV and disabilities, key populations, from rural and urban areas. Participatory methodology was used to engage AGYW. Consultations resulted in collaborative priorities that were amplified by AGYW leaders in national planning processes, aiming to influence the GC7 funding request in each country.

Lessons Learned: After skills-building and priority-setting in consultations, AGYW were well-equipped to lead during Country Coordinating Mechanism (CCM) -led national country dialogues and in development and

validation of National Health Strategic Plans. Common themes emerging from HVA-led country consultations included: re-positioning -packaging PrEP to reduce stigma and improve appeal; HIVST to enhance PrEP initiation; scale up of mobile, peer-supported SRH services; community and caregiver dialogues on SRH; improved use of data on hotspots to sharpen condom programming a in seasonal hotspots.

Recommendations: Meaningful engagement and inclusive decision making cannot be undertaken without a commitment to capacity strengthening and power sharing between adult decision-makers and AGYW. When AGYW feel agency in and ownership over processes that affect them, they are more likely to remain engaged, contribute and develop leadership skills. Inclusive decision-making should extend beyond the GC7 funding request, engaging AGYW in grant-making, accountability and monitoring.

9

A Youth-Led Football Approach to Improve HIV Outcomes Amongst Young People in Abidjan and Provide Insight on How Adolescent Boys Who Adhere to Harmful Gender Norms Manage Their Sexual Health

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Background: Côte d'Ivoire, a country with one of the highest HIV rates in West Africa, ranks 133 of 146 countries on the Global Gender Gap. Increasing evidence suggests that social norms, gender responsibilities, roles, and attitudes are a root cause of men's and women's differential risk of HIV. This study examines the results of a youth-led, football intervention in Abidjan to improve adolescent HIV knowledge and explores young players' perception of 'masculinity' and its impact on sexual practises.

Materials and Methods: The program was implemented over 12 months in two ten-week blocks. Baseline and endline surveys were collected before and after each block by trained officers. HIV knowledge was measured using the UNAIDS Comprehensive HIV indicator. 'Masculinity' was explored using a participative M&E tool that trained community coaches to generate qualitative data from players through semi-structured interviews using the story-completion technique.

Results: 24 young leaders trained as peer coaches reached 620 adolescents (31%F) with HIV information, delivering 271 football sessions. Comprehensive HIV knowledge improved from 20% at baseline (n=585) to 70% after 10 sessions (n=402) and 83% after 17 sessions (n=59).

Qualitative: For male respondents (n=13), masculinity was perceived through 'Mougoupan' (Ivorian jargon for a group of boys that have multiple sexual partners and use lies to manage their partners and immediately end relationships after the first sexual encounter) and revealed the extent to which male dominance and violence is encouraged in the quest for more pleasurable sex. The motivation for their sexual practices is to stand

out from their peers and maintain their gender identity. Subsequently, respondents (n=15) stated that 'Mougoupan' do not use condoms during sex because they feel it reduces their pleasure and would likely be afraid to use HIV Testing Services.

Conclusion: Football drills with inbuilt HIV messaging have proven effective in increasing adolescent comprehensive HIV knowledge and the learning from this study has led us to focus our next intervention on addressing issues of toxic masculinity (male sexual dominance over women and multiple sexual partners) and discussing 'Mougoupan' (a group who neglect their sexual health) as an important part of youth HIV prevention in Côte d'Ivoire.

10

Depression Triggers in Adolescents and Young Women in the DREAMS Program

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Depression is a significant public health issue that is the primary cause of disability-adjusted life years lost among adolescents and young adults, exerting a substantial negative impact on their well-being and functioning. Adolescent girls and young women (AGYW) globally face a greater burden of depression, with a doubled lifetime risk compared to their male counterparts. In Zambia, we implemented Interpersonal Group Therapy (IPTG) to identify the triggers of depression among AGYW enrolled in the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) initiative.

Under the Community Impact to Reach Key and Underserved Individuals for Treatment and Support (CIRKUIITS) Project, AGYW enrolled in DREAMS were screened using the Call-to-Action form, which gathered baseline information on symptoms of depression. All AGYW with depressive symptoms were further assessed using the Patient Health Questionnaire (PHQ-9) to evaluate duration, severity of symptoms, and potential triggers. Routinely collected de-identified client-level data from the DREAMS program was used to assess the identified triggers of depression among AGYW. We conducted a cross-sectional analysis of data from October 2022 to March 2023 for AGYW aged 10-14 years who were diagnosed with depression. We stratified by age groups and indicated any triggers such as “grief/death of loved one,” “life change like moving into other households,” “disagreement,” and “isolation/social deficit/loneliness.”

Among 1,279 AGYW aged 10-24 years diagnosed with depression symptoms, life changes were the most frequent trigger with 50% (642/1,279) of AGYW experiencing subsequent depression, followed by grief with 22% (284/1,279), isolation with 13% (169/1,279), disagreement with 9% (114/1,279), and multiple triggers among 5% (70/1,279). Furthermore, the life change and grief were the most common triggers of depression in AGYW aged 10-14 years at 52% and 31%, respectively. Isolation and disagreement were the most common triggers in AGYW aged 15-19 years at 14% and 6%,

respectively. Among AGYW aged 20-24 years depression caused by multiple triggers was most common at 7%.

Vulnerable AGYW in DREAMS need mental health support and care to cope with and recover from their depression. Programs that target AGYW should incorporate screening and psychotherapy treatment interventions to provide this important form of health care.

12

Social Protection as an Intervention for Preventing HIV Risk Among Young People in Southern African Countries

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Background: Poverty is a structural driver of risky sexual behaviours and HIV infections among adolescents. While receipt of cash transfer can mitigate some of these risks, complementary interventions have been posited as a way to further reduce HIV risks. We examine the associations of sexual risk behaviours with receipt of various types of social protection among young people aged 15–24 in six Southern African countries.

Materials and Methods: We analysed data from the cross-sectional Population-based HIV Impact Assessment (PHIA) surveys conducted between 2015 and 2017 in Eswatini (n=3797), Lesotho (n=4420), Malawi (n=7171), Namibia (n=6098), Zambia (n=8089), and Zimbabwe (n=7742). PHIA is nationally representative surveys measuring HIV outcomes. Information on access to economic support was also collected in PHIA. Sexual risk behaviours assessed include inconsistent condom use, multiple sexual partnerships, age-disparate sexual partnerships and transactional sex in the past twelve months. We calculated relative risks (RR) and risk differences (RD) for individual sexual risk behaviours associated with receipt of social transfer, educational support, food support, and any (of the aforementioned) social protection.

Results: In the pooled analysis (n= 37317), receipt of any social protection was associated with decreased risks of inconsistent condom use (RR 0.52, 95% CI 0.29 to 0.92) and age-disparate sex (RR 0.35, 0.18 to 0.68). Receipt of both educational and food supports was associated with further decreased risks of inconsistent condom use (RD – 22.82, 95% CI –45.12 to –11.10) and age-disparate sex (– 30.82, –52.24 to –18.22). In country-specific analysis, these patterns were also observed in Eswatini, Malawi, Namibia and Zambia. In Zimbabwe, only education support was associated with decreased risks of age-disparate sex and inconsistent condom use. In addition, educational support was associated with decreased risk of transactional sex in Malawi.

Discussions: Findings support the value of education and food supports interventions in preventing sexual risk

behaviours. The fact that both are delivered within a social protection platform in these countries suggests a potential for scalability.

13

Missed Opportunities for PrEP Uptake Among Adolescent Girls and Young Women Who Are Mothers at Risk of HIV in South Africa

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Background: Adolescent girls and young women (AGYW) are highly vulnerable to HIV acquisition through vertical transmission. Evidence shows pre-exposure prophylaxis (PrEP) has high efficacy and can provide robust protection against HIV infection in all populations when taken correctly, reducing risks of HIV acquisition and vertical transmission to almost zero. South Africa introduced oral PrEP in 2016, and updated guidelines included pregnant women in 2020.

Materials and Methods: This study used cross-sectional data from a cohort study (HEY BABY) that interviewed young mothers in the Eastern Cape, South Africa at follow-up in 2020-2022. 96% of participants were 16-24-years-old (mean age 21), 96% had their first child when they were under 20. Quantitative descriptive analysis was conducted on self-reported PrEP knowledge, ever offered and taken PrEP to present the PrEP cascade; and on self-reported HIV testing and risk (condom-less sex, ever infected with STI, multiple sex partners, sex under the influence of alcohol and/or drugs, sexual partner >5 years older, any transactional sex). Multivariable logistic regression was used to evaluate the PrEP variables with HIV risk, controlling for sociodemographic variables.

Results: The study included n=646 mothers who were HIV-negative. Overall, 88% had a recent HIV test, but only 51% knew about PrEP. Only 16% had ever been offered PrEP and 10% had ever taken PrEP. When evaluating only those who had any self-reported HIV risk (n=443, 69% of sample), 53% knew about PrEP, 17% had ever been offered PrEP, and only 11% had ever taken PrEP. In multivariable regression having any HIV risk was not significantly associated with more PrEP knowledge or being offered PrEP.

Conclusion: Despite the high proportion of young mothers having a recent HIV test, much fewer of them knew about PrEP, which highlights a missed opportunity for raising PrEP awareness at the time of HIV testing. Furthermore, despite being at risk of HIV, very few AGYW had ever been offered PrEP and even less had taken PrEP. More needs to be done to ensure AGYW who need PrEP are made aware of it, especially during the antenatal and postpartum period to prevent HIV in young mothers and their children.

14

Prevalence and Factors Associated With Risky Sexual Behaviours Among Female Adolescents in Zambia

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Background: In sub-Saharan Africa, female adolescents are four times more likely to get HIV than boys; Zambia reports an HIV seroprevalence of 13.9% among women VS 8% among men. Adolescents are vulnerable for various adverse health outcomes due to lower perceptions of consequences of risky sexual behaviors (RSB). HIV/AIDS and unintended pregnancies continue to be major causes of mortality among adolescents in Zambia, necessitating public health action. This study aims to explore the prevalence and factors associated with RSB among Zambian female adolescents.

Materials and Methods: RSB is defined as sexual activities which expose people to the risk of HIV, STIs and/or unintended pregnancies, this includes early sexual initiation, sex with multiple partners, having sexual intercourse while intoxicated, transactional sex, and unprotected sex.

Data on adolescent females, aged 15-19 (n= 3000), were obtained from the 2018 Zambia Demographic and Health Survey, an interviewer-administered, nationally representative survey that used multistage sampling. The study conducted multivariable logistic regression to explore the correlates of RSB.

Results: Of respondents, 49.7% reported ever having sexual intercourse and 35.3% (71.1% of sexually active respondents) reported engaging in RSB. The following RSB percentages were reported: intercourse before age 16 (25.1%), not using condoms at last intercourse (18.8%), engaging in transactional sex (3.1%), alcohol use at last intercourse (2.3%) and multiple sexual partners (0.9%). Educational attainment and household wealth showed strong inverse trends with RSB and there were notably large geographic differences in RSB within Zambia (22.1% in Lusaka region versus 62.4% in Western province). The multivariable results revealed that those who were older, employed, less educated, less wealthy, residing in Southern, Western and Northwestern provinces and those with no exposure to print media were significantly more likely to have engaged in RSB (AOR: 1.28-4.11, p<0.05). Among sexually active females, similar trends were noted except that younger, non-

married adolescents without internet access were at higher risk of RSB.

Conclusion: This study has shown that over a third of Zambian female adolescents and over 70% of the sexually active females are at high risk of adverse reproductive health outcomes. Therefore, there is a need for more adolescent health programs targeting SRB.

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HIV Testing, PrEP Awareness, PrEP Uptake and Correlates Among Adolescent Men Who Have Sex With Men in Vietnam

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Background: HIV prevalence among young and adolescent men who have sex with men (MSM) in Vietnam remains high. However, little is known about the prevalence of HIV testing, Pre-exposure Prophylaxis (PrEP) awareness and uptake among this population.

Materials and Methods: From November 2022 to April 2023, 120 adolescent MSM from 15-19 years old in Hanoi and Ho Chi Minh city, Vietnam were recruited through respondent-driven sampling and peer outreach to complete an online survey, which included questions on demographics, sexual behaviors, HIV risk perception and knowledge, HIV and sexually transmitted infections (STI) testing, PrEP awareness, uptake and willingness to take PrEP. Separate multivariable models controlling for potential confounders were used to determine the correlates of HIV testing, PrEP awareness and uptake. Prevalence, crude and adjusted prevalence ratios (aPR) as well as 95% Confidence intervals (CI) were calculated.

Results: The mean age of the sample was 17.8 years old. Almost two thirds of participants have never used PrEP (63.3%), 18.3% have not heard of PrEP before and more than half have never tested for HIV (58.3%). Among those who have never taken PrEP, a large majority was willing to take PrEP if it was offered for free (80.0%). In multivariable analyses, more HIV knowledge (aPR=1.58; 95%CI 1.02-2.44), lower HIV risk perception (aPR=0.62; 95%CI 0.47-0.83), having had an STI test (aPR=1.32; 95%CI 1.06-1.64) and having had anal intercourse with another man (aPR=4.49; 95%CI 1.40-14.38) were associated with HIV testing. More HIV knowledge (aPR=1.38; 95%CI 1.06-1.78) and having had an STI test (aPR=1.16; 95%CI 1.03-1.32) were associated with higher PrEP awareness, while lower HIV risk perception (aPR=0.59; 95%CI 0.35-0.99) was associated with higher PrEP uptake.

Conclusion: Even though a majority of adolescent MSM in Vietnam have heard of PrEP and expressed willingness to take PrEP, HIV testing and PrEP uptake were surprisingly low. Qualitative research exploring barriers and facilitators of HIV testing and PrEP uptake among this population is warranted to provide a deeper understanding of these behaviors. In order to promote PrEP use, future interventions should also aim to increase HIV/STI knowledge and encourage the use of HIV/STI testing and treatment services in this population.

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Designing Innovative HIV Prevention Interventions That Are Acceptable to Adolescents in Sub-Saharan Africa: Insights From a Mapping Review and an Inductive Thematic Analysis

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Background: Understanding adolescents' and key stakeholders' reasons for acceptability of HIV prevention interventions is crucial for designing and delivering innovative, evidence-based interventions. Higher acceptability can improve uptake and effectiveness of interventions needed to cover the last mile of HIV prevention for adolescents. In line with PRISMA guidelines, we conducted a systematic mapping review to identify studies assessing acceptability of HIV prevention interventions by adolescents and youth aged 10-24 and other stakeholders in sub-Saharan Africa (SSA), published between 2010-2022.

Materials and Methods: Using descriptive synthesis, we aggregated study characteristics, methodologies, and findings on intervention acceptability by adolescents, youth and key stakeholders. To highlight reasons for acceptability or unacceptability of interventions, we conducted an inductive thematic analysis of findings across studies.

Results: We identified 32 studies assessing adolescents' and young adults' acceptability of HIV prevention interventions. Fourteen studies also explored the acceptability of stakeholders: caregivers, teachers, and healthcare workers. Overall reported acceptability was high. Of the 18 studies that quantitatively assessed acceptability, only one reported acceptability below 50%. Through the thematic analysis, we identified seven key factors shaping acceptability: ease of use; intervention understanding; intervention costs; perceived positive effects; perceived negative effects; relevance to adolescent's needs and context; and social factors shaping acceptability. For instance, a male participant accepted a digital intervention because of its relevance to his lived experiences "...it felt good because as I was

playing the game, I was imagining these things happening in real life." Concern over side effects was a recurring reason for unacceptability, particularly for biomedical interventions. The potential for interventions to increase female agency, particularly in sexual relationships, was a key driver of acceptability, specifically among young women.

Conclusion: We demonstrate various interrelated drivers impacting adolescents' HIV-related needs and decisions around intervention engagement. Further, we make a case for the need for youth-led HIV programming in SSA. We also highlight important areas for future acceptability research; these include investigating acceptability within or across subgroups of adolescents and stakeholders, investigating acceptability of innovative and/or integrated interventions, and developing better theoretical frameworks and measurement tools for adolescents.

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Impact of HIV Literacy on Viral Suppression Among Youth With HIV in Kenya

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Background: HIV literacy may improve adherence among adolescents and youth with HIV (AYH) and promote viral suppression. Few studies have evaluated the impact of HIV literacy on viral suppression among AYH.

Materials and Methods: We utilized data from a cluster-randomized trial assessing the effectiveness of an adolescent transition package among AYH 15-24 years in Kenya. To assess literacy, a 5-item scale was used (Likert scores 0/1/2), while we abstracted routine viral load (VL) data at baseline and 12 months. Generalized linear models were used to assess associations (age/gender adjusted) between HIV literacy/other factors, and undetectable VL (<50 copies/ml) at baseline; and a stratified analysis by study arm for the effect of an improvement in literacy (baseline to month 12) for those unsuppressed at baseline.

Results: Of 1009 AYH, 54% were ages 20-24 years, 72% female, and 66% had been on antiretroviral therapy (ART) for ≤5 years- 75% efavirenz-based; 83% at WHO clinical stage 1, and 30% were pregnant/postnatal; At baseline, 43% could explain what HIV is, 48% how ART works, 19% ART names, 37% what suppressed VL means, and 30% VL cut-offs. These increased to 82%, 82%, 33%, 66% and 41% respectively at month 12. The mean (range: 0-10) baseline and month 12 literacy scores were 5.22 and 7.98 at intervention sites and 4.69 and 6.13 at control sites. At baseline, 65% of AYH had undetectable VL, with 75% at month 12.

Higher age and being independent compared to support from a parent, were associated with higher likelihood of having undetectable VL (aPR: 1.04 [95%CI: 1.03-1.06] and 1.23 [1.07-1.42] respectively). Higher duration on ART, WHO stage 2 compared to 1, and higher literacy score were associated with lower likelihood of undetectable VL (0.98 [0.97-0.99], 0.82 [0.67-1.00], and 0.98 [0.97-1.00] respectively). Improvement in literacy was not associated with undetectable VL at month 12 in control (1.02 [0.88-1.17]) or intervention (1.02 [0.91-1.14]) clinics.

Conclusion: AYH had low HIV literacy, which improved over time particularly in intervention arm. However, literacy was not associated with improved viral suppression suggesting that literacy needs to be complemented with behavioral interventions, particularly among subgroups with risk of non-suppression.

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Understanding the Factors That Impact the Mental Health and Medical Adherence of Adolescents Living With HIV Beyond Their Status

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Background: There is a need to investigate the complex and intersecting challenges that Adolescents living with HIV (ALWHIV) experience through their own eyes and to understand the ways in which stressors might be mitigated to prevent poor mental health and adherence. Moreover, to understand how young people deal with and manage these challenges. Khuluma mentors investigated challenges that ALWHIV experience in their immediate surroundings. This is their household, healthcare facility, and community. The aim was to gain more insight into social and structural barriers to addressing the mental health and adherence needs of adolescents living with HIV in low-income settings in Pretoria, South Africa

Materials and Methods: Six Khuluma mentors were selected to take part in a participatory ethnographic study. They participated in the design, data collection, and analysis of the study. The study focused on capturing the challenges faced by ALWHIV, and how the challenges are worsened by substance abuse and belonging to the LGBTIQ+ community. The mentors interviewed ALWHIV, hospital stakeholders, healthcare providers, and caregivers, which created a solid foundation for this research

Results: Our observations suggest that a significant number of young people are facing serious mental health challenges, aggravated by factors beyond their HIV status. The transition from adolescence to adulthood, the use of substances as coping mechanisms, inadequate support from healthcare providers and caregivers, and acceptance of status by ALWHIV have been significant contributors to the decline in treatment adherence and their deteriorating mental health. While others are facing social isolation and being stigmatized by their families or communities, some have found substances as a feasible solution, which has a negative impact on the effectiveness of ART.

Conclusion: Safe spaces have become key to the lives of ALWHIV; all relevant spaces of care contribute to their overall well-being. This includes healthcare facilities, communities, and primary homes. We are seeing young people transfer from one facility to the next in an effort to receive adequate care, or rather, choose not to visit

any facilities. These findings show that the well-being, mental health, and adherence to treatment of young people are affected by more than their microsystem.

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The Sound of Silence: A Qualitative Inquiry Into HIV Self-Stigma Manifestations and Drivers Among Pregnant Adolescent Girls and Young Women Living With HIV in Slums Communities of Kampala, Uganda

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Background HIV self-stigma or internalized stigma is highly detrimental especially among marginalized populations. It is known to have substantial negative impacts across the HIV care continuum. However, little research has been done on HIV self-stigma among sub-populations such as the urban poor adolescents with multiple vulnerabilities. The study explored self-stigma manifestations and drivers among Pregnant Adolescent Girls and Young Women (AGYW) living with HIV in slums areas of Kampala, Uganda, in order to inform the design of a psychosocial intervention for HIV self-stigma reduction.

Materials and Methods: The data used in this paper is part of a large quasi-experimental study conducted (2021-2022) in Uganda to assess the effectiveness of the HIV expert client-delivered Cognitive Behavioral Therapy model in modifying self-stigma. This paper reports HIV-related self-stigma manifestations and drivers from 271 pregnant AGYWs attending three public health facilities serving the urban poor in Kampala, Uganda. Open-ended questions were embedded into the pretest survey to again in-depth insights on lived experiences of self-stigma. Data were analyzed thematically.

Results: Two seventy-one (271) HIV positive AGYW participated in this study. Findings of this study were clarified into four themes; fear, shame, rejection by loved ones, and feelings of frustration. Highly reported was the fear of disclosing one's HIV status and losing their loved ones. Respondents reported that they feared to disclosure their HIV status because they anticipated rejection from their sexual partners (commonly their main caretakers) moreover many were not employed and could not take care of themselves. On the other hand, economic dependence, community belief system on people living with HIV, and fear of lifelong treatment were the commonest drivers of HIV self-stigma reported.

Conclusion: These findings suggest that self-stigma manifestations among pregnant AGYW living in slum communities in Kampala, Uganda were largely context driven. Therefore, current, and future HIV stigma reduction interventions should consider gaining depth understanding of a given context in order to design contextually relevant HIV stigma reduction interventions.

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Gender-Based Violence Increases Mental Health Problems in Young Mothers Living With HIV in Lesotho and Zimbabwe

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Background: Young women living with HIV in resource-poor settings are at high risks for multiple comorbid mental health and substance use-related problems. There is little research investigating the role of gender-based violence in the mental health outcomes of young mothers living with HIV (YMLHIV). The study aimed to estimate the effects of gender-based violence in early adulthood on mental health outcomes.

Materials and Methods: The study used data from the Violence Against Children Surveys (VACS)—large-scale cross-sectional and nationally representative surveys—on young women aged 18–24 years residing in Lesotho and Zimbabwe in 2017–2019. In addition to childhood and past-year violence indicators, VACS's standardised questionnaires collected data on HIV and mental health outcomes (e.g., completion of the Kessler Psychological Distress K6 scale and substance use in the past 30 days). Multivariable covariate-adjusted generalized linear model regressions were used, and population attributable fractions (PAFs) were calculated.

Results: The analysis included 8201 young women (421 [3.6%] of whom were living with HIV and 1262 [18.5%] of whom became pregnant prior to age 18). Compared to young women not living with HIV, young women living with HIV had higher risks of psychological distress (risk ratio [RR] 1.36, 95% CI 1.10–1.69). Among young mothers not living with HIV, gender-based violence was associated with higher risks of psychological distress (RR 2.07, 95% CI 1.77–2.37) and substance use (RR 2.31, 95% CI 1.66–2.97). Among YMLHIV, gender-based violence was associated with higher risks of psychological distress (RR 3.35, 95% CI 2.77–3.93) and substance use (RR 3.76, 2.44–5.10). The harmful effect of gender-based violence on psychological distress was significantly larger for YMLHIV than it was for young mothers not living with HIV. PAF estimates suggest that, in a hypothetical scenario with no gender-based violence in YMLHIV, the prevalence of psychological distress would be 11.1–30.6% lower than the prevalence in this group; and the prevalence of substance use would be 9.9–38.1% lower than the prevalence in the same group.

Discussion: Reductions in gender-based violence via policy and societal changes would benefit the mental health of young mothers living with HIV.

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ABSTRACTS
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Exploring the Barriers and Facilitators of Successful Transition of Adolescent Living With HIV from Pediatrics to Adult oriented Clinics in Under-resourced Settings of Southern Ethiopia, 2023

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Background: Adolescents living with HIV face care-related problems such as the unsuccessful transition of adolescents from pediatric to adult-oriented clinics which may leads to unintended consequences such as loss to follow-up, long scheduling for appointments, and poor adherence. In Ethiopia there is no guideline that is used to manage the transition. Therefore, the study aimed to explore the barriers and facilitators in the under-resourced setting of the southern Ethiopia.

Materials and Methods: A qualitative study was done by employing a phenomenology study design to explore the barriers and facilitators of the successful transition of ALWH from pediatric to adult-oriented clinics in Southern Ethiopia from 18th February to 30th of March, 2023. A total of 30 in-depth interview among 12 ALWH, 10 parents, and 10 healthcare providers and four focus group discussion through 33 ALWH were conducted to collect the qualitative data. Thematic analysis was conducted using open code version 4.03 software. First, codings were done by two independent qualitative experts. Then, the codes were synthesized into sub-them, and then major themes were created. Finally, the findings were reported.

Results: The data was collected in eight health facilities with adolescents living with HIV, parents or guardians, and health care providers. Among the participant 52% were males and most of the adolescents had been receiving anti-retroviral medication for a decade. Barriers to transition included lack of awareness, being alone, lack of readiness, stigma, lack of support, family, ignorance, illness, hopelessness and peer pressure. Facilitators of transition included health care workers' advice, illness, participating in a psychosocial team, taking medication properly, and early disclosure of HIV status. The participants mentioned the independence of the adolescent, being able to protect oneself, age above

18yrs, having an interest in romantic relationships and properly taking medication as the requirement for transition.

Conclusion: ALWHs were not well prepared for transition mainly due to lack of knowledge, support and absence of guideline used for the transition by providers. We recommend the development of a transition protocol by considering all possible barriers and involvement of all stakeholders such as parents/guardians, ALHIV, providers and community for the success of the transition.

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Characterization of HIV-1 Reservoirs in Children and Adolescents: A Systematic Review and Meta-Analysis Toward Pediatric HIV Cure

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Background: The virostatic effect of antiretroviral therapies (ART) infers HIV persistence in sanctuaries, with a high likelihood of viral reactivation off-treatment. This systematic review and meta-analysis aimed at estimating the global burden of archived drug resistance mutations (ADRM), the size of reservoirs, and their determinants in infants, children and adolescents living with HIV.

Materials and Methods: Were included, randomized and non-randomized trials, cohorts, and cross-sectional studies of HIV reservoirs in vertically infected participants, published in English/French between 2002-

2022. As primary outcomes, we evaluated the prevalence of ADRMs and estimated the size of reservoirs (HIV-1 DNA copies/106 cells) in paediatrics. Subgroup analyses was performed to further characterize the data, and the meta-analysis was done through random effect models.

Results: Overall, 49 studies from 17 countries worldwide were included encompassing 2356 vertically infected participants (aged 2-days to 19-years; 48.83% females). There were limited data on the quantitative characterization of viral reservoirs in sub-Saharan Africa (SSA), and sensitive methodologies such as ddPCR for characterizing viral reservoirs were not implemented in the most SSA countries. The overall prevalence of ADRMs was 37.80% [95%CI: 13.89–65.17], with 48.79% [95%CI: 0–100] in Africa, 42.08% [6.68–82.71] in America, 23.88% [95%CI: 14.34–34.90] in Asia, and 20.00% [95%CI: 10.72–31.17] in Europe, without any difference between infants and adolescents ($p=0.656$). Starting ART before 2 months of age limited the load of HIV-1 DNA ($p=0.054$). Participants with long suppressed viremia (>5 years) had lower concentration of HIV-1 DNA ($p=0.027$) whereas pre-/post-ART CD4 $\leq 29\%$ and pre-ART viremia $\geq 5\text{Log}$ were all found associated with higher rates of HIV-1 DNA ($p=0.038$, $p=0.047$ and $p=0.041$ respectively).

Conclusions: Our findings underscore high levels of ADRMs in paediatric populations with HIV worldwide, with larger proviral reservoir size driven by delayed ART initiation, a shorter period of viral suppression, and immuno-virological failures. Thus, strategies for paediatric HIV functional cure should target adolescents/children with very early ART initiation, high immunity, and long-term viral suppression.

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Effectiveness and Preference of HIV testing Modalities among Adolescents and Young People (AYP) in Muchinga Province, Zambia

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Background: Adolescents and young people (AYP) aged 15–24 represent a sizable portion of the population in Muchinga Province, with high HIV prevalence and disproportionate new infection rates. Targeted strategies are needed to achieve the UNAIDS 95-95-95 targets,

emphasizing the importance of HIV testing for prevention, treatment, and support services.

Materials and Methods: Innovative and friendly testing modalities, including Index testing, HIV self-testing, social network testing, provider-initiated testing and counseling (PITC), Voluntary counseling and Testing (VCT), and Hotspot testing, were implemented in Muchinga Province from October 2022 to March 2023. These services were provided in various settings, including adolescent-friendly spaces.

Results: Over the period, 14,909 AYP were tested, identifying 232 new HIV-positive cases that were linked to treatment. Index testing accounted for 814 (5.5%) tests, inpatient testing contributed 208 (1.4%) tests, and 4,964 (33.3%) pregnant women were tested during antenatal visits. Additionally, 147 (1%) AYP were tested before Voluntary Medical Male Circumcision (VMMC), and 6,031 (40.5%) were tested through PITC. VCT accounted for 2,743 (18.4%) tests, with 2 (<1%) tests conducted through Social Network testing. The cumulative number of AYP receiving treatment in the province reached 3,247 in March, with 2,094 AYP aged 20–24 years.

Conclusion: Robust and targeted HIV case finding strategies among AYP in Muchinga Province led to effective case identification, linkage to care, and closing the FY23 treatment gap for AYP in the province. These results highlight the importance of tailored and mixed testing modalities to effectively reach and engage AYP in HIV prevention and treatment efforts.

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HIV Prevalence and Barriers to Testing among Young Adolescents 10-14 years-old in Nigeria: A Population-Based Survey

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Background: Outside of the PMTCT program, pediatric HIV-testing becomes challenging, and young adolescents International Workshop on HIV & Adolescence 2023 – Lusaka, Zambia

may be missed. We analyzed national data for child and young adolescent HIV-testing and prevalence rates in Nigeria.

Material and Methods: This study analyzed population-based cross-sectional data from the 2018 Nigeria National HIV/AIDS Indicator and Impact Survey, which was conducted across all six geopolitical regions. Weighted frequency and percentages were employed to describe HIV prevalence and barriers to testing among 0-9 and 10–14-year-olds. Statistical analysis was performed with significance set at 5%.

Results: A total of 148,229 zero to 14-year-olds (N=108,050 aged 0-9 and N=40,179 aged 10-14 years) were surveyed across Nigeria. Overall, HIV prevalence among 0-14-year-olds was 0.1%. Disaggregation showed prevalence of 0.1% among children 0-9 years and 0.2% among young adolescents 10-14 years old. Young adolescent HIV-prevalence was highest in the Southwest (0.2%) and lowest in Northwest zone (<0.1%), and 97% of 0-14-year-olds surveyed had never been previously tested for HIV. The most reported barrier to HIV-testing among never-tested young adolescents was “mother’s belief that they were at low risk/test was unnecessary” (41.7%). Other reasons included “distance to health facility” (5.1%), “high test costs” (4.4%), “high transportation costs” (3.5%), and “religious objection” (1.9%). Among previously never-tested young adolescents found to be HIV-positive, the most reported barrier to testing was “low-risk/the feeling that the test was unnecessary” (59.7%), “did not receive permission from family” (10.7%) and “unsure of test location” (10.6%). We also found that 3.9% of HIV-positive mothers had HIV-positive young adolescents ($\chi^2=103.20$; $p < 0.001$). The odds of having an HIV-positive young adolescent were higher among HIV-positive mothers than HIV-negative mothers (OR: 77.86; 95%CI: 13.42, 451.66).

Conclusions: HIV prevalence among young adolescents in Nigeria is relatively low, however, this and the vertical transmission rate needs to approach zero to achieve an AIDS-free generation. Given that the vast majority (~97%) had never been tested, there are potential missed opportunities for early detection and treatment of HIV among young adolescents. Addressing testing barriers and misconceptions through community health education and “hotspot” mapping, awareness campaigns and affordable/free/accessible tests could increase uptake of HIV-testing and overcome these barriers.

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HIV Vertical Transmission Dynamics by Age Group – Exploratory Research Findings From 9 Health Facilities in Mozambique

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UNAIDS estimates that Adolescent Girls and Young Women (AGYW) aged 15 to 24 years accounted for a quarter of new HIV infections in sub-Saharan Africa in 2020. However little is known on the contribution of AGYW to Vertical Transmission (VT) in Mozambique estimated at 13% in 2020. Routine data in the Prevention of Mother-to-Child Transmission (PMTCT) cascade is not reported by age group in Mozambique’s Health Information System (SIS-MA). This exploratory analysis was commissioned by Mozambique’s Ministry of Health, UNICEF, UNAIDS and WHO to explore age group specific Vertical Transmission dynamics in Mozambique.

A non-probability cohort sample of 396 children exposed to HIV, born between 21 June 2019 and 20 September 2019, with at least a single consultation registered in the Consultation of Children at Risk (CCAR) register book was collected across 9 Health Facilities (HFs) and the 18-month follow-up final HIV outcome status documented. The 9 Health Facilities (HFs) were distributed regionally across 3 provinces: Inhambane, Zambézia, and Nampula. Ante-natal Care (ANC) follow-up records and HIV patient files of mothers of children exposed to HIV were linked to the CCAR records using the mother’s Antiretroviral Treatment Identity Number (ART ID).

Although the numbers were small, children born to AGYW 15 to 24 years living with HIV had a risk of vertical transmission 1.6 times higher when compared to children of the same birth cohort born to adult mothers aged 25 years and older, based on the 18-month follow-up final HIV status (6.7% vs 4.2%). Mother-to-child transmission of HIV occurred mainly during pregnancy or at labor and delivery evidenced by a positive PCR test result at <2 months of age in 60% of the 20 children with an HIV-positive final outcome status at 18 months (66.7% among HIV+ children born to AGYW vs. 54.5% among HIV+ children born to adult women). ANC records show

that AGYW are less likely to know their HIV status at 1st ANC compared to adult mothers.

Results of the exploratory research highlight the need to prioritize and focus HIV preventative efforts to AGYW before they become pregnant in order to reduce mother-to-child transmission among AGYW.

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Understanding and Addressing Youth's Concerns about Long Acting-Anti Retroviral Therapy (LA-ART) Critical to Accelerating the Treatment Gap

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Background: Anti-retroviral therapy (ART) non-adherence is prevalent among youth aged 13 – 25 taking daily oral ART. Adherence is essential to reaching the Ending the Epidemic goals for youth living with HIV (YHIV). Long-acting ART (LA-ART) may facilitate accelerating this treatment gap, improving health outcomes. However, it is imperative to consider youth's apprehensions of these novel, commercially unavailable formulations and delivery methods to achieve adherence. This study examines concerns of adherence challenged virally unsuppressed YHIV and their willingness to use new, emerging LA-ART strategies.

Materials and Methods: This study's data is from the TECH2Check Study (NCT03600103), a randomized trial evaluating a technology-enhanced community nursing strategy for viral suppression among adherence challenged YHIV with detectable viremia at baseline. We conducted a 34-item telephone-based survey to evaluate preferences, concerns, and willingness to use four LA-ART delivery alternatives: intramuscular injections (IM), subcutaneous injection (SC), subdermal implant (SDI), and LA-ART pills (LAP), compared to daily oral ART. Responses were summarized using descriptive statistics: proportions for categorical responses and median and

ranges for potentially skewed factors such as age and viral load (VL). Concern was calculated as all three positive selections (very, somewhat, a little) combined/totalled.

Results: Nineteen participants enrolled in this sub-study. Majority were male (47%), African American (79%), and median age was 23 years. There was high willingness to try LA-ART, 70% (7/10) of those with undetectable VL and 89% (8/9) of those with detectable VL (≥ 20 copies/mL), ($p=0.582$).

Sixty-three percent had concerns about possible side effects for IM, 84% for SDI, 85% for SC, and 57% for LAP. Seventy-nine percent of YHIV cited concern that IM and SC might not work to treat their HIV; 95% thought the same for SDI, and 68% for LAP. 84% perceived that IM might have prolonged side effects, 79% for SDI, 68% for SC, and 74% for LAP.

Conclusions: YHIV may be amenable to using novel LA-ART delivery methods if their concerns are addressed. This finding suggests prioritizing patient-facing educational interventions as innovations become available. Additional research with large, heterogeneous samples of YHIV may better define acceptability and predict uptake of LA-ART for public health implementation strategies.

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Viral Load Coverage Among HIV/Aids-Positive Agyw Enrolled in the Rise Up! Project at the Copperbelt Sites in Zambia

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HIV/AIDS pandemic has remained a constant global health threat; with an estimated 38.8 million around the world currently suffering from the disease as of 2021. Despite significant declines in new HIV infections globally, Adolescent Girls and Young Women (AGYW) continue to be disproportionately affected by HIV/AIDS. The Rise UP! program, funded by HRSA and initiated by Charles R. Drew University of Medicine and Science, aims to provide comprehensive HIV prevention and treatment

services for AGYW in Zambia. Its goal is to assist Zambia in addressing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) 95-95-95 targets among AGYW, which include diagnosing 95% of all HIV-positive individuals, providing antiretroviral therapy (ART) for 95% of those diagnosed, and achieving viral suppression for 95% of those treated by 2030.

This study aims to investigate the Viral Load (VL) coverage among AGYW enrolled in the Rise UP! project on the Copperbelt sites and assess the project's impact on improving VL coverage. The goal is to contribute to achieving the UNAIDS 95 target and ultimately improve HIV prevention and treatment outcomes for AGYW in Zambia.

A cross-sectional study design was employed, utilizing secondary quantitative data from SmartCare systems at five Rise UP! sites in the Copperbelt province. The data included information on AGYW eligible for viral load testing and those with recorded viral load results. A comparison was made between the pre-implementation period (2019-2021) and the post-implementation period (2021-2022).

All of the sites showed an increase in VL coverage, with the exception of one site (Ipusukilo) where VL coverage decreased from 66% to 58%. On average, VL Coverage had increased from about 66% before the implementation of the project to 75% after the implementation of the project.

The Rise UP! project has contributed to an increase in VL coverage among AGYW on the Copperbelt sites. However, to meet the UNAIDS 95 target, it is essential to address the remaining 25% gap in VL coverage within the Rise UP! project. Continued efforts are needed to improve HIV prevention and treatment outcomes for AGYW in Zambia, building upon the positive impact of the Rise UP! program.

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The Implication of HIV Treatment on Mental Health in Adolescents and Young People

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The implication of HIV treatment on mental health in adolescents and young people.

This study examines the impact of HIV treatment on the mental health of adolescents and young people in Lesotho. Interviews were conducted with 31 individuals aged 15 to 19 who were enrolled in the National HIV treatment program and the Sentebale clubs and camps program. Thematic analysis was employed to identify patterns in their responses.

The participants had an average of 11 years of school attendance, with 71% experiencing a misalignment between school years attended and corresponding grades. Only 29% had a perfect alignment, suggesting high rates of repetition or unaccounted attendance losses.

On average, participants had known their HIV status for eight years, with awareness typically occurring at age nine. While 97% had not received a clinical diagnosis of mental health conditions, 18% reported experiencing specific mental health issues without a formal diagnosis, such as low mood, anxiety, sadness, and depression.

Major life events, including learning their HIV status, loss of loved ones, HIV-related discrimination, academic failures, and economic hardships, were identified as triggers for poor mental health. These events caused significant changes in self-perception and social perception. The study highlighted the correlation between HIV status and mental health, influenced by reactions and stigmatization associated with HIV.

The majority of participants received emotional support from family, friends, pastors, and community members. However, 13% felt secluded and lacked support, particularly among young males, which could lead to negative behaviors and further mental health challenges.

Loneliness among young men was shown to have detrimental effects, increasing risks of depression, anxiety, substance abuse, self-harm, and physical health issues. Interventions like building social connections, promoting support networks, and encouraging professional help-seeking were suggested.

Understanding and addressing the mental health implications of HIV treatment in young people is vital for comprehensive care. Further research and targeted interventions are needed to meet their specific needs and mitigate negative impacts on mental well-being.

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Prevalence of HIV Among Children and Adolescent in Taraba State – Nigeria

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Background: Adolescents and young people represent a growing share of people living with HIV worldwide. In 2022 alone, 480,000 young people between the ages of 10 to 24 were newly infected with HIV, of whom 140,000 were adolescents between the ages of 10 and 19. Nigeria has the fourth-largest burden of HIV/AIDS globally and one of the highest rates of new infections in sub-Saharan Africa including Nigeria

Materials and Method: The study aimed to determine HIV prevalence among Children and Adolescent in Taraba State.

Methods: HTS data of Children and adolescent was extracted from data of people tested by Centre for Initiative and Development (CFID) from November 2022 to May, 2023 across 3 LGAs (Karim Lamido, Sardauna and Ussa LGAs) of Taraba State. This data was analyzed and the following results were generated.

Results: 642 children and adolescent were tested during the period under review. Out of this number, 230 (35.8%) were children between the ages of 0 to 9years, while 412 (64.2%) were adolescent 10 to 19years. From the data analyzed, there was a 0.8% HIV prevalence among Children 0-9years and a 0.6% among adolescent 10-19years. Our finding shows that there is still high HIV prevalence (0.8%) among children 0-10years in Taraba State, compared to the national prevalence of 0.2. On the other hand, the prevalence among adolescent 10 to 19 years was significantly low (0.6%) compared to the national figure of 3.5%.

Conclusion: Our findings suggest that interventions targeting children should be intensified in Taraba State to improve case identification and linkage to care.

Keywords: HIV testing Services (HTS), children, adolescents, Prevalence

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The HIV Care Cascade among Adolescents in the PEPFAR-Supported USAID Treatment Program in Kenya, (2018-2022)

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Background: Progress towards the UNAIDS 95-95-95 goals continues to lag for adolescents living with HIV (ALHIV) globally, and in Kenya, which has an estimated 99,438 ALHIV. Due to their unique vulnerabilities, ALHIV have poorer linkage to treatment and treatment outcomes compared to adults.

Materials and Methods: Routinely collected data from the USAID/PEPFAR Kenya program was analyzed for fiscal year (FY) 2018 to 2022 (October 2018 - September 2022). Results among adolescents 10-19 years were analyzed for the following indicators: number of HIV tests conducted, number of HIV tests with positive results, number initiated on antiretroviral treatment (ART) and calculated proxies for linkage to treatment, viral load (VL) coverage and VL suppression. This data was further disaggregated into finer age bands (young adolescents 10-14, and older adolescents 15-19) and sex (male/female).

Results: Among adolescents, there was a gradual reduction in the number of HIV tests done over the years, from 816,105 tests conducted in 2018 to 168,300 tests in 2022. During this period, 13,931 ALHIV were identified, 8,196 (59%) of whom were females aged 15-19. Index testing and other Provider Initiated Testing and Counselling (PITC) modalities accounted for the bulk of ALHIV identified, consistent with the overall care and treatment program in Kenya. Proxy linkage to treatment increased steadily from 79% in 2018 to 92% in 2022, with a higher linkage for females observed across the years compared to males, which has consistently been below 90%. The number of adolescents active on treatment has gradually decreased from 29,338 in 2018 to 25,468 in 2022. VL coverage between 2018 and 2020 was >90% for adolescents and declined due to commodity shortages in 2021 (69%), slightly rebounding in 2022 (79%). Across all age groups and sexes, reported VL suppression was below 90% for each FY.

Conclusion: The PEPFAR USAID program is reaching adolescents in Kenya, however, efficient and targeted case finding strategies need to be maintained to focus on

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highly vulnerable populations. While there is tremendous progress in linkage to care, more work is required to ensure that ALHIV are supported to achieve and maintain viral suppression.

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Predictors of Adherence Self-Efficacy Among Adolescents and Young Adults Living With HIV in Southwestern Uganda

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Background: Adherence to antiretroviral therapy (ART) among adolescents and young adults living with HIV (AYLHIV) in sub-Saharan Africa is sub-optimal compared to young children and adults living with HIV. Adherence self-efficacy is one of the intrapersonal factors documented to improve ART adherence among adults living with HIV. The role of adherence self-efficacy in ART adherence among AYLHIV is not well studied in Uganda. We assessed the factors associated with adherence self-efficacy among adolescents and young adults living with HIV in southwestern Uganda

Materials and Methods: We enrolled AYLHIV from the HIV clinic at Mbarara Regional Referral Hospital in southwestern Uganda between October and December 2021. We collected information on adherence self-efficacy, HIV stigma, depression, self-management, social skills and sociodemographic characteristics including age, sex and the main caregiver. We used linear regression to determine the association between adherence self-efficacy and covariates of interest including depression, HIV stigma, self-management, and social skills adjusting for sociodemographic characteristics.

Results: The mean age of the participants was 19.1 (SD 2.81) years and the mean duration on ART was 15 (SD 4.72) years. The mean adherence self-efficacy score was 17.23 (SD=5.93). The factors statistically significantly associated with adherence self-efficacy were self-management ($\beta=0.29$, 95% CI 0.23-0.35, $p<0.001$), social skills ($\beta=0.14$, 95% CI 0.059-0.22; $p=0.001$), and having

grandparents as the caregivers ($\beta= 0.56$, 95% CI 0.12-0.99; $p=0.01$).

Conclusion: The findings imply that interventions directed at enhancing self-management and social skills in AYLHIV may increase adherence self-efficacy and, as a result, adherence to ART among AYLHIV.

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Revolution of Transgender Health Programming; The Role of Transgender Activists in Health Programming for Malawi

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Background: Lesbian Intersex Transgender and Other Extension (LITE) is a peer-led organization that was formed in 2016 but officially got registered in 2018. The organization started as a support group to provide psychosocial support to one another. In 2017, LITE conducted a series of community dialogues, consultative meetings and needs assessments with various stakeholders to allow community members to meaningfully contribute towards LGBTI Programming in Malawi, collect data and views to inform programming for community-led organizations and ensure that individuals are considering self-security and also prevention of HIV/AIDS

Materials and Method: Transgender persons have at least experience violence in the hospital when accessing health services. The highest ranking of perpetrators are the health personnel, transgender persons have been denied health services and chased away from the hospital only to be taught to come dressed in conforming clothes. Those who have resisted the nurses are regarded as impersonators and they call police on them, who arrest them for impersonating. We used the health for all, human rights-centred approach to advocating for Transgender health programming.

Lessons learned: Through resilient advocacy, the LITE organization has successfully amplified the livelihood of Transgender persons in Malawi. The organization through its transition from a support group to an established organization has also transitioned with them the Transgender Health programming, especially in ensuring that Transgender persons can access HIV services. We contributed towards the development of a minimum standard package for Transgender persons which was developed in collaboration with the National Aids Commission. We facilitated the implementation of

the transgender formative study conducted and successfully advocated for the inclusion of Transgender persons in the National Strategic Plan for HIV response for Malawi. In 2020, through the Key Population Investment Fund, LITE started to implement HIV programming for Malawi.

Conclusion: Peer-based approaches have been influential in informing transgender health programming in Malawi. Using lived realities, personal experience and shared stories we have managed to set a benchmark for transgender health programming in Malawi. However, no established epidemic patterns due to a lack of population studies for transgender. As such, we are advocating for a national population size estimate study.

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Progress Towards 95-95-95 Targets Among Adolescents Living With HIV in Nepal: Analysis of National Routine Health Facility Data

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Background: Adolescence is a critical stage in human development with unique needs and vulnerabilities. Adolescents living with HIV often face neglect and inadequate support in low- and middle-income countries. Adolescent girls are particularly at higher risk of HIV acquisition compared to boys. However, there is a lack of systematic analysis on the progress of achieving the 95-95-95 targets specifically among adolescents. This study aims to assess the gender-specific status of adolescents living with HIV in relation to these targets in Nepal.

Materials and Methods: Two data sources were utilized to analyze the progress towards achieving the 95-95-95 targets. Firstly, UNAIDS-recommended mathematical modeling using the Estimation and Projection Package/Spectrum was employed to determine the number of adolescents living with HIV. Secondly, routine program data until December 2022 were utilized. Data from adolescents aged 10-19 years, who were living with HIV and receiving ART, were analyzed across eighty-four HIV treatment centers in Nepal. The study specifically focused on three outcome variables defined by the 95-

95-95 targets: (1) 95% of adolescents living with HIV knowing their HIV status, (2) 95% of diagnosed adolescents receiving sustained ART, and (3) 95% of adolescents on ART achieving viral suppression. The outcome variables were presented as percentages.

Results: Approximately 71% (1,412) of the total estimated adolescents knew their HIV status, with males comprising 56% (790/1,412) and females accounting for 44% (622/1,412). Among the adolescents who knew their HIV status, 95% were receiving ART, with significantly fewer males [91% (721/790)] compared to females [99% (617/622)]. Of the adolescents on ART, only 75% had been tested for viral load, and 70% maintained virological suppression. There was a slight difference in viral load suppression between genders (males: 69% vs. females: 72%).

Conclusion: To achieve the 95-95-95 targets by 2026, additional efforts are required to identify adolescents who are unaware of their HIV status, facilitate their linkage to sustained treatment, and enhance accessibility to viral load testing. It is crucial to prioritize and implement interventions that address gender disparities in engagement with the HIV treatment cascade in Nepal.

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If We Don't Tell Them, Then We Are Leaving Adolescents Behind: The Untapped Potential of Promoting Viral Load Literacy, Including U=U, to Support Sustained Wellbeing and Viral Suppression Among Adolescents Living With HIV

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Background: The clinical knowledge that people living with HIV who achieve and maintain an undetectable viral load cannot transmit HIV sexually, known as Undetectable equals Untransmittable (U=U), has reached a critical mass of adults. Yet, it remains relatively silenced within adolescent HIV care and support. We

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explore how adolescents living with HIV (ALHIV) understand viral load (VL) monitoring and the implications of viral suppression.

Materials and Methods: We present our findings from two studies examining ALHIV's VL literacy. In Study 1 we interviewed 45 ALHIV (10-24 years old) and conducted six participatory workshops with 20 caregivers and 18 healthcare workers in Zimbabwe. Study 2 was a World Health Organization (WHO) global consultation with 388 adolescents living with HIV (aged 10-24 years) from 45 countries. We triangulated our thematic analysis to draw the findings together.

Results: In both studies we found that VL literacy was low. VL testing was predominantly understood as a clinical procedure undertaken to enable health care workers to monitor treatment adherence. Only a small minority of adolescents were aware that being virally suppressed virtually eliminated the risk of onward transmission. Those that did understand this, described the transformative effect this knowledge had had on them. They attributed it to incentivising optimal treatment engagement and improving their wellbeing, by reframing what it meant to be living with HIV and igniting hope for their present and future relationships.

Conclusion: Improving VL literacy, including tailored messaging about U=U, is likely to have a profound effect on adolescents' well-being and the management of their HIV status, including internalised stigma. Yet, what being virally suppressed can achieve for adolescents, including in supporting their mental health, is often left unsaid in conversations around adherence. In not actively integrating VL literacy into HIV care, we are missing a valuable opportunity to support the well-being, HIV and sexual and reproductive health outcomes of adolescents who are living with HIV. We need to develop person-centred approaches that build VL literacy throughout childhood and adolescence and are responsive to adolescents' needs and concerns.

Increasing Proportion of Adolescent Females Among Children and Adolescents Living With HIV With Virologic Failure in Tanzania

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Background: Increased attention to virologic suppression among children and adolescents living with HIV (CALHIV) as well as the introduction of better tolerated treatments - such as dolutegravir dispersible tablets - has led to improved outcomes. However, adolescents remain a challenge in terms of sustained adherence to therapy and achieving virologic suppression.

Material and Methods: A retrospective chart review was performed analyzing data from January to December 2022 from the Baylor College of Medicine Children's Foundation - Tanzania clinic in Mbeya, Tanzania. CALHIV who were on antiretroviral therapy (ART) for at least 6 months and had at least one viral load (VL) drawn in the previous year were included in the analysis.

Results: The total number of adolescents (aged 10 to 19 years of age) ranged from 890 to 977 during the study period (total clinic population ranged from 1260 to 1351). Overall clinic virologic suppression rates (defined as VL < 1000 copies/mL) fell from 92.5% in January to 89.0% in August, then rose again to 92.3% in December. Adolescent suppression rates also fell from 92.5% in January to 89.7% (August), then rose again to 91.9% (December). Females among the total clinic population varied from 53.6% to 55.1% during the study. The percent of females among clients with virologic failure (VF) fell from 55.9% to 50.0%. Among those with virologic failure, adolescents contributed 70.6% at the beginning of the study and rose to 76.0% by the end. When looking at adolescents segregated by gender, both females and males demonstrated a trend toward increasing representation among clients with VF, however, by the end of the study period, adolescent females constituted 40.4% among failing clients while adolescent males only constituted 35.6%.

Conclusion: In the age of improved virologic suppression among younger CALHIV, we are witnessing a shift to

adolescents comprising the bulk of clients with VF, especially adolescent females. Services for CALHIV need to adjust to correspond to this trend and provide improved adolescent-friendly services. Moreover, adolescents should be involved in the development of these services to ensure broad acceptability and uptake.

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Determinants of High Intervention Sustainment and Fidelity of an Adolescent Transition Package One-Year Post Clinical Trial

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Background: Integrating and sustaining evidence-based interventions in routine care is crucial to improve HIV treatment outcomes among youth living with HIV (YLH). An Adolescent Transition Package (ATP), tested in Kenya in 2021, significantly improved YLH readiness to transition from pediatric to adult care. Post-trial, participating clinics could continue using the ATP after study staff exited. We evaluated ATP use by intervention clinics one-year post-trial.

Materials and Methods: We conducted thirty in-depth interviews with health care workers (HCWs) from ATP intervention sites to characterize determinants of continued ATP implementation. HCWs were purposively recruited to represent a range of cadres and ATP implementation experiences. Interviews used semi-structured guides, informed by the Consolidated Framework for Implementation Research (CFIR) version 2.0, were audio recorded, translated and transcribed. Transcripts were analyzed thematically to identify key influences of ATP sustainment and fidelity post-trial.

Results: HCWs were an average of 38 years and the majority (69%) were female. They reported an average of 8.7 years working with YLH, and 2.4 years implementing the ATP. HCWs described overall high acceptability, feasibility, and appropriateness of the ATP, which together motivated sustained implementation. Effective training and ongoing support were crucial for initial implementation, especially among newly joined clinical staff. Observed positive impact on patient outcomes, such as improved literacy, adherence or viral

suppression, and a patient-centered clinic culture motivated staff to continue use post-trial. HCWs also described the role of supportive clinic and external (MOH) leadership as key determinants of sustained use. Workforce resources, such as staff shortages and high rates of staff turnover, lack of integration into the existing electronic medical system, and maintaining staff motivation were barriers to intervention sustainment. Implementation fidelity was similarly influenced by workforce resources and also by the need to individualize content and delivery to be responsive to patient needs. ATP adaptability allowed optimization of delivery to overcome workforce constraints within individual clinic settings, increasing feasibility and improving continued use.

Conclusion: Post-trial, sustained ATP use was influenced by HCW perceptions of acceptability, feasibility and intervention adaptability. Strategies to ensure continued training and integration of tools into existing systems have the potential to further enhance ATP sustainability.

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Ensuring Agyw Have Network-Building Mentorship Opportunities by Providing Them With Skills, Knowledge, and Opportunities to Lobby and Advocate Srhr and HIV Programs at the Grass-Root Level.

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Background: Across the board, mentorship programs are far and few between, often inaccessible, and seldom offer context-specific support, particularly in Sub-Saharan Africa. However, ATHENA believes they are essential and should be taken seriously and supported with resources and sufficient funding. Mentorship, capacity building, and leadership training are at the core of assisting AGYW self-actualize and become self-determined leaders in driving interventions to achieve gender equality, universal health care, and ending HIV/AIDS as a public health threat.

Materials and Method: Opportunities for #WhatGirlsWant focal points to grow into the leaders they have the potential to become have continued to be created by the AGYW's capacity-building efforts through International Workshop on HIV & Adolescence 2023 – Lusaka, Zambia

mentorship programs and leadership training. AGYW's mentorship programs and leadership training in Africa empower AGYW to become leaders, empowering them to achieve sustainable changes.

Lessons learned: Threats to public health and a lack of universal health care disproportionately affect AGYW. To ensure that their experiences and needs are considered in health interventions, they must have the confidence, knowledge, skills, resources, and financial support to participate meaningfully in healthcare programming and interventions. We are determined to support them as they become equipped and self-determined to affect meaningful and sustainable changes in their lives. This is demonstrated by our #WhatGirlsWant model, where the focal points have been empowered and actively lead advocacy at the community level in their respective countries and continue to map the needs and concerns of adolescent girls and young women as they lead the advocacy campaign focused on HIV prevention and are in charge of organizing AGYW in their countries to create a movement of well-connected AGYW in their diversity at country levels.

Conclusion: AGYW peer mentoring model for future scaling-up and sustainability facilitated engagement and the creation of safe spaces for discussion with important decision-makers in HIV, SRHR, and gender equality at local, increased the expertise of the five #WhatGirlsWant country focal points with the ability to train and mentor their peers and ensure skill-based peer advocacy. Scaling-up and sustainability facilitate engaging and creating safe spaces to dialogue with key decision-makers in HIV, SRHR, and gender equality at local, national, and global levels.

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Youth- led SRH and HIV Programmes: Promoting Peer- to- peer Mentorship among AGYW on the DREAMS Initiative

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Youth-led SRH and HIV Programmes: Promoting Peer-to-Peer Mentorship among AGYW on the DREAMS Initiative

Background: Adolescent Girls and Young Women (AGYW) in Zambia are at higher risk of contracting HIV compared to other population groups due to biological factors, gender inequality, inter-generational

relationships, transactional sex, and lower levels of education. The prevalence rate among AGYW remains a significant national concern: according to UNAIDS (2021), approximately 9.1% of AGYW aged 15-24 are living with HIV in Zambia.

Materials and Methods: The USAID Controlling HIV Epidemic for Key and Underserved Populations (CHEKUP II) implements a peer-to-peer mentorship approach among AGYW under the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) Initiative, recognizing the significance of peer support in addressing the unique challenges and vulnerabilities AGYW face. Through peer-to-peer mentorship, young women who excel through the DREAMS program receive training to become mentors to their DREAMS peers. Mentors speak from an informed point of view, share correct and consistent information, and provide guidance and support on HIV/AIDS, sexual and reproductive health (SRH), education, and economic empowerment issues with the overall goal of 6,174 this Fiscal year.

Results: Between October 2022 and June 2023, 24 peer mentors were trained, resulting in social connections formed with 5,474 DREAMS mentees. According to DHIS2 data source, AGYW confidence, problem solving, and communication skills were improved, and participants left the program better equipped to navigate adolescence safe and healthy in a supportive environment.

Conclusion: Peer-to-peer mentorship in youth-led SRH and HIV programs like DREAMS demonstrates how young people can be powerful agents for other adolescents' behavioural change processes. When peer mentors are engaged in the design, implementation and evaluation of DREAMS programs, AGYW interventions are more likely to result in continued program acceptance, as well as greater resilience and more sustainable outcomes among the young people they intend to serve.

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Adolescent Girls Living With HIV Glitter Through Socio-Economic Assets Building; Experience of Peer-Led Projects in Uganda

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Background: Adolescent girls 10-19 years living with HIV (AGLHIV) in Uganda experience exceptionally high (1.7%) HIV prevalence and unmet (34%) family planning need; delayed initiation and sub-optimal adherence onto Anti-Retro viral Treatment (ART); poor retention onto HIV and contraception interventions; and low (60%) viral suppression. HIV stigma, negative cultural norms; limited ART and contraception knowledge; poverty, food insecurity, inadequate family and community support; and adolescent friendly services are main causes

Materials and Methods: implement Viiv funded (2021-2024) adolescent HIV/SRH program using social network strategies and peer-led approaches. Established AGLHIV community support groups, skilled 120 peer leaders in leadership, financial literacy and adolescent HIV and SRHR programming; provided tools, seed grant and regular mentorship. Leaders offer basic HIV and contraception services to their peers

Groups established 21 vegetable, poultry and piggery projects among others. AGLHIV afford daily meals to regularly swallow ART pills; and fare to health facilities for timely ARV and contraceptives re-fills. 20 groups formed village saving and loans associations (VSLA). Members borrowed money and established retail businesses. Proceeds enable AGLHIV afford their basic social and health needs

Project and VSLA members support one another on taking pills as prescribed; continuation with ART treatment and contraception methods; self-esteem, self-care and dignified positive living. Members' closeness and unity enhance their coping with stigma, anxiety and cultural norms; retention in care and well-being.

Results: Within two years, program enhanced uptake of integrated adolescent-friendly HIV/SRH services by 11,120 AGLHIV, a 16% increment. Over 10,600, 3,100 and 1,480 received mental wellbeing; contraception and HIV treatment interventions respectively. All are adherent to ART treatment and virally suppressed; and neither have unwanted teenage pregnancies nor children 'Projects and businesses have greatly improved our health, looks and status in community. Many mothers ask me to recruit their teenage daughters into our groups,' narrated a peer leader.

Conclusion: Adolescent girls' empowerment and peer-led socio-economic community approaches accelerated AGLHIV uptake of and retention onto socially acceptable; adolescent-friendly integrated HIV/SRH services. Program will fast-track support groups' linkage to social networks; and government youth livelihood and economic empowerment programs for continued and sustained life skills mentorship; groups development and adolescent HIV/SRHR programming

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Improving Health Services for Adolescents and Young People Through a Community Scorecard Process – A Perspective From Eswatini, Mozambique, Tanzania, and Zimbabwe

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Background: Community-driven monitoring is important in assessing and enhancing the provision of healthcare for young people. Gathering and analyzing client perspectives enhance client satisfaction with the care received and individual health outcomes. Within the healthcare sector, the scorecard is widely used to address quality care at five levels: financial, customer experience, outcomes, internal processes, learning, and growth. Ready to Care Scorecard was developed as part of the Resilient & Empowered Adolescents and Young People (READY+) project to measure the satisfaction and service experiences of adolescents and young people living with HIV (AYPLHIV).

Materials and Methods: The scorecard consists of 15 questions assessing staff responsiveness, communication, privacy, timeliness, accessibility, and quality of care. Each question was rated over a 4-point Likert Scale (1-Never, 2-Sometimes, 3-Mostly, 4-Always) adding up to a total score of 60, indicating a 100% satisfaction. Peer supporters were trained to engage and support AYPLHIV and/or their caregivers to complete the scorecard. September 2019, 1890, AYPLHIV (43% males, 57% females) aged 10-14 years completed the scorecard at 23 health facilities in Eswatini (5), Mozambique (6), Tanzania (8), and Zimbabwe (4). Data were analysed using descriptive statistics. Results are communicated to the facilities, and deficiencies are taken into consideration.

Results: The age distribution of respondents was 10-14 (39.8%), 15-19 (30.4%), and 20-24 (29.7%). Overall country scores were high: Eswatini (86.9%), Tanzania (77.2%), Mozambique (76.7%), and Zimbabwe (76.5%). Questions relating to the interpersonal skills of health care providers such as "greeted me with a smile" received higher scores (87% and 83.5% respectively) compared to questions relating to the technical

competence of health care providers like “health providers made sure that the medication given is not expired and explained how to take it” (54,5%). Respect and confidentiality questions were reported low with only 56,5%.

Conclusion: Scorecard results were linked to the development of quality improvement plans at the health facility as a means to address gaps identified by clients and promote the active participation of service users and providers in improving service quality. Following initial implementation, the Scorecard was enhanced to also monitor insights and experiences of young key populations.

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Integration of Meaningful Youth Engagement in the Implementation of Siaya County Strategy on HIV and Srhr (2019-2022)

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Background: The County Government of Siaya and its stakeholders developed the First action plan for the adolescent and young people in a series of Annual Development Plans to be implemented during the 2019-2022 period. The plan provided a structured approach towards responding to the needs of young people in regards to their engagement and addressing their unmet needs on matters HIV and SRH through formulation and structuring of the Youth Advisory council for health(YACH). Upon implementation of the 4-year action plan, the county has seen some progress in the HIV and SRH outcomes which can be attributed to this action plan.

Materials and Methods: The action plan placed young people at the Centre of implementation through the Youth Advisory Council of Health (YACH), a network of youth advocates drawn from across the county and engaging in SRHR and policy advocacy in their spaces. The YACH closely worked with county and partners in implementation of the action plan, conducting structured lobby and advocacy activities. The YACH were engaged in review which involved data collection through focused group discussions to assess achievement towards set goals in the Action Plan priority

areas, identify best practices for adaptation and generate actionable recommendations for subsequent implementation

Results: The end term review exhibited a decrease in teenage pregnancies from 35% in 2018 (15-19 years) in Siaya county to 21% in 2022. The number of new HIV infections also reduced from 15% to 14.1% in 2022 among adolescents and young people (10-24 years) with an 80% Viral load suppression. (KDHS 2022). The results were attributed to increased interventions targeting contraceptive use, HIV prevention, behavior change and advocacy. Stakeholder collaboration and synergies has enhanced coordination and response to sexual and gender-based violence including reporting and management of cases including care for survivors’ and increased community awareness to reduce stigma. The Adolescent and Youth Sexual and Reproductive programme has received a consistent allocation increase and activities are integrated in the county’s Annual Workplans.

Recommendations: Investment in the continuation and scale up of policies such as the AYP action plan should also be prioritized as a best practice.

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Revolutionizing HIV Prevention and Care for Adolescents and Young People’s Sexual and Reproductive Health Through an Integrated Youth-Led Facility Model in Malawi

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Background: Adolescents and young people (AYP) are a priority population in the HIV epidemic and face significant barriers to accessing sexual and reproductive health (SRH) services. The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) Malawi introduced the Red-Carpet model to enhance HIV identification, linkage, and retention in care among AYP (10-24 years). The program evolved in 2022 to integrate SRH and HIV prevention

services, maintaining youth champions (YCs) as central figures in service delivery.

Materials and Method: YCs, a trained youth cadre, are strategically positioned at key service delivery points (outpatient department, sexually transmitted infection [STI], antenatal care, HIV testing, family planning [FP], ART clinics) to facilitate demand, linkage, adherence, and retention for AYP in HIV services. YCs conduct health talks and physically escort AYP to services. SRH services include PrEP screening and initiation, FP services, linkages to DREAMS, and STI care, among others. Data on the uptake of HIV and SRH services from 12 intervention and 15 control sites in four districts from before (January-December 2021) and after (January-December 2022) was reviewed to gauge the difference in service uptake following the integration of YCs-led SRH support.

Results: Before implementation, control sites reported 1,543 PrEP clients, 50% (772) being AYP; intervention sites reported 1,131 individuals on PrEP, 37% (418) being AYP. This increased to 6,156 individuals on PrEP 12 months post-implementation at intervention sites, with 3,694 (60%) AYP. Control sites observed a less steep increase, with 4,252 on PrEP, 46% (1,956) being AYP. The number of AYP accessing STI screening at intervention sites increased from 1,751 to 6,534 between pre-and post-periods compared to control sites which experienced a less sharp incline from 3,416 to 6,460, respectively. Compared to before implementation, a 95% increase was observed at intervention sites in AYP accessing contraceptive services after implementation, from 400 to 783 AYP, compared to an 89% increase, 443 to 837 AYP, among AYP accessing contraception at control sites.

Conclusion: This study highlights the pivotal role YCs play in driving demand, improving access, and facilitating linkages to SRH and prevention services. It underscores the successful integration of youth-led models into broader HIV programming.

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MobiSafAIDSs App Detects Shortage of SRH Commodities & Medication in Health Facilities Months Before Critical Stage in Eswatini

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Background: The MobiSafAIDS is an innovation available as a Web App and a Mobile App for Social Accountability Monitoring for the Provision of SRH services. It supports social accountability monitoring of SRH services by allowing citizens to report cases of lack of service; interact with the health facility administrators, health services providers and duty bearers; track progress on the resolution of concerns raised through the application. It further seeks to strengthen evidence generation through the mobile phone in real time for advocating for Accountability on the part of Healthcare Service Providers in delivering Youth Friendly SRH services through digital citizen engagement.

Materials and Methods: 10 health facilities were provided with tablets with the application installed in them. These tablets were placed in safe spaces branded as youth corners within the facilities and young people were mobilized to share feedback through the App after accessing services. Feedback issued remained unknown and issued reflected instantly to the service provider. In 6 months, a total of 648 issues of concern were raised through the APP in the 10 health sites.

Results: Through the uptake and utilization of the MobiSafAIDS, issues of concern within the health facilities were raised by the youth. Priority issues brought up by the model included Lack of SRH Commodities and Medication (receiving the highest number), Health staff unfriendliness, lack of privacy, abortion and Gender Based Violence.

<https://bnn.network/breaking-news/health/healthcare-crisis-in-eswatini-patients-left-stranded-as-medication-shortages-plague-hospitals/>

Conclusion: The generation of real time data through the MobiSafAIDS Application has proven to be the most important component of our society, as it detects and provides early threatening trends in the local health facilities. It further provides real and accurate evidence drawn from the end user of health services which in turn supports and establish strong advocacy foundation by Civil Society Organizations. The model directly contributes to the improvement on health service provision as identified challenges are addressed immediately thus increasing the uptake of services.

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Private Sector + Access to Quality SRH Services for Vulnerable Adolescents

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Background: Despite the universal right to access the same range, quality, and standard of free or affordable health care and programs as provided to other persons, a number of studies have shown that adolescents face a multitude of challenges in accessing SRH services, including negative attitudes of service providers, long queues at the public health facilities, long distances to public health facilities, stockouts of commodities, and high costs of services involved this was further backed up by the baseline evaluation results at the program design phase.

Materials and Method: The TIKO platform connects vulnerable 15–19-year-old girls to existing local private service providers (Clinics and pharmacies) and existing peer mobilizers/educators to create demand for services on the platform. AYPs can use Tiko to get the information they need to make decisions about their sexual and reproductive health (SRH) and to rate the quality of the services they receive. Using techniques from behavioral science, the platform nudges and rewards AYPs for positive behaviors, like PreP or ART Adherence. Triggerise pays user fees on behalf of AYPs who cannot afford to pay for them (if they are not provided free) or negotiates heavily discounted rates with providers.

Results: A robust iterative demand generation strategy involving the community-based peer educators as well as digital-based activities enabled the team to reach 31,302 vulnerable adolescent girls thus achieving 157% of the 20,000-programme target with free SRH services. An average rating of 4.73 and 4.84 out of the maximum score of 5 were recorded at the clinics and Pharmacies respectively, indicating a remarkable level of user satisfaction. Additionally, Client exit interviews revealed that AYPs preferred private clinics because they were more youth-friendly, closer to the community, provided services 24 hours a day, provided privacy, and provided a variety of options.

Conclusion: Triggerise, using the Tiko platform, demonstrated how effective private can be in increasing easy and continuing access to quality SRH services for vulnerable adolescents. These clinics are more youth-friendly, located in communities near hard-to-reach

clients, helping to decongest already overburdened public health facilities and giving girls a choice in terms of point-of-service access.

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Improved Service Uptake Among Key Populations in Zimbabwe Through a Peer-Led Intervention.

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Background: Globally, key populations are estimated to constitute less than 5% of the population, together with their sexual partners contributed to 70% of new HIV infections in 2021. Key populations who include sex workers, gay men, men who have sex with men, transgender people, people who inject drugs continue to be criminalized and have inequitable access to HIV services. Scaling up access to HIV services for KPs is critical to achieving global HIV epidemic control by 2030. READY+ is a six-year programme aiming to build resilient and empowered adolescents and young people living with HIV (AYPLHIV).

Materials and Methods: In 2022, 475 key populations (324 Young People who Sell Sex and 151 LGBTQI) between 18-24 years, in Masvingo, Chiredzi, Seke and Chitungwiza, received one-to-one peer led support services through community outreach and group safe spaces, from trained and mentored peers known as Community Adolescent Treatment Supporters (CATS). The program leveraged on the strength of peers, referrals from other KPs and collaboration with other organizations, to identify and link KPs to peer support. The CATs conducted monthly home visits, where mobilization and referrals to attend monthly group safe space meetings were initiated. To promote access to services, CATS facilitated referrals, provided information and counseling on HIV, SRHR, intimate partner violence, stigma, mental health and STI screening. Peers were integrated within health facilities, to ensure holistic quality of care. Additionally, READY+ provided technical support for health care workers on delivery of competent care for KPs.

Lessons Learned: Improving access for KPs is critical in the effective response to HIV. Involving KPs in the identification process, builds trust and ensures their

needs are prioritized. Collaborative partnerships improve access to comprehensive care, and ongoing support and follow-up is important to retain KPs in care.

Conclusion: Pronounced stigma and criminalization place KPs at heightened risks and undermine access to services. Collaborative advocacy to raise awareness on the impact of criminalization, and building the capacity of KPs to advocate for their rights is critical. Through the expertise of peers, we can improve access to services and empower KPs to be resilient and take control of their health.

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Improving Uptake of HIV Testing Services Through Lay Testers in Maputo.

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Background: Mozambique is one of the sub-Saharan African countries most affected by the HIV-AIDS epidemic, and marginalized populations, face barriers to accessing testing services due to geographical, financial, and social restrictions, as well as stigma and discrimination. The READY for an AIDS-Free Future project aims to increase the acceptance of HIV testing services in Maputo among marginalized adolescents and young people through the implementation of lay testers and peer educators, as well as the use of mobile testing brigades to reach remote areas. This contributes to early diagnosis, timely treatment, prevention of transmission, reduction of stigma, and health equity, while also advancing towards achieving the global 90-90-90 targets set by UNAIDS.

Materials and Methods: The analysis employed a mixed methods approach, combining quantitative and qualitative data. The project implements combined strategies to reach its beneficiaries, including HIV testing and counseling through health facilities, index case testing, mobile brigades, door-to-door testing, and HIV self-testing. These activities are carried out by trained lay testers and peer educators who provide pre-test and post-test counseling, administer HIV tests.

Results: Preliminary results from the READY4AAFF program indicate an increase in HIV testing adherence among young people. Within the scope of the project,

using different strategies, it was possible to test and counsel 35,207 adolescents and young people, of which 918 tested positive. This has contributed to the early identification of HIV-positive individuals, enabling them to access appropriate treatment and resulting in a reduction in HIV transmission and an improvement in the quality of life of affected youth. Qualitative data revealed that the community-based approach supported by lay testers, contributed to stigma reduction, increased awareness, and improved access to care and treatment.

Conclusions: Lay testers were effective in mobilizing and conducting tests, resulting in an increasing rate of positive case detection. This demonstrates their potential to provide essential services to a population that often faces barriers in accessing healthcare. Next steps involve strengthening ongoing training for lay testers, expanding the geographic reach of testing services, and fostering collaborative partnerships to ensure appropriate follow-up care.

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Community-Based Distribution of Contraceptives to Adolescents and Young People: Lessons Learned From the Grassroot Soccer Zambia and MOH Partnership in Lusaka District

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Background: Despite youth-friendly spaces in many health facilities in Zambia, adolescents continue to face challenges in accessing SRH and contraceptive services. To address this challenge, in 2021, Grassroot Soccer Zambia (GRSZ) partnered with the Ministry of Health (MoH) to train GRS SKILLZ Coaches, near-peer mentors, as community-based distributors (CBDs) to deliver contraceptives directly to youth in their communities.

Materials and Methods: CBDs are trained in a 10-day course conducted by the Ministry of Health. Trained CBDs then practice under supervision of facility-based clinicians for two weeks before providing services at community level. CBDs then provide confidential services

at convenient locations, including the CBD's or beneficiary's home, or community health events. Virtual and in-person follow-ups are conducted to encourage re-access and support adolescent service access through escorted referrals. Health care providers and partners provide monthly commodity restocks to the CBDs.

Lessons Learned: - Since 2021, 1,399 adolescents and young people have accessed short-term contraceptives through 88 GRSZ CBDs. While a variety of methods are available via CBDs, myths associated with the use of short term methods influence many adolescent girls and young women to choose condoms.

- Including male Coaches as CBDs has improved reaching adolescents in diverse settings, though not all male CBDs have felt comfortable discussing contraceptives with female beneficiaries, a point to address in continued training.

- Although follow-up is essential to ensure positive experiences with contraceptive methods, GRSZ CBDs face challenges including difficulty reaching/locating participants.

- Per MoH policy, first-time contraceptive users must visit health facilities for initial screening for methods other than condoms, which has demotivated many adolescents, and limits the reach of the CBD model.

- Ensuring a consistent commodity supply chain remains difficult: facility stockouts challenge provision of varied methods to beneficiaries. Future partnerships with other organizations with consistent commodity access will help address this challenge.

Conclusion: GRSZ CBDs provide confidential and accessible contraception services at a decentralized level, supporting adolescent contraceptive uptake in Lusaka district. Partnership with the Ministry of Health has been instrumental, and GRS Zambia continues to mainstream its CBD approach within its community and youth-led SRH programming to ensure continued service access.

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"Youth-Powered Transformation: Catalyzing Change in SRHR/HIV Services through Youth-Led Advocacy and Community Scorecards"

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Background: Research demonstrates that the provision of Adolescent and Youth-Friendly Services (AYFS) increases the demand and uptake of Sexual and Reproductive Health and Rights (SRHR)/HIV services among young people by 70%. Building upon this knowledge, Y+ Kenya identified the Youthzone Youth Friendly Center in Mombasa County, which serves over 500 Adolescents and Young People (AYP), as a key partner to undertake an assessment using a community scorecard. The aim was to generate evidence for youth-led advocacy and drive improvements in services provided at Youthzone.

Materials and Methods: In March 2022, with the support of Aifonds under the Youthwise project, Y+ Kenya developed an AYFS assessment scorecard that was administered to AYP utilizing services at Youthzone. Youthwise peer mentors, who were familiar with AYP visiting the facility, engaged the AYP and collected insights into HIV and SRHR services provided. Over 233 AYP between the ages of 16 and 29 completed the scorecard. Based on the information gathered, Y+ Kenya's youth advocates met with Facility Heads on a quarterly basis to share identified gaps and jointly prioritize the following:

-Subsidizing reproductive and laboratory services.

-Commodity security.

-Provision of factual information on U=U (Undetectable equals Untransmittable).

-Regularizing psychosocial support groups (PSSGs).

Results: Y+ Kenya advocates compiled a report highlighting the evidence collected and the desired changes they would want to see. This report was distributed to 76 stakeholders nationwide. Due to consistent advocacy efforts:

☑️LVCT agreed to support monthly PSSGs.

☑️With support from stakeholders, Y+ Kenya led the development of U=U content.

In the last quarter of 2022, Y+ Kenya conducted another assessment, receiving responses from 60 AYP who reported significant improvements in Youthzone services since the implementation of the Youthwise project. Details can be found at this link: <https://drive.google.com/drive/u/0/my-drive>.

Conclusion: This advocacy approach exemplifies the power of youth-led advocacy in practice. AYP took the lead in consistently advocating for service improvements at Youthzone, utilizing scorecards to gather evidence. The transformational impact of youth-led advocacy continues to shape and improve SRHR/HIV services, creating a brighter future for AYP across the country.

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Increasing Uptake of Srhr Services Amongst Adolescent Girls and Young Women (Agyw) Through Football and Pitch Side Service Delivery in Lusaka, Zambia.

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Background: Adolescent-friendly health services and referrals between schools and health facilities are lacking in Lusaka. Of married adolescents, 21.5% have an unmet need for FP. Of the sexually active unmarried girls and women, this percentage is 58.8% (15–19-year-olds) and 38.3% (20-24 year olds). Teenage pregnancies are rooted in gender inequality, which is further perpetuated by the severe adverse consequences for girls and their communities. We report the results of a youth-led, football-based intervention designed to improve SRHR knowledge and drive demand for SRHR services, among AGYW in Lusaka.

Materials and Methods: The program was implemented over two years in ten-week blocks. Baseline and end-line surveys were collected before and after each block by youth project staff working with the peer educators. SRHR knowledge questions were based on DHS & WHO indicator questions, while pitch-side service delivery uptake was recorded by our clinical partner, Marie Stopes Zambia (MSZ).

Results: Over 18 months, 59 young people were trained as peer football coaches to reach 3394 AGYW with 1387 football sessions integrated with sexual health messaging. 1255 AGYW accessed contraceptives (excl condoms) from MSZ's pitch-side mobile clinic. 61,579 condoms were distributed, and 255 HIV tests administered.

2,011 AGYW took the baseline survey of which 934 (56%) completed endline surveys after 10 weeks. Knowledge of contraception improved from 28% at baseline (n=2011) to 62% at endline (n=934). Participating in sessions saw an increase in reported confidence to access SRHR services from 43% at baseline to 61% at endline. Harmful gender stereotypes were prevalent at baseline with 50% agreeing that girls who carried condoms were “easy” or sex workers. After 10 sessions, only 23% of the participants agreed with the statement, an increase from 50% at baseline to 77% at endline.

Conclusion: Football based interventions are an effective mechanism to drive demand for SRHR services among AGYW and engage them around sensitive issues related to SRHR and attitudes towards women. While varying factors such as family duties may disrupt program completion, youth-led sports-based interventions represent a sustainable and valuable mechanism to engage with a vulnerable group that are critical to reaching global goals around adolescent SRHR.

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“Youth Are Experts in What They Need”: Experiences and Best Practice in Co-designing and Implementing FASTPrEP, a Novel Prep Service for Adolescents and Youth in Cape Town, South Africa.

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Background: A people-centered approach focused on the prevention needs and motivations influencing adolescent and young people's (AYP's) healthcare access is a key component to successful PrEP (pre-exposure prophylaxis for HIV prevention) implementation.

Materials and Methods: Fast-PrEP, an implementation science project, established a Youth Reference Group (YRG) in 2020 consisting of 80 young people. The YRG represents their constituencies of young people as expert consultants by co-creating, monitoring, and evaluating the implementation of the FastPrEP project. We conducted focus group discussions with 30 people from the YRG, and 8 project implementers to explore experiences and best practices.

Results: Young people described their experience of being involved in the YRG as empowering, and felt that their voices and needs were valued when seeing their service delivery ideas put into action or witnessing their designs in demand creation campaigns. Furthermore, involvement in the first phase of co-creation enriched young people's knowledge of SRH, PrEP, and research, while equipping them with rights-based sexual health language. The latter even helped in their personal lives giving them the confidence to approach health facilities and request their preferred SRH services. Implementers

and researchers from the FastPrEP project reported that successful engagement with the YRG was due to well-established ties with the community; being flexible around young people's schedules; and having engagements in spaces that are easily accessible and safe for key populations. However, the YRG engagement process was at times perceived as an obstacle to rapid implementation by the clinical team (nurses), who were unaccustomed to relying on patient feedback and direction for their service provision. It was recommended, that all research and clinical staff need ongoing training and sensitization on the importance and value of youth engagement. New members should also periodically be recruited into the YRG to ensure the group remains age-appropriate and diverse in relation to the community-based youth population.

Conclusion: The involvement of a large, diverse group of adolescents and youth in the co-creation of FASTPrEP has been feasible, acceptable, and highly effective. Inclusion of the YRG enabled the optimization of adherence clubs, couriered services, and schools in this hub-and-spokes-delivery model.

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Using Football Coach-Counsellors to Reduce Self-Stigma and Increase Health-Seeking Behaviours of Young People Living With HIV (Yplhiv) In Kampala, Uganda Through Recreational Sports Counselling Sessions

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Background: It is increasingly understood that self-stigma affects YPLHIV's mental health and willingness to access treatment and care, even when community data show an increasing acceptance of YPLHIV's diagnosis. Our project examined the effectiveness of a football-based delivery model using trained football "coach-counsellors" in bridging the gap between YPLHIV and clinics.

Materials and Methods: The programme was implemented over twelve months, with 467 recreational football sessions for YPLHIV made available using three delivery locations: "community" sessions with no requirement to disclose status (373); "safe hub" sessions

limited to YPLHIV players enrolled in an ART clinic (38); "drop-in" sessions held within ART clinics (56). The Uganda Self-Stigma index and key informant interviews were used to understand YPLHIV's attitudes towards their own diagnosis and the effect of self-stigma on health-seeking behaviours. Attitudinal surveys to YPLHIV were done with those at community sessions.

Results: 20 football coaches, some openly LHIV, delivered a self-stigma and mental wellbeing football curriculum, reaching 551 YPLHIV more than 5 times (817 total) through football sessions. Attitudinal surveys towards HIV from the community showed high levels of acceptance (90% of respondents would care for family member LHIV, 70% felt teachers LHIV should be allowed to teach) in contrast to a majority of YPLHIV struggling to tell people of their status (51%) and 50% hiding their status from others.

YPLHIV had a self-reported decrease in self-stigma and self-reported increase in feelings of inclusion and belonging due to the team nature of football and the true "youth-friendly" approach of football coach-counsellors compared to practitioners in ART clinics who were not trained to use youth-friendly activities such as football. One clinic chain requested that their team be trained in our sports methodology to reach YPLHIV more effectively.

Conclusion: YPLHIV's self-stigma is reduced through team sports due to increased feelings of belonging and inclusion, and trained football coach-counsellors are well equipped to open up discussions on self-stigma and mental health for YPLHIV, more than clinicians in ART clinics. As a result, we are expanding this programme to over 25 new clinics in Kampala and surrounding suburbs and training clinicians to use this youth-centred approach.

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Leveraging Community Networks Through a Digital Platform to Increase Access to and Uptake of HIV Services Among Adolescents and Young Adults (15-24 Years) In Mombasa County, Kenya

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Background: Triggerise uses behavioural science principles like nudges and reminders, we promote access to SRH and wellbeing services and products for adolescents and young people (AYP) through a free membership platform called Tiko.

AYP sign up to the Tiko platform, usually assisted by a community mobiliser, and then become eligible to access a range of free SRH services at local health facilities. We offer contraception and other HIV-related treatment and mental health (MH) services. Through a 36-month programme undertaken in conjunction with the Elton John AIDS Foundation, we are integrating mental health care and HIV-related treatment into our existing SRH service infrastructure to serve 15- to 24-year-old AYP of all genders

Materials and Methods: By including MH care into our service offering, young people are better equipped to stick to their treatment plans if HIV-positive; decrease risky behaviours; and find the support they need at an interpersonal level through counselling and MH screenings.

Through Tiko, we partner with several CBOs to offer substantial free pathways to treatment and support to address high HIV numbers, linkage to prevention and treatment of HIV and addressing of mental health issues associated with long-term illnesses such as HIV
Lessons learned: To date, 21,114 AYP have enrolled onto the Tiko platform in Mombasa through this programme.

Our HIV testing options are split into self-testing at pharmacies and clinic testing with a healthcare professional. Out of 12,306 HIV tests, 10,328 chose to self-test, with less than 2,000 electing for assisted testing. Several factors may contribute to this result: a desire to maintain a level of anonymity related to HIV stigma; the convenience of visiting a pharmacy over waiting for an appointment at a clinic; and the more casual association of visiting a pharmacy as opposed to clinics, which are more conspicuous. 1,945 MH services have been accessed. In total to date, 1,006 young people have been screened for depression, with 247 AYP screening multiple times.

Conclusion: - The huge uptick in testing has been because of offering AYP the option of taking HIV self-tests
- The numbers of ART/PrEP uptake and adherence are also steadily increasing

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Layering Mental Health Screening and Treatment on HIV Prevention, Care and Treatment Improves Access to Antiretroviral Therapy and Pre-exposure Prophylaxis Among Adolescents and Young Adults Aged 15-24 Years

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Background: Mental health conditions are on the increase globally, yet remain among the most neglected areas of health globally. In 2019, nearly a billion people were living with a mental disorder with suicide accounting for more than 1 in 100 deaths, 58% of them occurring before age 50. A link between mental health and HIV has long been documented, and various studies show prevalence levels of mental illness among people living with HIV or AIDS to be higher than 19%. Yet, little effort has been directed towards understanding the impact that treatment of mental health illnesses can have on adherence to ART and on other HIV prevention strategies.

Materials and Methods: In 2022, Triggerise received funding from the Elton John Foundation (EJAF) to implement interventions targeting adolescents and young adults (AYAs) aged 15-24 years, on mental health, SRH and HIV-related services including testing, pre-exposure prophylaxis (PrEP), and antiretroviral therapy (ART) in Mombasa County in Kenya. The interventions focuses on AYAs including those from key populations (KP) such as PWID, MSM and FSW. The interventions seek to address key barriers AYAs face when navigating the private and public sectors in the course of accessing HIV prevention and treatment services and mental health services.

Results: Individuals from Mombasa (46%) had higher level of awareness of screening for mental health than those from Kwale (26%) and HIV service use. A similar trend was observed for general knowledge about mental health issues. Individuals from Mombasa had higher mental health knowledge score than those from Kwale. The same pattern was replicated regarding the participants' attitudes towards. The survey has surfaced that there is good progress in serving AYAs with HIV, MH and SRH services in the 14 months of implementation. The impact of the program was felt by

the AYAs and the broader community. The qualitative study identified nuances to explain this impact.

Conclusion: This survey has uncovered early impact of the programme on the uptake of SRH, HIV and mental health services. This implies that the ongoing program efforts could be yielding good progress towards attaining the desired program outcomes.

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Child Sexual Assault: A Public Health Threat. Review of program data at UTH One-Stop Centre, Lusaka Zambia

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Background: The impact of sexual violence against children goes far beyond the initial incident. Survivors experience severe short to long-term health and social consequences, including unintended pregnancy and gynaecological complications, sexually transmitted infections, mental health problems other social consequences. In Zambia Child Sexual Abuse (CSA) is very common but largely under-reported.

Materials and Methods: A review of program data from January to June 2021 of reported cases of suspected CSA, in children below the age of 16, at the University Teaching Hospital One Stop Centre.

Results: A total of 467 cases were reported in the 6 month period. 413 records were traced from the registers with the majority of cases being female (404). The age ranges included the following: 0 to 4yrs - 46 (11%); 5 to 9yrs - 70 (17%) and 10 to 15 - 297 (72%, Adolescents). Majority of the perpetrators were known to the survivor 371 (89%) the commonest being a boyfriend 27% or a neighbour 11%. Majority of the abuse reported (309) took place in the abusers home (43 %) or in the survivors' home (24%). Nine children tested positive for HIV (2%, all were Adolescents); 2 (0.5%) for syphilis and 4 (1%) for Hep B. Of the 256 adolescent girls who were sexually mature, 15% tested positive for pregnancy. Genital swabs for spermatozoa were collected from 233 girls, 107 (46%) tested positive. All the survivors received PEP for HIV prophylaxis if they were eligible, however many (45%) presented late (after 72 hours) so missed the opportunity to get PEP. Similarly, 44% of the adolescents did not get Emergency

Contraception (presented after 120 hours). 28 of the 29 cases of drug facilitated sexual abuse were female Adolescents.

Conclusion: CSA remains a public health threat with many young children and Adolescents, vulnerable within their "protected environment". Adolescent pregnancy rates were high and late presentation to the One-Stop Centre resulted in missed opportunity to prevent pregnancies and other STI's. The high rates of positive smears for spermatozoa from vaginal swabs, presents an opportunity to work closely with the newly established DNA laboratory in Zambia.

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Sexual Behaviour Among Adolescent Boys and Young Men (Abyms) In Rural South Africa: A Cross-Sectional Analysis of Programmatic Data

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Background: Adolescent boys and young men (ABYM) face unique challenges in accessing HIV prevention services and practicing safe sex. Under the Global Fund grant to South Africa, we developed and implemented a multi-level intervention providing community-based HIV prevention programmes for adolescent and young people (AYP), through sub-recipients in 5 sub-districts. The interventions are delivered through peer educators. The current study describes the self-reported high-risk behaviour among ABYM accessing HIV prevention services, between April 2022 to March 2023.

Materials and Methods: This is a cross-sectional study analysing routinely collected programmatic data. All ABYM accessing HIV prevention services are assigned a unique identifier, screened for HIV risk and linked to services based on risk profile. Data were descriptively analysed for HIV risk behaviours.

Results: Between April 2022 to March 2023, the 34 494 ABYM were reached with a defined package of HIV prevention interventions. 53% reported being sexually active. Of the sexually active ABYM, 47% did not know their HIV status, 10% reported having multiple

concurrent sexual partners, 57% reported using a condom at last sexual encounter, and 1% reported receptive anal intercourse.

Conclusion: This study underscores the increased vulnerability of ABYM in South Africa and the need for sustained interventions that meet the HIV prevention needs of ABYM beyond the health sector and address the remaining structural challenges and barriers to reduce HIV incidence among this group.

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Harnessing the Power of Soccer to Mobilize Adolescent Boys and Young Men for Voluntary Medical Male Circumcision in Rural Zambia

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Background: Voluntary medical male circumcision (VMMC) has been proven effective in reducing HIV transmission risks in Eastern and Southern Africa. However, barriers such as fear, misconceptions, limited accessibility, and a lack of knowledge hinder boys and young men from accessing VMMC. Right to Care Zambia, under the USAID Action HIV to Epidemic Control Project, used soccer as a mobilization tool to increase VMMC uptake in rural Zambia.

Materials and Methods: Six health care facilities with low VMMC uptake in the Northern Province collaborated with local stakeholders, including Ministry of Health VMMC providers, guidance teachers, ward chairpersons, and village headmen, to mobilize boys and young men aged 15 to 24 years through soccer. This demand creation strategy aimed to deliver health education messages and overcome barriers associated with VMMC. VMMC services were also provided.

Results: Over a nine-month period, the six health care facilities significantly improved VMMC uptake, from 74 in October 2022 to 3,167 in June 2023. Soccer proved to be an effective means of attracting large crowds, primarily composed of boys and young men who showed willingness to utilize VMMC services after receiving health education.

Conclusion: Soccer demonstrated its power as a mobilization tool for adolescent boys and young men in

rural Zambia. It served as a vital touchpoint for the target population, facilitating knowledge sharing and increasing VMMC uptake. This demand creation strategy has the potential to be scaled up to reach more boys and young men. Additionally, the involvement of service providers in bringing VMMC services closer to the community further enhances accessibility and uptake.

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Scaling Up Pre-Exposure Prophylaxis (PrEP) Uptake Among Adolescent and Girls and Young Women (AGYW) in Bungoma and Busia Counties Through Targeted In-School Sensitization and Mobilization in Tertiary Institutions

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Background: Adolescent and young people (AYPs) in Bungoma and Busia Counties, Kenya, are disproportionately affected by HIV/AIDS. Despite the availability of pre-exposure prophylaxis (PrEP) as an effective biomedical intervention, its uptake among AYPs remains low. This abstract presents a strategy to scale up PrEP uptake among AGYW in the two counties through targeted in-school sensitization and mobilization in tertiary institutions.

Materials and Methods: The scaling up strategy involved a multi-faceted approach, focusing on creating awareness, reducing stigma, and improving accessibility to PrEP among AGYW. The activities were conducted from March onwards and targeted AYPs in various tertiary institutions in Bungoma and Busia Counties. Trained counsellors, peer educators, school health coordinators, and community health workers were deployed to deliver sensitization sessions and provide accurate information about PrEP. The activities conducted in schools and tertiary institutions played a crucial role in raising awareness about PrEP, dispelling myths and misconceptions, and addressing the barriers that hindered PrEP uptake among AYPs.

Results: The targeted in-school sensitization and mobilization activities had a significant impact on PrEP

uptake among AYPs. Between March and May 2023, a total of 125 adolescent girls and young women (AGYW) were initiated on PrEP. This represents a substantial increase compared to the previous five months, from October 2022 to February 2023, during which only 50 AGYW were initiated on PrEP. The use of peer educators as facilitators created a relatable and trusted environment for AYPs to engage in discussions about sexual health and PrEP. Peer educators shared their own experiences, providing real-life examples of how PrEP can protect against HIV transmission. Secondly, the involvement of school health coordinators and CHWs ensured the continuity of support and linkage to PrEP services beyond the sensitization sessions.

Conclusion: The implementation of targeted in-school sensitization and mobilization activities in Bungoma and Busia Counties led to a significant increase in PrEP uptake among AYPs. The results demonstrate the potential of targeted in-school sensitization and mobilization in tertiary institutions as an effective approach to scale up PrEP uptake among AYPs and contribute to reducing new HIV infections in the region.

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Effectiveness of Community-Based Adherence Monitoring Model in Children and Adolescents Living With HIV (CALHIV) In Gutu District, Zimbabwe

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Background: Children and adolescents living with HIV (CALHIV) face unique challenges which affect their adherence to treatment particularly children with multiple vulnerabilities. Despite the success of ART for people living with HIV in Zimbabwe, adherence among adolescents remains low. ZIMPHIA (2020) reported that viral suppression in adolescents and young people was as low as 49.2% in males and 66.2% in females. This suggests that young people living with HIV have poor outcomes across the HIV care cascade, including poor retention in care, lower rates of virological suppression, and higher rates of mortality. The World Health Organisation (2016) recommended community-based

interventions to support ART adherence and continuity of treatment.

Materials and Methods: Zimbabwe AIDS Prevention Project (ZAPP) implemented the Children Tariro (CT), an orphans and vulnerable children (OVC) project in Gutu District Zimbabwe. The project aimed to contribute to national epidemic control efforts by enhancing HIV prevention, care, and treatment for CALHIV. The project engaged 68 community health workers (CHWs) to conduct monthly adherence support and annual viral load tracking at household level for 1,016 CALHIV registered in the OVC project. The adherence sessions were conducted through monthly home visits and virtually through calling or texting to remind caregivers of clinic appointments. CHWs facilitated children and adolescents' support groups, track any interruption in treatment, and retained identified cases on treatment. The CHWs also referred children with high viral load (HVL) to enhanced adherence counseling (EAC) as well as conducting regular checks on the children's progress in EAC sessions.

Results: Viral suppression significantly improved among children and adolescents registered and monitored by the project. Viral suppression rates increased from 78% in 2019, 91% in 2020, 96% in 2021, to 97% in 2022. Retention on ART for children enrolled in the OVC project improved from 77% in 2019 to 99% in 2022.

Conclusion: Community-based adherence monitoring by CHWs to assigned households is very effective in the continuity of treatment and in achieving optimal viral suppression among CALHIV.

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TikTok Videos on HIV Prevention: Content and Quality Analysis

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Background: Adolescence is a period of experimentation, vulnerability, and sexual re-orientation. Therefore, adolescents need to be exposed to the right information on sexual health issues such as HIV/AIDS especially since about 5% of People Living with HIV/AIDS globally are in this age group. Adolescents make up the bulk (25%) of the over 1 billion users of the largest short-video platform (TikTok). Therefore, this study aims to evaluate the quality, understandability and reliability of videos on HIV prevention available on TikTok.

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Materials and Methods: A comprehensive search was conducted on TikTok for videos on HIV prevention. Videos not in English language, more than 1 minute, posted for commercial purposes were excluded from the study. Data such as video length, year of upload, number of likes and comments, and country of upload were extracted for each video. The Global Quality Scale (GQS), Patient Education Material Assessment Tool (PEMAT), and Medical Quality Video Evaluation Tool (MQ-VET) were used to assess the content quality, understandability and actionability, and reliability of the retrieved videos, respectively.

Results: A total of 182 videos uploaded between 2020 to 2023 were identified and only 39 met the eligibility criteria. Majority (74.4%) of the videos were uploaded by health professionals and most (41%). Majority of the videos (87.2%) scored high in understandability of its contents and almost all (97.4%) used common, everyday language. About two-thirds (61.6%) of the videos scored very low in organization while three fifths (60.1%) scored very high in layout and design. A high proportion (84.6%) of the videos clearly identified at least one action the viewer can take, however, no used pictorials in explaining how to take action. Almost four fifths (79.5%) covered the basics concept while almost none (5.1%) provided adequate information on the identity of the presenter

Conclusion: This study revealed that videos on HIV prevention are very few and almost all have varying deficiencies in understandability, actionability and reliability. Therefore, future content creators of TikTok should endeavor to correct these deficiencies in order to create videos that will provide the required information

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Acceptability and Feasibility of Using Vending Machines to Dispense Sexual Reproductive Health Products Among Adolescents and Young Adults in Lusaka, Zambia

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37% of new HIV infections occur annually among adolescents and young adults (AYA) in Zambia, less than half of whom know their HIV status. Technology based approaches to distribute HIV self-tests (HIVST) represent a promising option for HIV prevention behavioral intervention among AYA. We evaluated the acceptability and feasibility of dispensing sexual and reproductive health products (SRH) using vending machine (VM) technology among AYA in the urban-Zambian context.

A bespoke VM was co-designed with designers, health providers and AYA. Following consultation, two VMs dispensing HIVST, condoms, lubricant and sanitary towels were placed at youth friendly spaces in urban, Lusaka. AYA accessed products using a one-time-passcode sent to their phone. Sociodemographic data were collected via the screen. Structured interviews gathered information on user-experience of the machine, acceptability, and attitudes towards accessing SRH products via a VM.

A total of 103 AYP accessed products from VMs over four months. The median age (range) was age 21 (18-24) years, of which 51% (53) were male and 49% (50) female. Most AYP (97%) completed secondary education or were enrolled in college. All three products were equally popular with 36 (35%) choosing sanitary towels, 34 (33%) HIVST kits and 33 (32%) condoms. A higher proportion of women selected sanitary towels compared to men (61% vs 11%) while a higher proportion of men accessed condoms (50% vs 12%) and HIVST kits (39% vs 29%). Among the 34 who accessed HIVST, 13 (38%) tested more than 1 year before or never tested. 1 had a reactive test but had not linked to care at the time of analysis. Interviews, showed high levels of acceptability among male and female AYA which was considered easy to use, accessible and convenient. Barriers to use included requiring a mobile phone to access products and access to only one product per month.

Community co-design with AYP supported development of an acceptable VM intervention for the distribution of SRH services that has the potential to improve access and engagement into care of AYP. More research is needed to understand barriers for implementation in other areas such as rural settings.

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A Qualitative Assessment of the Perceived Acceptability and Feasibility of Eharts, a Mobile Application for Transition Readiness Assessment for Adolescents Living With HIV in South Africa

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Background: Adolescents living with HIV (ALHIV) face many challenges when transitioning from pediatric to adult-centered HIV care, which affect their clinical outcomes. Transition readiness assessments may help ALHIV better prepare for this transition process. We developed a mobile app, eHARTS, to help healthcare providers conduct transition readiness assessments for ALHIV and assessed the perceived acceptability and feasibility of eHARTS in conducting transition readiness assessments for ALHIV in South Africa.

Materials and Methods: We combined the HIV Adolescent Readiness to Transition Score (HARTS), a validated transition assessment questionnaire along with additional factors associated with successful transition, including disclosure, sex assigned at birth, alcohol/drug use, and antiretroviral regimen, to create eHARTS app. We developed a scoring system that groups ALHIV into low, intermediate and high transition readiness. After demonstrating eHARTS and allowing users to interact with the app, we conducted in-depth interviews with adolescents (n=15) and healthcare providers (n=15) at three government-supported hospitals in KwaZulu-Natal, South Africa. The semi-structured interview guide comprised of open-ended questions based on the unified theory of acceptance and use of technology (UTAUT). We used thematic analysis through an interactive team coding approach to develop themes that were representative of participants' perspectives on the acceptability and feasibility of eHARTS.

Results: The majority of participants found eHARTS to be acceptable because of the simple navigation features and felt that it would not add to the stigma associated with living with HIV. Participants believed eHARTS was feasible as it could easily be administered within a hospital setting and integrated into regular clinic activity without disrupting patient care. Healthcare providers saw it as a valuable tool to engage adolescents and prepare them for transition to adult care. Despite concerns that eHARTS may give adolescents a wrong impression about immediate transition, participants suggested that eHARTS can be framed in a way that empowers adolescents as they prepare for transition to adult care.

Conclusion: eHARTS is an acceptable and feasible transition assessment tool for ALHIV that can identify gaps in readiness for transition to improve the transition process.

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Inclusion and Access To HIV Related Services Among PWIDs

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Background: Access to sexual reproductive health rights among adolescents has become a very great concern especially in informal settlements such as Machakos county. According to the research that was conducted by Bar Hostess Empowerment and Support Program [BHESP] in November 2022, was noted that at least 7 out of 10 adolescents who inject drugs fail to get SRHR services from public facility due to stigma related issues especially from health care providers and the community. To this issue, BHESP together through other stake holders started a 4 year project called TWaweza that aims at reaching as many adolescents as possible with SRHR services, social protection services and economic empowerment. BHESP has really struggled to make sure that adolescents rights are upheld by creating safe spaces for these vulnerable population and also forming a one on one talk with them to have them express themselves freely without fear of being violated.

Materials and Methods: To come up with youth friendly services, BHESP started organizing quarterly CAB meetings with both state and non-state actors with the aim of creating mutual rapport. Quarterly food programs, distribution of PPE materials, introduction of support groups to share experiences and sharpening of BHESP

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programs and generally mainstreaming Human Rights Gender [HRG] agenda and package were also utilized. BHESP also utilized community outreaches for HIV prevention intervention; [DSD, flexible and free to reach where AYP are] Safe spaces at BHESP DIC for AYP to feel free when expressing their ideas..

Results: Health education and peer to peer sensitization have made these adolescents know their rights [importance of self-care and prevention]. Through know your rights campaign and team building, a number adolescents injecting drugs have been able to come out and share their experiences as drug users. Between December 2022- February 2023, we have reported a reduced number of community stigma related cases S 80%- 56.1%] These adolescents have also formed a movement called conquers that aim to end stigma and discrimination against the adolescents who inject drugs by 2027.

Conclusion: Meaningful engagement of the community where decisions are being made bring about successful projects.

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Intervention Fidelity and Factors Affecting the Process of a Mobile Phone Text Messaging Intervention Among Adolescents Living With HIV: A Convergent Mixed Methods Study in Southern Ethiopia.

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Background: Intervention fidelity and factors affecting the process of a mobile phone text messaging intervention among adolescents living with HIV: a convergent mixed methods study in southern Ethiopia.

Materials and Methods

Objective: To assess the intervention fidelity and explore contextual factors affecting the process of a mobile phone text messaging intervention in improving adherence to and retention in care among adolescents living with HIV, their families, and their healthcare providers in southern Ethiopia.

Design: A convergent mixed-methods design guided by the process evaluation theoretical framework and the RE-AIM framework was used alongside a randomised controlled trial to examine the fidelity and explore the experiences of participants in the intervention.

Setting: Six hospitals and five health centres providing HIV treatment and care to adolescents in five zones in southern Ethiopia.

Participants: Adolescents (aged 10–19), their families and their healthcare providers.

Intervention: Mobile phone text messages daily for 6 months or standard care (control).

Results: 306 participants were enrolled in the process evaluation. Among the intervention participants (N =153), 171 (55.9%) of whom were men, most resided in an urban area 225 (73.5%), and participants had a mean age of 15 (2.62). The overall experiences of implementing the text messages reminder intervention were described as helpful in terms of treatment support for adherence but had room for improvement. During the study, 30,700 text messages were sent, and fidelity was high, with 99.4% successfully receiving text messages during the intervention. Barriers such as failed text messages delivery, limitations in phone ownership, and technical limitations affected fidelity. Technical challenges can hinder maintenance, but a belief in the future of digital communication permeates the experiences of the text messages reminders.

Conclusion: Overall fidelity was high, and participants' overall experiences of mobile phone text messages were expressed as helpful. Contextual factors, such as local telecommunications networks and local electric power, as well as technical and individual factors must be considered when planning future interventions.

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Integration of Online (High Tech) And Offline (No Tech) Channels for Adolescent SRH Service Uptake

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Background: Despite the digital revolution, adolescents (who constitute a significant segment of the population)

experience challenges such as the inability to access Adolescent Sexual and Reproductive Health Services (ASRHS) which are friendly. The evidence on M-health and peer-integrated interventions and the uptake of ASRHS is inconclusive.

Materials and Methods: Triggerise's Tiko platform connects 15–2year-old adolescents and young people (AYPs) to public and private health facilities for health services that meet their needs. Tiko helps AYPs make informed sexual and reproductive health (SRH) decisions and rate services. The platform nudges family planning, PreP use, and ART adherence using behavioral science. The platform offers low-tech (Short Message Services), no-tech (Tiko cards), and high-tech (WhatsApp, Telegram, Facebook) enrollment options for all adolescent categories. A comprehensive analysis was conducted on the data from Tiko in order to gain insights into the interaction patterns of adolescents on the platform.

Results: There was limited utilization of high-tech enrollment options on the platform. Despite the intervention's provision of multiple mobilization options, there was a bias in the preferred method(s) of enrollment on the platform. The majority of study participants (99.24%) opted for mobiliser-initiated/-assisted enrollment. Other options, such as self-enrollment, which could provide maximum discretion, were the least utilized (0.26%). The majority of AYPs used low-technology options such as SMS (97.61%), while social media platforms such as WhatsApp (1.52%) were used the least. Additionally, A qualitative analysis revealed that adolescents chose low-tech options as their best option (after receiving detailed explanations of available alternatives from mobilizers, and extra support like walking the client to the clinic). Respondents also cited their inability to afford data and how smart devices/phones limited their use of the high-tech pathway.

Conclusion: On the Tiko platform, adolescent girls opted for low-tech enrollment methods such as SMSs because they are less expensive. Youth still place a high value on face-to-face interactions with peer mobilizers in addition to interactions on digital platforms. Integration for both service pathways is crucial. (self-enrollment pathways (High tech) provide confidentiality and are preferred for service uptake. whereas offline peer interactions build trust and offer AYPs more support in making health decisions and was much preferred

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Exploring the Utilization of HIV Telephone Hotlines for Adolescent and Young People's Health Care Needs in Kenya: A Study of one2one Hotline Callers

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Background: Adolescents and young people (AYP) in Kenya and globally face unique challenges in accessing health care services. Telephone hotlines have been shown to be an effective tool for crisis interventions and have been proven to increase health care access, coverage and quality globally. However, little is known about the reasons why AYP utilize hotline services and how this information can inform the scaling up of digital interventions to meet the unmet needs of AYP. The purpose was to understand the reasons why AYP utilize hotline services in order to inform the scaling up of digital interventions to meet their unmet needs.

Materials and Methods: Data derived from the one2one hotline that included a total of 4,909 unique callers was analyzed. Stepwise multinomial regression was used to measure the association of the participants' characteristics with the type of service accessed in the health facility. The general health inquiries were taken as the base reference. Associations were reported by using the adjusted odds ratios (aOR) with their respective 95% confidence intervals. The statistical level of significance was evaluated at 5%.

Results: Majority of the study participants were males (58%) and they were less likely to seek for other health services compared to females (mental health inquiries: aOR = 0.63 95%CI 0.51-0.78, gender-based violence: aOR = 0.39 95%CI 0.29-0.52, Psychosocial support: aOR = 0.70, 95%CI: 0.50-0.98). Higher odds of seeking mental health, gender-based violence and psychosocial support services relative to the general health inquiries were observed among those who were married, divorced/separated, and the unemployed. Participants who self-inquired for health services were less likely to seek for mental health (OR =0.47, 95%CI: 0.30-0.73) and gender-based violence (aOR = 0.41, 95%CI: 0.24 – 0.69) services.

Conclusion: The study found that most of the participants were male and were less likely to seek other

health services than females. These findings suggest that specific demographic characteristics and self-inquiry behaviors' may be associated with a higher likelihood of utilizing hotline services for specific health services. These results can inform the scaling up of digital interventions to meet the unmet needs of AYP in Kenya and globally.

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mHealth Strategies to Engage Youth in HIV Prevention and Clinical Trials in Zimbabwe: Consultative Co-design Workshops Findings

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Background: Adolescents and young people (AYP) account for most HIV transmission globally. However, HIV-prevention strategies often aren't tailored to their needs. Mobile health (mHealth) interventions may increase awareness about HIV prevention and participation in research in young populations. This study sought to develop and design targeted communication strategies on HIV prevention and research.

Materials and Methods: Full-day participatory workshops were conducted among youths aged 16 to 24 years old, had experience with mobile technology or social media, and lived in a high-density urban city in Zimbabwe. Workshop attendees participated in facilitated workshops in 2 phases. Forty AYP participated in four workshops in phase 1. Facilitators interviewed youths to elicit their perspectives on core messaging strategies and social media preferences. Using the data gathered during phase 1, we created three mHealth pages for the three most popular platforms in phase 2. A different group of thirty AYP in three workshops validated the content and rated the usability of the social media platforms.

Results: Mean age of attendees was 20 years, 48% were male and 60% were in university or college. One hundred percent used Whatsapp, 95% Facebook, and 65% Instagram. We found that AYP had several myths and misconceptions regarding HIV acquisition, origins, unprotected sexual intercourse, and related illness. To meet their need for easily accessible information on HIV prevention and clinical trials, AYP groups wanted mobile platforms to be tailored for their age. Desired attributes for mHealth platforms were (1) accessibility, through inexpensive mobile data; (2) comprehensible messaging, by using simple, precise language without medical jargon; (3) entertainment, through hit songs; (4) visual appeal, incorporating vibrant colors and stickers; and (5) privacy. Preferred social media networks were WhatsApp, Facebook, and Instagram. When the model mHealth pages co-created for these platforms were rated, scores averaged 7 on a scale of 10 for each desired attribute.

Discussion: We demonstrated the feasibility of centering AYP to enhance the capabilities of mHealth platforms in ways that will attract and educate young people. Tailoring social media platforms for AYP as the end users may increase their participation in HIV prevention programs and clinical trials.

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Digital Data Solutions Transformative Impact on AGYW Programming in Malawi

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Background: In rural settings in Malawi, Adolescent Girls and Young Women (AGYW) programming faces challenges with paper-based recording and reporting. This led to high costs, ineffective collaboration, and limited data utilization for decision-making, resulting in slow progress in addressing the healthcare needs of AGYW, such as reproductive health education, HIV prevention, and sexual and reproductive health rights. This paper examines the impact of digital data solutions on AGYW programming and highlights the opportunities they present.

Materials and Methods: To address the shortcomings of paper-based recording, UNICEF conducted a pilot program using digital screening of AGYW risks and vulnerabilities at the primary contact level through

community peer educators/mentors. The pilot used google sheets that were made available through WhatsApp links. Access to data was restricted to approved users only, ensuring data security. Peer educators and stakeholders were trained in digital usage and data sharing protocols during district training. The pilot involved 190 AGYW screening forms from 5 districts between March and May 2023.

Results: The pilot response rate was above 95% (n:176). Peer educators managed to upload AGYW assessments right in the communities and reflected in the dashboard instantly. The triggers of risks under each domain were noted as simple (100%), easy to follow (95%).

Conclusion: Digital data solutions have provided valuable insights into AGYW's needs, behaviors, and preferences. Prioritizing the digitization of referrals and service provision will further unlock the benefits tailored to the specific needs of the target population. Digital data solutions have also encouraged collaboration, avoided duplication of efforts, and promoted a more comprehensive and integrated approach to AGYW programming.

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Access to Mass Media and Teenage Pregnancy Among Adolescents in Zambia: A National Cross-Sectional Survey

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Background: Teenage pregnancies and childbirths are associated with negative health outcomes. Access to health information enables adolescents to make appropriate decisions. However, the relationship between access to health information through mass media and teenage pregnancy has not received much attention in existing literature. We therefore examined the association between access to mass media and teenage pregnancy in Zambia.

Materials and Method: Design: Cross-sectional.

Setting: Zambia.

Participants: Weighted sample of 3000 adolescents aged 15-19 years.

Outcome measure: Teenage pregnancy that included adolescents who were currently pregnant or had had an

abortion or had given birth in the last 5 years preceding the survey.

Results: Out of 3000 adolescents, 897 (29.9%, 95% CI: 28.1% to 31.3%) were pregnant or had ever been pregnant. Majority of the adolescents resided in rural areas (55.9%) and had secondary education (53.6%). Adolescents who had exposure to internet, newspapers or magazines, radio and television were 10.5%, 22.6%, 43.1% and 43.1%, respectively. Adolescents who had daily access to newspapers or magazines (adjusted OR (AOR): 0.33, 95% CI: 0.13 to 0.82) or using internet (AOR: 0.54, 95% CI: 0.30 to 0.95) were less likely to be pregnant or to have had a pregnancy compared with those with no access to newspapers and internet, respectively.

Conclusion: Our study suggests that internet use and reading of newspapers or magazines may trigger behavioural change as an effective approach to reducing teenage pregnancy. Behavioural change communicators can implement mass media campaigns using newspapers, magazines and the internet to publicise adolescent health messages that can encourage adolescents to adopt healthy behaviours and prevent teenage pregnancies.

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Mapping Research on PrEP Delivery Among Adolescent Girls and Young Women in Sub-Saharan Africa: A Scoping Review

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Background: HIV prevalence among adolescent girls and young women (AGYW) is more than three times higher than their male counterparts in sub-Saharan Africa (SSA). PrEP is recommended by the WHO and UNAIDS for AGYW in high HIV burden areas. This review was conducted to map currently available research on real-world PrEP delivery among AGYW in SSA.

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Materials and Methods: PubMed and Ovid (including Embase, MEDLINE) was searched from June 2022 to January 2023 with terms related to PrEP, AGYW, and delivery. Quantitative and qualitative studies that reported PrEP outcomes (e.g., uptake, retention, adherence), and barriers/facilitators for both the providers (e.g., healthcare workers) and users (AGYW) were included. One reviewer searched and screened studies for inclusion and a second reviewer independently reviewed a selection of studies to ensure reliability of inclusion. Narrative synthesis was conducted to present findings.

Results: 41 (6.3%) studies were eligible for inclusion out of 649 studies identified. Only studies on oral PrEP met the inclusion criteria. 11 studies were excluded for not disaggregating findings by age and sex despite including AGYW in their sample. Studies were mostly qualitative (56%) and 95% were conducted in South Africa and Kenya. Qualitative studies presented insights into the barriers (such as stigma and side-effects), and facilitators (such as empowerment and social support), for uptake and retention of PrEP among AGYW. Quantitative studies showed issues with PrEP initiation and retention among AGYW, with main reasons for discontinuation including the daily pill burden and low perceived HIV risk. Key recommendations from providers include the need for AGYW-friendly services, raising PrEP awareness, and counselling to support AGYW who need PrEP to continue taking it.

Conclusion: This review highlights challenges with real-world PrEP delivery, especially poor PrEP retention due to individual-, household- and community-level barriers. Findings highlight lessons learnt from PrEP providers and that AGYW require additional support for effective PrEP use. Studies should stratify by age and gender to inform the PrEP delivery evidence base for AGYW. Studies identified were limited in geographical scope; more data is needed for PrEP delivery among AGYW across the region, including all new PrEP modalities as they roll-out.

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Global Consultations With Adolescents Living With HIV on the Acceptability and Accessibility of Long-Acting Injectable ART

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Background: Long-acting injectable (LAI) ART is seen as a solution to poor adherence in adolescents living with HIV, but to date, there has been no formal engagement of this group to discuss its acceptability and accessibility.

Material and Methods: Penta Foundation supported by ViiV Healthcare, developed the Long Acting Injectables Advisory Group Project (LAAG) partnering with non-governmental organisations (NGOs) from Argentina, South Africa, Thailand, Uganda and the UK. Each hosted a 3-hour consultation workshop for a minimum of 8 adolescents and then supported two national representatives to attend a Global Advisory Group to discuss the findings. NGOs ensured adolescents had access to data and technology to join the meeting and interpreters were used to aid participation. Workshops ran from April-May 2023 using youth-participation theories and youth-friendly activities and covered:

- Adherence
- Education on LAI-ART
- Benefits, barriers and potential solutions

Results: Forty-four adolescents (aged 14-19) participated, 43% were cis male, 45% cis female and 12% were transgender/non-binary.

Key themes across all countries related to taking pills (taste, smell, colour, burden and the need to hide them for fear of HIV disclosure) and having busy lives.

Should LAI-ART be available, all reported that barriers to accepting it were fear of the injections, pain at the injection site and concerns about where injections would be administered on the body.

Solutions offered included training healthcare staff on 'youth-friendly' and sensitive attitudes, having 'youth injection clinics' with peer support for those scared of

injections and co-produced information on LAI-ART for adolescents.

After reflecting on the impacts of pills on their lives, 43 (98%) adolescents said they would try LAI-ART, compared with n=33 (75%) before the workshop.

Conclusion: the model of workshops and an advisory group worked exceptionally well, with excellent representation from 44 adolescents across all four continents. Adolescents reported that LAI-ART would make a significant difference to their lives, “freeing” them from daily pills and supporting viral suppression. However, the roll-out needs to be coupled with youth-friendly education and information. Healthcare providers must address the dual stigma adolescents reported facing in clinical care and provide supportive healthcare where LAI-ART is administered sensitively.

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Global Adolescent HIV Clinical Trials: Co-produced Adolescent-Friendly Research Information to Support Real Informed Assent/Consent in the Long-Acting Treatment in Adolescents (Lata) Trial

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Patient Information Sheets (PIS) produced for adolescent and paediatric research are written by researchers in mediums they decide upon. The content is largely dictated by Institutional Review Boards (IRBs) and

regulators and can be extensive and complex. Young people and caregivers report not understanding the information and relying on conversations with healthcare providers recruiting for studies. This raises the issue of how can consent be ‘informed’ where the written information is not fully understood.

LATA (NCT05154747) is the largest randomised trial of long-acting injectable antiretroviral therapy in virologically suppressed adolescents aged 12-19 years living with HIV-1(ALWHIV). It has a dedicated work package on patient engagement and works with groups of ALHIV through ‘Youth Trials Boards (YTB)’ in Kenya, South Africa, Uganda and Zimbabwe.

YTB groups attended a digital global meeting to discuss what information ALHIV would need to make an informed choice whether to participate in LATA and what format that information should be provided in. Once agreed, these groups participated in the co-production of these materials.

YTB members felt ALHIV needed to clearly understand where and how they would have the injections. They also wanted to be educated on how long-acting medication works and the efficacy of 2-monthly injection compared to daily pills in suppressing HIV. They felt the best medium for young people was a short animation video.

YTB members worked with the Penta Youth Engagement Team, the LATA Trial Management Team and Bigger House Film to develop a script and agree the format and style of a 4-minute animation video. YTB members provided the voice-overs in English, Shona, Isizulu, Swahili and Luganda. This video is now being used in trial recruitment, and as a general education tool to explain how long-acting injectable medicine works.

Through genuine youth engagement, LATA will be recruiting for a study in the knowledge that study participants truly understand what they are choosing to be a part of. While this video is additional to a PIS, in future, videos such as this could replace the lengthy complex language provided to trial participants, which we believe merits further discussion with IRBs and regulators.

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The Tanzanian Health Professionals Intervention Improves Sexual Health-Related Interpersonal Communication, Medical History Taking, and Knowledge for Adolescent Health Standards of Care Among Health Professional Students

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Background: Tanzania faces a substantial sexually transmitted infection (STI) and HIV disease burden complicated by complex cultural, political, and legal issues, yet there is limited health professional training to manage common sexual health (SH) issues in practice. Using standardized patient simulations, we assess the effectiveness of a novel comprehensive Afrocentric SH curriculum intervention for improving student knowledge of adolescent health practice standards and overall SH-related interpersonal communication (IC) and medical history-taking (MHT) behaviors.

Materials and Methods: 412 health professional students in midwifery (13), nursing (122), and medical students (277) at a large academic center in Dar es Salaam, Tanzania participated in the human subjects' approved Tanzanian Health Professionals (THP) randomized controlled sexual health education trial. Students completed didactic sessions and four standardized patient simulations focused on 1) adolescent pregnancy (AP), 2) sexual violence (SV), 3) penile discharge (PD), and 4) erectile dysfunction (ED) and baseline, post-test, and 3-month follow-up assessments, including three adolescent health standards (AHS) knowledge measures (adolescent development (AD), masturbation (M), contraception(C). Two of the four simulations were randomly assigned at baseline and the 3-month follow-up assessment. All simulations were conducted in Kiswahili, recorded, and evaluated by bilingual clinical research faculty using standardized behavioral checklists. Proportional changes in AHS knowledge at baseline and three months were assessed. Intervention and control group total baseline

and follow-up IC and MHT checklist difference scores and student assessments were compared using linear regression analyses for students with complete simulation and ratings data.

Results: The analytic sample included 402 students. Of these, 202 were enrolled in the control arm and 200 in the intervention. There were proportional increases in correct responses on all AHS assessment measures by the 3-month follow-up ((AD 0.31 vs. 0.51), (M 0.17 vs. 0.58), (C 0.33 vs. 0.44)). On average, the intervention group had overall difference scores that were 7.82 points higher on the IC measure (B =7.82, SE 0.197, p<0.0001) and 2.49 points higher on the MHT measure (B=2.49, SE 0.270, p<0.0001).

Conclusion: THP improves knowledge of sexual health care standards for adolescents. Further, THP sexual health simulation data demonstrates significant improvement in SH-related interpersonal communication and medical history taking.

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Afrislum's Expert Clients' Delivered Cognitive Behavioral Therapy Model for HIV Self-Stigma Reduction Among Urban Poor Pregnant Adolescents and Young Women Living With HIV in Kampala, Uganda: Lessons From the Pilot

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Background: Self-stigma is linked to HIV positive living; yet there is a gap in interventions addressing self-stigma especially in resource limited settings like Uganda where expert psychologists are few, and psycho-social interventions are barely present. With support from VIH Healthcare Positive Action, Afrislum Uganda implemented an innovative psychosocial therapy model for HIV self-stigma reduction among pregnant adolescent girls and young women living with HIV in Kampala, Uganda.

Materials and Methods: Between 2021-2022, Afrislum Uganda implemented CBT group sessions at three public International Workshop on HIV & Adolescence 2023 – Lusaka, Zambia

health facilities serving the urban poor in Kampala, Uganda. Afrislum identified and enrolled 141 pregnant AGYWs attending EMTCT and EID clinics to benefit from the monthly CBT group sessions. At each health facility, four HIV expert clients were identified and trained to deliver monthly CBT group sessions. Each expert client was allocated a cohort of 8-10 participants to engage 8-10 times throughout their EMTCT (Elimination of mother-to-child Transmission) journey. Participants benefited from between 8-10 different but interrelated CBT group sessions delivered in 10 months. Through the one-hour monthly CBT sessions, beneficiaries are taught cognitive, coping, and assertive skills in order to empower them to deal with negative thoughts, interpersonal problems and stigmatizing reactions.

Lessons learnt: We found that trained expert clients can safely deliver group CBT sessions for HIV self-stigma reduction. This was proven through a quasi-experimental pre-posttest research. HIV self-stigma among CBT beneficiaries reduced to 1.96 from 2.95 pre-intervention. Afrislum's CBT model also created an opportunity (monthly group sessions) for participants to freely share their HIV-related experiences with their peers. It also motivated participants not to miss their clinic days. The sessions also empowered beneficiaries to manage or control their thought processes-especially the negative thoughts.

Conclusion: Psycho-social interventions such as Afrislum's expert client delivered CBT model that utilize lay counselors, offer cost-effective alternatives to address stigma in resource limited settings like Uganda where psychologists, mental health counselors or psychotherapists, and psychological support services are scarce.

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Harmful Practices Existing in Society Related to Sexual and Reproductive Health Rights Affecting Adolescents and Young People Living With Disability and HIV/AIDS in Kenya and Zambia

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Background: For many young people with disabilities, exclusion, isolation, abuse, and lack of educational and economic opportunities are daily experiences. Furthermore, people living with HIV and AIDS, especially women, experience numerous forms of sexual and reproductive rights violations. Sexual reproductive rights are fundamental for adolescents and young people; however, adolescents and young people still face significant harmful practices leading to an unmet need for SRHR.

Materials and Methods: The study was a cross-sectional study involving a sample of 691 adolescent girls and young women from Kenya and Zambia. The study used both qualitative and quantitative methods of data collection and analysis.

Results: Slightly more adolescents and young persons (AYP) living with disabilities and HIV/AIDS from Zambia (51.5%) compared to Kenya 48.5% were aware of harmful practices directed at them in their communities. The study noted a higher level of awareness of harmful practices among AYP living with HIV/AIDS in Zambia (58.1%) compared to Kenya (53.5%). The study noted a significantly higher awareness of harmful practices among AYP living with HIV/AIDS in Zambia (78.9%) compared to Kenya. Among the various harmful practices (physical abuse, forced contraception, and being barred from SRHR services) directed at AYP living with disabilities and HIV/AIDS, stigma and discrimination remained the leading harmful vices affecting AYP living with disabilities (81.5% and 79.1%) as well as those living with HIV/AIDS (87.9% & 86.2%) in Kenya and Zambia respectively. Adolescents and Young persons living with disabilities in Kenya (68.5%) and Zambia (59.1%) revealed that relatives topped the list of perpetrators. Other perpetrators included Guardians and parents, boda-boda riders, healthcare providers and police officers. It was also noted that many harmful practices among AYP living with HIV/AIDS remain underreported.

Conclusion: Findings from this study reveal a need to raise awareness and encourage proper and prompt reporting of harmful practices to the relevant authorities. Survivors of harmful practices should be encouraged to promptly report the vices to the relevant authority for action. There is a need for the creation of a regulatory and policy framework, to protect the adolescent and young people living with HIV/AIDS and disabilities.

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Social Behaviour Change to Improve SRH and Well-Being Outcomes for Adolescents

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Kenya experiences a high rate of teenage pregnancies, particularly among underserved adolescents who lack access to contraception within the healthcare system. Adolescent girls, who bear a substantial burden of adverse sexual and reproductive health outcomes, require high-quality and youth-friendly health services. Triggerise's digital platform serves 15-24-year-old AGYWs in Kenya who are linked to a network of public, private clinics and pharmacies that offer quality-assured services. The client user journey from the platform allows application of behavioural insights to overcome existing behaviour change barriers such as knowledge on SRH services, misconceptions, proximity of care, and commitment for consistent use. Real-time insights collected from our programmes are utilised to adjust interventions, thus ensuring the effectiveness and impact of our programmes. The utilisation of nudges – such as reminders, follow ups, subsidies and reward points – together with rating of the service by users encourages repeat use of our services and enhances the quality of service.

The Tiko platform has significantly enhanced young people's access to SRH and HIV services. From January 2020 to June 2023, Triggerise's platform has reached a total of 554,000 girls and delivered 950,000 services specifically to girls in Kenya. According to the data collected from the platform, 58% of AGYWs served with contraceptive services continued using FP, with 85% of those taking long-acting reversible contraceptive methods (LARCs) is 85% and 15% of those taking short-acting methods (SAMs) continuing to use the methods. The target is to increase the continuation rate for SAMs to 30% by the end of 2024.

Triggerise's Tiko platform and quality assurance mechanisms improve uptake of adolescent friendly SRH and HIV services. Real-time feedback, client ratings, and exit interviews promote accountability, motivate providers, and identify areas for improvement. Certificates of recognition and rewards encourage quality service delivery. Data analysis highlights the positive impact of client satisfaction on service uptake and care.

Organisations should utilise digital innovation to strengthen access to HIV and SRH services, empower young people, improve information sharing, and optimise service delivery within the realm of sexual and reproductive health.

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Empower One, Empower More: Impact of the Soweto Adolescent Community Advisory Board Beyond the Research Agenda

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Background: Community Advisory Boards (CAB) are critical components of community engagement for research on HIV and other infectious disease. The Soweto Adolescent CAB (ACAB) was established to advise researchers on adolescent and youth targeted projects. Engaging CABs is sometimes a “checklist item” on the research agenda, where the value of (A)CABs is often overlooked, particularly their experience with key population such as adolescents. We share experiences of Soweto ACAB members, and the subsequent impact that working with the ACAB has researchers.

Materials and Methods: A collaborative auto-ethnographic approach was taken. At the request of the ACAB, Writing Skills Workshops were scheduled and facilitated by PHRU researchers. Eight ACAB members met every two weeks, over 7 months, for scheduled workshops. During these sessions, ACAB members shared their experiences with the intention to produce a manuscript. Experiences were transcribed by the facilitators, and Microsoft Teams was used to manage and edit the live document throughout the process. Shared experiences of this process were collectively reviewed and key themes were identified.

Results: Three themes were identified. (1) Being an ACAB member within a research unit: highlights the benefits of membership and subsequent personal development and growth. (2) Impact on Community: explored challenges with engaging and addressing the community on sensitive research-related topics. However, this was balanced with the benefit of the ACABs being trusted sources of health-related information within these communities. (3) Impact on Researchers: a reflection by

the workshop facilitators, illustrate that through the facilitation process, researchers humanised and could see their impact on the ACAB youth, the value that they bring beyond the research agenda, and that youth engagement is more than a checklist item when formulating, designing and implementing research.

Conclusion: Empowering one ACAB youth through the research process has transformative effects on both the youth and community, beyond the research aims. Relationships formed between researchers and the ACAB is mutually beneficial, and can guide best practices for adolescent-centred research. By embracing this inclusive approach, we can harness the power of youth engagement to drive positive behavioural change, promote health equity, and empower the youth to support and advocate for each other.

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Building MindSKILLZ of Adolescents Living With HIV: Lessons Learned From an Educational Comic Magazine to Promote Mental Wellbeing of Adolescents in Lusaka and Chipata Districts, Zambia

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Background: Adolescents living with HIV (ALHIV) experience high rates of mental health challenges, however, mental health services are minimal or completely absent in many communities in Zambia. In response, in 2022, Grassroot Soccer (GRS) developed the MindSKILLZ Magazine, a fun, comic book-style resource to promote mental wellbeing of ALHIV in Chipata and Lusaka. GRS conducted an evaluation to understand the acceptability, relevance, and effectiveness of the magazine as a tool for mental wellbeing promotion.

Materials and Methods: GRS Coaches, trained near-peer mentors, distributed the Magazine through home visits to 2, 343 ALHIV in the GRS SKILLZ Plus program, an ART adherence support intervention, from July-December 2022. Coaches administered a pre-post test to adolescents (n=269), and research assistants conducted in-depth interviews with adolescents (n=22) and adult

stakeholders (n=27), and focus group discussions with adolescents (n=4) and Coaches (n=2).

Lessons Learned: Adolescents found the Magazine content relatable and enjoyed its design, however, some respondents in rural areas, including parents, expressed literacy challenges, hence the need to engage at least one family member who could read and write during distribution.

- Adolescents demonstrated improvement in positive self-concept (11%) and willingness to share mental health information (13%), though they showed less improvement in mental health knowledge (4%), potentially due to prior exposure to mental health content. Effectiveness of the Magazine can be explored further among adolescents without prior exposure.

- Some parents/guardians reported discussing the Magazine with their children, which helped them better understand their emotions and experiences. More targeted conversation starter prompts were recommended as parents play a key role in supporting uptake of mental health information.

- Facility-based ART caregivers were highly supportive of the Magazine and noted its potential benefits to ALHIV. They recommended the distribution be expanded, and that caregivers be formally engaged in its distribution.

Conclusion: Given the high acceptability and relevance of the MindSKILLZ Magazine, GRS has extended the project, making revisions and expanding distribution to include adolescent girls in Chipata, and formally engaging teachers and facility caregivers in the distribution. Evaluation is underway in this second project phase.

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Evaluating Tele-Delivery of Mental Health Counselling for Adolescents and Young Adults - A Qualitative Study

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Background: Mental health conditions are more common in people living with HIV (PLWH) than the general population. In Zambia, for adolescents and young adults (AYAs), the barriers to accessing services include distance to a healthcare site and shortage of qualified providers. Virtual service delivery has been successful in LMICs to improve access, adherence and reduce the

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treatment gap. Common elements treatment approach (CETA) is a transdiagnostic evidence-based counselling method that can be delivered on the phone, by lay-workers in low resource settings. Exploration of client experiences of this are essential to develop services further.

Materials and Methods: AYA (age 15-29 years old) who met criteria for a mental or behavioural condition received either telephone or in-person delivery of CETA over a 3 month period. Semi structured interviews took place to explore acceptability and feasibility of each mode of delivery. Data analysis took place on NVivo with thematic analysis. BREC approval 9259/MOD761.

Results: 24 AYA took part in the study. All participants believed CETA led to clinical and functional improvement. Three major response themes emerged: 1) structural barriers to tele-delivery for participants e.g. phone access, network coverage, load shedding, 2) increased access and adherence due to increased flexibility of tele-delivery, and 3) misconceptions of the service to be a 'crisis line', rather than scheduled counselling service.

Conclusion: Tele-delivery of mental health treatment for AYA improves access and adherence, and the flexibility is a major benefit. Logistical barriers, structural reforms, and ongoing education on the service are imperative to allow scale-up of the service and improve access to mental health treatment for AYA and PLWH.

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My Health, My Right; Empowering Adolescent Mothers, Fathers and the Community

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Adolescent Girls and Young Women (AGYW) in Nigeria face structural barriers and challenges to their health and well being. Their Sexual and Reproductive Health (SRH) needs remain unmet, due to lack of knowledge, social stigma, inadequate adolescent friendly service provision and unequal value with men and boys.

Tearfund and its partners have been implementing an approach in Jos, Nigeria, called "My health, My right; Empowering Adolescent Mothers, Fathers and the

Community" - a multi-faceted approach to improve AGYW's SRH outcomes.

The approach incorporates 4 primary components:

1. Shifting harmful social norms which limit uptake of services and re-victimized survivors of violence and STDs through the evidence based approach "Transforming Masculinities"
2. Service Strengthening of Healthcare providers, especially for government providers which lack current training. Information and stigma within services is addressed.
3. Community wide testing for HIV and knowledge dissemination through age appropriate, comprehensive and integrated information and education on the prevention of mother to child transmission of HIV, (PMTCT), safe motherhood, HIV and SRH.
4. Access support for those who test positive, including transport and health kits.

12,067 AGYW and 2442 adolescent boys have been reached with quality right based SRH services, 77 health care workers trained and 67,198 community members directly reached through dissemination of information or norms shifting activities in three communities of Plateau state Nigeria from June 2021 to May 2023.

Indicative qualitative data suggests positive shifts in attitudes and behaviors of and towards young women and girls.

One health worker said "AGYW's now come to ask for condoms in the clinics unlike before."

Another said "The training on adolescent friendly clinics has changed me and I am more friendly with adolescents and give them quality time and services".

AGYWs have also been positively impacted by the programme: "I get more attention now at the clinics and the treatment has improved".

Trained health care workers and peer mentors were highly effective in reaching AGYW and providing SRH and HIV services including linkages, referrals, reducing social stigma and gender inequality. Strike actions by health workers is a challenge to programme implementation. Scale up of intervention is recommended.

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Integrating Mental Health Support Into Differentiated Adolescent Sexual and Reproductive Health Service Delivery Platforms

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Background: The Desmond Tutu Health Foundation (DTHF) is conducting an implementation science project (FastPrEP) designed to introduce and take to scale PrEP (in various modalities) for HIV prevention through a differentiated model of service delivery using a hub-and-spokes framework, with mobile clinics as the “hub” and a combination of local government clinics and other community-based delivery options as the “spokes”. The model affords adolescent girls and young women (15-29 years) and transgender women, their sexual partners (aged 18 years+), and young men who have sex with men (15-29 years) in a peri-urban setting in Cape Town, South Africa, the agency to make choices between different biomedical products and delivery platforms integrated within an extensive sexual and reproductive health (SRH) services package, according to their preference and convenience.

Materials and Methods: Through implementation of the model, feedback from FastPrEP staff delivering the service package has highlighted the issue of participant mental health support needs. The importance of including mental health services and intervention in combination with HIV prevention and treatment is increasingly recognized. Mental health and illness are known to impact behaviours related to HIV prevention and treatment outcomes. Research indicates poor mental health to be a barrier to PrEP uptake and persistence, and emerging evidence suggests that provision of a PrEP delivery service that includes mental health support is feasible. As SRH and HIV prevention and treatment services for adolescents become more differentiated to accommodate the needs and preferences of diverse young people, the question of how to intervene to address mental health issues and how best to integrate this into service delivery platforms becomes especially pertinent.

Lessons Learned and next steps: DTHF has recognized the need to educate and capacitate FastPrEP staff on mental health issues, and training on this topic has been implemented, coupled with ongoing skills-building. In addition, research to develop and pilot a peer-led mental

health intervention to be integrated within the FastPrEP model is planned, aimed at reducing symptoms of common mental health disorders and improving PrEP persistence, while ensuring that the intervention is suitable, feasible and sustainable for this kind of service delivery framework.

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“Come Now, Let Us Reason Together” – Partnering With Faith Leaders to Improve the Well-Being Outcomes of Adolescents and Young People Living With HIV.

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Background: There is increased optimism towards meeting UNAIDS 95–95–95 targets yet, sexual gender-based violence (SGBV) remains one of the most challenging issues. Religion plays a significant role in how adolescents and young people cope with their HIV status. In addition, religion also significantly contributes to making communities safer for adolescents and young people. Therefore, improving how religious leaders effectively respond to SGBV issues is key. Training was conducted as part of the READY+ programme to equip religious leaders to support adolescents and young people to be resilient, empowered and knowledgeable.

Materials and Methods: Eight nine leaders in Eswatini, Mozambique, Tanzania and Zimbabwe were comprehensively trained to respond effectively to SGBV. A training manual on SGBV was used. It sought to connect three key interlocutors, namely, scripture, youth, and faith leaders, driving SGBV leading to HIV infections. More specifically, the training gave religious leaders the tools they need to: a) challenge harmful gender norms; b) encourage access to SRHR and HIV services; and c) encourage the prevention of SGBV. Out of the 89 religious leaders trained, 63 were ordained leaders while the rest were lay leaders and youth. The majority (93%) were Christian, and the remaining were Muslim.

Lessons Learned: The use of scriptures, navigating negative gender norms, and merging Islamic and Christian leaders in the same training are three important lessons. First, the introduction of contextual bible reading demonstrated how SGBV and patriarchy could be

justified and upheld using scriptures. Second, it is crucial to understand the training as a process rather than an event since most participants voiced opinions that reflected negative gender norms despite the training. Lastly, while integrating Christian and Islamic leaders has administrative difficulties, it also offers a chance for cross-learning.

Conclusion: Religious leaders play a key role in creating safe communities for adolescents and young people living with HIV. Yet, the lack of capacity to respond to issues on SGBV erodes the gains made towards ending AIDS. Building the capacity of religious leaders is required and sustained mentorship is essential. Inclusive action planning and interfaith dialogue will be required so that no faith leader is left behind.

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Adolescent Experience of Ethical Issues in HIV Care and Treatment at Temeke Regional Referral Hospital

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Background: Adolescents living with human immunodeficiency virus (HIV) experience challenges, including lack of involvement in their care as well nondisclosure of HIV status, which leads to poor adherence to antiretroviral therapy (ART). Parents have authority over their children, but during adolescence there is an increasing desire for independence.

Aim of the study was to explore adolescents' experience of challenges identified by adolescents ages 10–19 years attending HIV care and treatment at Temeke Regional Referral Hospital in Tanzania.

Materials and Methods: An exploratory descriptive qualitative design was employed in the HIV Care and Treatment Centre (CTC) in the Out-Patient Department of the Temeke Regional Referral Hospital in Tanzania with adolescents living with HIV who were 10–19 years of age. A total of 22 adolescents participated in semi-structured face-to-face interviews after parental consent and adolescent assent were obtained. Participants were interviewed about their participation in decisions to be tested for HIV and enrolled in the CTC, concerns

surrounding disclosure of their HIV status to the adolescent or to others, stigma and discrimination, and the effect of these challenges on their adherence to medication. All interviews were audio-taped, transcribed verbatim in Swahili, and back-translated to English. Data analysis included both inductive and deductive thematic analysis.

Results: Qualitative themes identified included lack of participation in decisions about HIV testing, challenges to enrolment in care and treatment; issues around disclosure of HIV status, such as delays in disclosure to the adolescent and disclosure to other persons and benefits and harms of such disclosures; and factors supporting and interfering with adherence to ART, such as parental support, organizational (clinic) support and problems, and self-stigmatization and shame.

Conclusion: Lack of adolescents' involvement in their care decision making and delayed disclosure of HIV status to the adolescent were identified concerns, leading to poor adherence to ART among adolescents. Disclosure to others, especially teachers, helped adolescents at school to take their medication properly. Disclosure to others led to stigma and discrimination for some adolescents. More research is needed to better understand the role of disclosure and its benefits and challenges for HIV-positive adolescents in Tanzania.

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Thandizo Approach: Increasing ART Adherence Among Young People Living With HIV in Malawi

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Background: In Malawi, many young people (10-24 years) living with HIV struggle to achieve optimal adherence to antiretroviral therapy (ART). With funding from Aidsfonds, Coalition of Women Living with HIV and AIDS (COWLHA) conducted a study in 2018 on factors that hinder young people from adhering to ART. As a result of the study, a risk assessment tool called Thandizo App was developed to help young with treatment adherence through youth support groups as entry points.

Materials and Methods: The Thandizo mobile app is a risk-assessment tool for community health volunteers to support young people. It identifies risks for interruption

of HIV treatment and provides information, advice and referrals to health services. The app provides materials for community health volunteers to use in support groups with young people living with HIV. Discussion topics and animation videos aim to facilitate group discussions on topics such as stigma and discrimination, community knowledge and gender norms.

Lessons Learned: Thandizo App improved ART adherence among young people living with HIV (YPLHIV) and most defaulters were brought back to care with successful retention of 89%. The community health volunteers referred 1,105 young people to support groups, 1,059 to health facilities and 237 to teen clubs to ensure YPLHIV get the care and support they need. The safe space in support groups, which saw their numbers increase from 395 (2019) to 2421 (2021), helped young people to live a healthy life with hope for the future. The support groups in combination with the mobile app help YPLHIV to deal with stigma mental health challenges and increases (treatment) knowledge, self-worth and confidence.

Conclusions/Next Steps : The Thandizo approach is effective in improving treatment adherence among YPLHIV in Malawi and contributes to achieving UNAIDS 95-95-95 testing and treatment targets for 2025. The success of Thandizo allows COWLHA and Aidsfonds to explore options for scaling up the approach to support more young people living with HIV in other districts and countries.

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Assessment of the Tackle Africa Curriculum on HIV Knowledge Among Young People in Zambia: A Cohort Analysis

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Background: Despite many efforts to improve sexual and reproductive health in Zambia there remains an incomplete understanding of baseline sexual and reproductive health (SRH) knowledge. Using the vast data collected through Tackle efforts in various settings across the years there is a terrific opportunity to provide robust estimates for current SRH knowledge as well as describe the trend over time. In addition, there is

potential to describe/analyze in-depth the associations between baseline and post-project understanding of SRH.

Materials and Methods: We used a cohort model to assess the association between HIV knowledge and exposure to the Tackle curriculum between 2018 and 2021. The Tackle curriculum is delivered in blocks. Each curriculum block is made up of 10 sessions that last approximately 1 hour, usually delivered across 10 weeks, though this may vary depending on availability of participants. Recruitment for Tackle participants took place based on the identified catchment areas at the start of the project. Using a mixed effects regression approach, we assessed HIV knowledge with a five-survey questionnaire allowing random effects at the individual and group level. Additionally, we used linear regression on the composite score of HIV knowledge to estimate the effect of age and birth sex on HIV knowledge.

Results: A total of 1,213 participants were included, of which the median age was 15 years (interquartile range[IQR]: 13-17 years) and the majority (82.7%) identified as male. We observed a significant difference in age, response to risk of having one HIV (-) partner, risk for HIV from mosquito bite, and year enrolled in the study. We observed an increase in HIV knowledge by Tackle curriculum by dose, or block where the HIV knowledge score increase by 29 points (95% confidence interval [CI]: 8, 50 points) for those that completed one block of the curriculum compared to baseline HIV knowledge.

Conclusion: The Tackle curriculum had a significant effect on participants aged 19-22 years with a significant improvement in HIV knowledge. It will be important to improve retention in the program to ensure that effects observed hold across the participant experience.

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The Sketch Study – The Stories of Young People Growing Up With HIV and Their Experience of HIV Naming Explored Through Arts-Based Narrative Inquiry

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Background: HIV is a chronic health condition which can be managed well if effective treatment is accessible. Children living with HIV are likely to have transmitted HIV from their mother in pregnancy, at birth or through breastfeeding (perinatally acquired). Children are not routinely told they are HIV positive. Stigma, fear and guilt are barriers echoed by parents and professionals. This must be balanced by the child's right to know, the effects on adherence and the impact on child and adolescent mental health and well-being.

This study uses arts-based narrative inquiry to explore the stories of young people who have experienced the process of being told they are HIV positive. Sixteen young people from across the United Kingdom have shared their experiences in focus groups.

Materials and Methods: Recruitment occurred via voluntary sector organisations and participants took part in one of two focus groups. Participants were living with perinatally acquired HIV and aged between 15 and 21. Eleven participants were born in the UK.

Participants used arts to create something of their choice which helped them share their own experience. The focus group discussions were recorded. Thematic analysis was used to analyse the art and discussions.

Results: Participants found out they were HIV positive between the ages of 8-13. There is a clear consensus that finding out younger is better. Some participants were told at a hospital but the majority at home.

Stigma is a key theme and many participants reported experiencing stigma which directly links to challenges in sharing their diagnosis, negative experiences at school and difficulty adhering to medication. Self-stigma is created through experiences in different settings including family home and health care settings.

Conclusion: Children need to be informed about their HIV diagnosis at a young age. Public awareness and education are urgently required to reduce stigma. It is time to change health care approaches to naming HIV. Data drives a move to openly talking about HIV.

Further focus groups have explored the stories of parents whose children have been told they are HIV positive. The findings will inform resource and policy development.

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Evidence Towards a Package of Care for Adolescent Mothers in South Africa: Cross-Sectional Associations Between Potential Package Components and Simultaneous Impact on HIV Risk Behaviours, Health, Educational, and Violence Outcomes

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Background: Almost half of adolescent girls in Sub-Saharan Africa are already mothers, and for many girls HIV and pregnancy are intertwined. Adolescent parenthood brings many challenges, and we need evidence to identify the multisectoral packages of support that will support adolescent mothers to be successful, healthy, and safe.

Materials and Methods: Adolescent mothers (n = 1,045) aged 12–24 from South Africa's Eastern Cape completed study questionnaires between 2017-19. Multivariate multi-level analysis estimated associations between outcomes of (1) HIV risks; (2) Mental health; (3) Violence exposure; (4) School and employment; (5) and seven hypothesized protective variables (food security, formal childcare use, safe parenting, positive parenting, cell phone use for health information, respectful treatment in clinics, and good antenatal care). Findings were discussed with an adolescent mother advisory group to understand their views.

Results: Food security was associated with lower odds of age-disparate or transactional sex (p < .001) and condomless sex with multiple partners (p = .020), and higher odds for contraception use (p < .001), school enrolment or work engagement (p < .001), and better self-efficacy (p < .01). Safe parenting was associated with lower odds of suicidality (p < .001), mental health symptomology (p < .001), sex on substances (p < .001), and intimate partner violence (p = .04). Formal childcare use was associated with higher odds of school enrolment or work (p < .001). Access to respectful clinics was associated with higher self-efficacy (p < .001). Synergies of protective provisions showed larger positive effects on the outcomes compared to single factors alone. Adolescent mothers strongly supported the importance

of a grant, food, childcare and parental care, and added that teacher flexibility and help from other family members was also of great value.

Conclusion: Adolescent mothers deserve evidence-based support. Multisectoral interventions show substantial promise: Access to social protection or interventions that increase core provisions of food security, and safe parenting likely reduce multiple risk pathways; additional provisions of childcare and access to respectful clinics increase benefits. This study provides essential evidence on potential components for a package of support benefitting adolescent mothers, which could achieve multiple positive returns in Sub-Saharan Africa.

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Interplay of Childhood Sexual Violence and Early Pregnancy on Sexual Risks and Health Outcomes Among Young Women in Three Southern African Countries

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Background: This study examined the relationship between sexual violence and pregnancy before the age of 18 and adverse health conditions in young adulthood.

Materials and Methods: The study used nationally representative samples young women aged 18–24 drawn from the Violence Against Children Survey (VACS) conducted between 2017 and 2019 in Lesotho (n=2660), Namibia(n=1775), and Zimbabwe (n=2880). Our exposure variables were self-report of childhood sexual violence and pregnancy before the age of 18. Sexual risks and health outcomes assessed included individual sexual risk behaviours in the past 12 months (i.e., infrequent condom use, transactional sex, and multiple sexual partnerships), substance use, mental distress in the past 30 days, and intimate partner violence (IPV) revictimization. The relative risk (RR) of self-reported individual sexual risks and health outcomes by exposure to childhood sexual violence and early pregnancy was estimated using multivariable log-binomial regression. Additive interaction, representing the synergistic effect,

was estimated using the relative excess risk due to interaction (RERI).

Results: In all three countries combined, 12% of young women reported being victim of childhood sexual violence and 14% reported pregnancy before the age of 18. Both childhood sexual violence and early pregnancy were systematically associated with transactional sex, mental distress, and IPV revictimization. Childhood sexual violence was associated with increased probabilities of transactional sex (RR 1.97, 95% CI 1.14–1.34, p=0.015), mental distress (2.05, 1.60–2.62, p<0.001) and IPV revictimization (2.17, 1.63–2.87, p<0.001). Early pregnancy was associated with increased probability of infrequent condom use (1.94, 1.34–2.79, p<0.001), transactional sex (1.70, 1.02–2.84, p=0.042), mental distress (1.33, 1.05–1.69, p=0.019), and IPV revictimization (1.84, 1.35–2.50, p<0.001). In additive models, the combination of sexual violence and early pregnancy was associated with synergistic increased risks of transactional sex (RERI 4.95, 95% CI 2.09–8.79), and IPV revictimization (1.87, 1.63–3.11).

Discussion: We have confirmed the findings of earlier work showing independent associations between sexual violence, pregnancy, and sexual risk and health related outcomes. Packages interventions to improve HIV and SRHR outcomes for adolescents should take into consideration the double burden of childhood sexual violence and early pregnancy, which results in higher rates of sexual risk and adverse health conditions.

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Protective Factors for Adolescent Sexual Risk Behaviours and Experiences Linked to HIV Infection in South Africa: A Three-Wave Longitudinal Analysis of Caregiving, Education, Food Security, and Social Protection

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Background: Aiming to inform future structural interventions to enhance biomedical and behavioural HIV prevention programmes for adolescents, we evaluated longitudinal associations between six protective factors and five sexual risk behaviours for HIV transmission in a South African cohort.

Material and Methods: We used three rounds of data between 2014-2018 on 1046 adolescents living with HIV and 473 age-matched community peers in South Africa's Eastern Cape (Observations=4402). We estimated associations between six time-varying protective factors – number of social grants, education enrolment, days with enough food, caregiver supervision, positive caregiving, and adolescent-caregiver communication; and five HIV risk behaviours – multiple sexual partners, transactional sex, age-disparate sex, condomless sex, and sex on substances. HIV risk behaviours were analysed separately in multivariable random effects within-between logistic regression models. We calculated prevalence ratios (PR), contrasting adjusted probabilities of HIV risk behaviours at 'No' and 'Yes' for education enrolment, and average and maximum values for the other five protective factors.

Results: Among girls, increases from mean to maximum scores in positive caregiving were associated with lower probability of transactional sex; in caregiver supervision were associated with lower probability of transactional sex; and age-disparate sex; in adolescent-caregiver

communication were associated with higher probability of transactional sex; and in days with enough food at home were associated with lower probability of multiple sexual partners; and transactional sex. Change from non-enrolment in education to enrolment was associated with lower probability of age-disparate sex. Among boys, increases from mean to maximum scores in positive caregiving were associated with lower probability of transactional sex, and higher probability of condomless sex; in caregiver supervision were associated with lower probability of multiple sexual partners, transactional sex, age-disparate sex, and sex on substances, and in days with enough food at home were associated with lower probability of transactional sex. PRs below 1 ranging from 0.40-0.91, and PRs above 1 ranging from 1.26-1.70, all $p < 0.05$.

Conclusion: Effective structural interventions to improve food security and education enrolment among girls, and positive and supervisory caregiving among girls and boys are likely to translate into reductions in sexual risk behaviours linked to HIV transmission in this population.

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Treatment Outcomes Among Children and Adolescents Receiving 1,3,6 Months Art Refills: A Program Data Review in Eastern Uganda

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Background: In 2022, Uganda's ministry of Health recommended 6 months' antiretroviral therapy (ART) refills among children and adolescents living with HIV (CALHIV). Treatment outcomes following this recommendation have not yet been documented. We aimed to determine viral load (VL) suppression and retention among CALHIV receiving 1, 3 and 6 monthly ART refills in Eastern Uganda.

Materials and Methods: A cross sectional evaluation using routinely collected data from electronic medical records in 118 health facilities was conducted. Data for CALHIV 0-19 years captured at their most recent five clinic visits as of 15th May 2023 were analysed. A most

recent VL <1000 copies/ml was used as a measure for VL suppression while a client was considered retained in care if they were within 28 days of their expected clinic visit date. Clients who received 30 days or less of ART on all the five clinic encounters were categorised as having received 1 month of drugs, those who received 180 days or more on any of the five clinic visits were considered as 6 months or more and the rest were considered to have received 2-5 months of drugs. We used modified Poisson regression adjusting for clustering at facility level to assess VL suppression across multi-month ART groups.

Results: A total of 2659 records were abstracted. Compared to those who received 1 months of ART, those who received 2 months and above were more likely to be suppressed at their most recent clinic visit (figure1). CALHIV who received ART for 2-5 months and those who received ≥ 6 months were more likely to have a suppressed VL; (adj.PR =1.77; 95% CI: 1.23, 2.54) and (adj.PR=1.92; 95% CI: 1.37, 2.69) respectively. Those with a diagnosis of Tuberculosis were less likely to have a suppressed VL; (adj.PR=0.66; 95% CI: 0.61, 0.71). Similarly, ART retention was better among the ≥ 6 months and 2-5 months dispensation i.e., 44.4% vs 50.65 vs 7.91%.

Conclusion: CALHIV receiving multi-month ART including 6 months dispensation are more likely to achieve VL suppression. Early diagnosis and treatment of TB among CALHIV is critical in achieving VL suppression during multi-month dispensation.

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Determinants of the Human Immunodeficiency Virus (HIV) Viral Load Outcomes in Children Younger Than 15 Years of Age in Gert Sibande District, South Africa

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Background: South Africa is known for having the world's most extensive pediatric program for Antiretroviral Therapy (ART), with a large population of people living with HIV. This study aimed to investigate the determinants of HIV virologic outcome in children under 15 years of age who have been on ART for over twelve

months in Mkhondo, Gert Sibanda district, Mpumalanga Province, South Africa.

Materials and Methods: A cross-sectional descriptive design was employed, utilizing quantitative methodology and analyzing secondary data obtained from the Department of Health's tier.net system. The data covered the period from January 1, 2016, to December 31, 2019, and was used to assess the determinants of HIV viral load suppression in children on ART. Descriptive analysis was conducted to determine proportions of categorical variables, and bivariate analysis was performed to assess the strength of association and statistical significance between independent and outcome variables.

Results: Out of 320 patient records retrieved, 62.5% (n=200) met the inclusion criteria, while 37.5% (120) were excluded due to incomplete records or patient deaths. The study population had a similar male-to-female ratio, with females comprising 49% (98) and males comprising 51% (102) of the participants. Bivariate analysis was performed to determine the statistical significance of the relationship between the dependent variable (viral load suppression) and independent variables (age, gender, WHO clinical staging, duration of ART, history of regimen change, opportunistic infection, PMTCT, and missed doses).

Conclusion: The study findings revealed that a longer duration of ART was associated with a higher likelihood of viral load suppression. There was a statistically significant difference between patients who missed appointments and those who did not. However, no statistically significant associations were found between viral load suppression and other variables. Nevertheless, children in the age group of 8-14 years, males, children on the ABC/3TC/AFV regimen, WHO clinical stage 1, those with no history of changing ART regimen, and those without opportunistic infections had a positive impact on viral load suppression, albeit without statistical significance. It is important to note that the lack of statistical significance does not undermine the clinical significance of these variables in relation to viral load suppression.

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Promoting Viral Load Suppression in Peripartum Adolescents With HIV by Integrating Drug Level-Informed Enhanced Adherence Counselling Into Routine Treatment Monitoring (P-Pact)

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Background: About 52% of pregnant adolescent girls (15-19 years old) living with HIV have detectable viral load (VL) when registering for antenatal care despite being on antiretroviral therapy (ART) in Zimbabwe. Point-of-care tenofovir levels testing in urine reflect dosing within the last 24-72 hours. Real-time low-cost drug level informed motivational enhanced adherence counselling (dEAC) may improve virological and mental health outcomes in peripartum adolescents. The P-PACT project aims to promote sustained VL suppression and mental health outcomes among peripartum adolescents receiving enhanced adherence counselling for elevated HIV viral load within the national ART program in a high-burden urban setting.

Primary objectives:

1. Evaluate if P-PACT improves virological treatment outcomes in peripartum adolescents experiencing elevated VLs compared to SOC,
2. Evaluate the acceptability and feasibility of implementing POC urine tenofovir testing and providing real-time drug level feedback among viraemic adolescent mothers with HIV and
3. Determine if peer-led drug-level informed adherence counselling (dEAC) will improve mental health outcomes in peripartum adolescents with HIV.

Secondary objectives:

1. To determine whether urine tenofovir levels correlate with intracellular red blood tenofovir levels in dried blood spots (DBS),
2. To assess whether urine tenofovir levels predict virological treatment outcomes and

3. To assess whether dEAC improves tenofovir exposure in peripartum adolescents.

Materials and Methods: A pragmatic, open label, randomised controlled trial of dEAC in pregnant and postpartum (i.e., peripartum) adolescents with HIV and unsuppressed VL (≥ 50 cpm) will be conducted. Rapid tenofovir testing using a yes/no urine kit will be done at months 0, 3 and 6, and validated mental health questionnaires will be administered. Subsequent enhanced adherence counselling will be informed by the urine tenofovir test and viral load results real-time.

Inclusion criteria

1. Adolescents (15-19 years old),
2. Has viraemia defined by VL ≥ 50 cpm,
3. On tenofovir-based ART for at >3 months,
4. Pregnant to 6 weeks postpartum,

Exclusion criteria

1. On anti-TB treatment (due to possible drug-drug interactions)

Results: may inform the WHO 2021 treatment monitoring algorithm, providing point-of-care management for peripartum adolescents with viraemia and definitive care for those with VL 50-1000cpm, who otherwise would keep circling in this range in the current algorithm.

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Enhancing AGYW's Resilience Through Provision of Mental Health Services For Improved HIV Prevention and SRHR Service Outcomes in 3 Districts In Zambia

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Background: The Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) initiative aims to reduce HIV incidence amongst adolescent girls and International Workshop on HIV & Adolescence 2023 – Lusaka, Zambia

young women (AGYW) in sub-Saharan Africa via implementation of comprehensive combination HIV prevention. However, AGYW experience high rates of depression, which may inhibit gains from DREAMS interventions. We describe a novel implementation of mental health service provision for DREAMS AGYW.

Materials and Methods: Under the Community Impact to Reach Key and Underserved Individuals for Treatment and Support (CIRKUIITS) project, we collaborated with Strong Minds Zambia to integrate mental health screening and Interpersonal Group Therapy (IPGT) sessions into the core DREAMS package across three districts in Zambia. Twenty-five DREAMS mentors, connectors, and coordinators were trained as mental health facilitators to provide mental health services. Standardized WHO PHQ-9 forms were used to monitor progress made by AGYW during 8-week IPTG sessions, and data on depression triggers were collected. We analyzed data aggregated from two waves of IPGT interventions held in quarters one and two.

Results and Lessons Learnt: Between October 2022 and March 2023, 1,562 AGYW were screened for depression with 1,341 linked to IPTG sessions in the two serial waves. Overall, 99% (1,337/1,341) were enrolled into 110 IPTG sessions for therapy. Between waves 1 and 2, the number of AGYW screened for depression increased from 661 to 901, along with the proportion with depression from 79% (522/661) to 91% (823/901). However, the distributions of depression severity across both waves were similar with the majority of AGYW screened had “moderate” or “moderately severe” depression; only 3% and 5% had severe depression, respectively. Additionally, the profile of depression triggers in both waves were similar in proportion. After 8 sessions, 94% and 95% of AGYW in wave 1 and wave 2 showed clinically significant changes in depression severity due to group therapy. At endline, 81% and 94% of AGYW were depression-free in waves 1 and 2, respectively.

Conclusion: Implementing mental health services and IPGT into the DREAMS package improved depression among AGYW. Incorporating interventions to address mental health and provide additional support is crucial to improving the overall health and resilience of AGYW.

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Improving HIV and Sexual and Reproductive Health (SRH) Outcomes Through Eyakho MO’Ghel, a South African Membership Group That Encourages, Rewards and Celebrates Healthy Behaviours Among Adolescent Girls and Young Women (AGYW)

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Background: Shout-It-Now (Shout) is a PEPFAR CDC DREAMS partner that provides behavioural and biomedical community-based HIV prevention services to AGYW in five priority districts in South Africa. To optimise AGYW’s HIV and SRH outcomes, Shout obtained AGYW input to inform the design of a client-centric “membership group” service delivery model that purposefully looked to engage and retain AGYW in multi-layered HIV prevention and SRH services.

Materials and Methods: Supported by multiple custom-engineered and built Shout technologies, the Eyakho Mo’ghel (EM) membership group was designed exclusively for AGYW aged 15 – 24 years. Membership eligibility requires AGYW to attend at least one session of a behavioural program and uptake at least one biomedical HIV prevention or SRH service. At the time of eligibility, EM members receive a scarf, a menstrual cup and access to the data-free iSHOUT! app which includes economic strengthening resources, a directory of youth-friendly service providers, electronic appointment requests and reminders for follow up Shout services, virtual chats and more. EM members also earned points for healthy behaviours (e.g. attending a behavioral program, initiating PrEP, continuing contraception use, etc.) that are redeemable in the EM marketplace for rewards of their choice including vouchers from participating retailers, cosmetics and electronics.

Results: From December 2021–June 2023, approximately 29,000 AGYW joined EM. Analysis of Shout’s service data from January–December 2022 comparing EM members to AGYW who did not join EM found EM members were: 11.1 times more likely to take up more than one

biomedical service such as HIV testing, PrEP or contraception; 46% less likely to discontinue PrEP from the first to the second dispensing; twice as likely to receive contraceptives; and 4.6 times more likely to access SRH services twice and 3.5 times more likely to access SRH services more than three times during this period.

Conclusion: Compared to more traditional prevention programs that dictate what AGYW should or should not do, this AGYW-centric model improved HIV and SRH outcomes, with AGYW involved in the initial service design, technology leveraged to diversify entry and access points, and AGYW given the ability to reward themselves for their healthy behaviours.

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Informing Uptake and Quality of HIV and SRHR Self-Care Service Delivery and Commodities for Adolescents and Young People in Kenya and Zambia

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Background: The main tenets of adolescent-friendly health services include offering services that are equitable, accessible, acceptable, effective, and appropriate. To enhance access to HIV/SRHR self-care services and commodities, You(th) Care, implemented in Kenya and Zambia, aims to empower adolescents and young people (AYP) aged 10–24 years to advocate for and practice self-care. You(th) Care routinely gathers AYP's perspective on service delivery through client satisfaction surveys and collecting health facility data on service availability. Presenting client satisfaction findings to health providers and AYPs allows identification service delivery and uptake gaps.

Material and Methods: Data on HIV/SRHR commodities and services at 21 health facilities was collected from July-September 2022 using two methods – a comprehensive assessment of HIV/SRHR services and a client satisfaction survey for AYP. Descriptive statistics was used to analyse the data, and feedback was shared and discussed with health providers, AYP and peer

supporters. The outcomes and identified gaps informed baseline facility-level quality improvement plans.

Results: The survey was completed by 877 clients (42% males, 58% females) from Kenya (n=345) and Zambia (n=532), ages 15-19 years (45%), 20-24 years (37%) and 10-14 years (18%). Overall satisfaction with services was 78,7% in Kenya and 71,8% in Zambia. AYPs have more experience with widely known reproductive health commodities (oral and emergency contraceptives) compared to diaphragm and safe abortion services. In both countries, AYPs had more experience with HIV-related commodities (HIV self-testing, condoms) than STI-related commodities (STI self-testing). Clinical assessments showed availability of facility-level HIV/SRHR services was high, with facility variation in service types available. Commodity shortages remain a significant issue (Kenya 72.3%; Zambia 70.4%).

Key barriers to quality AYP service delivery and uptake included inconsistent supply commodities especially family planning (FP); lack of designated adolescent-friendly spaces; low AYP literacy on FP commodities; inadequate health providers trained in SRHR/HIV (e.g., FP, safe abortions, ART management); and no clear policy to support safe AYP abortion services.

Conclusion: Routine data collection on service availability and client perceptions is essential. Feedback sessions further highlight key barriers that impact quality service delivery and uptake. Sharing feedback allows facilities to develop well-informed facility-specific quality improvement interventions.

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Evaluating Transitions of Care and Clinical Outcomes in a Pilot Adolescent HIV Clinic

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Background: The Adolescent and Young Adult (AYA) Health Care Transition (HCT) Clinic was created in 2017 to address challenges faced by AYA living with HIV (AYALHIV) navigating transitions from pediatric to adult care – a period fraught with significant drop-off and poor outcomes. AYA-HCT utilizes an AYA-friendly clinic, community-based resources, and transition readiness

education, with the goal of improving outcomes across these transitions.

Materials and Methods: We conducted a retrospective study of clinical outcomes across care transition for AYALHIV receiving care at a single hospital system in the Southeastern US between November 2017 - June 2023. The cohort comprised AYALHIV who: 1) initiated care in a pediatric HIV clinic and transitioned to the AYA-HCT, 2) entered the AYA-HCT directly (via community or hospital diagnosis), and 3) later transitioned to adult HIV care after transition readiness education. Primary outcomes were clinic visit frequency, retention and viral suppression. Utilizing chart abstraction, we summarized retention (≥ 2 CD4 or viral load (VL) tests at least 3 months apart), and viral suppression (VL < 40 copies/mL) during pediatric to adolescent, and adolescent to adult HIV care transitions (in the 12 months prior to or after transition).

Results: The cohort included 18 AYALHIV; median age was 18.8 years at AYA-HCT entry. In total, 66.7% (n=12) of patients had perinatally acquired HIV. Among the clinical cohort, 77.8% (n=14) of patients initiated care in pediatric clinic and 22.2% (n=4) at the AYA-HCT. In the pediatric clinic, in the year prior to transition, patients averaged 3.3 visits/year, retention was 57.1%, and 86.4% were virally suppressed. These 14 patients transitioned to AYA-HCT at a median age of 19.2 years. In the first year of care at the AYA-HCT, patients averaged 4.4 visits/year, retention was 100%, and 70% were virally suppressed. Seven patients (38.8%) transitioned from AYA-HCT to adult care at a median age of 24.3 years.

Conclusion: This study describes a pilot program to improve retention and viral suppression for AYALHIV. The pilot cohort demonstrated excellent retention in care across transitions from pediatric to adolescent HIV care. However, opportunities remain to improve viral suppression during this period.

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Layering Mental Health Screening and Counselling in the Delivery of HIV Prevention Services for Adolescent Girls and Young Women: Evidence From The USAID CHEKUP I DREAMS Initiative in Zambia

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Background: Adolescent girls and young women in sub-Saharan Africa suffer from common mental disorders such as depression due to poverty and HIV infections. The COVID-19 pandemic has further compounded the risk. WHO estimates that 1 in every 7 adolescents between 10 to 19 years is affected but unrecognized and untreated, resulting in more adverse future effects, including increased vulnerability to HIV acquisition. The USAID Controlling HIV Epidemic for Key and Underserved Populations (CHEKUP) I project in partnership with Strong Minds Zambia utilizes a simple, evidence-based, and cost-efficient model to improve mental health of adolescent girls and young women in the DREAMS initiative.

Materials and Methods: Between April 2022 and April 2023, Group Interpersonal Psychotherapy (IPT-G) model was utilized training female mentors as Mental Health Facilitators (MHFs) with ongoing clinical supervision by mental health experts. Women and girls demonstrating symptoms of moderate to severe depression by scoring between 10-27 on the Patient Health Questionnaire-9 (PHQ-9) were invited to participate in group therapy talks with 10-12 others. The groups met for 90 minutes each week for 8 weeks. Under the guidance of trained MHFs, group members identified triggers for their depression, shared strategies to overcome these triggers and build long-term resilience.

Results: A total of 14,244 were screened for mental health, out of which 10,602 were found to have mental health problems. Participants had an average PHQ score of 13.8 (upper end of moderate depression range) at screening prior to starting group therapy talk sessions. At the end of IPT-G, 86% of the AGYW taken through group therapy sessions were depression free* (*equating to a PHQ-9 Raw Score of between 0-4, referred to as a normative level of depression), Resulting in 99% with a

clinically significant score change of depression symptom reduction at the end of the cycle.

Conclusion: The results demonstrate that mental health services are greatly needed by the majority of the vulnerable AGYW participating in DREAMS. Integrating IPT-G, into an existing initiative improves access to quality mental health services and provides AGYW with a safe environment for addressing mental health needs and coping with depression, enabling them to lead healthy sexual reproductive lives.

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Buya Skeem (“Come Back, Friend”): Service Delivery Strategies for Improving Community-Based Prep Persistence Among Adolescent Girls and Young Women (AGYW)

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Background: Shout-It-Now (Shout) is a PEPFAR CDC DREAMS partner that provides community-based HIV prevention services to AGYW in South Africa. Like most youth-serving PrEP programs, Shout observed sub-optimal PrEP persistence rates among AGYW clients, evidenced by 88% of PEPFAR’s PrEP persistence (PrEP_CT) targets met in Q1 of 2022.

Materials and Methods: To improve AGYW PrEP persistence, Shout obtained input from clients and staff to inform a quality improvement program called Buya Skeem (“Come back, friend”), that aimed to improve PrEP service communication, access, and belonging. Communication was addressed by a layered Short Message Service, WhatsApp and call centre protocol that reminded AGYW to return for PrEP visits, allowed them to schedule visit time and location, and checked in post-visit to address possible questions or concerns. Access was addressed using OneMap software to plot weekly where AGYW who needed PrEP follow up services preferred to visit, so mobile vans could be stationed in areas that maximized client convenience. Finally, staff were trained to give Buya Skeem clients expedited service and enable them to feel like part of a community

in which they could repeatedly engage. Shout identified 15,013 AGYW who were eligible for PrEP follow up visits between January-May 2022 and applied the Buya Skeem methodology to this cohort from June-September 2022 to assess the efficacy of this intervention.

Results: Multiple attempts were made to contact all 15,013 eligible AGYW in the Buya Skeem cohort. During the three-month intervention period, 9,705 AGYW were reached (65%) and the remainder either had inoperable numbers or did not respond to Shout’s outreach. Of those reached, 3,012 (31%) were scheduled for and attended a PrEP follow up appointment through September 2022. Comparatively, 20% of AGYW due for PrEP visits in Q4 of 2021 (not part of Buya Skeem) attended PrEP visits.

Conclusion: Lessons learned included a mix of digital and in-person contacts improved communication, “Follow Up Fridays” when mobiles return to set locations and prioritize PrEP follow up services improved access, and staff were able to foster a sense of belonging among AGYW. These improvements contributed to Shout achieving 130% of PrEP_CT targets by Q3 of 2022.

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Parental Participation in Adolescent Girls and Young Women HIV Prevention Activities, Lessons From Sentinel Survey in Zimbabwe

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Background: Adolescent Girls and Young Women (AGYW) in sub-Saharan Africa are 4.8 times at risk of acquiring HIV as compared to their male counterparts. Parental participation in adolescent HIV prevention programs is critical to promote uptake and adherence to HIV care and treatment interventions. Zimbabwe Health Interventions (ZHI) with funding from USAID is implementing Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) programme in

Zimbabwe with the aim of reducing HIV incidence among 10-24-year-old AGYW. Parents/caregivers participate in HIV prevention for their children through parental caregiver club where Sinovuyo sessions and economic strengthening activities through internal savings and lending scheme (ISALS) are done to achieve HIV prevention outcomes for AGYW. Sinovuyo sessions impart parents/caregivers with skills and knowledge to protect negative health and social outcomes among their children. Economic strengthening activities reduce poverty and improves the capacity of families to take care of education for their children and wellbeing which helps to reduce risk of HIV among AGYW. We assessed parental participation in DREAMS activities.

Materials and Methods: We conducted a cross sectional study where we assessed parental participation in DREAMS activities through interviewing AGYW enrolled in the DREAMS program between October 2021 and September 2022. Kobo toolbox was used to capture responses for the in-depth interviews. Data were analysed using SPSS generating descriptive statistics. Chi-square test was used to assess differences in parental participation between different age groups.

Results: About a fifth, 18.8%(403/2,143) of the AGYW indicated their parents/caregivers were participating in parental caregiver clubs. Parents/caregivers for the 10–14-year-old AGYW had a higher proportion of participation, 23.1% compared to 9.85 for the 15–19-year-old age group ($p=0.00$). Caregivers ISAL participation was higher among the 9–14-year-old AGYW, 13.2% compared to 7.1% for the 15–19-year-old age group ($p=0.00$). Participation of parents/caregivers helped to reinforce and support AGYW HIV prevention interventions.

Conclusion and recommendations: Parents/caregivers were participating in DREAMS activities through parent caregiver clubs and economic strengthening activities. More parental/caregiver participation was among the 10–14-year-old age group. We recommend strengthening and scaling up parental/caregiver support across all DREAMS districts to improve positive health and social outcomes of their children.

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Co-adapting a Multi-Component School-Based Sexual Reproductive Health (SRH) Intervention in Rural Kwazulu-Natal – Safer Choices Program

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Background: Despite the availability of HIV-prevention and contraception, young people remain at highest risk of HIV and early pregnancy. The WHO Global School Health Initiative recognises the missed opportunity of promoting and delivering effective health interventions within schools. We co-adapted a multi-component whole-school health-promotion Safer Choices program to improve sexual reproductive health (SRH) and uptake of HIV-prevention in a rural area with high HIV and teenage pregnancy in KwaZulu-Natal, South Africa.

Materials and Methods: We used a participatory qualitative research approach using the Framework for Reporting Adaptations and Modifications-Enhanced (FRAME) to document Safer Choices adaptations. In January-June 2023, in one high-school we conducted one 3-day workshop with ($n=16$) learners Grade 9-10 aged 15-19 years, discussions with the school-leadership ($n=4$), and focus group discussions ($n=2$) with parents/guardians of learners. We used the workshops to understand the context and social validity (e.g. acceptability, appropriateness) of the program, including the SRH needs of learners, to adapt the content and delivery of Safer Choices to this rural South African context. All interactions were audio-recorded, transcribed, and translated and analyzed using thematic content analysis, using Nvivo software.

Results: Learners reported peer pressure to smoke, use drugs and have sex as common, which increases learners' vulnerability to HIV and unplanned pregnancy. Further, misconceptions around contraception and fertility continue due to inaccurate SRH information 'contraceptive pills destroy fallopian tubes' and lack of parent-learner communication on SRH. Learners and teachers found Safer Choices content appropriate and

relatable 'it's appropriate for the learners because you will be talking about things they are already doing, it's just that they don't have enough information to protect themselves'. Safer Choices was seen as valuable and relevant by both school-leaders and parents/guardians. Further, schools were seen as safe-spaces to provide SRH services to learners 'it's safer within the school premises...if it's outside, women from the community will start saying 'I saw so and so's child going to fetch pills'.

Conclusion: Safer Choices program was found to be relevant for learners in a context of high sexual risk and vulnerability. Schools in rural KwaZulu-Natal provide a favorable setting to provide SRH services to learners.

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Enabling Adherence to Treatment (EAT): A Pilot Study of a Combination Intervention Including Modified Directly Observed Therapy to Improve HIV Treatment Outcomes Among Street-Connected Individuals in Western Kenya

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Background: Street-connected individuals (SCI) in Kenya experience barriers to accessing HIV care. This study provides proof of concept for the Enabling Adherence to Treatment (EAT) intervention, a combination intervention providing modified directly observed therapy (mDOT), daily meals, and peer navigation services to SCI living with HIV or requiring therapy for other conditions (e.g. HIV prophylaxis, tuberculosis). The goal of EAT intervention was to improve engagement in HIV care and viral suppression among SCI living with HIV in Western Kenya.

Materials and Methods: This study used a single group, pre/post-test design, and enrolled a convenience sample of self-identified SCI of any age. Participants had access to free hot meals, peer navigation services, and mDOT 6 days per week. Descriptive statistics was used to characterize participants' engagement in EAT and HIV treatment outcomes. A two-sample paired proportion test and McNemar's chi-square test statistics was used to calculate unadjusted differences in HIV outcomes pre and post intervention among participants enrolled in HIV care prior to EAT.

Results: Between July 2018 and February 2020, EAT enrolled 87 participants: 46 (53%) female and 75 (86%) living with HIV. At baseline, 60 out of 75 participants living with HIV (80%, 95% CI 71-89%) had previously enrolled in HIV care. Out of 60, 56 (93%, 95% CI 87-100%) had initiated ART, 44 (73%, 95% CI 62-85%) were active in care, and 25 (42% 95% CI 29-54%) were virally suppressed at their last VL measure in the 19 months before EAT (VL<1000 copies/mL). After 19 months of follow-up, all 75 participants living with HIV had enrolled in HIV care and initiated ART, 65 (87%, 95% CI 79-94%) were active in care, and 44 (59%, 95% CI 48-70%) were virally suppressed at their last VL measure. The total cost of the intervention over 19 months was USD \$57448.64. Fixed costs were USD \$3623.04 and variable costs were USD \$63.75/month/participant.

Conclusion: Our pilot proved that EAT, a combination intervention providing mDOT, food, and peer navigation services, was feasible to implement and may support engagement in HIV care and achievement of viral suppression among SCI living with HIV in urban setting in Kenya.

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The Effect of Multi-Level HIV Prevention Interventions on Common Mental Disorders Among Adolescents and Young Adults in Rural South Africa

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Background: Adolescents and young adults in South Africa face a substantial and interrelated burden of HIV and mental health problems, both influenced by individual and structural factors. The bi-directional relationship between mental health and HIV suggests that efforts to tackle HIV and mental health problems in youth need to involve multi-level approaches that target multiple vulnerabilities. Therefore, we assessed the effect of multi-level HIV prevention interventions on common mental disorders (CMD) among adolescents and young adults in uMkhanyakude.

Materials and Methods: We analysed data from two representative cohorts of adolescent girls and young women aged 13-29 and adolescent boys and young men (ABYM) aged 13-35 interviewed in the context of a rollout of a multi-level HIV prevention package in 2017-19, with up to two years of follow-up. CMD was measured at end of follow-up using the validated Shona Symptom questionnaire with a score ≥ 9 used as a cut-off for likely CMD. HIV prevention interventions were grouped into two categories: community-level, including school-based HIV education, parenting, economic empowerment, violence prevention and social assets building interventions; and individual-level, including HIV testing and counselling and post-violence care. Multi-level exposure was defined as participation in at least one intervention at each level. We used inverse probability-of-treatment weighting to estimate the marginal effects of multi-level interventions on CMD, separately by age groups (<25, ≥ 25 years).

Results: Baseline CMD levels were high in all intervention groups, ranging between 11.0% (community-level) and 21.0% (individual-level). When controlling for measured

confounders (socio-demographics and sexual behaviour), young adults aged ≥ 25 years who participated in multi-level interventions had less CMD than those participating in no interventions (percentage difference was -4.16%, 95% confidence interval (CI): -15.07; 6.75 in females and -2.87%, 95%CI: -14.25; 8.52 in males). By contrast, exposure to multi-level interventions relative to no intervention was found to increase CMD in ABYM aged <25 years (+5.43%, 95%CI: 1.51; 9.35).

Conclusion: Our analysis of adolescents and young adults in rural South Africa did not find evidence that multi-level HIV prevention interventions reduced mental health problems overall. This suggests that HIV prevention interventions lacking an explicit mental health component may not address CMD in vulnerable youth.

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Implementation of a Quality Improvement Collaborative of HIV Status Disclosure to Improve HIV Treatment Outcomes of Young People Living with HIV in Zimbabwe

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Background: Despite the progress made in HIV services, treatment outcomes of Adolescents and Young People Living with HIV (AYPLHIV) remain suboptimal. Non-disclosure of HIV status is a key factor leading to poor adherence and retention in care among AYPLHIV. To address these challenges, the Ministry of Health and Child Care (MoHCC) recommends full disclosure for 6-10 years of age, yet Zvandiri programmatic data (May 2022) showed 1,443/6,666 (22%) of AYPLHIV aged 10-14, and 389/9,149 (4%) of AYPLHIV aged 15-19 were not disclosed to. Zvandiri utilised a Quality Improvement (QI) collaborative from March to September 2022 to ensure all AYPLHIV receive full disclosure across three selected districts (Hurungwe, Nkayi, and Goromonzi).

Materials and Methods: Zvandiri connects AYPLHIV with trained, mentored, peer counsellors known as Community Adolescent Treatment Supporters (CATS). As part of the QI collaborative, the Zvandiri District Team (ZDT) engaged Health Care Workers (HCW) and CATS to elucidate the disclosure status of supported AYPLHIV. AYPLHIV who were not fully disclosed were line listed and followed up for disclosure support. Caregivers were also mobilized for caregivers' meetings focusing on disclosure.

Lessons learned: 360 AYPLHIV (F:217, M:143) and their caregivers received disclosure counselling and support, of which 181 and 179 were aged 10-14 and 15 and above, respectively. From the group receiving counseling and support, 307 (85%) (F:126, M:181) were disclosed to. Of the 53 (F:36, M:17) AYPLHIV who did not receive full disclosure, 45/53 (85%; F:30, M:15) were aged 10-14 and 8/53 (15%; F:6, M:2) were 15 and above. The main barriers to disclosure were absent or unwilling caregivers and cognitive disability.

Best practices identified included: CATS and HCWs to identify and document those in need of disclosure support, caregiver meetings and caregiver counselling, and HCW initiated disclosure sessions in the presence of caregiver.

Conclusion: The QI collaborative was successful in improving disclosure status among AYPLHIV, which is expected to improve adherence and retention in care, mental health status and overall treatment outcomes for the AYPLHIV. This initiative has demonstrated the importance of active follow up and documentation of disclosure status. Provider initiated opt-out disclosure sessions, in addition to counselling caregivers, are critical.

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Improving HIV Care for Children, Adolescents, and Young People Living With HIV in Zimbabwe With Zvandiri-Echo Case Management Sessions

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Children, adolescents, and young people living with HIV (CAYPLHIV) face complex challenges such as stigma, discrimination, mental health concerns, sexual and reproductive health struggles, abuse, and gender-based violence, which can hinder their access to HIV and sexual reproductive health services and create non-adherence to treatment. Zvandiri-ECHO Case Management Sessions aim to help Zvandiri Mentors, Community Adolescents Treatment Supporters (CATS), and Young Mentor Mothers (YMMs) deal with complex cases and challenges by providing support and capacity-building in low-resource and remote communities. The sessions utilize the ECHO model, allowing ZMs, CATS, and YMMs to access important knowledge and support to address the issues faced by CAYPLHIV.

The sessions follow a 'Hub' and 'Spoke' model, where participants share real cases, followed by questions, discussions, recommendations, and didactic sessions from a panel of multidisciplinary experts. Conducted since October 2020, the Case Management Sessions have resulted in a high percentage of implemented recommendations and closed cases after observed improvement in health, adherence, employment, and financial stability. ZMs find the sessions efficient in sharing knowledge with panels, supervising CATS, receiving referrals from peers in different districts, and gaining knowledge from non-Zvandiri staff, aiding in holistic case management and better relationship outcomes.

The potential next steps for the Zvandiri-ECHO Case Management Sessions include expanding the programme to a broader audience, conducting in-depth evaluations to improve outcomes, collaborating with other organizations, and providing ongoing training and support for frontline health care workers to ensure the implementation of recommendations and interventions. The aim is to provide CAYPLHIV with comprehensive care, enabling them to manage their health effectively, improve their quality of life, and survive and thrive.

In conclusion, the Zvandiri-ECHO Case Management Sessions play a critical role in championing the health care of CAYPLHIV. The support and capacity-building provided by the ECHO model for ZMs, CATS, and YMMs in low-resource and remote areas help them manage complex cases and address multiple health challenges. Comprehensive care provided to CAYPLHIV is necessary to allow them to manage their health, improve their quality of life, and survive and thrive.

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“At School They Did Not Even Notice That I Was Pregnant.” Participatory Development of a Support Package for Pregnant and Mother Adolescent Learners in South African Schools

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Background: Preventing adolescent pregnancy-related mortality and morbidity are important strategies for achieving positive health and well-being outcomes for adolescent girls and young women and the Sustainable Development Goals. Recent research demonstrates that adolescent motherhood hinders the young mothers' chances of continuing with school, and differential opportunities to attain their educational goals. Between 2018 and 2023, South Africa has seen an increase in the rate of adolescent pregnancies. There is a window of opportunity with the Department of Education's National Policy on the Prevention and Management of Learner Pregnancies to improve implementation efforts. Currently there is limited literature focused on how the school environment can create a protective environment and a platform for care for pregnant learners and adolescent mothers.

Materials and Methods: This research was informed by 14 years of work with adolescent and youth advisory groups in South Africa, where young advisors have informed the direction of participatory, arts-based methodology and engagement approaches. This experience informed participatory research that aimed to co-construct support package design considerations in partnership with young people. Research explored priorities and provisions that support or hinder young mothers' educational attainment: a well-established social determinant of health. During analysis, we utilised a combined deductive and inductive to approach group thematic analysis, and engaged a social ecological systems framework to interpret our findings.

Results: Advisors described support figures, services and a system of multiple influential stakeholders that

pregnant and mothering learners rely on, confide in, report pregnancy to and turn to for support throughout pregnancy and early motherhood: social workers were identified as those who can identify and support learners, link them to services outside the school and provide ongoing case management; peer networks were described as a source of learning support, informally sharing resources and class materials with young mothers at home; advisors also reported that school leadership facilitated support for taking and completing exams on time; childcare was surfaced as a burdensome but essential expense that required government assistance; finally caregivers, and especially mothers were cited as a primary source of support to attend clinic appointments and keep up with school, throughout pregnancy until early motherhood.

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Lessons Learned From Adapting a Multi-Component School-Based Sexual Reproductive Health (SRH) Intervention in Rural Kwazulu-Natal – Safer Choices Program

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Background: The WHO Global School Health Initiative acknowledges a missed opportunity to deliver effective health interventions within the sustainable infrastructure of schools. We describe the experience of co-adapting a multi-component whole-school health-promotion Safer Choices program to improve sexual reproductive health (SRH) and uptake of HIV-prevention in a rural area of KwaZulu-Natal, South Africa with prevalent HIV and teenage pregnancy.

Materials and Methods: We used the Framework for Reporting Adaptations and Modifications-Enhanced (FRAME) to document adaptations to the Safer Choices intervention. Between July 2022-June 2023, we purposively selected six high schools for the study. The

adaptation process included stakeholder mapping and engagement, selection of one high school where we conducted a 3-day workshop with (n=16) learners aged 15-19 years, discussions with the school-leadership (n=4), and focus group discussions (n=2) with parents/guardians. The workshops focused on understanding the context, adapting the content and social validity of the program, and exploring how to deliver biomedical SRH services through schools. Study activities/adaptations were documented, and transcripts of audio-recorded workshops and discussions were translated and analyzed using thematic content analysis.

Lessons learned: We mapped and engaged key school-based SRH intervention stakeholders to introduce the study, research team and encourage buy-in. Stakeholders comprised department of education gatekeepers, principals/teachers, school governing boards (SGB) and learner support agents. Regular feedback with department of education gatekeepers was needed to sustain the engagement. We presented the study at three SGB meetings and on the local radio station. Large classes of up-to ~200 learners necessitated compressing the number of sessions from 21 to 11. Local peer navigators were recruited to support delivery of Safer Choices with teachers and peers in these poorly-resourced schools. We learned how to align the intervention with current school programs including extra-curricular activities and involving parents and other civil society groups. Safer Choices was seen as valuable and relevant by school-leaders and parents/guardians and schools were deemed safe-spaces to provide SRH services, however they emphasized the need for sustained engagement.

Conclusion: The Safer Choices program was acceptable for learners. Stakeholder engagement is key in co-adaptation of interventions but needs to be continuous and consistent to be sustainable.

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The Role of Peer Support in Linkages for Mental Health Services Among Adolescents and Young People Living with HIV: Experiences from Zimbabwe

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Background: Adolescents and Young People Living with HIV (AYPLWHIV) are at substantial risk of common mental disorders (CMDs), which have been correlated with poor adherence to antiretroviral therapy (ART). Zvandiri, a peer support program for AYPLWHIV, trained Community Adolescent Treatment Supporters (CATS), to screen all beneficiaries ages 10–24 for CMDs and refer those identified as being at risk to healthcare workers (HCWs). We implemented a quality improvement (QI) project with the goal of improving the mental health of beneficiaries through identification of risk and the provision of support. We examined the effect of the QI initiative on screening coverage, risk identification, support, and referrals.

Materials and Methods: The QI initiative was conducted October 2021 to March 2022. 58 CATS and 18 HCWs participated in a one-day training on mental health screening using the Shona Symptom Questionnaire (SSQ), support and referrals of those at risk of CMDs to HCWs. CATS received weekly supervision. Weekly targets were set with the CATS for screenings and the number expected to be found at risk based on known prevalence of CMDs (20-30% of AYPLWHIV in Zimbabwe). At the end of three months, CATS who did not achieve their targets received a follow-up half-day training to improve screening and counselling skills. HCWs were provided an additional 1-day training on CMDs and intervention strategies to strengthen referral pathways.

Lessons learned: Compared with 41%(667/1,665) of beneficiaries having been screened in the year prior to the QI initiative, with 7% (49/667) identified as at risk of a CMD, outcome measures improved to screening reach of 85%(990/1,160), with an average risk identification

rate of 14%(143/990) at endline. Of those at risk of CMDs, 97%(139/143) were assisted with additional support by the CATS, and 92% (128/139) were referred to HCWs for in-depth evaluation and management. After three months 89.5% (128/143) of those at risk were rescreened. 82% (117/143) were no longer at risk.

Conclusion: Providing mental health training and supervision to HIV peer counsellors, along with capacity building to strengthen referral pathways, is a promising way to improve the integration of mental health and HIV services, and the mental health of AYPLWHIV utilizing.

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Study to Assess the Awareness of AGYW on SRH and HIV/Aids in Higher Learning Institutions In Tanzania.

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Background: Tanzania's young population, comprising 34.7 percent of the population, includes 15-24-year-olds, adolescents, and young adults. HIV affects 1.7 million people, with 4.6% prevalence among 15-49-year-olds in 2019. Young people face barriers in accessing age-appropriate information and services, and are vulnerable to unintended pregnancy, STIs, and HIV.

The alarming impact of HIV on adolescents and young people is evident in the country, with new infections primarily affecting older adolescents and young people. Negative sexual health (SRHR) outcomes are unacceptably high among young people in higher learning institutions. Adolescence and adulthood are characterized by experimentation, physical and emotional changes, emerging sexuality, and exposure to vulnerable settings. Negative cultural attitudes, gender norms, violence, poverty, and lack of participation in decisions impact their long-term health.

Materials and Methods: A questionnaire which included the basic questions on sexual reproductive health and HIV were distributed in 8 colleges in four regions of Tanzania, from which the questions were structured to assess the SRH knowledge and the linkage to HIV. From which 521 students were covered.

Results: 402 students equal to 77% showed that they do not know the basic information on sexual reproductive health and HIV from which on the questionnaire they scored below 30% and 77 students showed they have the basic knowledge on SRH but failed to link with HIV this students scored from 30% to 55% and only 42 students equals to 8% showed they have satisfied knowledge on SRH-HIV as they scored from 56% to 86% and non from both regions scored more than 86%

Recommendations: It is crucial to sensitize young people in higher learning institutions about sexual health and HIV/AIDS. Ensuring adequate information about condom use and faithfulness to one partner is essential. Prevention is the best way to deal with HIV/AIDS, as it involves developing self-esteem, confidence, and self-efficacy. Additionally, young people need practical skills to cope with peer pressure, solve problems, be assertive, negotiate safer sex practices, and develop life plans.

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Use of HIV prevention indexing (HPI) for Adolescents on PrEP as a tool for increasing Human Immunodeficiency Virus (HIV) Prevention and treatment service uptake among sexual partners in Copperbelt Province.

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Background: In Zambia, adolescents continue to be disproportionately affected with HIV, with current trends indicating over 50% of new HIV infections. To increase uptake of HIV prevention methods among adolescents, Copperbelt province has been implementing ethical HIV prevention indexing initiative to ensure partners to adolescents accessing PrEP benefit from available HIV prevention and treatment interventions. The aim was to empower index clients and their contacts with information and improve access to HIV prevention services.

Materials and Methods: HIV Prevention Indexing (HPI) was implemented from 2021 to 2022 in 4 DREAMS facilities and 20 health facilities in Chingola, Kitwe and International Workshop on HIV & Adolescence 2023 – Lusaka, Zambia

Chililabombwe districts. Purposively facilities with high volume of adolescents accessing PrEP were selected. All clients seeking access to PrEP were subjected to an HIV risk assessment which was preceded with an HIV test. Clients that tested negative were evaluated for PrEP eligibility before initiating and continuation of PrEP. After client consent, a list of sexual partners for a period of 6 to 12 months was obtained and followed up for HIV testing. Partners that tested negative were linked to HIV Prevention services while those that tested positive were linked to treatment services and counseled to disclose their status to their partners.

Lessons Learned: Out of the total of 5687 Adolescent Girls and Young Women (AGYWs) accessing PrEP, 4296 male sexual contacts were obtained. Among these, 2677 (62%) underwent testing, with 79 tested positive (3% yield) and subsequently linked to ART. The remaining 2526 (83%) tested negative were linked to HIV Prevention services. A total of 2144 boys were offered HPI with 933 female contacts obtained. 844 females were tested with 55(7%) testing positive and linked to HIV treatment, while 747 (89%) females were linked to HIV Prevention services. The female elicitation ratio was 0.75 while the male ratio was 0.43.

Conclusion: HIV Prevention Indexing proved an effective tool that enhanced the identification of sexual partners and improved access to HIV prevention services especially among adolescents and their partners. It is recommended that HPI is utilized at scale as the country implements the status-neutral approach and is integrated into ethical partner notification service training.

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Critical Gaps in Tuberculosis Prevention for Children and Adolescents Living With HIV: Inadequate Screening, Limited TPT Initiation, and the Need for Improved Data

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Background: Tuberculosis (TB) is among the leading causes of death in children and adolescents living with

HIV (CALHIV). TB data for CALHIV are limited, hindering development of adapted services for this population.

Materials and Methods: We analyzed the TB screening and TB preventive treatment (TPT) cascade data for CALHIV using routinely reported PEPFAR MER program data between April 2021-March 2022 from EGPAF-supported sites in seven countries: Cameroon, Côte d'Ivoire (CDI) Democratic Republic of the Congo (DRC), Eswatini, Lesotho, Mozambique, Tanzania. Indicators included TB screening and outcome, TPT initiation, and completion. Data were disaggregated by country and sex; age disaggregation was limited to the age band <15 years.

Results: A total of 59,660 (45%) CALHIV (<15) on ART were screened for TB over the 12-month period across the seven countries. Coverage of TB screening ranged across countries from 39% in Cameroon to 53% in CDI. Of those screened, 3% (1,746/59,660) screened positive. Of the 57,914 CALHIV who screened negative for TB, 11% (6,548/57,914) were initiated on TPT. A total of 5,049 (77%) CALHIV who initiated TPT completed treatment. Cameroon had the lowest TPT completion rate at 49% (129/266); DRC had the highest at 95% (631/665).

Conclusion: TB screening among CALHIV < 15 years on ART is suboptimal. Under-reporting or poor implementation may be contributing factors warranting the need for urgent root-cause analyses. TPT completion was relatively high. However, coverage of TPT could not be rigorously assessed due to lack of eligibility data, which would provide a more accurate denominator. The TB prevention cascade could not be assessed in more specific age subgroups (0-4, 5-9, 10-14, 15-19). Routinely reported data in its current form are ill-suited to rigorously assess eligibility and coverage of TPT initiation among CALHIV. This limits the ability to understand epidemic status or inform tailored and integrated programming for CALHIV.

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Colliding Wars: A Systematic Review on HIV Responses in Conflict-Affected Settings

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Background: Conflicts and warfare are a rising threat to population wellbeing. New HIV cases are often driven by violence, poverty, and limited health care provision in humanitarian settings. HIV risk and poor response in conflict-affected areas threaten global efforts towards its elimination.

Materials and Methods: A systematic review was conducted to recognise changes in HIV prevention, testing, and treatment in conflict-affected settings, especially among key populations, adolescent girls, and children born to HIV-affected mothers. HIV service availability, delivery, and continuity were considered throughout the study. The search was conducted through MEDLINE, Embase, Scopus, CENTRAL, OVID, and CINAH databases to capture relevant publications up to June 2022. Six reviewers independently screened the titles and abstracts of the retrieved records in a first round and full texts in a second round; any variances between reviewers were resolved by discussion and consensus.

Results: A total of 7378 studies were identified through the search process, 17 of which fulfilled the inclusion criteria of this review. Studies reported higher HIV risk and incidence amongst adolescent girls and young women, especially among the internally displaced. Furthermore, studies reported HIV testing and treatment service interruptions in conflict settings, mostly as a result of facility looting and damage, supply chain disruptions and medications stock-out, infrastructure and communication hurdles, and population displacement. Studies also suggested an increase in loss-to-follow-up cases in conflict settings, especially among young populations. Adolescents living with HIV have much lower rates of clinic follow-up and medication adherence after a humanitarian crisis driven by their social backgrounds.

Conclusion: A combination of forced displacement and health system collapse (including interrupted and inadequate supply chains) are fuelling HIV risk and progression among adolescents and children living in conflict-affected regions. Evidence suggests that adolescent girls, refugees, and young soldiers are particularly marginalised. Their inclusion in humanitarian response plans is crucial to safeguard progress towards HIV elimination.

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HIV Self-Testing Among Adolescents in USAID/PEPFAR-Supported Countries

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Introduction: In 2021, over 1.7 million adolescents were living with HIV, many of whom are unaware of their HIV status. Though considerable progress has been made in HIV prevention, gaps in adolescent testing remain. Barriers to testing adolescents include age of consent restrictions, lack of access and knowledge of testing, and stigma from social networks. PEPFAR recommends HIV self-testing (HIVST) and seeks to expand access to improve screening, casefinding, and health outcomes for underserved adolescents. This presentation will review HIVST kit distribution as a proxy for testing across USAID/PEPFAR-supported countries and regions for adolescents ages 10-19 years.

Materials and Methods: Routinely collected data from 27 USAID/PEPFAR-supported countries and regions were analyzed from fiscal years (FY) 2019 through 2022 (October 2019 - September 2022). We analyzed HIVST kit distribution and volume trends among adolescents using the following disaggregates: age [younger adolescents (10-14 years) versus older adolescents (15-19 years)]; sex (male and female); directly-assisted and unassisted; and country/region.

Results: From FY19 to FY22, HIVST kit distribution among adolescents 10-19 years increased by over fourfold from 75,673 to 371,155. Though younger and older adolescents experienced comparable increases in HIVST kit distribution, older adolescents had an eight times greater HIVST kit distribution volume (764,269 vs. 89,940). Over the same period, the HIVST kit distribution for female adolescents was nearly two times higher than that for male adolescents (563,890 vs. 290,319). Across all age groups and sexes, older adolescent females had the highest increase in HIVST kit distribution. There was a greater increase in unassisted HIVST compared to directly-assisted HIVST for all adolescents. Among countries and regions, HIVST kit distribution varied; Lesotho experienced the greatest distribution increase from 93 to 23,354 followed by Vietnam (95 to 1,907).

Conclusion: With the increase in HIVST kit distribution for adolescents between FY19-FY22, USAID/PEPFAR-supported countries advance towards UNAIDS 95-95-95 targets to end the HIV epidemic as a public health threat

by 2030. However, the disproportionate HIVST kit distribution among adolescent females to males suggests testing distribution strategies need to be tailored to better support males. Nonetheless, HIVST remains a priority strategy to reach at-risk and underserved adolescents.

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Integrating Adolescent HIV Prevention and Care Programs into Voluntary Counseling and Testing Centers in Iran: A Case Study and Lessons Learned

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Background: Adolescents in Iran are at high risk of HIV transmission and exposure to high-risk behaviors. Iranian adolescents account for a large percentage of new adult HIV infections. In Iran, high-risk sexual behaviors among adolescents and the prevalence of sexual relationships in teenage boys and girls have been reported from 12.8% to 20%. Available data shows that 31.3% of those living with HIV/AIDS in Iran are in the age range of 16-30, with girls constituting a larger number compared to boys.

UNICEF supported the Ministry of Health to develop an innovative Iranian model that combines awareness-raising, counseling, HIV testing, prevention education, life skills training, drug use prevention, puberty health education, alternatives to risky behaviors, and health services in a safe and enabling environment for adolescents aged 10-19.

This abstract presents a case study and lessons learned from the integration of adolescent HIV prevention and care programs into Voluntary Counseling and Testing (VCT) centers in Iran. UNICEF supports eight medical sciences universities in providing HIV prevention, treatment, counseling, and testing for at-risk adolescents and youth.

The main objective of this programme is to empower and enhance the knowledge, skills, and confidence of vulnerable adolescent girls and their families in the following areas:

- Promotion of a healthy lifestyle
- Utilizing social and life skills

- Enhancing their meaningful participation
- Prevention of social harm
- Increasing resiliency & self-care
- Promoting mental health

The program in Iran provides valuable lessons in developing comprehensive approaches to addressing adolescent HIV prevention. These lessons include the importance of a comprehensive approach that addresses the unique needs of adolescents, collaboration and partnerships between stakeholders, adapting the program to the local context, involving adolescents in program design and implementation, and regular monitoring and evaluation to identify areas for improvement.

In conclusion, this program is a promising approach to providing necessary services to at-risk adolescents and youth in Iran. The Iranian model developed by UNICEF, has shown great potential to enhance the knowledge and attitudes of adolescents on HIV/AIDS prevention. The implementation of this program can serve as a model for other countries to facing similar challenges.

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Benchmarks to Practice: Rollout of AGYW Quality Implementation Framework in Malawi

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Background: The need to scale up multisectoral interventions to tackle factors predisposing adolescent girls and young women (AGYW) to HIV infection risks has grown significantly. In response, UNICEF Malawi provided technical assistance (TA) to the Global Fund (GF) AGYW Program to strengthen interventions by rolling out a quality implementation framework (QIF). The QIF was developed to standardise interventions across implementers, improve the quality of delivery and outcomes of the GF AGYW program in Malawi. The TA developed a mechanism to apply quality benchmarks to the implementation, strengthened the capacity of stakeholders around using the QIF and reviewed experiences and the effectiveness of the roll-out process. This paper reports processes, findings and learnings from implementing the QIF.

Materials and Methods: A participatory approach was used to engage key stakeholders in the decision-making, planning and execution of the project. The key stakeholders included government officials, program implementers, technical partners and the AGYW. Thirty individual and focus group meetings with stakeholders were conducted to understand the challenges with the program's quality and using the QIF itself. A quantitative mapping tool was used to give a comprehensive view of the program's components and to map current data collection tools to the benchmarks on the QIF. Capacity-building workshops and piloting of the QIF were conducted to enable implementers to gain knowledge and practical skills on applying the benchmarks and analysing the QIF data using the monitoring tools. Implementers received 1-1 mentoring and feedback from the consultant.

Findings and Learnings: Analysis of the QIF results demonstrated that implementers delivered the same interventions at varying degrees and quality. Condom promotion/distribution and GBV screening and management were among areas where implementers scored low against the benchmarks. This necessitated the development of acceleration plans for those components which were under-performing and a community of practice which provides a safe space for implementers to share best practices and learnings to improve the program quality. Using the QIF provided the opportunity for the SRs to critically reflect on the program implementation against each quality benchmark. SR AGYW teams were seen to be coproducing sustainable solutions to improving program quality.

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Improving Pre-Exposure Prophylaxis Screening and Initiation among Adolescent Girls and Young Women in Selected Health Facilities, Western Uganda; January-June 2022

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Background: Pre-exposure prophylaxis (PrEP) effectively reduces HIV acquisition, particularly among high-risk groups like adolescent girls and young women (AGYW). However, poor PrEP screening and uptake were observed among eligible AGYW at four PrEP sites in Western Uganda. A quality improvement (QI) project was conducted from January to June 2022 to address this issue and enhance PrEP screening and uptake.

Materials and Methods: Data from October to December 2021 on PrEP and HIV testing were analyzed to establish baseline figures for AGYW (aged 15-24) who tested HIV-negative, underwent screening, were eligible for PrEP, and initiated treatment. The screening rate represented the proportion of HIV-negative AGYW screened for PrEP eligibility, and the uptake rate indicated the proportion of eligible AGYW who started PrEP. Focus group discussions with healthcare workers (HCWs) and AGYW peers were conducted to identify root causes and develop interventions.

Results: Factors contributing to low PrEP uptake included heavy HCW workload, poor documentation, misconceptions about PrEP being exclusive to female sex workers (FSW), direct and uncomfortable screening questions, dislike and stigma surrounding daily PrEP pills, and discomfort in discussing sexual activity. In January 2022, two AGYW at each site were trained as PrEP peer educators to mobilize others for screening. HCWs received training on PrEP guidelines, and the screening tool was revised to be age-appropriate. Pre-intervention (October-December 2021), only 13% (157/1,195) of HIV-negative AGYW underwent screening. Among them, 99% (155/157) were FSWs, and 31% (48/157) were eligible, with 75% (36/48) initiating PrEP. Post-intervention (January-June 2022), screening increased to 28% (1,106/3,914). Of those screened, 47% (516/1,106) were FSWs, and 44% (488/1,106) were eligible, with 89% (434/488) initiating PrEP.

Conclusion: The implemented interventions resulted in moderate improvements in PrEP screening and initiation rates among eligible AGYW. Scaling up this approach to similar PrEP sites could have a comparable impact.

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Examining Sexual and Reproductive Health Provision for Adolescent Girls Within the Care and Support for Teaching and Learning Regional Programme: Insights From South Africa

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Background: Adolescent girls and young women in southern Africa remain susceptible to HIV infection and unintended pregnancies, necessitating targeted interventions and policies. Recognizing schools as effective sites for intervention, the adoption of the Care and Support for Teaching and Learning (CSTL) programme in the region aimed to prevent and mitigate factors that negatively impact on the enrolment, retention, performance and progression of vulnerable learners in schools. South Africa developed the Integrated School Health Policy (ISHP) in support of the CSTL, which sought to improve the health and well-being of school-going children, and commits to the provision of sexual and reproductive health (SRH) services.

Objective: This study aimed to examine the SRH provision for adolescent girls as promulgated by ISHP, contributing to evidence-informed multi-sectoral solutions that support adolescents in reducing HIV risk and enhancing educational outcomes.

Materials and Methods: A qualitative design was employed, including focus group discussions (FGDs) with adolescent girls. The study was conducted in KwaZulu-Natal, South Africa.

Results: Preliminary data from four FGDs with 38 girl learners aged 18 to 24 are presented. The following themes emerged: (i) Challenges in Adolescent-Parent Communication: participants emphasized that SRH messages received at school were not reinforced by parents, underscoring the importance of supporting and educating parents to facilitate effective communication; (ii) Psychosocial Support: despite the emphasis on providing psychosocial support for vulnerable learners, available support remains sub-optimal due to inadequate resources; (iii) Stigmatization and Judgment from Healthcare Workers: even with evidence-based recommendations for youth-friendly services, this goal remains unattained, with adolescents who have

experienced discrimination now hesitant to access health services, negatively impacting on the uptake of contraceptive and other SRH services; (iv) Accessibility of Healthcare Services: participants advocated for school-based SRH services to reduce discrimination and enhance accessibility.

Conclusion: To enable adolescent girls to make safe and informed decisions about relationships, sex and contraceptive use, they require accurate information and support. Tailoring parent-adolescent communication, ensuring adequate psychosocial support, and the provision of differentiated SRH services are crucial steps towards empowering adolescents to reduce their HIV risk and enhance their health and education outcomes

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Co-developing and Testing a Peer Supporter-Delivered Screening Tool to Identify Violence and Related Risks Among Young Women Living With HIV in Lusaka, Zambia

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Background: Young women living with HIV (YWHIV) are likelier to experience overlapping risks to their wellbeing, including violence and mental ill-health. Understanding how to ask YWHIV about their lives and potential risks is critical to tailoring health services to meet their needs. Task-shifting approaches to youth peer supporters may help to effectively reach YWHIV in non-stigmatizing ways and integrate screening into HIV care. However, there is limited evidence on how youth peer supporters can implement screening. Through the Screen & Support project—a collaboration among University of Cape Town, Paediatric-Adolescent Treatment Africa (PATA), and community-based Kabangwe Creative Initiative Association—we aimed to co-develop and test a

screening tool to be administered to YWHIV by peer supporters.

Materials and Methods: Following a community mapping exercise and a series of community dialogues, we worked with a team of peer supporters to co-develop a screening tool for use with YWHIV. Questions were adapted from the Violence Against Children and Youth Survey (VACS), previously used with youth in Zambia, and other related questionnaires. Peer supporters and research team members discussed item relevance, meaning, applicability, and translations. Peers recruited YWHIV from health facilities and community networks to undergo screening.

Results: Between December 2022-April 2023, peer supporters recruited and screened n=194 YWHIV. Recent experiences of violence, poor mental health, suicidal ideation, substance use, school dropout, and ART non-adherence were considered “flags,” which peer supporters used to engage YWHIV further (n=24 flags identified, 12.4%). The test-version of the screening tool identified factors among YWHIV responses that linked to multiple risks; YWHIV who reported early motherhood and mental health symptoms were likelier to report other flags and likelier to disclose childhood histories of violence and abuse not identified by our tool.

Conclusion: Our findings reveal that asking about early motherhood and mental health symptoms may be critical entry points for starting conversations with YWHIV and supporting them with both acute and longer-term psychosocial problems. Our multi-disciplinary team are currently developing online training modules with PATA to upskill peer supporters on violence-responsive and related approaches. We will conclude with key implementation considerations for adapting this process to various contexts.

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Adolescent Mothers’ School Enrolment Before and After COVID: Does Hiv-Infection and Food Insecurity Increase the Risk of Non-enrolment?

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Background: Crises – like the COVID-19 pandemic – can exacerbate existing educational disadvantages, particularly for vulnerable groups, like adolescent mothers. We aimed to better understand school dropout patterns among adolescent mothers in South Africa over the pandemic, and explore if HIV-exposure and food insecurity have placed mothers at a particular risk.

Materials and Methods: A prospective cohort study collected data from adolescent mother-child dyads residing in rural and urban communities in the Eastern Cape province in South Africa. Analyses were conducted on adolescent mothers who had completed two waves of the study (2017-19 and 2020-21). Participants who had already completed school at baseline (n = 90) or at the follow-up wave (n = 319) were excluded, and the final analyses was based on 636 adolescent mothers. Multi-level modelling was deployed to examine main effects of HIV-status and food insecurity on school enrolment, and their interactions over time.

Results: Over time, fewer adolescent mothers with an incomplete education were enrolled in school or further education, 53% pre-COVID versus 37% during COVID. Adolescents reports of living with HIV remained stable over time (30%), whilst there was an increase in food insecurity from 25% to 36% (p < .03). The final analyses showed that adolescent mothers living with HIV were less likely to be enrolled in education at both timepoints (AOR: 0.26, CI 0.17-0.41, p < .001). Food insecure mothers were also less likely to be enrolled in school, but the results were insignificant (AOR: 0.27, CI 0.53 - 1.14, p = .205). We did not find significant interactions for HIV status (p < 0.23) and food insecurity (p = 0.208) over the two timepoints.

Conclusion: The COVID-19 pandemic has caused prolonged school closures for 168 million learners globally. We showed a stark decline in school enrolment for adolescent mothers, who experience multiple challenges to school enrolment even at normal times, over the COVID-19 period. We did not find a disproportionate disadvantage for mothers affected by food security and HIV over the two timepoints, but it will remain important to explore other potential clusters of risk factors and assess longer-term effects of exceptionally vulnerable sub-populations.

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Teachers as Frontline Actors. Feasibility Study of a Health-Promoting Schools' Intervention to Improve Access to Sexual Reproductive Health Services for In-School Adolescents in Zambia

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Background: While the integration of CSE in the education curriculum addresses the information side, the support and service access side remains weak. Adolescents who have unintended pregnancies may need support to explore and better understand their situation and options to make an informed choice.

Materials and Methods: The Front-Line Actors Initiative (FAI) provided comprehensive sexuality education (CSE) through school-based sessions. Adolescent girls aged 14 to 19 facilitated sexual and reproductive health sessions with their peers, supported by a trained guidance and counselling teacher. A hotline offered accurate SRH information and counselling, along with referrals to adolescent-friendly healthcare facilities. A 13-month pilot with 1500 participants was conducted, followed by an evaluation using the RE-AIM framework to assess feasibility in terms of Reach, Effectiveness, Adoption, Implementation, and Maintenance.

Results: Reach: 11405 were reached with information on SRH including safe abortion methods and empowered with the knowledge on how and where to access SRH services. Effectiveness: there was improved knowledge, a reduction in teenage pregnancy and abortions in schools, increased access to safe abortion services and CSE-related information for adolescents, and now know where and how to seek access to safe abortion services. Adoption: 10 teachers, 25 health care providers and 3 pharmacists participated in the delivery of the intervention. Participation from pharmacists was variable due to the lack of registration with the pharmaceutical association of Zambia. Implementation: adolescents found the safe space and dialogue sessions to be useful as they provided a youth-led and caused platform where adolescent girls could freely express themselves with the guidance of the teachers. Maintenance: there is potential for SRHR and safe

abortion services to be accessible beyond the life of the FAI project. Out of 162 adolescents referred to the health facility for safe abortion, 51.2% (83) received the service from baseline.

Conclusion: The FAI intervention proved acceptable and feasible. It shows the potential to increase knowledge of and access to SRH services for in-school adolescents. Potential modifications include integrating parents, who were left out, addressing the whole 13 levels of a health-promoting school and a focus on interpersonal communication.

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Optimizing HIV Self-Testing Strategies Through Geographic Information Systems: Identifying Hotspots and Cold Spots for Targeted Interventions

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Background: HIV testing is crucial for prevention, treatment, and care, but closing the case identification gap in rural Zambia requires innovative approaches. Geographic Information Systems (GIS) offer a powerful tool to optimize targeted testing strategies. This abstract explores the application of GIS in identifying hotspots and cold spots for HIV self-testing (HIVST) to enhance testing strategies and improve the response to HIV/AIDS.

Materials and Methods: GIS technology facilitated the integration of spatial data, including demographics, social amenities, healthcare facility locations, and HIV prevalence. By overlaying these datasets, critical areas requiring targeted interventions and resource allocation were determined.

Results: Comprehensive maps and spatial analyses were generated to identify regions with high HIV transmission rates (hotspots) and low testing coverage (cold spots). The GIS-driven strategy resulted in the distribution of 22,299 HIVST kits. Facility distribution accounted for 21,087 kits, while 1,212 kits were distributed based on community data generated through GIS. Assisted testing accounted for 11,598 kits, while 9,498 kits were distributed for unassisted testing.

Conclusion: The integration of GIS technology into HIV self-testing strategies has the potential to revolutionize HIV prevention and control efforts. GIS enables the identification of hotspots and cold spots, facilitating targeted interventions to reach key populations and underserved communities effectively. By utilizing GIS, health authorities can optimize resource allocation, adapt interventions based on evolving HIV dynamics, and ensure a proactive and data-driven response. The application of GIS in HIVST strategies holds immense promise for improving HIV testing coverage, reducing transmission rates, and achieving epidemic control.

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Uptake of Index Testing among Adolescents in USAID-Supported PEPFAR Programs

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Background: Globally, adolescents (ages 10-19 years) account for a growing proportion of people living with HIV (PLHIV). In 2021, 160,000 adolescents were newly diagnosed with HIV, yet knowledge of HIV status and uptake of HIV testing services among adolescents remain critically low. Family-based index testing is a key case-finding strategy to reach biological children, adolescents and siblings <15 years of PLHIV. In 2021, PEPFAR expanded guidance to include biological children, adolescents and siblings <19 years of PLHIV given evidence of vertically infected children surviving into adolescence. We reviewed index testing data to assess uptake and trends among biological adolescents aged 10-19 years of PLHIV.

Materials and Methods: Routinely collected programmatic data from 27 U.S. Agency for International Development (USAID)-supported PEPFAR country and regional programs were analyzed for fiscal years (FY) 2017 through FY2022 (October 2016 - September 2022). We compared the volume of index testing across FYs and countries among biological adolescents 10-19 years of PLHIV, and disaggregated by age [young adolescents (10-14 years) and older adolescents (15-19 years)] and by sex.

Results: Overall, index testing among adolescents 10-19 years increased steadily from FY17 to FY22, nearly doubling from 147,088 to 291,534, with decreases in FY19 likely due to a programmatic pause and FY20 due to

the COVID-19 pandemic. Among young adolescents index testing nearly tripled with a more modest increase observed among older adolescents (25%). Between FY21 and FY22, index testing uptake among adolescents nearly doubled (189,946 vs 291,534), with a 67% increase in uptake among older adolescents and a 47% increase in uptake among young adolescents, driven by increases in Cote d'Ivoire, Zambia, South Africa, and West Africa Region. Overall, across FYs, index testing uptake was higher among females than males, with the gap between testing uptake among sexes being larger for older adolescents compared to young adolescents.

Conclusion: Index testing uptake has increased among adolescents over time in USAID/PEPFAR-supported programs, especially since FY21. It is critical to implement a mixed modality testing approach and index testing remains an important case-finding strategy. Additionally, coupling index testing with HIV self-testing presents an opportunity to better reach adolescents.

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Predictive and Tailored Interventions for Adolescent Girls and Young Women (AGYW): Examining Vulnerability Profiles in DREAMS Enrollments Across Three Low-Income Settings in Eswatini

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Background: In Eswatini, women have a higher risk of contracting HIV, with an incidence rate of 1.11% compared to 0.17% among men, while adolescent girls have a prevalence rate that is 2.6% higher than adolescent boys. With funding from the President's Emergency Plan for AIDS Relief (PEPFAR) through Centers for Disease Control and Prevention (CDC), Georgetown University and Eswatini government implemented the DREAMS (Determined, Resilient, Empowered, AIDS-free,

Mentored and Safe) program to combat HIV among AGYW. By utilizing vulnerability profiling, DREAMS can prioritize tailored interventions to address specific needs, monitor progress, and assess program impact.

Materials and Methods: Data from Jan-April 2023 vulnerability risk assessment for DREAMS enrollment was analyzed to create vulnerability profiles for AGYW based on HIV infection risk factors. Participants were categorized into three profiles (i) structural (low education, poverty, sexual abuse); (ii) behavioural (sexual behaviours, alcohol/drug abuse) and (iii) biological (HIV status, pregnancy, previous sexually transmitted infections -STIs).

Results: We analyzed a sample of 1,210 AGYWs aged 10-29 years from three Constituencies. Among them, 58% were currently enrolled in school, 23% had dropped out, 18% completed school, and 1% were tertiary students. Among AGYW aged ≤19 years, 64% were orphans, 48% reported being sexually active, and 36% of the sexually active had multiple partners or were in transactional relationships. Additionally, 9% had a history of STI, and 17% had experienced pregnancy. Structural factors were more prevalent among those aged 10–14 years, while behavioral factors such as inconsistent condom use and transactional sex were more common among those aged 15 and older. Alcohol or substance abuse was common across all age groups (39%).

Conclusion: Our findings emphasize the importance of integrating vulnerability assessment and profiling in understanding complex factors that influence risk among AGYW. This approach allows for a comprehensive examination of social and structural elements beyond sexual risk behaviors. Vulnerability profiling during DREAMS enrollment can enable comprehensive support for at-risk AGYWs, including addressing alcohol/substance abuse while enhancing stakeholder engagement for holistic care.

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Characterizing Male Sexual Partners of Adolescent Girls and Young Women to Strengthen Engagement of Men and Boys in HIV Prevention Programmes for AGYW

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Background: Globally, the HIV incidence rate for adolescent girls and young women (AGYW) is higher than other population age-groups. In Zimbabwe, AGYW had a higher annual HIV incidence rate of 0.39% than same-age young men (0.12%).

Hypothesis: Identifying male sexual partners (MSPs) of AGYW and scaling up HIV prevention, care and treatment services to the group will reduce HIV incidence in AGYW.

Materials and Methods: The study was carried out in four provinces (Manicaland, Matabeleland South, the Midlands, and Mashonaland Central) in four districts. Both quantitative and qualitative methods were utilised in gathering primary and secondary data. Quantitative information came from programme data, and a venue-based survey with 676 aged 15 years+ male respondents. Qualitative data was mainly from a literature review, in-depth interviews, and focus group discussions with adolescents and young people, and community members. Data was triangulated for analysis and drawing of conclusions.

Results: From a sample of 676 survey respondents, 89.2% had ever had sexual intercourse, and 48.8% with an AGYW 12-24 years in the last 12 months. MSPs of AGYW differed by area and context. Both educated and uneducated men with 'material resources', 'financial muscle' and the 'capacity to provide' were identified as MSPs of AGYW. AGYW ranked MSPs as (1) artisanal miners; (2) transport sector (kombi driver, injiva, truckers); (3) teachers, mechanics and students; (4) shop keepers and timber cutters; (5) electrician, soldier, and parks wardens; and (6) welder, guard, builder, plumber and vendors. Survey results showed that 38.7% of the MSPs had accessed HIV services in the past 12 months, mainly HIV testing and treatment (82.9%), condom collection (14.4%), STI treatment (12.6%) and SRHR information (10.8%).

Conclusion: The scale-up male engagement in HIV prevention, care, and treatment to reduce new HIV infections, especially among AGYW is required. The study indicates targeting the MSPs identified. Programmers and implementers should take services to where men and boys are (in formal and informal settings); engage men and boys on board as partners and not as perpetrators, and as beneficiaries and not as benefactors of AGYW.

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Understanding Barriers to Continued Oral Pre-Exposure Prophylaxis (PrEP) Use Among Adolescent Girls and Young Women in Mununga Village, Chiengi District: A Qualitative Study

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Background: Despite the introduction of HIV Pre-Exposure Prophylaxis (PrEP) as an effective prevention strategy, adolescent girls, and young women (AGYW) in Chiengi District of Luapula Province still experience high rates of HIV infection. PrEP uptake among AGYW remains low, and those initiated often discontinue usage. Understanding the barriers to PrEP continuation among AGYW is crucial for effective risk reduction in this priority population. This qualitative study explores barriers to oral PrEP continuation among AGYW in Mununga Village, Chiengi District, aiming to understand experiences, identify obstacles, and propose strategies for improvement.

Materials and Methods: In-depth interviews were conducted with 25 AGYW who were initiated on PrEP between FY22 Q2 and FY23 Q2 and had missed either the first or second PrEP follow-up appointment by over 30 days. Interviews explored their motivation to continue or discontinue PrEP. For those who opted not to continue, further interviews were conducted to understand the specific barriers associated with PrEP continuation. Thematic analysis was employed to identify common barriers.

Results: Among the 25 clients interviewed, 23 (92%) had discontinued PrEP. The study revealed several barriers to PrEP continuation among AGYW, including limited awareness and knowledge about PrEP, stigma and discrimination, challenges in accessing healthcare services and PrEP drugs, difficulties in adhering to a daily medication regimen, a lack of parental or partner consent and support, and misinformation about PrEP.

Conclusion: This study underscores the complex array of barriers contributing to the discontinuation of oral PrEP among AGYW. Addressing these barriers requires a multi-faceted approach, including comprehensive education and awareness campaigns on PrEP benefits and side effects to reduce stigma and discrimination. Improving accessibility of PrEP services, providing tailored adherence support, and involving parents and partners in promoting PrEP continuation are vital. By addressing these barriers, PrEP adherence among AGYW can improve, leading to a reduction in HIV transmission in Mununga Village of Chiengi District.

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Lessons Learned Implementing Digital and Virtual Tools (DVT) in Community-Based Research: Recruiting Sexual and Gender Diverse Youth during the COVID-19 Pandemic

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Background: Adolescents and young adults (AYA) are increasingly connected to digital and virtual tools (DVT) such as digital devices (e.g., smartphones), social media, and virtual tools (e.g., Zoom). DVT are effective and resource-efficient methods for AYA research participant recruitment, particularly during the COVID-19 pandemic. This study describes the challenges and strategy revisions used to recruit sexual and gender diverse (SGD) AYAs in a community setting for in-depth qualitative interviews during the COVID-19 pandemic using DVT.

Materials and Methods: The RARE-PREP study is a qualitative study that explores barriers to sexual health services among SGD AYA in Tampa Bay. Eligibility criteria: 13-24 years old, SGD identifying, English-speaking, and residing in Tampa Bay. Recruitment was initially in-person and switched to DVT due to COVID-19 mitigation strategies. An iterative process was used to develop a recruiting protocol responsive to emerging challenges and maximizing the following outcomes: 1) total SGD AYA screened and 2) resource utilization which was defined as research coordinator (RC) availability and time consumption.

Results: Three approaches were used to recruit AYA. Approach 1 involved social media posts with a phone number for eligibility screening and a self-scheduling website for eligible participants to schedule interviews. Approach 2 used social media posts with a QR code linked to an online screener survey. Approach 3 improved on Approach 2 by revising the online screener survey, adding open-ended questions, community-specific questions, bot detection, and discontinuation of the self-scheduling website. RCs reviewed eligible participants' survey results and scheduled interviews for those with an IP address in Tampa Bay. Emerging challenges included low participation and high resource utilization with the first approach and spamming with the second approach. Spamming was defined as multiple survey submissions from the same IP address with falsified answers until deemed eligible. The third approach had high participation, moderate resource utilization, and no spamming.

Conclusion: DVT can serve as a valuable method for engaging with vulnerable AYA for research purposes. However, it is not without its challenges, including issues with spamming and misidentification. Being proactive in identifying and addressing these concerns can have a positive impact on participant recruitment efforts.

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Age at Sexual Debut Amongst Key Populations in Nigeria: Implications for HIV Prevention Program for Adolescence and Young People- Findings From the 2020 Integrated Behavioral and Biological Surveillance Survey (IBBSS) In Nigeria.

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Background: In Nigeria, the 2020 Mode-of-Transmission study show that members of Key Populations: Female sex workers, Men-who have sex with men, adult males and females account for about 91% of all new infections, making key populations a critical sub-populations in Nigeria's HIV/AIDs response. Adolescence and young people (AYP) aged 10-24 years, are significantly distributed within key population. They are referred as the "left behind" group, as targeted programs do not seem to reach them because of certain structural and policy barriers that exclude them in effective intervention coverage.

Materials and Methods: The study adopted a multi-stage sampling procedure, using the hotspots list validated from the 2018 key population size estimation study as sample frame. Participants were recruited across the 4 key population typology in 12 states following eligibility. Biological and Behavioral questions were administered to consenting respondents, including quantitative variables that probed for Age-at-first Sex. Ethical approval was obtained from the National Health Research Ethics Committee (NHREC). Data analysis was effected SPSS vs22.

Results: The mean age of respondents was between 24-30 years across all typologies, with TG group having the youngest population while the PWID group had most of the older population. A significant proportion (61%) of TG were adolescent and young person between 15-24 years while 24%

of the PWID group are adolescent and young persons. Also, FSW and MSM had 30% and 54% of adolescent and young person respectively. The mean age at sexual debut ranged from 16 – 18 years across the 4 Key Population typology, with the Transgender people having the lowest age(16) and the Persons who inject drug having the highest(18). Approximately 79%,76%,83% and 68% of Female Sex Workers (FSW), Men Who have Sex with Men(MSM),Transgender people (TG),and Persons who inject drug (PWID) aged 10 -19 had their first sexual intercourse before their average typology mean ages respectively.

Conclusion: The findings have shown an increasing involvement of adolescence and young people in key population activities, including engagement in risky behavioral practices. This reinforces the need for programs to refocus primary prevention strategies among persons in this age category through a comprehensive Differentiated Service Delivery(DSD) model if Nigeria is to attain 0% incidence by 2030 in line with her HIV/AIDs national response targets.

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What Adolescents Want: Adolescents' Preferences for Pre- Exposure Prophylaxis (PrEP) for HIV Prevention in Kenya

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Background: Kenya recently launched an implementation framework for Pre-exposure prophylaxis (PrEP) scale-up in the country following evidence of effectiveness in preventing HIV among key populations and sero-discordant couples. Little is known about adolescents' preferences for PrEP and the factors influencing their preference and adherence to this preventive measure. This study aimed to investigate the preferences of adolescents' regarding PrEP for HIV prevention. The abstract will inform policymakers, healthcare providers, and program implementers in designing and implementing more effective PrEP programs tailored to the needs and preferences of adolescents.

To enhance adolescents' involvement in decision-making processes, and empower them to shape HIV prevention strategies that are relevant and meaningful to their lives, STEPS, the Nairobi County Health Services in partnership with youth-led organizations conducted a focus group discussion to generate adolescents' insights to develop targeted interventions and strategies to increase PrEP acceptability and uptake among adolescents in Kenya. Ultimately, the discussion sought to contribute to reducing new HIV infections among adolescents by bridging the gap between their preferences and the delivery of effective HIV prevention interventions.

Lessons Learned: There was a general interest and willingness among the adolescents to learn about HIV prevention methods, including PrEP. Factors influencing their preference for PrEP included perceived effectiveness, accessibility, and concerns regarding potential side effects. Gender differences were observed, with females expressing higher levels of concern about privacy and stigma associated with PrEP use. The importance of involving parents, guardians, and healthcare providers in the decision-making process was also emphasized.

Conclusion: There is a need to increase awareness and knowledge about PrEP among adolescents in Kenya, addressing misconceptions and concerns associated with its use. Efforts should focus on creating a supportive and non-judgmental environment, particularly for female adolescents, to promote PrEP uptake. Integrating comprehensive sexuality education programs within schools and healthcare settings, along with strengthening the involvement of parents and healthcare providers, will be crucial for the successful implementation of PrEP interventions tailored to adolescents. Drawings from lessons learned, youth-focused PrEP campaigns will inform policy decisions and the development of targeted interventions to enhance PrEP uptake and adherence among adolescents in Kenya.

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The Role of Civil Society Organizations in the Prevention and Management of Learner Pregnancy in Schools

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Each year, approximately 16 million young women aged 15-19 years give birth around the world. Over 50% of these births take place in sub-Saharan Africa, with many of these pregnancies unplanned. Literature shows that early and unplanned pregnancy expose young women to higher risk of contracting HIV, exposure to unsafe abortions, and negative health and social consequences that could result in school dropout and difficulties during pregnancy. Civil society organisations (CSOs) – in partnership with schools - are well placed to respond to the support needs of pregnant adolescents and adolescent mothers and have an important role to play in supporting positive health and educational outcomes for this group.

Khanyisa Ngemfundo (Be the Light Through Education) is an ongoing multistage mixed methods study based in the Eastern Cape province of South Africa that aims to (i) understand support structures and wider community-based infrastructures that exist in supporting pregnant adolescents and adolescent mothers, and (ii) co-develop a training toolkit for school-based support teams working with learner pregnancies. As part of the first aim, we engaged with stakeholders from four youth empowerment CSOs. To facilitate in-depth engagement with CSOs, we developed a semi-structured interview guide to gauge a) how they support school return of pregnant adolescents and adolescent mothers, b) what sexual reproductive health services they provide, and c) the partnerships they forge in delivering services. Data were analyzed using an adaptation of Carrard et al.'s (2009) analytic framework for exploring facilitation of service delivery, community education, awareness-raising, and building and promoting partnerships and networking.

Preliminary findings highlight that when supporting pregnant learners and preventing further pregnancies, CSO's and schools cannot operate in isolation: strong partnerships and referral mechanisms are needed, as is

involvement of families, local healthcare facilities and the wider community. Peer mentorship is crucial when it comes to supporting pregnant adolescents and adolescent mothers. Peer-mentors (e.g., 'champion nurses' in local clinics) play a critical role in linking pregnant adolescents and adolescent mothers to social work and healthcare services they need during pregnancy and after giving birth, and often spearhead sexual reproductive health education in schools.

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Factors Influencing the Retention of Clients in Oral Pre-exposure Prophylaxis (PrEP) Care in the Engela District of Namibia

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Background: Namibia has made tremendous progress in controlling the HIV epidemic. This has resulted in significant incidence and AIDS-related mortality reductions. However, new infections continue to persist. Oral Pre-Exposure Prophylaxis (PrEP) is now included as an additional option for people at substantial risk of HIV infection in the context of a combination HIV prevention package in Namibia.

Objectives: The objectives of the study were to measure the clients' retention rate in PrEP care and determine the factors that influence retention in care.

Materials and Methods: An analytical cross-sectional study design was chosen for this study. Two hundred and seventy-five participants were selected for this study using a proportional stratified random sampling method. A self-administered questionnaire was used to collect data. Data analysis employed Chi-square tests and logistic regression.

Results: Participants' retention rate in PrEP care at three months was 35.6%, 95% CI (35.2% - 36.0%). The Chi-squared tests revealed statistically significant associations between retention rate and sex, relationship status, education, and employment status. Binomial logistic regression revealed that males and the unemployed were less likely to be retained in PrEP, crude odds ratio (OR) = 0.52, 95% CI (0.30 – 0.91), and OR = 0.27, 95% CI (0.15 – 0.49), respectively. Participants who were divorced or in a relationship were also less likely to

be retained in PrEP care, OR = 0.41, 95% CI (0.18 – 0.96), and OR = 0.43 95% CI (0.23 – 0.80), respectively. Participants in age groups 18-25 years, 26-35 years, 36-45 years, and 46-55 years, were less likely to be retained in PrEP care, OR = 0.23, 95% CI (0.06 – 0.84); OR = 0.23, 95% CI (0.07 – 0.75); OR = 0.27, 95% CI (0.08 – 0.87) and OR = 0.27, 95% CI (0.08 – 0.90), respectively.

Conclusion: We recommend the decentralization of PrEP service in the district, including using community-based service delivery models, so that clients can access PrEP close to where they stay.

Keywords: Pre-exposure prophylaxis, Retention, Factors, Engela District, Namibia

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Comparative Analysis of Viral Suppression Outcomes Among Adolescents and Young People (AYP) And Adults Living With HIV in Correctional Facilities in Northern, Muchinga and Luapula Provinces of Zambia

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Background: Adolescents and young people (AYP) living with HIV globally experience poorer health outcomes compared to adults. The USAID Action HIV project provides comprehensive HIV care in 13 correctional facilities across Luapula, Muchinga, and Northern Provinces. This study aims to compare viral load coverage and viral load suppression data for AYP and adults incarcerated within these correctional facilities.

Materials and Methods: The USAID Action HIV project collaborates with the Ministry of Health (MoH) and Zambia Correctional Services to deliver HIV services in 13 correctional facilities. For this analysis, data from 10 correctional facilities with HMIS (Health Management Information Systems) codes was examined. A descriptive analysis of program data collected from October 2022 to June 2023 was conducted. Viral load coverage (VLC) and viral load suppression (VLS) data were collected for AYP (15–24 years old) and adults (25 years and older) in the correctional facilities.

Results: The VLC data for AYP in the correctional facilities were comparable to those of the adult population, with AYP ranging from 51.5% to 98.7% and adults ranging from 73.1% to 96.6%. VLS data also showed similar outcomes, with AYP ranging from 56.7% to 98.7% and adults ranging from 74.8% to 96.5%.

Conclusion: The findings suggest that AYP in the correctional facilities do not exhibit poorer VLC and VLS outcomes compared to adults living with HIV. The USAID Action HIV project's comprehensive HIV care provided within the correctional facilities contributes to equitable viral load outcomes. Further longitudinal investigations are needed to understand if viral load suppression is sustained among AYP following their release from correctional facilities and their integration into general populations.

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Accelerating Access to Treatment for Children and Adolescents Living With HIV in Kalangala District, Uganda Using Community Collaborative Approach

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Background: Despite strides Uganda has made, access to treatment services for vulnerable children and adolescents living with HIV (CALHIV) in hard-to-reach island districts like Kalangala remains a challenge. According to Uganda AIDS Commission (2022) Kalangala has the highest HIV prevalence rate estimated at 18.8 percent 3 times higher than the national average. Service delivery is costly due to mobile fishing population, transactional sex and teenage pregnancies are high coupled with excessive alcohol consumption and drug abuse. With only 15 health facilities, Kalangala is a typical under-served district.

Materials and Methods: USAID's Keeping Children Healthy and Safe Activity (KCHS) is a 5-year PEPFAR-funded project managed by TPO Uganda implemented in partnership with AVSI, ACORD, REPSSI and Masaka Diocese Medical Services in 25 districts of Central and South Western Uganda. The project goal is preventing new HIV infections, reducing vulnerability and building capacity for lifelong antiretroviral treatment (ART). Out of the targeted 313 children and adolescents living with HIV a total of 225 are enrolled in HIV treatment program. A Community Collaborative Mechanism is applied whereby Rakai Health Sciences Project provides clinical services, Boat Owners supports in community-based follow up of clients, while Infectious Diseases Institute Academy of Health that uses Medical Drones to deliver medicines including ARVs to 6 distant islands. KCHS supported community-based social workers, Parasocial workers, case workers regularly conduct home visits to support HIV treatment adherence.

Lessons learned: Managing a complex community collaborative mechanism involving multiple actors requires mission-focused but flexible leadership for a coordinated HIV response. TPO Uganda has provided leadership to harness different actors' contributions towards comprehensive HIV treatment services. A total of 225 (80%) CALHIV are on treatment, 193(86%) are

optimized, 4 children previously lost returned into care, 4 out of the 39 non-suppressors have virally suppressed.

Next steps: The process underway to formalize collaboration with different actors through negotiating and signing Memorandum of Understanding to further enhance community-driven HIV response in Kalangala island district. There is need to explore new funding to expand use of Medical Drones to serve islands currently not reached for timely delivery of ARVs and other supplied.

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“We’re Starting to Be Heard Now”: Co-producing Innovative Platforms to Develop More Responsive and Inclusive Care For Lgbtqi+ Young People Living With HIV: The Case Study of Zvandiri, Zimbabwe

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Background: Leaving nobody behind in the fight to end the HIV epidemic depends on addressing inequities in optimal HIV outcomes. Adolescents and young people who are lesbian, gay, bisexual, transgender, queer, questioning, intersex (LGBTQI+) and are living with HIV, are persistently overlooked in HIV research, which perpetuates their absence in youth-focused HIV policy and programming.

This presentation reflects on the collaborative approach we developed to improve this group's meaningful inclusion in research and program development.

Materials and Methods: Between September 2022 and June 2023, we conducted qualitative research with 14 self-identified LGBTQI+ young people (aged 18-24 years) who are living with HIV and receiving support from Zvandiri in Zimbabwe, a mental health intervention delivering peer-based support at scale. This research has informed a series of youth-led and youth-designed creative outcomes. Our presentation reflects on learning from this process of creative co-production, including the International Workshop on HIV & Adolescence 2023 – Lusaka, Zambia

challenges, resource-needs and impacts that emerged. These activities include:

1. Strengths-based projects for LGBTQI+ adolescents
 - A youth-led dramatic performance and audio-visual production, guided by ethno-fiction and applied theatre methodologies.
 - A creative workshop involving self-defence training, song writing and filmmaking.
 - The extension of a youth resilience program to include LGBTQI+ young people as mentors.
2. Developing capacity to enhance recognition and integration of adolescent and young people living with HIV with diverse needs
 - Youth-led production of advocacy and training materials to enhance LGBTQI+ visibility within Zvandiri programming.
 - Guiding the development of a responsive mental health peer-based support model to meet the needs of diverse communities of young people living with HIV.

Lessons Learned: Utilising existing trusted spaces to support the creative self-expression of LGBTQI+ young people can have multiple beneficial impacts: including contributing to a nascent evidence-base to make visible the unmet needs of neglected groups; the development of youth-led advocacy platforms for creative and powerful story-telling; as well as facilitating young people's mental health and well-being, and engagement in care through the agentic process of feeling heard and seen within a responsive support model.

Next steps: We are utilising this learning to continue to develop creative opportunities for LGBTQI+ visibility and self-advocacy.

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Better Together: Enhancing Support and Empowerment for Adolescents With Chronic Illnesses Through Peer Mentoring and Group Interventions

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Background: Adolescents living with chronic illnesses face unique challenges that require comprehensive

support systems. The Better Together program was developed to provide a safe space for adolescents to access peer support, socialize, address various aspects of their lives and to develop coping mechanisms. A sessional social worker and life coach provide training, ongoing supervision, and individual sessions for mental health support.

Materials and Methods: The program utilizes trained peer mentors who are adolescent living with chronic illness to lead weekly group sessions. These sessions address topics such as managing chronic illnesses, sexual health, self-esteem, and relationships. Additionally, a sessional social worker and life coach provide training, ongoing supervision, and individual sessions for mental health support. The program engages caregivers of adolescent with chronic illness through a facilitated "coffee club" support group in community or at facility while waiting for clinic appointment. The program also incorporates digital support to ensure continued engagement and tracking loss to follow-up.

Results: The Better Together program supports 108 adolescents (Adolescent Girls and Young Women, as well as Adolescent Boys and Young Men) living with a chronic illness aged between 15 and 24 years in the Southern Sub-district of Cape Town. Key outcomes and indicators of participant engagement include active participation during sessions, increased knowledge of HIV/AIDS, TB, OIs, STIs, treatment options, and prevention strategies, improved acceptance of HIV/AIDS status, enhanced coping mechanisms to address stigma and discrimination, and strengthened peer connections and support networks within the group.

Conclusion: The Better Together program demonstrates the effectiveness of peer mentoring and group interventions in providing comprehensive support for adolescents with chronic illnesses. By creating a safe and supportive environment, the program empowers AGYW and ABYM to address the challenges they face, develop resilience, and improve their overall well-being. The Better Together program serves as a valuable model for enhancing support and empowerment among adolescents living with chronic illnesses, ultimately contributing to improved health outcomes and quality of life.

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Project YES! Youth Engaging for Success: Lessons Learned From Youth-Led Stakeholder Engagement to Scale up an Evidence-Program for Peers Living With HIV.

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Background: Project YES! Youth Engaging for Success is a CDC Evidence-Based Intervention (EBI) with youth mentoring their peers living with HIV ages 15-24 years. Arthur Davison Children's Hospital (ADCH) and Johns Hopkins University (JHU) convened, with funding from NIH/FIC's Adolescent HIV Prevention and Treatment Implementation Science Alliance (AHISA), a youth task force (YTF) to lead stakeholder engagement and scale up Project YES!

Materials and Methods: YTF members consist of 11 former Project YES! peer mentors and participants. The YTF met weekly to 1) understand our evidence by reviewing Project YES! publications and reports 2) understand policy makers, funding agencies/ donors; 3) learn how to communicate with policy makers, funding agencies/ donors, including creating and practicing a pitch; and 4) learn about implementation science. The YTF and project team identified, engaged, and solicited technical assistance from selected healthcare providers, representatives from funding agencies, policy makers, capacity building experts, and an education specialist. The project team identified platforms where they may present.

Results: The YTF identified key aspects of Project YES! critical for scale up (e.g. payment and training of peer mentors, individual and group sessions) and expansion as a program (increase age to include 10-14 year olds and mentoring newly diagnosed), and key events where they may present their pitch. Presenting at one meeting snowballed into being invited to several stakeholder events. YTF members presented at meetings with the Ministry of Health/National HIV technical working group, Ndola District Health Management Team, ADCH, PEPFAR/Global fund 2023 joint planning meeting, the Regional and Provincial Adolescent Health Indaba, and AHISA. These meetings ensured youth voices were heard

and resulted in the integration of the Project YES! intervention into the draft Zambia Differentiated Care Services Framework document and the United States COP planning processes. This process has increased the confidence and capacity of youth living with HIV to successfully advocate for scale-up of a youth-led EBI.

Conclusion: Youth voices matter and need to be heard. This youth led process provides lessons learned on how to provide space and capacity building for youth engagement and leadership critical for transitioning an EBI from research into a sustainable program.

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Impacts of Community Adolescents Treatment Supporters in Enhancing Undetectable Equals to Untransmittable HIV Among Hiv-Positive Adolescents and Young People

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Background: Young people with HIV face many problems, such as poverty, poor health, stigma, and lack of support. Community adolescent treatment supporters (CATS) are young people with HIV who help others like them in their communities. They are trained by the Ministry of Health to give adherence and psychosocial support. This helps improve treatment, reduce stigma, and empower young people with HIV to take care of themselves and others. CATS are helpful and supportive peers.

Objective: To show how Community adolescent treatment supporters can help improve Undetectable equals to Untransmittable interventions for HIV-positive adolescents.

Materials and Methods: U=U means that people with HIV who take their medicine daily and have no HIV in their blood cannot pass it to others through sex. This is based on science and has changed how we prevent HIV. CATs are young people who help other young people with HIV to accept their status and follow their treatment, which is key to achieving U=U. They also teach

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their peers about U=U and how to check their viral load. They help them make smart choices, take care of their health, and use safe sex methods to avoid other infections

Results: CATS U=U messaging empowers HIV-positive adolescents and young adults by reducing the stigma associated with the virus and emphasizing the importance of treatment adherence. It aids in the reduction of stigma and discrimination against HIV-positive adolescents and young adults, including self-stigma; it increases demand for HIV testing services, improves treatment adherence, and raises awareness of the importance of a suppressed viral load in maintaining long-term health.

Conclusion: It is crucial to address these challenges through comprehensive and holistic approaches that prioritize the physical, emotional, and social well-being of HIV-positive adolescents. This can be achieved by providing access to healthcare services, mental health support, education, and economic opportunities.

Recommendation: Peers can help peers improve their health and well-being by providing support, information, and connection. The intervention should involve key populations. It is important to include diverse groups in peer support networks.

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Acceptability of Social Media-Based mHealth Interventions to Improve Adherence Among Adolescents and Young Adults With HIV in Uganda

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Background: Adolescents and young adults with HIV (AYWH) aged 15-24 continue to have the highest AIDS-related mortality, which increased by 50% in 2019. One barrier to improving outcomes among AYWH is poor adherence to antiretroviral therapy (ART), affecting up to 70% of AYWH worldwide. Many adherence challenges

among AYWH are specific to adolescence and related to their developmental stage, including self-regulatory challenges forgetfulness, and stigma. Mobile health (mHealth) adherence support may enable flexible counselling with less stigma and cost. Social media-based mHealth interventions are promising, enabling counselling with interactive features attractive to AYWH. We explored the acceptability of social media-based mHealth interventions to improve adherence among AYWH in semi-rural Uganda.

Materials and Methods: Six focus group discussions (FGDs) involving 32 AYWH aged 15-24 years were conducted, alongside one FGD involving five adherence counsellors. AYWH were clustered based on age (15-18 vs 19-24) and gender. We also collected demographic, clinical, substance use, and mental health data. Data from the FGDs were systematically analysed using a combination of deductive and inductive approaches to coding and thematic analysis. The resulting analysis involved identifying emerging patterns and categories, which were then integrated into overarching themes.

Results: Of 32 AYWH, 54.8% were female with a mean age of 20.5 years, almost all (96.9%) were literate, recorded adherence was 93.0%. On average, AYWH missed 2.3 doses of ART in the last 30 days, 12.5% reported heavy alcohol use and, 59.4% had clinically significant symptoms of depression. Access to a cell phone was high (84.4%), 81.5% reported access to a smart phone, and 63.0% had daily access to internet. AYWH and counsellors were generally accepting of social media interventions to improve adherence. AYWH felt that social media interventions were convenient and adaptable to their schedules, and would improve their HIV knowledge. AYWH did not express concerns about privacy or confidentiality and many felt that social media provided a safe space for expression. Concerns mostly centred on the cost of internet.

Conclusion: AYWH and adherence counsellors were generally accepting of social media-based mHealth interventions with few concerns. Further studies should focus on efficacy and cost effectiveness of social media-based interventions.

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Access to Comprehensive HIV and SRH Services That Address Social and Cultural Factors Impacting AGYW

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Abstract Category: Social behavior change to improve HIV and SRHR and well-being outcomes for adolescents
 Title: Access to comprehensive HIV and SRH services that address social and cultural factors impacting AGYW
 Author Elina Mbewe

Background: Adolescent girls and young women (AGYW) account for a significant proportion of new HIV infections in Zambia. In 2022, 79% of new HIV infections among adolescents aged 15-19 in Zambia were females. Early and forced marriage remains a significant concern, with 38% of girls in Zambia married before age 18. AGYW are at higher risk of experiencing gender-based violence (GBV) and face challenges in accessing comprehensive sexual and reproductive health (SRH) services, leading to unintended pregnancies, unsafe abortions, and maternal complications.

Materials and Methods: The USAID Controlling HIV Epidemic for Key and Underserved Populations (CHEKUP II) implements evidence-based behavioral, biomedical and structural interventions to shift harmful norms, stereotypes and perceptions and create an enabling environment that supports reduced HIV risk and improved SRH for AGYW enrolled in the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) Initiative. In Ndeke catchment area of Kapiri Mposhi district, CHEKUP II's holistic package creates safe spaces to increase demand for biomedical services and foster peer support and promotes economic strengthening (ES) to improve access to financial resources, job training and opportunities; school-based prevention to promote educational attainment; and mental health and psychosocial support (MHPSS) to address AGYW's unique underlying challenges and vulnerabilities.

Results: From October 2022 to June 2023, 3,550 new AGYW in Ndeke gained access to HIV and SRH services through enrolling in safe spaces, and more than 80% were offered HIV testing services, condoms, and PrEP. Over 60% of enrolled AGYW were trained in ES interventions including financial literacy models.

Moreover, 10% were fostered to return to school and 85% were offered MHPSS services.

Conclusion: Access to comprehensive HIV and SRH services that address social and cultural factors impacting AGYW may increase service uptake over time and support their long term physical and mental well-being.

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Young People Are Not Hard to Reach, Services Are: Participatory Development of a Comprehensive School- And Community-Based Health Screening Programme With Integrated HIV and SRH Provision in Zimbabwe.

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Background: Adolescents continually face individual and structural challenges that limit their access to health services and lead to poorer HIV and Sexual and Reproductive Health (SRH) outcomes. These include stigma and limited availability of youth-friendly services. To address this gap comprehensive interventions co-designed with adolescents are required. We aimed to co-design a school- and community-based health and wellbeing check-up with integrated HIV and SRH service provision in Zimbabwe.

Material and Methods: We used a person-based design approach with adolescents (10-19y) to plan, test, and refine the screening tools for the health and wellbeing check-ups. Five workshops and cognitive interviewing

sessions with adolescents led to modifications in the check-up content and screening tool wording. Additional input was received from a Youth Advisory Group (YAG) and expert adolescent health and wellbeing stakeholders. A pilot study with 171 adolescents recruited from schools and community hubs in Chitungwiza was conducted. Those screening positive for conditions were treated onsite or referred, with facilitation, to external service providers for further management. After the pilot study, the check-up visit was further adapted based on the pilot screening results, and process evaluation feedback from the adolescents, school staff, and parents/guardians.

Results: The workshops revealed that adolescents valued 1) a comprehensive health and wellbeing check-up, 2) clinical tests, such as blood pressure measurement, performed by the skilled intervention team, 3) an interactive self-administered digital screening tool, and 4) simplified language. Malnutrition (10%), visual impairment (8%), and anaemia (7%) were the most common conditions in all age groups. Among older adolescents (16-19y), the most prevalent condition was hypertension (13%)—blood pressure $\geq 120/80$ —with 3% living with HIV and 3% testing positive for chlamydia.

Conclusion: Through an iterative participatory co-design process with adolescents in Zimbabwe, a tailored health and wellbeing check-up was refined and tested. The pilot study provided initial evidence on the feasibility and acceptability of offering integrated adolescent-friendly health services using school and community settings. This approach shows promise as a way to improve screening, diagnosis, and uptake of SRH services. Adapted interventions are being implemented and evaluated in 2000 adolescents in three cities in Zimbabwe, Tanzania, and Ghana.

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ISALs Are These Improving the Livelihood Options of AYPLHIV?

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Background: Efforts to build resilient adolescents and young people living with HIV (AYPLHIV) continue to be shortchanged by economic hardships experienced in the country. AYPLHIV are exposed to diverse economic

huddles at household level, leading to negative coping mechanisms, like sex work and substance abuse. READY+ is a six-year programme (2021 – 2026) implemented in Zimbabwe, designed to build resilient and empowered adolescents and young people. It aims to improve the livelihood options of young people through Internal Savings and Lending (ISALs).

Materials and Methods: READY+ collaborated with the Ministry of Women Affairs, Community, Small and Medium Enterprises who provided training on Income Generating Activities (IGA), financial literacy, saving, loan management and record keeping. A total of 17 ISALs groups were formed and 15 are functional. AYPLHIV were assisted to self-select, form groups of 8 members each and develop constitutions which guide group operation. The groups met once monthly to accumulate savings which members accessed and repaid at an agreed interest and period. Each member was expected to use the loans for productive purposes like financing an IGA. 52% of ISALs group participants have started viable enterprises, recording profits ranging from 15 USD - 20 USD per day. 77% of the IGAs are petty trade and 15% poultry business because of the quick turnabout time to realize profits.

Lessons Learned: ISALs groups are most successful when there is comprehensive training and ongoing mentorship. Careful self-selection by group members to build trust and identify committed individuals. Clear and robust constitutions to govern operations, and detailed record keeping. ISALs are showing to be effective in improving livelihood options and overall quality of life for AYPLHIV in Masvingo and Chiredzi districts, through building social networks and support systems. ISALs have benefitted AYPLHIV to create safety nets for unexpected expenses, access income for household consumption, education, and medical bills.

Conclusion: ISALs provide important support to AYPLHIV by promoting access to capital, a supportive network of peers, financial independence, and resilience. There is need for holistic support to ISALs programs for AYPLHIV, through tailored innovations to local context to create sustainable livelihood options and foster resilience.

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SKILLZ Influence on Contraception Use Among Adolescent Girls in Selected Schools in Lusaka Province, Zambia.

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Background: The use of modern contraception among adolescent girls can prevent unwanted pregnancies and improve sexual reproductive health (SRH) outcomes. Grassroots Soccer's school-based program "SKILLZ", aims at increasing SRH knowledge among adolescent girls thereby encouraging the use of contraception. As part of a sub-study of a cluster-randomised trial, a process evaluation sought to understand the influence of SKILLZ on contraceptive uptake among adolescent girls.

Materials and Methods: We conducted in-depth interviews with 26 adolescent girls across 5 schools in Lusaka Province, Zambia. Girls were recruited after completing the SKILLZ curriculum delivered by female near-peer "Coaches" and after being offered a range of contraceptive choices including male and female condoms, birth control pills, emergency contraception, Sayanna press and Depo-provera. Interviews were tailored to elicit information on their engagement with and understanding of SKILLZ, decision making around contraception and experiences accessing contraception. Data was analysed using thematic analysis and guided by a codebook based on both inductive and deductive coding.

Results: Girls reported being attracted to SKILLZ because of the use of soccer techniques in the curriculum delivery. Coaches were admired and said to be friendly and encouraging. The girls were enlightened on the various products available for pregnancy prevention and how they work. There was a strong belief in pregnancy prevention due to reported negative consequences like disruption of studies and future career prospects. Decision-making to access and use contraception was driven by sexual activity, which seemed unplanned and inconsistent. 18 out of 26 reported to have accessed contraceptives, the most common being condoms and emergency contraception. Concerns that injectables affect fertility deterred the use of Sayanna press and Depo-provera. Apart from the soccer event arranged by

SKILLZ, other sources for contraceptives included the pharmacy, sexual partners, community-based distributors (CBD), and shops.

Conclusion: SKILLZ was effective in motivating adolescent girls to access contraception through their engaging, informative, and practical learning techniques delivered by coaches. However, individualised approaches should also be incorporated for SRH services to meet individual needs. Findings from this qualitative investigation complement trial findings, which demonstrated that in intervention schools, contraception uptake increased by 2x at the 6-month follow-up period.

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Supporting Young Mothers and Fathers Living With HIV to Acquire Vocational Skills for Job Creation, Economic Empowerment and Improved Adherence to Art: The Action for Life Project

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Background: In Uganda, one in four women aged 20-24 years gave birth before the age of 18, reflecting some of the highest adolescent pregnancy rates in the world and 30 per cent of new HIV infections occur among adolescent girls and young women (AGYW) aged 15-24 years. Some of the major challenges that YPLHIV are facing include lack of; food stuff, access to better healthcare, better housing as well as the ability to provide basic needs to their families. This has caused many to neglect treatment since they can't have it on an empty stomach. Majority have since abandoned their responsibilities to take care of their families because there are not in the position to do it.

Materials and Methods: Makerere University-John Hopkins University (MUJHU) Research Collaboration, Gaba community outreach and Nsambya homecare through the Action for Life project provided skilling, literacy training and peer adherence support to improve

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financial independence and improve their adherence to ART. Ninety (90) Young people living with HIV, 30 from each of the 3 health facilities were selected to undergo a one-month training in vocational skills as well as financial literacy and adherence support. Life skills, financial literacy and adherence support through life experience sharing, development of adherence strategies and Peer support were incorporated within the training. Startup kits were provided following the training and participants followed up regularly to ensure that their businesses are up and running and they are adhering to their medication and clinic visits.

Lessons learnt:

- There is need for interventions that target young people to improve financial independence and achieve viral suppression for young people living with HIV.
- Continuous livelihoods support for YPLHIV helps in addressing ART adherence challenges and mental health is critical

Conclusion: With increased funding, the project intends to provide the opportunity to 90 more young people to enable them get services that they can utilize to improve their income and the ultimate goal of suppressing their viral load.

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General Trend in HIV Knowledge Among Young People Participating in Tackle Activities in Zambia: 2018-2021

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Background: There have been numerous efforts in Zambia to improve HIV knowledge and sexual and reproductive health resources. We evaluate the change in baseline knowledge among those opting to participate in Tackle activities from 2018 to 2021 in Zambia. It is important to understand the progress that has been made as well as the gaps that remain to improve health outcomes for young people in Zambia, especially reduction in HIV where recent public health information assessments have shown young people to be at great risk for HIV incidence.

Materials and Methods: We extracted data from Tackle participant registers from 2018 to 2021 for activities supported by Alive and Kicking UK. Participants were recruited through a community-based, respondent-driven recruitment process. We used descriptive methods to assess the mean score for a five question HIV knowledge survey administered at the baseline of Tackle curriculum enrollment. Additionally, we assessed the change year-to-year using regression methods adjusting for participant age.

Results: A total of 1,213 participants were included in the analysis of which 82.7% were male the median age was 15 years (interquartile range: 13-17 years). The mean score improved significantly from 74.4% correct responses to the survey in 2018 to 82.8% correct in 2021 (t-score p-value 0.024). Regression results found significant adjusted incremental improvements year-on-year with HIV knowledge score improving 6.0% (95% confidence interval[CI]: 1.5, 10.5%) in 2019, 6.3% (95% CI: 3.0, 9.7%) in 2020, and 7.6% (95% CI: 1.3, 13.9%) in 2021 compared to 2018.

Conclusion: The overall HIV knowledge among youth participating in Tackle activities in Zambia has improved from 2018 to 2021. There remains a gap in HIV knowledge however suggesting that HIV knowledge efforts, like Tackle should continue to be supported in Zambia to reduce risk of HIV transmission among young people in Zambia.

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Social Media Usage for the Pornographic Purpose Among Pre-college Students in Adama, Ethiopia.

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Background: The rate of sexually transmitted infections, including HIV has increased in recent years in Ethiopia. Many adolescents and young people still do not protect themselves against unintended pregnancies and STIs. Therefore, this study was conducted to assess the predictors of risky sexual behavior and the usage of social media for the purpose of sexual activity among pre-college students in Adama Town, Ethiopia.

Materials and Methods: a school-based cross-sectional study was employed. In this study, 364 students were recruited from all pre-college schools in Adama town, Ethiopia. Bivariate and multivariate logistic regression analyses examined the relationship between the outcome variables and independent variables.

Results: the mean age at sexual debut was 16.1 years (\pm 2.72SD). Social media usage for sexual activity and having multiple sexual partners were recorded among students. About 7% of students used social media to watch pornography. The odds of risky sexual behavior were higher among social media users than nonusers AOR = 1.23 (95% CI 1.13, 3.12). Risky sexual behavior was almost 4 times more likely among nightclub goers AOR = 4.294 (95% CI: 2.033, 9.073). Peer pressure and substance abuse were also significant predictors for risky sexual behavior AOR = 6.97 (95% CI: 4.24, 9.69).

Conclusion: social media use, peer pressure, substance abuse, and nightclub going were found to be significantly associated with risky sexual behavior among pre-college students. Thus, schools need to establish and strengthen reproductive health clubs to be able to equip students with the required skills and knowledge about sexuality. Parents should be aware of the dynamic behavioral change of their children, and listen and attend to their needs.

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Adolescent- And Youth-Led Monitoring: A Model for the Implementation of the ReCAJ+ Programme

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Background: RéCAJ+ implements the observatory of services offered to adolescents and young people. This USAID-funded intervention is a tool for improving the services offered to adolescents and young people.

Materials and Methods: Youth CLM is based on a structured platform and on monitoring by rigorously trained sentinels. Thirty-five (35) sentinels are deployed by RéCAJ+ in fifty (50) health facilities in the ten (10) regions of Cameroon. Each of them collects data once a month at a randomly selected site. The data is collected

from adolescents and young people receiving care, as well as from care providers providing services at the sites covered. The data is collected in the following areas: Area 1, Reception, availability of a waiting room/leisure area and hygiene at the sites; Area 2, Waiting time; Area 3, Existence of and participation in discussion groups; Area 4, Advice on sexuality and family planning; Area 5, Viral load; Area 6, Monitoring of beneficiaries and respect for confidentiality at the sites; Area 7, Human rights violations; Area 8, Availability of ARV drugs; Area 9, Monitoring of free services (user fees).

Recommendations and Conclusion: Community-led surveillance, as a model for strengthening the participation of adolescents and young people and improving the services offered to them, should be extended to more sites. Its implementation in optimal conditions is a guarantee of qualitative improvement in the services offered to adolescents and young people.

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Coverage and Facilitators of HIV Testing Among Young Adolescents in Rural and Urban Communities in Nigeria: Implications for Reaching the UnAids First 95 Target

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Background: Young adolescents are falling far short of the UNAIDS 95-(testing) 95-(treatment) 95-(viral suppression) targets. Target achievement has been particularly difficult in rural areas, which historically have low testing coverage. We investigated coverage and facilitators of HIV testing for young adolescents in rural versus urban communities across Nigeria.

Materials and Methods: We conducted a secondary analysis for adolescents 10-14 years old using data from the nationally-representative 2018 Nigeria HIV/AIDS Indicator and Impact Survey (NAIIS), which was conducted across all six geopolitical zones. Descriptive, bivariate, and multivariate analysis were performed. Significance was set at 5%.

Results: Overall, 36,857/38,577 (95.5%) surveyed 10-14-year-old adolescents had never been previously tested for HIV. HIV testing coverage rate was 3.1% and 6.0% in rural and urban communities respectively. Among ever-tested rural and urban young adolescents, 2.6% and 0.6% were HIV-positive respectively. Young adolescents in urban were twice as likely to be HIV tested than those in rural areas (aOR: 1.93; 95%CI: 1.64, 2.53). Maternal HIV testing history ($\chi^2=684.79$, $p<0.001$) and HIV status ($\chi^2=192.78$, $p<0.001$) were associated with young adolescent HIV testing. Specifically, the odds of HIV testing were higher among young adolescents with HIV-positive mothers (aOR:8.61; 95%CI: 3.60, 20.55) and mothers/guardians who had ever been tested for HIV (aOR: 7.80; 95%CI: 6.49, 9.37). The odds increased with age and educational level of both young adolescents and their mothers. Also, the odds of young adolescents testing for HIV were higher in Southern zones compared to Northern zones (aOR: 4.07, 95%CI: 3.41, 4.85) and significantly higher among young adolescents of unmarried mothers (aOR: 1.53; 95%CI: 1.24, 1.89).

Conclusion: There was relatively higher HIV positivity among young adolescents who had ever been tested in rural versus urban areas, however the young adolescent HIV testing rate in rural Nigeria was very low. This undermines Nigeria's first 95 agenda, particularly in rural areas. Furthermore, some facilitators of HIV testing among young adolescents were tightly linked to easily identifiable or modifiable adolescent and maternal factors. Our findings provide evidence to guide HIV testing strategies in Nigeria, including considerations for young adolescents and mothers/guardians with low literacy and limited accessibility to healthcare services.

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What Young People Want: Adolescents' Preferences for Pre-Exposure Prophylaxis (PrEP) For HIV Prevention in Kenya

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Background: Adolescent populations in Kenya continue to face a substantial burden of new HIV infections. Pre-Exposure Prophylaxis (PrEP) is a promising intervention that has demonstrated effectiveness in preventing HIV acquisition. Little is known about adolescents' preferences for PrEP and the factors influencing their preference and adherence to this preventive measure. This abstract aimed to investigate the preferences of Kenyan adolescents' regarding PrEP for HIV prevention.

Materials and Methods: To enhance adolescents' involvement in decision-making processes, and empower them to shape HIV prevention strategies that are relevant and meaningful to their lives, STEPS, the Nairobi County Health Services in partnership with youth-led organizations conducted a focus group discussion to generate adolescents' insights to develop targeted interventions and strategies to increase PrEP acceptability and uptake among adolescents in Kenya. Ultimately, the discussion sought to contribute to reducing new HIV infections among adolescents in Kenya by bridging the gap between their preferences and the delivery of effective HIV prevention interventions.

Lessons Learned: There was a general interest and willingness to learn about HIV prevention methods, including PrEP. Factors influencing the preference for PrEP included perceived effectiveness, confidentiality, accessibility, and concerns regarding potential side effects. Gender differences were observed, with females expressing higher levels of concern about privacy and stigma associated with PrEP use. The importance of involving parents, guardians, and healthcare providers in the decision-making process was also emphasized.

Conclusion: There is a need to increase awareness and knowledge about PrEP among adolescents in Kenya, addressing misconceptions and concerns associated with its use. Efforts should focus on creating a supportive and non-judgmental environment, particularly for female adolescents, to promote PrEP uptake. Integrating comprehensive sexuality education programs within schools and healthcare settings, along with strengthening the involvement of parents and healthcare providers, will be crucial for the successful implementation of PrEP interventions tailored to adolescents. Drawings from lessons learned, youth-focused PrEP campaigns will inform policy decisions and the development of targeted interventions to enhance PrEP uptake and adherence among adolescents in Kenya.

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Lessons Learned While Developing an HIV Risk and Vulnerability Assessment Tool With and for AGYW in Zimbabwe

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Background: Adolescent girls, and young women (AGYW), remain at elevated risk of HIV infection in Zimbabwe. Strengthening targeting approaches to reach the most at risk AGYW is necessary. An HIV risk and vulnerability assessment (RVA) tool for AGYW was developed in consultation with the AGYW. We consider what it will take to reach the most vulnerable and at risk AGYW.

Materials and Methods: Following a desk and literature review, consultations with AGYW on the content, structure, and desire for an RVA tool were done. A digital RVA tool was developed and piloted with AGYW using a mixed methods approach. Analyses were triangulated.

Results: AGYW were involved in developing the RVA tool to maximise its acceptability. The digital tool was designed to be convenient, easily administered, and identify high risk AGYW by including questions on dominant risk and vulnerability factors, a risk scoring mechanism, and an embedded referral system.

Consultations with AGYW revealed that they prioritized their socio-economic wellbeing, compared to their risk for HIV. While they were aware of factors like multiple sexual partners, gender-based violence, or knowledge of HIV status, AGYW wanted interventions that improved their socio-economic wellness.

During the pilot, questions on sexual behaviors remained sensitive to respond to. However, these questions were deemed important to inquire about by the AGYW. Having a community cadre, they were familiar with helped with the sensitivities. For those in school, the comprehensive sexuality education they had been receiving prepared them to respond to such sensitive questions.

Conclusion: The tool may successfully identify the most at risk AGYW to be supported by HIV prevention programs, however, the interventions within said programs need to address multi sectoral drivers of HIV acquisition AGYW and their needs, focusing on wellbeing (social and economic) rather than just HIV/SRH. We propose for an RVA tool to be embedded within a layered

multi- and intra- sectoral approach to targeting and supporting at risk and vulnerable AGYW. Packaging preventive health interventions with appealing social and economic incentives to build sustained engagement of AGYW identified by an RVA tool, will consequently improve HIV and SRH outcomes for AGYW.

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Evaluation of the Feasibility and Acceptability of Digital Mental Health Self-Screening During Clinic Visits Among Adolescents and Young Adults Living With HIV in Nairobi, Kenya

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Background: Growing evidence indicates that half of all adolescents and young adults living with HIV (AYALWHIV) experience mental health difficulties in Africa. Less than 1% of AYALWHIV receive mental health screening as part of routine care. We explored the acceptability and adaptability of a self-administered digital mental health screening tool (DMHST) for AYALWHIV and their perception of psychosocial stressors and barriers to seeking mental health services.

Materials and Methods: Between August 2022 and January 2023, we enrolled AYALWHIV, aged 15-24, accessing care from eight clinics within Nairobi, Kenya. We excluded AYA who were not aware of their HIV status, pregnant, had a pre-existing mental health illness, and those with acute stage 3 or 4 HIV diseases. We utilized a self-administered survey tool that screened for general anxiety disorder (seven-item screen), a depressive illness screening tool (Patient health questionnaire-

Nine items screen); The Primary Care PTSD Screen for DSM-5; and a Screening to Brief Intervention(S2BI) for substance use. Post-survey, we conducted in-depth interviews (IDIs) and explored acceptability, level of comfort and comprehension of the tool. We also explored adolescents' perspectives on mental health, facilitators, and barriers to seeking care. The Reach, Effectiveness, Adoption, Implementation, and International Workshop on HIV & Adolescence 2023 – Lusaka, Zambia

Maintenance (RE-AIM) framework guided the thematic analysis of transcripts and identification of critical considerations influencing participant observations about the acceptability and feasibility of the DMHST.

Results: We conducted 21 IDIs and identified ten major emerging themes. Occasionally the screening process evoked discomfort in some participants. However, overall, participants had positive experiences and were willing to self-screen for mental health at every clinic visit. The participants expressed stigmatization of mental illness, poor mental health literacy, and the concurrent lack of necessities as barriers to seeking care. Coping mechanisms for HIV-related stressors to status included substance use, hobbies, and support systems. Stigma affected access to information and mental health care.

Conclusion: The study found that a self-administered DMHST is feasible and was widely accepted for AYALWHIV. The study highlights the importance of addressing mental health in AYALWHIV and the need for strategies to overcome barriers to care, such as stigma and poor mental health literacy.

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Establishing and Implementing a Youth Network for HIV Prevention: A Case Study of Meaningful Youth Engagement in Zimbabwe

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The Young People's Network on Sexual Reproductive Health, HIV and AIDS (YPNSRHHA) is a network of adolescents and young people in Zimbabwe between the ages of 10 to 24 years. The network advocates for SRH, HIV and AIDS issues affecting young people in the country and informs the district, provincial and national response to HIV and AIDS in the country.

The YPNSRHHA is the country chapter of the African Youth and Adolescents Network on Population and Development in Eastern and Southern Africa (AfriYAN ESA), a network of young advocates on population and development across the Eastern and Southern Africa

region. The network is represented across all ten provinces and 86 national AIDS response districts in Zimbabwe with members coming from a minimum of 16 key youth sectors. Each sector representative serves a term of two years taking up SRHR issues of young people in their sector, leading advocacy in their space, contributing to national advocacy and providing feedback to young people in their constituencies.

Since its formation in 2007, the network has amplified the voices of young people from local to international levels on SRHR issues affecting young people. The YPNSRHHA has carried the voice of young people across all sectors in the development of the National ASRH Strategy, the Zimbabwe National HIV and AIDS Strategic Plans, and the Zimbabwe School Health Policy just to name a few. YPNSRHHA created a safe space for youth and policymakers to engage. The network currently operates under the premise that Universal Health

Coverage is a priority need for young people and works to ensure that meaningful youth participation and involvement are prioritised in the health space locally, nationally and regionally. The YPNSRHHA has created an M&E tool to measure the inclusion of youth in HIV programming and encourage proactive participation. The work carried out by the YPNSRHHA is instrumental to the attainment of critical national, regional and global health priorities on Sexual and Reproductive Health, including HIV, pregnancy and GBV prevention.

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Capacity Building of Peer Coaches From Hard-To-Reach Communities to Support the Provision of Sexual and Reproductive Health Education and Awareness as Part of a Mental Health Support Programme.

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Background: Peer-led programmes have proven to be highly effective in educating and supporting young people on various health topics, such as family planning, substance use, violence prevention, HIV prevention/ International Workshop on HIV & Adolescence 2023 – Lusaka, Zambia

treatment, and nutrition education. Programmes led by peers from similar communities are highly effective as they are seen as relatable, trustworthy, and credible educators. This paper presents the lessons learned from the DTHF (Desmond Tutu Health Foundation) adolescent training program, highlighting that peer-led education and support programmes can offer an avenue for reaching vulnerable adolescents to provide health information and empower them regarding sexual and reproductive (SRH) health. Drawing on the co-design method with hard-to-reach groups, SRH, and mental health subject matter experts, we illustrate how integrating SRH education within a mental health peer support programme provides an opportunity to educate adolescents on SRH.

Materials and Methods: To create comprehensive training material, this review carefully analyzed project documents and feedback from participants. Our review included published and unpublished course material from experts in SRH, IPV (Intimate Partner Violence), HIV and STI (Sexually Transmitted Infections) knowledge and substance use, covering six core modules from 2016 - 2023. We then assessed the quality of the training program for peers at three different sites in South Africa by evaluating the course with 47 attendees and hosting a debriefing session with the course developers and the NPO client.

Results: A needs assessment guided the creation of the course curriculum. Collaborating with subject matter experts and curriculum developers, the curriculum was crafted using the co-design method. Peer education activities were planned to improve adolescents' capabilities in the programme. They also incorporated accurate SRH information and were sensitive to the context of the coaches' providing services to young people. Overall, the team was confident in their approach and the effectiveness of the curriculum, given the iterative development process.

Conclusion: This review examines a co-design approach used to create a peer education programme in South Africa. This review serves as a guide to developing similar peer-to-peer SRH education programs and raises awareness about the importance of SRH rights among adolescents.

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