

ETHIOPIA and PARTNERS. The Response to HIV/AIDS

Addis Ababa, 25/01/2017



ADOLESCENT AND YOUTH FRIENDLY REPRODUCTIVE HEALTH SERVICE

to promote an enabling environment for youth to talk and
address HIV-related issues

TOPICS

- Relevance of addressing AYH in the fight to HIV/AIDS
- *Comitato Collaborazione Medica* approach to AYRH services
- Lessons Learned and Challenges
- Future Perspectives

Relevance of addressing AYH in the fight to HIV/AIDS



Adolescents and youth in Ethiopia

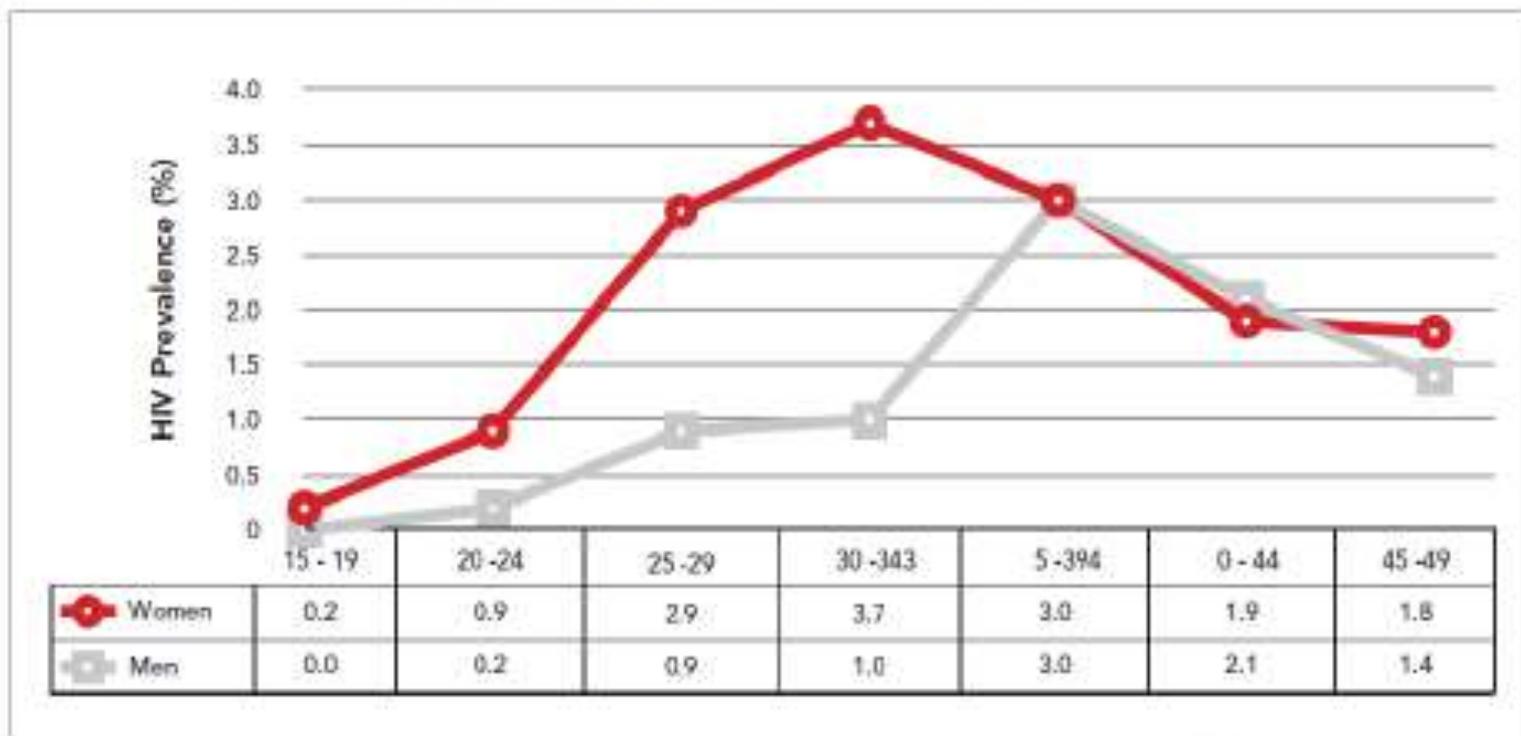
- Age group: 10-24 years old (WHO)
- About 35% of the Ethiopian population (UN, 2015)
- Projection to increase (declining child mortality and fertility rates)
- High level of unemployment (MoWCYA, 2014)
- Rural – urban and international migration
- Disparities between boys and girls (MoH, NAYHSP, 2016)

HIV/AIDS among young people (1)

- HIV incidence declining in Ethiopia (HAPCO, 2014)
- HIV among top 5 causes of death in Africa for young people
- HIV top single cause of DALYs in Africa (WHO, 2014)
- SRH issues : early sexual debut, higher tendency to risky behaviours (unprotected sex), higher FP unmet needs, limited access to services (MoH, NAYHSP, 2016;)

- Higher risk for girls (biological risk and older sexual partners)

Figure 1: Age and sex distribution of HIV prevalence (EDHS 2011)



Source: FHAPCO. HIV/AIDS in Ethiopia. An epidemiological synthesis, 2014

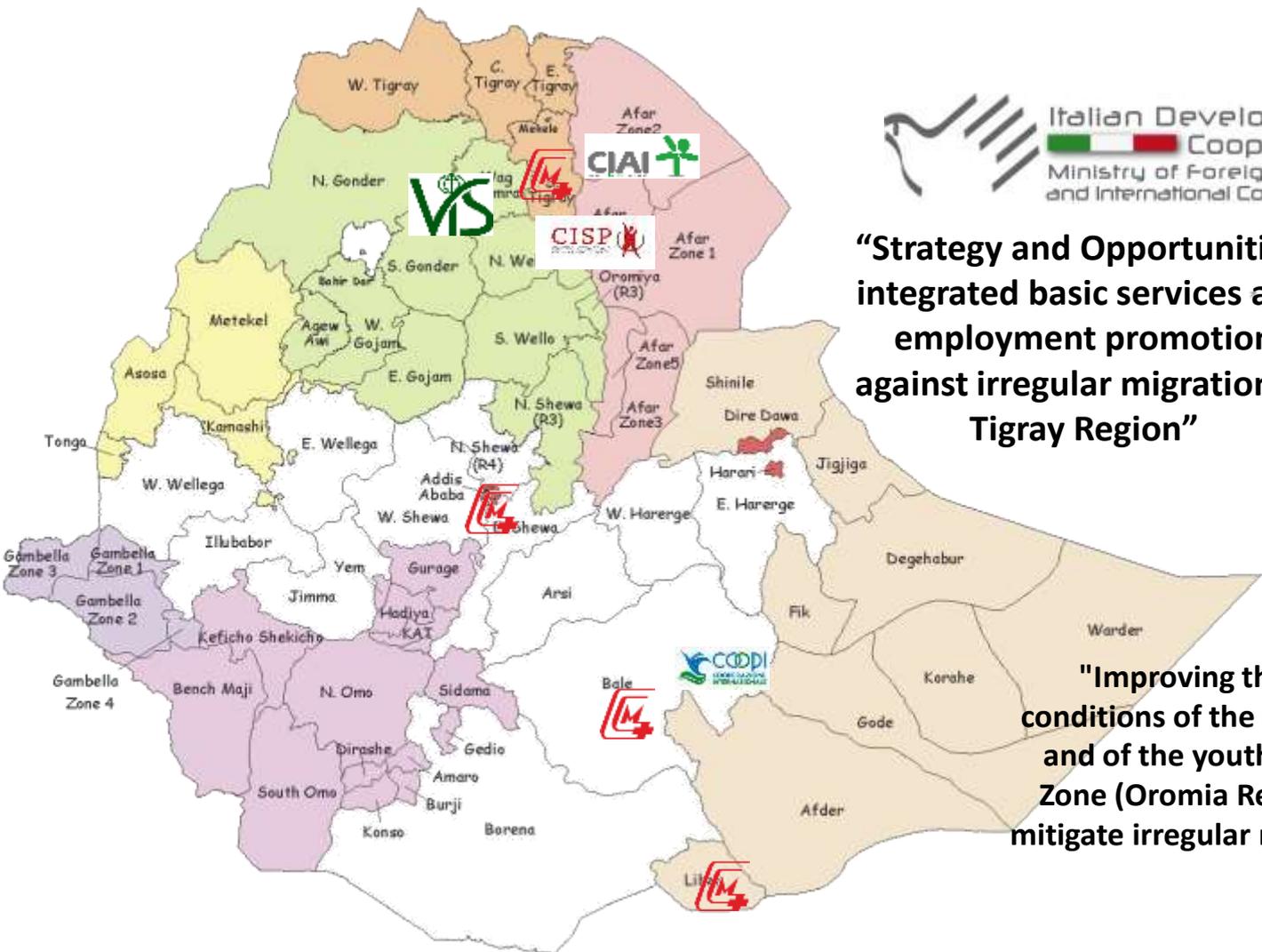
HIV/AIDS among young people (2)

- Increase in HIV deaths among adolescents
- Limited access to VCT and treatment
- Virologic failure due to:
 - Adherence
 - Physical development
- Mental health issues due to:
 - Stigma
 - Disease
 - Family losses

Comitato Collaborazione Medica (CCM) approach to AYRH services



CCM in Ethiopia



**“Strategy and Opportunities:
integrated basic services and
employment promotion
against irregular migration in
Tigray Region”**

**“Improving the life
conditions of the returnees
and of the youth in Bale
Zone (Oromia Region) to
mitigate irregular migration”**

Youth Friendly services (1)

- Demonstrated to be effective (Mavedzenge SN et al. 2014) to increase access to health care
- Specific policy of the Ethiopian FMoH
- SRH services: Health Education, STI counselling and treatment, VCT, FP, ANC and maternity services

Youth Friendly services (2)

- Link with related issues (mental health, drug and alcohol consumption, violence)
- Privacy and confidentiality
- School based activities with peer educators
- Community based activities

ACTIVITIES

- Trained 46 health care providers in 5 HC and 1 Hospital (also psychosocial support)
- Conducted supportive supervisions twice a month
- Rehabilitated and furnished adequate spaces in 5 HC and 1 Hospital
- Involved more than 2.000 young people in AR
- Trained 125 peer educators
- Involved more than 5.000 people in awareness raising activities

RESULTS

- Established new YFS in 3 HFs and fulfilling standards in 3 HFs
- Reported perceived trend of increasing access to YFS by young people
- Ensured commitment and participation by health authorities and communities
- Activated peer educators and youth groups

Lessons Learned and Challenges



LESSONS LEARNED

- Learning from others and sharing experience (IFHP)
- Establishing AYFRHS is feasible in different settings
- Need to gain commitment from local health authorities and health care providers
- Close follow-up with supportive supervisions
- Focus on Health Providers approach/attitude
- Need of demand creation
- Need to link with existing groups and schools/universities to activate peer educators

CHALLENGES

- Limited availability of adequate spaces
- Data available not collected with age segmentation for all services
- Availability of related supplies (HIV tests)
- Differentiate activities and services by age and sex
- Potential overlapping with other services
- Cultural definition of youth

Future Perspectives

FUTURE PERSPECTIVES

- Long term action in Tigray and Amhara
- Research applying statistical epidemiological and social methodologies
- Increasing the scale to 20 HC in Eastern Zone and 8 HCs in South Wello
- Comprehensive approach (psychosocial support to address not just SRH and HIV)

Amasege' nallo!

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