

MISP: Adolescents and STI/HIV Prevention and Treatment Fact Sheet

Why is prevention and treatment of STIs and HIV in adolescents important during emergency situations?

In emergency situations, the risks of STIs and HIV among adolescents can increase: the social structures that normally influence behavior are broken and power disparities between men and women may increase, which can lead adolescents to engage in consensual or coerced sexual activity at earlier ages. Adolescents are at greater risk of SEA; and although more research is needed on this issue, livelihood insecurity may lead adolescents to engage in sex work in order to meet their survival needs.

What program interventions should be introduced to address STIs and HIV in adolescents during an emergency?

ASRH program responses during the implementation of the MISP should focus on prevention of HIV transmission, although adolescents who present with symptoms of STIs should receive treatment. HIV prevention activities in the MISP are limited to condom distribution, adherence to standard precautions and safe blood transfusions.

- *Condom distribution:* Male condoms (and if available, female condoms) should be available to adolescents free-of-charge at distribution points located in places that are discreet and convenient to access. ASRH program managers may engage selected adolescents in the community to help identify adolescent-friendly distribution points and inform others that condoms are available. In addition, condoms should be offered to any person (regardless of sex, age, or marital status) who requests them or who presents to the health facility with symptoms of STIs.

It is important that programs supply sufficient number of condoms to provide for the entire sexually active population, including adolescents. Male and female condoms can be obtained from UNFPA through the Inter-Agency RH Kits, from the Ministry of Health, from other donor agencies, or can be purchased on the open market.

A minimum of three-months' supply of condoms should be procured.²¹

- Other prevention of HIV transmission: Clinical care for survivors of sexual assault should include post-exposure prophylaxis (PEP) for HIV and presumptive treatment of STIs.
- *Standard precautions* to prevent transmission of HIV and other blood-borne infections should be enforced in the health facilities at all times. Equipment and supplies for standard precautions (sharps containers, gloves, etc.) should be among the first items procured when implementing the MISP; health care workers may require refresher training on standard precautions. Blood safety protocols should be introduced to prevent transmission of HIV or other blood-borne pathogens through transfusions.

Non-MISP interventions:

- *ART/PMTCT:* If ART and services for prevention of mother-to-child transmission (PMTCT) of HIV were available before the crises began, they should be continued during the emergency, if possible. If these services weren't previously available, they should be introduced as soon as possible once the emergency has stabilized.
- *Treatment of STIs:* Although comprehensive STI programming is not part of the MISP, any man or woman - regardless of age or marital status- who presents to a health facility with symptoms of STI should be treated appropriately and offered condoms.

Once the emergency situation has stabilized and comprehensive RH services are being planned, ASRH programs should consider ways to provide adolescents with access to prevention and treatment services, with special attention to those sub-groups at higher risk for STI and HIV. Some ASRH program interventions to be implemented as part of comprehensive RH services include:

- *Continuation of MISP interventions:* The prevention, treatment and referral services that were introduced during the acute emergency should be continued and strengthened once the situation stabilizes.

- *Expansion of HIV services:* HIV services should be expanded to include expanded prevention activities, condom distribution, HIV counseling and testing (HCT) and PMTCT; prophylaxis and treatment of opportunistic infections, and care and support for people living with HIV (PLHIV) should also be included. If ART is not available, a system for referring clients requiring ART should be established, if possible.
- *Establish prevention activities and support groups for adolescents living with HIV* to help them plan their sexual and reproductive lives.
- *Community-based strategies* should be considered, such as condom distribution by adolescents trained in CBD, mobile or home-based HCT, and home-based care for PLHIV to make these services more accessible to adolescents who may be afraid, embarrassed or unable to seek care in a health facility.
- *Peer counselors and educators* can be trained to provide information and counseling that is more acceptable to adolescents.
- *Multi-sectoral interventions* for high-risk sub-groups: Multi-sectoral prevention strategies should be developed. A referral network should be established among health, protection and livelihoods to address the needs and develop prevention strategies for all adolescents, with particular focus on high-risk sub-groups.
 - Targeted multi-sectoral intervention strategies for prevention, care and treatment should be developed for those adolescents who are most-at-risk of acquiring and transmitting HIV (MARA), including injection drug users (IDU); adolescents with multiple sexual partners, including those who sell sex and their clients; and adolescent men who have sex with men.
- *Behavioral change communication (BCC):* BCC programs for HIV and STI prevention should be developed specifically for adolescents, with messages that are relevant and in language that is understandable by adolescents. Adolescent and community organizations should participate in the development and dissemination of BCC messages through a variety of media, such as visual materials, radio, dance and drama groups. Peer-to-peer approaches may be particularly effective forms of BCC.
- *Mental health and psychosocial support:* ASRH programs must pay particular attention to the mental health and psychosocial needs of adolescents who are HIV-positive. HIV-positive adolescents may experience depression, fear, stigma and bereavement. These psychological stresses, in addition to the psychological and emotional stress associated with adolescence, can place a great burden on his or her mental health. HIV and AIDS themselves can biologically induce mental health problems such as depression, acute psychotic disorders and dementia. Mental health problems may impair the adolescent's judgment and decision-making capacities, which can have a negative impact on health-seeking behaviors and adherence to drug regimens and may also increase the likelihood that s/he will transmit HIV through high-risk behaviors. Adolescents with existent mental health problems may also have impaired judgment, which puts them at risk of engaging in high-risk activities and acquiring HIV.

SUGGESTED READING:

1. Holmes, W. *Protecting the Future: HIV Prevention, Care and Support Among Displaced and War-Affected Populations*, International Rescue Committee, 2003.
2. IASC. *Guidelines for HIV/AIDS Interventions in Emergency Settings*.
<http://www.who.int/3by5/publications/documents/iasc/en/index.html>
3. Inter-Agency Task Team on HIV and Young People. *Global Guidance Briefs on HIV Interventions for Young People 2008*. "HIV Interventions in Humanitarian Emergencies," 2008.
<http://www.unfpa.org/hiv/iatt/docs/humanitarian.pdf>.
4. Inter-Agency Task Team on HIV and Young People. *Global Guidance Briefs on HIV Interventions for Young People 2008*. "HIV Interventions for Most-At-Risk Young People," 2008.
<http://www.unfpa.org/hiv/iatt/docs/mostatrisk.pdf>.
5. UNFPA. *Emerging Issues: Mental, Sexual and Reproductive Health*. 2008.
6. WHO, UNFPA, UNHCR. *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*. Chapters 9 & 10, "Sexually Transmitted Diseases," "HIV/AIDS," 2009. http://www.unfpa.org/webdav/site/global/shared/documents/publications/2008/mental_rh_eng.pdf.
7. Women's Refugee Commission. *Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations*, 2006. www.misp.rhrc.org.
8. Women's Refugee Commission, *Guidelines for the Care of Sexually Transmitted Infections in Conflict-affected Settings*, RHRC Consortium: 2004.