

HIV/AIDS and other STIs

Background and problem statement

Background

At the end of 2013, globally, there were approximately 35 million people living with HIV with 2.1 million being newly infected during that year. Over half of those who carry the virus don't know their status. Of 35 million infected people, only 12.9 million have access to antiretroviral therapy. In 2013, 1.5 million people died due to AIDS-related illnesses worldwide. Sub-Saharan Africa is the region most affected. 16 million women (50 % of the global total) and 3.2 million children are living with HIV around the world at the end of 2013, the majority of children were infected via mother to child transmission (MTCT) during pregnancy, labour, delivery or breastfeeding.

The most frequent route of HIV transmission is sexual contacts. The majority of all infections are transmitted through heterosexual contacts. HIV particularly affects adolescents and young people (15 to 24 years old). Men who have sex with men are at a higher risk of HIV transmission if there is no use of protection as it may involve anal sex. Sex between men is stigmatised, officially denied and criminalised in various parts of the world. Sex workers may be stigmatised in the same way as MSM, they usually have multiple sexual partners and in some settings they have no knowledge on the importance of usage of protection, making them vulnerable to HIV and other STIs. Sex workers also may face legal problems in the case of rape as they may not be able to press charges against their attacker as the law rarely protects them. HIV prevalence amongst prisoners is between 2 and 50 times those of general adult populations. Prisons are at high-risk environment for HIV transmission with drug use, and needle sharing, tattooing with homemade and unsterile equipment and high-risk sex and rape.

This comes to show how big of a threat HIV/AIDS still is. While it is true that having HIV is no longer a death sentence for those who can access appropriate treatment, there is still much work to be done with regards to access to treatment, control of the virus, testing and prevention of its transmission.

Every year, over 500 million people acquire one of the following four sexually transmitted diseases (STIs): chlamydia, gonorrhoea, syphilis or trichomoniasis. STIs have a profound impact on sexual and reproductive health worldwide, ranking in top 5 diseases that adults seek health care for. Also, STIs can be a major concern in women of reproductive age, STIs acquired during pregnancy have a major impact on the mother and her unborn baby due to the existence of mother to child transmission. Syphilis, Chlamydia, gonorrhoea, HPV, HSV, Hepatitis B and Hepatitis C (among others) can put pregnant women at high risk of premature births, stillbirths and premature rupture of membranes, whilst the new born baby is at risk of neonatal conjunctivitis and liver disease, amongst these cancers such as cervical cancer caused by HPV can put both the mother and unborn child at risk. The fact that the majority of STIs do not present any symptoms and that not everyone can access proper prevention methods nor accurate treatment makes this group of conditions another major medical issue that should definitely not be

overlooked, because of their consequences and especially as some of them can increase the risk of HIV acquisition by three-fold or more.

HIV-related stigma and discrimination affect a pregnant woman's decision to enrol in PMTCT programmes and interrupt adherence to treatment and retention in care. It has been estimated that over 50 percent of vertical HIV transmissions from mother-to-child globally, can be attributed to the cumulative effect of stigma when accessing PMTCT services. It is therefore our duty as medical students and future practitioners to address and solve these problems by reduction of stigma and discriminatory behaviours in the society and the medical settings.

Although we have an International law on Human rights and HIV/AIDS, it has limitations that may continue to predispose groups at risk to acquiring the disease. The International Law does not provide particular guidance on issues such as, injecting drug use, there is no moral code for living with HIV/AIDs, therefore there is no stance on how to morally care and live with these people.

IFMSA adopted a policy statement on post 2015 future development goals in March 2015 and is committed to have an active action on implementation of sustainable development goals (SDGs). SDG address environmental, structural and socio-economic factors which influence the spread as well as the reversal of the HIV/AIDS epidemic. SDG can result in universal access to HIV prevention, treatment, care and support. Also HIV&AIDS is a crucial and intricate factor to promote all aspects of sustainable development and human dignity.

Considering the crucial situation of STIs especially HIV, lack of education and knowledge on these fields, lack of access to proper testing and treatment and also stigma and discrimination against people living with these infections made us to start working on this issue and introduce it as one of the IFMSA programs which is definitely along side with its policy statements. We as future doctors and health leaders believe that we can play an important role to overcome these problems.

Problem statement

A lot of inequities still exist regarding access to treatment, prevention methods and testing procedures for people living with HIV/AIDS or other STIs. Ignorance, stigma, discrimination and marginalization by health systems towards people living with HIV/AIDS or other STIs are a burden for the countries and their health and social systems. Additionally, future doctors and other health professionals as main healthcare providers, are unequipped to address these issues due to a poor inclusion of these problems and solutions in medical education. Often they discriminate these groups just as much as the rest of the society.

Target group and beneficiaries

Target groups

- Medical students and future healthcare professionals should receive good education on HIV/AIDS and other STIs including ways of transmission, prevention, testing, counselling and treatment.
- The medical professionals and other healthcare providers should have a wide knowledge on HIV/AIDS and other STIs, needs of people living with them and how to protect themselves from getting infected while they are working with these patients.
- Universities, health faculties and medical schools (as educators of future health professionals) to ensure HIV/AIDS and other STIs are included in the medical curriculum and proper lectures and trainings on prevention, counseling and treatment are delivered.
- People living with HIV/AIDS and other STIs have the knowledge and the insight on what's important for their health. In consequence, they need to be involved in any action that affects them. Not only when it comes to treatment and prevention, but also when advocating for their rights.
- So called people at risk of getting HIV or other STIs including (but not limited to):
 - People who inject drugs
 - Young women
 - Men who have sex with men
 - Adolescents and Children
 - Transgender individuals
 - Sex workers
 - Prisoners

As they are at higher risk of getting an STI, it's important that a big amount of the prevention efforts are catered to these populations.

- The general public, who could be provided with awareness raising campaigns and the basis of this issue, not only to improve their knowledge but also to decrease the stigma around HIV and other STIs
- Policy makers at the local, national and international level who will be making decisions on the next steps and strategies regarding HIV and other STIs.
- Non Governmental organizations, as they can be a strong ally on the HIV response, helping with capacity building, empowerment and advocacy efforts.

Beneficiaries

- Future and current healthcare professionals: improving the current formation this group receives will lead to a better theoretical background and practical performance.
- General public: focusing on promotion and prevention and also raising awareness on HIV/AIDS and other STIs issues will enable the general public to get basic .

- People living with HIV/AIDS and other STIs: Covering all the aspects of their well-being as well as involving them rather than seeing them as passive targets of prevention will empower them and allow them to take an active role in the HIV/AIDS and other STIs response.
- So called risk populations or people that may be at a higher risk of getting HIV/AIDS and other STIs (men who have sex with men, people who inject drugs, sex workers, young women and prisoners among others): improving their current access to health assistance and prevention measures, having in mind that this groups change from one region to another.

Logical framework of interventions

End-goal and assumptions

End goal

The aim of the program is to provide a platform to educate, decrease the stigma and raise awareness within the general public, people at risk or those who are already affected by HIV/AIDs and other STIs. By doing so, we'll hopefully reduce substantially the number of new transmissions as well as improve health assistance, treatment and general well being of those living with HIV or with any other STI.

Assumptions

- There are groups of people who are at higher risk of being transmitted the HIV and/or other STIs
- People living with HIV/AIDS and other STIs are often stigmatized and denied access to healthcare.
- People living with HIV/AIDS and other STIs generally don't feel comfortable enough to fight and advocate for their health and rights
- Future healthcare providers often have stigma towards people living with HIV/AIDs or other STIs
- Legal frameworks, local, national or international, often stigmatize people living with HIV/AIDS and other STIs
- Future healthcare providers are willing to learn and gain skills on all the matters related to HIV/AIDS and other STIs
- Future healthcare providers are willing to actively get involved in the HIV and other STIs response and are efficient in their interventions.
- Different organizations and external partners will find it useful to collaborate with us to achieve mutually beneficial outcomes.

Preconditions and backwards mapping

To achieve this program's goal we'll aim at:

1. Providing future healthcare professionals with proper knowledge on HIV/AIDS and other STIs issues as well as with proficient skills to treat and give a proper follow up to the affected individuals avoiding stigma and discriminatory behaviours.

2. Campaigning and creating interventions catered towards the general public in order to decrease the widespread stigma people living with HIV/AIDS and other STIs. Raising awareness as well as spreading information on these issues.
3. Informative interventions and prevention and empowerment efforts directed towards the so called risk populations so those within them can take well informed decisions and look after their health and well-being.
4. Empowering PLWHA and other STIs and providing them with the information and the tools to advocate for their rights and actively participate in intervention and prevention.
5. Advocating on granting PLWHA and other STIs their rightful access to a good healthcare assistance and follow up and a life free of stigma and discrimination. Promoting among policy makers Positive Health Dignity and Prevention (PHDP) in order to implement a framework of actions that sees HIV prevention from a more holistic perspective.

Milestones and indicators

Outcome 1: Future healthcare professionals have proficient knowledge and skills in order to be able to impart this knowledge and to educate the general public, in an intelligible way, on HIV/AIDS and other STIs (including ways of transmission, prevention, testing and treatment) .

Indicator: Acquisition of the knowledge, skills on HIV/AIDS and other STIs and how to inform the general public. Number of educational events organized. Number of NMOs organizing events.

Population: Future healthcare professionals.

Threshold: Evaluation of the intervention by participants and improvement of knowledge on the topic.

Outcome 2: Future healthcare professionals obtain the skills to identify and avoid, fight discriminatory and stigmatized medical practice against people living with HIV/AIDS or any other STI.

Indicator: Efficiency on how to properly interact with the affected population as well as on how to take a proper sexual history assured through an evaluation.

Population: Future healthcare professionals.

Threshold: Pass the final evaluation that proves a full acquisition of the skills on how to create a safe environment for PLWHA and with other STIs.

Outcome 3: The general population and people at risk are given information on the prevention methods and risk behaviours so they can take well informed decisions.

Indicator: Level of information the general public and people at risk integrate, measured through a survey, one before and one after the session.

Population: General population and people at risk.

Threshold: Through the pre and post-session survey, observe an statistically significant improvement of the participants' knowledge.

Outcome 4: People living with HIV/AIDS and other STIs get information about their healthcare options and treatment and are empowered to take care of their follow-up.

Indicator: Knowledge on where to seek for assistance and how a good medical attention should be objectively measured through a survey.

Population: PLWHA and with other STIs.

Threshold: Through the pre and post-session survey, observe an statistically significant improvement of the participants' knowledge.

Outcome 5: People living with HIV/AIDS and other STIs are encouraged to take an active role in the HIV and other STIs response and advocate for their rights.

Indicator: Active participation of PLWHA and other STIs on prevention efforts and advocacy strategies. Number of PLWHA and other STIs reached out.

Population: PLWHA and with other STIs.

Threshold: All the people living with HIV and other STIs within our range of action are encouraged to actively advocate and fight for their health and rights.

Outcome 6: Healthcare students actively advocate on the implementation of prevention and screening interventions regarding HIV/AIDS and other STIs.

Indicator: Number of meetings and debates within national governments or other institutions.

Population: People living with HIV/AIDS and other STIs as well as the General Population and people at risk.

Threshold: To become part of the frequent group discussing this issues in the responsible organism (f.i. health division of parliament, WHO, etc).

Outcome 7: Healthcare students actively advocate for the implementation of laws that protect PLWHA and other STIs as well as those groups that may be more at risk of getting HIV/AIDS (young women, sex workers, people who inject drugs, etc.) from discriminatory behaviours in healthcare settings.

Indicator: Number of meetings and debates with local, national and international policy makers. Number of national governments or other institutions related to HIV/AIDS and STIs' issues. Number of successful campaigns. Number of influenced policies.

Population: People living with HIV/AIDS and other STIs as well as the General Population and people at risk.

Threshold: To become part of the frequent group discussing this issues in the responsible organism (f.i. health division of parliament, WHO, etc).

Interventions

Capacity Building Opportunities

- Peer Education workshops for healthcare students focused on HIV and other STIs.
- Trainings for current and future healthcare professionals on how to deliver a positive HIV result.
- Trainings on how to identify, avoid and fight current stigmatized and discriminatory practices against PLWHA and other STIs for future and current health care professionals.

- Meetings focused on building and sharing knowledge on HIV/AIDS and other STIs (may include other sexual and reproductive health topics)
- Exchanges
- Conferences on HIV/AIDS and other STIs issues.
- Volunteering opportunities related to HIV/AIDS and other STIs.
- Work with externals (such as the Youth Coalition on Sexual and Reproductive Rights) to develop capacity building interventions for future healthcare providers on Positive Health Dignity and Prevention.

Advocacy and External Representation

- Work with external partners (such as the Global Network of people living with HIV) for a proper medical attention to PLWHA and with other STIs and to eliminate stigma and discrimination in the medical setting.
- Creating joint statements with external organizations in which HIV/AIDS and other STIs issues are addressed.
- Raise awareness through campaigns alongside other organizations to tackle ignorance, stigma and discrimination.
- National advocacy efforts to decrease social stigma and discrimination on HIV/AIDS and other STIs within some countries.
- Advocacy efforts to include HIV/AIDS and other STIs issues in the medical curriculum.
- Advocacy on a national level alongside other organizations to affect positively the corresponding healthcare system.
- Advocacy campaigns to implement HIV/AIDS and other STIs into the post 2015 agenda and make sure proper efforts are made to tackle these issues.

Awareness raising activities

- Awareness campaigns in hospitals and faculties.
- Awareness and informative sessions among people at risk.
- Destigmatization street campaigns.
- Debates.
- Public lectures, panels and forums
- Round tables.
- Inspirational talks.

Narrative

This program is born from the need to tackle issues related to HIV/AIDS and other STIs which have proven to be a major public health problem leading sometimes to violations of human rights. The current situation related to the lack of information and access to health assistance, stigma and discrimination on HIV/AIDS and STIs does not only affect the general population, but also future healthcare professionals. The latter are an important step in the improvement of health in general, which makes it important to also cater to them if we want to make a real change. Based on this, the

ultimate goal of this program consists, in a general level, on improving healthcare attention to those living with HIV/AIDS or with any other STI and reducing stigma and discrimination by raising awareness and educating.

The subsequent objectives are mostly focused on future healthcare professionals, the affected population and the general public. Through advocacy, sharing of knowledge and capacity building this program will work on raising awareness and providing skills on ways of transmission, prevention and testing and also on how to avoid and fight stigma and discrimination against PLWHA and with other STIs. Secondly, providing useful trainings and information in order to assure that current and future health providers will deliver appropriate medical attention and follow-up to PLWHA or other STIs. Thirdly, empowering PLWAH and other STIs and preventing them from becoming passive targets of the HIV/AIDS and other STIs response. Last but not least, advocating on these issues aiming to change how the healthcare system is currently set, towards one that is more comprehensive, stigma-free and non judgmental.

Organisational context and necessary resources to launch the program

As future healthcare professionals, we should make the fight against HIV/AIDS and STIs and the stigma and discrimination that surround them ours. Our efforts should always be set inside a realistic framework of action, spotting our strengths and opportunities first but also our weaknesses and what threatens the success of the program. The necessary resource to launch this program are as follows:

Human resources and activities

One of the things that makes SCORA proud is the huge amount of committed members, hundreds of them are willing to change the world and improve healthcare by carrying out different initiatives. This program could definitely benefit from their motivation and knowledge and use it to fuel the different activities it carries out, people volunteering and coordinating campaigns and specific interventions as well as attending the trainings and workshops provided are much needed to move forward.

Collaboration with external partners

External partners, us in our advocacy efforts (so we can maximize the impact of our interventions in the target groups) as well as by providing spots in international conferences related to HIV/AIDS and access to other healthcare entities and governments both nationally and internationally. Also, in order to deliver adequate trainings and offer sessions by experienced people, we could enormously rely on the support IFMSA already has from external partners and their contribution with speakers and trainers.

Funding

Finally, it will be necessary to have the amount of money to financially cover all the activities either for the promotion and for the materials needed during the intervention itself. Financial aid to pay for the travel expenses of those IFMSA representatives or trainers has to be also taken into account.

Having said this, if SCORA gets the required resources and workforce exposed above, the implementation of this program will be fulfilled.