HIV/AIDS and other STIs

This is the Annual Report of **Ahmed Taha,** IFMSA **Program Coordinator** for **2015-2016 Term.**
Submitted by Ahmed Taha, on 31st of June 2016
Amended on 3rd of August 2016
For the 65th General Assembly August Meeting in Puebla, Mexico

Summary of Report:

This report is a compilation of the NMO efforts in the field of HIV/AIDS and other STIs. The Report includes the baseline assessment and the program Impact Report to show were IFMSA Stands now and then. It will showcase the key finding in the 5 activities enrolled in the program since the adoption of the BA in MM2016, Malta.

The Impact report would be a misleading judgement of the NMOs efforts in the field of HIV/AIDS and other STIs, since HIV is one of the focuses of the federation especially with our presence at the High Level Meeting on Ending AIDS 2016 and our endorsement to the Global Civil Society Organization Declaration.

Huge efforts must be directed to the understanding and the promotions of the programs and the process and benefits of the enrolling their activities, as only by this we would have a highly representative Impact Report of our efforts.

Most important achievements:

- Baseline Assessment adopted in MM2016
- Contribution to the world AIDS day Report
- Co-facilitator for IFMSA Workshop at Women Deliver Global Conference
- Attended SRHR Stream in the Pre-WHA and World Health Assembly
- Co-facilitator for IFMSA Workshop and IFMSA Booth at International AIDS Conference
- Coordinator for Program Management Workshop at Pre-AM 2016

Struggles encountered:

- Lack of consistent and constructive report data that was collected for BA
- Small number of Programs enrolled
- First term for this Program, so it was challenging.

Recommendations for the next term(s):

- Focus on promotion of the Program as it is the basis on which we can showcase IFMSA efforts to externals.
- More contributions from the NMOs is needed; apply with more activities.
- Take care of program peaks (HIV has a peak in December for the world AIDS Day, so efforts should be optimized from November - January)

medical
students
worldwide

- More contribution and involvement with SC AWP.
- More coordination and involvement of PCs with SCD

Baseline Assessment

**Program adopted during the 64th August Meeting General Assembly,
Ohrid, FYR of Macedonia**
**Baseline assessment adopted during the 65th March Meeting General Assembly,
St.Paul Bay, Malta.**
Issued by: **Ahmed Taha, HIV/AIDS and other STIs Program Coordinator**
Date: **17th March 2016**

Context

HIV/AIDS and other STIs Program calls on providing 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.

Program Structure
On the international level, IFMSA strongly works on advocacy. A policy statement was adopted 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. Moreover, since many years, not a single gathering in IFMSA GAs and RMs- missed a talk about HIV/AIDS through talks, sessions with externals and SWGs bringing different aspects of HIV/AIDS globally and regionally.

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 alongside with its policy statements. We as future doctors and health leaders believe that we can play an important role to overcome these problems.

Institutional arrangements

IFMSA has several official collaborations happening in the area of the program. Lots of official links were done with UNAIDS and WHO . In addition to that, IFMSA is a leading partner in the PACT. As a result, there are lots of upcoming opportunities and areas of action.
On NMOs level, many had collaborations with external partner weather; NGOs, UN Agencies or governmental institutions.

Description of program area(s) 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 PLHIV and with other STIs.

Outcome 3: The general population and people at risk are given information on the prevention methods and risk behaviors 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 a 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: PLHIV and with other STIs.
Threshold: Through the pre and post-session survey, observe a 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 PLHIV and other STIs on prevention efforts and advocacy strategies. Number of PLHIV and other STIs reached out.
Population: PLHIV 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 (ex. health division of parliament, WHO, etc.).

Outcome 7: Healthcare students actively advocate for the implementation of laws that protect PLHIV 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 behaviors 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.e. health division of parliament, WHO, etc.).

Targeting criteria

● Medical students and future healthcare professionals to provide them with good education on HIV/AIDS and other STIs including ways of transmission, prevention, testing, counselling and treatment.
● People living with HIV/AIDS and other STIs should be given enough knowledge and 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.
- Etc.

The exact target group for each activity will be selected according to the activities goals and feasible outreach.

Main Goals and expected Impact

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 wellbeing of those living with HIV or with any other STI.
We envision medical students whom have a wide knowledge on HIV/AIDS and other STIs, needs of people living with them and operate on these people in a non-stigmatizing nor discriminatory manner.

Approach

Questions to be answered
- How is IFMSA involved in the program area? • How are NMO involved in the program area?
- Which target groups were used? And how they targeted?
- Are activities relevance to the program are regional based or sporadic?
- What techniques are used in the activities?
- What are the different indicators being accessed in the program?
- How is the impact measured per activity?
- How can we engage NMOs to get enrolled in the program?
- How can the program team together with the PSDD and SCORA-D promote the program?
- How can the program team together with the PSDD and SCORA-D support existing efforts of NMOs that are relevant to the area of the program?

Methods that were applied

Methods of data collection for activities relating to the program started by reviewing NMO reports for AM14, MM15 and AM15. Furthermore, lots of data were collected from Applications of NMOs applying for projects fair competition for AM14, MM15 and AM15, MSIs 30 & 31 editions, Inputs from SCORA-D as well as LRA were requested, along with call for inputs from

NMOs was sent. Finally, the reports of World AIDS Day 2015 was also incorporated in the analysis.

A database was therefore built where analysis started after its completion. Analysis was qualitatively made about IFMSA and NMOs actions and advocacy efforts in different areas of the program.
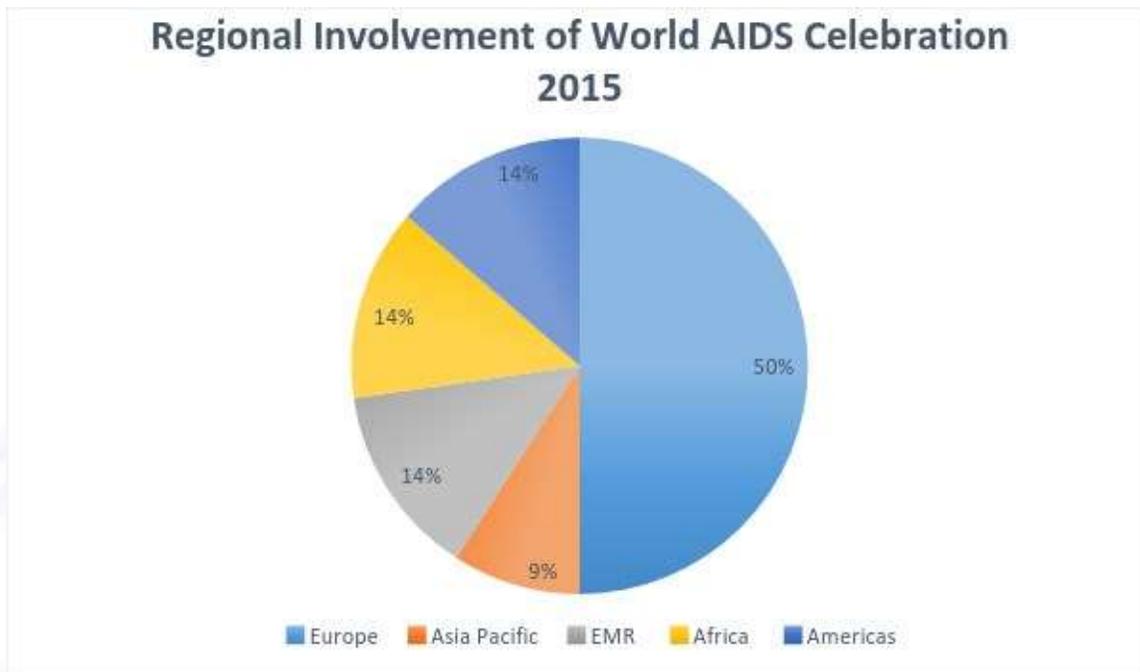
Analysis

Since the data provided from the files collected -as mentioned before- doesn't provide sufficient insight with quantitative analysis of the outcomes so this section will be based mainly on qualitative approaches.
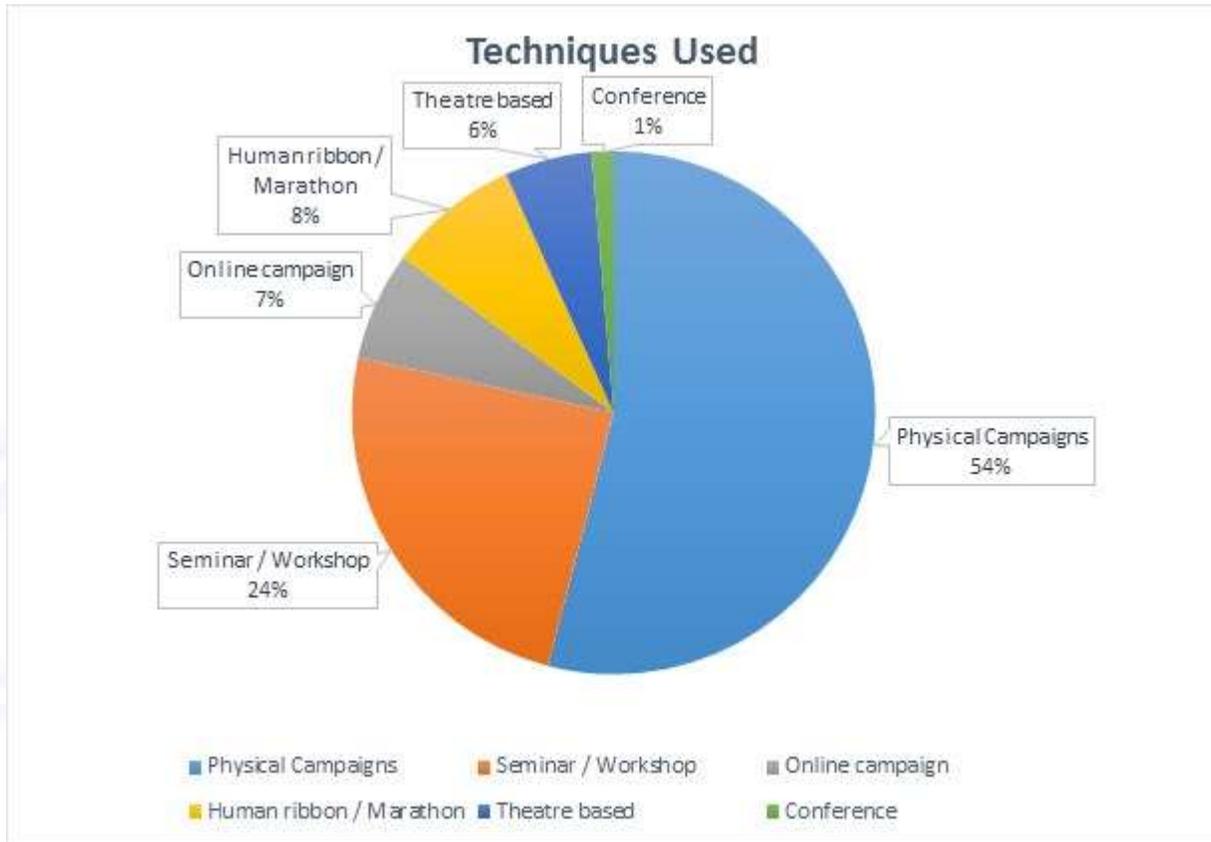
NMOs have showed great initiatives and proactivity when it comes to HIV/AIDS and other STIs. Around 63 NMOs out of 100 SCORA active NMOs stated HIV/AIDS and other STIs related projects as one of their top 3 impactful initiatives in SCORA.
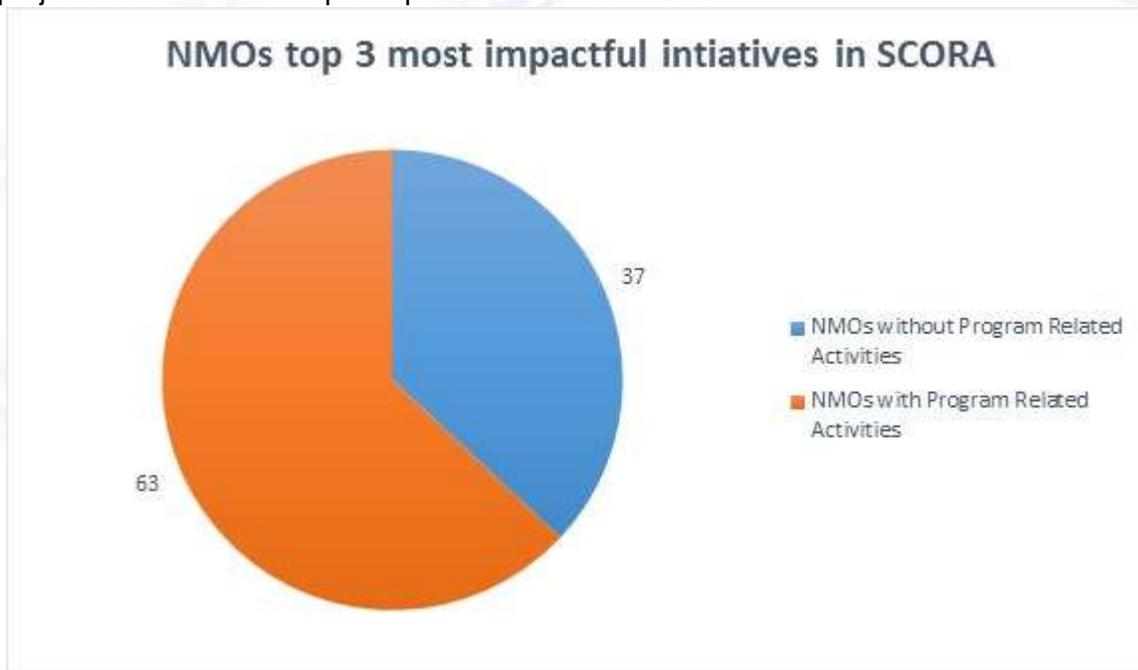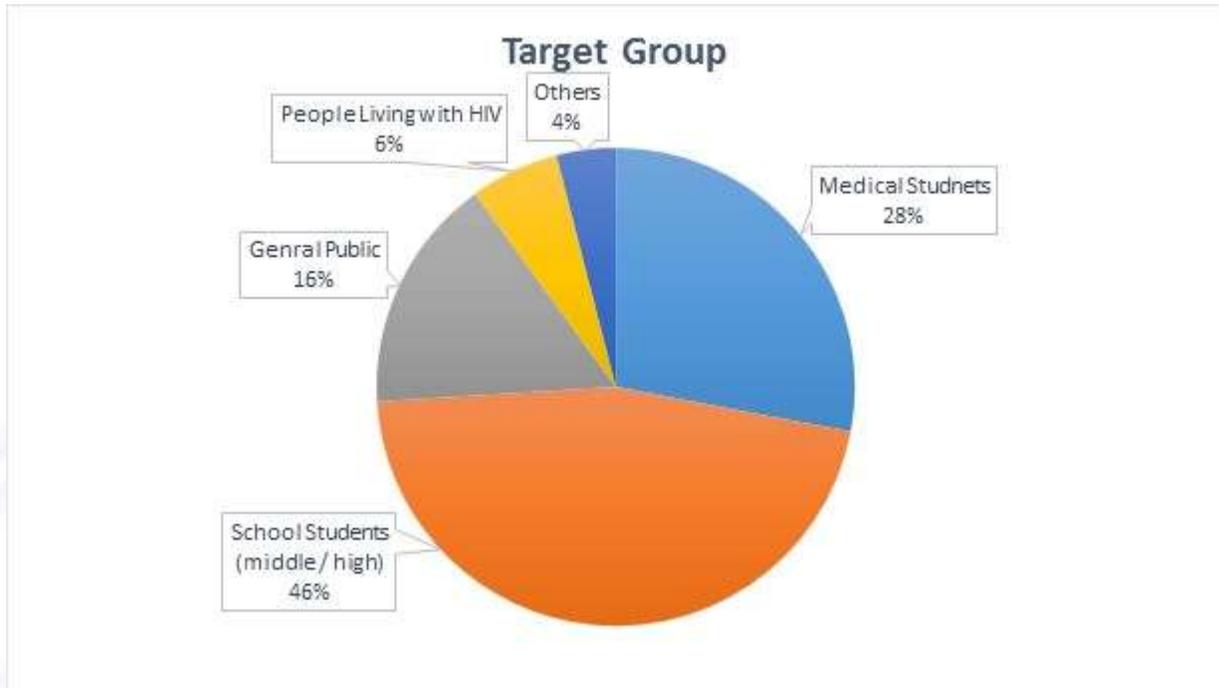

In World AIDS Celebration 2015 around 23 NMOs celebrated it in many different ways. The Regional distribution of the celebrations was as follows:

IFMSA
International Federation of
Medical Students' Associations

Regional Involvement of World AIDS Celebration
2015

After compiling all Program Related activities from the aforementioned sources. We have reached the following conclusion about the techniques our NMOs use to address the topic of HIV/AIDS and other STIs, and the target group they are reaching for.

medical
students
worldwide

IFMSA
International Federation of
Medical Students' Associations

Techniques Used

- Physical Campaigns — 54%
- Seminar / Workshop — 24%
- Online campaign — 7%
- Human ribbon / Marathon — 8%
- Theatre based — 6%
- Conference — 1%

Target Group

Furthermore, the Activities from MM15 and AM15 fair and presentation, were further analyzed separately to showcase the program related activities that NMOs believe are within IFMSA standards and should be represented at our General Assemblies. This reflects an escalating interest and investment into HIV/AIDS and other STIs related activities, the nature of activities demonstrated reflect a variety in strategic priorities in each region.

	SCORA Activities	Program Activities
March Meeting 2015	39	20
August Meeting 2015	22	8

medical
students
worldwide

Program Related Activities in MM15 and AM15 Activities Fair and Presentation

28

61

■ HIV/AIDS and other STIs program Activities   ■ SCORA
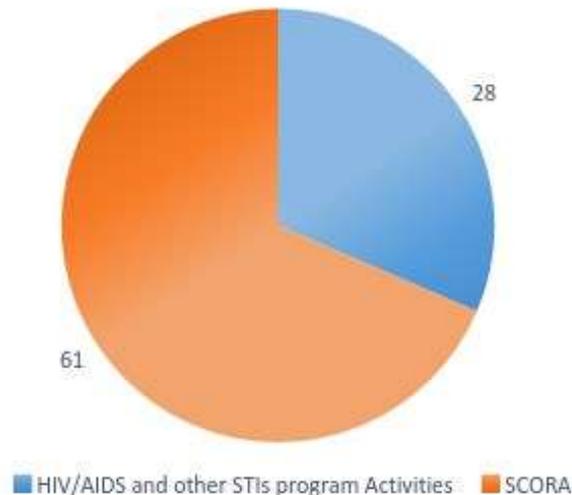
Summary

A retrospective analysis into the efforts and measures taken by NMOs in the program has revealed the following:

The key finding is that 63 NMOs actively engage in the program whether by celebrating the World AIDS day or through different initiative, the proceedings of the events are publicized on social media outlets and among peers. This reflects a common understanding of the magnitude of the HIV/AIDS and other STIs response in their respective regions. Other initiatives complement the celebration with other activities or initiatives that do not necessarily coincide with World AIDS Day.

Case studies have been highlighted through MSI as program related article have had a good share in the SCORA section. Moreover, the program entitles the importance of Sexually transmitted infection and HIV being the most important concern, more focus needs to be highlighted on other STIs and not only on HIV. More coordination needs to be done to address STIs within CSE framework of action.

Activities Fair and Presentation have shown that an average of more than 30% of all IFMSA activities are related to the program. This asserts that the awareness of our NMOs on the importance of the program and our responsibility, as medical students, have within the International response agendas. On the other hand, the key priorities ranging from public awareness to PLHIV and key affected populations (KAP) outreach are tackled in different rates such that the majority of interventions took the shape of awareness and outreach, followed by

adolescent outreach and then KAP and PLHIV interventions, in descending order.

Verification of Success

The main 2 prerequisites to enable full utilization of indicators of success are knowledge assessment surveys, designed to measure IFMSA member development of knowledge in addition to one directed to public (or focus groups) measuring change of perception. This set of surveys will complement the analysis of indicators 2, 3 and 4.

The quantitative indicator, number 1, can be demonstrated with the number of NMOs engaging in events, trainings and celebrations regarding the project. It is clear that, in accordance to that indicator, the program has proven itself a pivotal facet of SCORA operation in NMOs in all regions. This is with varying degrees of investment by NMOs as per the aforementioned data. Regional context plays a defining role in the degree of proactivity in such issues tackled by the program. Moreover, this indicator is directly connected to indicator 2, 3 and 4, which will allow us to further analyze our efforts and how successful they are.

Indicators 5 to 7 revolve around advocacy, lobbying and inclusion of stakeholders of AIDS response. The indicator entails that further measure are taken to expand IFMSA outreach, considered as a next step and strategic priority for IFMSA members. The level of intervention, from community education to active participation in national policy making and empowerment of PLHIV, will put IFMSA on the global map, this is yet to be seen by NMOs of respective regions. Distinction should be made between IFMSA international advocacy efforts within international agendas and NMO involvement in policy making on the national level. Advocacy toolkits can be developed to broadly outline the means and benefits of national networking with civil society organizations and national AIDS programs or committees.

Conclusion

NMOs have been putting lots of efforts to end HIV/AIDS and other STIs which shows that they understand the importance and relevance of the program's area. On national and international levels, most IFMSA related activities were with external partners, such as; NGOs, INGOs and UN agencies, which shows the huge opportunity for scaling up partnerships on the regional and international levels.

Areas were domestic partnerships with national entities such as National AIDS Programs or National Committees to combat AIDS can be improved or further highlighted if such partnerships exist. More coordination with regional office can facilitate replication of successful models in NMOs of the same region.

Incorporation of knowledge assessment surveys and tools to assess change of perception will aid the full utilization of the program indicators and effectively monitor the progress on a national and consequently international scale.

Finally, to be able to further carry on our monitoring and evaluation in a more systematic and measurable manner, a unified adequate periodic or quarterly reporting system must be developed to be able to better analyze and quantitate our work into figures. The design of the standard reporting system must fully reflect developments and make comparisons were appropriate. A number of NMOs have shown progress in networking and establishing partnerships, in addition to exhibiting resourcefulness in their respective campaigns, trainings and celebrations. As such, such innovations must be documented and encouraged. Moreover, the pre-set indicators of success can be feasibly utilized both qualitatively and quantitatively, through more periodic reporting with details on external and internal representation aspects.

Program Impact Report

a. <u>Program Structure</u>

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 PLWHA 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 nonjudgmental.

b. <u>Main goal and expected outcomes</u>

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.

Expected Outcomes

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).

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.

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

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.

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.

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

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 behaviors in healthcare settings.

c. **Program Areas**

(1)   Education among specific societal groups. IFMSA provides education on health issues in most of the societal groups (peers, children, youth, adults, elderly, specified groups). For example, many NMOs conduct health education activities teaching people about HIV/AIDS and contraception.

(2)   Advocacy, also called lobbying. Advocacy is the attempt to influence political decisions and policy, an advocacy strategy directly targets those responsible for respecting and protecting certain values and achieving specific goals within the society – the authorities. Advocacy strategies should be used for influencing policies on national and international level as well as to bring experts and externals back to our members to learn.

(3)   Awareness Raising Activities / Campaigning is a combination of education

and advocacy, is a way to raise awareness among citizens on certain issues, for example about methods of protection from different Sexually transmitted infections and Stigma and Discrimination towards PLHIV. The general public is informed about the issue (educational aspect) yet at the same time, the more people know about the issue, the larger the pressure on government to handle this problem (advocacy aspect).

(4) **Research**. The aim of research is to provide evidence for development of specific topics within the theme of the Program. Medical students and IFMSA should use research when delivering the change, evaluate impact and create opportunities for medical students in research while working together with academics and other stakeholders.

(5) **Fundraising for 3rd Parties** means raising funds and resources with the aim of supporting an individual or a vulnerable group in tackling an issue. For example, raising funds to support a cause for HIV self-testing.

(6) **Operative work.** NMOs may carry out operative work within their own community or country. An example would be a NMO running a shelter for women vulnerable to gender-based violence. Alternatively, an NMO can carry out operative work in other countries, notably developing countries, cooperating with local NGOs. This is called development assistance. An example would be a NMO traveling to an African country to help three local villages build wells for clean drinking water.
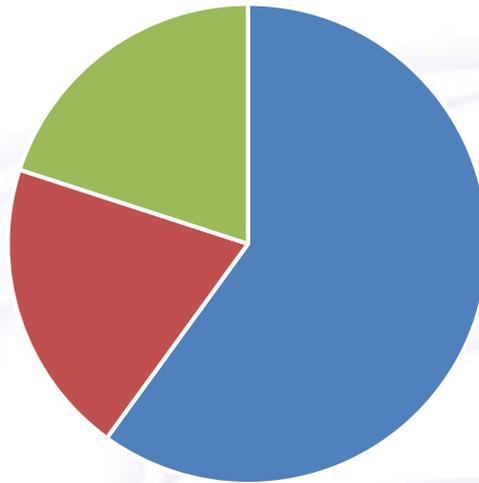
d. **Analysis**

This term a total of 5 activities were enrolled in the program. 4 of these activities have been already finished and waiting the report form to be filled by the respective NMOs and activity coordinators. Only 1 activity is scheduled to start in the next term.
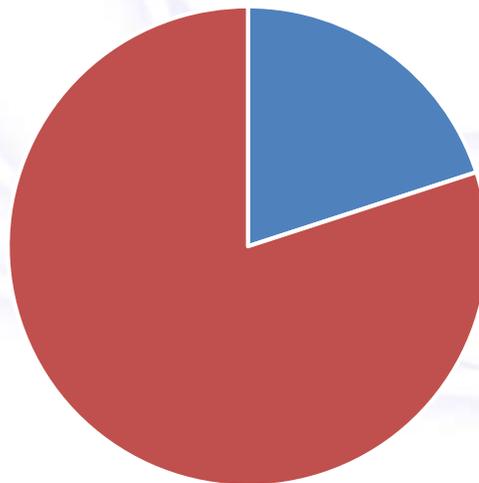
```
                    ┌──────────────┐
                    │ 5 Activities │
                    │   Applied    │
                    └──────┬───────┘
              ┌────────────┴────────────┐
       ┌──────┴──────┐          ┌───────┴──────┐
       │   4 Done    │          │  1 ongoing   │
       └──────┬──────┘          └──────────────┘
       ┌──────┴──────┐
       │  0 Report   │
       │ Forms Filled│
       └─────────────┘
```

IFMSA
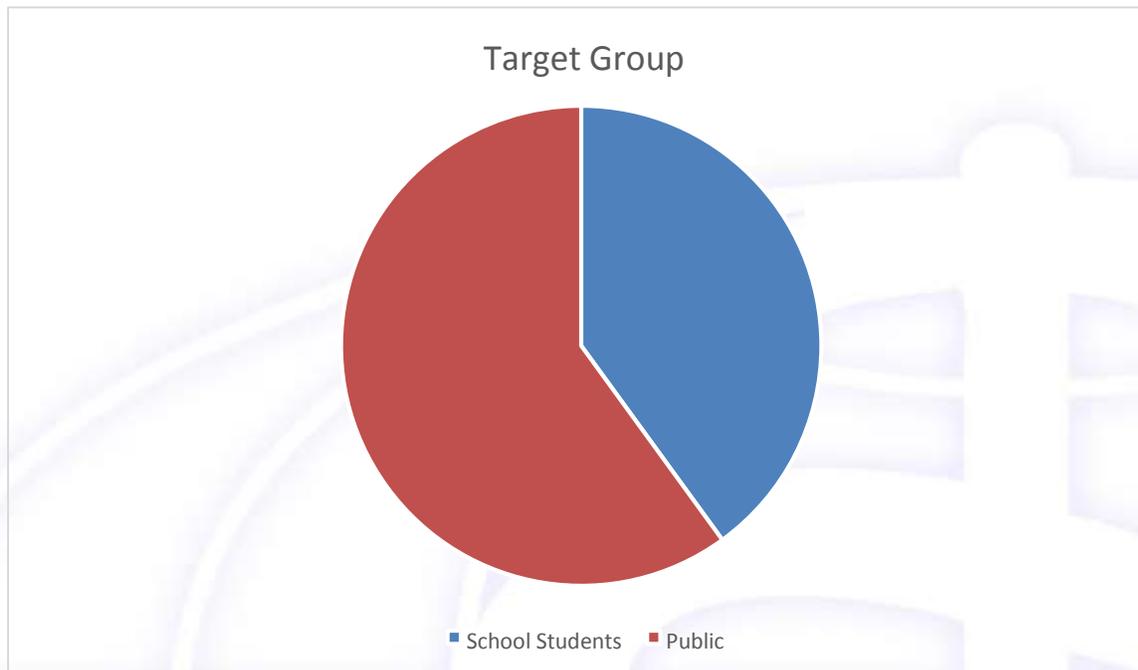International Federation of
Medical Students' Associations

Type of Activity

■ Project   ■ Campaign   ■ Event

Focus Area

■ Advocacy and External Representation   ■ Awareness Raising Activities

medical
students
worldwide

Target Group

■ School Students ■ Public

MSI 33

- Sexual Education for Everyone, P41 (EstMSA - Estonia)
- Ride the Tram, Get Informed, p109 (BeMSA - Belgium)
- World AIDS Day, p110 (MSAI - India)
- HIV in Iran, p111 (IMSA - Iran)
- Sexual Education for Teenagers, p117 (IFMSA - Brazil)
- Right to Equality, p118 (MSAi - India)

e. Conclusion

NMOs have been putting lots of efforts to end HIV/AIDS and other STIs which shows that they understand the importance and relevance of the program's area. Yet, not enough activities have been enrolled in the program, therefore the Program impact report would be very misleading to the IFMSA effort in HIV/AIDS and other STIs.

According to the Activities enrolled and the programs Expected outcome; we would find that Outcomes no. 1, 3 and 7, have been given more focus and tackled by the activities enrolled, leaving out the rest of the 7 outcomes.

f. Recommendations

- Support NMOs to contribute to other outcomes of the program

- More Promotion of the Program among NMOs. We are still facing problems when it comes to the NMOs understanding of the new programs structure of IFMSA which is clearly demonstrated by the weak number of enrolled activities in the different programs
- Take care of program peaks (HIV has a peak in December for the world AIDS Day, so efforts should be optimized from November - January)

Annex

➢ **Annex I:** Enrolled Activities

The name of the Activity	Type of activity	The level on which the Activity is implemented	NMOs involved in the activity	Focus Area
SCORATEEN EDUCATION	Project	National	IFMSA PERU	Advocacy and External Representation, Sexual Education in teenagers
We Love Our Community	Project	Local	IFMSA-Pakistan	Awareness Raising Activities
HIV Flashmob Campaign	Campaign	Local	IFMSA-Poland	Awareness Raising Activities
HIV/AIDS Peer Education in English	Project	Local	IFMSA-Poland	Awareness Raising Activities
World AIDS Day Fashion Show	Event	Local	IFMSA-Poland	Awareness Raising Activities

At the end of the Term, I would like to state how challenging and developing this experience was. The amount of inspiration I get form reading all those awesome initiative all over the world is priceless. I would recommend the PC experience to anyone who is passionate about a certain topic, because knowing all this efforts will gives a better understanding of the issue worldwide, with the regional priorities.