



HIV/AIDS AND OTHER STIS

This is the Annual Impact Report written for the HIV/AIDS and other STIs Program, by Modupe Ojelabi (NiMSA Nigeria) on the 1st of July, submitted for the **67th IFMSA General Assembly August Meeting 2018**.

Summary of the Report

HIV/AIDS and other STIs are very prevalent, stigma attracting health issues that pose a burden to sexual and reproductive health worldwide. Medical students like us have a pivotal role to play in reducing this burden, and the program serves to monitor and evaluate the way we play our parts in fighting these STIs. The Program addresses the actions taken by medical students directed at a wide range of topics relating to HIV/AIDS and other STIs, and aims to measure the impact of IFMSA members in the specific focus areas of the program.

The overall aim of the Program is to decrease the incidence and prevalence of sexually transmitted infections including HIV, reduce stigma, as well as empower and advocate for people living with these infections. Thus in this report you will find the data collected from 24 reported Activities over the past year, with all five regions represented and activities of various types addressing various specific topics.



World AIDS Day 2017 Bangladesh Medical Student's Society (BMSS)

The impact of the program is demonstrated in the number of people and target populations reached, and an increased awareness and motivation to act on the high incidence of HIV/AIDS and other STIs across societies. The main recommendations of this report are to continue program promotion with a view to showcasing the benefits of participation for NMOs and activity coordinators, and to create more avenues for resource sharing and training among activity coordinators so as to improve the reach and effectiveness of their activities.



As enrollment into the programs become more prominent, the importance of reporting the activities after they have occurred remains strong, as only reported activities can provide necessary impact assessment. Thus as we promote program enrollments, it must also be accompanied by an emphasis on the need for reporting.

Message from the Program Coordinator

I'm Modupe Ojelabi, and I've served as the Program Coordinator for HIV/AIDS and other STIs for this term. It has been a very exciting term, and it's been beautiful to watch the program grow with more members recognizing the importance of programs and impact assessment, and utilizing the advantages of enrolling and participating in the program.

Through campaigns and activities from all regions, medical students under the program have put very fine efforts into addressing the focus areas. This year more NMOs have supported and worked with the program, and working very closely with the SCORA IT we've been able to bring more to the forefront the usefulness of programs.

A lot has been achieved this year, from external collaborations to exploring less popular STIs in advocacy work like HPV and Chlamydia, and moving forward it is my hope that more activities and their coordinators gear towards the less explored STIs and ways of addressing the burden e.g. research. It is also my hope that the program continues to be an avenue for collaboration both within and outside IFMSA.

This report will serve as an insight to the increased level of awareness and interest in the program by members and testify to more participation and diversity in focus of the activities. This is all thanks to the many activity coordinators, LORAs, NORAs, and RAs that have seen the need to bring their activities forward both as a showcasing and a learning avenue. The Programs Team has also this year achieved a lot of remarkable things in terms of publicizing the program structure and linking it more directly with the standing committees, to enable members see it in a more practical sense.

I'd like to thank all who throughout the year have participated directly or indirectly in the Program's activities both locally and globally, online and offline. I must specially thank the SCORA IT 17/18 for their immense support and contribution to getting more members to participate. The increase in enrollments this year is a testament to their service.

With all your dedication and support we are one step closer to an STI free world, and we have shown once again the power that committed individuals have when it comes to making change. We have barely scratched the surface of what the HIV/AIDS and other STIs program can achieve, and I am eager to see the leaps that will be attained in the coming years!

Best,
Modupe Ojelabi
HAS PC 17/18

Introduction to the HIV/AIDS and other STIs Program

Sexually transmitted infections have a profound impact on sexual and reproductive health worldwide, and continue to cause a major burden of disease. Global estimates show that the four most common STIs alone cause one million new infections every day. The high incidence and, particularly, the greater vulnerability to STIs that women and young people face, is in big part due to a lack in knowledge among the general population on prevention and transmission. STIs thus often go undetected until complications ensue.

While current curriculum in medical schools as well as interventions by both governmental and non-governmental organizations have made efforts in reducing prevalence and impact of HIV and other STIs, there is a need for further work to be done. Medical students in general are undereducated about a



number of STI-related topics and have not been adequately trained to advocate for changes in STI programming and policy or in implementing student-led programs. As well, deficits in the general public exist in terms of prevention, transmission and knowledge of STIs. It is important for medical students to take action against this.

Besides being a major public health concern, human rights are often also inextricably linked with the spread and impact of these infections on individuals and communities around the world. Stigmatization and discrimination are heavily associated with STIs, especially HIV, creating major barriers to preventing further infection, alleviating impact and providing adequate care, support and treatment. Stigma is not something that only needs to be tackled among the general population, but also among 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 in this topic.

The Program covers the following focus areas:

- STI prevention and testing
- Removing stigmatization and empowering people living with STIs
- STI education or training of future health-care professionals
- Awareness-raising about STIs among the general public
- Ensuring access to treatment for people living with HIV or other STIs
- STIs and HIV/AIDS advocacy

Annual Working Plan of the Program

For the HIV/AIDS and other STIs Program this 2017/18 term, the Annual Working Plan reflected goals set to meet up both with the recommendations of the Program Coordinator from last year, and the increasing need to promote and show the usefulness of the programs within the IFMSA sphere. Thus, many goals were set as listed below and formed the basis of my work as PC this term.

1. INCREASED PROGRAM PROMOTION AND VISIBILITY

This was achieved by improving general promotions for the program, optimizing the use of International Days related to HAS as promotional platforms for the program and collaborating intensively with the SCORA IT to bring the program to all regions and all levels. Social media campaigns proved to be very useful this term, as well as a good working relationship with many local and national officers through the Regional Assistants, as this brought in more participants and motivated many more to explore Programs. Also a useful tool was the representation of the program at General assemblies and other IFMSA meetings.

2. INCREASED ENROLLMENT

This is the most desirable outcome of program promotion, and with help from the rest of the Programs team and the SCORA IT I've worked towards improving understanding of the enrollment process and facilitating more enrollments. Through social media and online meetings with National Officers and prospective activity coordinators, I've had opportunities to directly explain the process and relevant data required for enrollment to a number of participants, directly prompting more enrollments and better entries into the database. More knowledgeable members about the process are likely to stimulate others to want to learn to, thus it has brought more overall participation.

3. BRING HIV/AIDS AND OTHER STIS PROGRAM TO OPTIMUM CAPACITY.

Programs, although mostly for enrollment and impact assessment can serve for much more than that. They can be a link to resources, opportunities, knowledge expansion and so much more. I've pursued further internal representation of the program at IFMSA meetings and through features in promotional tools and the programs newsletter and tried to constantly reevaluate the program's position by putting more emphasis on reaching out to underrepresented regions and most importantly by drawing more



attention to “Other STIs”. This term, via collaborations with the International Papillomavirus Society for the maiden HPV Awareness Day Campaign and more activities targeting non – HIV STIs, the other half of the program’s name has finally begun to exert its weight and attract more attention.



The Stigma Challenge, Belgian Medical Students' Association (BeMSA)

4. CAPACITY BUILDING

For more impactful activities, coordinators and members must be equipped with the necessary information to create adequate awareness among their target groups for the topics they choose, thus capacity building is at the heart of activity planning. The main training linked to the Program is HIV Education awareness and training (H.E.A.T) which has been held at some workshops this year, but more importantly for the activity coordination I've tried to build on the HAS Program's resources, by merging them with resources for our focus areas already existing in the SCORA database, and sourcing for new ones from partners, that can be useful in writing on these topics, preparing tools and so on.

5. EXTERNAL REPRESENTATION

The HIV/AIDS and other STIs program is a ripe field for external representation, and this year working closely with the LRA we continued to use the program as a tool in external collaborations both with already existing partners such as UNAIDS and THE PACT and new partners like the International Papillomavirus Society. We've also further explored the use of external collaborations to create incentives for enrollment and participation in activities, as can be seen with the UNAIDS Zero Discrimination Grant.



The partnership avenues for the program have been well utilized, as they should continue to be in following terms.

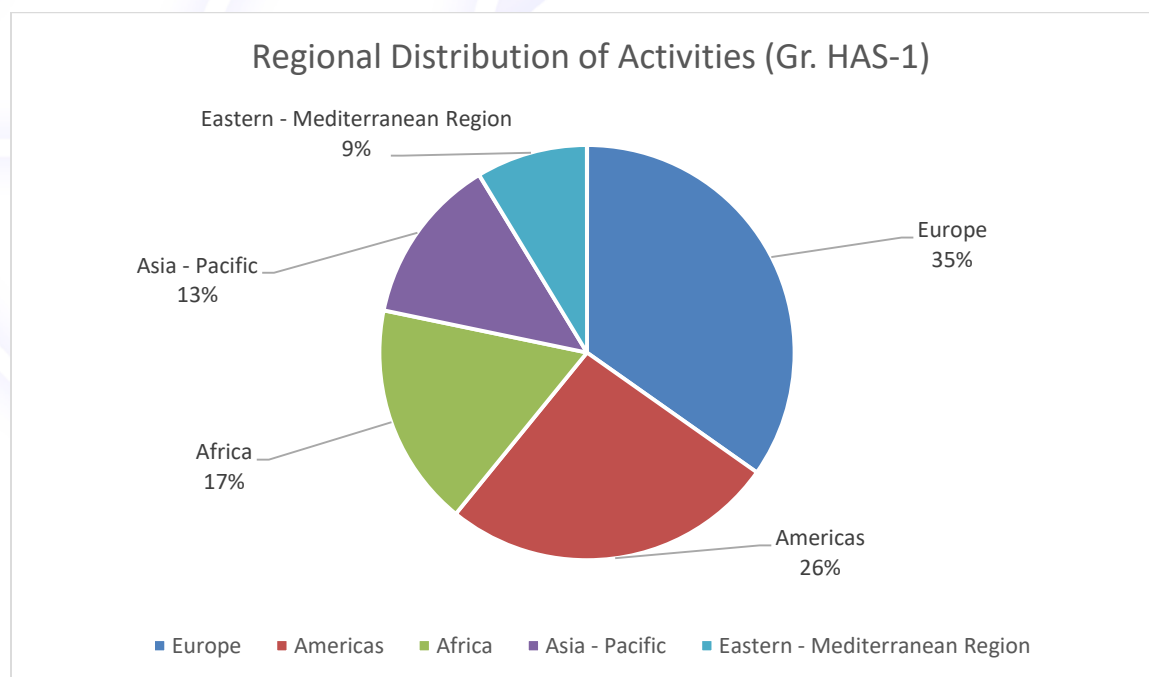
Impact of the Program

The IFMSA Programs' main priority is to measure the impact of IFMSA and the activities of our members in specific areas. This section highlights basic program statistics: enrollment overview, qualitative and quantitative impact, external collaborations and other IFMSA activities on HIV/AIDS and other STIs.

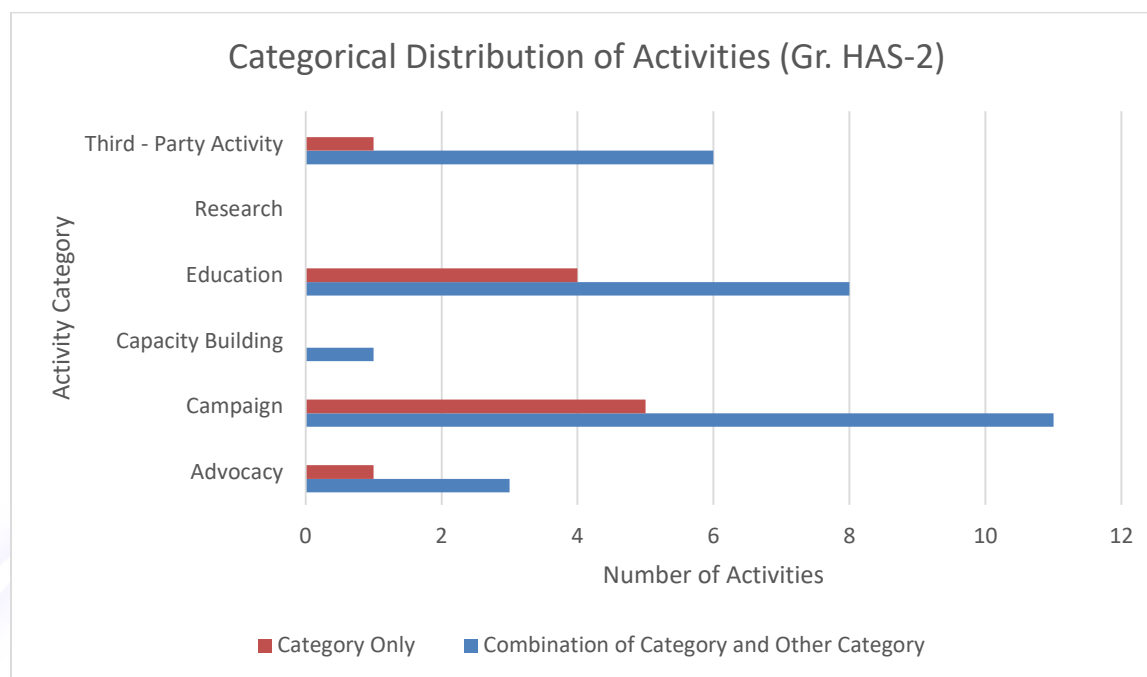
There have been 38 activities enrolled in the time period between June 15th 2017 - June 15th 2018, however, some of these activities were not reported, therefore there are **24 activities enrolled**, that will be included in the Annual Impact Report of 2017/18.

1. Enrolment Overview

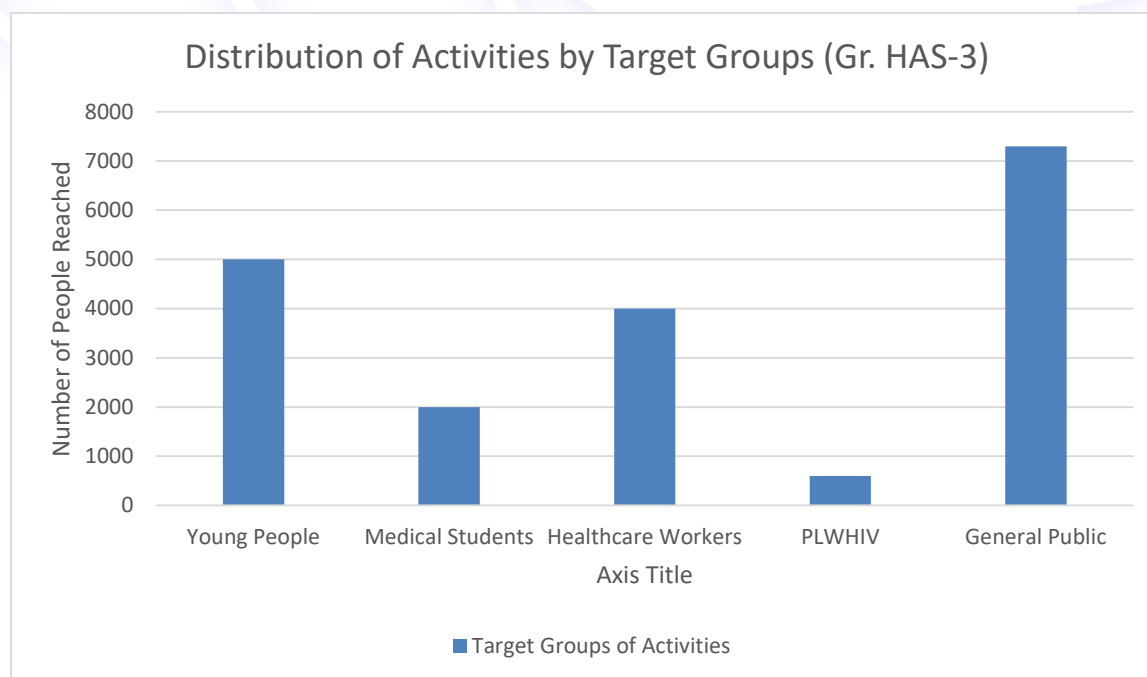
There were a total of 24 Activities enrolled under the Program this term. A majority of these Activities (35%) were done by European National Member Organizations, while the Americas were the second most active region of this term (26%). This year, all regions were represented in participation in the program, however the Eastern Mediterranean Region recorded the least number of enrolled activities (9%) (Gr. HAS-1). The data reflects enrollments from 17 National Member Organizations.



The activities enrolled fall under various categories. In regards to this, campaigns were the most popular activities of the term, probably attributable to the increasing prominence of social media campaigns. Educational Activities were notably second, making up one third of all Activities. Third party activities, capacity building, and advocacy-related Activities were all represented in smaller numbers (Gr. HAS-2). This term once again, no research activities were recorded.

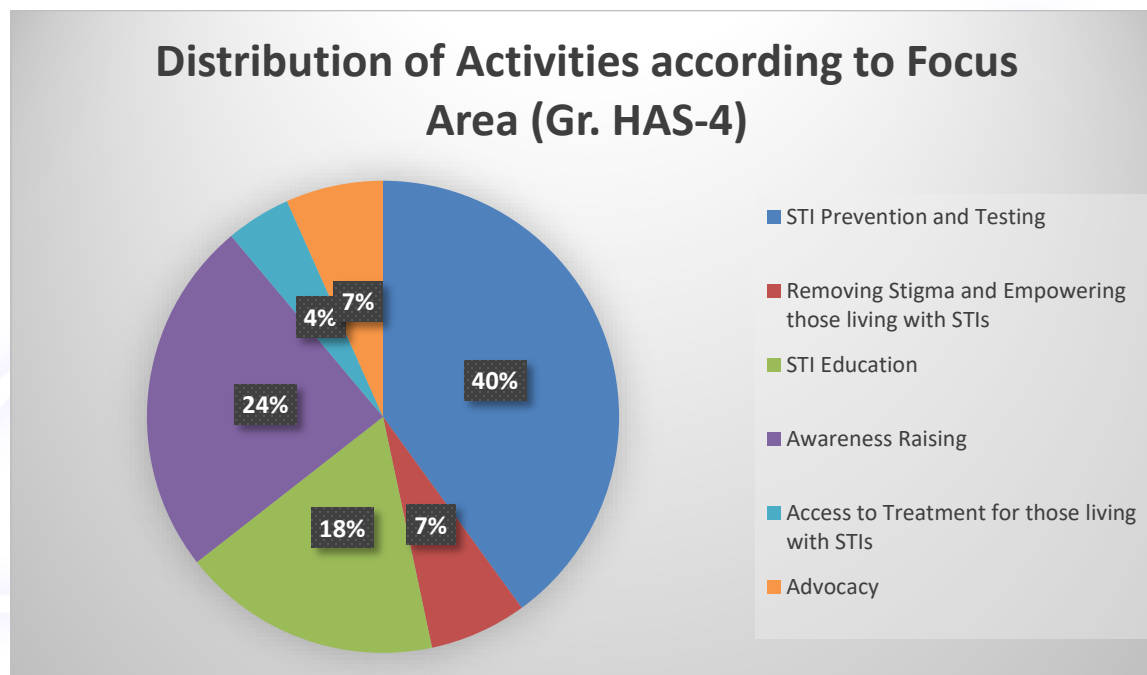


The target groups for activities can tell us a lot about the impact made, and among these activities the major target group was the general public, closely followed by young people. The activities reported this year in total reached over 18,000 people attributable to the ongoing nature of some of the activities, and free testing and counselling offered in other activities. Another notable target group for these activities were healthcare workers, especially with the increased need to eradicate STI discrimination in the healthcare system. People living with HIV also made up 3% of the populations reached. (Gr. HAS-3)





Commonly seen this term was that most of Activities had more than one focus area within the Program, therefore the number of focus areas exceeds the number of actual activities in this report. Even then, STI Prevention and Testing was the most popular focus area (43%) followed by awareness raising (26%). Advocacy and Removing Stigma, still the least popular focus areas accounted for 7% each of all the activities enrolled (Gr. HAS-4)



HIV-related Activities have been once again been noted to happen often in association with International Awareness Days such as World AIDS Day or Candlelight Memorial Day. Of the 24 activities, 17 were HIV Specific, while 4 were based on STIs in general and 3 addressed other specific STIs.

2. Quantitative Impact

The HIV/AIDS and other STIs Program through these enrolled activities reached out to a total of approximately 18,000 people, a large number made possible by long activities and collaborations within and outside NMOs. Of these, 2,000 were medical students, 4,000 were Healthcare workers, 5,000 were young people and 7,300 were people from the general public (Gr. HAS-3).

HIV-specific activities had the greatest impact in terms of number of people reached, as 70.8 % of the activities were HIV specific, and these collectively reached two-thirds of the total target population.

3. Qualitative Impact

Due to increasing understanding of the need for impact assessment, 20 out of 24 Activities engaged in varying forms of pre and post evaluation for their participants. The most common evaluation techniques used were self-administered activity questionnaires in 17 of these activities. In 3 other activities, the participants were asked questions and then given grades to assess their knowledge scores as they entered and at the end of the activity. The participants' pre- and post-activity scores were then compared to calculate improvement of knowledge. For all the activities with proper evaluation, an average of 95% of target audiences were said to have gained more knowledge in HIV-specific Activities, while 87% of target groups improved knowledge in STI activities, resulting in an average of 91% of the target population improving their knowledge in HIV/AIDS and other STIs as a direct result of these activities.



4. Other IFMSA Activities

Throughout the term the program has been represented in various publications, sessions and in other activities. Some are listed below:

- a. IFMSA SCORA Transparency and Advocacy Booklet, December 2017.
- b. MSI Articles for the Program in MSI 37 March 2018, and MSI 38
- c. HIV/AIDS or other STIs sessions at General Assemblies or Regional Meetings:
 - AM17: Advancing Zero Discrimination in Healthcare Agenda
 - MM18: The Effect of the Environment on Communicable diseases including HIV (Program Stream)
 - African Regional Meeting June 2018: Ensuring Dignity and respect for PLWHIV
- d. Programs Newsletter Articles: December 2017, March 2018, June 2018
- e. Webinars:
 - HIV Discrimination in Healthcare December 2017
 - HPV: Where do we stand? March 2018
- e. External representation:
 - IFMSA was represented at the European AIDS Conference, September 2017
 - IFMSA was represented at the International Conference on AIDS and other STIs in Africa (ICASA), December 2017.

Discussion and Recommendations

It has been a busy year, however one filled with growth and breaking new ground. This year the Program has again been more intensely promoted, by taking advantage of related International days and the power of social media. More focus has been placed on the use of the program as a network of resources for anyone working under its focus areas, and so many activity coordinators have been linked to one another and have had consultations with myself as Program Coordinator to help both with enrollment and practical activity planning issues like publicizing events and budgeting.

One thing that however has led to the good standing of the program this year is a fruitful collaboration with the SCORA IT. Working with standing committees is effective and can be extremely helpful, and with so many members being affiliated with at least one committee, it serves as a pool of human resources with motivated people who are most times already doing something based on those topics, but can now have them enrolled and analyzed through the program.

This year more attention has been paid to individual coordinators, cultivating more personal relationships with those participating in the programs. This has made communication easier, and reminders and forms more easily sent and returned. Activity coordinators have a million and one questions, and more than needing their names to add to a sheet, we have to be available to answer their every question and help make sure that these activities have the impact intended from the onset.

A few struggles have been encountered this year, as I've tried to implement the working plan and continue the work from the previous years. Some have been overcome to an extent, such as poor knowledge on Programs, the benefits and how to join, and activity coordinators not knowing how to break activities into the different aspects that can be inputted into the form. Through training e.g. during online meetings and sessions, these can be addressed.

Others are a bit more difficult, such as unresponsiveness of some activity coordinators to emails and inability to follow up on some enrolled activities due to information being filled wrongly in forms. Getting enrolled activities reported has also proved difficult, even with the report form link being sent just after confirmation of enrollment, it is often untouched till the deadline even with reminders. For that reason, although many more activities were enrolled this year. Only 24 are reviewed in this report. To avoid this a long dedicated campaign to highlight the usefulness of the report forms will be needed as we go on.

Last but not least, a continuing struggle from the previous term is that the Reduction of stigma and discrimination, an increasingly significant focus area of this Program especially in external collaborations



remains difficult to measure in terms of indicators of success and impact. The most employed method by activity coordinators is to ask if the target audience has had a change of heart and pose a few scenarios after educating them on the need to end stigma, but how this truly be measured? It is my hope that more creative ideas come forth in the coming years.

Recommendations for the next term(s):

- Build a strong, continuous relationship with SCORA and other relevant standing committees, to ensure continued interest in the programs early on
- Employ more personal direct means of communication with activity coordinators and local and national officers especially face to face at meetings. These prompt more responses than emails.
- Continue developing promotional material for the Programs.
- Continue the priority of raising the number of enrolled activities. This will bring more diversity and allow even more experienced activity coordinators to help new comers. It requires individual contact especially with those who have already had the activities, but it showcases the benefit of the programs.
- Help activity coordinators with planning and enrolling activities, as this ensures more detailed and better standards of activities, and that less activities enrolled are rejected.
- Be very available for the National officers and coordinators to provide them with resources, ideas and other items as a means of support. This is usually rewarded by enrollment.
- Provide a network for Activity Coordinators to share their experiences and resources.
- Take advantage of all international days and campaigns possible to publicize the program and begin planning weeks ahead to ensure full awareness of these events.
- Explore the possibility of collaborating with SCORA to train activity coordinators on how to plan less common types of activities e.g. advocacy and research activities. This will bring even more diversity to the activity database

With the HIV/AIDS and other STIs program only in its 3rd year in, it has already demonstrated immense potential as a fertile ground for huge participation from members, resource sharing and external collaboration. HIV/AIDS and other STIs are everybody's problem and with all regions already participating, the future looks very promising as we fight to reduce the incidence of this conditions,

It as ben an honor to serve as the Program Coordinator this year, and it I have no doubt that the program will achieve even more in the coming years.

Thank you!

Modupe Ojelabi