Creating an Enabling Environment for Youth Living with HIV to Access Health and Well-being: A Case Study in Four Rwandan Cities

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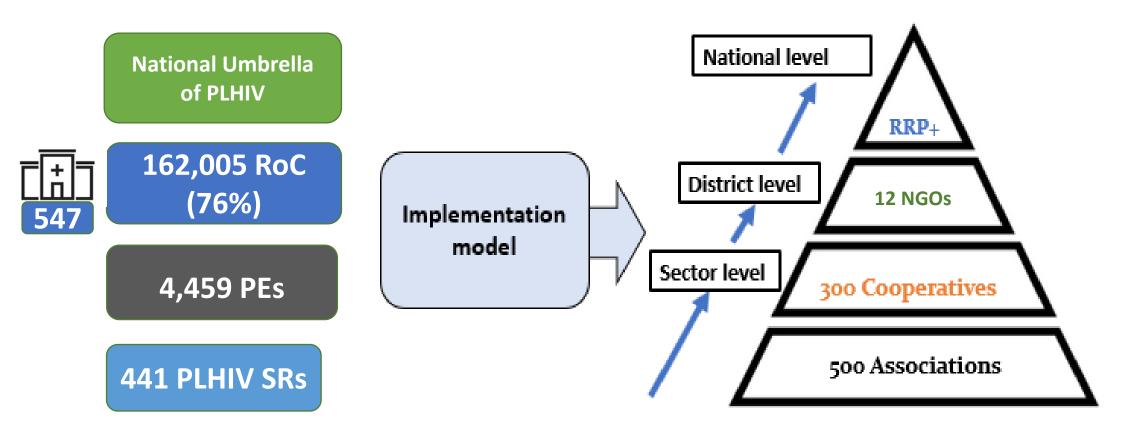
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Background RRP+: Rwandese Network for People living with HIV

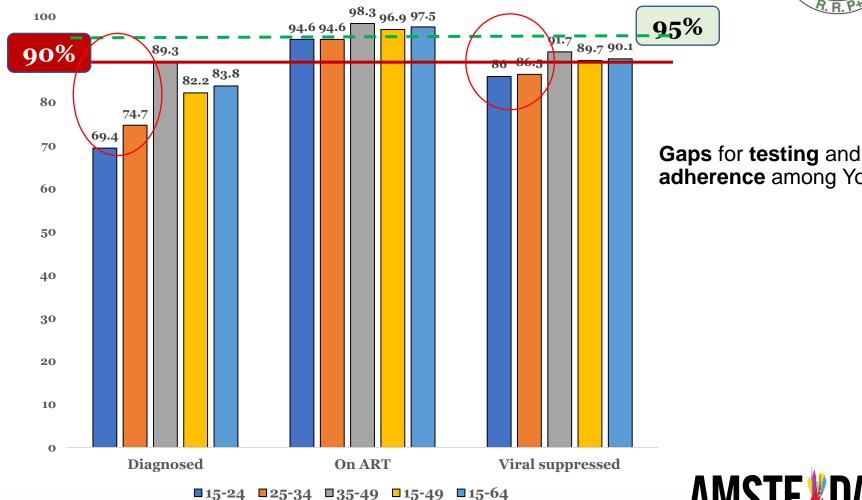




Background

Rwanda among top 5 countries to achieve 95-95-95

Source: UNAIDS, July 23, 2023





adherence among Youth.

Source: RPHIA 2018-2019



A human-rights based approach



Contribution to SGD 3 Ensure healthy lives and promote wellbeing for all at all ages





Scope of the intervention

- Target area: City of Kigali and 3 secondary cities with high levels of HIV prevalence (Rubavu, Musanze, Muhanga)
- **Objective**: Facilitate an inclusive access to health services and wellbeing of all YLHIV, including FSW, teen mothers (TM) and MSM
- Time: March December 2022





Methodology



<u>**7 FGD</u>** 133 Youths Youth challenges, barriers to achieve 3 UNAIDS targets And Rapid assessment on mental health (WHO Well-Being Index)</u>



ASSESSMENT FIRST YOUTHS' PROPOSALS

<u>4 Community Dialogues</u> 68 duty bearers, 57 right holders Discuss challenges

<u>National Dialogue</u> 45 right holders and duty bearers discussions of findings and proposals



MUTUAL UNDERSTANDING MORE PROPOSALS



EVIDENCE-BASED ADVOCACY AGREED RECOMMENDATIONS



3 steps



Key Findings and recommendations

- 1. CONFIDENTIALITY, TO PREVENT (FEAR OF) STIGMA AND DISCRIMINATION
- 2. COMMUNICATION
- 3. FOOD SECURITY
- 4. MENTAL HEALTH





Key Finding - Confidentiality At school: Impact on adherence and school drop out

- Students keep their ART in dormitory, are seen and asked by others what this is, why they take drugs every day;
- Public checking point at school to expose drugs and increase stigma
- ✓ Appreciation:
 - ✓ MINEDUC has drafted guidelines to fight stigma for People LHIV and other manage chronical diseases at school;
 - ✓ RBC is training school authorities







Key Findings - Confidentiality

- Youth do not like waiting in ARV services mixed with adults
 - ✓ Organise specific time slots for youth
- Fear of disclosure of HIV status by peers and care providers and peers without consent
 - ✓ Feedback to peers, HCPs, RBC and MoH







Key Findings - Confidentiality



✓ Visibility of ARV services (location and labelling) to be reduced







ARV service together with administration



Key Findings

- **1. CONFIDENTIALITY, STIGMA AND** DISCRIMINATION
- 2. COMMUNICATION
- 3. FOOD SECURITY
- 4. MENTAL HEALTH

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- ✓On positive & negative impacts of ARV ✓ Respectful care for inclusive care
- *Empower* youth to better manage themselves and protect others.

Communicate

- Exact Viral Load results: Add VL result on card;
- ✓ VL results meaning





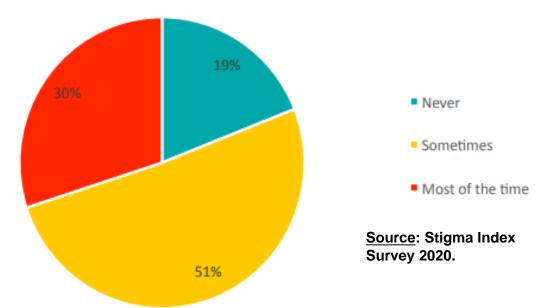


Key Finding

Food insecurity negatively impacts adherence

- 1. CONFIDENTIALITY, STIGMA
 - AND DISCRIMINATION
- 2. COMMUNICATION
- **3. FOOD SECURITY**
- 4. MENTAL HEALTH

Percentage of PLHIV who have been unable to meet their basic needs in the last 12 months



Only 19% respondents never fail to meet their basic needs

✓ Need recognized



Key findings



- 1. CONFIDENTIALITY, STIGMA AND DISCRIMINATION;
- 2. COMMUNICATION
- 3. FOOD SECURITY;
- 4. MENTAL HEALTH

Importance of counselling currently insufficient

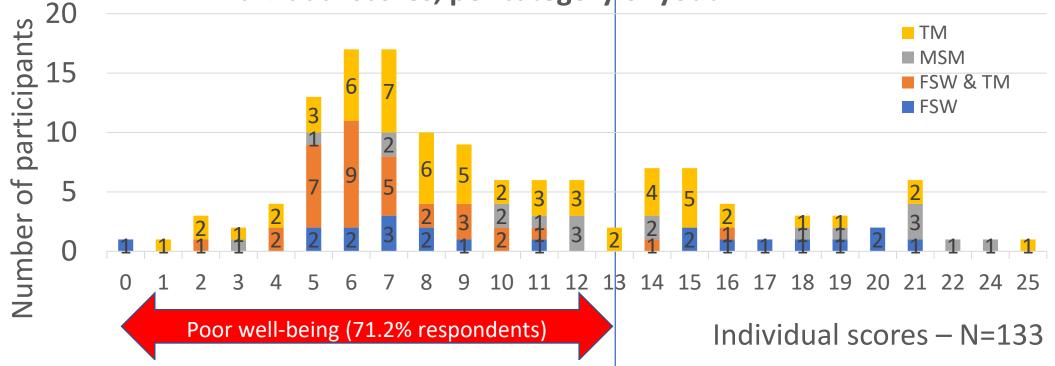


Credit picture: Lucxama Sylvain, Pexels



Key Finding: WHO (Five) Well-Being Index: an eye opener on poor mental health of YLHIV

Individual scores, per category of youth



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A score <13 (a) indicates poor wellbeing; (b) is an indication for testing for **depression** under ICD-10.

Tool designed by Psychiatric Research Unit, WHO Collaborating Center for Mental Health, Frederiksborg General Hospital, DK-3400 Hillerød

Key Finding



Mental health negatively impacted by multiple vulnerabilities

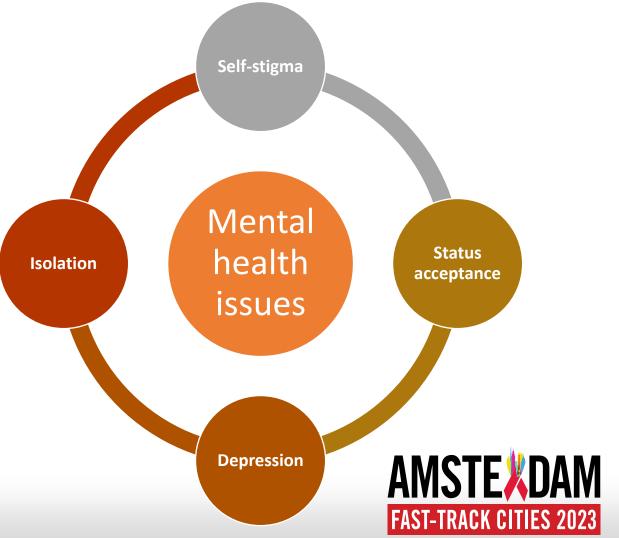
Average score per category of youth





Key Finding Need to address mental health issues

- Improve counselling by HCP
- Explore possible contribution of peer education to support mental health



Lessons learnt



Key factors for increasing testing, self-care, adherence to treatment, and reducing HIV transmission among Youth

Confidentiality	HIV at school	Communication
Food insecurity	Mental health	Youth empowerment



Conclusions



Effective methodology used to create a more youth-friendly and inclusive environment, including peer-facilitated mechanisms



Next steps



Follow up changes and continue advocacy

for creation of a conducive environment for inclusive access to care and treatment Design and implement a low cost pilot for youth-friendly peer education to empower YLHIV to make informed decisions and support their mental health



Acknowledgment





