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South Africa: Combatting the Rise of HIV in Adolescents
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**Background**

- South Africa is still recovering from many years of colonial and apartheid rule.
- Since the overthrow of Apartheid in 1994, the healthcare system in South Africa has been in a process of constant change, seeking to eliminate inequities in access.
- Healthcare system is strained due to lack of adequate funding, and a “brain drain” of qualified medical professionals leaving the country.

**The Epidemic**

- Of the estimated 35 million people living with HIV/AIDS worldwide, approximately 24.7 million (70%) live in Sub-Saharan Africa (UNAIDS Global Report 2015).
- South Africa has the biggest and most high profile HIV epidemic in the world, with an estimated 7 million people living with HIV in 2015.
- South Africa has the largest antiretroviral treatment program globally, and is largely domestically financed with more than $1.5 billion annually.
- Infection rates of 19.2% for adolescents and adults between the ages of 15-49.
- Over past 3 years, new rise in HIV infection rates among Durban youth.

**Blue Roof Wellness Center**

- Blue Roof Wellness Center was once a nightclub infamous in the local community for violence, crime and drug and alcohol abuse.
- Global Ambassador Alicia Keys and Keep a Child Alive work to transform the Blue Roof into a state-of-the-art, comprehensive care center for people living with and affected by AIDS and has been operating since 1997.
- Services include anti-retroviral treatment, psycho-social support services, prevention, substance abuse programs, nutrition programs, legal advice, youth development programs, and meal services.

**Education Team on the way to teach about HIV and AIDS**

**Discussing HIV stigma and myths at Umbilo Secondary School**

**Stopping the Spread**

- The HIV Education Program was implemented in all public primary and secondary schools in South Africa in 2000.
- Program aims to make youth-friendly, sexual and reproductive health services accessible in school, enrich HIV prevention efforts and support young people who are HIV negative to remain so.
- However, the percentage of schools implementing the material has dropped significantly from 60% in 2013 to 20% in 2014.
- Factors include a shortage of teacher training on sexual health issues and resistance from some schools due to the stigma of the subject matter.

**Correcting the Myths**

- My efforts focused on establishing consistent and sustainable educational efforts with three separate schools on a quarterly schedule each year.
- We worked to dispel numerous local myths about transmission.
- Dispelled stigma about those with HIV.
- Educated on importance of proactive screening rather than avoidance of testing.

**Future directions**

- Learned a great deal regarding public health in global setting, including the challenges of creating sustainable efforts in a culture different from my own.
- Emphasized and confirmed a desire to remain engaged in Global Health as my career progresses.
- Will work to contribute to the Children’s Mercy Global Health track at the conclusion of residency.