SRA 3: HIV prevention and young people

SRA report 2018-2019
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SRA 3: HIV PREVENTION AND YOUNG PEOPLE

Fast-Track commitment: Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year.

SRA 3: Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV.

Global overview

Year-on-year declines in new HIV infections globally have grown smaller in recent years. The annual number of new infections (all ages) since 2010 declined from 2.1 million in 2010 to 1.7 million in 2018, a 16% reduction. At the same, new infections have increased in at least 40 countries since 2010, most of them with comparatively small HIV epidemics. Due to under-investment in primary HIV prevention, the world is off-track for reducing the annual number of new HIV infections by 2020 to 500 000.

Globally, an estimated 1.6 million adolescents (10–19 years) were living with HIV in 2018, an increase of 4% since 2010. Girls accounted for 4 in 5 of the 190 000 new HIV infections among adolescents in sub-Saharan Africa in 2018. Despite a 25% decline in new infections among adolescent girls and young women (15–24 years) since 2010, the annual number of new infections in that population is still more than 3 times higher than the global target set for 2020.

The number of countries with policies for life skills-based HIV and sexuality education has increased, with 72% of countries reporting them at secondary level and 55% at primary level (increases of 8% and 11%, respectively, since 2016). However, HIV knowledge levels among young people remain unacceptably low. Reasons include inadequate investments in comprehensive sexuality education (CSE) for in-school and out-of-school youth, including young key populations. Particularly strong efforts are needed to address the HIV knowledge and prevention needs of adolescent girls and young women. That area of work will be the focus of a new joint initiative led by the Heads of Agencies of UNAIDS Secretariat, UNESCO, UNFPA, UNICEF and UN Women, in close collaboration with fellow Cosponsors and other partners.

Condoms are estimated to have averted nearly 50 million new HIV infections since the beginning of the HIV epidemic. However, universal availability of quality-assured male and female condoms has decreased from 81% in 2016 to 78% in 2019. In sub-Saharan Africa, fewer than half the condoms needed were available in 2019.
Although there are encouraging signs of high-level programme and policy change for HIV prevention, political commitment for prevention has not yet translated into the resources or action that would be needed to reach our ambitious targets.

**Joint Programme contribution towards Fast-Track and UBRAF targets**

The Joint Programme worked in 2018-2019 to reinvigorate the combination prevention agenda.

**Strengthening combination prevention for adolescents and young people**

Led by UNFPA and the UNAIDS Secretariat, the Global HIV Prevention Coalition, with 28 participating countries, continues to strengthen political commitment for primary prevention by setting a common agenda. The Coalition reinforced prevention leadership in several global fora, including four Prevention Working Group meetings, two meetings of National AIDS Committee Directors and before the Nairobi Summit on ICPD +25, where ministerial representatives from 27 coalition countries recommitted to accelerate the pace of implementation of the commitments to HIV prevention and SRHR.

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<tr>
<th>Legend</th>
<th>Meets or exceeds 2019 milestone*</th>
<th>Is equal to or greater than 50% of 2019 milestone</th>
<th>Does not meet the milestone (less than 50% of milestone)</th>
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**Indicator 3.1: Percentage of countries with combination prevention programmes in place**

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<td>32%</td>
<td>39%</td>
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**Measurements**

| Quality-assured male and female condoms are readily available universally, either free or at low cost | 81% | 86% | 81% | 78% |
| Gender responsive life skills-based HIV and sexuality education is part of the curriculum in primary schools | 44% | 50% | 51% | 55% |
Gender responsive life skills-based HIV and sexuality education is part of the curriculum in secondary schools

| Percentage | 64% | 70% | 68% | 72% |

Young women are engaged in HIV prevention strategy development and service implementation

| Percentage | 66% | 78% | 77% | 80% |

In 2018–2019, UNFPA supplied 2.53 billion male condoms (US$ 56.5 million) and 28.8 million female condoms (US$ 13.0 million). This is estimated to have averted over 12.5 million STIs and nearly 300,000 new HIV infections and succeeded in reducing the price of female condoms by 18%. UNHCR distributed over 10 million condoms to people of concern.

WHO led work on voluntary medical male circumcision, including the development of new guidance to inform effective and ethical scale-up and maintained an information clearinghouse in collaboration with FHI360 and the AIDS Vaccine Advocacy Coalition. The World Bank also provided modelling evidence on the cost-effectiveness of scaling up that intervention.

By the end of 2018, at least 40 countries had adopted WHO’s oral PrEP recommendation. WHO released a module on PrEP scale-up for adolescents and young adults and provided direct support for PrEP rollout in Eswatini, Mozambique, Namibia and South Africa. WHO and the UNAIDS Secretariat convened a 13-country meeting in Asia and the Pacific to support PrEP programming in the region.

In 2018–2019, UNESCO reached nearly 15 million learners with life-skills based HIV and sexuality education through the “Our Rights, Our Lives, Our Future” (O3) programme, which strengthens access to good quality CSE and youth-friendly services across sub-Saharan Africa and aims to reach 24.9 million learners by 2022.

The capacities of over 65 countries were strengthened to support the delivery of quality CSE. This was done by implementing the revised UN International Technical Guidelines on Sexuality Education, led by UNESCO in partnership with UNFPA, UNICEF, UN Women, WHO and the UNAIDS Secretariat. The guidelines were translated into 17 languages. To complement the revised guidelines, UNFPA developed international guidance on CSE in out-of-school settings and launched a three-year out-of-school CSE programme in seven countries. UNHCR worked to ensure HIV and SRH access among young people affected by humanitarian crises, releasing guidance on adolescent SRH in refugee situations and reaching 5000 young people in the Central African Republic and 12 000 in Rwanda through community outreach and campaigns.
As part of the Global Prevention Coalition's focus on effective prevention and SRH for adolescent girls and young women, the Joint Programme (through work led by UNESCO, UNFPA, UNICEF and UN Women) strengthened the knowledge and skills of more than 330,000 girls and young women (aged 10–24 years) in Mozambique on SRHR and HIV prevention, with 26% of participants accessing voluntary HIV testing and counselling. To improve service targeting and quality for adolescent girls and young women, the Global Prevention Coalition convened a consultation in May 2018 on geographic focus and risk-based coverage, identifying optimal service delivery platforms and priority policy actions, and strengthening programme monitoring. UN Women supported Zimbabwe's national AIDS council to implement its Global Fund grant, which focused on the rollout of the SASA! community-based initiative to prevent HIV and violence against young women and girls.

To increase knowledge of HIV status among young people, members of the Joint Programme reached 18,000 young people in Nigeria and 100,000 in Kenya with HIV testing promotion and services. In Botswana the ILO, UNAIDS Secretariat and partners provided technical and financial support to mobilize, train and equip 60 young champions to support HIV testing for young people.

Meeting the HIV-related education and health needs of young people

In 2018–2019, the Joint Programme supported countries to strengthen country capacity to meet the HIV-related health and education needs of young people. Eighty-eight percent of Fast-Track countries reported having supportive adolescent and youth SRH policies, and 61% reported integration of the core indicators for measuring the education sector response to HIV in their national education monitoring systems.

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<td><strong>2019 milestone—60%</strong></td>
<td>Status 58%</td>
<td>61%</td>
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**Measurements**

The country has integrated the core indicators for measuring the education sector response to HIV in national education monitoring systems, in line with the recommendations of the IATT on education.
Indicator 3.2b: Percentage of Fast-Track countries with supportive adolescent and youth sexual and reproductive health policies in place

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<td>2019 milestone—90%</td>
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<td>91%</td>
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Measurements

Supportive adolescent and youth sexual and reproductive health policies are in place

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To address broader social and structural issues that affect young people’s HIV vulnerability and service access, WFP provided school meals or snacks to over 16.4 million children and take-home rations in the form of food or cash to over 630 000 children in more than 64 000 schools in 61 countries. WFP provided technical assistance to government-led school feeding in an additional 10 countries.

In addition, 3.4 million children received school feeding in emergency contexts. Through the World Bank’s Sahel Women’s Empowerment and Demographic Dividend Project, as of 2019, more than 10 000 girls and adolescents received scholarships or other material support to attend and remain in school, and more than 3400 safe spaces were created for over 100 000 vulnerable and out-of-school girls.

An important trial run by the Government of the Kingdom of Eswatini (with the financial support from the Joint Programme, the Global Fund and the United Kingdom’s Department for International Development) concluded that girls who received an education grants incentive had 23% lower odds of acquiring HIV, while girls receiving grants and additional incentives were 37% less likely to become infected.

Innovative approaches to youth engagement using information and communications technology (ICT) and social media are being explored to provide young people with knowledge and skills through youth-friendly media, including:

- a UNESCO-supported feature film on adolescents in Belarus and UNESCO support for websites and social media communities in eastern Europe and central Asia;
- a UNESCO smartphone application for CSE in western and central Africa; community radio programming that reached over 100 000 young people with information on HIV and SRH in Mozambique;
a UNICEF platform that enables young people to increase comprehensive knowledge on HIV and SRH (including sexual and gender-based violence); and

a WFP-supported interactive social media platform in Eswatini that educated 172,846 adolescents and young people regarding ART, TB, SRH and nutrition.

To generate evidence to guide and inform the use of ICTs and social media to reach young people, UNESCO commissioned two evidence reviews, while UNESCO, UNFPA, UNICEF and Youthlead convened a workshop that brought together social media influencers, digital content producers/marketers and civil society on using online platforms for quality CSE. UNDP and UNICEF co-edited a special supplement of the Journal of the International AIDS Society, “Paediatric and Adolescent HIV and the Sustainable Development Goals: the road ahead to 2030”.

UNDP, UNICEF, UN Women, WHO and other Cosponsors are working with government, bilateral and civil society partners under the umbrella of the UK Research and Innovation Council’s “Accelerating Achievements for Africa’s Adolescents” (Accelerate) hub to engage adolescents and young people as leaders in the HIV response. The hub leverages development synergies for HIV and is expected to improve outcomes for 20 million adolescents and children in 34 countries across Africa. The ILO forged a strategic alliance with the Africa Union’s New Partnership for African Development to review existing programmes dedicated to infrastructure development in Africa to optimize job creation opportunities for young people, including young people living with HIV.

**Key challenges and future actions**

Efforts to put the world on track to end the epidemic face considerable challenges that include diminishing financial resources for the global HIV response, neglect of key social and structural issues (pertaining to social protection, human rights, gender equality and women’s empowerment, employment and livelihoods) and a failure to implement effective innovations (e.g. PrEP) at appropriate scale. Adolescent girls and young women in some settings continue to be at very high risk of HIV infections (as documented by the ECHO trial), and opposition to CSE persists. The prevention needs of young key populations receive inadequate attention and access to youth-friendly HIV services and education is too limited.

Important opportunities also exist and can be leveraged further, including service platforms for voluntary medical male circumcision that reach millions of young males, growing recognition of the centrality of CSE to achievement of SDG 4, and digital tools that have a unique to reach and engage young people.

To address persistent challenges and seize opportunities, the Joint Programme will support implementation of the Prevention 2020 Roadmap and accelerated action in the 28 Prevention...
Coalition countries and support expansion of condom programming (including through the Africa Beyond Condom Donation initiative), voluntary medical male circumcision and PrEP.

The UNAIDS Executive Director and the Heads of UNESCO, UNFPA, UNICEF and UN Women will launch a joint initiative to accelerate action for adolescent girls and young women in Africa, with a specific focus on promoting completion of secondary education, and empowering them to build healthy, vibrant futures.

To increase access to good-quality CSE in and out of schools, UNESCO will launch a global status report on CSE and UNFPA will disseminate out-of-school CSE guidance in 4 regions and launch 7 country demonstration projects. UNESCO will also join with UNFPA and partners to support the process to generate a high-level commitment on CSE and SRH services for adolescents and young people in western and central Africa.

Other significant actions to strengthen HIV prevention will include:

- support from UNHCR to scale-up HIV and SRH, voluntary medical male circumcision and PMTCT in humanitarian settings;

- continued work by UNDP, UNICEF, UN Women and WHO on the UK Research and Innovation Council-Global Challenges Research Fund’s “Accelerate Hub”;

- support for the scale-up of appropriate, focused programmes for PrEP for adolescent girls and young women;

- intensified leveraging of WFP’s school meals programming, with a special focus on adolescents and with clear linkages to the HIV response;

- support from the World bank for combination prevention programmes through diverse lending portfolios;

- continued work to build the evidence base for HIV prevention; and

- support for diverse testing initiatives, including the VCT@WORK initiative and HIV self-testing, with a particular focus on reaching young people, especially young key populations.