

UNAIDS 2021

SRA 3: HIV prevention and young people

SRA report 2020

the 1990s, the number of people with a chronic condition has increased in the Netherlands. The prevalence of chronic conditions has increased from 20% in 1990 to 28% in 2000 (Van Tilburg et al. 2002). The prevalence of chronic conditions has also increased in other countries (e.g. the United States, England, and Sweden) (Grimmer 2002, Deaton 2003, Kohn 2003).

Chronic conditions are defined as long-term health conditions that require ongoing medical attention or limit activities of daily living or both, and which are expected to last a year or more without curative treatment (World Health Organization 2001). The prevalence of chronic conditions is expected to increase in the future because of the increasing life expectancy and the increasing prevalence of chronic conditions in older age groups (Van Tilburg et al. 2002).

Chronic conditions are a major cause of disability and dependence on others. People with chronic conditions often have functional limitations and are dependent on others for help with activities of daily living (ADL). The prevalence of ADL dependence has increased in the Netherlands from 10% in 1990 to 15% in 2000 (Van Tilburg et al. 2002). The prevalence of ADL dependence has also increased in other countries (e.g. the United States, England, and Sweden) (Grimmer 2002, Deaton 2003, Kohn 2003).

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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 SRH 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


Globally, an estimated 1.7 million adolescents (10–19 years) were living with HIV in 2019, an increase from 1.6 million the year before. This young generation, born in the new millennium, entered a world where the knowledge and tools to prevent HIV and end AIDS as a public health threat existed. Yet 20 years later, we are still failing to prevent HIV among young people due to persistent inequalities and a failure to address their multifaceted needs.

HIV knowledge among young women is low and remains a significant bottleneck in preventing HIV—particularly in sub-Saharan Africa where adolescent girls and young women (aged 15-24 years) accounted for 24% of HIV infections in 2019, more than double their 10% share of the populations. Education in general, and good-quality comprehensive sexuality education (CSE) that incorporates discussions around power dynamics and unequal gender norms, is vital for HIV and COVID-19 response. CSE equips young people with the knowledge, skills, attitudes and values that can empower them to realize their health, well-being and dignity. Sustained efforts are needed to ensure that policies translate into quality education and CSE for learners. This requires redoubling efforts around teacher training, curriculum review, expansion of out-of-school CSE programmes and improving linkages to youth-friendly SRH services.

The COVID-19 pandemic has had a major impact on adolescent and young people's right to education, as well as on their SRH. Lockdowns and school closures across several countries left millions of young people without the protective effects of schools, with many young girls vulnerable to early and unintended pregnancy, HIV and other STIs, child marriage and gender-based violence, and food insecurity. Young people are suffering disproportionately from the COVID-19 crisis, with approximately one in six young people having stopped working since the onset of the crisis and those still in employment working reduced hours according to the ILO. The likelihood of young people finding new jobs has become more difficult and worse of all, young people working are often more likely to lose their jobs.

Prevention interventions need to be better targeted towards adolescents and young people in all their diversity, and sound data is needed. Insufficient and inefficient targeting of geographies and the right “at-risk” adolescent segments led to those most-in-need being left behind. Efforts to reach the male partners of adolescent girls and young women have stalled and need better targeting.

Joint Programme contribution towards achieving Fast-Track and UBR AF targets

Indicator: Percentage of countries with combination prevention programmes in place		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
2021 target—70%	Status 	31%	38%	38%	38%	39%
Measurements						
Quality-assured male and female condoms are readily available universally, either free or at low cost		80%	86%	80%	78%	77%
Gender responsive life skills-based HIV and sexuality education is part of the curriculum in primary schools		44%	49%	51%	54%	55%
Gender responsive life skills-based HIV and sexuality education is part of the curriculum in secondary schools		63%	70%	68%	71%	72%
Young women are engaged in HIV prevention strategy development and service implementation		66%	78%	77%	79%	78%

In 2020, the Joint Programme continued to focus on the crucial intersections of education, health and gender equality, and responded to young people’s complex realities, including during the COVID-19 pandemic, through a combination of biomedical, behavioural and structural approaches.

This approach is reflected in the new “Education Plus” initiative, co-convened by the executive leaders of the UNAIDS Secretariat, UNESCO, UNFPA, UNICEF and UN Women. It seeks to address the alarming numbers of adolescent girls and young women who acquire HIV, among other threats to their health, rights and well-being. Recognizing that secondary education has a proven protective factor against HIV risk and brings multiple other benefits to young people and their communities, the initiative is a high-profile, high-level political advocacy drive to realize quality secondary for all young people, while ensuring they have access to a “plus package” of interventions for empowerment, equality and economic

autonomy. It is a key component of the work of the Global HIV Prevention Coalition, which includes technical support linked to Global Fund funding applications. Sixteen countries will champion the initiative, which is scheduled to launch formally on the side-lines of the Generation Equality Forum in June 2021.

Comprehensive sexuality education

In 2020, over 80 countries were supported to scale-up good-quality CSE, in line with the UN International Technical Guidelines on Sexuality Education, which UNESCO with UNICEF, UNFPA, UN Women, WHO and the UNAIDS Secretariat produced in 2018. To complement the revised guidelines, UNFPA led the development of UN international technical guidance on out-of-school CSE, which was co-published with UNICEF, UNESCO, WHO, and the UNAIDS Secretariat. The guidelines address considerations for girls and boys separately as well as diversity including disability, humanitarian settings, indigenous settings, sexual orientation and gender identity, living with HIV, drug use, transactional sex and sex work and incarceration. With support from Norway, UNFPA disseminated the guidelines in Colombia, Ethiopia, Ghana, Iran and Malawi, with a strong digital and research component. The technical guideline partners developed a milestone 2020 CSE global review. The World Bank also supported country-specific programming, such as a project in the Tigray region of Ethiopia, which reached 24 000 girls and young women through 600 girls clubs with life skills, health and nutrition interventions.

Dialogues with religious leaders can support empowerment of girls and young women. A World Bank-supported project in the Sahel engaged over 2,000 religious leaders in dialogues to advance girls' education and family planning.


To enhance coordination and advocacy around CSE globally, UNESCO and UNFPA have launched a Global Partnership Forum to support country uptake of the ITGSE. A range of tools have been produced including a UNESCO online toolkit on CSE programme implementation, a regional CSE Learning Platform to facilitate knowledge exchange and learning across countries in Africa, and an updated version of the Sexuality Education Review and Analysis Tool. The activities support UNESCO's landmark "Our Rights, Our Lives, Our Future" (O3) programme, which reached over 28 million learners since 2018.

An international symposium exploring sexuality education in the digital space entitled "Switched On", was organized by UNESCO and UNFPA in Istanbul in 2020, in partnership with the IPPF and the Federal Centre for Health Education. Through this and other pioneering work on information and communications technology and CSE, the Joint Programme was uniquely positioned to help young people maintain access to crucial health information during school closures.


UNICEF, UNFPA, and UNESCO made use of digital technologies to reach young people in their homes during COVID-19 lockdowns, including through multimodal approaches using radio, SMS-based or online social media platforms, peer and student-led educational talks or community-based theatre. In western and central Africa, UNESCO and partners launched the "Hello Ado" app in 2020 sharing information on health and listing health services available to young people that are closest to their location.

About 2 million young people in eastern Europe and central Asia improved their knowledge on HIV and SRH issues through various digital platforms, including through a new artificial intelligence-powered chatbot "ELI". UNESCO and the UNAIDS Secretariat developed a series of infographic information cards on COVID-19, which were viewed over a million times in the region, with translation and dissemination extending to other regions. UNFPA has developed and published series of technical briefs to support adolescent SRH reprogramming throughout the pandemic, the My Body, My Life, My World Through a COVID-19 Lens series. A specific resource on CSE reprogramming in times of COVID-19 focuses on integrating digital technologies and out-of-school CSE solutions: "Beyond the classroom—CSE reprogramming in times of COVID-19".

School closures left an estimated 370 million children and young people without school meals in many of the poorest countries. To address this gap, governments and WFP provided take-home rations, vouchers or cash transfers to children in 68 countries. In Myanmar, WFP together with other partners, developed and disseminated preventive messages through various programmes, including general food distribution, food for assets activity, school meals programme, and nutrition programmes. In Rwanda, WFP supported the government to develop national nutrition guidelines for people living with HIV, taking a lifecycle approach that focuses on adolescents. In Mozambique, WFP supported a Roadside Wellness Clinic aimed at reaching the most vulnerable populations. In Eswatini, Guatemala, Lesotho and Niger, WFP promoted the empowerment of girls, particularly those living with HIV, through awareness-raising actions for nutrition, SRH and life-skills.

Indicator: Percentage of Fast-Track countries that are monitoring the education sector response to HIV		2016 [N=33]	2017 [N=33]	2018 [N=33]	2019 [N=33]	2020 [N=33]
2021 target—70%	Status 	58%	61%	61%	61%	64%
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 Inter-Agency Task Team on education		58%	61%	61%	61%	64%

Sexual and reproductive health services

Indicator: Percentage of Fast-Track countries with supportive adolescent and youth SRH policies in place		2016 [N=33]	2017 [N=33]	2018 [N=33]	2019 [N=33]	2020 [N=33]
2021 target—90%	Status 	91%	91%	91%	88%	88%
Measurements						
Supportive adolescent and youth SRH policies are in place		91%	91%	91%	88%	88%

The Joint Programme rallied to leverage its multisectoral experience to ensure the continued access by young people to HIV and SRH services and information including related to COVID-19.

It is important to reach all young people with HIV prevention and SRH services that are tailored to their needs and contexts is equally important. WHO and the UNAIDS Secretariat have set up a technical working group and developed a policy brief with guidance on reaching young men. Updated WHO guidance on voluntary medical male circumcision (VMMC) includes two systematic reviews on service delivery and economic compensation. Work also continues to advance knowledge on VMMC safety issues and services by conducting market research. WHO leads efforts to expand knowledge and evidence on PrEP for adolescents and young people, and guidance is being developed to simplify and differentiate PrEP service delivery. UNICEF worked with partners in Thailand and Côte d'Ivoire to support multiple strategies to make PrEP and self-testing available for adolescents and young people.

Condom procurement, distribution and promotion are central to accelerating prevention for young people. To address declining condom use among young people, UNFPA conducted a systematic review of global condom programs in 2020 to understand interventions that work.

In Torit, South Sudan, 105 Boma Health Initiative workers distributed nearly 185 000 male and female condoms house-to-house to adolescents and young people, and the "CONDOMIZE" campaign installed condom dispensers in community settings to improve distribution during COVID-19 restrictions. In the United Republic of Tanzania, the National AIDS Control Programme developed a draft "total market approach" guideline for service providers. In Lesotho, the Ministry of Health developed new condom branding and packaging. UNHCR distributed over five million condoms to refugees and other displaced populations, including in Uganda and Rwanda.

UNDP and UNFPA partnered with the Global Fund and *Ajuda de Desenvolvimento de Povo para Povo* in Angola to reach adolescent girls and young women with comprehensive HIV prevention information. This was achieved with welcoming spaces for young women and girls, called *bancadas femininas*, where they can host discussions and social activities and use theatre, music and other creative methods to educate and inform. From January 2019 to June 2020, peer educators reached over 90 000 young women with HIV prevention services.

UNHCR supports the implementation of guidelines for HIV services for adolescents in refugee settings. In Uganda, for example, a programme was implemented with Save the Children to strengthen sexual and reproductive health rights (SRHR) in Bidibidi refugee settlement, including training health providers and establishing youth-friendly spaces.

In eastern and southern Africa, UNICEF provided technical assistance to accelerate implementation of the Global Fund catalytic initiative for HIV prevention among adolescent girls and young women in eight countries. Key contributions from UNICEF, WHO and the UNAIDS Secretariat supported the translation of guidance and data into multisectoral action and programming through technical support, proof-of-concept initiatives, and leveraging broader adolescent programmes and platforms. In Mozambique, nearly 700 000 girls and young women strengthened their knowledge of SRHR, including HIV prevention, within the RAPARIGA BIZ Joint Programme, which is led by UNFPA, UNESCO, UN Women and UNICEF. Over 440 000 girls and young women received their birth certificates or identity cards, enabling them to access vital health services.

Social and structural interventions

Social and structural interventions have a demonstrated impact on both HIV and broader health, education and development outcomes. Through the UK Research and Innovation Council-Global Challenges Research Fund's "Accelerating Achievements for Africa's Adolescents" (Accelerate) Hub, UNDP, UNICEF, WHO, UN Women and other Cosponsors are uniting with academic, government, bilateral and civil society partners to engage adolescents and young people as leaders in the HIV response. The work also aims to identify which combinations of policies and services (including cash transfers, malaria prophylaxis, parenting programmes, business skills and violence prevention) can deliver the greatest

impact for adolescents, The hub leverages development synergies for HIV and is expected to improve outcomes for 20 million adolescents and children in 34 countries across Africa. UNDP supported a partnership between the hub and UNDP-led accelerator labs to integrate data, analysis, monitoring and evaluation, including for adolescent girls and young women and HIV, into the labs. The labs support 115 countries to map and test solutions and scale those that are most impactful and sustainable. In South Sudan, the partnership delivered jointly funded vocational and financial literacy training to out-of-school adolescents and caregivers.

A World Bank-supported trial in Eswatini shows that enabling adolescent girls and young women to receive some form of formal of education significantly reduces HIV incidence, with an effect comparable to that achieved through biomedical interventions. The Sitakhela Likusasa study found that girls who received an education grant incentive had 23% lower odds of acquiring HIV, while girls receiving two incentives were 37% less likely to become acquired HIV.

Helping young people transition to adulthood, and supporting the health and rights of young workers, is crucial for HIV prevention. The ILO forged a strategic alliance with the Africa Union's New Partnership for Africa 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. Indeed, the workplace is a major opportunity to provide information and services for the majority of people living with HIV who are in the workforce including young workers.

The Joint Programme is supporting a strengthened response to HIV in institutions of higher education, to support future generations of leaders to realize their right to health. In Tanzania, the ILO, UNESCO and UNFPA built the capacity of Technical AIDS Committees comprising up of 30 participants from higher learning institutions to monitor and implement gender, HIV and wellness programmes. The capacity strengthening resulted in the review and formulation of HIV policies and wellness prevention programmes in universities, along with implementation strategies.

Key challenges and future actions

The COVID-19 pandemic halted or delayed activities across regions and led to the closure of schools, youth health programmes and youth responsive services. Digital solutions cannot replace in-person learning for young people, and the digital divide threatens to further entrench existing inequalities. As schools reopen, millions of young people—in particular, girls and young women—are at risk of not returning to schools or universities, thereby increasing the chances of child marriage, early pregnancies and HIV and structural interventions are needed.

Joint Programme activities outlined above will continue and be intensified, improving access to PrEP, access to SRH (including in humanitarian settings) and prevention programmes will be expanded. The VCT@WORK Initiative will continue to serve as an entry point to both HIV prevention and ART uptake for young people. UNDP will continue supporting the inclusion of adolescents and young people in SDG implementation, including through partnerships to develop and disseminate adolescent-sensitive policy and programming recommendations for HIV prevention. WFP will continue its school meals programming in many high prevalence contexts. The World Bank will continue to support youth access to the services they need to combat HIV and work to empower youth, and particularly girls and other vulnerable groups.

A number of actions are foreseen to support the continued scale-up of access to good quality comprehensive sexuality in and out of schools. UNESCO, UNFPA, UN Women, UNICEF, WHO and the UNAIDS Secretariat will publish the 2020 Global Review on CSE in the summer of 2021, providing a crucial update on the progress of countries. UNESCO and UNFPA will also continue to lead the newly-launched CSE Global Partnership Forum, which is built on four pillars to strengthen coordination, knowledge management and research, technical guidance and advocacy and communications. UNESCO will also continue to support strengthened CSE in sub-Saharan Africa through the “Our Rights, Our Lives, Our Future” (O3) programme, with a specific focus on building momentum around two high-level political commitments to CSE in sub-Saharan Africa.

WHO is developing guidance to simplify and differentiate PrEP service delivery. This will enable easier, more effective and acceptable PrEP use, including for adolescent girls and young women. WHO will work with partners and countries considering introducing the DVR and develop appropriate communication messages for AGYW, communities and providers. WHO will continue to lead the UN's work on long-acting PrEP products.

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