

UNAIDS 2022

SRA 3: HIV prevention among young people

SRA report 2020-2021

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SRA 3: HIV prevention among young people



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

Global overview



In 2020, an estimated 400 000 young people aged 15–24 years and 150 000 adolescents (10–19 years) newly acquired HIV. In sub-Saharan Africa, 6 in 7 new HIV infections among adolescents aged 15–19 years are in girls. With 4,200 new HIV infections occurring weekly, adolescent girls and young women in that region are particularly affected, due to the effects of harmful gender norms and gender inequalities, including violence against women. While 84% of people living with HIV globally knew their HIV status in 2020, only 25% of adolescent girls and 17% of adolescent boys aged 15–19 years in eastern and southern Africa were tested for HIV in the past 12 months and received the result of the last test. Adolescent girls living with HIV outnumber adolescent boys living with HIV by two to one. Only one third of young people have comprehensive HIV knowledge, with lower levels of knowledge among young women compared to young men.

Of the estimated 1.7 million children living with HIV globally, only 54% were receiving life-saving ART in 2020. To achieve epidemic control and an AIDS-free generation of adolescents, urgent efforts are needed to strengthen HIV prevention for young people, with a focus on multisectoral initiatives that effectively reach them and address social and structural inequalities, including unequal gender norms and gender inequality.



Joint Programme contribution towards achieving SRA 3

UBRAF indicator progress


Indicator 3.1: 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 [N=87]	Progress 2016 to 2021
2021 UBRAF target –70%	Status 	31%	38%	38%	38%	39%	41%	
Measurements								
Quality-assured male and female condoms are readily available universally, free or at low cost		80%	86%	80%	78%	77%	77%	
Gender-responsive life skills-based HIV and sexuality education is part of the curriculum in primary schools		44%	49%	51%	54%	55%	55%	

Gender-responsive life skills-based HIV and sexuality education is part of the curriculum in secondary schools	63%	70%	68%	71%	72%	71%	
Young women are engaged in HIV prevention strategy development and service implementation	66%	78%	77%	79%	78%	78%	



Measurements under this indicator cover some priority areas of Joint Programme support as part of national combination prevention packages, namely access to male and female condoms and inclusion of life skills-based HIV and comprehensive sexuality education in school curricula. The 2021 UBRAF target of 70% for this indicator was not reached, with only 41% of countries having combination prevention programmes in place. Among the four components of combination prevention programmes, the gender-responsive life skills-based HIV and sexuality education primary schools' curriculum was met by only 55% of countries. Worryingly, universal and affordable access to condoms remains a major challenge in an increasing number of countries. This demands urgent attention.

Indicator 3.2a: 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 [N=33]	Progress 2016 to 2021
2021 UBRAF target —70%	Status 	58%	61%	61%	61%	64%	70%	


Measurements

The country has integrated the core indicators for measuring the education sector response to HIV in national education monitoring systems, in line with recommendations of the IATT on education	58%	61%	61%	61%	64%	70%	
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This indicator measures the commitment of countries to monitor the education sector's response to HIV and AIDS. Support for the implementation of monitoring systems is a priority area for the Joint Programme. The 2021 UBRAF target of 70% of Fast-Track countries has been reached.

Indicator 3.2b: Percentage of Fast-Track countries with supportive adolescent and youth sexual and reproductive health policies in place		2016 [N=33]	2017 [N=33]	2018 [N=33]	2019 [N=33]	2020 [N=33]	2021 [N=33]	Progress 2016 to 2021
2021 UBRAF target —90%	Status 	91%	91%	91%	88%	88%	91%	

Measurements

Supportive adolescent and youth sexual and reproductive health policies are in place	91%	91%	91%	88%	88%	91%	
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The 2021 UBRAF target of 90% has been reached. This indicator measures whether formal policies that enable and support the provision of reproductive health information and services to youth are in place in Fast-Track countries.

Top achievements in 2020–2021

Accelerated efforts to build high-level commitments to address HIV among adolescent girls and young women, including the Education Plus initiative

The Joint Programme accelerated efforts to build high-level commitment and support country responses to address HIV among adolescent girls and young women in eastern and southern Africa. In June 2021, the UNAIDS Secretariat, UNESCO, UNICEF, UNFPA and UN Women launched a new initiative for the education and empowerment of adolescent girls and young women in sub-Saharan Africa (Education Plus) at the Generation Equality Forum. The five-year advocacy initiative aims to advance accelerated investments in a package of interventions to prevent new HIV infections among adolescent girls and young women, with secondary education as the entry point. UNICEF and UNFPA co-lead a young women's pillar of the initiative, named the "Nerve Center", which brings together young women leaders from sub-Saharan African countries to take a leading role in co-creating the initiative. To date, Benin, Cameroon, Gabon, Lesotho, and Sierra Leone have committed to the Education Plus agenda, which builds on the Joint Programme's ongoing work to reduce the vulnerability of adolescent girls and young women.

As part of the Global Prevention Coalition, co-convened by the UNAIDS Secretariat and UNFPA, and under its adolescent girls and young women pillar, a global plan to scale up of HIV prevention and SRHR among adolescent girls and young women was developed. The Joint Programme provided support to the Global Fund's adolescent girls and young women strategic initiative 2020–2022 through technical assistance for Global Fund grant-making processes and support to countries implementing grants. Cosponsor-led initiatives impacting adolescent girls and young women included UNESCO's "Our Rights, Our Lives, Our Future" initiative; UNFPA's "Safeguarding Young People" initiative; the UNICEF-UNFPA Global Programme to End Child Marriage, and the World Bank's Sahel Women's Empowerment and Demographic Dividend Project.

WHO, UNFPA, UNICEF, UNESCO, UN Women, the UNAIDS Secretariat and other partners developed several HIV prevention programmatic guidance tools. These included: programmatic self-assessment tools for countries to review their national programmes across the five main prevention pillars emphasized by the Global HIV Prevention Coalition; a decision-making aide to help HIV prevention programming for adolescent girls and young women, which has been used by several countries in developing their HIV prevention grant applications for the Global Fund; updated guidelines on voluntary medical male circumcision and a framework for accelerating HIV services among men and boys; a condom planning package that provides countries with a step-by-step process to produce national strategic operational plans, and a technical brief on developing effective condom programming; and compact planning and budget guidance to define key populations' trusted access platforms.

Addressed the needs of young people in the context of COVID-19 pandemic

The Joint Programme swiftly adapted to address the needs of young people in the context of the COVID-19 pandemic. Reports show that the pandemic disrupted education for an estimated 1.6 billion students (UNESCO); nearly 400 million children missed out on school meals (WFP); and global youth employment fell by 8.7% (with young women particularly affected), while adults experienced a 3.7% drop (ILO).

To address young people's needs, the Joint Programme provided technical guidance and support to countries to mitigate the impact of COVID-19 on young people living with, at risk of and affected by HIV. For example, the ILO released a policy brief, "COVID-19 and the world of work: ensuring no one is left behind". In September 2021, UNESCO released a global study, "When schools shut", which detailed the immediate and long-term threat that school closures posed for gender equality, including gender-specific effects on health, well-being and social protection. The World Bank supported 180 education projects reaching more than 150 million girls and young women world-wide and WFP helped bolstered school feeding programmes in 65 countries. UNICEF, UNESCO, UNGEI, the Malala Fund and Plan International launched the "building back equal: girls back to school" guide, which was used to inform Liberia's national strategy for girls' education and Nepal's back-to-school planning. In Uganda, UN Women supported the development of guidelines for the retention and re-entry of young mothers in school settings.

Elevated comprehensive sexuality education on global, regional and national agendas

The Joint Programme elevated CSE on global, regional and national agendas. In 2021, Joint Programme support led to the endorsement and renewal through 2030 of the Eastern and Southern Africa (ESA) Ministerial Commitment until 203, with commits to strengthen access to CSE and SRH for young people. Progress has been made towards realizing a similar commitment for western and central Africa in 2022. UNESCO's "Our rights, our lives, our future" (O3) programme reached over 30 million learners between 2018–2021 with support for strengthened CSE programmes and delivery. The CSE Global Partnership Forum, co-convened by UNESCO and UNFPA, strengthened capacity to coordinate and advance efforts among 60 partners (including UN agencies, civil society, donors, youth and education networks) to expand access to quality CSE. UNESCO oversaw the development of a milestone 2020 global status report, which provides a snapshot of progress in the journey towards CSE, drawing on data from more than 150 countries. UNFPA continued to provide leadership on CSE in out-of-school settings, having led the development in 2020 of technical and programmatic guidance in 2020 that is currently being implemented in Colombia, Ethiopia, Ghana, the Islamic Republic of Iran and Malawi.

Innovative HIV prevention, education and information approaches for young people

The Joint Programme has made pioneering efforts to make prevention innovations accessible to young people in all their diversity. In 2020, 130 (67%) of countries had adopted oral PrEP and more than 800 000 people had received it. WHO continued to develop its simplified and differentiated PrEP guidance to make delivery of this prevention method more acceptable and effective.

New game-changing, longer-acting HIV prevention methods have been recommended (e.g. the Dapivirine ring) or are under review (e.g. long-acting Cabotegravir) at WHO. PrEP introduction or scale-up is often combined with other interventions for easier access, uptake and adherence for impact. For example, UNDP, the Pan American Health Organization, UNFPA, UNHCR, the UNAIDS Secretariat and other UN stakeholders jointly supported the government of Colombia to increase key populations' access to HIV services by reducing stigma and discrimination, addressing legal barriers, and promoting self-testing and the use of PrEP (in Bogota and across 15 territorial entities). In Pakistan, UNDP partnered with WHO

and the UNAIDS Secretariat in developing safe and acceptable community digital tools to address PrEP-related stigma and encourage PrEP uptake. They also supported the development of Pakistan's national PrEP roll-out, which is to be operationalized in 2022

UNICEF collaborated with Johns Hopkins University and Avenir Health to develop a first-of-its-kind operational framework to guide a coherent approach to HIV prevention for young women and girls across 10 countries in western and central Africa. Following a successful pilot in Côte d'Ivoire, UNICEF in 2021 also supported the governments of Cameroon and Nigeria to scale up combination HIV prevention for marginalized adolescents who are at high risk of acquiring HIV. This work used an innovative, digital-first approach (U-Test) that leverages digital and social network-based outreach and recruitment to optimize HIV self-testing and PrEP use among at-risk adolescents. In collaboration with the UKRI GCRF Accelerating Achievements for Africa's Adolescents (Accelerate) Hub, UNDP, UN Women and other Cosponsors translated evidence from the Hub into adolescent-sensitive policies and practices, such as in South Sudan, where the partnership delivered vocational and financial literacy training to out-of-school adolescents.

UNFPA and WHO published national SRHR infographic snapshots in 4 languages for 194 countries, including available key population data. To enhance the evidence on the role of teachers in ensuring safe learning environments, UNESCO completed a global study surveying 34 877 teachers in 148 countries and focus group discussions with teachers in 4 countries (Nepal, Thailand, United Republic of Tanzania and Zambia), with publication expected in 2022. UNHCR developed and launched [operational guidance on working with LGBTIQ+ persons in forced displacement](#).

The Joint Programme strengthened young people's ability to access education and information through media and the digital space. UNFPA, through the CONDOMIZE! campaign, supported young people's access to an online educational platform that provides evidence-based information on SRH (including HIV, STIs, and contraception). UNESCO is launching a community of practice for digital content creators on CSE. In October 2021, it sponsored Youth Tech Health Live Global 2021, a global virtual conference focusing on the potential of digital technology to support youth health outcomes. UNICEF, UNDP, UNFPA and the UNAIDS Secretariat initiated plans to evolve the online AYKP toolkit into a Global AYKP Movement.

Nearly 1 million young people in eastern Europe and central Asia improved their knowledge of HIV/SRH issues through various digital platforms supported by the UNESCO Institute for Information Technologies in Education, including the artificial intelligence-powered chatbot "ELI". In western and central Africa, UNESCO and partners supported the use of the "Hello Ado" app, which was launched in May 2020. It provides information on health, puberty, gender and other issues, while also informing users of nearby health services that are available to young people. In Uganda, UN Women developed a digital application with and for young women living with and affected by HIV for accessing accurate SRH information, including HIV. UNESCO and partners mapped nearly 3,000 SRH, protection and legal support services in Burkina Faso, Burundi, Cameroun, Côte d'Ivoire, Democratic Republic of the Congo, Gabon, Mali and Senegal.

Strengthened efforts to leverage the power of communities to promote youth empowerment

The Joint Programme strengthened efforts to leverage the power of communities to promote youth empowerment, particularly for adolescent girls and young women. In Angola, UNDP, UNFPA, the Global Fund and other partners supported the "bancadas femininas" project, which reached 84 800 adolescent girls and young women with HIV prevention information in welcoming spaces and provided HIV testing services to more than 24 000 adolescent girls and young women.

UN Women engaged with faith-based and traditional leaders to increase their knowledge about HIV prevention and SRH and to strengthen commitments to eliminate harmful practices such as child marriage and female genital mutilation practices. In the United Republic of Tanzania, ILO, UNICEF and the UNAIDS Secretariat expanded HIV testing with linkages to care and treatment for vulnerable adolescents and youth in informal workplaces. In Uganda, UN Women supported the development of guidelines for the retention and re-entry of young mothers in school settings, and focused on enabling young women to avoid from HIV infection and unintended pregnancy.

Key challenges and lessons learned

PrEP scale-up has been slow and the lack of effective condom programming has led to poor uptake by the adolescent boys and young men at greatest risk of acquiring HIV. Moreover, COVID-19 seriously affected voluntary medical male services in several countries in eastern and southern Africa. Stronger efforts are needed to identify good practices for providing HIV services that address harmful masculinities and transform unequal gender norms, reach men and boys for their own health and reduce HIV transmission to adolescent girls and young women.

To effectively respond to the HIV crisis among adolescent girls and young women in sub-Saharan Africa, the HIV response must prioritize funding for initiatives that address the social and structural factors, including gender inequalities, that drive HIV infections. Greater synergies are needed between sectors such as health, justice, education, gender and economic empowerment. However, structural approaches to address HIV prevention are prone to being overlooked, as they can take longer to demonstrate results and may be more difficult to measure and quantify. Structural interventions around social protection, human rights, gender equality and women's empowerment, employment and livelihoods build resilience and ensure sustainable prevention outcomes and social benefits for young people. Addressing legal barriers is also key, especially those related to the availability and access to evidence-based HIV services for adolescent girls and young women in closed settings, as well as those related to sex work and drug use.

While momentum for CSE continues to increase, limited domestic funding for CSE is a challenge, alongside a lack of standardized data collection methods that would enable comparisons between countries. Resistance to CSE is rising in some circles. To address this, the Joint Programme works closely with national counterparts to support a strategic, evidence-based response to such opposition, emphasizing national leadership and the strong rationale for CSE from both a rights and public health perspective.

Adolescent girls and young women, particularly those living with and affected by HIV, remain largely on the margins of decision-making in the HIV response. More concerted efforts are required to facilitate engagement of young women's organizations and networks of young women living with HIV in the HIV response, including through the provision of longer-term funding for internal capacity-building, leadership skills-building, advocacy and the establishment of enabling environments for their engagement, including through intergenerational dialogues and collaborations.

Reaching young people requires meeting them where they are: in schools, at their places of employment, in community settings, and through digital media, in addition to health-care and other settings.

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