

HIV prevention among young people

UBRAF 2016-2021 Strategy Result Area 3



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Achievements

Strategy Result Area 3: Young people, especially young women and adolescent girl, access combination prevention services and are empowered to protect themselves from HIV.

Combination prevention

Research shows most young people have inadequate knowledge of their sexual and reproductive health (SRH) and lack access to youth-friendly services. This increases vulnerability to HIV and is one of the reasons behind their disproportionately high HIV rate. Of the 1.7 million new infections reported in people aged over 15 years, 36% occurred in the 15–24 age group. Adolescent girls and young women are especially vulnerable. In the eastern and southern Africa (ESA) region, young women (15–24 years) accounted for 26% of new HIV infections in 2016 despite making up just 10% of the population. To address this, the Joint Programme sought to reinvigorate combination prevention and scale up access to youth-friendly SRH services and comprehensive sexuality education (CSE), along with measures promoting retention in school and a healthy transition to the world of work.

The Joint Programme led several landmark initiatives in 2016–2017 to revitalize the prevention agenda and make it more responsive to the needs of adolescents and young people, with a focus on adolescent girls and young women.

Led by UNFPA and the UNAIDS Secretariat, the newly launched Global HIV Prevention Coalition and the HIV Prevention 2020 Road Map outlined five pillars for strengthening national HIV primary prevention responses. The first pillar focuses on combination prevention for adolescent girls and young women and their male partners in high prevalence locations. Twenty-five countries adopted the road map and developed 100-day action plans. The prevention targets build on the outcomes of the 2016 High-Level Meeting on Ending AIDS, and the resulting Political Declaration, which included a commitment “to reducing the number of adolescent girls and young women aged 15 to 24 years newly infected with HIV globally each year to below 100 000 by 2020”. To ensure young people participated in the High-Level Meeting, UNFPA and the Secretariat supported a youth pre-meeting and UN Women facilitated a space for young women advocates to engage on the Declaration. During the 60th and 61st Commission on the Status of Women (CSW), UN Women convened youth forums to provide young people, including those living with HIV, with safe spaces to discuss challenges and opportunities in achieving the Sustainable Development Goals (SDGs) in their local contexts. Thematic discussions on SRH and HIV resulted in priorities being included in the CSW’s youth declaration outcome documents ([CSW60, 2016](#) and [CSW61, 2017](#)).

Another key Joint Programme initiative was to revise the [International technical guidance on sexuality education](#). Led by UNESCO in partnership with UNFPA, UNAIDS Secretariat, WHO, UN Women and UNICEF, the guidance was prepared with input from a global CSE advisory group with the participation of UNDP and other stakeholders, including civil service organizations (CSOs) and young people, and integrates results of an evidence review, online survey and global technical consultation. It reflects good practice and new evidence, and reinforces focus on early pregnancy, puberty and gender equality. The revised guidance was introduced at several events, including the International conference on AIDS and STIs in Africa (ICASA 2017), the UNAIDS Programme Coordinating Board (PCB), the 2017 high-level technical meeting on advancing CSE in Oslo, and the 62nd CSW. UNFPA is leading a process with UNESCO, WHO and other partners to prepare a version focused on CSE in out-of-school settings.

In 2017, WHO produced the guidance [Global accelerated action for the health of adolescents \(AA-HA!\)](#) in partnership with UNAIDS, UNESCO, UNFPA, UNICEF, UN Women and the World Bank. A reference document for national policy-makers, AA-HA! includes recommendations on HIV prevention and related SRH issues.

The UNICEF/Secretariat-led platform, All In to end adolescent AIDS, supported 25 countries in conducting data reviews to better understand the impact of HIV on adolescents and national response efforts. Targeted support was provided through the All In assessment tool to guide systematic data collection and analyses. Through the Engagement + Empowerment = Equality initiative, for example, UN Women built the leadership capacity of more than 1000 young women, including 250 living with HIV, in Kenya, Malawi and Uganda to take part in the design and validation of All In assessments. UNDP reviewed age-of-consent laws in the 25 priority countries to inform strategies for reform.

The Joint Programme partnered with the PEPFAR on the Start Free Stay Free AIDS Free initiative, which includes a target on combination prevention, including CSE, economic empowerment and access to SRH services. UNICEF leads All In, and the Stay Free component of the collaboration, which builds on PEPFAR's DREAMS partnership to reduce HIV infections among adolescent girls and young women in 10 sub-Saharan African countries.

Youth health and education needs

The Joint Programme is committed to helping countries ensure adolescents and young people can access the education and services they need to prevent HIV. Condom

programming continues to be a cornerstone of these efforts. The Africa Beyond Condom Donation coalition, led by UNFPA in collaboration with USAID, ILO and the NGO Reproductive Health Supplies Coalition, brought together a multisectoral coalition of more than 70 private and public-sector groups in order to explore the expansion of the commercial condom market in Africa to increase male and female condoms in low- and middle-income countries to the 20 billion target by 2020. Through the UNFPA-supported programme Safeguard Young People (SYP), more than 36 million condoms were distributed to young people in eight countries in the ESA region, along with comprehensive sexuality education. In Kenya, to promote condom use through companies, the Secretariat and ILO, in partnership with the Federation of Kenya Employers, LVCT Health, National AIDS and STI Control Programme and the Swedish Workplace HIV and AIDS Programme SWHAP, conducted a condom audit in 16 companies. A total of 265 600 male condoms and 3000 female condoms were distributed to mainly young workers in 16 leading companies.

Progress is underway to scale up access to voluntary medical male circumcision (VMMC) and pre-exposure prophylaxis, or PrEP, for specific locations and populations. WHO has supported the 14 VMMC priority countries in ESA to implement safe programmes for adolescent boys and young men and continues to review safety and efficacy data for all new devices. The World Bank undertook analytical studies on male circumcision demand creation, cost-effectiveness and return on investment. In South Africa, an impact modelling analysis focusing on age targeting of VMMC programmes confirmed it as a key intervention to be taken to scale for a more sustainable HIV response. A new global VMMC framework 2016–2021 was developed and launched during the 2016 International AIDS Conference. WHO is also working to advance knowledge and evidence on oral PrEP through including adolescents and young people in its PrEP implementation tool. WHO provides support to ministries and partners considering implementing PrEP and HIV testing services for adolescent girls and young women, and developed an information note for the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) to guide programming for this group.

Efforts to scale up provision of prevention commodities and services will only have an impact if young people feel safe and empowered to access them, and are not impeded by legal barriers. The Joint Programme works closely with civil society and young people to strengthen access to youth-friendly SRH services, including those provided by community health workers, mentors and peers, and those targeted to the specific needs of adolescent and young key populations. Through the Safeguard Young People programme, UNFPA reached 586 513 young people in eight ESA countries with Social and Behaviour Change Communication and CSE programmes and 349 125 with SRH services, and seven countries now have maps to identify hot spots, clinics, geographical concentration of young populations

and schools. In collaboration with the University of Pretoria, UNFPA analysed laws and policies affecting adolescent sexual and reproductive health and rights (SRHR) to harmonize legislation in 23 countries.

UN Women, UNFPA, UNICEF and UNESCO implemented the 2016–2020 joint UN programme *Rapariga Biz* supporting girls and young women in two provinces of Mozambique. Under it, mentors are trained to enhance SRH/HIV knowledge and strengthen access to HIV and other health services. In 2017, 23 518 young women and girls were reached through the programme, and an additional 68 967 young people aged 10–24 years via health fairs offering information on family planning methods, HIV testing and counselling. In Angola, UNDP and UNFPA supported 182 *bancadas* feminine, spaces where young women and girls can discuss their concerns about SRH and learn their rights. More than 22 000 young women and girls were reached with comprehensive HIV and AIDS prevention information. In 2016–2017, joint efforts by UNHCR and UNFPA resulted in more than 19 million condoms being distributed to refugees, internally displaced persons and other populations affected by humanitarian emergencies, in both refugee camps and out of camp settings. UNFPA launched a programming tool on HIV and SRHR among young key populations for nine countries in the eastern Europe and central Asia (EECA) region, with Georgia, Kyrgyzstan and Ukraine starting roll out the new tool. UNDP, with African Men for Sexual Health and Rights (AMSHeR) and the Health Economics and HIV/AIDS Research Division (HEARD) of the University of KwaZulu-Natal, are implementing a regional project on strengthening legal and policy environments to reduce HIV risk and improve SRH outcomes for young key populations in Angola, Madagascar, Mozambique, Zambia and Zimbabwe. In 2016, WHO drafted a framework on differentiated service delivery for young and adolescent people, as well as for young key populations.

The Joint Programme is supporting countries to strengthen delivery of quality CSE. A key focus has been on efforts to improve monitoring and data collection. Through support from UNESCO, the Technical Cooperation Group for SDG 4 adopted indicator 4.7.2 (percentage of schools that provided life skills-based HIV and sexuality education within the previous academic year) to monitor progress against the education thematic target 4.7. Data on this indicator will be included for reporting in 2018, and is already being collected in many ESA countries through Education Monitoring Information Systems (EMIS). In 2016–2017, more than 30 African countries received UNESCO training to integrate core HIV/CSE indicators in EMIS, and 14 countries participated in an online course run by UNESCO's International Institute for Educational Planning (IIEP) virtual campus.

Advances continue to be made through the UNESCO-led ESA ministerial commitment to scale up CSE and access to SRH services for young people. At the 2016 International AIDS Conference, countries reaffirmed their commitment through the call to action, Let's Step up and Deliver, and to implementing country road maps to guide progress towards 2020 targets. UNESCO supported a civil society platform to develop a regional report assessing progress in achieving the targets of the commitment, and CSO engagement in implementing it. In Asia and Pacific, UNESCO, UNFPA and UNICEF completed CSE implementation reviews in China, India and Thailand, collecting data from more than 500 students. In Latin America and the Caribbean, UNESCO reviewed CSE curricular content in 19 countries, with results incorporated in an online platform designed by the International Planned Parenthood Federation (IPPF) that will shape future technical support for CSE. UNFPA developed an ESA regional resource package on CSE, which has been adopted by six countries. The iCAN package is a facilitator's manual and participant's workbook for young people living with HIV and out-of-school youth. UNFPA also developed content for an online CSE course for tertiary institutions in ESA. With the lessons learned from the ESA region ministerial commitment, UNESCO is looking to expand it to west and central Africa (WCA). In 2016, a regional conference for representatives from 17 WCA countries resulted in a call for action to strengthen CSE and access to SRH services.

Innovative approaches using Information and communication technology (ICT) and social media are being explored, to engage young people and improve their knowledge. In EECA, UNESCO produced a series of 11 edutainment videos for adolescents and their parents on HIV prevention, SRH and relationships, which had 8.5 million views on YouTube. Each day, more than 300 young people in the region accessed information on health and relationships through the teenslive.info web portals. The UNFPA-led CSE global advocacy hub has 194 active members and 800 followers on the official Facebook page. Also, via support from UNFPA, 3 million young people gained SRHR information through the app Tuneme.org and related social media in the ESA region. In Kenya, the ILO, UNAIDS and partners' #CondomChallengeKe on Twitter got 50 million followers.

The Joint Programme supports approaches that retain young people in schools – reducing their risk of HIV – through programmes for empowering girls, health promotion, cash transfers and school feeding. An evidence review by UNESCO, UNFPA and WHO led to a set of recommendations on scaling up the education sector response to early and unintended pregnancy, focusing on school re-entry policies to ensure pregnant and parenting girls can fulfil their right to education. As a result, in South Africa, UNESCO is supporting the Department of Basic Education to develop its first Learner Pregnancy Policy. In Latin America, UNESCO organized a subregional consultation on CSE, early and unintended

pregnancy, and menstrual hygiene management with eight countries from Central America, Cuba and Dominican Republic.

The World Bank Group's lending for education in 2017 was more than US\$ 2.85 billion. Through this portfolio, the World Bank strengthens the HIV-related education needs of young people via an improved SRH curriculum, and better-trained teachers and access to primary and secondary education for girls. The Bank supported studies showing how conditional cash transfers can reduce STIs for young people, thereby potentially reducing HIV risk. UNDP's work on cross-sectoral co-financing resulted in a co-financing component being included in South Africa's 2017–2022 national strategic plan for HIV, tuberculosis (TB) and STIs, with a cash transfer scheme targeting young women and adolescent girls (aged 15–24 years) to address HIV. In Zimbabwe, UNDP supported the Global Fund Concept Note writing process, resulting in US\$ 426 million for the HIV grant, including US\$ 8 million for interventions focused on adolescent girls and young women.

WFP's school meals helped some 17 million children and young people in 60 countries in 2017. In Malawi, more than 990 000 children were reached through its school meals programme, helping them stay in school longer. In 2016, WFP and the Scaling Up Nutrition (SUN) Civil Society Network also investigated the barriers hindering adolescent girls in Zambia from accessing HIV and nutrition services. They identified low utilization of HIV testing and counselling services, low condom use, limited youth-friendly services and inadequate behaviour change programmes addressing both HIV and nutrition.

The Joint Programme seeks to ensure young people have access to safe and health-promoting school environments free from all forms of gender-based violence (GBV), including violence on the basis of sexual orientation and gender identity (SOGIE), which is often a cause of missed classes or school dropout. In December 2016, UNESCO and UN Women launched global guidance on school-related gender-based violence, developed under the auspices of a global partners working group co-chaired by UNESCO and United Nations Girls' Education Initiative (UNGEI). As a result, Zambia trained government personnel on school-related gender-based violence, India carried out an assessment, and in the Russian Federation, curricula and a teacher toolkit was introduced in one of the most HIV-affected regions. With UN Women support, the global guidance was also used to guide the draft CSE and GBV strategy developed in South Africa, and the 2016–2020 Action Plan on Gender Equality for the Education Sector in Viet Nam. UNESCO convened an International Ministerial Meeting on education sector responses to SOGIE-based violence in May 2016, which launched the Out in the Open report and resulted in a call for action endorsed by 56 countries.

Exploring ways to extend the protective factor of education beyond secondary school to young people entering tertiary education and the world of work is crucial. The ILO, the Secretariat and partners supported scaling up combination prevention programmes in 24 countries. Multiple approaches were used to increase access to HIV services, programmes and policies for young workers, based on evidence from countries. These included: the ILO, Government of Flanders, UNFPA, the Secretariat and UN Women scaling up interventions on HIV; gender equality and SRH in Mozambique that reached thousands of young girls with HIV services; the ILO and Youth Council partnership increasing access to HIV testing services for young workers in Ukraine's railway sector; the ILO, Secretariat and the UN Joint Team's Kick Out HIV Stigma campaign in Kenya mobilizing young people to play football in the Maisha County League; and ILO's work with the Federation of Uganda Employers, which built the capacity of 30 (11 women, 19 men) media professionals to integrate youth-friendly HIV programmes into political talk shows, and entertainment, sports and health programmes.

Challenges

Indicator data shows modest gains in implementing combination prevention programmes over the past year. With milestones for the HIV Prevention 2020 Road Map just two years away, targets will not be reached without significantly accelerated actions to scale up combination prevention for adolescents and young people, with a focus on the most at risk and vulnerable groups. The road map identifies significant gaps in funding and budget allocation, with many countries spending less than 10% of their HIV budgets on prevention, many international donors less than 25%. Countries must be supported to allocate a meaningful proportion of domestic resources to combination prevention programmes that include biomedical, behavioural and structural interventions.

Given limited resources, it is even more crucial such programmes are specifically targeted at key and vulnerable populations, in which a disproportionate number of new infections are occurring. The paucity of sex and age disaggregated data to inform size estimation and help locate adolescents at risk of HIV infection impacts on programme planning efforts. Data collection mechanisms must be strengthened to collect data disaggregated by sex, age, economic status and geographical location. Supporting the shift to a granular approach is a costly, lengthy process requiring significant technical support at country level.

Gender inequality and harmful gender norms continue to fuel HIV among adolescent girls and young women, particularly in sub-Saharan Africa. For example, almost 30% of adolescent girls in low- and middle-income countries report having first sexual intercourse before the age of 15, and more than 51% of adolescent girls consider a husband to be justified in hitting or beating his wife for at least one reason. More must be done to ensure the participation and engagement of adolescent girls and young women, particularly those living with HIV, and to work with them to understand and address challenges such as low retention in PrEP. Leadership and engagement opportunities should be identified for young women and girls to ensure they can take part.

Legal, religious and societal barriers are an issue in many countries, including age-of-consent limitations for access to testing and SRH services, a strong disincentive for adolescents at risk. Yet even in the absence of barriers, the attitude of service providers can make it difficult for young people to attend health facilities where free condoms and other services are available. Training health workers to provide youth-friendly, non-judgemental services is key. Economic barriers are also a factor preventing many young people from buying condoms or travelling to health-care services. Food, nutrition and economic insecurity can push young people to adopt negative coping strategies and this can lead to HIV risk behaviours including transactional sex.

Finally, a key challenge remains a reluctance to address sensitive issues related to young people's sexual and reproductive health and rights, in particular their right to education that provides them with the knowledge and life skills they need to prevent HIV and ensure better health outcomes for themselves, their partners and their families. Persistent misperceptions about CSE require strengthened efforts to clarify the response through data and evidence, and through engagement with parents, communities and traditional/religious leaders.

Key future actions

The Joint Programme will support implementation of the HIV Prevention 2020 Road Map and accelerated action in the 25 Prevention Coalition countries. Led by UNFPA and Secretariat, the coalition will continue to benefit from specific policy advice and programmatic support from all Cosponsors in line with their mandates.

The international technical guidance on sexuality education is being translated into French, Spanish, Russian and Chinese. UNESCO, UNFPA, WHO, UNAIDS Secretariat, UN Women and UNICEF will support country implementation throughout 2018 and beyond. UNESCO will launch a global CSE advocacy campaign, while UNFPA will finalize international guidance for out-of-school CSE.

UNICEF and UNAIDS Secretariat will continue leadership of All In!, which is aligned to the coalition. UNICEF will continue its focus on the Stay Free initiative, including how to best use prevention of mother-to-child (PMTCT) services as an entry point to addressing HIV prevention needs of pregnant adolescents. It will work with community networks to address the needs of out-of-school adolescent girls and young women and develop an evidence-based set of guidance instruments and practical tools to support programming for adolescent HIV prevention.

UNESCO and partners will continue follow up to the ESA ministerial commitment, including through the Let's Step up and Deliver call to action and country road maps. The recent Our Rights, Our Lives, Our Future (O3) Programme will advance progress towards the 2020 targets and expand efforts to the WCA region. UNESCO is also planning regional e-training courses in English and French on monitoring and evaluating the delivery of CSE through the IIEP virtual campus and will use data from Education Management Information Systems in 17 ESA countries to produce a regional report on the status of CSE implementation in 2018.

UNFPA will focus on strengthening capacities to provide high-quality, integrated information and SRH services, including in humanitarian and fragile settings, along with improving access to SRH commodities. A new 2018 condom programming strategy will be launched with USAID and partners, along with continuing the public-private partnership Africa Beyond Condom Donation. UNFPA will intensify advocacy for adolescent and youth empowerment, particularly adolescent girls, and for the rights of young people to participate in civil and political life.

UN Women will continue to identify strategic opportunities for young women and adolescent girls, including those living with HIV, to participate in agenda-setting forums at national, regional and global levels, including advocating for membership in Country Coordinating

Mechanisms or other coordinating working groups focusing on the implementation of the HIV response, international and regional AIDS Conferences and the CSW.

UNHCR has developed guidelines on adolescent sexual reproductive health in humanitarian settings, which will guide partners on how to launch and sustain programming. A research and mapping exercise of existing services in UNHCR operations will be undertaken to ascertain gaps and opportunities for scale-up. Youth-friendly service centres will be expanded and technical support for scaling up adolescent sexual reproductive health services provided to all UNHCR operations.

WHO will release guidance on monitoring and evaluation of PrEP services, with special consideration for adolescents and young people, as part of its PrEP implementation tool. Among other considerations, it suggests disaggregating core and additional PrEP indicators into smaller age bands (five years) to separate younger adolescents from young people.

WFP will continue its HIV-sensitive school meals programming in high-prevalence contexts. WFP sees schools as a platform to reach pre-school aged children (ECD), school age children, and adolescents with spillover effects into the community. These platforms are powerful channels for nutrition education, BCC, take home rations, linking to complementary health services (supplements, or reproductive health services for example), and social protection programs. WFP supports Home Grown School Meals programmes in 46 countries, usually with a combination of direct implementation and technical assistance.

The World Bank will focus on evidence building and to providing support to implement combination prevention programmes through its multisectoral Health, Education, Social Protection and Transport lending portfolio. HIV specific support to the Education lending portfolio will be reduced due to resource constraints.

UNDP will finalize a regional baseline study on HIV and sexual and reproductive health issues facing young key populations in Angola, Madagascar, Mozambique, Zambia and Zimbabwe. It will continue to support applying cross-sectoral co-financing for the SDGs, to scale up action on the social and structural drivers of HIV.

Mainstreaming HIV prevention issues into ILO programmes in social protection, employment, economic empowerment and labour legislation will be intensified. ILO will continue the VCT@WORK initiative, which raises awareness and puts workers on treatment, and, as a result, reduces HIV transmission. It will be boosted among young key affected populations.

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