
UBRAF thematic report: young people

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Results

Globally, an estimated 5 million young people (10–24 years old) are living with HIV, and more than 75 are infected every hour. In 2013, approximately 2.1 million adolescents (10–19 years old) were living with HIV. While the global number of HIV-related deaths fell by 35% between 2005 and 2013, deaths among adolescents increased by 50%, with some countries seeing worrying increases in risk behaviours among young people.

1) Guidance and intellectual leadership

The UNAIDS family produced strategy guidance to shape future HIV responses for adolescents and young people. Developed in 2012 with UNESCO, UNFPA and UNICEF, guidelines on HIV testing and counselling for adolescents were released in 2013 as part of WHO's updated guidelines on treatment and care, accompanied by extensive technical support and advocacy. They were welcomed by the Global Network of People Living with HIV (GNP+) as the first WHO guidelines addressing the needs and rights of adolescents living with or at risk of HIV.

UNICEF supported research on the impact and cost of implementing the investment approach, a holistic, human rights and evidence-informed approach to respond to the HIV epidemic. The study found that this approach could avert two million new HIV infections in adolescents by 2020. A global systematic review in 2013, also commissioned by UNICEF, on the effectiveness of interventions for HIV prevention, treatment and care in adolescents, looked at approaches that improved biological, behavioural/attitude and knowledge outcomes. The findings, to be published in 2014, will help countries develop and implement effective and sensitive HIV-specific programming for adolescents.

The UNAIDS family and civil society partners worked to identify innovative approaches addressing adolescent/under 18 key populations being left behind in HIV responses. Consultations with young key populations to understand their needs were held by UNFPA in 11 countries and by the UNAIDS Secretariat in 14 countries, with literature reviews undertaken to provide further evidence. The data will be fed into the Joint Programme's series of technical briefs to better shape national and local responses.

The UNFPA Strategy on Adolescents and Youth (2013) argues for investing in adolescent and youth empowerment, including promoting comprehensive sexuality education, access to sexuality and reproductive health and HIV services, outreach for young key populations and youth leadership.

2) Empowering adolescents and youth

Participating in decision-making processes is not only a right, it is the starting point for effective HIV responses. With the global community discussing new priorities for development post-2015, the Joint Programme has made certain that young people affected by HIV are heard. The 33rd meeting of the UNAIDS Programme Coordinating Board focused on adolescents and youth, including those from key populations. Youth delegates and board members committed to redoubling efforts to ensure young people have the tools and the space to put themselves at the forefront of the response and towards the end of AIDS.

The UNAIDS Secretariat supported the PACT for social transformation in the AIDS response, a collaboration with 25 youth-led organizations that identified five priorities for the youth movement in HIV responses. The collaboration created ACT 2015, a global social action initiative supporting

young people to advocate to ensure HIV remains a priority and their sexual and reproductive health and rights are recognized in the post-2015 development agenda.

At the International Conference on Population and Development (ICPD) Global Youth Forum in Bali in 2012, 500 young people expressed their opinions on issues and priorities for global development. The forum declaration recommended actions for the ICPD to review, including those affecting young key populations, young women and adolescent girls, and young people living with HIV.

3) Realizing rights to access quality HIV services

The Joint Programme advocates, convenes and provides country-level technical assistance to support access to HIV services for all young people, including those from key populations. Innovative approaches to providing services and information for young people are being championed globally:

- In Zambia, 21 000 adolescents received quality HIV and sexually-transmitted infection counselling through the UNICEF-supported initiative to strengthen real-time monitoring and data collection through SMS - 'U-Report'.
- In China, 45 000 adolescents were reached with HIV and sexual and reproductive health education through the Youth Ambassador community outreach service referral via web platforms assisting early diagnosis of HIV.
- In West and Central Africa, UNESCO developed 800 radio programmes to train teachers in HIV and sexuality education at primary and secondary school.
- In the Central African Republic, Chad and Cameroon, more than 450 education personnel and 13 500 teachers were trained.
- In Cameroon more than one million young people were reached with HIV prevention messages, supported through a collaboration with UNICEF and the American TV channel MTV, resulting in increased demand and utilization of HIV testing and counselling. More than 30 000 young people were tested.
- In five countries (Ukraine, Moldova, Georgia, Belarus and Azerbaijan) where the epidemic continues to rise, UNICEF has contributed to training more than 2000 care providers to deliver adolescent-friendly HIV testing and counselling services, including referrals and case management focused on adolescents from key populations. As a result, more than 16 000 vulnerable adolescents were reached with outreach and community initiatives promoting HIV testing.
- In 2013, Kenya, Malawi, Mozambique, Swaziland, the United Republic of Tanzania, Viet Nam and Brazil reported implementing comprehensive condom-demand generation frameworks, specifically targeting young people.
- In Swaziland and Zambia on World Drug Day 2012, UNODC supported advocacy on youth in prisons, including young women, and especially those residing with their children. In Zambia, the specific commemoration theme of World AIDS Day was '*Getting to zero: supporting HIV prevention among young people in prison*'. The events stimulated debate on the hidden issues of young people in prison settings.
- Uganda became the first country to undertake a nationwide exercise to establish the level of treatment coverage among adolescents and confirming a significant treatment gap (70% in adults vs 38% in adolescents). Supported by UNICEF, WHO and PEPFAR, Uganda developed and

integrated a data collection module that facilitated abstraction of data from testing and treatment facilities around the country through the routine quarterly reporting exercise. The data established the very first national picture of HIV prevalence among adolescent clients at subnational level as well as the performance by sub-region in terms of quality of care (provision of Cotrimoxazole, CD4 testing and enrolment in ART).

UNESCO conducted a global review of issues and approaches in policy, programming and implementation responses to school-related gender-based violence for the education sector. The review contributed to comprehensive policy guidelines for the prevention and elimination of gender-based violence in education.

Building on the outcomes of the 2012 Global Youth Forum, the International Labour Organization (ILO) developed a guide to be launched in 2014 to mainstream HIV into youth employment programmes.

Constraints, challenges and lessons learned

Despite achievements, significant obstacles remain in responding to HIV among young people.

Policy and legal barriers, including age of consent to sex, parental consent to access health services, juvenile justice systems and the criminalization of certain behaviours, hinder access to HIV services for adolescents, especially young key populations; 60% of countries have laws, regulations or policies that prevent them getting effective HIV prevention, treatment and care. Surveillance systems do not capture sufficient strategic information on young people, hence the absence of baseline data to influence programming. There is also a lack of data on young key populations.

The diminishing focus on prevention and condom promotion is also leading to an increase in risk behaviour, and consequently, to increased sexual transmission of HIV. The overdependence on international funders to support HIV programmes in middle-income countries is a key concern: as countries cease to be eligible for Global Fund grants and UN support, there is concern that prevention interventions, such as programmes for young key populations, will no longer receive the necessary funding.

Cultural and religious barriers hamper comprehensive sexuality education in many countries. Young people living with HIV and affected by HIV suffer discrimination, and can be excluded from important decision-making processes. Moving from a tokenistic to a 'youth as asset' approach, where young people are fully recognized as partners and supported as leaders, requires an organizational culture shift, including within the UN system.

Employment generation and livelihood programmes to address HIV vulnerability still lag behind. Poverty has been made worse by recurrent crises and emergencies in some countries, including Central African Republic, Democratic Republic of the Congo and Mali. Addressing youth-specific needs in relation to life and vocational skills, income generation and employment programmes provide an integral holistic approach for addressing HIV.

Information and communication technologies offer innovative ways for young people to learn about HIV, but poor connectivity in many countries constrains their capacity to access HIV information and support via mobile phones or the internet.

Given the extent of the HIV epidemic, effective HIV prevention strategies must be identified, supported, strengthened, shared globally with programme designers and policy-makers, and scaled up

to meet the ever-growing needs of young people. Research and best-practice evidence have shown the programmes most likely to help young people reduce sexual behaviours placing them at risk are culturally relevant and include information on sexuality, the influence of gender norms, the benefits of delaying sexual debut, safe sex (including the correct use of condoms), and sexual and reproductive health, counselling and services. Collaboration with governmental and nongovernmental partners is crucial in transforming community norms and promoting institutional and governmental change.

Key future interventions

- Reinvigorate prevention for adolescents and youth through strengthened comprehensive condom programming. The UNFPA CONDOMIZE! campaign will be scaled up in at least three more African countries in 2014.
- Increase access to HIV testing and counselling (HTC) for adolescents through implementation of the *2013 HIV testing and Counseling and Care guidelines for adolescents* and the *2013 consolidated treatment guidelines for adults and adolescents*.
- Improve support to countries to collect and report age-disaggregated data related to programmes and service delivery to better monitor the HIV response and the impact in adolescents.
- Strengthen the evidence base on young key populations by utilizing the evidence generated from multiple reviews/assessments, including the finalization of technical briefs on adolescent/under 18 key populations.
- Sustain youth-led advocacy at policy-setting forums: support networking zone on young people's leadership in sexual reproductive health and rights at the International AIDS Conference 2014, and on capacity strengthening of community-led organizations, including from young key populations.
- Continue support and expansion of the PACT collaboration around treatment access for adolescents, removing age of consent barriers, post-2015, and ensuring young people participate in proposals developed with the Global Fund's new funding model.
- Joint advocacy efforts with intergovernmental institutions and governments to keep HIV and young people, and comprehensive sexuality education, high on their agendas.
- Evidence-based use of information communication technology to reach young people and increase efficiency.
- Support to adolescents and youths in prison, particularly female prisoners, to access HIV and other health-care services.

Supporting documents

- Guidelines on HIV testing and counselling for adolescents living with HIV
http://apps.who.int/iris/bitstream/10665/94334/1/9789241506168_eng.pdf?ua=1
- UNFPA strategy on adolescent and youth, 2013
<http://www.unfpa.org/webdav/site/global/shared/youth/UNFPA%20Adolescents%20and%20Youth%20Strategy.pdf>

- UNAIDS Programme Coordinating Board 33rd meeting. Thematic segment: HIV, adolescents and youth. Background Note.
http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2013/pcb33/agendaitems/20131121_Thematic-segment-HIV-%20youth-adolescents%20.pdf
- UNESCO: School-related Gender-based Violence
- The PACT for social transformation. http://www.crowdoutaids.org/wordpress/wp-content/uploads/PACT-4-pages_final1.pdf

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