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## 2014 UBRAF thematic report

### Young people

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## ACHIEVEMENTS

Despite all the progress made in responding to AIDS, young people remain marginalized both from life-saving services and participation in decision-making. In 2013 alone, 670 000 young people aged 15–24 were diagnosed as HIV-positive.

### Knowledge

Correct and comprehensive knowledge of HIV is essential for healthy choices. However, lack of information remains a significant problem. In the Eastern and Southern Africa (ESA) region, just 36% of males and 27% of females aged 15–24 are able to correctly identify at least two ways to stop HIV transmission. Figures are even lower in other regions. To address this challenge, UNAIDS has prioritized good quality, age appropriate and culturally sensitive comprehensive sexuality education (CSE). The United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Population Fund (UNFPA) contributed to scaling up Comprehensive Sexuality Education (CSE) in 97 countries.

Building on mechanisms such as the East and Southern Africa Ministerial Commitment (ESA Commitment), CSE was kept high on political agendas through advocacy at policy-making forums including the Southern African Development Community (SADC) Ministers of Gender/Women's Affairs meeting and the Fourth Conference on HIV/AIDS in Eastern Europe and Central Asia.

At the technical level, UNESCO supported the integration of HIV-sensitive indicators into education management information systems in 27 African countries, including the entire SADC. The core indicators were incorporated in the ESA Commitment accountability framework and by December 2015 all 21 countries will utilize them to report on progress. UNFPA also developed operational guidance for CSE that guides support on the design, implementation and evaluation of programmes for young people, both in and out of school.

UNFPA supported creative peer education approaches to sexual reproductive health and rights (SRHR) and HIV education. For example, the Theatre-based techniques for youth peer education training reached 31 931 young people in Lebanon, 12 000 in Egypt and 18 000 in the rest of the Middle East and North Africa (MENA) region. In addition the Y-PEER "Let's talk" campaign reached 1 490 000 young people in the region.

### Services

While AIDS-related deaths have decreased significantly since 2005, AIDS-related deaths have not declined among adolescents. Indeed, HIV is the second largest cause of death among adolescents globally. Most adolescent AIDS-related deaths are among long-term survivors infected through mother-to-child transmission who were never diagnosed, diagnosed late, failed on or fell out of care. This underscores the inadequacy of HIV and broader health programmes. UNAIDS is leading global efforts to address this through evidence, advocacy and technical guidance.

The United Nations Children's Fund (UNICEF) led the development and publication of a special supplement on adolescents in the Journal of AIDS, including evidence on what works for adolescent girls and young women. It highlights the complexity of the adolescent HIV epidemic and illustrates opportunities to scale up multisectoral approaches.

Legal issues were identified as a barrier to adolescent SRHR. At the 7th Asia Pacific Conference on Reproductive and Sexual Health and Rights, UNFPA and UNESCO co-hosted a satellite session on legal and policy barriers affecting young people's access to SRHR. The recommendations of this session were included in the conference outcome document, the Manila Challenge.

In addition, with the support of UNAIDS, The PACT—a coalition of 25 youth organizations from around the world—developed a survey for young people under 30 years old to gather their opinions on how parental consent laws impact on access to SRHR and harm-reduction services and to collect information on their first-hand experiences. The survey results were presented in an advocacy brief released at the 20th International AIDS Conference, Melbourne, Australia.

Guidance on adolescent key populations was developed by the inter-agency working group on key populations and youth and community-led organizations and coordinated by the World Health Organization (WHO). WHO also included special considerations for adolescents in its normative guidance on key populations and undertook a scoping consultation to assess critical gaps for HIV treatment and care for adolescents for incorporation in the revised 2015 consolidated ARV guidelines.

Further integration of HIV and SRHR services was prioritized as a way to better serve young people. UNICEF, UNFPA and WHO supported Ghana, Sierra Leone, Senegal, the Gambia and Côte d'Ivoire to include HIV in preparedness exercises for the introduction of the human papillomavirus vaccine for adolescent girls. UNFPA built capacities of 200 medical practitioners and reached 13 300 young people in south-east Europe, including Albania and the Republic of Moldova, with messages to promote SRHR and HIV services. UNICEF supported South Africa, Tanzania, Zambia and Zimbabwe to initiate assessments on the quality of counselling for adolescent boys seen at HIV testing and counselling in voluntary medical male circumcision programmes. To support integrated service delivery and improve nutrition and health outcomes for adolescent girls, the World Food Programme initiated situational analyses to assess the burden of malnutrition, HIV and reproductive health and educational outcomes among adolescent girls in Afghanistan, Burkina Faso, Indonesia, Kenya, Pakistan and Zambia.

## **Empowerment**

As the AIDS epidemic and response mature, a new generation of leadership is required to take the world towards the end of the epidemic. Collective support was given towards empowerment of adolescents and young people, allowing them to set the agenda.

UNAIDS supported powerful engagement of young people at policy-setting forums, with a particular focus on SRHR in the post-2015 agenda. At the 20th International AIDS Conference in Melbourne, Australia, the Youth Pre-Conference, the Youth Pavilion and a 5-day training course, NewGen, were supported by UNAIDS. The support of UN Women to young women leaders ensured that the needs of women and girls were articulated in the fifty-eighth session of the Commission on the Status of Women resolution and the outcome of the regional review meeting to explore status of women in the Economic Commission for Europe region 20 years after the Beijing Platform for Action. Regional gatherings, such as the 4th Pan-African Youth Leadership Summit, were also used to give the opportunity to young leaders to advocate for their HIV priorities.

UNFPA and the UNAIDS Secretariat provided guidance and support to the ACT! 2015 initiative. Through youth-led, high-level advocacy campaigns, youth organizations in 10 countries received grants to build national alliances and develop a national advocacy roadmap to engage with key decision-makers in post-2015 negotiations. Workshops were held in five regions to familiarize youth leaders with the ACT! 2015 advocacy strategy toolkit and to establish regional networks to influence the post-2015 negotiations.

The International Labour Organization (ILO) developed and launched a guide, *Mainstreaming HIV and AIDS in youth employment*, which has been operationalized in six countries in southern Africa. In Zambia, the programme's achievements include increases in the percentage of people who used a condom at their last sexual activity, from 37% to 53%, as well as increases in the percentage of people able to access HIV services, from 76% to 89%.

In Cambodia, Kenya, Mozambique and Uganda, UN Women ensured that young women's networks were an integral part of the processes around HIV strategic planning. In Cameroon, UN Women focused on engagement of men and boys that resulted in the formation of a nationwide network to advocate for girls and young women's rights.

The PACT collaborated with UNAIDS and The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) to launch the toolkit *Making the money work for young people*. The toolkit aims to inform young activists working on HIV issues, members of country coordinating mechanisms and other key stakeholders about the importance of involving young people in decision-making, as well as targeting them with the right kind of activities, to help improve the work of the Global Fund.

## **MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED**

Young people of today's generation are growing up in a context where HIV is seen as a declining threat. The risks of complacency are real. Indeed, increases in risky sexual behaviours—such as increases in the number of sexual partners, as well as a decline in condom use—have been documented in several countries. While the achievements described above address this challenge, sustained focus is required and demonstrates the importance of a multisectoral response to AIDS as embodied through the way that

UNAIDS works.

Growing conservatism, traditional values and pressure from certain political and religious groups act as a barrier to open dialogue and services to allow young people to protect themselves. Some countries block access of young people to resources available on the web containing preventive educational and informational materials. Restrictive social norms for young women and girls prevent them from accessing related information and services, as well as owning their own sexual health. Age of consent to access services, including parental consent requirements, remain a serious legal barrier for young people, especially young key populations, to access to SRHR and harm reduction services. Gender-based violence is also a common reality for many adolescents, especially girls, and is fuelling the risk of exposure to HIV. Lack of youth-friendly SRHR and harm reduction services tailored to the needs of young people remain a challenge in many countries.

Data on HIV prevention, treatment and care among adolescents is very poor globally, particularly for adolescent girls in sub-Saharan Africa and poses a major challenge for evidence-based interventions that would address the specific needs of adolescent girls and young women. Long-term investment is required in leadership and participation capacities of young women and adolescents—including those living with HIV—enabling them to engage meaningfully in the national, regional and global level processes that affect their lives.

In many countries the situation and needs of young people who inject drugs are still not sufficiently understood, nor are they considered in HIV policy and programme development and implementation.

## KEY FUTURE INTERVENTIONS

- The highest profile initiative of UNAIDS on youth in 2015 will be the UNICEF and Secretariat-convened All in: ending the AIDS epidemic among adolescents (All In). The All In platform—which brings together UNFPA, WHO and other UNAIDS Cosponsors, the US President’s Emergency Plan For AIDS Relief, the Global Fund, the MTV Staying Alive Foundation and adolescent and youth networks—aims to bring the crisis of adolescents and AIDS to the attention of policy-makers and to articulate a bold, clear and achievable plan to close the prevention and treatment gap among adolescents. All In will be focused on four action areas in at least 25 countries:
  - Engage, mobilize and support adolescents as leaders and agents of social change.
  - Sharpen adolescent-specific elements of national AIDS programmes by improving data collection and analysis and use the data to drive programming and results.
  - Foster innovation in approaches that improve the reach of services for adolescents and increase the impact of prevention, treatment and care

programmes.

- Advocate and communicate at the global, regional and country level to generate political will to invest in adolescent HIV and mobilize resources.
- Now that a formal structure within PACT is in place—and a new website, [youthpact.org](http://youthpact.org), has been recently launched—work will begin to expand the membership base of the PACT collaboration and the delivery of five goals will continue:
  - Ensure integration of HIV into sexual and reproductive health services, policies and education.
  - Increase access to evidence-informed prevention and treatment.
  - Remove laws and policies that prevent young people from accessing sexual and reproductive health services, including HIV and drug-related harm reduction-services.
  - Resources for young people and HIV are allocated based on need and evidence.
  - The response to HIV and sexual reproductive health and rights and youth, including harm reduction, is integrated as a priority within the Post-2015 Development Agenda.
- UNAIDS will continue to support ACT! 2015, which plans to launch the fourth phase of its work at the United Nations General Assembly in September 2015. This aims to establish national youth-led, data-driven accountability mechanisms established to build an evidence base for monitoring and advocacy that will ensure youth engagement for the implementation of the Sustainable Development Goals, as well as other relevant processes.
- In 2015, UNAIDS will continue follow-up to the ESA Commitment, including implementation of the accountability framework which includes concrete targets for 2015, 2017 and 2020. UNFPA and UNESCO will also conduct a global advocacy CSE meeting with a wide involvement of youth, experts and decision-makers. Operational guidance on CSE will be rolled out at the country level.
- The inter-agency working group on key populations, in partnership with civil society organizations, will roll out a series of technical briefs on young key populations, including young people involved in selling sex, young people who inject drugs, young men who have sex with men and young transgender people.
- UN Women will also continue to promote inclusion of adolescent girls and young women's priorities in the national strategic plans, programmes, policies, budgets and accountability frameworks that drive the HIV response.

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