

At The Crossroads: Accelerating Youth Access to HIV/AIDS Interventions



Joint United Nations Programme on HIV/AIDS

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UNAIDS Inter-Agency Task Team on Young People:

International Labour Organization

United Nations Children's Fund

United Nations Development Programme

United Nations Educational, Scientific and Cultural Organization

United Nations Office on Drugs and Crime

United Nations Population Fund

World Bank

World Health Organization

*“Some groups think we are too young to know.
They should know we are too young to die.”*

— Global Youth Partners Meeting
New York, September 2003

Declaration of Commitment on HIV/AIDS: Global Targets for Young People

“By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent and by 25 per cent globally by 2010...” (Paragraph 47)

“By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, families, educators and health-care providers.” (Paragraph 53)

*United Nations General Assembly
Special Session on HIV/AIDS, June 2001, New York*

Cover Photo: Don Hinrichsen



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This Pamphlet draws upon the issues discussed at, and outcomes of, the global consultation on “*The Evidence for Policies and Programmes to Achieve the Global Goals on HIV/AIDS and Young People*” held in Talloires, France, 24-28 May 2004. This global consultation was organised by WHO, UNAIDS, UNFPA and UNICEF, with the support of the UNAIDS Inter-Agency Task Team on Young People (IATT/YP), and in collaboration with the London School of Hygiene and Tropical Medicine, the Liverpool School of Tropical Medicine, and a range of other partners. For more information about the outcomes of this global consultation, please contact Dr. Jane Ferguson at WHO (fergusonj@who.int).

The views expressed in this publication do not necessarily represent the views of the Joint United Nations Programme on HIV/AIDS (UNAIDS), or any of its co-sponsor organizations.

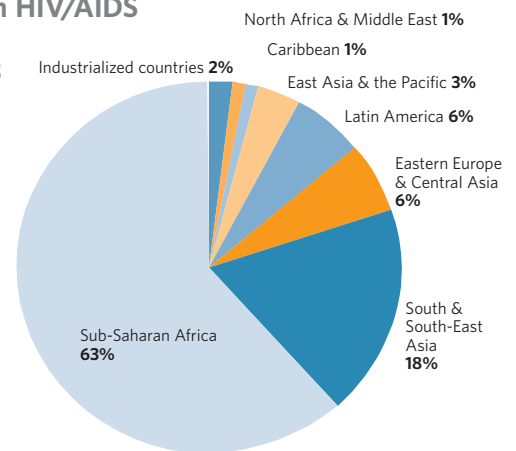
Young people: at the centre of the epidemic

Young people remain at the centre of the epidemic in terms of transmission, vulnerability, impact, and potential for change. Today's young generation, the largest in history, has not known a world without AIDS. Of the over 1 billion young people worldwide, 10 million are currently living with HIV. If we are to reach the global targets set forth in international agreements, urgent action and increased investment must be made in HIV prevention, treatment and care programmes specifically for young people.

HIV has a young face

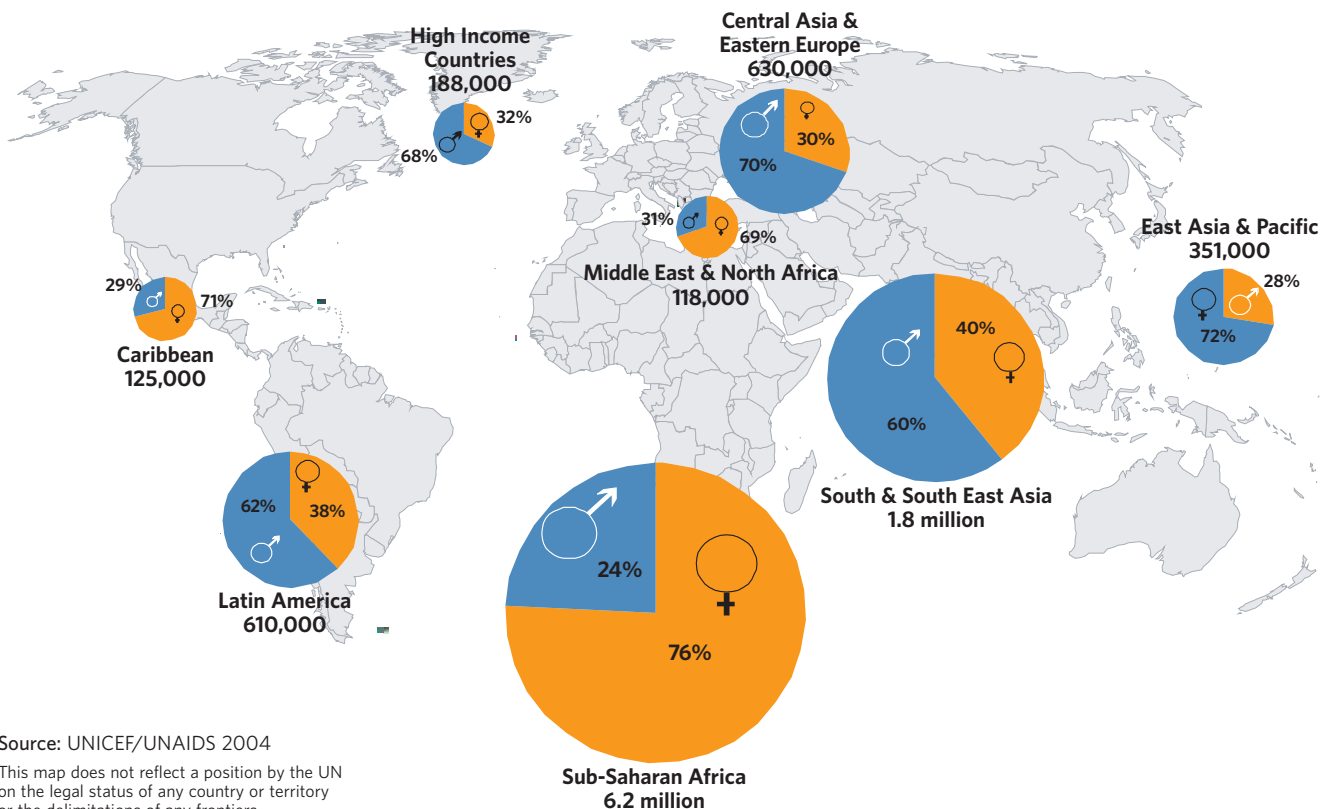
- Every day, an estimated 5,000-6,000 young people aged 15-24 become infected with HIV.
- Globally, almost one-fourth of those living with HIV are under the age of 25.
- In Eastern Europe and Central Asia, more than 80% of those living with HIV are under the age of 30.ⁱ
- Of the 15-24 year old young people living with HIV, 63% live in sub-Saharan Africa and 21% live in Asia-Pacific.ⁱⁱ

Young people (15-24 years) living with HIV/AIDS by region, end-2003



Source: UNICEF/UNAIDS 2004

Over 10 million young people living with HIV



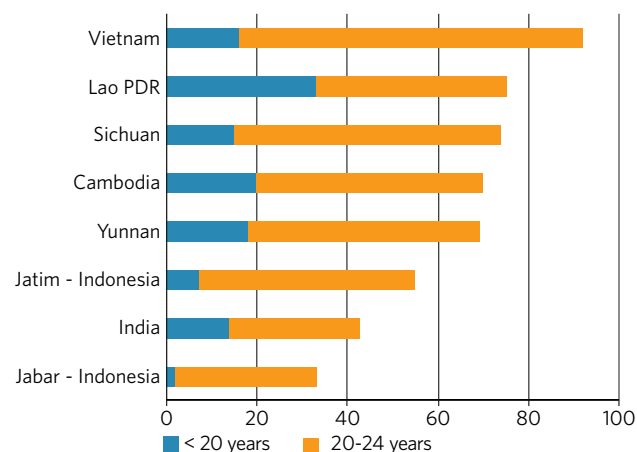
Source: UNICEF/UNAIDS 2004

This map does not reflect a position by the UN on the legal status of any country or territory or the delimitations of any frontiers.

The young face is also often female

- Globally, one-third of women who are living with HIV are between 15-24 years old.
- Taken globally, young women (15-24 years) are 1.6 times as likely as young men to be HIV positive. In sub-Saharan Africa and the Caribbean, young women are 3 times and 2.4 times, respectively, more likely to be HIV positive.ⁱⁱⁱ
- In Eastern Europe and Central Asia, and much of Latin America, however, young men are more likely to be infected than young women. In these regions, injecting drug use and men who have sex with men are important modes of transmission.
- In many communities, gender inequalities and socio-cultural norms make girls and young women more vulnerable to HIV than their male peers.
- In some countries, at least one-fourth of young women experienced coerced and unprotected sex, which can result in significant HIV transmission.^{iv}

Proportion of indirect sex workers that are young people, Asia, 2001-2003



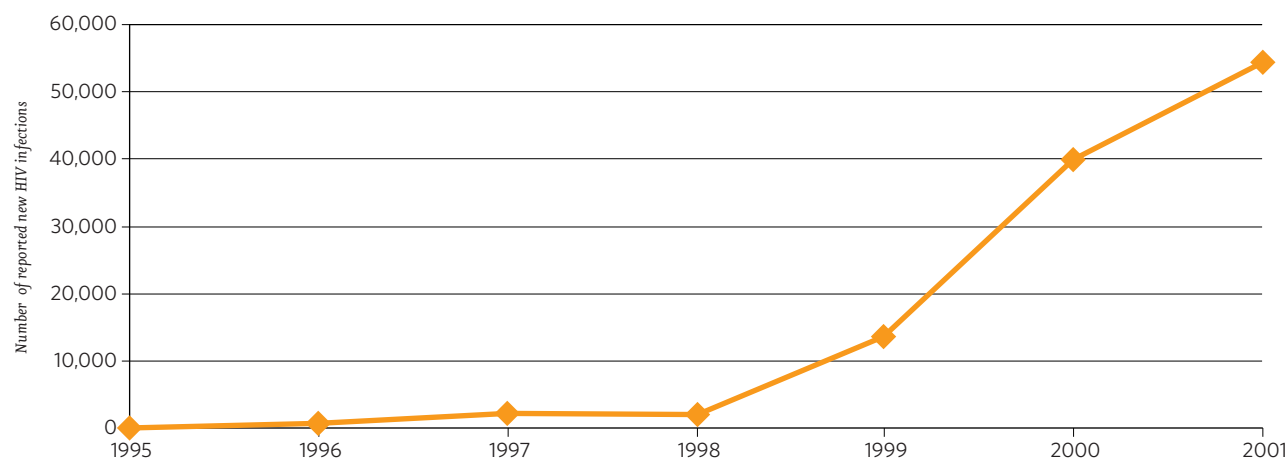
Source: UNICEF

Many young people are in high-risk settings

- Young people constitute a significant percentage of high-risk populations. In several Asian countries, young people constitute over 60% of indirect sex workers. In Central Asia and Eastern Europe, up to 25% of those who inject drugs are estimated to be less than 20 years of age.^v
- In parts of Asia, the data show that increasingly more and more young women are using drugs. Female injecting drug users are increasingly involved in sex work. Surveys show that in some regions, especially those most affected by injecting drug use, the age of initiation of drug use is declining.^{vi}

Reported number of new HIV infections among young people (15-24 years), Russia, 1995-2001

The large majority are among injecting drug users



Source: European Centre for the Epidemiological Monitoring of AIDS, HIV/AIDS Surveillance in Europe, 2004.

Access: the key for young people

Young people have the right to health, education, and a decent standard of living. To fulfill these rights, young people must have youth-friendly information, skills and services for the prevention, treatment and care of HIV and AIDS. However, the evidence tells us that still many young people do not have access to these interventions.

Young people have a right to know

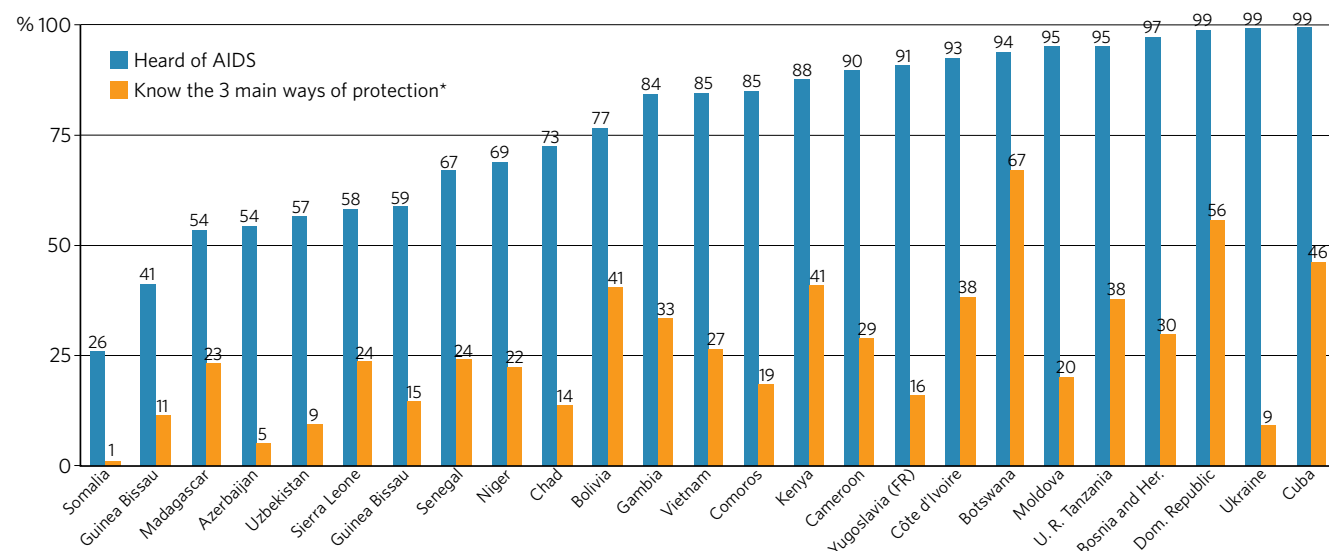
- Fewer than one in four people at high risk have meaningful access to life skills-based HIV and AIDS information necessary to reduce the risk of infection.^{vii} Helping young people postpone sexual activity until they have developed the necessary personal and social skills to protect themselves is an important goal of HIV prevention.
- In many regions, less than one-third of 15-24 year old young women have comprehensive AIDS knowledge.^{viii}
- In many regions of the world, both in-school and out-of-school youth lack access to prevention education programmes. This can be especially significant for out-of-school youth. In Latin America and the Caribbean, only 4% of out-of-school youth, and 38% of in-school youth, have this access.^{ix}

- A 72-country study shows that 50% of primary school students and 48% of secondary school students receive AIDS education.^x This access does not, however, guarantee that knowledge will be translated into effective behaviours.
- Many young people remain unaware and uninformed about sexually transmitted infections (STIs). They may have heard of HIV and AIDS, but do not know how HIV is spread, how they can prevent themselves from becoming infected, or do not think they are at risk.

Young people have a right to health services

- Currently fewer than one in five people at risk of infection globally have access to basic prevention services, such as voluntary counseling and testing, condoms, treatment for sexually transmitted

Young people know about HIV but don't know how to protect themselves

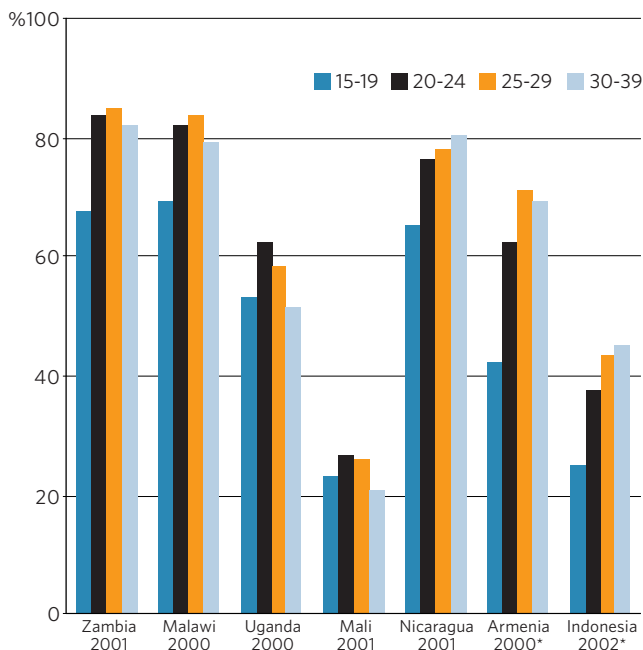


*Three methods of prevention (ABC): Abstinence; Be faithful; Consistent condom use

Source: UNICEF/MICS, DHS 1999-2001

Adolescent women have less knowledge of where to get condoms

Percent of women that know a source to get male condoms, by age group, DHS surveys 2000-02



*In Armenia the denominator included only sexually active women. In Indonesia the sample included only ever married women.

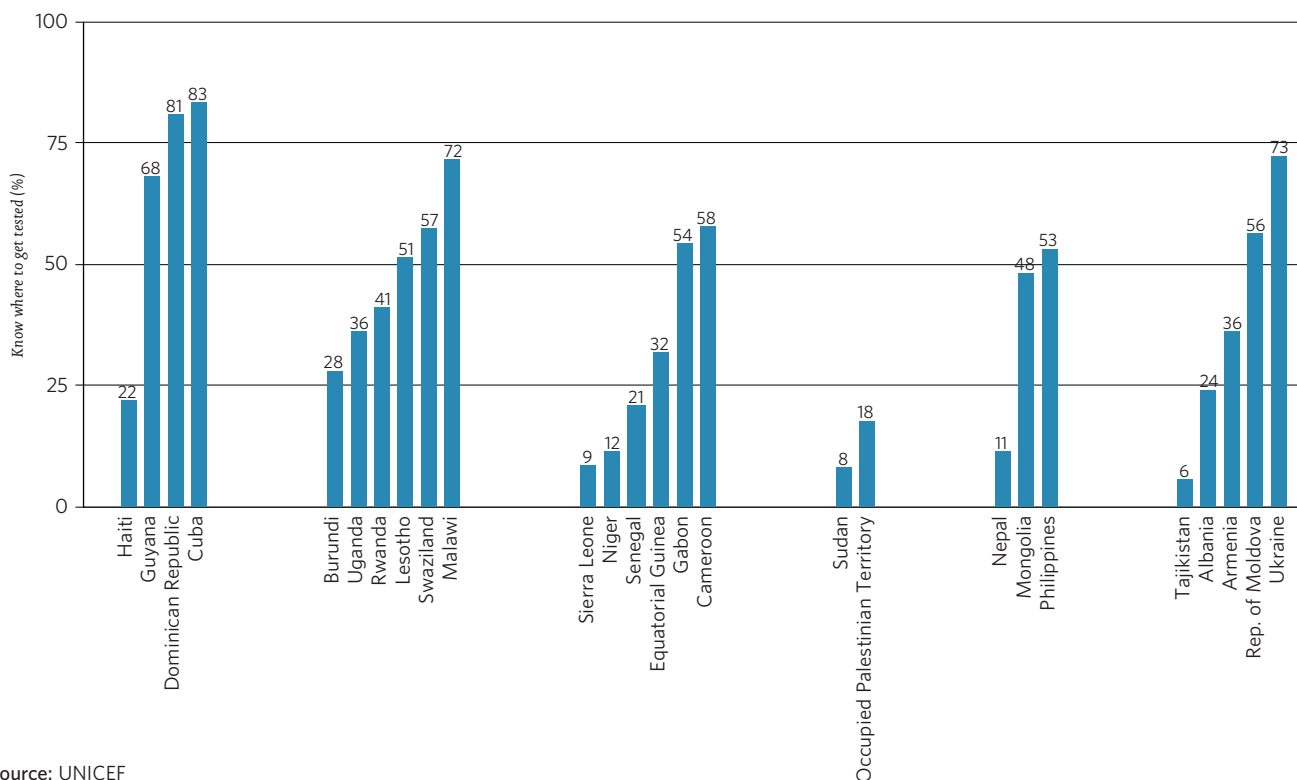
Source: UNICEF

infections (STIs), strategies to prevent mother-to-child transmission of HIV, and harm reduction programmes for injecting drug users.^{xi}

- Stigma and discrimination prevent many young people from accessing health services, as they may fear a lack of confidentiality or discrimination from health care providers.
- Young people are less likely to know where to access preventive health services, and less likely to seek treatment for STIs.
- Voluntary counselling and testing (VCT) is an essential service for both prevention and treatment. However, many young people do not know where to get such services.
- Inaccessibility to condoms due to social stigma, combined with myths, fears and misperceptions about condoms among young people weaken their prevention practices.
- Although young people are at the centre of transmission, they are rarely the population group who are the primary focus of the increasing resources available in countries for treatment.

Young people need access and knowledge of VCT services

Percent of young women (15-19 years) who know where to get an HIV test



Source: UNICEF

Young People Need:

- **Information:** Young people have the right to know about HIV and AIDS and how to protect themselves. It is important to provide this information to young people, both in and out of school and ideally before they become sexually active and/or use drugs. The full range of prevention options must be given for young people, covering the diversity of their sexual and substance abuse-related behaviours. A combination behavioural change approach includes encouragement of delay in sexual debut, reduction in the number of sexual partners, and correct and consistent condom use.
- **Skills:** Life skills-based HIV/AIDS information and education enable young people to make empowered choices and decisions about their health. It is important that these skills focus not just on developing healthy lifestyles, but also on sexual health issues such as negotiating abstinence and condom use, and avoiding substance abuse.
- **Youth-friendly health services:** Providing young people with access to youth-friendly health services, such as voluntary counseling and treatment (VCT), early diagnosis and treatment of sexually transmitted infections and/or drug dependence, and anti-retroviral therapy is essential. Young people should also have access to preventive commodities, such as condoms (male and female) and clean needles and syringes.

Preventing and mitigating vulnerability

Young people are diverse. Interventions must be tailored to meet their individual characteristics, such as age, sex, marital status and domicile, and the many deep-rooted structural, social and other contextual issues that make young people vulnerable (gender relations, race, religion, socioeconomic status).

Interventions should also specifically target vulnerable and high-risk groups of young people who are often at the centre of HIV transmission, especially in countries with concentrated epidemics.

- **Creating a safe and supportive environment:** In order to effectively receive the information, skills and services, young people need to be provided with an environment in which they are safe from harm, supported through caring and close relations with families, and have opportunities for individual development. Policies and social norms also influence young people's vulnerability to HIV.

Prevention Works: We know what needs to be done

Substantial evidence exists that prevention interventions targeting young people could significantly help curtail the AIDS epidemic. Young people must not only be the beneficiaries of interventions; they are also a key resource in the design and implementation of programmes.

The evidence on prevention^{xii}

- The best programmes have built on the synergy of multiple interventions. In countries and regions where HIV prevalence has declined (e.g., Uganda, Thailand, Brazil, urban Zambia), comprehensive prevention programmes were in place.
- Coverage is essential for impact. The present coverage of key interventions known to be effective is insufficient. One of the most important elements of success in preventing HIV among young people is the need for countries **to go to scale**. Advances have been made, but despite the impressive progress that some countries and communities have achieved, the global situation is far from achieving the targets that have been endorsed.

Annual costs of scaling up HIV/AIDS activities (US\$ millions, 2000 prices)

Prevention-related activities	2003	2004	2005	2006	2007
Youth in school	91	93	95	97	100
Youth out of school	193	408	633	863	1,100

Source: UNAIDS

What we know works^{xiii}

- **Interventions through schools:** Skills-based sexual health education in schools, where programmes present accurate information and ensure sustained exposure.
- **Interventions through health services:** Youth-friendly health services offering a core package of interventions (information and counseling, risk reduction through condoms and IDU harm reduction; testing and treatment for STIs and HIV) through existing health infrastructures.
- **Interventions through communities:** Targeted community based interventions for young people who are marginalized, have poor access to information and services and are at high risk of HIV exposure, such as sex workers and injecting drug users. Harm reduction to prevent HIV transmission through injecting drug use.
- **Interventions through the media:** Sustained multi-channel mass media campaigns that are adapted to social context and tailored to real sexual behaviours.
- **Policies as an intervention:** Policies provide the overall context for actions to reduce vulnerability to HIV among youth people, reflect national commitment, and create the space for specific interventions to take place. Policies also provide direction, but must be based on evidence of what is effective.

The need to scale up efforts: What it will take

Only a committed, scaled-up response will meet the urgent needs of young people. Efforts aimed at young people, and implemented together with young people, must become a priority in each region, country, and community. Actions can, and should, be taken today.

Implementing national strategies for scaling up interventions for young people

- Adopt and ensure that national HIV and AIDS policies and programmes prioritize a scaled-up prevention, treatment and care programme for, and by, young people.
- Mobilize all sectors of society (public and private) to ensure a multi-sectoral response. Work with all partners through carefully coordinated efforts.
- Integrate HIV prevention efforts for, and by, young people into national development plans and programmes so that the social, economic, as well as health needs of young people are met.
- Take action for young people who are most vulnerable and at-risk, and are often the least able to access the information, skills and services to decrease their vulnerability.

Scaling up what works

- Implement a combination of interventions in order to meet the diverse needs and different groups of young people. There is evidence that involving peers in programmes can provide gains in knowledge.
- Utilize schools and media, which are particularly effective and acceptable channels, for providing young people with life saving information. Use culturally appropriate and age-specific communication avenues.
- Link effective interventions whenever possible and appropriate (e.g. schools, services and mass media).
- Rapidly expand effective pilot projects to reach national coverage, and sustain effective large-scale programmes for, and by, young people.

- Make particular effort to reach young people living in vulnerable circumstances and settings and young people living with HIV and AIDS.
- Address the social, economic and legal factors that contribute to young people's vulnerability.

Increasing financial and human resources

- Increase resources from national and donors' budgets, for scaling up prevention, treatment and care efforts for young people.
- Strengthen human, institutional and technical resources and capabilities for implementing effective and sustainable scaled up prevention, treatment and care efforts.
- Develop and/or strengthen national institutions, which can provide training programmes to national policy makers and programme managers on scaling up and implementing prevention, treatment and care efforts for young people.
- Strengthen partnerships with all stakeholders, including youth organizations, the private sector, and young people living with HIV and AIDS.
- Build the capacity of young people to design and manage programmes that are appropriate, relevant and meaningful to them. Adults often need assistance in learning how to work in partnership with young people.
- Ensure better cost data on interventions for young people is available to inform funding decisions, including total costs, costs per person reached and cost per HIV transmission averted.

Monitoring and evaluating efforts

- Develop and implement a unified national monitoring and evaluation system for HIV prevention efforts, which uses core indicator guides such as the “Guide to Monitoring and Evaluating National HIV/AIDS Prevention Programmes for Young People.”^{xiv}
- Ensure that all programme monitoring and evaluation efforts include and involve young people in participatory review processes.
- Work with researchers to evaluate programmes and document intervention delivery and outcomes. Important lessons can be learnt from both successful and unsuccessful interventions.
- Collect data that will help inform programming and ensure that data is disaggregated by variables (including age, sex, marital status and parental status) to help develop appropriate interventions.

A Focus on Young People to:^{xv}

- Increase young people’s access to core interventions necessary for the prevention of HIV: **information, skills and services;**
- Decrease young people’s **vulnerability** to HIV;
- Reduce the **prevalence** of HIV among young people.

Footnotes

- i “HIV/AIDS in Europe and Central Asia”. UNICEF CEE/CIS and Baltics Regional Office. Press release, 22 February 2004.
- ii 2004 Report on the Global AIDS Epidemic. UNAIDS, 2004.
- iii 2004 Report on the Global AIDS Epidemic. UNAIDS, 2004.
- iv Global Coalition on Women and AIDS. Violence Against Women and AIDS. UNAIDS, February 2004.
- v Breaking the Barriers, Partnership to Fight HIV/AIDS in Europe and Central Asia. UNAIDS and Development Cooperation Ireland. Conference paper for the Ministerial Conference. Dublin, 23-24 February 2004.
- vi Revisiting the Hidden Epidemic: A Situation Assessment of Drug Use in Asia in the context of HIV/AIDS. Gary Reid and Genevieve Costigan. The Centre for Harm Reduction, The Burnet Institute, Australia, January 2002.
- vii Closing the Gap: Access to HIV Prevention. Global HIV Prevention Working Group, May 2003
- viii 2004 Report on the Global AIDS Epidemic. UNAIDS, 2004.
- ix Closing the Gap: Access to HIV Prevention. Global HIV Prevention Working Group, May 2003
- x “Coverage of selected services for HIV/AIDS prevention, care and support in low and middle income countries in 2003.” Glastonbury, CT. POLICY Project/Futures Group, June 2004.
- xi Closing the Gap: Access to HIV Prevention. Global HIV Prevention Working Group, May 2003
- xii Information brief on the outcomes of the Global Consultation on “The Evidence for Policies and Programmes to Achieve the Global Goals on HIV/AIDS and Young People.” Talloires, France, 25-28 May 2004.
- xiii Information brief on the outcomes of the Global Consultation on “The Evidence for Policies and Programmes to Achieve the Global Goals on HIV/AIDS and Young People.” Talloires, France, 25-28 May 2004.
- xiv This Guide was developed jointly by WHO, UNAIDS, UNICEF, and a wide range of other partners. For more information, go to: http://www.who.int/hiv/pub/me/en/me_prev_intro.pdf.
- xv Information brief on the outcomes of the Global Consultation on “The Evidence for Policies and Programmes to Achieve the Global Goals on HIV/AIDS and Young People.” Talloires, France, 25-28 May 2004.

“Young people are and will remain at the front lines of combating the global AIDS pandemic, however, we can and must do more. We must be bold and assume leadership in breaking the conspiracy of silence and shame that drives AIDS underground and stigmatizes [people living with HIV/AIDS].”

— Youth Position Paper on the 2001 United Nations General Assembly Special Session on HIV/AIDS

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