

HIV prevention among young people

UBRAF 2016-2021 Strategy Result Area 3



the 1990s, the number of people in the world who are undernourished has increased from 600 million to 800 million (FAO 2001).

There are a number of reasons for this increase. One of the main reasons is the increase in the world population. The world population has increased from 5 billion in 1987 to 6 billion in 2000, and is projected to reach 9 billion by 2050 (FAO 2001). This increase in population has led to an increase in the demand for food, which has not been met.

Another reason for the increase in undernourishment is the increase in the number of people who are living in poverty. The number of people living on less than \$1 per day has increased from 1.1 billion in 1987 to 1.2 billion in 2000, and is projected to reach 1.5 billion by 2050 (FAO 2001). This increase in poverty has led to an increase in the number of people who are unable to afford enough food.

A third reason for the increase in undernourishment is the increase in the number of people who are living in rural areas. The number of people living in rural areas has increased from 3.5 billion in 1987 to 4.5 billion in 2000, and is projected to reach 5.5 billion by 2050 (FAO 2001). This increase in rural population has led to an increase in the number of people who are unable to access enough food.

There are a number of ways in which the world can meet the demand for food. One way is to increase the production of food. This can be done by increasing the area of land used for agriculture, by increasing the yield of crops, and by increasing the number of crops that are produced. Another way is to reduce the number of people who are living in poverty. This can be done by increasing the number of people who are employed, by increasing the wages of workers, and by increasing the number of people who are able to access education and health care.

There are a number of ways in which the world can reduce the number of people who are living in rural areas. One way is to increase the number of people who are able to access education and health care. Another way is to increase the number of people who are able to access employment opportunities. A third way is to increase the number of people who are able to access housing and other basic services.

There are a number of ways in which the world can increase the number of people who are able to access food. One way is to increase the number of people who are able to access food banks and other food distribution programs. Another way is to increase the number of people who are able to access food vouchers. A third way is to increase the number of people who are able to access food stamps.

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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

The theory of change for Result Area 3 calls for strategically targeted combination prevention programmes and emphasizes the increasingly recognized linkages between gender equality, education and positive health-seeking behaviours. To this end, the Joint Programme supports countries to identify the optimal combination of targeted behavioural, biomedical and structural programmes to reach those at increased risk of infection, while also recognizing that HIV prevention is a right for everyone and that all young people should have access to accurate, comprehensive HIV and sexuality education and youth-friendly services. The Joint Programme launched several landmark initiatives in 2016, in addition to those already ongoing, with the objective of reinvigorating the prevention agenda, making it more responsive to the needs of adolescents and young people, and building political commitment. The 2016 HLM was an opportune moment for this, and efforts were made to ensure a high level of youth engagement.

Meanwhile, for World AIDS Day 2016, the “Hands-up for Prevention!” campaign, led by the UNAIDS Secretariat, in partnership with the Star Times, reached millions of people.

In 2016, the ILO and partners strengthened country efforts to develop National Strategic Plans and Wellness Standards to enhance combination prevention programmes. In Nigeria, the ILO, UNAIDS Secretariat, UNICEF and partners provided technical inputs into the development of the draft National Strategic Plan for the Nigeria Business Coalition against AIDS. The Strategic Plan will be launched in 2017. In Swaziland, the ILO and UNDP provided technical support to the Kingdom of Swaziland’s Public Sector HIV/AIDS Coordinating Council to review its Workplace Standard in order to integrate wellness and disease management issues using Swaziland Standards Authority standard as a reference. As an outcome, the Standard was reviewed, better aligned to ILO Recommendation No. 200 and adopted through national consultations with the assistance of the ILO.

Youth health and education needs Joint Programme also continues to lead two pioneering campaigns for adolescent and young people’s health: All In to End Adolescent AIDS, and the Eastern and Southern Africa (ESA) Ministerial Commitment to scale-up comprehensive sexuality education (CSE) and access to SRH services for young people. Over 11 Ministries of Health committed to scaling up effective combination prevention

packages and called for renewed commitment and accountability. A new global VMMC framework 2016-2021 was developed and launched during the International AIDS Conference 2016. The UNICEF/UNAIDS Secretariat-led All In platform has been instrumental in driving results for adolescents across regions, with a focus on aligning investments and fostering innovations. For example, in 2016 in WCA, a fast track approach was advanced to strengthen the integration of HIV in national policies on adolescent health and GBV. Six countries conducted bottleneck analyses to identify critical capacity gaps and structural barriers, with the findings informing models for community-based HIV testing and counselling and the adaptation of mHealth for HIV response in adolescents. As a result of improved data analysis and assessments, a number of countries have been able to better target their national responses and enhance investments for adolescents. This is also possible through the meaningful engagement of young people and adolescents in All In.

Key advances have additionally been 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 came together to reaffirm their commitment through the “Let’s Step up and Deliver” Call to Action. In Tanzania, over 8500 pre- and in-service teachers were trained in CSE, and 13 000 CSE and HIV prevention curriculum support materials were distributed in over 1000 schools, benefiting an estimated 8.6 million school-age children (49% female). To reach out-of-school young people, UNFPA has developed an ESA Regional Resource Package on CSE, which has been adopted by Lesotho, Namibia and Zambia. UNESCO is also looking into opportunities to expand the lessons learned of the ESA region Ministerial Commitment on CSE and access to SRH services to West and Central Africa. 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.

The Joint Programme is committed to helping countries ensure that adolescents and young people have access to the SRH commodities and services they need to prevent HIV. Condom programming continues to be a cornerstone of these efforts. The Africa Beyond Condom Donation coalition, initiated by UNFPA in collaboration with USAID and the Reproductive Health Supplies Coalition, brought together a multi-sector coalition of more than 70 private and public sector groups to meet a bold target to increase the number of male and female condoms in low- and middle-income countries to 20 billion by 2020. The World Bank and UNDP also support countries to ensure that their combination prevention programmes are optimally targeted for the given country context, supporting them to identify multi-sectoral cost-sharing strategies.

In 2016, WHO organised a meeting and drafted a framework on differentiated service delivery for young and adolescent people, as well as for young key populations (YKPs). Also in 2016, UNFPA and FHI360 launched the roll-out of the YKP technical briefs, published by WHO in 2015.

The World Bank carried out a quantitative and qualitative study of adolescent SRH in Bangladesh, Burkina Faso, Ethiopia, Nepal, Niger and Nigeria, resulting in a better understanding of their health status and determinants from a demand and supply-side perspective, as well as a set of recommendations for country-specific policy options. UNHCR additionally worked to increase national capacity to deliver integrated sexual and reproductive health (SRH) services for marginalized/vulnerable adolescents and young people in humanitarian settings. For example, UNHCR worked in Cameroon, Ethiopia, Ghana, Kenya, Pakistan, Rwanda, South Sudan, Ukraine and Zambia to provide youth friendly HIV services to adolescents and young people both in and out of camp.

The Joint Programme recognizes that efforts to scale-up the provision of prevention commodities will be of no use if young people are unable to access them, either due to insufficient supply or because young people do not feel comfortable and safe with their service provider. To address this, the Joint Programme continued to work in close collaboration with civil society and young people in 2016 to strengthen youth-friendly services, including services provided by community health workers, mentors and peers, and services targeted to the specific needs of adolescent and YKPs.

Access to services and commodities must go hand-in-hand with access to comprehensive sexuality education - a core component of any combination prevention package. A key joint initiative in 2016 and beyond is the update of the UN International Technical Guidelines on Sexuality Education. A global technical stakeholder consultation was hosted by UNESCO in October 2016 with more than 60 participants, and a CSE Advisory Group has been established with the UNAIDS Secretariat, UNFPA, UNICEF, UN Women, WHO and UNDP. The updated International Technical Guidance on Sexuality Education will be published in 2017 and will reflect new evidence and good practices, with a specific focus on areas such as early pregnancy, puberty, and gender equality.

Youth leaders were supported by the UNAIDS Secretariat and cosponsors to conduct the Youth HLM pre-meeting, hosted by UNFPA at their HQ in New York. Approximately 25 young people participated in the Youth Pre-meeting where some strategies were developed and people had the chance to network and update each other about what was happening at that

moment, when there was uncertainty about whether or not the 2016 Political Declaration on HIV and AIDS would be open for negotiations.

UNAIDS Secretariat with cosponsors supported the development and launch of the *UNAIDS practical guide to meaningfully engage adolescents in the AIDS Response* integrates issues related to gender inequality that disproportionately impacts on young women and adolescent girls and outlines strategies to enhance their engagement in the HIV response.

UN Women and other partners facilitated strategic opportunities for young women and adolescent girls, including those living with HIV, to engage in the key agenda-setting fora. At the High-level meeting on HIV/AIDS, UN Women and partners facilitated a space for young women advocates to engage in the development of the 2016 Political Declaration on HIV and AIDS. With UN Women support, young women advocates, including those living with HIV, engaged in the first-ever 60th Commission on the Status of Women Youth Forum. At the International AIDS Conference-2016 young advocates called for actions on ending early marriages, gender-based discrimination in health care settings and on promoting meaningful participation of young women living with HIV. Nineteen Women Deliver Young Leaders working on HIV, more than half of whom were young women, received UN Women's scholarships to attend the Women Deliver 4th Global Conference.

In collaboration with IPPF and The PACT, UNAIDS Secretariat supported the launch of the fourth phase of ACT!2030, formerly ACT!2015, a youth-led social action initiative which engages young people in 12 countries (Mexico, Jamaica, Algeria, Bulgaria, Nigeria, Uganda, Zambia, South Africa, Kenya, Zimbabwe, India and Philippines) on youth-led, data-driven accountability around the Sustainable Development Goals and other relevant agreements or frameworks related to the sexual and reproductive health and rights of young people. Through the "All in to #EndAdolescentAIDS" partnership, UNAIDS Secretariat supported The PACT to develop an adolescent engagement guide for the HIV response.

Challenges

Targets and advocacy for prevention: Despite efforts to set prevention targets and galvanize political commitment for increased investment in prevention, very few countries have adopted a meaningful set of targets that capture their prevention response. Several countries are grappling with how to conceptualize and advocate for prevention within a context where treatment advocacy has been dominant, and where incidence reductions have been expected to mostly derive from treatment as prevention.

Data for a targeted combination approach: Another challenge relates to the availability and analysis of the highly granulated data, disaggregated by sex and age that is needed for a targeted combination prevention approach. There is a need to strengthen data collection mechanisms and fill the gaps in knowledge and evidence around young people's health, education and rights. This means ensuring that systems are in place to collect and analyze data that is disaggregated by sex, age, economic status, and geographical location.

Transition from child to adult services: In view of children's survival rates thanks to ARVs, transition to adolescence programmes, as well as strategies for better identification of older undiagnosed children and adolescents growing up with HIV and linking them to treatment and care is essential. Supporting HIV positive young people during the transition from child to adult services calls for more information to be acquired on adolescent needs.

Translating voice to impact: Participation and voice of young women and adolescent girls, including those living with HIV, do not necessarily translate into impact. Long-term mentoring and institutional support are urgently required to ensure they can meaningfully contribute to the HIV response.

Financing the Fast-Track: The Joint Programme is unanimous in recognizing the need to radically accelerate progress on prevention, in order to stay on track towards the goal of ending HIV as a public health threat by 2030. While significant progress was made in this area, and several new campaigns have been launched, the context of financial uncertainty and staff turnover hindered the Joint Programme's ability to genuinely "fast track" progress. This being said, while acceleration was not possible under the given circumstances, it is testament to the capacity and resilience of the UNAIDS Secretariat and Cosponsors that efforts have nevertheless remained on course.

Key future actions

Towards progress on adolescent sexual and reproductive health and rights (SRHR) and comprehensive sexuality education (CSE) in 2017:

- The updated UN International Technical Guidance on Sexuality Education will be published and rolled-out to the country-level in multiple language versions; a complementary volume focused on CSE in out of school settings will also be developed under the leadership of UNFPA;
- The Joint Programme will also continue work to scale-up quality CSE and access to SRH services for adolescents and young people through follow-up to the ESA Ministerial Commitment, and in particular the “Let’s Step up and Deliver” Call to Action and “Roadmap 2020”;
- UNHCR and Save the Children will develop guidelines on Adolescent Sexual Reproductive Health (adolescent sexual and reproductive health) in humanitarian settings, which will seek to guide humanitarian partners on how adolescent sexual and reproductive health can be better integrated into programming. A research and mapping exercise of existing adolescent sexual and reproductive health services in UNHCR operations will be undertaken to ascertain existing gaps and opportunities for scale up.

Addressing the availability of combination prevention:

- UNICEF will focus on ensuring programming meets the needs of adolescents living with, affected by and at-risk of HIV, including support for COs to scale up combination HIV prevention interventions to introduce innovations such as PrEP and targeted HIV testing, where appropriate;
- The ILO will continue to prioritise the scale up of combination prevention workplace programmes targeted at vulnerable mobile and migrant workers in identified sectors in high prevalence locations in the Sub Saharan Africa and Asia regions. The focus is to increase access to HIV services for workers and build synergies between the supply of commodities, the strengthening of the legal policy framework and improved Social Protection coverage;
- The World Bank will continue to focus on evidence building and to provide support to implementation of combination prevention programs through its multisectoral Health, Education, Social Protection and Transport lending portfolio.

Attempting to translate voice into impact:

- UN Women will continue to identify strategic opportunities for young women and adolescent girls, including those living with HIV, to participate and engage in the key agenda-setting fora and national HIV responses

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