

Technical Guidance Note for Round 11

Global Fund HIV Proposals



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Prevention, treatment, care and support for young people

Note: This guidance was prepared by the Inter-Agency Task Team on HIV and Young People (IATT/YP), convened by the United Nations Population Fund and the United Nations Children's Fund, to provide an overview for the purposes of developing proposals for the Global Fund to Fight AIDS, Tuberculosis and Malaria. For further information and resources, please visit the IATT/YP web site at <http://www.unfpa.org/public/iattyp>, or e-mail info-iattyp@unfpa.org.

Rationale for including young people in the proposal

Despite the high number of young people living with human immunodeficiency virus (HIV), there remains insufficient attention directed towards preventing future transmission of HIV among this population.^{1,2} Many young people living with HIV have inadequate access to health and social support services and face considerable stigma and discrimination. The need to focus on HIV among young people has been endorsed by governments in a range of international fora,³ and specific targets have been agreed. In addition, sufficient evidence exists for the effectiveness of specific programmes to prevent HIV among young people.^{4,5,6} It is critical that programmes specifically focusing on reaching young people feature prominently in proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria, given the following:

- ◆ **Young people comprise a quarter of the world's population:** There are over 1.8 billion people aged 10–24 years worldwide, just below 90% of them in developing countries. These figures alone highlight the importance of HIV prevention among this group and the potential the group represents for change.
- ◆ **Young people contribute almost half of all new HIV infections:** An estimated 890 000 new HIV infections occurred among young people aged 15–24 years in 2009, accounting for 41% of new infections among adults. Globally, an estimated 5 million of the 33.4 million people living with HIV are young people aged 15–24 years. Among young people living with HIV, nearly 80% live in sub-Saharan Africa, of whom 71% are female. The majority of young people living with HIV, however, do not know that they are infected.
- ◆ **Young people lack accurate and comprehensive HIV prevention information:** As of 2009, only 33% of young males and 26% of young females in sub-Saharan Africa had accurate HIV knowledge, and yet previously governments committed that by 2005 90% of young people would be able to correctly identify modes of HIV transmission and prevention. The universal access target for HIV knowledge among young people is 95% by 2010.
- ◆ **Many populations at higher risk of HIV infection include young people:** The HIV-risky behaviours that need to be addressed when working with people who inject drugs, sex workers and men who have sex with men are often illegal. Moreover, young people often experience more stigma, discrimination and social exclusion than adults engaging in the same behaviours. In addition, specific factors, such as conflict, social instability, poverty and powerlessness, can also facilitate the transmission of HIV and other sexually

1 *Securing the future today: Synthesis of strategic information on HIV and young people.* Geneva, UNAIDS Inter-Agency Task Team on HIV and Young People, 2011.

2 *Opportunity in crisis: Preventing HIV from early adolescence to young adulthood.* Geneva, United Nations Children's Fund, 2011.

3 These include the 5-year follow-up to the Cairo International Conference on Population and Development (ICPD+5), the Millennium Summit, the 2001 United Nations General Assembly Special Session (UNGASS) on HIV/AIDS and its 5- and 10-year reviews, the 2002 UNGASS on Children (World Fit for Children), the 2002 Youth Employment Summit, and the 2011 Mali Youth Summit on HIV/AIDS.

4 *Expanding the global response to HIV/AIDS through focused action: Reducing risk and vulnerability – definitions, rationale and pathways.* Geneva, Joint United Nations Programme on HIV/AIDS, 1998.

5 Ross D et al. *Preventing HIV in young people: A systematic review of the evidence from developing countries.* Geneva, World Health Organization, 2006.

6 *Opportunity in crisis: Preventing HIV from early adolescence to young adulthood.* Geneva, United Nations Children's Fund, 2011.

transmitted infections (STIs) in young people in humanitarian crisis situations. These factors together make it more difficult for young people to access and be reached by prevention and treatment services.

- ◆ **Young people are diverse and have unique needs:** Young people, particularly young women, are vulnerable due to their age, gender norms and other contextual factors. Young people living with HIV have special requirements, which are often unmet. Laws and policies, such as those dealing with age of consent for services, can specifically exclude young people from accessing sexual health and HIV-related services, including age-appropriate sexuality and prevention information and, in many countries, HIV counselling and testing.

Situation analysis

To better understand the extent of the epidemic in young people, the situation analysis of the proposal should seek to answer the following questions:

- ◆ **Where is the virus?** Which young people have the highest HIV prevalence rates, what are the risk behaviours underlying HIV transmission among young people, and in which settings do these behaviours occur? The situation analysis should include epidemiological and demographic data specific to the burden of disease impacting on young people and access to services. Data should be disaggregated by age (age groupings of 10–14 years, 15–19 years and 20–24 years) and sex, and for young people who are most at risk of HIV, such as young people who inject drugs, young men who have sex with men, and young sex workers.
- ◆ **Where is the virus going?** Which young people are most vulnerable to becoming infected with HIV, as the virus moves from most-at-risk groups to other population groups? It is important to map young people's risk and vulnerability to HIV infection and identify areas of high HIV transmission ("hot spots")⁷ in order to understand who is at increased risk and where they are located. In some hyperendemic countries, information to identify young women who are especially vulnerable, such as those working in domestic service, is critical.
- ◆ **What are the factors affecting young people's vulnerability to the virus?** What are the cultural, economic, social, structural and political factors that make young people vulnerable to HIV or force them into adopting high-risk behaviours? What are some of the unique situations that young people are in that make them even more vulnerable than those in stable circumstances?
- ◆ **What is the response to date?** An analysis of the availability of prevention care and treatment services for young people, including the existence of norms, standards and policies supporting HIV prevention for young people, should be provided. Information on the current coverage (use by age and sex), quality and cost of existing programmes (behaviour change, including comprehensive sexuality education and mass media, HIV counselling and testing, condom provision, STI care, harm reduction, male circumcision, antiretrovirals, psychosocial support) will enable the identification of gaps, inefficiencies and good practices and the development of context-relevant and cost-effective plans.

Objectives for this area

In UNAIDS Outcome Framework priority countries, three bold results have been set for achievement by the end of 2011 in the worst affected regions of each priority country:

- ◆ National comprehensive knowledge about HIV will have reached at least an 80% threshold among young people in and out of school, including through the provision of good-quality sexuality education.
- ◆ The use of condoms with non-marital sexual partners will have at least doubled among young people.

⁷ For information on how to conduct hot spot mapping, see Weir SS et al. *Priorities for Local AIDS Control Efforts (PLACE): A manual for implementing the PLACE method*. Chapel Hill, NC, United States Agency for International Development and MEASURE, Carolina Population Centre, 2005.

- ◆ The use of HIV testing and counselling services at public and private prevention of mother-to-child transmission (PMTCT) and HIV testing and counselling facilities by young people most at risk of HIV will have doubled.⁸

Focus populations

Young people are defined by the United Nations as people aged 10–24 years. Although this category varies by country, it is generally subdivided into adolescents (aged 10–19 years) and youths (aged 15–24 years). Other subpopulations identified through “know your epidemic” analyses may also be important to focus on. This may include young people among most-at-risk populations. The UNAIDS Outcome Framework identifies “empowering young people to protect themselves from HIV” as a key priority area. A corresponding goal has been set for 2015 in 17 high-priority countries “to reduce new HIV infections among young people (aged 15–24) by 30% by providing comprehensive sexual and reproductive information, skills, services and commodities in a safe and enabling environment tailored to the specific country and epidemic context.” To achieve this goal, programmes should make a concerted effort to target most-at-risk and vulnerable young people for prevention and young people living with HIV for treatment, care and support.

Young people most at risk are:

- ◆ males and females who inject drugs using non-sterile injecting equipment;
- ◆ males who have unprotected anal sex with other males;
- ◆ females and males involved in sex work, including those trafficked for the purpose of sexual exploitation, and who have unprotected (often exploitative) transactional sex;
- ◆ males who have unprotected sex with sex workers.

Young people vulnerable to HIV include, but are not limited to, those who:

- ◆ are peers of most-at-risk young people;
- ◆ have parents or siblings who inject drugs or sell/exchange sex;
- ◆ live without parental care (on the streets or in institutions),⁹ or lack protection, or live with older relatives or guardians or in dysfunctional families;
- ◆ have dropped out of school or have limited access to information and education;
- ◆ use alcohol and other drugs that may impair their judgement;
- ◆ have limited access to health and social services due to lack of identity documents;
- ◆ live in extreme poverty or are unemployed;
- ◆ have been forcibly displaced through war or conflict (internally or externally), or have migrated between rural and urban areas or outside of their country of origin in search of employment (because of forced labour or for sexual exploitation);
- ◆ live in broken communities and in situations where social and sexual norms regulating behaviour are nonexistent or loose;
- ◆ live in areas of high HIV prevalence;
- ◆ are socially excluded (e.g. members of national minorities);¹⁰
- ◆ have been recruited as combatants or for forced labour.

8 The current UNGASS indicator for HIV testing covers the age range 15–49 years; therefore, disaggregation of data for age 15–24 years is needed. Baseline data to measure this result/action will be established. The profiles of these most-at-risk young people will be determined in each country. In generalized and hyperendemic settings these include girls aged 15–24 years, but in concentrated epidemics they include young people who inject drugs, young men who have sex with men, and young sex workers.

9 Reference to children living and working on the streets and in juvenile detention facilities is made in the Inter-Agency Task Team on HIV and Young People Global Guidance Brief on HIV interventions for most-at risk young people (2008).

10 Homans H. *Regional guidance manual on programming to prevent HIV in most-at-risk adolescents*. Geneva, United Nations Children's Fund, 2008.

Key activities to be considered

In order to develop appropriate HIV prevention programmes for young people, it is critical to “**know your epidemic**”, as programme responses differ according to the stage of the epidemic.¹¹ With this information, programmes can be focused most effectively to young people who are most at risk:

- ◆ **In all countries**, focused programmes for young people who inject drugs, young men who have sex with men, and young people involved in sex work and their clients should be in place.
- ◆ **In low-prevalence countries**, focused programmes should be in place for young men and women who inject drugs and sell sex, and young men who have sex with men.
- ◆ **In concentrated epidemics**, focused programmes for young people who inject drugs, young men who have sex with men, and young people involved in sex work should be in place, as well as focused programmes for their sexual partners and other country-specific vulnerable groups.
- ◆ **In generalized epidemics**, focused programmes should follow those needed for concentrated epidemics. Programmes should ensure access to nondiscriminatory age- and gender-appropriate HIV and STI prevention information (condom use, reduction of number of partners, concurrent partners), access to treatment services that respect confidentiality and privacy, and protection from unlawful restrictions on freedom of movement.¹² Life skills programmes, male circumcision and HIV testing should also be part of the HIV response for young people.

There are **four core areas of action** that focus on both risk and vulnerability reduction among young people, and that are reflected in the global goal of achieving universal access to services for HIV prevention, treatment and care. These are:

- ◆ provision of information to develop knowledge;
- ◆ opportunities and support to develop life skills;
- ◆ provision of appropriate and accessible health services;
- ◆ creation of a safe and supportive environment.

Sufficient evidence exists for the effectiveness of specific programmes to prevent HIV among young people (see references above). A typical programme reaching a young person costs US \$9 per year.¹³

Activities that have been demonstrated to be effective in addressing the HIV epidemic among young people include:

- ◆ peer education for and outreach to young people out of school, children and adolescents who are commercially or sexually exploited, and street youth;
- ◆ addressing gender inequalities through building life skills for boys and girls;
- ◆ addressing cross-generational and transactional sex through campaigns for social change;
- ◆ ensuring access to comprehensive sexuality education;
- ◆ ensuring access to youth-friendly sexual and reproductive health services, including diagnosis and treatment of STIs and HIV counselling and testing and referral to HIV treatment, care and support services;
- ◆ removing legal barriers to access prevention and care services, including condoms for dual protection from STIs/HIV and pregnancy;
- ◆ involving parents and adults in community- and school-based HIV awareness and prevention activities;
- ◆ promoting mass media programmes to raise awareness, promote public debate, reduce stigma and discrimination, and promote gender equality;

11 Guidance is provided on the measures that need to be in place based on the stage of the epidemic. *Practical guidelines for intensifying HIV prevention: Towards universal access*. Geneva, Joint United Nations Programme on HIV/AIDS, 2007.

12 In none of 18 countries surveyed between 2001 and 2005 did knowledge levels about HIV in young people exceed 50% – far short of the 95% target for 2010. *AIDS epidemic update 2006*. Geneva, Joint United Nations Programme on HIV/AIDS, 2006.

13 “We can. ...”: *Speaking about hope, the HIV response and UNAIDS*. Geneva, Joint United Nations Programme on HIV/AIDS, 2010.

- ◆ providing information on sexual and reproductive health and HIV prevention and treatment in a form that young people can understand;
- ◆ providing male and female condoms;
- ◆ providing harm-reduction services for people who inject drugs;
- ◆ providing male circumcision services, particularly in countries where HIV prevalence is high and circumcision is low (adolescents and young men are key groups for male circumcision);
- ◆ putting in place specific protection measures for young people affected by emergencies, including unaccompanied minors, orphans and other vulnerable children.

For all groups of key populations, greater attention needs to be paid to legal and psychosocial support, access to alternative education opportunities and, for those under 18 years of age, child protection services.

For further information on what actions are needed to respond effectively to HIV prevention, treatment and care among young people, see *Global guidance briefs: HIV programmes for young people* (www.unfpa.org/hiv/iatt).

Suggested key indicators

Proposals should include indicators to track progress against milestones and universal access targets identified in the national HIV programme. Data need to be disaggregated by age, sex, diversity and use of services¹⁴ to show whether the programmes are having the intended effect and to make appropriate changes based on the results.¹⁵ Several tools have been developed to assist countries with monitoring indicators for young people consistent with the United Nations General Assembly Special Session (UNGASS 2001) core indicators¹⁶ and for tracking most-at-risk populations.¹⁷ Tools have also been developed to evaluate HIV education programmes,¹⁸ health services for adolescents¹⁹ and general life skills-based education.

The 2001 Declaration of Commitment elaborated 25 core indicators on HIV, of which the following have relevance and applicability to the situation of young people:

- ◆ **UNG4:** percentage of adults and children with advanced HIV infection receiving antiretroviral therapy.
- ◆ **UNG7:** percentage of women and men aged 15–49 years who have received an HIV test in the past 12 months and who know the results.
- ◆ **UNG11:** percentage of schools that provided life skills-based HIV/AIDS education within the past academic year.
- ◆ **UNG13:** percentage of young women and men aged 15–24 years who correctly identified ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.
- ◆ **UNG15:** percentage of young women and men aged 15–24 years who have had sexual intercourse before the age of 15 years.
- ◆ **UNG16:** percentage of adults aged 15–24 years (or 15–49 years) who had sex with a non-regular partner in the past 12 months.

14 Such as uptake of voluntary counselling and testing and the percentage of most-at-risk young people who have received an HIV test in the past 12 months and who know the results.

15 *Practical guidelines for intensifying HIV prevention: Towards universal access*. Geneva, Joint United Nations Programme on HIV/AIDS, 2007.

16 *Guide to monitoring and evaluating national HIV/AIDS prevention programmes for young people*. Geneva, World Health Organization, 2004 (http://www.who.int/hiv/pub/me/en/me_prev_intro.pdf); and *Monitoring and evaluating adolescent reproductive health programmes*. Arlington, VA, Family Health International, 2000 (<http://www.fhi.org/en/Youth/YouthNet/Research/monitoringevaluation.htm>).

17 *A framework for monitoring and evaluating HIV prevention programmes for most-at-risk populations*. Geneva, Joint United Nations Programme on HIV/AIDS, 2007. UNAIDS/07.15E/JC1338E.

18 *Handbook for evaluating HIV education*. Washington, DC, Centers for Disease Control, 2005 (http://www.cdc.gov/HealthyYouth/publications/hiv_handbook/index.htm).

19 *Quality assessment guidebook. A guide to assessing health services for adolescent clients*. Geneva, World Health Organization, 2009.

- ◆ **UNG17:** percentage of adults aged 15–24 years (or 15–49 years) who had more than one sexual partner in the past 12 months and who report the use of a condom during their last intercourse.
- ◆ **UNG22:** percentage of young women and men aged 15–24 years who are living with HIV.

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Linkage with other interventions

There is global consensus that the best way to support HIV prevention efforts is through a combination of prevention programmes that build on an understanding of the epidemic, its drivers and structural factors, and of the priority groups and their special needs in a given context. This information must then be used to inform improved prioritization and targeting of the prevention response. Greater consideration must be given to equity, sustainability and efficiency in the use of limited resources. To ensure sustainability, these programmes must be linked to health, education and social service delivery systems, including sexual and reproductive health, and should be integrated within social protection and employment policies and programmes for young people, especially girls. Single and isolated prevention programmes rarely have a sustained impact and cannot be scaled up.

Further reading

Securing the future today: Synthesis of strategic information on HIV and young people. Geneva, UNAIDS Inter-Agency Task Team on HIV and Young People, 2011 (<http://unfpa.org/public/home/publications/pid/8048>).

Global guidance briefs: HIV interventions for young people. New York, United Nations Population Fund, 2008 (<http://www.unfpa.org/public/home/publications/pid/2850>).

Opportunity in crisis: Preventing HIV from early adolescence to young adulthood. New York, United Nations Children's Fund, 2011 (http://www.unicef.org/aids/index_58689.html).

Children and AIDS: Fifth stocktaking report, 2010. New York, United Nations Children's Fund, 2010 (http://www.unicef.org/aids/files/ChildrenAndAIDS_Fifth_Stocktaking_Report_2010_EN.pdf).

HIV prevention for girls and young women: Report cards. New York, United Nations Population Fund, 2008 (<http://www.unfpa.org/public/home/publications/pid/1201>).

Preventing HIV in young people: A systematic review of evidence from developing countries. New York, United Nations Population Fund, 2006 (<http://www.unfpa.org/public/home/publications/pid/358>).

Change, choice and power: Young women, livelihoods and HIV prevention. New York, United Nations Population Fund, 2007 (<http://www.unfpa.org/public/home/publications/pid/401>).

Young people most at risk of HIV: A meeting report and discussion paper. New York, United Nations Population Fund, 2010 (<http://www.unfpa.org/public/home/publications/pid/6565>).

20 *Guide to monitoring and evaluating national HIV/AIDS prevention programmes for young people.* Geneva, World Health Organization, 2004 (http://www.who.int/hiv/pub/me/en/me_prev_intro.pdf); and *Monitoring and evaluating adolescent reproductive health programmes.* Arlington, VA, Family Health International, 2000 (<http://www.fhi.org/en/Youth/YouthNet/Research/monitoringevaluation.htm>).

21 *A framework for monitoring and evaluating HIV prevention programmes for most-at-risk populations.* Geneva, Joint United Nations Programme on HIV/AIDS, 2007. UNAIDS/07.15E/JC1338E.

22 *Handbook for evaluating HIV education.* Washington, DC, Centers for Disease Control, 2005 (http://www.cdc.gov/HealthyYouth/publications/hiv_handbook/index.htm).

Important reminder

HIV programmes that target young people should be guided by the following principles:

- ◆ **A human-rights-based and gender-sensitive approach:** Such an approach is fundamental for effective and sustainable national responses to HIV prevention among young people, and in particular people most at risk and people living with HIV.
- ◆ **Collaboration and partnerships between adults and youth, and among different organizations:** The development of comprehensive HIV programmes for young people across different sectors and organizations requires provision of sustainable funding and a national coordination mechanism.
- ◆ **Valuing the meaningful participation of young people:** Young people (including people living with HIV and those most at risk) should be involved in the design, implementation and evaluation of programmes and services targeting them. Their meaningful participation is critical to the success of an intervention.
- ◆ **Recognition that young people are not homogeneous:** Programmes must be tailored to meet the individual characteristics and circumstances of young people, such as age, sex, religion, socioeconomic status, marital status and domestic arrangements, among other factors. Programmes should specifically address the needs of vulnerable and high-risk groups of young people, including young people who inject drugs, whose high-risk behaviour has been identified as a driving force behind HIV transmission in eastern Europe, central Asia and the Americas, and young people in humanitarian crisis situations.

