HIV/AIDS and young people

Training Course in Sexual and Reproductive Health Research
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Jane Ferguson

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World Health Organization

Topics covered

- Why is it important to focus on HIV in young people ?
- What is the scope of the HIV epidemic in young people ?
- What are the special needs of adolescents living with HIV (ALHIV) ?
- What are the achievement and challenges of the response to HIV and young people ?

Why a focus on young people and HIV/AIDS: public health arguments

- An opportunity to slow the epidemic because young people contribute significantly each year to new infections globally (900,000 new infections among young people in 2008).
- Most infections, globally, are transmitted sexually and sexual behaviour is initiated and modelled during adolescence.
- Young people are important allies for changing social norms and are leading the prevention revolution by choosing to have sex later, having fewer partners and increasing their use of condoms. New infections among young people have declined by more than 25% in 7 countries(1)
- With the roll out of treatment and improved care of children living with HIV, there will be more adolescents living with HIV. They have specific needs and it is critical to improve guidance, treatment, care and support for prevention.
- In concentrated epidemics, young people constitute a larger proportion of "most-at-risk populations" (i.e. people who inject drugs, people who sell sex and men who have sex with men)(2)

1.International group on analysis of trends in HIV prevalence and behaviours in young people in countries most affected by HIV, 'Trends in HIV prevalence and sexual behaviour among young people 15-24 years in countries most affected by HIV', *in press*

*2.*Interagency working group et al, Young people most at risk of HIV, Family Health International, 2010

Why a focus on young people and HIV/AIDS: political arguments

The Millennium Development Goal (MDG) 6 includes the following targets:

Halt and begin to reverse, by 2015, the spread of HIV/AIDS

Indicators relevant to young people:

- **6.1 HIV prevalence among population aged 15-24 years**
- **6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS**

Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

2001, United Nations General Assembly Special Session (UNGASS) on HIV/AIDS includes the following targets:

Reduce HIV prevalence among young people aged 15 to 24 by 25 per cent globally by 2010

Ensure that 90 per cent of young people aged 15 to 24 have the knowledge, education, life skills and services to protect themselves from HIV by 2005, and 95 per cent of them by 2010

Why a focus on young people and HIV/AIDS: human rights arguments
from needs and responsibilities to rights and obligations

Adolescents have **essential needs**, including those related to their healthy growth and development

Meeting these essential needs requires the acceptance of **responsibilities** by various players in society

The recognition of essential needs and the acceptance of responsibilities leads to the definition of **standards** of treatment for adolescents

Rights codify such standards adding **legal** status. Rights articulate just or equitable treatment and fairness in decisions according to standards and codes established by a legitimate authority

Existence of rights places a **legal obligation** on the Government and others to ensure that they are respected and fulfilled, forming the basis for **accountability**

Then…

- Millennium Declaration 2000 – leaders commit to a collective responsibility to ensure equitable development for all people, especially children and the most vulnerable.
  - **MDG 6: Halt and reverse the spread of HIV.**

- UN General Assembly Special Session on AIDS 2001.
  - **By 2005, reduce 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** challenging gender stereotypes and attitudes, gender inequalities, and encouraging active involvement of men and boys.
  - **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 the information, education, including peer education and youth - specific HIV education, and services to reduce vulnerability.

- **Globally 5.7 million [5.0 million–6.7 million] young people living with HIV in 2001**

… Now …

- **An estimated 5 million [4.3 million – 5.9 million] young people aged 15–24 were living with HIV in 2009, a 12 per cent reduction since 2001**

New Infections in Young People

TABLE 2: Twenty sub-Saharan African countries with the most new HIV infections among young people aged 15–24, 2009

Country	Total	
	Estimate	[low estimate – high estimate]
South Africa	160,000	[140,000 - 190,000]
Nigeria	120,000	[110,000 - 140,000]
Mozambique	49,000	[41,000 - 56,000]
Uganda	46,000	[38,000 - 53,000]
Kenya	42,000	[27,000 - 56,000]
United Republic of Tanzania	40,000	[31,000 - 52,000]
Zambia	27,000	[22,000 - 32,000]
Malawi	26,000	[18,000 - 33,000]
Cameroon	22,000	[18,000 - 25,000]
Zimbabwe	22,000	[14,000 - 31,000]
Lesotho	9,400	[7,900 - 11,000]
Ghana	8,300	[6,300 - 10,000]
Angola	8,000	[5,400 - 11,000]
Botswana	6,000	[4,300 - 8,800]
Chad	5,900	[3,700 - 21,000]
Swaziland	5,600	[4,600 - 6,600]
Côte d'Ivoire	5,200	[2,600 - 9,100]
Burundi	4,300	[3,200 - 5,100]
Togo	4,000	[2,300 - 5,800]
Rwanda	3,700	[1,400 - 6,600]
World	890,000	[810,000 - 970,000]

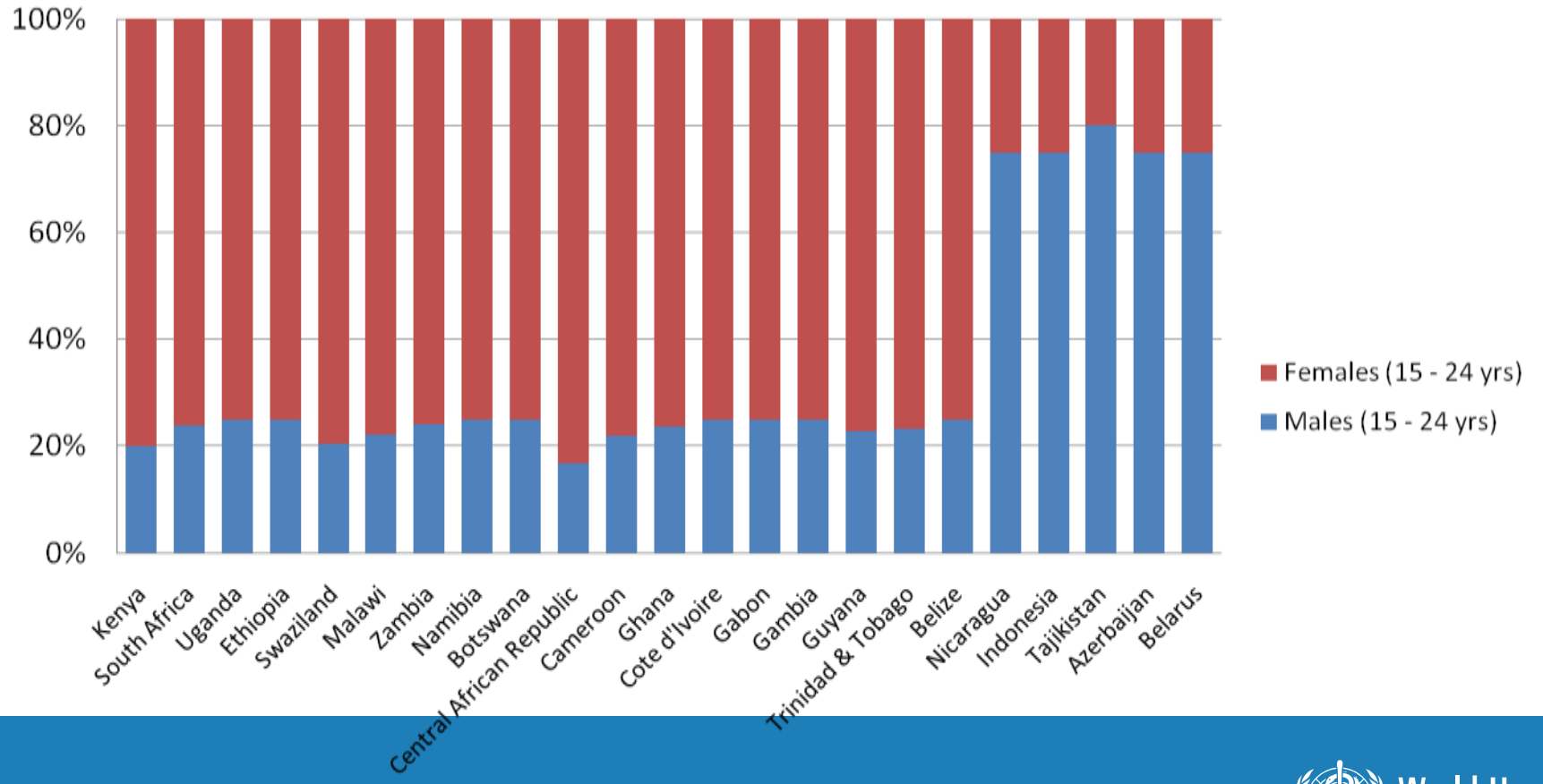
Source: UNAIDS unpublished estimates, 2010.

- Young people aged 15 – 24 account for 41% of all new adult infections (aged 15 years and older) in 2009.

- In 2009, an estimated 2500 young people aged 15 – 24 were infected every day for a global total of 890,00 [810,000 – 970,000].
  - Nearly 1 in every 3 in South Africa and Nigeria.
  - 80% in sub-Saharan Africa
  - 6% in South Asia
  - 5% in Latin America and the Caribbean
  - 4% in East Asia and the Pacific
  - 3% in the Middle East and North Africa
  - 2% in Eastern Europe and Central Asia

Gender disparities in prevalence reflect inequalities in social and economic opportunities and access to services

Distribution of HIV infections between young males and females, aged 15 – 24 yrs in countries with highest gender disparity



Source: UNAIDS, Dec 2008 with additional analysis by UNICEF

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4 Key Points about young women and girls

- **Driven by the huge numbers and gender disparities in sub-Saharan Africa, young women aged 15 – 24 make up more than 60 per cent of all young people living with HIV globally.**

- **In sub-Saharan Africa, the figure is 72%**:
  - the lower the household income, the less likely both young men and young women are to have accurate knowledge of HIV and AIDS.
  - The larger the age gap between sexual partners, the greater the likelihood of being HIV-infected.

- **The road from childhood to adulthood is perilous for young people and particularly for young women**:
  - 11% of adolescent girls have had sex before age 15 (ranging from 8% in south Asia to 22% in Latin America).
  - A direct result of early sexual debut, adolescent girls account for 16 million births every year.
  - A 2005 multi-country study found between 1% – 21% women experience sexual abuse before age 15.
  - Between 3.6% - 20% of adolescent boys also experience sexual abuse.
  - The most common place where young women and girls experience sexual coercion and harassment is in school.

- **Diagnosis: Communities have too often turned a blind eye to early sexual debut, multiple sexual partnerships, age-disparate sex and sexual violence. Governments and donors have not done enough to establish systems to protect young women and girls and shape a landscape that can help prevent HIV.**

Young key affected populations

- In Eastern Europe and Central Asia, four out of five people living with HIV are under age 30. One out of every three new HIV infections occurs among young people aged 15–24.
- In some parts of sub-Saharan Africa, HIV prevalence among young men (18-24) who have sex with men have up to 6 times higher HIV prevalence than other men the same age.

TABLE 3: Unmet need for prevention: high levels of HIV infection among young men who have sex with men, 2009–2010

Location	HIV prevalence among young men (15–24) in the general population (%)	Number of young men (18–24) enrolled in study who have sex with men	Number of young men (18–24) testing HIV-positive	HIV prevalence among young men (18–24) enrolled in study who have sex with men (%)
Gaborone, Botswana	5.2	67	8	11.9
Blantyre and Lilongwe, Malawi	3.1	98	19	19.4
Windhoek, Namibia	2.3	124	5	4.0
Cape Town, South Africa	4.5	107	22	20.6

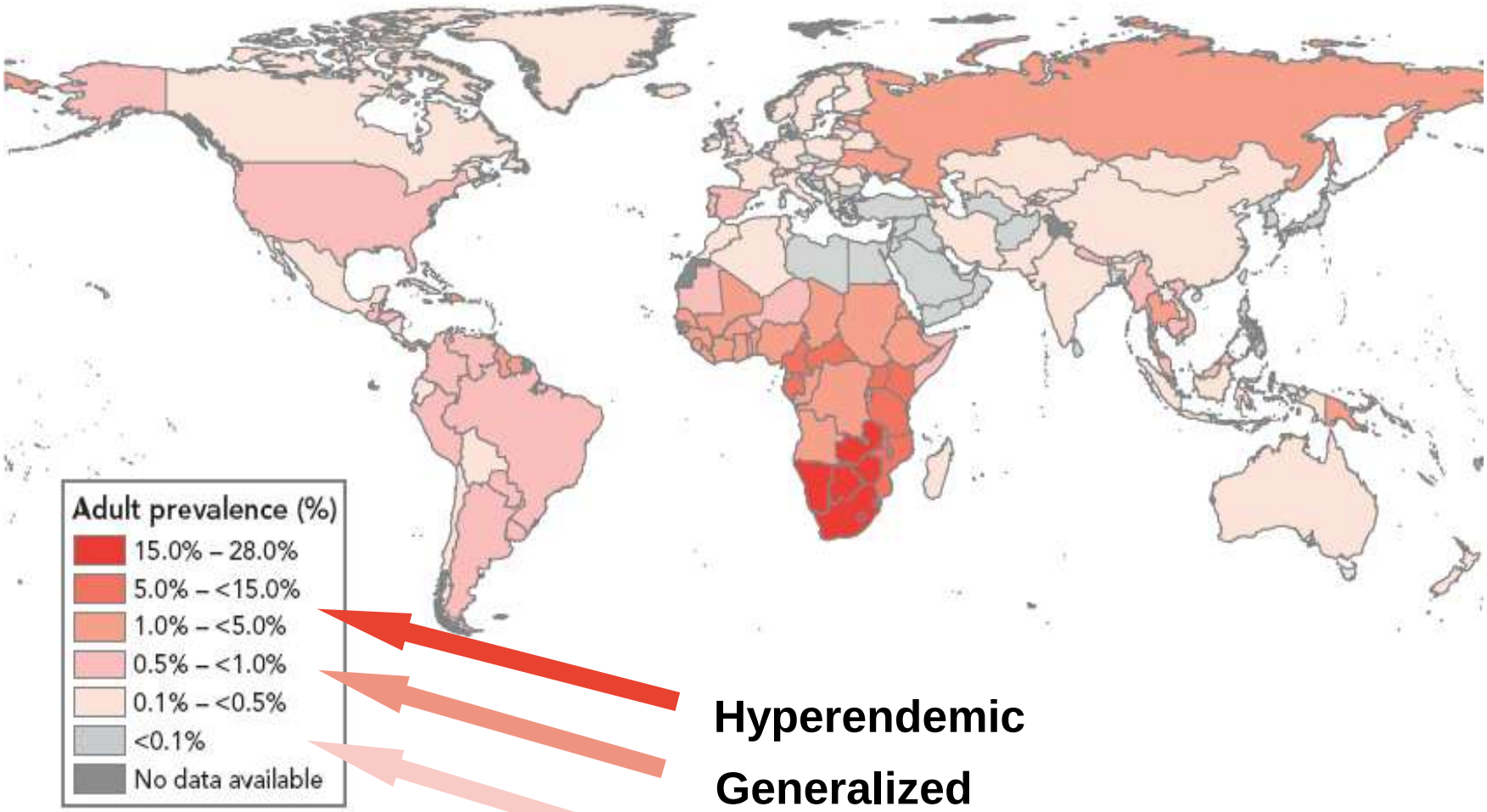
Source: UNAIDS, *Report on the Global AIDS Epidemic 2010*; Baral, S., personal communication based on work cited in Baral, S., et al., 'Bisexual Practices and Bisexual Concurrency among Men Who Have Sex with Men (MSM) in Peri-urban Cape Town, South Africa', Fifth International AIDS Society Conference on HIV Pathogenesis and Treatment, 19–22 July 2009, Abstract No. MOPEC031; and Fay, H., et al., 'Stigma, Health Care Access, and HIV Knowledge among Men Who Have Sex with Men in Malawi, Namibia, and Botswana', *AIDS and Behavior*, December 2010.

There are different types of HIV epidemics

- **Low-level scenarios** are those with HIV prevalence levels of below 1% and where HIV has not spread to significant levels within any subpopulation group.
- **Concentrated scenarios** are those where HIV prevalence is high in one or more sub-populations such as men who have sex with men, injecting drug users or sex workers and their clients, but the virus is not circulating in the general population.
- **Generalized scenarios** are those where HIV prevalence is between 1–15% in pregnant women attending antenatal clinics, indicating that HIV prevalence is present among the general population at sufficient levels to enable sexual networking to drive the epidemic
- **Hyper-endemic scenarios** refer to those areas where HIV prevalence exceeds 15% in the adult population, driven through extensive heterosexual multiple concurrent partner relations with low and inconsistent condom use and low male circumcision

The scenarios across the world

(Global HIV prevalence 2007)



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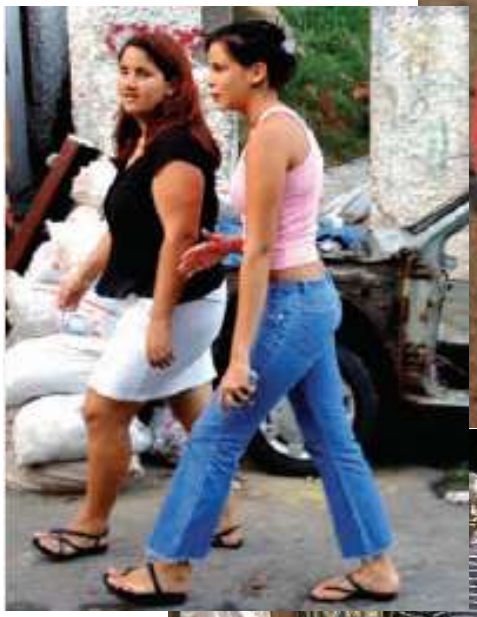
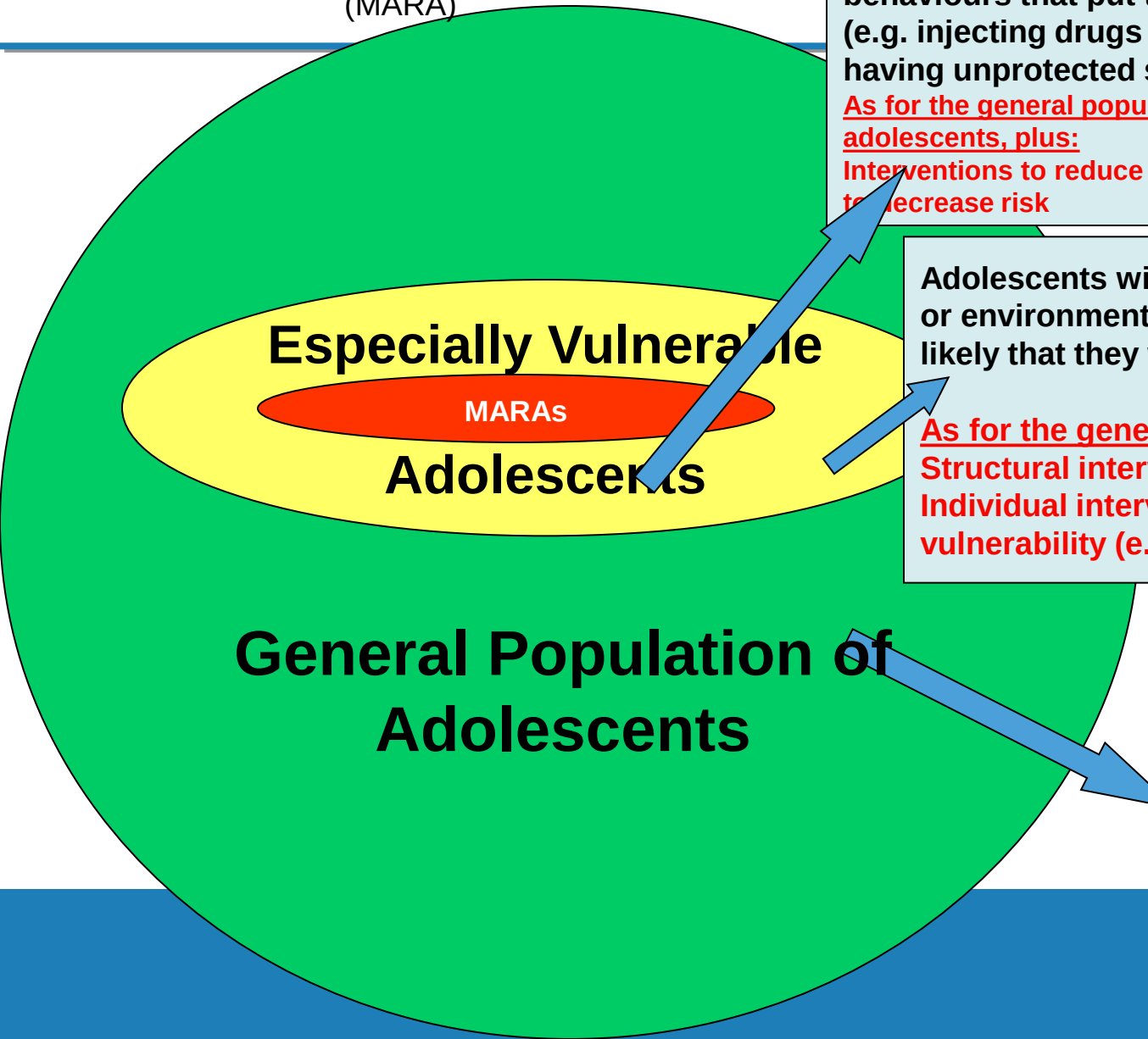
Young people are not all the same, within and between countries

- Their needs and circumstances vary due to their age, sex, marital status, parental and financial support, educational status, employment status, rural-urban, etc.
- Social context influences everything
- All adolescents are vulnerable, but some are more vulnerable than others



Differences between the general population of adolescents, vulnerable adolescents, and most at risk adolescents (MARA)



Male and female adolescents who are engaged in behaviours that put them at high risk of HIV (e.g. injecting drugs with shared needles/syringes, having unprotected sex with many partners)

As for the general population and Especially adolescents, plus:

Interventions to reduce harm and change behaviour to decrease risk

Adolescents with individual characteristics or environmental factors that make it more likely that they will adopt high risk behaviours

As for the general population, plus:

Structural interventions (e.g. poverty reduction)

Individual interventions to mitigate vulnerability (e.g. counseling and protection)

The general population of adolescents …
some are vulnerable
and some will adopt behaviours that
will put them at high risk of HIV

Interventions: information, skills, services

Know your epidemic in order to tailor your response

Absent or insufficient data are major constraints in responding appropriately to young people's needs for HIV information and services. Strategic information on the epidemic and its social drivers should inform and support programmatic and policy decision-making. Information is therefore needed on the following:

- ***Where, among whom and why are HIV infections occurring now?***

  Who are the young people with highest HIV prevalence rates (by age, sex and diversity)? What are their risk behaviours, and where are the settings in which these behaviours occur?

- ***How are infections moving among young people?***

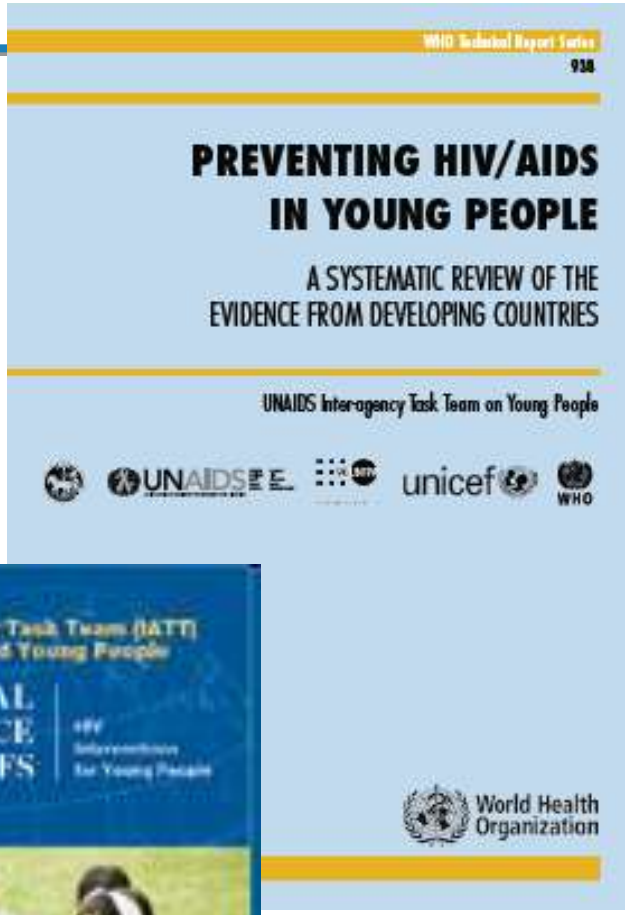
  HIV may move through a "network" of exposures (i.e. from young sex workers to clients to another sex worker who may transmit HIV to his or her regular partners).

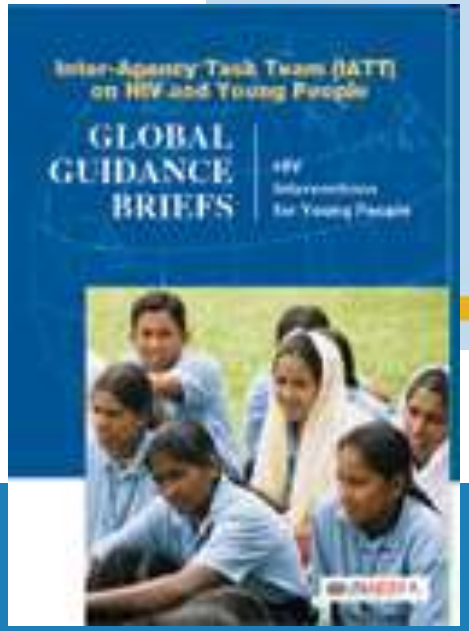
- ***What are the 'drivers' of the epidemic among young people?***

  What are the cultural, economic, social and political factors that make young people vulnerable or force them to adopt high-risk behaviours?

What needs to be done to prevent HIV? Combination prevention interventions

- Those that change individual behaviours (e.g. sexuality education, behaviour change communication (BCC))
- Those that ensure access to biomedical tools and technologies that reduce the likelihood of risk behaviour leading to HIV transmission (condoms, needle exchange, micro-bicides, male circumcision, HIV testing & counselling (HTC), anti-retroviral (ARV) medication)
- Those that alter social and cultural norms or physical environments to facilitate risk reduction and maximize the reach and impact of prevention services (e.g. policies to ensure access to interventions, to set age at marriage, to reduce stigma & discrimination, to prevent & punish acts of sexual violence; to change social norms, for example age-disparate sex; to alter gender norms; conditional cash transfers to encourage completion of schooling)





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What are some particular considerations for young people?

- Behavioural interventions
  - Developing capacity to think and understand – importance of age specificity
- Biomedical tools/technologies
  - Often barriers to service delivery – importance of improving service access and quality (i.e. youth-friendly health services)
- Societal interventions
  - Policies may not deal specifically with young people, social norms and values may make young people particularly vulnerable

Consensus around key behavioural outcomes for young people

Delay sexual debut

Reducing age disparate sexual partnerships

Reduce numbers of sexual partners – particularly concurrent partners

Increase consistent condom use

Increase coverage and utilization of testing & counselling services

Increasing knowledge of HIV sero status

Increasing male circumcision (where HIV prevalence is high and MC rates are low)

Critical to focus on content, quality intensity of prevention inputs

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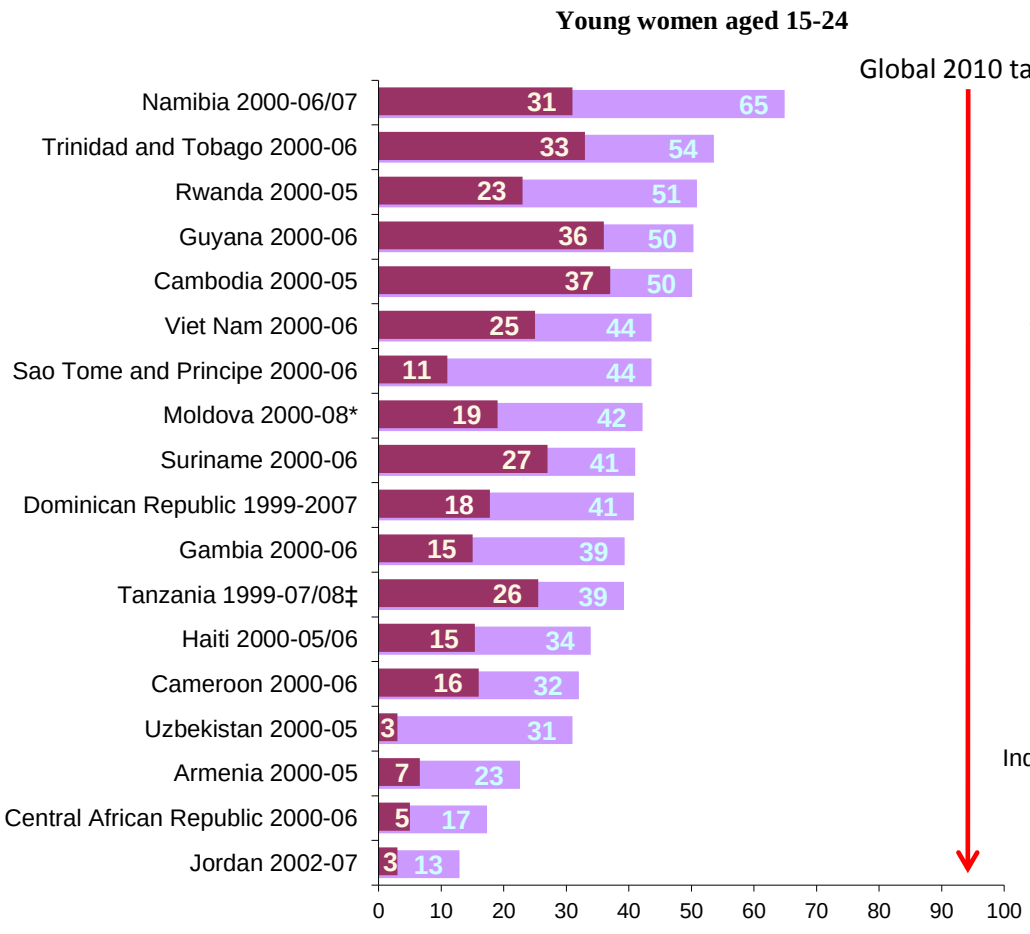
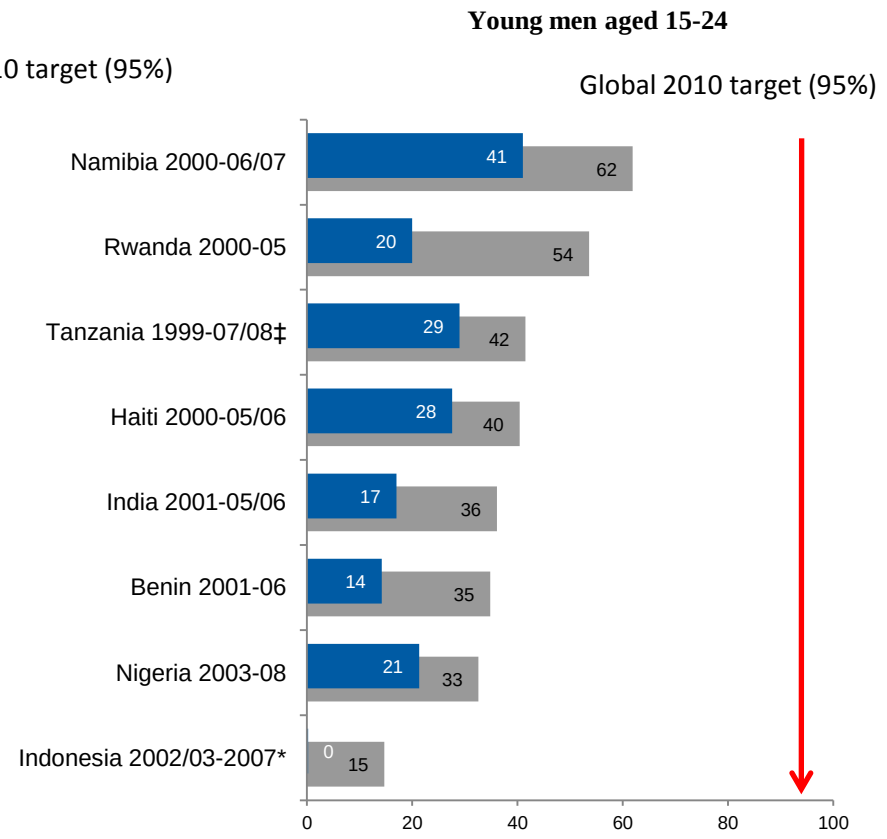
Although there has been improvement in comprehensive correct knowledge among young people, STILL only 30 per cent of young men and 19 per cent of young women have accurate and comprehensive knowledge of HIV.

Most countries are far from reaching the UNGASS 2010 targets

Developing countries with 10 or more percentage point increase in the percentage of young women and men aged 15-24 with comprehensive correct knowledge of HIV

Source: UNICEF global databases, 2010 (MICS, DHS and other national surveys, 2003-2008)





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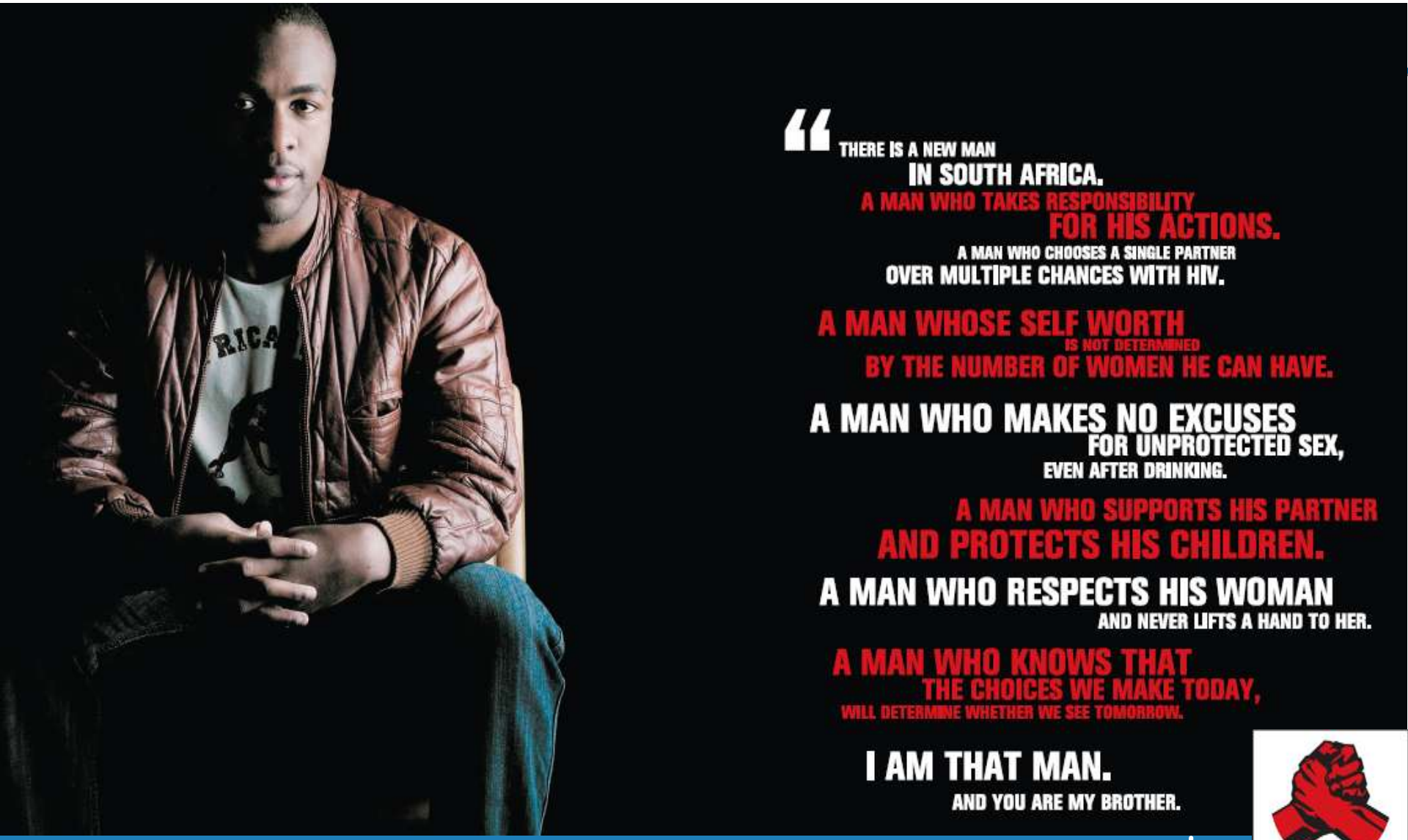
An example of changing social values and norms



One group of adolescents that is particularly vulnerable are young people living with HIV

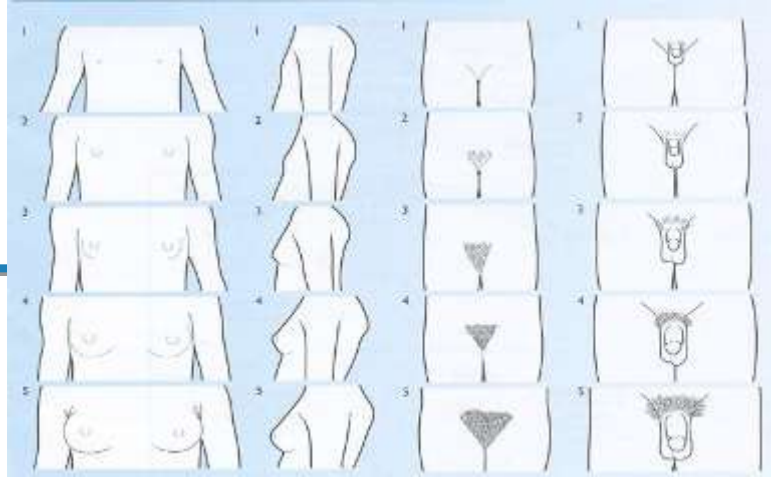
TABLE 1: Young people (15-24) living with HIV/AIDS

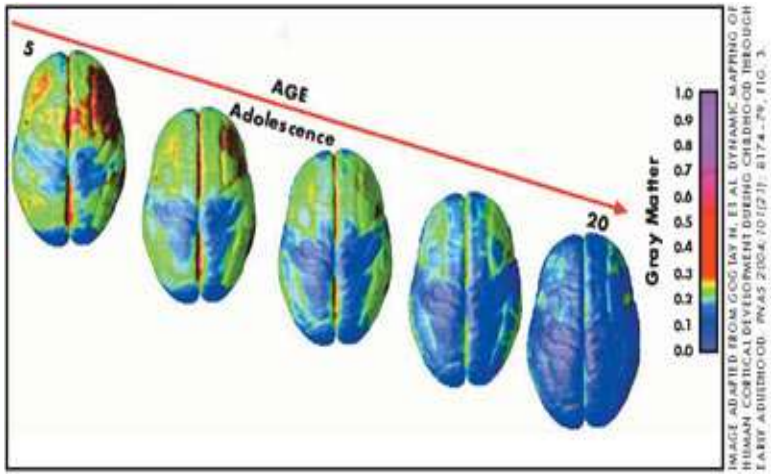
	Female	Male	Total
East Asia and Pacific	110 000	450 000	570 000
Eastern Europe (CEE/CIS)	100 000	240 000	340 000
North Africa Middle East (incl. Sudan)	47 000	35 000	81 000
Sub-Saharan Africa	2 500 000	780 000	3 200 000
Latin America and Caribbean	140 000	280 000	420 000
Totals (Non-Ind. Countries)	3 100 000	2 200 000	5 400 000

Source: UNAIDS, AIDS Epidemic Update, 2007

What makes adolescence different from childhood and adulthood?

- A period of rapid development and change:
  - **Physical**: their bodies and brains
  - **Psychological**: how they think about themselves and others; how they deal with and express their emotions
  - **Social**: their relationships and roles, expectations (of themselves and by others), opportunities, moving towards family formation, economic security, and citizenship

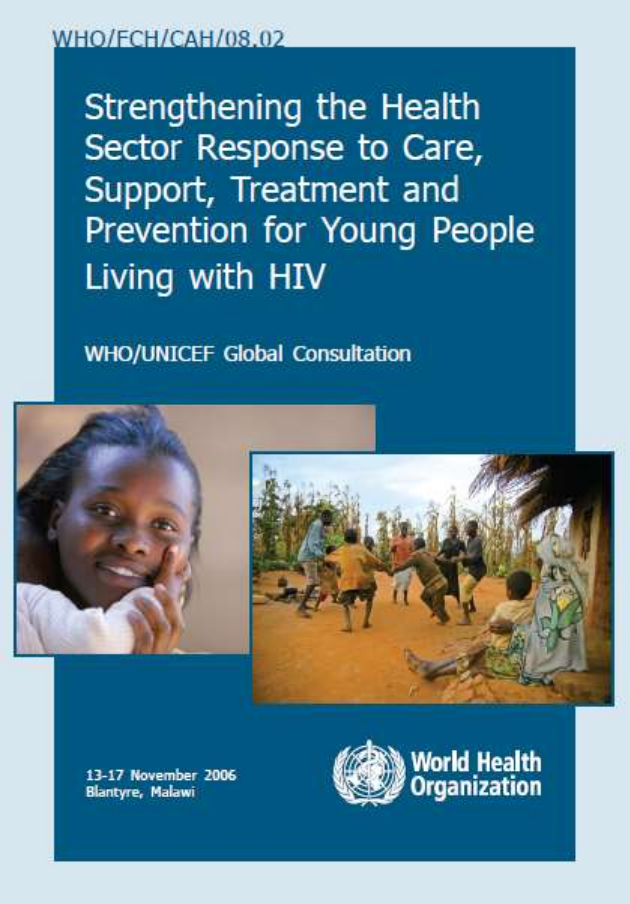




How are these differences important for care, treatment, support and prevention of HIV infection?

- **Because these changes have implications for:**
  - How adolescents understand and act on information
  - What influences them, what they are concerned about
  - How they think about the future and make decisions
- **Because adolescence is a period of:**
  - Experimentation, risk taking and first-time experiences
  - A key period of sexual development: relationships, sexual debut, sexual preference …

What needs to be done for young people living with HIV/AIDS?



- Access to HIV Testing & Counselling
- Care and psychosocial support, including for those not yet requiring treatment
- Access to service providers who are sensitive to adolescents' needs
- Disclosure of HIV status (both to adolescents and to those who can support them)
- Adherence to treatment
- Continuum of care i.e. transition from paediatric to adult care
- Dealing with stigma & discrimination
- Preventing behaviours which put them and partners at risk of HIV infection
- Support to consider their future reproductive health

The needs of adolescents living with HIV differ depending on the transmission period (perinatal or adolescence)

Differences relating to:	Period when acquired HIV	
	Perinatal	**Adolescence**
Age	• Younger: early adolescence	• Older: usually over 15 years
Physical development	• Delayed: shorter stature	• Normal development
Sexual and reproductive health	• Not yet sexually active • Thinking about sex • Sexual debut	• Sexually active • Need to change risk behaviour(s) • Wanting children
Relationships/married	• No/maybe • Wanting intimate relationship	• Probably in sexual relationship • May want marriage
Disclosure	• To adolescent, if he/she does not yet know the diagnosis • Peers	• New diagnosis • Disclosure to partner, family, peers • Asymptomatic, which can reinforce denial
Family support	• Orphan • Living with caregivers	• Support depends on disclosure • Few resources (such as money, information, experience)
Antiretroviral therapy	• Yes • Adherence may be a problem as an adolescent, not as a child	• Probably not yet needed • When taking ART: adherence may be a problem
Stigma/"blame" for HIV	• Less likely	• More likely

How much attention are young people receiving in HIV/AIDS activities in countries?

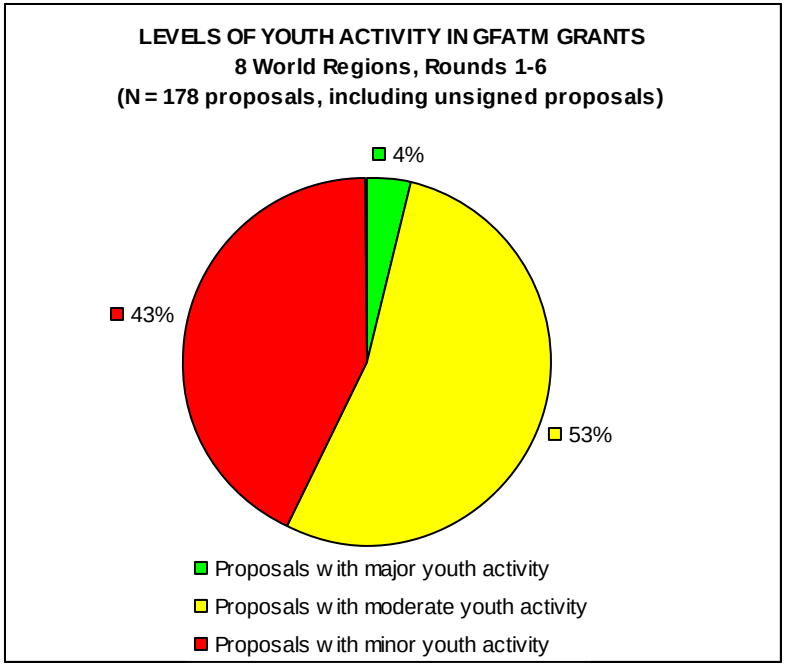
Of 87 National HIV/AIDS Strategic Plans available for review, 55 (63%) had specified objectives, strategies/activities, targets and/or indicators related to HIV prevention among young people. Those Strategic Plans from countries in Asia/Pacific, Eastern Europe and Central Asia were most likely to include content specific to young people.

Source: Interagency Task Team on HIV/AIDS and young people, draft document 2010

Review of proposals submitted to the Global Fund on HIV, TB and Malaria

(Hildy Fong, CAH/WHO, 2007)

1. Providing Information and Life Skills (47%)	Increasing # teachers trained in HIV/AIDS (Argentina), Radio and TV campaigns (Equatorial Guinea), Producing trainer guides and , student materials (Benin), Developing IEC materials (China)
2. Planning and Policy (14%)	Repackaging data to facilitate planning and advocacy (Zanzibar), Preliminary surveys to determine baselines (Cameroon), Gathering info for policy building activities (Thailand)
3. Enhancing Community Values (12%)	Building Anti-AIDS clubs, Creating youth friendly spaces out of school (Belize), Training peer educators (Cote d'Ivoire)
4. Decreasing Vulnerability (10%)	Targeting young IDU's (Estonia, Indonesia), Target young women (Lesotho), Military Youth (Eritrea, E Europe), street youth (Pakistan)
5. Improving Health Services and Counselling (9%)	Establishing VCT sites (Armenia), Training health professionals for youth friendly services (Mozambique)
6. Condoms and Other Health Commodities (8%)	Establishing condom sale outlets (Sierra Leone), Condom vending machines (Mongolia), Condom Promotion Activities (El Salvador)
7. Other (only 2)	Providing health counseling through the internet, "Reward Trips"



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Conclusions

- Young people remain at the centre of the HIV pandemic
- Despite important progress, national HIV/AIDS programmes have not given sufficient attention to young people and in general we are far from achieving the 2010 goals
- There is a good evidence base for interventions to prevent HIV among young people, including behavioural, biological and societal interventions
- Groups of young people who require special attention include adolescent girls, most-at-risk adolescents and adolescents living with HIV