

HIV/AIDS and young people

**Training course in sexual and reproductive health research
Geneva 2010**

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with thanks to Bruce Dick and colleagues in UNAIDS and UNICEF



**World Health
Organization**

Session objectives

- To understand the reasons why it is important to focus on HIV in young people
- To have an overview of scope of the HIV epidemic in young people
- To have an overview of the special needs of adolescents living with HIV (ALHIV)
- To have an overview of the responses to HIV/YP: achievements and challenges
- To be aware of some key international resources available

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



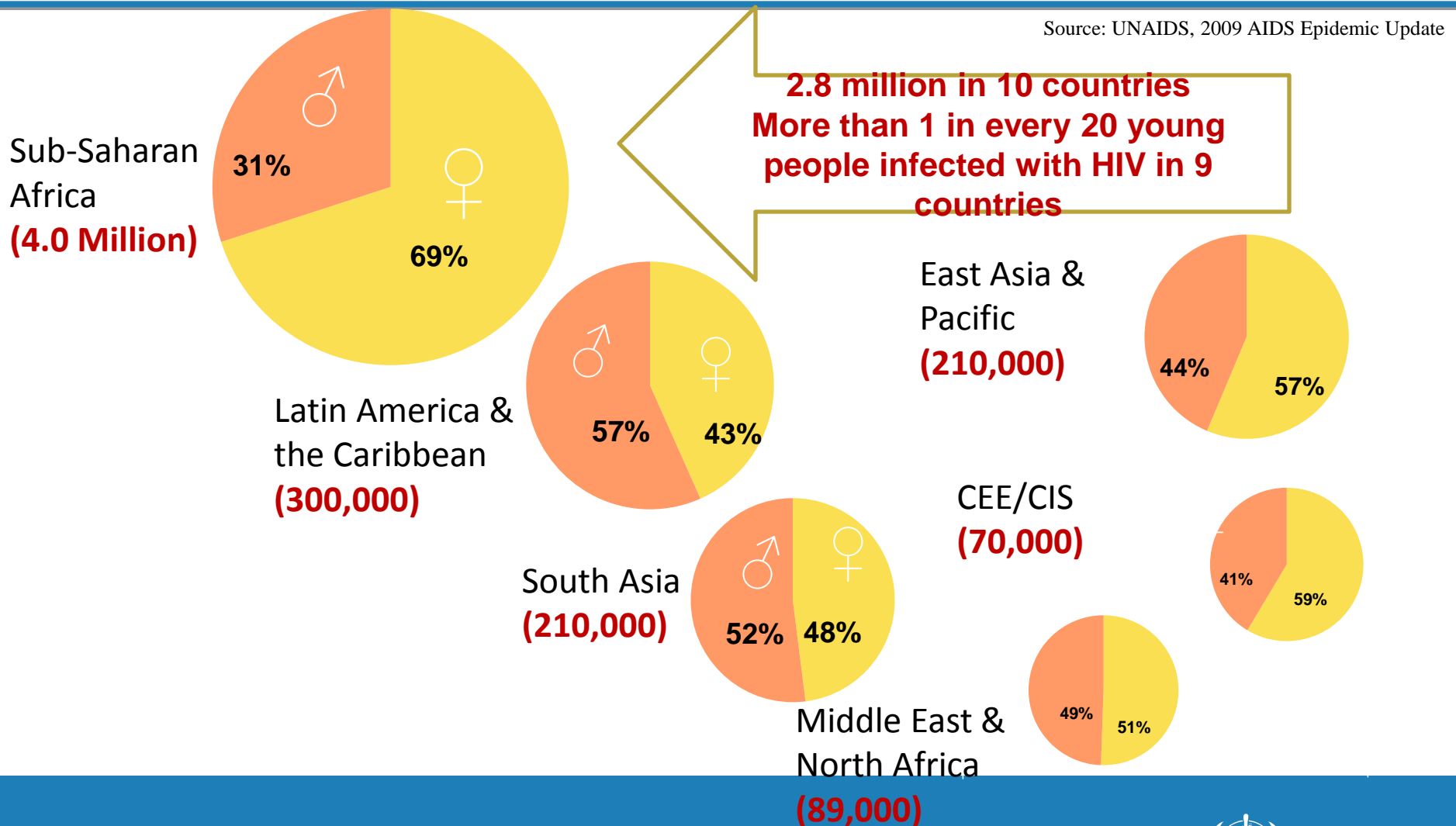
Existence of rights places a **legal obligation** on the Government and others to ensure that they are respected and fulfilled, forming the basis for **accountability**



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

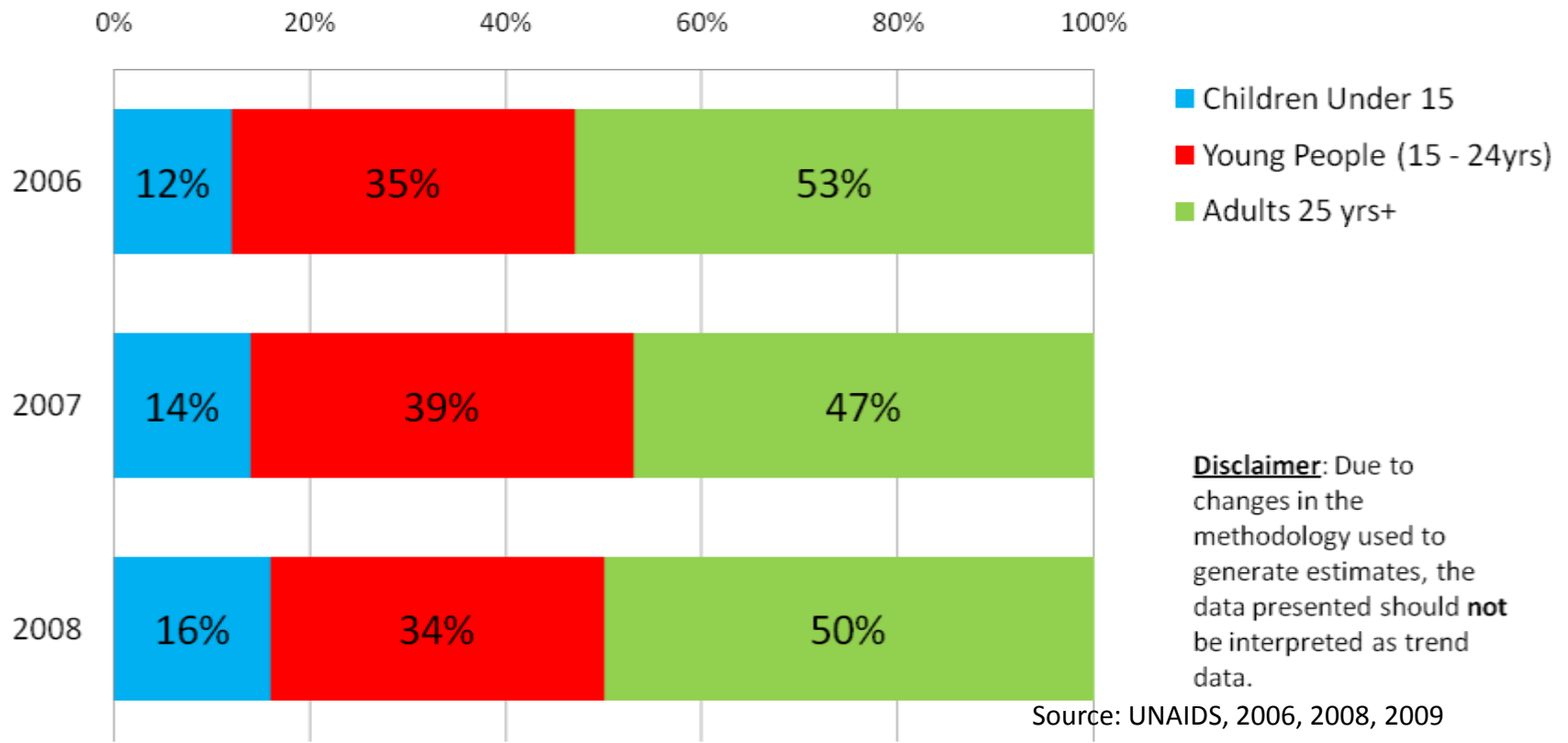
Nearly 5 million young people (15 – 24 yrs) are infected globally. Over 900,000 were newly infected in 2008, an estimated 2 500 each day

Source: UNAIDS, 2009 AIDS Epidemic Update



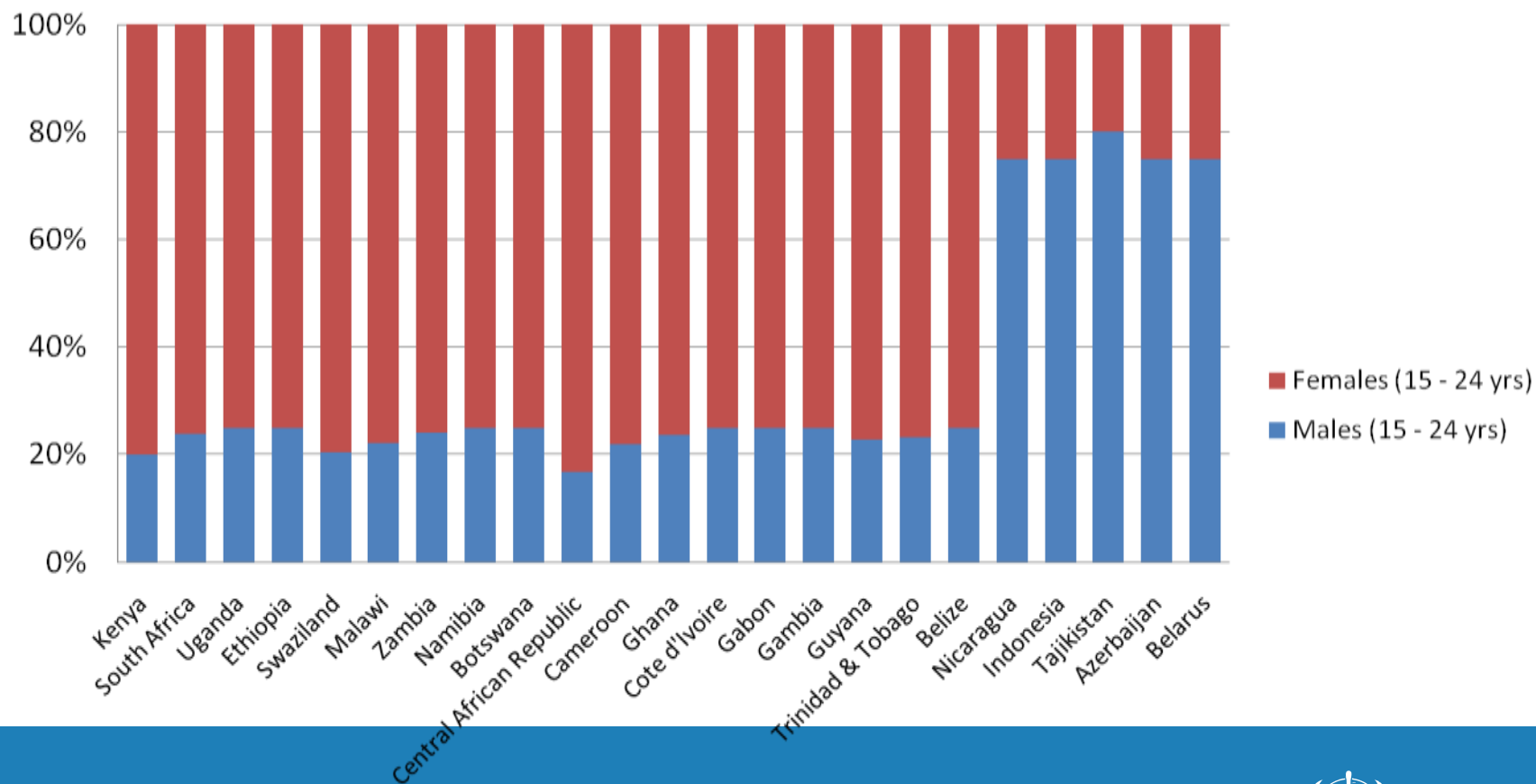
In the last three years, young people have accounted for more than one third of all new infections

Distribution of New HIV Infections by Year



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



A significant percentage of most-at-risk populations are under 25 years

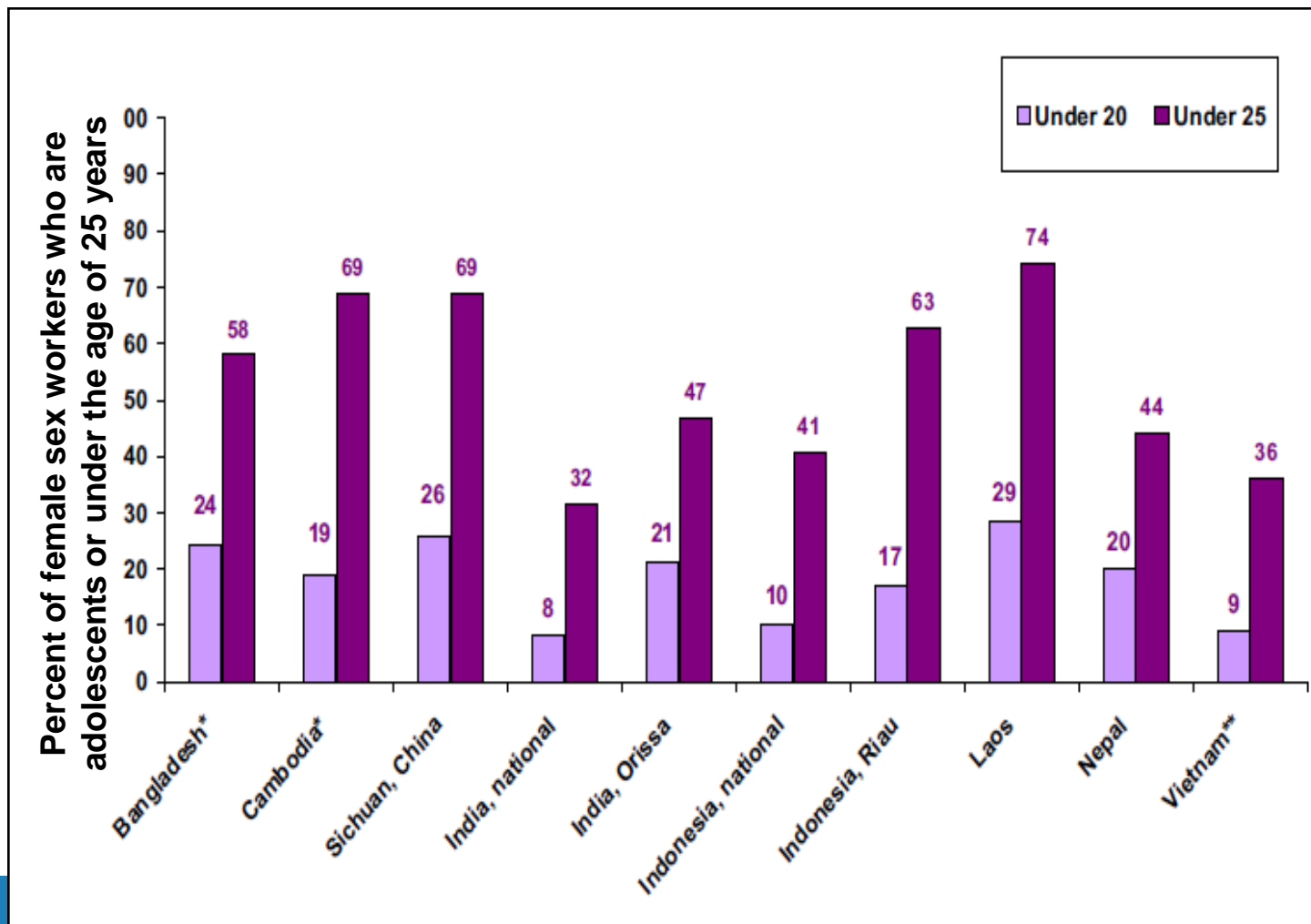


Figure 32: Percent of female sex workers who are teenagers or are aged under 25, various countries

Many sex workers across Asia are young women, including teenagers

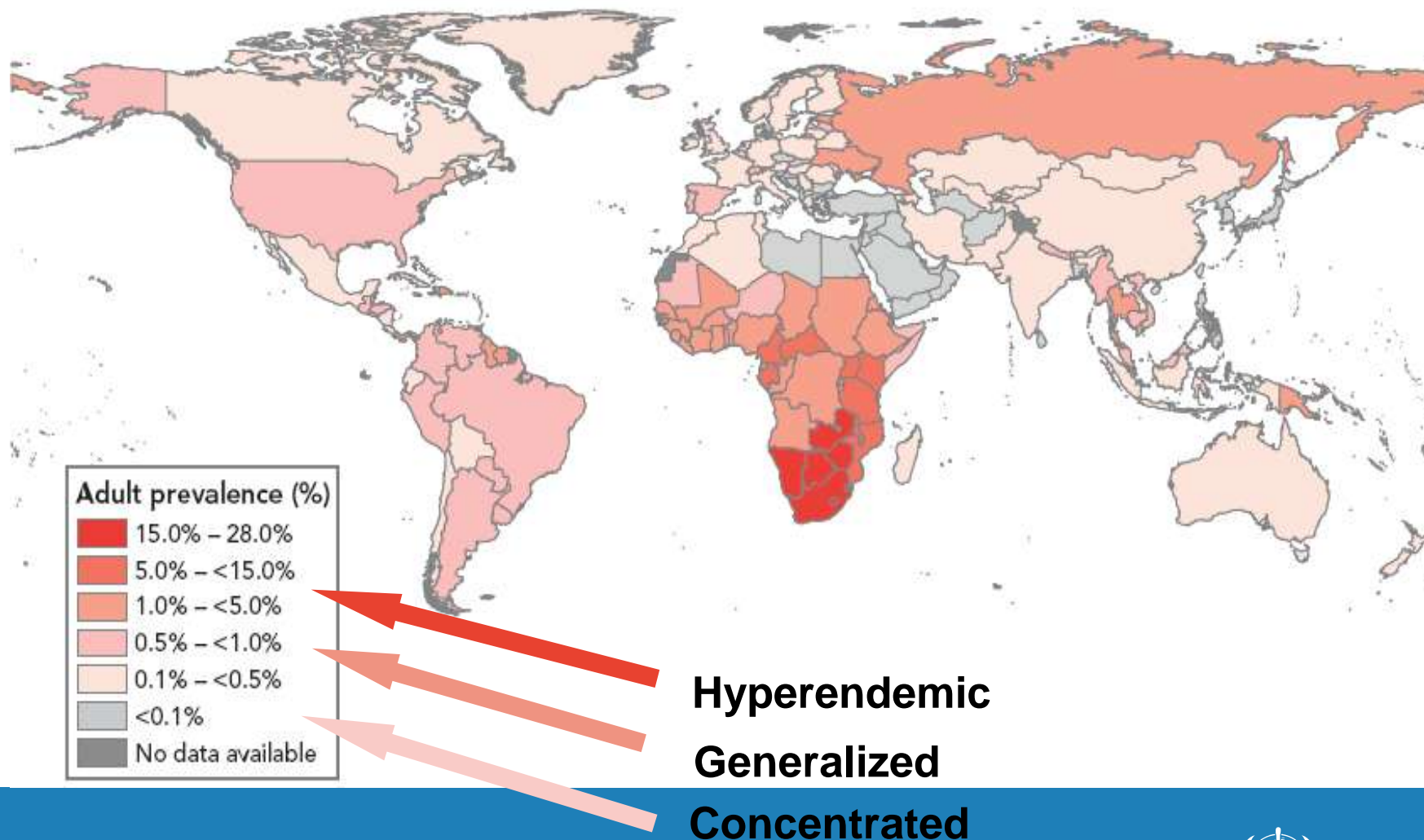
(Source: National behavioural surveillance data. See Appendix 2)

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)

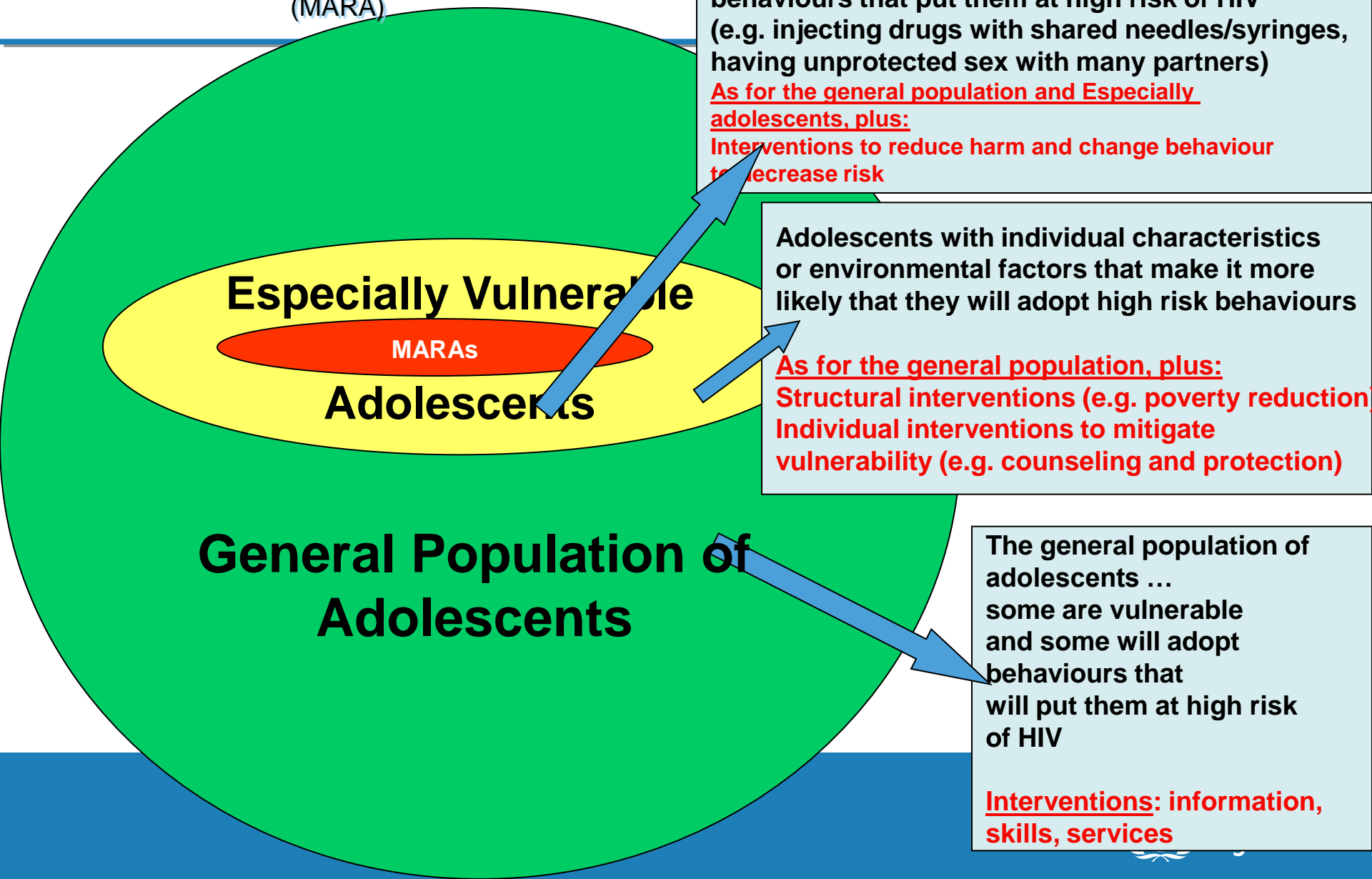


Young people are not all the same, within and between countries

- 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).

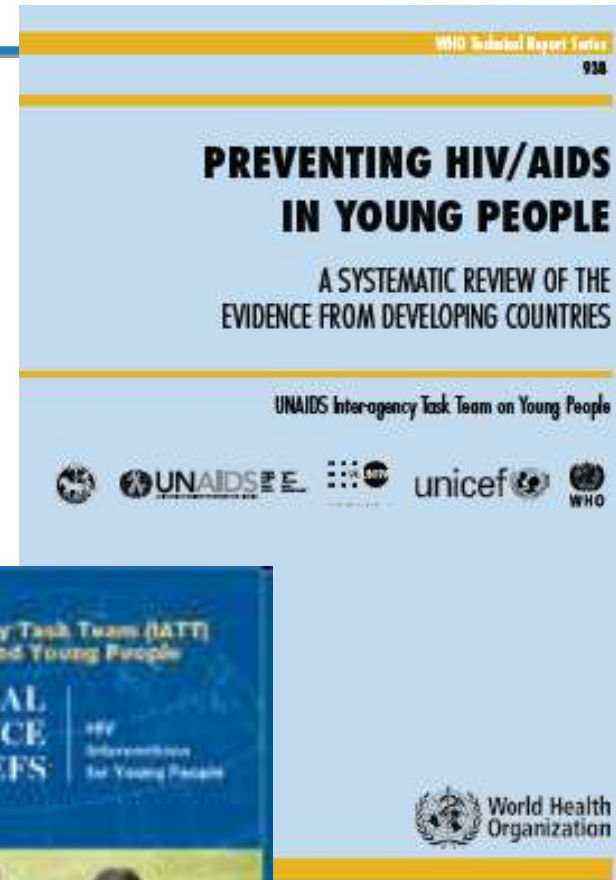
- ***What are the 'drivers' of the epidemic among young people?***

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

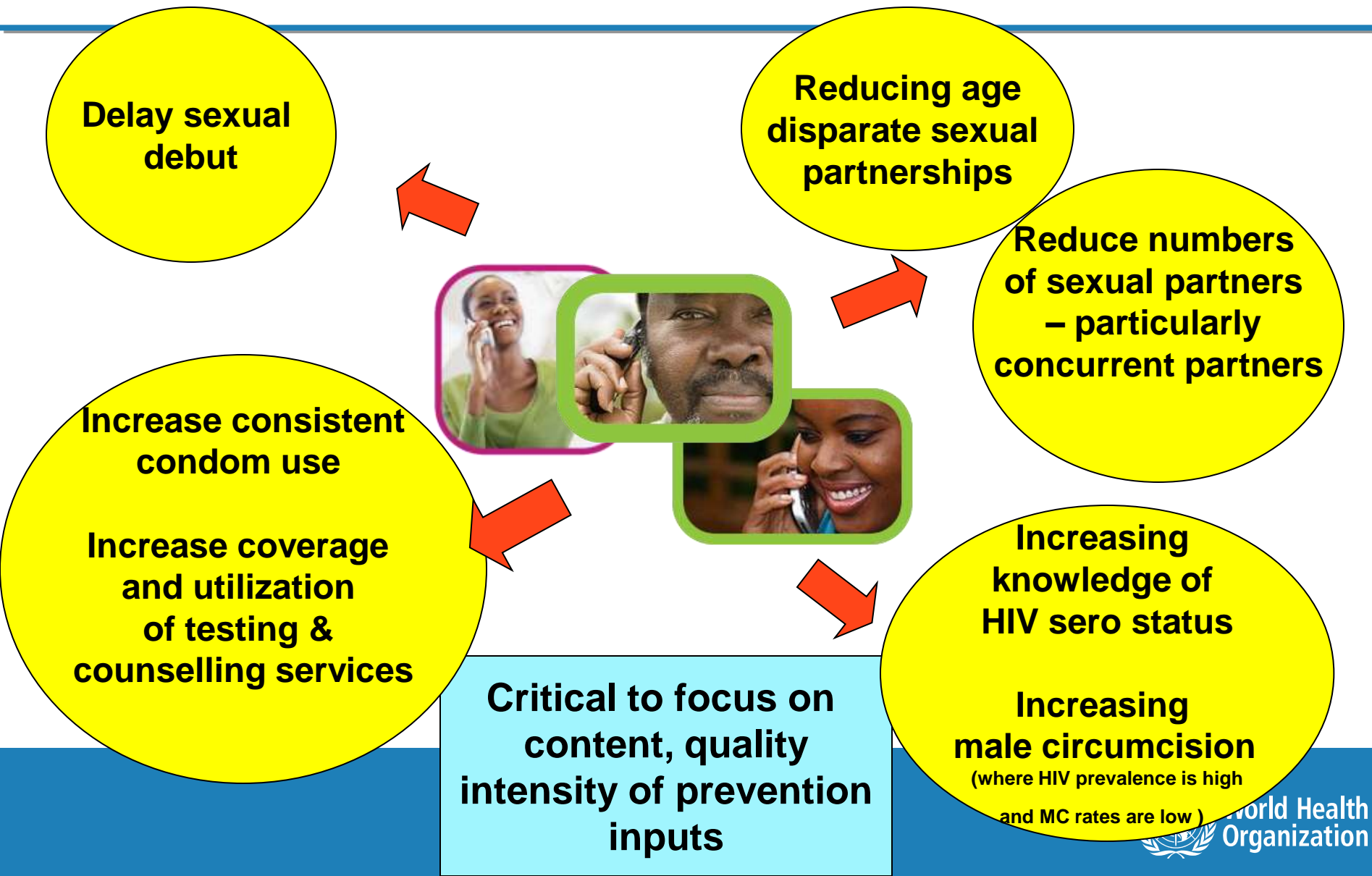
- Those that change individual behaviours (e.g. sexuality education, behaviour change communication (BCC))
- Those that ensure access to biomedical tools and technologies that reduce the likelihood of risk behaviour leading to HIV transmission (condoms, needle exchange, micro-bicides, male circumcision, 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)



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

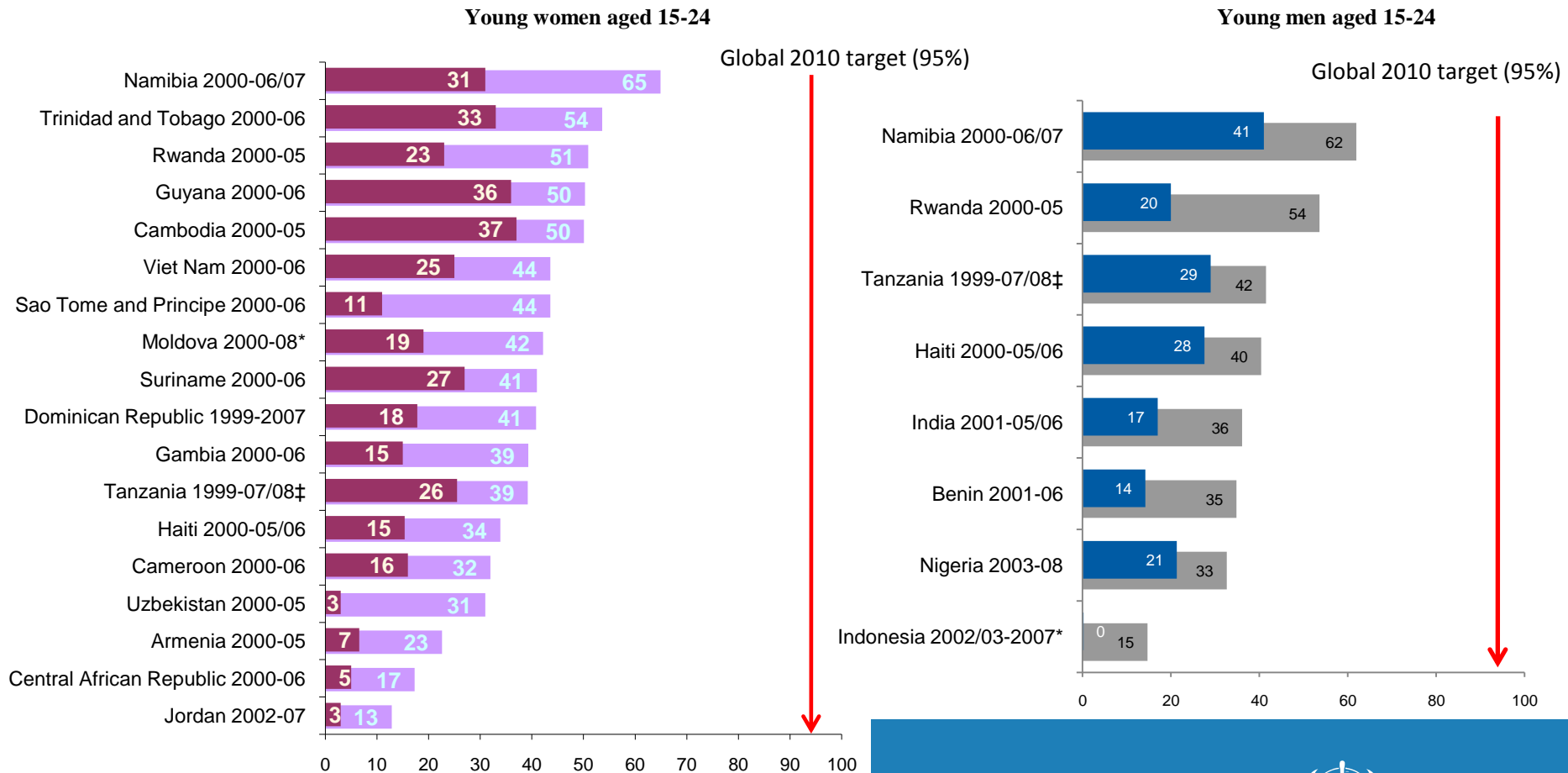


Although there has been improvement in comprehensive correct knowledge among young people, **STILL** only 30 per cent of young men and 19 per cent of young women have accurate and comprehensive knowledge of HIV.

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)



An example of changing social values and norms



“ THERE IS A NEW MAN
IN SOUTH AFRICA.
A MAN WHO TAKES RESPONSIBILITY
FOR HIS ACTIONS.

A MAN WHO CHOOSES A SINGLE PARTNER
OVER MULTIPLE CHANCES WITH HIV.

A MAN WHOSE SELF WORTH
IS NOT DETERMINED
BY THE NUMBER OF WOMEN HE CAN HAVE.

A MAN WHO MAKES NO EXCUSES
FOR UNPROTECTED SEX,
EVEN AFTER DRINKING.

A MAN WHO SUPPORTS HIS PARTNER
AND PROTECTS HIS CHILDREN.

A MAN WHO RESPECTS HIS WOMAN
AND NEVER LIFTS A HAND TO HER.

A MAN WHO KNOWS THAT
THE CHOICES WE MAKE TODAY,
WILL DETERMINE WHETHER WE SEE TOMORROW.

I AM THAT MAN.
AND YOU ARE MY BROTHER.



BROTHERS
FOR LIFE

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

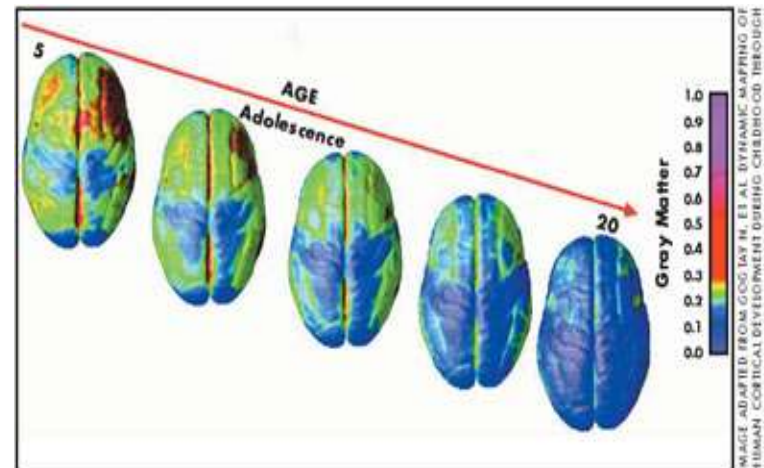
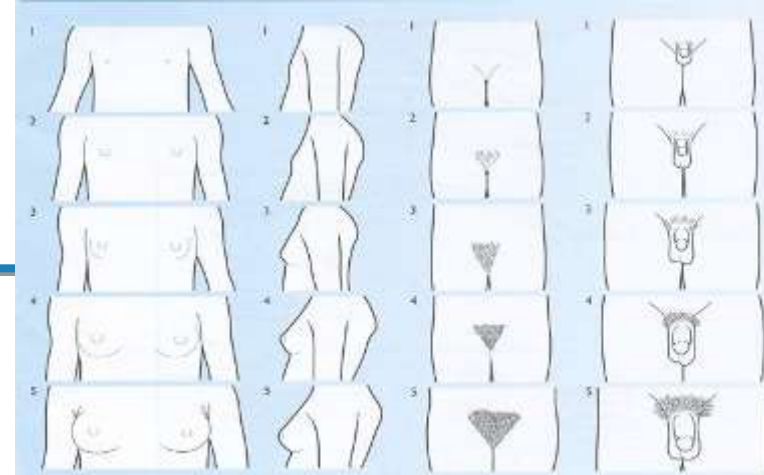
TABLE 1: Young people (15-24) living with HIV/AIDS

	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
	2 000 000	2 000 000	4 000 000
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?

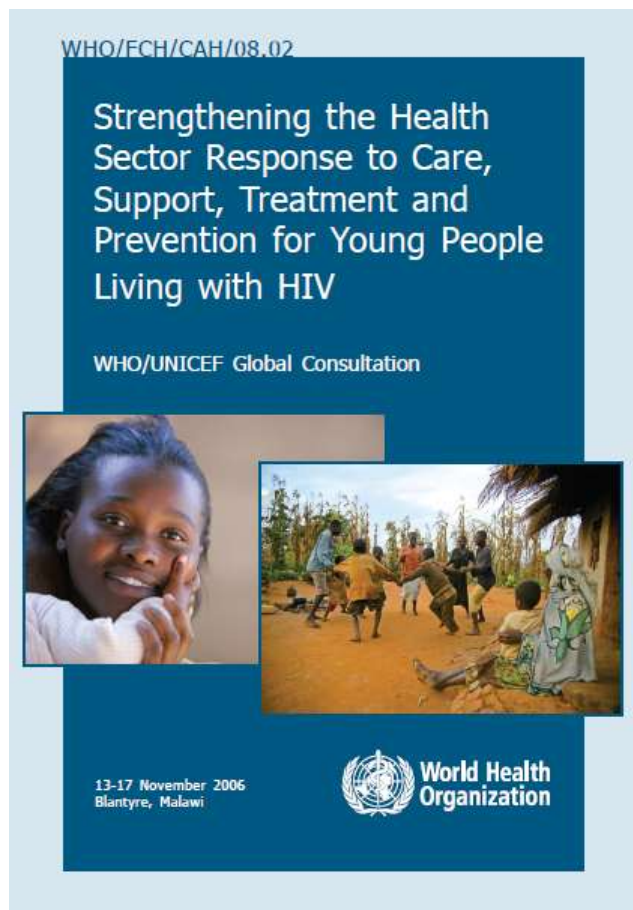
- A period of rapid development and change:
 - **Physical:** their bodies and brains
 - **Psychological:** how they think about themselves and others; how they deal with and express their emotions
 - **Social:** their relationships and roles, expectations (of themselves and by others), opportunities, 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	<ul style="list-style-type: none"> • Younger: early adolescence 	<ul style="list-style-type: none"> • Older: usually over 15 years
Physical development	<ul style="list-style-type: none"> • Delayed: shorter stature 	<ul style="list-style-type: none"> • Normal development
Sexual and reproductive health	<ul style="list-style-type: none"> • Not yet sexually active • Thinking about sex • Sexual debut 	<ul style="list-style-type: none"> • Sexually active • Need to change risk behaviour(s) • Wanting children
Relationships/married	<ul style="list-style-type: none"> • No/maybe • Wanting intimate relationship 	<ul style="list-style-type: none"> • Probably in sexual relationship • May want marriage
Disclosure	<ul style="list-style-type: none"> • To adolescent, if he/she does not yet know the diagnosis • Peers 	<ul style="list-style-type: none"> • New diagnosis • Disclosure to partner, family, peers • Asymptomatic, which can reinforce denial
Family support	<ul style="list-style-type: none"> • Orphan • Living with caregivers 	<ul style="list-style-type: none"> • Support depends on disclosure • Few resources (such as money, information, experience)
Antiretroviral therapy	<ul style="list-style-type: none"> • Yes • Adherence may be a problem as an adolescent, not as a child 	<ul style="list-style-type: none"> • Probably not yet needed • When taking ART: adherence may be a problem
Stigma/"blame" for HIV	<ul style="list-style-type: none"> • Less likely 	<ul style="list-style-type: none"> • More likely

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

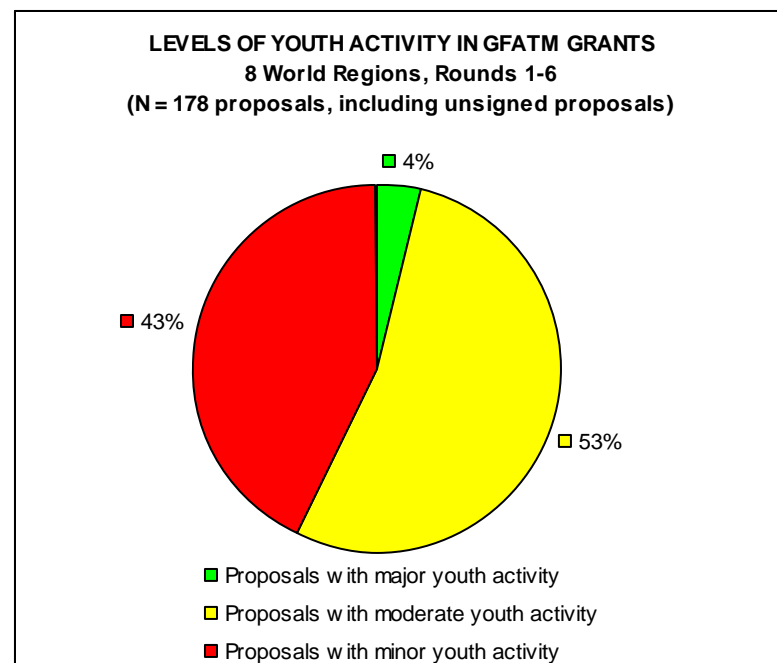
Of 87 National HIV/AIDS Strategic Plans available for review, 55 (63%) had specified objectives, strategies/activities, targets and/or indicators related to HIV prevention among young people. Those Strategic Plans from countries in Asia/Pacific, Eastern Europe and Central Asia were most likely to include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



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

Useful WEB sites

- Findings from Demographic and Health Surveys from more than 30 countries worldwide about youth aged 15-24 <http://www.measuredhs.com/topics/Youth/start.cfm>
- Advocating for Effective Youth HIV Prevention Interventions <http://who.tigweb.org/>
- Resources on youth reproductive health and HIV/AIDS
<http://info.k4health.org/youthwg/pubs/IYWGpubs.shtml#InfoNet>
- www.unesco.org/en/aids
- http://www.unicef.org/aids/index_documents.html#Prevention
- <http://www.unfpa.org/public/iattyp/>
- www.who.int/child-adolescent-health/
- www.unaids.org/en/knowledge_centre

Assignment

Empowering young people to protect themselves from HIV represents one of UNAIDS' ten priority areas, with the overall goal of a 30% reduction in new HIV infections by 2015 (c.f. UNAIDS young people document).

Using the resource materials to assist you in addition to the knowledge of your country:

- Identify the groups of young people in your country who should be targeted with HIV interventions.
- Describe briefly the factors (the 'drivers') which make them vulnerable.
- List the interventions most important (for each group) which would contribute to achieving the UNAIDS goal.