We can empower young people to protect themselves from HIV

Joint Action for Results

UNAIDS Outcome Framework:
Business Case 2009–2011

UNAIDS
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Uniting the world against AIDS

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The Joint Action for Results: UNAIDS Outcome Framework, 2009-2011 represents a new and more focused commitment to the HIV response and serves as a platform to move towards UNAIDS' vision of zero new HIV-infections, zero discrimination, and zero AIDS-related deaths. It commits the UNAIDS Secretariat and Cosponsors to leverage their respective organizational mandates and resources to work collectively to deliver results.

The Outcome Framework focuses on ten priority areas, each of which represents a pivotal component of the AIDS response. Focused, concrete actions in these areas have the potential to change the trajectory of the epidemic. Building on gains already made in these areas will also contribute to the achievement of Universal Access to HIV prevention, treatment, care and support and the Millennium Development Goals.

For each Priority Area, a Business Case has been developed which explains the rationale for the priority area and outlines why success in this area will dramatically decrease new HIV infections and improve the lives of people living with HIV. They clearly delineate what is currently working, and what needs to change in order to make headway in the ten areas. They will guide future investment and hold UNAIDS accountable for its role in achieving tangible results in countries. Each Priority Area Business Case presents an overall goal to be reached by 2015, as well as three bold results to be achieved by 2011.

These Business Cases are intended to optimize partnerships between National Governments, communities, the UN, development partners and other stakeholders and focus our work, hearts and minds on this strategic vision.

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1. WHY IS THIS A PRIORITY AREA?

In 2008, young people accounted for 40% of all new HIV infections in 15-49 year olds[1] Almost 3000 young people are infected with HIV each day.[2]

More than half of all sexually transmitted infections, other than HIV, (more than 180 million out of a global annual total of 340 million) occur among young people aged 15 to 24.[3] Yet most young people still have no access to sexual and reproductive health programmes that provide the information, skills, services, commodities, and social support they need to prevent HIV. In fact, many laws and policies go as far as to exclude young people from accessing sexual health and HIV-related services, such as HIV testing and counselling, the provision of condoms, and age-appropriate sexuality and HIV prevention education.

Young people are at high risk of becoming infected with HIV for many reasons, including:

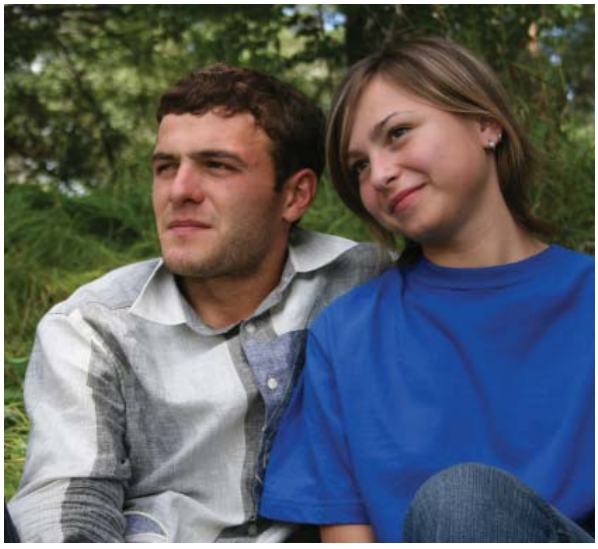
- **Young people, especially young women, are vulnerable due to their age, gender and other contextual factors.** The HIV epidemic has taken a particularly devastating toll on the lives of young women, who account for 66% of infections among young people worldwide.[4] The vast majority of these infections among young women occur in sub-Saharan Africa.[5]
- **The ability of young women to protect themselves from HIV is frequently compromised by a combination of biological factors, lack of access to HIV information, services and commodities, and disempowering, often exploitive, social, cultural and economic conditions.** Factors that contribute to young women's vulnerability to HIV include sexual coercion, gender-based violence, age-disparate[6] and transactional sex[7], inadequate law enforcement, weak family and social protection mechanisms and financial insecurity. Some of these factors affect young men as well, compelling many young people, regardless of sex, to make difficult and risky choices.
- **Other behaviours that put young people at risk of HIV – including injecting drugs, sex work and male-to-male sex – are often stigmatized and illegal in many countries, making it more difficult for young people to find, or be reached by, essential HIV prevention and treatment services.** Complicating matters even further, young people who engage in these behaviours often experience more stigma, discrimination and social exclusion than adults engaging in the same practices.

Young people already living with HIV need targeted public health efforts that address their unique needs. More than 4.3 million young people worldwide are believed to be living with HIV, and a majority of them are unaware of their HIV status.[8] Testing for HIV, together with quality pre- and post-test counselling and support, is needed for young people who are infected with HIV to access HIV treatment, care and support.

Many young people who know their HIV status often fail to access the health and social services they urgently need, from fear of stigma or judgement, or concern that their HIV status will be disclosed to others. To allay such fears, young people need comprehensive and correct information to support them in managing the knowledge of their HIV status, as well as their emerging sexualities, sexual orientations and reproductive choices. Governments, civil

society, youth organizations, service providers and networks of people living with HIV must also be sensitized to the complex and constantly evolving needs of young people and service providers must ensure that stigma is addressed and confidentiality is maintained.

Preventing HIV infections among young people is essential to meeting the Millennium Development Goals because: (a) eliminating new infections in young people will contribute to MDG 6[9] through a significant reduction in both adult and paediatric HIV infections, and young mothers contribute significantly to the number of infections among newborns; and (b) effective HIV prevention for young people will also contribute significantly to MDGs 3[10] and 5[11] and in turn contributes to MDGs 2[12] and 1[13].



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Evidence of progress – but not enough

In 19 of 35 high-prevalence countries, national surveys conducted between 1990 and 2007 provide comparative data to assess trends in young people's sexual behaviour.[14] In most cases the trend data indicate significant reductions in risky sexual behaviours, which has reduced the risk of exposure to sexually transmitted infections, including HIV. Recent evidence shows that HIV prevalence among young people in 15 countries most severely affected by HIV has dropped by over 25%. However, globally, there is a very low coverage of prevention programming for young people.

It is widely acknowledged that HIV is best prevented not with single, isolated programmes, but through a combination of HIV prevention methods that: a) change individual behaviours, b) ensure access to biomedical tools and technologies that reduce the likelihood of risk behaviour leading to HIV transmission, and c) alter social and cultural norms or the physical environment to facilitate risk reduction and maximize the reach and impact of prevention services. These efforts must be built on a clear understanding of the local epidemic and be used to inform improved prioritization and targeting of the HIV prevention response. Greater consideration must be given to equity, sustainability and efficiency in the use of limited resources. Ensuring that HIV prevention measures are sustainable means linking them to education, health and social service delivery systems; it also means integrating efforts with social protection and employment policies and programmes for young people, especially young women and girls.

2. WHAT NEEDS TO BE DONE?

Knowledge about HIV and AIDS are essential preconditions to reducing HIV infection. A look at the global situation, however, reveals significant deficits in HIV knowledge among young people: only three countries – Namibia, Swaziland and Rwanda – had achieved over 50% in the level of comprehensive knowledge among both young men and young women by the end of 2008.[15] Globally, less than 40% of young men and women have complete and accurate knowledge about HIV transmission, far short of the 95% target set out for 2010 in the UNGASS Declaration of Commitment.[16] In developing countries (excluding China), only 30% of young men and 19% of young women aged 15 to 24 have comprehensive knowledge on HIV, as of December 2009[17].

Goal and bold results

The goal of this priority area is a 30% reduction in new HIV infections among young people (15–24) by 2015 through the provision of comprehensive sexual and reproductive information, skills, services and commodities in a safe and supportive environment tailored to the specific country and epidemic context.

In order to move towards achieving the proposed goal, it is necessary to:

- **Revitalize HIV prevention efforts, particularly in quality and scale, in order to reach young people more effectively for better results.**
- **Plan HIV prevention programmes to target relevant subgroups of young people within different epidemic scenarios ('know your epidemic and know your response').**
- **Support implementation of target-specific combination prevention (biomedical, behavioural and structural) programmes that account for the heterogeneity of young people.**

Support will be provided to at least nine of the 17 selected countries to achieve three bold results by the end of 2011 in the worst affected regions of each country.

- **At least 80% of young people in and out of school will have comprehensive knowledge of HIV.**
- **Young people's use of condoms during their last sexual intercourse will double.**
- **Young people's use of HIV testing and counselling services will double.**

Achieving these results will require the mobilization and meaningful engagement of young people, communities and service providers; improved collection and use of strategic information; revision and enforcement of policies that meet human rights standards; and the scaling up of cost-effective strategies that ensure the accessibility and sustainability of essential quality services.

Scant documentation exists on the key issue of condom use at last episode of sexual intercourse among young people. Many countries fail even to report on this HIV prevention indicator.

HIV testing provides an important link to HIV care services and may also be used as the opportunity to mobilize and refer young people to HIV prevention programmes. Despite an impressive scale-up of HIV testing facilities and increases in their utilization, population-based surveys across countries show that fewer than 40% of people living with HIV are aware of their status.[18]

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According to the Commission on AIDS in Asia, over 95% of all new HIV infections among young people in the region occur among young people at higher risk. Yet more than 90% of resources for young people as a group are spent on lower-risk youth, who account for less than 5% of infections.[19] Countries must track and better analyse the information on populations at higher risk and allocate resources accordingly.

To achieve the stated goal of a 30% reduction in new HIV infections among young people by 2015, UNAIDS will employ, but not limit itself to, two primary strategies:

- Strengthening the availability and use of strategic information on young people and HIV.
- Developing essential capacities among service providers and establishing strong civil society partnerships (particularly with youth-led and youth-serving organizations) while keeping young people at the centre of the response and enabling them to act as leaders and change agents to create a movement.

Strengthening the availability and use of strategic information on young people and HIV

Strategic information on HIV and young people must be collected and analysed in order to inform and improve programme planning and implementation for this population.

In at least nine of the 17 selected countries*, characterizing the epidemic and the response for young people should be guided by a situation assessment, which must identify gaps in HIV prevention services for young people, and potential directions for their improvement and will assess the availability of supportive policies and the legal issues. These situation assessments will:

- Review the latest available in-country evidence on HIV and young people.
- Estimate the population of young people in general and young people at higher risk of HIV infection.
- Define who the most vulnerable young people are and their age range.

* See Section 3. Moving Forward

- Describe the factors that contribute to their vulnerabilities.
- Determine the current coverage (by age and sex), quality and cost of existing programmes, including HIV testing and counselling, condom provision and comprehensive information.
- Assess the current social, cultural, legal and policy environment within each country in order to highlight issues requiring new responses. Examples of barriers to effective HIV prevention for young people at higher risk may include requiring parental or spousal consent for young people up to the age of 18 or 21 to access reproductive health services or condoms, as well as legal aspects of homosexuality, sex work and injecting drug use.
- Understand the current coordination mechanisms or structures for HIV and young people for joint action by multiple stakeholders.
- Analyse the in-country resources (technical, human and financial) that are currently available for the HIV response among young people.
- Understand the civil society response and its capacity and the engagement of young people and youth-led organizations in the response.
- Enable countries to identify both good practices and gaps in their responses to HIV and for young people.

Further, at least nine of the 17 selected countries will be supported to develop context-specific and cost-effective action matrices that build on already existing HIV national strategic plans in individual countries in order to achieve the bold results and to take into account each country's technical and financial resources for HIV and young people. This will provide an opportunity for countries to ensure that resources and services are better articulated to address the needs of young people at higher risk of HIV infection. Galvanizing the implementation of the agreed bold results in-country is critical to achieving concrete results in this priority area.

Where possible, data should be collected through existing processes, including UNGASS reporting and other national reporting mechanisms. Countries with insufficient data on HIV prevention services for young people require investment and other support to collect and analyse age- and sex-disaggregated data and to undertake special studies to strengthen national planning data. These may include population size estimates, service statistics, national synthesis studies, population-based surveys with appropriate biomarkers and assessments of the quality and coverage of available services. Young people should be actively involved in the collection, analysis and dissemination of data, as well as its use in policy and programme development. The evaluation agenda for programmes for young people needs to be strengthened.

Developing essential capacities among service providers and establishing strong civil society partnerships

The current capacities of key stakeholders should also be assessed in order to determine the most critical areas for capacity development. Key capacities will include, but not be limited to, data analysis, monitoring of programme quality and coverage related to sexuality education, HIV testing and counselling, condom promotion and provision, supply management in relation to information, education and communication/behaviour change communication materials, test kits and overall coordination.

Youth-led and youth-serving civil society partners, including workers' and employers' organizations and their national youth branches, must be fully engaged and supported as complementary or alternative service providers. Such partners bring strong community relationships and the capacity to provide comprehensive HIV information and to provide skills, commodities and services to young people. Civil society partners are uniquely positioned to implement and advocate for services that provide equitable access and protection. They can also play a critical role in ensuring that gender issues, peer norms and practices affecting young people's vulnerability to HIV infection are kept central to the country efforts, and are monitored.

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Essential actions

In order to achieve the bold results, the following set of essential actions to significantly reduce HIV among young people is proposed:

- Promotion of responsible sexual behaviour, including reducing the number of sexual partners, delaying sexual debut and using condoms for dual protection from sexually transmitted infections/HIV and pregnancy.
- Revision and enforcement of policies that meet human rights standards and remove legal barriers to access HIV prevention and care services including condoms. The implementation of evidence-informed, skills-based comprehensive sexuality education.
- Mass media programmes to influence harmful social and cultural norms and the provision of youth-friendly health services for the prevention, treatment and care of HIV within the country context.
- The full engagement of young people in the design, implementation, monitoring and evaluation of HIV prevention programmes and services, together with the engagement of parents and adults in the community as supportive partners.

3. MOVING FORWARD

For the period 2010–2015, 17 countries will receive intensive and comprehensive support (see the Annex and the box). Nine of these have been selected as first-wave countries for 2010–2011. The remaining second wave countries will receive intensive and comprehensive support from 2011–2015. These countries were selected because:

- Large numbers of their young people are infected with or at higher risk of HIV.
- The countries have demonstrated political will around the priority area.
- The countries represent a broad range of implementation and epidemic settings that can generate lessons for others.
- The UN is strategically positioned within each first-wave country to support accelerated action for HIV prevention for young people.

First-wave countries: Brazil, Côte d'Ivoire, Ghana, Lesotho, Malawi, Namibia, Swaziland, Ukraine and Viet Nam.

Second wave countries: Botswana, India, Kenya, Mozambique, South Africa, United Republic of Tanzania, Zambia and Zimbabwe.

The role of UNAIDS

UNAIDS (Cosponsors and Secretariat) offers the following partnership advantages for this priority area:

- Demonstrated global leadership, experience and authority around policy norms and programme standards based on human rights and the ability to bring this knowledge to the process of adaptation of guidance for country-level use.
- Access to extensive information resources on good practice, which can be used to facilitate the rapid scale-up of essential programmes and services.
- Convening capacity and access to global partners and leading technical resources, which can provide catalytic support to country-level policy and programme development, implementation and review.
- Access to technical resources at the country, regional and global levels (including joint UN teams on AIDS in each country, as well as interagency task teams at the regional and global levels) that provide direct and intensive technical support by the UN system and support to strengthen multisectoral coordination and planning and civil society engagement.
- As per the UNAIDS Technical Division of Labour, specialized technical assistance through agencies and programmes with expertise around young people and HIV.

Ensuring accountability and measuring progress

Assessing progress towards the Millennium Development Goals requires strengthened accountability mechanisms at all levels. Clear roles and accountabilities need to be defined for mechanisms/teams at the country, regional and global levels.

Work in this priority area continues to be guided by the UNAIDS Working Group on Empowering Young People to Protect Themselves from HIV which includes members from the UNAIDS Inter-Agency Task Teams on young people and education. This working group will be expanded as appropriate to include additional Cosponsors and other partners working with young people. It will provide oversight to the effort and will be responsible, in collaboration and consultation with joint UN teams on AIDS at country level, for developing the operational plan/action matrix for this priority area, as well as for achieving and measuring results that are included within the monitoring and evaluation framework as part of the operational plan.

The working group will work with the UNAIDS Monitoring and Evaluation Reference Group (MERG), relevant UNAIDS interagency task teams and other stakeholders to develop a monitoring and evaluation framework for this priority area by reviewing and refining a set of indicators for each of the bold results with age- and sex-disaggregated data and will establish a baseline that will facilitate country-level tracking and reporting of results.

End notes

1+2 UNAIDS (2009). *AIDS epidemic update*. Geneva.

3 United Nations Population Fund (2004). *STIs: breaking the cycle of transmission*. New York, United Nations Population Fund.

4+5 United Nations Children's Fund (2009). *Children and AIDS: fourth stocktaking report*. New York, United Nations Children's Fund.

6 Age-disparate sex refers to sex between partners between whom the age difference is 5 years or more.

7 Transactional sex refers to non-commercial sex between partners that involves the exchange of favours which may include money, food, social favours or other material goods.

8 Over 80% of young people living with HIV have never been tested (some estimates give 86%). World Health Organization, United Nations Children's Fund (2008). *More positive living: strengthening the health sector response to young people living with HIV*. Geneva, World Health Organization.

9 Goal 6: combat HIV, malaria and other diseases.

10 Goal 3: promote gender equality and empower women.

11 Goal 5: improve maternal health.

12 Goal 2: achieve universal primary education.

13 Goal 1: eradicate extreme poverty and hunger

14 UNAIDS (2008). *Report on the global AIDS epidemic*. Geneva, UNAIDS.

15 Multiple Indicator Cluster Survey and Demographic and Health Survey data (2008).

16 Progress made in the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. Report of the Secretary-General, April 2010.

17 UNAIDS (2009), Annual Report (English original, June 2010),

18 World Health Organization, United Nations Children's Fund, UNAIDS (2009). Towards universal access: scaling up priority HIV/AIDS interventions in the health sector. Geneva, World Health Organization.

19 *Redefining AIDS in Asia. Crafting an effective response. Report of the Commission on AIDS in Asia* (2008). Oxford, Oxford University Press.

Annex

First-wave countries

Country	Number of young people living with HIV	HIV prevalence (%) (15–24 years)	Epidemic scenario
Brazil	275 807	0.80	Concentrated
Malawi	156 559	5.39	Generalized
Viet Nam	77 908	0.45	Concentrated
Côte d'Ivoire	65 570	1.60	Generalized
Lesotho	50 236	10.47	Generalized
Swaziland	40 860	14.20	Generalized
Ghana	40 036	0.84	Generalized
Ukraine	103 362	1.50	Concentrated
Namibia	31 438	6.85	Generalized

Second-wave countries

Country	Number of young people living with HIV	HIV prevalence (%) (15–24 years)	Epidemic scenario
South Africa	837 701	8.33	Generalized
India	685 348	0.30	Concentrated
Kenya	289 765	3.80	Generalized
Mozambique	249 371	5.71	Generalized
Zambia	189401	7.44	Generalized
Zimbabwe	167 877	5.32	Generalized
United Republic of Tanzania	59 374	0.70	Generalized
Botswana	44 101	10.17	Generalized

Source: United Nations Children's Fund (2009). Children and Aids: fourth stocktaking report. United Nations Children's Fund, New York.

Notes

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