Rationale for including in the proposal

Despite the high numbers of young people living with HIV, there still remains insufficient attention directed towards preventing future transmission of HIV among this population. For youth who are HIV-positive, many 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, and specific targets have been agreed to. In addition, sufficient evidence exists of the effectiveness of specific programmes to prevent HIV among young people. It is critical that programmes specifically targeting young people feature prominently in Global Fund proposals, given the following:

- **Young people comprise ¼ of the world’s population**: There are over 1.7 billion people aged 10-24 years worldwide, 1.5 billion of them in developing countries. These figures alone highlight the importance of HIV prevention amongst this group and the potential this group represents for change;

- **Young people contribute almost one-half of all new HIV infections**: Of the 2.7 million new HIV infections in 2008, about 40% were among those between 15 to 24 years of age. An estimated 4.9 million of the 33.4 million living with HIV are young people aged 15-24 years. Among young people living with HIV, 62% live in sub-Saharan Africa, of which 76% 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 2007, only 40% of young males and only 36% of young females had accurate HIV knowledge yet 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 youth is 95% by 2010;

- **Many populations at higher risk of HIV infection include young people**: The HIV risk behaviours that need to be addressed when working with such people—injecting drugs, selling sex and engaging in male-to-male sex—are often illegal. Moreover, young people often experience more stigma, discrimination and social exclusion than adults engaging in the same behaviours. There are also specific factors, such as conflict, social instability, poverty and powerlessness, which can also facilitate the transmission of HIV and other sexually transmitted infections (STIs) for 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; and

- **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, for example, 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 young people and access to services. Data should be disaggregated by age and sex (age groupings of 10-14, 15-19 and 20-24 years), as well as for young people most-at-risk of HIV, such as injecting drug users, men who have sex with men, and 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”) 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 is critical, such as those working in domestic service;

- **What are the factors affecting young people’s vulnerability to the virus?** What are the cultural, economic, social, structural, and political factors which 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; and

- **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 (utilization 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, ARVs and psychosocial support) will enable the identification of gaps, inefficiencies and good practices and to develop context-relevant and cost-effective plans.

**Populations to target**

Young people are defined by the UN as those aged 10-24 years. Although it varies by country, this category is generally sub-divided into adolescents (10-19 years) and youth (15-24 years). Other sub-populations identified through 'know your epidemic' analyses may also be important to focus on. This may include young persons among MAR populations. The UNAIDS Outcome Frameworks identifies “empowering young people to protect themselves from HIV” as a key priority area. A corresponding goal has been set for 2015 in 17 priority countries “to reduce new HIV infections among young people (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 as well as young people living with HIV/AIDS for treatment, care and support.
• **Most-at-risk young people are:**
  - Male and female injecting drug users (IDUs) who use non-sterile injecting equipment;
  - Males who have unprotected anal sex with other males;
  - Females and males who are involved in sex work, including those who are trafficked for the purpose of sexual exploitation and have unprotected (often exploitative) transactional sex; and
  - 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) and/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 substances (alcohol and other drugs) that may impair their judgment;
  - 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/conflict (internally and 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 non-existent or loose.
  - Live in areas of high HIV prevalence;
  - Are socially excluded (for example, members of national minorities); and
  - Have been recruited as combatants or for forced labour.

**Key activities to consider**

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. With this information, programmes can be most effectively targeted towards most-at-risk young people:

- **In all countries**, targeted programmes for young injecting drug users, 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**, targeted programmes should be in place for young men and women who inject drugs and sell sex and for young men who have sex with males;

- **In concentrated epidemics**, targeted programmes for young injecting drug users, men who have sex with men and young people involved in sex work should be in place, as well as targeted programmes for their sexual partners and other country-specific vulnerable groups; and

- **In generalized epidemics**, targeted programmes should follow those needed for concentrated epidemics. Programmes should ensure access to non-discriminatory, age-and gender-appropriate HIV and sexually transmitted infection (STI) prevention information (condom use, reduction of number of partners, concurrent partners), and treatment services that respect confidentiality and privacy, and protection from unlawful restrictions on freedom of movement.
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 target 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:

1. Provision of Information to develop knowledge;
2. Opportunities and support to develop life skills;
3. Provision of appropriate and accessible health services; and
4. Creation of a safe and supportive environment.

Sufficient evidence exists of the effectiveness of specific programmes to prevent HIV among young people. Activities which 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 life skills building 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 STI/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 discriminations and promote gender equality;
- 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 (if injecting 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; and
- Putting in place specific protection measures for young people affected by emergencies, including unaccompanied minors, orphans and other vulnerable children.

For all groups of most-at-risk young people, greater attention needs to be paid to legal and psychosocial support, access to alternative education opportunities and, for those under 18, child protection services.

*For further information on what actions are needed to respond effectively to HIV prevention, treatment and care among young people, refer to the Global Guidance Briefs: HIV Programmes for Young People: UNAIDS Inter Agency Task Team (IATT) on HIV and Young People, 2008; www.unfpa.org/hiv/iatt
Linkages with other programmes

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.

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 services to show whether the programmes are having the intended effect and to make appropriate changes based on the results. Several tools have been developed to assist countries with monitoring indicators for young people consistent with the UNGASS core indicators and for tracking most-at-risk populations. Tools have also been developed to evaluate HIV education programmes, health services for adolescents and general life-skills-based education.

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 country:

1. 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;
2. The use of condoms with non-marital sexual partners will have at least doubled among young people; and
3. The utilization of HIV testing and counseling services at public and private PMTCT and HTC facilities by young people most at risk of HIV will have doubled.

The 2001 Declaration of Commitment (DoC) elaborated twenty-five 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 who received an HIV test in the last 12 months and who know the results;
- UNG 11: Percentage of schools that provided life-skills based HIV/AIDS education within the last academic year;
- UNG 13: Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission;
- UNG 15: Percentage of young women and men ages 15-24 who have had sexual intercourse before the age of 15;
• **UNG 16**: Percent of adults aged 15-24 (or 15-49) who had sex with a non-regular partner in the past 12 months;

• **UNG 17**: Percentage of adults aged 15–24 (or 15-49) who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse; and

• **UNG 22**: Percentage of young women and men aged 15–24 who are HIV infected.

Several tools have been developed to assist countries with monitoring indicators for young people consistent with the UNGASS core indicators and for tracking most-at-risk populations. Tools have also been developed to evaluate HIV education programmes and general life-skills-based education.

**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 those most-at-risk and those 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 those 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; and

• **Recognition that young people are not homogenous.** Programmes must be tailored to meet their individual characteristics and circumstances, such as age, sex, religion, socioeconomic and marital status and domestic arrangements, among other factors. Programmes should specifically address the needs of vulnerable and high-risk groups of young people, including injecting drug users (IDUs), whose high-risk behaviour has been identified as a driving force behind HIV transmission in Eastern Europe, Central Asia, and the Americas, and those in humanitarian crisis situations.

**Note:** This guidance was prepared by the Inter-Agency Task Team on HIV and Young people, convened by UNFPA, to provide an overview for the purposes of GFATM proposal development. For further information and resources please visit the IATT website at www.unfpa.org/iatt, or e-mail: info-iatt-yp@unfpa.org.

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i These include the five-year follow up to the Cairo International Conference on Population and Development (ICPD +5), the Millennium Summit, the 2001 UN General Assembly Special Session (UNGASS) on HIV/AIDS and its five-year review, as well as the 2002 UNGASS on Children (World Fit for Children) and the 2002 Youth Employment Summit.


v Brazil, Malawi, Ukraine, Viet Nam, Cote d’Ivoire, Lesotho, Swaziland, Namibia, Ghana, South Africa, Kenya, India, Mozambique, Zambia, Zimbabwe, Botswana, Tanzania
vi Reference to children living/working on the streets and in juvenile detention facilities is made in the Inter-
Agency Task Team (IATT) on HIV and Young People (2008) Global Guidance Brief on HIV Interventions for Most-at-
risk Young People.


viii Guidance is provided on the measures that need to be in place based on the stage of the epidemic - UNAIDS

ix In none of 18 countries surveyed between 2001 and 2005 did knowledge levels about HIV in young people exceed

x UNAIDS (1998) Expanding the Global Response to HIV/AIDS through Focused Action: Reducing Risk and
Vulnerability: Definitions, Rationale and Pathways. Geneva


xii UNAIDS (2010) “We Can…” Speaking about hope, the HIV response and UNAIDS. UNAIDS, Geneva.


xiv Such as uptake of VCT services and the percentage of most-at-risk young people who received an HIV test in the
last 12 months and who know the results.


populations. UNAIDS, Geneva. UNAIDS/07.15E/JC1338E.

http://www.cdc.gov/HealthyYouth/publications/hiv_handbook/index.htm


xx These bold results are specific to 7 “first-wave” priority countries: Botswana, Namibia, Swaziland, Ghana,
Malawi, Lesotho, South Africa, Mozambique, Zambia

xxi The current UNGASS indicator for HIV Testing covers the age range 15-49-therefore disaggregation of data for
ages 15-24 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 hyper-endemic settings, these will include
young girls between the ages of 15 - 24, whereas in concentrated epidemics this will include young IDUs, young
MSM and young sex workers.


populations. UNAIDS, Geneva. UNAIDS/07.15E/JC1338E.

http://www.cdc.gov/HealthyYouth/publications/hiv_handbook/index.htm