

Action for Universal Access 2010:

Myths

Realities



Young People Living with HIV

Issue Statement

The needs of young people living with HIV are often overlooked in the design and implementation of national AIDS plans, despite specific commitments, regarding young people, made in the 2001 and 2006 declarations.

Key Messages

- The needs of young people living with HIV are not adequately addressed through existing HIV programmes and services. Governments and other agencies must review their HIV policies and programmes and develop ways to increase the involvement of young people living with HIV, in their design and delivery and access to HIV services.
- An estimated 5.4 million young people (15-24 years of age) are living with HIV; of the up to 6,800 people living with HIV daily, half of them are young people.
- Evidence has shown that by involving youth, especially YPLHIV, in the design, implementation, evaluation and monitoring of HIV policies, programmes and services, leads to improved health outcomes.
- Existing HIV surveillance systems are insufficient to monitor the epidemic within this key population and too few countries follow the UNGASS core indicators that will help inform the design and delivery of youth-focused programmes and services.

Background: Myths vs. Realities – The Road to Universal Access

- The **myth** is that young people's needs are met by child-centred programmes. The **reality** is that YPLHIV need HIV services that address the reality of their lives, particularly in delivering relevant sexual health information. Evaluations of more than 150 programmes around the world have shown that no increase in sexual risk-taking is associated with providing complete information about sexuality (including contraception and condoms) to young people¹.
- The **myth** is that laws requiring parental consent for people under the age of 18 to access HIV services are in the best interest of adolescents. The **reality** is that these laws are major barriers to reaching young people at risk of HIV transmission. Evidence demonstrates that young people are more likely to access health services, which are confidential, and are less likely to access services if they think that their privacy will not be upheld.
- The **myth** is that youth participation in the response to HIV is amply recognized and implemented by governments and UN agencies. In **reality**, the participation of young people has yet to move from tokenistic involvement to substantive participation, despite commitments from the international community in the 2001 and 2006 declarations.
- In 2001, governments made commitments that by 2005, 90 percent of young people would be able to correctly identify modes of HIV transmission and prevention. As of 2007, only 40 percent of young males

1. Speizer I. et al. The effectiveness of adolescent reproductive health interventions in developing countries: a review of the evidence. *Journal of Adolescent Health* 2003 22:324-348.

and only 36 percent of young females had accurate HIV knowledge. We are not on track to meet the universal access target of 95 percent youth having HIV knowledge by 2010.

- Young people are less likely to visit health services than children or adults, and are often financially dependent on their parents, guardians, family members. Fear of disclosure to family members often impedes young people from getting tested or accessing services.
- There is a lack of reliable evidence-based data on young people and YPLHIV. Few countries follow the UNGASS Core Indicators under which they are required to disaggregate data by gender and age. Current data focuses on trends and behaviours among children (0-14) and adults (15-49), and not young people.
- The vast majority of YPLHIV do not know that their status. Increasing access to testing alone, which includes provider-initiated testing and counselling, is not enough; it is also critical to ensure informed consent, confidentiality, and the provision of counselling and support services to address the harmful effects of stigma and discrimination of people living with HIV.

Recommendations

- Healthcare providers must be trained to provide accurate, confidential, relevant, appropriate and non-judgemental information targeting young people, including pre- and post-testing counselling and referrals.
- Government, UN agencies and other leaders must involve youth meaningfully in the design, delivery and evaluation of HIV programmes, and programmes must address a broad range of psychosocial issues for youth, including employment, nutrition, behaviour change communication, and holding decision makers accountable to the commitments made to youth and YPLHIV.
- YPLHIV need psychosocial support and youth-friendly services to deal with their diagnosis, disclosure, adherence to treatment, access to treatment issues of motherhood and relationships, and living positively.
- Governments must implement accurate, detailed HIV surveillance systems that capture information on young people, including UNGASS core indicators.

This paper was prepared under the auspices of the Civil Society Task Force for the 2008 UN High Level Meeting on AIDS.

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