

## Preventing HIV with Young People: The key to tackling the epidemic

Report Launch, House of Lords  
Committee Room 3, 11<sup>th</sup> May 2009

UNICEF UK's new report '[Preventing HIV with Young People: The key to tackling the epidemic](#)' outlines the challenges faced by young people in all regions in living free from HIV. The report was launched during a parliamentary briefing kindly hosted by Baroness Northover.

### UNICEF and preventing HIV with young people: Jimmy Kolker, Associate Director HIV and AIDS Section, UNICEF.

27 years into the HIV and AIDS epidemic, progress has been made. Treatment access has been scaled up with the number of under 15's receiving anti-retrovirals tripling. However, we are not making enough progress around prevention and young people are particularly affected. 45% of new infections are in under 24 year olds. The emphasis now must be shifted onto prevention, which should be targeted and differentiated to reflect the different needs of young people. Prevention interventions can be improved through educational interventions - high quality education can support behaviour change, tailoring messages to the context – through getting to know the target audience, and strengthening linkages between treatment and prevention. In addition, the connection between child protection and HIV infection must be better understood.

Prevention is not a one off event. It is a long term initiative, which often means it is not prioritised. The financial crisis places additional pressures on the response to HIV and it is essential that neither prevention nor treatment programmes are cut in light of a reduction in resources.

#### Questions:

- How can Prevention of Mother to Child Transmission (PMTCT) services be better promoted (Veronica Oakeshott, All Party Parliamentary Group (APPG) on AIDS): Progress is being made and more countries are on track to reach the 80% target. However, PMTCT must be integrated into maternal, newborn and child health (MNCH) services and be family-centred. Health care (including HIV and AIDS services) should be seen as a universal right. Scaling up PMTCT is complex and must be addressed within local contexts.



- What are the links between HIV and MNCH services and the potential for these to be brought together with sexual health services (Baroness Tonge): Separation of services is unwise. In order to meet the universal access targets we must use the political attention on HIV and AIDS to strengthen health systems, including human resources and supply chain management. Health responses should be AIDS-sensitive and driven, but not AIDS exclusive. The International Health Partnership is fundamental to achieving this.

### Case Study: Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) by Nina Ferencic, UNICEF Regional HIV and AIDS Advisor

CEE/CIS is experiencing increasing rates of HIV infection. This is occurring in a region of economic and political transition, migration, the world's second highest youth unemployment rate, increasing substance and drug use, and the world's highest suicide rates. 80% of those living with HIV are under 30 years old; women account for 20% of all injecting drug users and of those 50% also sell sex.

Shockingly, only 13% of those in need have access to treatment in the region. One of the main problems is in the separation of families, as family members leave to find work. This often results in children and young people having no parental supervision for long periods of time and high rates of institutionalisation.

Programming for most-at-risk adolescents is difficult; there is a lack of data and a lack of political engagement due to the combination of stigma and social norms around many of the behaviours. Many countries in the region also have laws that require parental consent for health services for the under 18's, thus excluding young people without parents and also discouraging those who are undertaking stigmatised behaviours.



The main challenges are

1) Lack of political engagement with HIV and AIDS resulting in low levels of available resources. In addition CEE/CIS countries are middle income so are not eligible for the development funding usually used for HIV. Meanwhile, the Global Fund, who have provided many of the financial resources to the region, are scaling down their funding, creating a \$600 million gap. This will probably result in services for marginalised groups being cut (in the Ukraine the Government has already stopped putting new people on HIV treatment);  
2) Vertical systems with a lack of linkages across institutions;

3) Weak civil society;

4) A lack of EU engagement with issues of equity and human rights. They focus instead on issues of integration and xenophobia, leading to HIV being omitted from discussions.

#### Questions/Comments

- The lack of EU involvement in the region is worrying as most of the criticism given to the EU in the UK is that they focus too much on CEE and this seems to not be the case in terms of HIV (Baroness Northover).
- What are UNICEF and the EU are doing on criminalisation as a hindrance to service access (Pamela Mahaka): The UN is very opposed to the criminalisation of HIV transmission; it is a significant barrier to knowing your status and disclosure. In a similar way the criminalisation of stigmatised behaviours like drug use or sex work are huge barriers to service provision and to the achievement of universal access.
- What are the challenges in changing social norms and engaging with men and boys in life skills education (Mike Podmore, VSO, Andrew Tomkins, UCL and a trustee of UNICEF UK, and Basil Eastwood, Cecily's Fund): Changing social norms is a huge challenge. UNICEF has been partnering with MTV in Latin America in a project focused on men and boys, designed to challenge these norms and to promote the open discussion of sexuality as well as the vectors of disease spread. This is important as new evidence from a study in Zimbabwe shows that life skills education does not always translate into changing behaviour in the long term due to the necessity of changing social norms. However, increasing communication and creating ownership of behaviours and circumstances can create changes in social norms, for example in Uganda. Also, while creating hope is important, you can't fool young people. They need to see concrete changes in their environment.
- There are challenges in persuading EU partners to adopt a human rights approach when we still have many excluded groups in the UK. Also what funding is available from the EU (David Borrow MP): EU funding is very complex, funding for CEE has to be made on individual requests and HIV is often not recognised as a priority.

- To what extent will the Vienna International AIDS Conference be an occasion for an increased focus on CEE/CIS and also why does UNICEF not focus on mothers following birth (Amandine Bollinger, Researcher for Alice Wellborn): UNICEF is pushing for women to be included in PMTCT responses. In the past a high percentage of the women receiving PMTCT did not proceed onto treatment. This is improving with Botswana and Rwanda now placing all pregnant women on ARV's in response to the 2009 Lancet article on how universal HIV testing and treatment could slash infection rates. The Vienna conference will be an opportunity to raise and discuss these issues. UNICEF would like to see the linkages between HIV, drug use and pregnancy explored as this is a niche that is currently overlooked.
- Are there estimated numbers of those in the excluded groups in CEE/CIS and their average survival rates to 18 years (Alex Helliwell, UNICEF Campaign Action Group): Estimating this is very difficult, but it is thought that for every registered IDU there are at least 7 not registered. UNAIDS is currently organising a workshop around this issue.
- What about children outside of the school environment, for example street children (Wendy Solesbury, British Red Cross): Identifying funding for out of school programmes is challenging. In the past there was too much emphasis on HIV or orphanhood as indicators of vulnerability. There is now a move away from this due to evidence by UNICEF that responses for vulnerable children should be holistic and include all vulnerable children and UNICEF are very happy to see the UK's commitment to social protection.
- The UK Government's AIDS Strategy also covers middle income countries, but what actions in CEE/CIS has the FCO taken in its implementation (Veronica Oakeshott, APPG AIDS): In practice there has been no leadership on HIV in the region by any partner and in discussions it is not normally raised; however, there is a role for other Governments, including the UK, in this.

David Bull, Executive Director of UNICEF UK wrapped up the meeting.

- Young people account for the largest segment of the population in developing countries and girls' empowerment is essential to addressing the HIV epidemic. Young people are at the centre of the epidemic and we need responses that focus on prevention with young people. Yet, they are not a homogenous group, they live in very diverse circumstances and prevention needs to be targeted to different needs.
- In many cases HIV prevention is a case of child protection - creating an environment in which the most vulnerable young people are protected, empowered and have the capacity to protect themselves by adopting safe behaviours.
- The UK Government has made substantial commitments to health systems strengthening, but while health systems are important, focus is also needed on changing social norms. If the UK is serious about reducing the number of new HIV infections we must identify the funding for this.

#### **Recommendations for the UK Government:**

- The UK must develop a global HIV prevention advocacy strategy, which promotes an evidence-informed combination approach, recognises young people's needs and rights and also generates increased global funding for HIV prevention.
- The Foreign and Commonwealth Office must engage with their country offices and demonstrate how they will implement their commitments in the UK's Strategy to fight AIDS, in relation to stigma and discrimination and protecting the rights of the most vulnerable and marginalised.

**The full report *'Preventing HIV with young people: The key to tackling the epidemic'* is available at [http://www.unicef.org.uk/publications/pub\\_detail.asp?pub\\_id=199](http://www.unicef.org.uk/publications/pub_detail.asp?pub_id=199)**

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**For more information on UNICEF's work on HIV and AIDS visit** [http://www.unicef.org.uk/campaigns/born\\_free/](http://www.unicef.org.uk/campaigns/born_free/)

## Attendance List

Title	First Name	Surname	Organisation
	Anne	Babcock	UK AIDS Consortium
	Amandine	Bollinger	Salamander Trust
	David	Borrow MP	House of Commons
	Francesca	Bucher	Body and Soul
His Excellency Mr	Dragiša	Burzan	Embassy of Montenegro
	Joanna	Busza	LSHTM
	Anna	Carter	Red Cross
Dr	Fabian	Cataldo	International HIV/AIDS Alliance
	Mietani	Chauke-Khumalo	Embassy of Zimbabwe
	Robert	Common	Hope for Children
	Ed	Cooper	Partnership for Child Development
	Rachel	Deacon	LSE/SPW
	Basil	Eastwood	Cecily's Fund
	Alice	Fay	Tearfund
	Adam	Garner	IPPF
	Ian	Govendir	Cara
	Gladys	Hall	Hammersmith and Fulham PCT
	Alex	Helliwell	UNICEF Youth Campaign Action Network
Earl		Howe	
	Simon	Jackman	Hope for Children
	Fatima	Kamara	Hammersmith and Fulham PCT
	Likeleko	Kamoelebi	Lesotho High Commission
Dr	Stuart	Kean	World Vision
	Dominic	Kemps	Pfizer
Dr	Gopa	Kumar Nair	Save the Children
	Rejoice	Lukumba	Zambia High Commission
	Ailidh	Macleod	LSHTM
	Pamela	Mahaka	
	Diarmaid	McDonald	SPW
	Veronica	Oakeshott	APPG on AIDS
	John	O'Callaghan-Williamson	Tcell.org.uk
	Dorothy	Okotie	Hillingdon PCT
	Kyle	Patel	GlaxoSmithKline
	Sonita	Pobi	Ealing Youth and Connexions
	Mike	Podmore	VSO
His Excellency Dr	Iary Berthine	Ravaoarimana	Embassy of the Republic of Madagascar
	Ruth	Sanders	Samaritans Purse
	Maggie	Sandilands	Tearfund
HRH	Seeiso	Seeiso	Lesotho High Commission
	Wendy	Solesbury	British Red Cross
	David	Stanton	Canonbury Park
	Catherine	Stevens	SPW
	Jamie	Taylor	Tcell.org.uk
	Lawrence	Teh	
Her Excellency	Ana Maria	Teles Carreira	Embassy of the Republic of Angola
Professor	Andrew	Tomkins	UNICEF Trustee
Baroness	Jenny	Tonge	
	Irina	Trofimova	Samaritans Purse