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At Great Risk of HIV/AIDS: Young People in Eastern Europe and Central Asia

Ministerial Meeting on "Urgent response to the HIV/AIDS epidemics in the Commonwealth of Independent States"

Moscow, 31 March to 1 April 2005

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Young people: at the centre of the epidemic

In Eastern Europe and Central Asia, young people are at the centre of the AIDS epidemic—while at great risk, they also present the window of opportunity for halting the epidemic. The region is experiencing the fastest-growing epidemic in the world—and young people account for the majority of new infections. An estimated 1.4 million people are now living with HIV in the region, with around 210 000 newly infected in 2004[1]. Urgent action, political commitment, and increased investment must be made in HIV prevention, treatment and care programmes for young people, including those who are especially vulnerable.

Young people: the face of the region's epidemic

- In the region, more than 80% of those living with HIV are under the age of 30[2]. In Ukraine, 25% of those diagnosed with HIV are younger than 20 years; in Belarus, 60% are aged 15 to 24; and in Kazakhstan and Kyrgyzstan, around 70% are under 30 years of age[3].
- Young people have become highly vulnerable to HIV infection in the wake of the rapid social change, economic hardship and increased insecurity. They face challenges such as poverty, unemployment (at levels three times higher than that of the adult population), and falling rates of enrolment and completion of secondary schooling. High rates of trafficking of drugs and of human beings increase their vulnerability.
- Contrary to most regions worldwide, young men in Eastern Europe and Central Asia are more likely to be infected than young women. Young women currently account for 28% of people living with HIV in the region; however, evidence indicates their rates are increasing compared to that of men.[4]
- Discrimination based on gender, ethnicity, disability, citizenship and sexual orientation are additional factors, which may significantly increase the vulnerability of young people.

We must focus on young people in order to[5]:

- Increase young people's access to core interventions necessary for the prevention of HIV: information, skills and services;
- Decrease young people's vulnerability to HIV;
- Decrease the prevalence of HIV among young people.

Young people: many at great risk

- In Eastern Europe and Central Asia, there are an estimated 3.2 million injecting drug users6, a vast number of whom are young people. Due to this, and the use of contaminated injecting equipment, the largest number of HIV infections is through injecting drug use. An estimated 70% of newly reported infections in the Commonwealth of Independent States are related to injecting drug use7.
- Most of those who inject drugs are very young, sometimes even under the age of 15. Up to 25% of injecting drug users in the region are estimated to be less than 20 years of age[8]. In the Russian Federation, it is estimated that between 1% and 2% of the population injects drugs[9]; four out of five HIV cases due to injecting drug use are among people under 30[10].

- There is evidence of increasing sexual transmission of HIV in a number of countries. This increase may be largely due to injecting drug users and their sexual partners engaging in unsafe sex. Evidence of increasing sexual transmission of HIV may also be a sign that the epidemic is moving to the wider population.
- Use by young people in the region of alcohol and other drugs, such as amphetamine-type stimulants, is another HIV-transmission risk factor, as it is a major factor in engaging in unsafe sex.
- In many countries of the region, increasing numbers of young people are engaging in sex work, putting them at high risk of being exposed to HIV. In one study in the Russian Federation, 64% of sex workers aged 20 to 24 tested HIV-positive[11]. Sex workers often act as the bridge between injecting drug users, their partners and the general population. Sex workers may also use drugs, putting themselves at increased HIV risk.
- There is also evidence of earlier initiation of sexual activity, high rates of unsafe sexual practices and sexual activity with multiple partners. Condom use among young people in the region appears to be low[12]. Young people are less likely to know where to access preventive health services, and less likely to seek treatment for sexually transmitted infections, including for HIV.

Access: the key for young people

Young people have the right to health, education, participation, and a decent standard of living. To enjoy these rights, young people must be provided with appropriate and accurate information and skills, and they must be able to access youth-friendly services for the prevention, treatment and care of HIV and AIDS. However, the evidence tells us that many young people still do not have access to these interventions.

Young people: a right to knowledge and skills

Young people have the right to know about HIV and AIDS and how to protect themselves. It is important to provide information and education to all young people, both in and out of school, covering the diversity of their sexual and health-related behaviours, ideally before they become sexually active and/or use drugs.

- Many young people in the region lack access to accurate information about HIV and AIDS and the skills-based education necessary to reduce risk of infection. This can be especially significant for out-of-school youth. Helping young people to consider their relationships and lifestyles and to postpone sexual activity until they have developed the necessary personal and social skills to protect themselves are important goals of HIV prevention.

Peer education and life skills-based HIV and AIDS information and education enable young people to make empowered choices and decisions about their health. Behavioural change interventions should encourage delay in sexual debut, reduction in the number of sexual partners, and correct and consistent condom use.

- A recent study in the region reported that 40% of in-school youth and 3% of out-of-school youth are reached by behaviour change programmes[13]. However, programmes do not guarantee that behaviour change will be sustained.
- Research studies investigating the impact of sexual health education on adolescent behaviour consistently find that providing sexual health education does not lead to earlier or more frequent sexual activity[14].

Young people: a right to health services

Providing young people with access to a wide range of youth-friendly health services and commodities is essential.

- Young people lack access to affordable, effective and appropriate services; voluntary, confidential HIV counselling and testing; effective diagnosis and treatment of sexually transmitted infections; and drug treatment programmes.
- Young people also lack access to life saving commodities, including condoms (male and female) for those who are sexually active, sterile needles and syringes for those who inject drugs, and antiretroviral drugs and treatment of opportunistic infections for people living with HIV and AIDS. Young people are rarely the primary focus of the increasing resources available in countries for HIV and AIDS treatment.
- Inaccessibility to condoms for young women and men due to social stigma, combined with myths, fears and misperceptions about condoms among young people, weaken their prevention practices. Prevention education must be backed up with prevention tools, such as condoms.

Young people: a right to participation

Experience shows that HIV and AIDS programmes that respect young people's rights to participate and involve them, while being sensitive to their cultures and circumstances, are more likely to succeed. The active and meaningful participation of young people, including those who are living with HIV, in programmes that aim to address their needs and that shape their lives, is essential.

Learning from experience: we know what needs to be done

Substantial evidence exists that prevention interventions targeting young people, including especially vulnerable groups, could significantly help curtail the AIDS epidemic. The best programmes have built on the synergy of multiple interventions. In countries and regions where HIV prevalence has declined, comprehensive prevention programmes were in place. Coverage is essential for impact. The present coverage of key interventions known to be effective is insufficient. One of the most important elements of success in preventing HIV among young people is the need for countries **to significantly increase the coverage of services**[15].

Drastically scale up interventions for vulnerable groups of young people

- Given the scale of the epidemic in the region, and the preponderance of HIV infection among young injecting drug users, it is critical that interventions be targeted to this group. Evidence-informed approaches are available for adaptation and replication, but political will and courage are often lacking to address the needs of these populations.
- Programmes that combine drug demand reduction, which discourage drug use, with harm reduction programmes that reduce drug injecting and prevent HIV transmission through contaminated injecting equipment among young people, can prevent larger, more extensive epidemics[16].
- A comprehensive set of interventions is needed to lessen the vulnerability of young people and to reduce the numbers of young people commencing drug injecting, along with large-scale harm-reduction and safer-sex programmes[17].

Priority interventions for especially vulnerable young people, including injecting drug users and sex workers[18] include:

- Addressing stigma and discrimination against injecting drug users, men who have sex with men, and sex workers, and ensuring that their human rights are promoted and protected.
- Scaling up needle and syringe programmes, condom distribution, and outreach programmes for injecting drug users. Focusing on projects that also aim to prevent the sexual transmission of HIV between drug users and their sexual partners.
- Scaling up voluntary counselling and testing, peer education, diagnosis and treatment of sexually transmitted infections, and promoting correct and consistent condom use among sex workers and their clients, as well as among injecting drug users and their partners.
- Integrating harm reduction programmes, voluntary counselling and testing, and staff training into correctional systems.
- Addressing injecting drug use and sex work from a multi-dimensional perspective, looking at issues of public health, poverty, inequality and human rights, not only from a criminal justice standpoint.

Prevention works: a comprehensive response for all young people[19]

Young people are a diverse group. Interventions must be tailored to meet their individual characteristics, such as age, sex, marital status and domicile, and the many deep-rooted structural, social and other contextual issues that make young people vulnerable (gender relations, race, religion, socio-economic status)[20].

Interventions should be evidence-informed and specifically target especially young people likely to be exposed to HIV. These young people are often at the centre of HIV transmission, particularly in countries with concentrated epidemics, such as in this region.

It is crucial to foster inclusive, non-discriminating and non-stigmatising attitudes towards HIV-positive young people and those at high risk, through legal protection, public information, media outreach and educational campaigns.

- *Interventions through schools:* peer education and life skills-based sexual health education in schools, where programmes present accurate information and ensure sustained exposure, address stigma and discrimination towards marginalized and vulnerable populations, and ensure sustained exposure.

Such educational activities need to be undertaken within a coordinated and comprehensive framework, including school policies, the learning environment and access to health and counselling services. A number of actions are known to be important for school-based interventions, including school workplace policies that cover all teachers and school staff, effective training and support for teachers including pre- and in-service training, and school and community linkages such as through parent-teacher associations and teacher associations.

- *Interventions through services:* accessible and confidential youth-friendly health services, offering a core package of interventions (information and counselling, risk reduction through condoms and harm reduction for injecting drug users; and testing and treatment for sexually transmitted infections and HIV) through existing health infrastructures.
- *Interventions through communities:* targeted community-based interventions for young people who are marginalized, have poor access to information and services and are at high risk of exposure to HIV, such as sex workers, men who have sex with men, and injecting drug users.

- *Interventions through the media:* sustained multi-channel mass media campaigns that are adapted to social context and tailored to real sexual behaviours.
- *Policies as an intervention:* evidence-informed policies that provide the overall context for actions to reduce vulnerability to HIV among young people, reflect national commitment, and create the space for specific interventions to take place.

Peer education: it can work!

- Peer education and outreach activities are well suited to meeting the needs of young people, and are often more attuned to the circumstances of especially vulnerable young people.
- It is therefore important to strengthen social networks and peer relations that model and promote norms for safer behaviour.
- Peer-education programmes can provide the necessary skills to decrease the rate of HIV transmission. There is evidence that peer-to-peer programmes can have a positive impact on increasing knowledge, partner discussion of condom use, safer injection practices, risk perception and the self-efficacy to reduce risks, as well as on decreasing sexually transmitted infections and high-risk sexual behaviour.

Barriers to accessing HIV and AIDS interventions for young people

- Stigma and discrimination are key factors hindering progress to an effective response to the epidemic. Stigma and discrimination discourage use of prevention services, including voluntary counselling and testing, and disclosure of HIV status.
- Gender inequality and discrimination are also key factors. Young women and girls are often unable to negotiate sexual abstinence or condom use, and they may experience coerced and unprotected sex.
- For people highly likely to be exposed to HIV such as sex workers, men who have sex with men, and injecting drug users, stigma often stems from already existing prejudices.
- Many factors hinder young people's access to youth-friendly sexual and reproductive health counselling and services, including: sociocultural issues, discrimination, operational barriers including parental consent, insensitive and judgmental service providers, threatening settings and environments, lack of privacy and confidentiality, inability to afford services, restrictive or ambiguous service policies and inappropriate and unacceptable service options.
- Young people lack access to treatment options, which deters their desire to know their HIV status and hinders effective prevention programmes.

The need to scale up efforts: what it will take

Eastern Europe and Central Asia has the fastest increasing HIV prevalence in the world. Only a committed, scaled-up response will meet the urgent needs of young people. Efforts aimed at young people, and implemented together with young people, must become a priority in each subregion, country, and community. Actions can, and should, be taken today.

Implement national strategies for scaling up interventions for young people

- Adopt and ensure that national HIV and AIDS policies and plans prioritize a scaled-up prevention, treatment and care programme for, and by, young people. Mobilize and coordinate all sectors of society (public and private) to ensure a multisectoral response.

- Ensure a supportive social and legal environment for all young people at risk, including a focus on gender equality and targeted policies to reach and involve girls and young women, particularly those from the most disadvantaged backgrounds.
- Integrate HIV prevention efforts for, and by, young people into national development plans and programmes so that the social, economic and health needs of young people are met.

Scale up what works

- Implement a combination of interventions in order to meet the diverse needs and different groups of young people, including schools, media and peer education programmes. Use culturally appropriate and age-specific communication avenues.
- Rapidly expand effective pilot projects to achieve national coverage, and sustain effective large-scale programmes for, and by, young people. Make particular effort to reach especially vulnerable young people and young people living with HIV and AIDS. Address the social, economic and legal factors that contribute to young people's vulnerability.

Increase financial and human resources

- Increase resources from national and international donors' budgets for scaling up prevention, treatment and care efforts for young people. Strengthen human, institutional and technical resources and capabilities for implementing effective and sustainable efforts.
- Strengthen partnerships with all stakeholders, including youth organizations, the private sector and young people living with HIV and AIDS.
- Ensure better cost data on interventions for young people is available to inform national strategic plans, resource allocation (domestic and external) and funding decisions, including total costs, costs per person reached and cost per HIV transmission averted.

Monitor and evaluate efforts

- Develop and implement a unified national monitoring and evaluation system for HIV prevention efforts, which uses core indicator guides such as the "Guide to Monitoring and Evaluating National HIV/AIDS Prevention Programmes for Young People"[21].
- Work with researchers to evaluate programmes and document intervention delivery and outcomes. Collect data that will help inform programming, and ensure that data is disaggregated by variables (including age, sex, marital status and parental status) to help develop appropriate interventions.

Programmes for, by and with young people!

It is crucial to ensure that policies, plans and programmes are developed for, by and with young people in meaningful partnerships. This involves measures to:

- Strengthen partnerships with young people, including young people living with HIV and AIDS.
- Include young people as key stakeholders in advocacy, policy and programme development and implementation, and monitoring and evaluation efforts, including as part of consultative groups for AIDS councils and action committees.
- Build the capacity of young people to design and manage programmes that are appropriate, relevant and meaningful to them.

Global and Regional Commitments to preventing HIV among young people

Declaration of Commitment on HIV/AIDS: Global Targets for Young People

- "By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent and by 25 per cent globally by 2010…" (Paragraph 47)
- "By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, families, educators and health-care providers. " (Paragraph 53)

United Nations General Assembly Special Session on HIV/AIDS, June 2001, New York

Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia

- "Reinvigorate our efforts to ensure the target of the Declaration of Commitment that, by 2005, at least 90 percent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in dialogue with young persons, parents, families, educators and health-care providers"

Ministerial Conference, "Breaking the Barriers –Partnership to fight HIV/AIDS in Europe and Central Asia", 23-24 February 2004, Dublin

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[5] "Steady, Ready, Go", Information brief from the Talloires consultation to review the evidence for policies and programmes to achieve the global goals on young people and HIV/AIDS, WHO Department of Child and Adolescent Health and Development for the UNAIDS Inter-agency Task Team on HIV/AIDS and Young People (2004).

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[7] Reversing the Epidemic: Facts and Policy Options, UNDP (Bratislava, 2004).

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[10] "HIV/AIDS in Europe and Central Asia", Press release, UNICEF CEE/CIS and Baltics Regional Office, 22 February 2004.

[11] AIDS epidemic update, December 2004, UNAIDS and WHO (Geneva, 2004).

[12] Reproductive, Maternal and Child Health in Eastern Europe and Euroasia: A Comparative Report", CDC (2003).

[13] Access to HIV Prevention: Closing The Gap, Global HIV Prevention Working Group (2003).

[14] "School-based interventions to prevent unprotected sex and HIV among adolescents", Kirby, D, in J. Peterson & R. Diclemente (Eds.), Handbook of HIV Prevention (pp. 83-97), (New York: Plenum Publishers 2000).

[15] "Steady, Ready, Go", Information brief from the Talloires consultation to review the evidence for policies and programmes to achieve the global goals on young people and HIV/AIDS, WHO Department of Child and Adolescent Health and Development for the UNAIDS Inter-agency Task Team on HIV/AIDS and Young People (2004).

[16] AIDS epidemic update, December 2004, UNAIDS and WHO (Geneva, 2004).

[17] AIDS epidemic update, December 2004, UNAIDS and WHO (Geneva, 2004).

[18] See Reversing the Epidemic: Facts and Policy Options, UNDP (Bratislava, 2004). See also Averting AIDS Crises in Eastern Europe and Central Asia: A Regional Support Strategy, The World Bank (Washington, D.C., 2003).

[19] For more information, see "Steady, Ready, Go", Information brief from the Talloires consultation to review the evidence for policies and programmes to achieve the global goals on young people and HIV/AIDS, WHO Department of Child and Adolescent Health and Development for the UNAIDS Inter-agency Task Team on HIV/AIDS and Young People (2004).

[20] "Steady, Ready, Go", Information brief from the Talloires consultation to review the evidence for policies and programmes to achieve the global goals on young people and HIV/AIDS, WHO Department of Child and Adolescent Health and Development for the UNAIDS Inter-agency Task Team on HIV/AIDS and Young People (2004).

[21] Developed jointly by WHO, UNAIDS, UNICEF, and other partners. See www.who.int/hiv/pub/me/en/me_prev_intro.pdf

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The UN Interagency Group on Young People's Health, Development and Protection in Europe and Central Asia (IAG) is a United Nations inter-agency technical support group comprised of UNAIDS cosponsors. Created in 1999, the IAG provides strategic and technical support to national and regional efforts for comprehensive programming, including HIV prevention, through joint advocacy efforts, and the implementation of co-funded work plans to develop tools, methodologies, best practices, and interventions for action-oriented responses at a country level. The IAG focuses its support in the following four interlinked areas: Advocacy, Peer education, Life Skills-based Education and Youth Friendly Services.

For more information, or to learn more about the UN Interagency Group on Young People's Health, Development and Protection in Europe and Central Asia, contact:

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