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**Second *ad hoc* thematic meeting
New Delhi, 9-11 December 1998**

Provisional agenda item 3

Young people and HIV/AIDS: Background discussion paper on the elements of a global strategy

EXECUTIVE SUMMARY

Young people between the ages of 10 and 24 account for more than 50% of new infections after infancy worldwide. Increasingly young people are also being appreciated as a resource for changing the course of the epidemic. They are both responsive to HIV prevention programmes, and effective promoters of HIV prevention action. Investing in HIV prevention among young people is likely to contribute significantly to a more sustainable response to HIV/AIDS. Several lessons have been learnt over the past years that can be applied to planning effective actions to focus more on young people in the HIV epidemic.

Seven sets of actions are offered to inform the strategy development discussions of different partners concerned with improving the response to HIV/AIDS, and making it appropriate to the needs of young people. Priority actions to be considered in the light of situation and response analysis in each country, and feedback from youth organizations and young people include:

1. establishing or reviewing national policies to reduce the vulnerability of young people to HIV/AIDS and ensuring that their rights are respected, protected and fulfilled.
2. promoting young people's genuine participation in expanding national responses to HIV/AIDS
3. supporting peer and youth groups in the community to contribute to local and national responses to HIV/AIDS
4. mobilizing parents, policy-makers, media, and religious organizations to influence public opinions and policies with regard to HIV/AIDS and young people
5. improving the quality and coverage of school programmes that include HIV/AIDS and related issues
6. expanding access to youth-friendly health services including HIV/STD prevention, testing and counselling, care and support services
7. ensuring care and support of orphans and young people living with HIV/AIDS.

The UNAIDS Cosponsors, the Secretariat, Governments, nongovernmental organizations and other civil society organizations all have a role to play in these strategic actions. This discussion paper describes those roles and proposes the development of specific indicators to monitor programmatic responses to HIV/AIDS and young people.

The Programme Coordinating Board is requested to review and discuss the priority actions described within this paper.



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I. HIV/AIDS AND YOUNG PEOPLE: OVERVIEW DISCUSSION

1. Young people are key to the future course of the HIV/AIDS epidemic. The behaviours they adopt now and those they maintain throughout their lives will determine the course of the epidemic for decades to come.
2. Young people are already disproportionately affected by HIV and AIDS. At least one-third of the 33 million people living with HIV in the world in 1998 were aged 10–24. Worse, around half of new HIV infections are in the same age range, an age range where most people start their sexual lives. In 1998, nearly three million young people became infected with the virus – that is more than five young men and women every minute of the day, every day of the year. As HIV infection rises in the general population, new infections are increasingly concentrated in the younger age groups. (UNAIDS and WHO. *Report on the global HIV/AIDS epidemic*. UNAIDS and WHO, Geneva, June 1998). A recent study in Malawi, for instance, measured HIV incidence at nearly 6 percent in teenage women as compared with less than one percent in women over 35. (Taha TE et al. *AIDS* 1998; 12:197-203).
3. In the developing countries, where 99 out of every 100 new HIV infections occurred in 1998, young people make up the largest and growing share of the population. (UNAIDS and WHO. *Report on the global HIV/AIDS epidemic*. UNAIDS and WHO, Geneva, June 1998). So a relatively small reduction of risk among young people may have a significant impact in lowering overall infection rates. [*Improving behavioural data collection in National HIV/AIDS/STD Programmes*. Report of the Joint UNAIDS/FHI workshop. Arlington, April-May 1998 (document prepared by Pisani, Saidel, Rehle, Caraël)].

Positive Behaviour of Young People

4. Where they have been able to access appropriate knowledge, skills and means, young people have shown a remarkable propensity to adopting safer behaviours than those of previous generations adopt. Countries that have worked with young people to reduce risk in sexual and drug taking behaviours have often been rewarded by dramatically lowered levels of HIV infection. [*Improving behavioural data collection in National HIV/AIDS/STD Programmes*. Report of the Joint UNAIDS/FHI workshop. Arlington, April-May 1998 (document prepared by Pisani, Saidel, Rehle, Caraël)]. In northern Thailand, for example, half as many 21 year-old men visited sex workers in 1995 as had done so four years earlier. Those young men who visited sex workers were far more likely to use condoms – 93 percent in 1995 versus 61 percent of men the same age in 1991. (Nelson et al. *New England Journal of Medicine*, 1996: 335: 297-303). In Malawi, Tanzania and Zimbabwe, condom use among people under 25 is noticeably higher than among older groups. (UNAIDS and WHO. *Report on the global HIV/AIDS epidemic*. UNAIDS and WHO, Geneva, June 1998). In Chile, a 1996 study showed that condom use is highest among 15-18 year-olds, and similar patterns have been found in Brazil and Mexico. (Encuesta Indicadores de Prevencion. OPS/CONASIDA 1996. Por publicar). In Senegal, two in five women under 25 and two thirds of men used condoms with non-regular partners in 1997, compared with less than five percent at the start of the decade. (National AIDS Programme Senegal, unpublished). In Uganda, young people are increasingly abstaining from sex in the face of HIV. In 1995, over half of the men and 46 percent of the women aged 15-19 said they had never had sex, a rise of over three-quarters since 1989 for both sexes. (UNAIDS. *A measure of success in Uganda*. UNAIDS, Geneva, May 1998: 8-9). In many cases, when young

people do start having sex, they are far more likely to use condoms than were their elder brothers and sisters at the same age. Safer sexual behaviour is also becoming the norm among young people in developed countries. In Western Europe, some 60 percent of young people are now using condoms the very first time they ever have sex – a six-fold increase since the early 1990s. (UNAIDS and WHO. *Report on the global HIV/AIDS epidemic*. UNAIDS and WHO, Geneva, June 1998: 19).

Effect of Positive Behaviour of Young People on the Epidemic

5. The increasing adoption of safe behaviour by young people is having an impact on the HIV epidemic. HIV prevention works, particularly so with young people, perhaps because within this population negative behavioural patterns are not firmly established and positive behaviour can be reinforced. The study noted earlier of 21 year-old Thai men who practiced safer behaviour also reported that these young men had half as many STD infections and a third fewer HIV infections than had been recorded among 21 year-olds four years earlier. (UNAIDS and WHO. *Report on the global HIV/AIDS epidemic*. UNAIDS and WHO, Geneva, June 1998: 38-9). In Uganda, HIV infections among pregnant teenagers aged 15-19 have substantially decreased in several urban clinics, in some cases falling to under five percent now from over 20 percent at the start of the decade. (UNAIDS and WHO. *Report on the global HIV/AIDS epidemic*. UNAIDS and WHO, Geneva, June 1998). Neighbouring Tanzania has seen similar decreases in HIV incidence among women under 25. In both rural and urban settings in one area of the country, HIV infection in young women has fallen by almost two thirds. (Kwesigabo G; *J Acquir Immune Defic Syndr Hum Retrovirol*, 1998 Mar 1. 17:3, 262-8). In Western Europe, new infections dropped by nearly 40 percent between 1995 and 1997, in part due to consistently high rates of condom use among young people from the very beginning of their sexual lives.
6. In addition to discovering their sexuality, young people are also discovering themselves in other ways. Some choose to experiment with other high-risk behaviours, such as alcohol or injected drug use, which also contribute to behaviours that expose them to the risk of STD and HIV infection. Notwithstanding these risks, the successes described above demonstrate that young people who know about the risks of HIV, who have been able to develop the skills to act upon that knowledge and who have access to the services that meet their needs can become an important resource in slowing the continuing spread of HIV.

Gender Considerations in Addressing HIV/AIDS in Young People

7. In societies where the epidemic is heterosexually driven, young women are more exposed to the risk of HIV infection than young men. Young women are also biologically more susceptible than men. They are often also socially more vulnerable, particularly those dependant on sexual relationships with men for socio-economic survival. This “dual vulnerability” often results in vastly higher infection rates in young females than in young males in many countries. A preliminary analysis of multi-site studies sponsored by UNAIDS and its partners, shows that in western Kenya, nearly 1 girl in 4 between the ages of 15 and 19 is already living with HIV, compared with one boy in 25; in Zambia in the same age group 16 percent of girls versus just one percent of boys are HIV infected. In Rwanda, rates for boys and girls are similar through the teens, but in their early 20s females are significantly more likely to be infected – 14 percent of 20-24 year-old women versus 9 percent of men. (Republic of Rwanda, PNLS, January 1998). In rural Uganda in the same age group the difference is even more striking –

15 percent of women against 2.5 percent of men. Ironically, older men still tend to seek out young girls for unprotected sex, in part because they think they are "safe" from HIV infection. Sex in many cases is unwanted by these young women, the result of psychological or economic pressure or physical violence. Peer pressure among young men to conform to a macho image in many societies often leads to initiation into sex at a young age, often with sex workers.

8. The picture is somewhat different where injecting drug use is the driving force for HIV transmission. Drug injectors are more often young adults, and in many developing countries they are overwhelmingly male. In Myanmar, for instance, over 60 percent of teenage drug injectors are infected with HIV – indeed teenagers are the only group of drug injectors amongst whom HIV prevalence has continued to climb steadily since the early 1990s. (Myanmar National AIDS Programme). In Eastern Europe, too, HIV infections are growing fastest among injecting drug users, most of whom are young men. Drug injection and male-male sex contribute to higher infection rates in young men in Brazil than in young women. Almost three-quarters of non-paediatric AIDS in Brazilians under 25 has been in males. (UNAIDS/WHO Epidemiological Fact Sheet, UNAIDS, Geneva June 1998)

Particularly Vulnerable Young People

9. Young people can also be made more vulnerable to HIV by certain taboos, ideologies and social norms. This is particularly the case where young people are denied knowledge and skills on sexual and reproductive matters, barred from reproductive health services including HIV prevention and STD care and counselling, and ostracized if attracted by the same sex. Adolescents are generally left alone to deal with the biological and social transformation of adolescence, often with no caring adults to talk to. In this situation, well-informed and responsible decisions about relationships and sexual behaviour are much more difficult to take.
10. Poverty, unemployment, loneliness and lack of hope in the future can help to make young people choose options that can expose them to increased risk. Particularly vulnerable young people include those who move to urban centres looking for employment only to end up surviving as a sex worker; those who exchange sex for presents or school fees; and those who consume alcohol and other substances under whose influence sex is more frequent and less protected. Violence in the family, abuse and rape, make girls and boys feel unworthy and stigmatized, eager to leave their communities to seek a better life elsewhere. Once in a different setting lacking family constructs and social support, these young people often find that they may face increased vulnerability and become an easy target of criminal gangs and sexual exploitation.
11. Wars and civil strife force many to flee, live in refugee camps or become soldiers themselves. In such situations in which violence permeates every aspect of life, young people may feel even greater pressure to exchange sexual favours for food, security or survival and are at greater risk of being forced to have sex. In such circumstances, protected sex is rarely an option.

Best Practices in Working with Young People

12. A number of important lessons have been learned over the course of the last decade from AIDS prevention and care programmes in general, as well as from programmes specifically aimed at young people. These lessons can be applied to formulating a strategic framework on how to confront issues

related to young people and HIV/AIDS. Many of these lessons can and have been adapted to different local situations and contexts.

13. Countries that have been successful in maintaining low levels of HIV infection, or reversing negative trends in the epidemic, have at least two characteristics in common. First, they have established programmes that make HIV and AIDS highly visible. Second, they have included a set of mutually reinforcing interventions, to reduce both risk and vulnerability to HIV. This reflects the conviction that safer practices are not only the result of individual decisions related to behaviours, but also the result of changing the context in which such decisions are taken. In many of these countries, young people are a focus of the national AIDS programme. In Ethiopia, condom use has been promoted as a prevention strategy among young people. As a result, condoms have become more available, less costly, and their use has become a socially accepted norm among young people. Condom sales increased from 3 million pieces in 1991 to 20 million pieces in 1996. In other countries, such as Thailand, the private sector involvement in condom accessibility and social marketing contributed to the doubling of condom use among young people in the mid-1990s. (UNAIDS, *Relationships of HIV and STD Declines in Thailand to Behavioural Change*, Geneva 1998). A 1997 national survey among young men in the general population shows that the efforts and their impact have been sustained, as 87 percent of men aged 20-24 used condoms every time with brothel sex workers (Mahidol University, Thailand, *The Success of the 100% Condom Promotion Program in Thailand*, 1998)
14. In many cases, a significant measure of courage has been required on the part of the authorities, in raising issues never publicly debated. Such issues include: sexual health and life skills education in schools, child sexual exploitation, multiple partnership among young people, lack of dialogue between parents and children on sexual health, and issues relevant to men having sex with men. More and more countries are incorporating these issues concretely in their national AIDS plans and in major public fora. For example, sexual health and AIDS education for young people in and out of school became national policy and are implemented in many countries, such as the Philippines, Myanmar and Colombia.

Reducing Discrimination and Stigma

15. The increasing global commitment to advancing the human rights of young people has also provided a stronger foundation for successful programmes. On one hand, the promotion of human rights of people affected by HIV and AIDS has helped to create a more supportive atmosphere that is necessary for successful prevention and care efforts. On the other hand, human rights promotion has helped to reduce discrimination and stigmatization to marginalized individuals and groups in society. Young people living with HIV/AIDS have played an instrumental role in the development of such environments, such as Pinoy Plus in the Philippines. This NGO provides discussion fora and peer education among young people living with HIV/AIDS as well as AIDS education to young people in schools and public education campaigns to reduce discrimination. Another path to the reduction of discrimination and vulnerability for marginalized people, many of whom are young, is through the enactment of legislation. For example, in the State Parliament of São Paulo, Brazil, needle exchange programs were legalized and financially supported.

Mobilizing Young People

16. The commitment and involvement of mass media in communicating with young people on HIV/AIDS in some parts of the world deserves further attention. Music Television International (MTV) International, during the last few years, has made a special effort to provide AIDS education and condom promotion in their programmes to reach young people. For example, MTV, the World Bank and UNAIDS have produced a special international television program this year. In Uganda, "Straight Talk", initially funded by UNICEF and now with other partners as well, is a popular newspaper among young people that openly discusses relationships and sexuality.
17. The Asian Red Cross AIDS Task Force is one good example of how youth peer educators in eight Asian countries have taken an active role in planning and providing AIDS and life skills education to their peers and community members. Such programmes have demonstrated that young people are themselves effective educators, using peer support in a language that is readily understood by their peers. In addition, these peer educators refer young people to appropriate health and social services. Further examples of peer education exist in sport and art groups, factories, schools and communities, like the Mathare Youth Sports Association in Kenya.

Education, Young People and HIV/AIDS

18. The benefits to society of the education of girls are well evident. Educated young women tend to have greater opportunities for economic advancement and independence, take better care of their own children, seek prenatal care earlier, and seek to delay their first pregnancy. (The World Bank. Investing in all the people: Educating Women in Developing Countries. EDI Seminar Paper 45, Washington D.C., 1994). It has been shown in rural northern Thailand, for example, that programs that enable girls to stay in school longer have contributed to a reduction in the number of young women entering sex work. AIDS forces many girls to abandon school to stay at home and care for their parents who are sick, and to take their place in the running of households. The Pasada program in Tanzania has helped such young women to gain literacy and job training. Investment in education for all young people is likely to prove crucial also for HIV/AIDS prevention and care, as it improves their capacities to acquire information and health education, understand the importance of prevention, and be informed of sources of health services.
19. Disagreement among adult planners, educators and religious bodies over what kind of messages to convey to young people on ways to prevent sexual transmission of HIV has often paralyzed education programmes for young people. One example is the misunderstanding that AIDS education will encourage early sexual initiation at an early age. On the contrary, a UNAIDS review of over 50 studies has shown that sexual health education programmes do not encourage sexual experimentation. When quality criteria are met, such programmes help to delay the age of first intercourse and reduce STD and unwanted pregnancy in adolescents who are sexually active. (Impact of HIV and sexual health education on the sexual behaviour on young people: A review update. UNAIDS, Geneva, 1997). Successful school AIDS education programmes that include family life and life skills education and sexual health education exist, for example, in parts of India, Zimbabwe, and the Caribbean.
20. It is increasingly clear that education messages that consist simply of "no sex before marriage" are not enough. If young people are to avoid risk behaviours, knowledge on AIDS or simple instructions on what to do, need to be complemented by the development of life skills in a supportive environment. Youth programmes in many countries have begun to focus on personal capacity building to assess

personal risk, decision making and negotiation skills. When the full range of safer options is provided, young people tend to choose the one most suitable to them according to the stage in their lives. An interesting formula has been devised in Tanzania and other parts of Africa, where 'Fidelity', 'Abstinence' and 'Condoms' are pictured as three life boats – the message being that people may switch from one to another according to their life circumstances, as long as they are safely in one boat. Such multi-levelled approaches are particularly appealing to young people because they face a diversity of life-situations over time. In addition, programming experience has suggested that prevention programming is more effective when it begins at an early age. For example, programmes to reduce teenage pregnancy have been found to be most effective when delivered before the onset of sexual activity. Programming experience also suggests that it is less effective to design programmes that address AIDS in isolation from other concerns that young people see as more pressing. For young people, how to establish and maintain relationships may often be a major preoccupation. Similarly unemployment, lack of education, unwanted pregnancies and abortion, and violence in and outside the home are likely to be seen as more immediate threats than HIV. Learning how to deal with AIDS therefore means learning those skills that help one manage a variety of situations. Such life skills include decision-making, problem solving, coping with stress, confronting pressure and violence, assertiveness, communication and negotiation.

Denial and Social Norms

21. Despite the extent of the epidemic, denial of HIV as a problem facing young people is still a major obstacle in setting up effective programmes on AIDS and young people. Another obstacle is that national responses still artificially divide overall youth health and development and HIV/AIDS related issues, while in reality many of the needed interventions can be similar or mutually reinforcing. HIV/AIDS can often be an important entry point for dealing with a wider set of issues concerning youth health and development. Policy makers, leaders and parents are often reluctant to admit that large numbers of young people have sex, use drugs, and are abused. Common reactions are to circumscribe the problem to a tiny minority, attribute responsibility to foreign influences or the media, and stereotype the actions of young people.
22. HIV/AIDS prevention with young people can lead to the questioning of those existing social norms which may be obstacles to successful HIV prevention and care efforts. Questions that young people may ask include: 'Why is virginity important only in girls?' 'Why can't a young woman insist on using a condom with her partner, knowing that he has relationships with others?' 'Why don't parents talk with us about sexuality?' Conversely many social norms could be allies in HIV prevention and such norms need to be identified in order to reinforce them. In many cultures, young people are viewed as meant to listen to adults while adults are not expected to listen to young people. Given a chance, young people have proven that they have much to contribute to a community response to the HIV/AIDS epidemic through their direct engagement.

Young People Directly Affected by HIV/AIDS

23. As the epidemic progresses, more and more children and young people will have lost their parents to AIDS, and more will be living with HIV and in need of care. Young people affected by AIDS include those living in a family where a relative has HIV or AIDS as well as those whose parents have taken in HIV orphaned children, those who suffer discrimination or stigmatization as a result of AIDS in their

family, and those who have become heads of households as a result of death of adults due to AIDS. In general, agreed estimates of the size of the population of such young people are not available. However, countries need to plan for alleviating the impact of HIV/AIDS on children before the problem becomes unmanageable and deprives a whole generation from a meaningful future.

24. While there is some good work in this area, there are a number of difficulties. One problem is that there are many small-scale projects often carried out with good will, but they are few in number and small scale. Many are struggling to survive. The quality of such projects is uneven. Taking to scale programmes which work and improvement of quality are major challenges encountered in programme management and development for young people and AIDS.

II. GOALS OF POLICIES AND PROGRAMMES

25. In view of the importance of these issues related to young people and HIV/AIDS, the existing knowledge we have of what works, it is now possible to formulate policies and programmes which address directly the AIDS-related vulnerability and risk of young people. This includes policies and programmes which seek to ensure that young people:

- live in a safe environment which fosters their health and overall development to reduce their vulnerability to HIV, and provides assistance and support in times of crisis through family members, peers, and concerned adults in the community
- acquire the information and develop the skills necessary for healthy development and to become responsible adults, as well as to manage specific situations of risk for HIV
- have access to HIV-related services that are accessible, affordable, and confidential, and include education, diagnosis and treatment of STD, HIV and AIDS, as well as counselling, referral, and commodities such as contraceptives and condoms
- have opportunities for genuine participation in developing and defining policies and programmes that affect their lives, including those related to HIV.

III. STRATEGIC ACTIONS

26. There are many individuals and organizations which need to work together to ensure a well-coordinated response to HIV/AIDS by and for young people. On a national basis, these organizations operate at different levels, from governmental planning teams to local NGOs. All of these organizations are confronted with setting priorities that can only be defined on the basis of national and local situational analysis and strategic planning.

27. Seven actions involving different stakeholders, all of them essential to programming with and for young people are proposed for further consideration. A useful tool for situation analysis and planning is a matrix adapted from “Youth Health for A Change: A UNICEF Notebook on Programming for Young People’s Health and Development” included at the end of this paper. While additional activities are possible and welcome, these actions and the synergies that they create, help to create the necessary foundation for addressing issues related to young people and HIV/AIDS.

A. Establishing or reviewing national policies to reduce the vulnerability of young people to HIV/AIDS and ensuring that their rights are respected, protected and fulfilled

28. Policies that promote the healthy development of young people and protect, respect and fulfil their rights contribute to reducing their vulnerability to HIV/AIDS. These rights include those stated in the UN Convention on the Rights of the Child, the Programme of Action of the International Conference on Population and Development, and the Platform for Action of the Fourth World Conference on Women.
29. Policies that improve the status of young women will increase their ability to be independent and negotiate safer practices to prevent HIV. They include expansion of girls' education and employment opportunities, and to mandate strict sanctions for sexual abuse in the forms of rape and child prostitution. In order to achieve this, socialisation of children and adolescents towards more egalitarian gender roles should be a vital part of national social and economic development plans. Policies that encourage access of information to young people on sexual health and life skills education provide a strong foundation to reduce vulnerability to HIV. For young people, this means a commitment to expand access to education and vocational training, to be complemented by increased employment and credit opportunities, particularly for affected and infected young people, as well as to draw attention to their health and development and to gender roles as they impact on their life opportunities.
30. Young people in especially difficult circumstances, like those living without a family, those recently released from prisons, refugees and victims of war or natural disasters, need special protection and support to avoid increased vulnerability to HIV/AIDS through their being in situations of homelessness, crime, slavery and prostitution. Those who are already facing such difficult circumstances, such as children who are commercially exploited sexually, are entitled to special protection measures to ensure their rights.
31. The human rights of young people living with HIV and AIDS need special protection from discrimination. Legal and social measures need to guard against the tendency to be merely adult oriented in the coverage offered and the issues covered. Messages for young people on HIV need to include the issue of non-discrimination, as well.
32. Targets should be developed for different operational goals in this action area related to national legislation that prohibits discrimination related to serostatus, protects property rights, and is sensitive to the needs of young people affected or infected by HIV/AIDS.

B. Promoting young people's participation in expanding national responses to HIV/AIDS

33. Young people and youth organizations must be recognized in their potential to contribute to families, communities and civil society. HIV/AIDS strategic planning exercises at country level should include youth representatives. Responsibility for implementing policies and programmes for the various groups of young people should be assigned to groups in which young people are full partners. When such groups do not exist or are small-scale, it is critical to encourage existing efforts to grow and support those struggling to establish themselves.

34. Targets should be developed for different stakeholders around an operational goal in this action area related to mechanisms for consulting and involving young people, for example, a functioning Youth Advisory Council for the UN Theme Group and for the national AIDS programme.

C. Supporting peer and youth groups in the community to contribute to local and national responses to HIV/AIDS

35. Young people, whether in school or outside, spend most of their time with their own age group. Sports, entertainment, local festivals and the workplace provide opportunities to socialize and learn attitudes and values. More structured groups of young people may be reachable by sports and religious associations, NGOs devoted to specific community tasks, scouts organizations, and youth centres. Localised action programmes with tangible service outcomes, such as fund raising for a family severely affected by HIV or to pay the school fees of orphans, may act as triggers for increased involvement on the part of young people.
36. Specific training for peer educators for AIDS prevention, care and support, and impact alleviation provides a way to reach young people. It is often reported that a talk by a young person living with HIV/AIDS was the item in school education programmes that had the most positive impact on young people in understanding their own risk and counters discrimination. Peer education is particularly important for those who are marginalized and exposed to increased risk, like street and homeless youth, injecting drug users, and those selling sex, who tend to trust peers rather than adults who are seen to represent authorities. A great number of peer programmes operated by NGOs provide needle exchange facilities, condoms and referral to health clinics, but they often require funding and support for training and monitoring.
37. Young people employed in factories and workshops can be reached through peer education programmes, with the support of employers and labour unions. While this is relatively easy to do in large establishments, it is more difficult for unorganised labour, mobile labour, and those illegally employed. In many countries, young workers are mostly immigrants from other countries or regions, speaking a different or minority language. They are often drawn to each other for support in what can be an unfriendly or even hostile environment. Such informal groups can become the setting for information and education activities.
38. The support that local and national authorities can give to peer and youth groups include direct funding, use of facilities, support to training programmes, opportunities for interchange of experience, legitimisation and promotion of their activities, and networking with potential private sector partners in youth-oriented initiatives.
39. Young people living with HIV/AIDS that are often not integrated in a family or a unit that accepts them and provides care, face special hardships. Self-help groups of young people going through the same experience, some of whom later become peer educators, offer psychological and practical support to find best treatment options.
40. Gay and lesbian young people are particularly vulnerable to discrimination in settings where sexual diversity is not accepted. Peer educators are key to supporting them as they contribute to breaking the isolation in which many gay and lesbian young people live.

41. Targets might be developed around an operational goal in this action area such as the number of community peer and youth groups that have quality education programmes covering HIV/AIDS prevention and care.

D. Mobilizing parents, policy-makers, media, and religious organizations to influence public opinions and policies with regard to HIV/AIDS and young people

42. Parents and other significant adults can play a critical role in changing public opinion and influencing national and local policies so that they are more supportive and protective of young people. Parents often require information and skills in order to take a more active role in communicating with their children within the home and in advocating on their behalf in the community on issues related to HIV/AIDS.

43. Policy-makers, religious institutions and the media influence not only public opinion but also national policies. They shape the attitudes and values that guide behaviours. To influence general opinion, communications with and about young people need to address their strengths and vulnerability, the discrimination and abuse they face, the contributions they can and do make to the community, and the various societal factors that can foster HIV prevention among young people.

44. Targets should be developed for different stakeholders around an operational goal in this action area related to an increase in the number of organizations involving parents, policy-makers, media and religious groups who are serving as advocates for the needs of young people in the face of the HIV epidemic.

E. Improving quality and coverage of school programmes that include HIV/AIDS and related issues

45. School education on sexual health and life skills has long been recognized as an important component of any national AIDS programme. Schools provide an effective and efficient way to reach large proportions of young people and, through them, their families and communities. Schools influence students through what they learn in the curriculum. Schools should also create an environment that is safe from abuse and fosters understanding, caring, non-discrimination and respect, a situation that is not always a reality. For successful integration of HIV/STD prevention in the school setting, teachers need to be appropriately trained.

46. Policies on school AIDS education will have to be developed by Ministries of Education, in collaboration with teachers' and parents' organizations and with the participation of students' representatives. Public advocacy for such policies is needed in order to obtain positive support from parents and other community members.

47. Targets should be developed for different stakeholders around an operational goal in this action area, such as the percentage of schools providing quality Life Skills programmes that include a focus on HIV/AIDS.

F. Expanding access to youth-friendly health services including HIV/STD prevention, testing and counselling, care and support services

48. As young people are generally thought to be healthy and to have survived the diseases of early childhood, less emphasis has been given to their health needs vis à vis those of younger children. For unmarried young people, access to family planning clinics, antenatal and obstetric care, and treatment of STD are very difficult, if not outright impossible. In some countries, such service delivery is against the law. This condition persists despite the fact that it is well known that sexually transmitted diseases facilitate the transmission of HIV by a factor of up to 10 and that pregnancy-related complications are among the main causes of death of young women.
49. Health services that address concerns of young people must be affordable, accessible, confidential and non-judgemental if they are to be designated “youth-friendly”. Such services include voluntary HIV counselling and testing. They can be provided at existing health centres where training has been given to staff, at specialized youth clinics, or at NGO or community facilities like a youth clubs. They are staffed in part by peer counsellors who are available to discuss family planning, STD, testing for HIV and substance use. Peer educators serve as link between clients and the medical staff, and can provide condoms and other reproductive health supplies. In places where they exist, these youth-friendly services have increased attendance of young people.
50. Targets should be developed for different stakeholders around an operational goal in this action area, such as the percentage of young people who utilise quality youth-friendly health services for HIV/AIDS prevention, testing and counselling, care and support services, and the extent of their satisfaction with the services.

G. Ensuring care and support of orphans and young people living with HIV/AIDS

51. The toll that HIV/AIDS takes on young people is dramatic. Not only do they have to go through the stress of seeing their parents fall ill and die, but as family assets erode, the very prospect of survival is undermined. They usually have to leave school to care and provide food for parents and siblings; often they are moved out of their homes to live with relatives who are equally poor, or sent as workers to live with distant acquaintances or employers even if they are very young.
52. Several national strategies have been identified to meet the needs of such orphaned young people. They include: (Adapted from Children on the Brink: Strategies to Support Children Isolated by HIV/AIDS. United States Agency for International Development, Washington D.C, 1997)
- strengthening the capacity of families to cope with their own problems, by providing access to credit, ensuring access to health services, training in home-based care, and providing emotional support through home visits;
 - stimulating and support community-based responses, by organizing cooperative day care, for example;
 - ensuring that government protect the most vulnerable, where family and community cannot assist, by protecting property rights, and intervening in case of abuse and neglect;
 - building the capacity of orphans to support themselves, ensuring non-discrimination in their education, and supporting apprentice schemes with local artisans and employers;
 - creating a supportive environment, by reducing stigma and discrimination.

53. Networks of young people living with HIV/AIDS need encouragement and support. Service providers, mass media, welfare officers in industry, staff of institutions and government organisations, and the uniformed services to which young people gravitate for work or with whom they grapple in conflict situations, need training on their special needs. The participation of young people themselves in such care and support for orphans and young people living with AIDS would particularly be useful in peer acceptance and in fostering a non-discriminating environment.
54. Targets should be developed for different stakeholders around an operational goal in this action area based on an increase in the establishment of community care and support services, or educational training and employment opportunities, with a prominent focus on orphans and young people living with HIV/AIDS.

IV. MAJOR PARTNERS IN ADDRESSING THE NEEDS OF YOUNG PEOPLE

A. Role of Governments in strengthening the national response to the HIV epidemic to meet young people's needs

55. National governments bear the responsibility for protecting their citizens from the spread of the HIV epidemic and of mitigating its impact. They do so by issuing policy guidelines, involving all sectors in planning, monitoring the epidemic and the national response to it, ensuring equity in access to prevention and treatment for the poorest, making available resources for interventions, and mobilizing funding. Local government agencies are expected to help assure that services are provided and to adapt strategic actions in collaboration with nongovernmental organisations, the private sector, and young people themselves.
56. An illustration of governmental response to the HIV/AIDS epidemic as it affects young people was evidenced at the World Conference of Ministers Responsible for Youth held in Lisbon, Portugal from 8-12 August 1998. In the Lisbon Declaration on Youth, Governments committed themselves to formulating and implementing national youth policies covering a range of development areas, including education, employment and health. The Declaration particularly highlighted the commitment to strengthen programmes of information, education and communication among young women and young men to fight HIV/AIDS and sexually transmitted diseases.
57. The PCB may want to consider steps that it can take to appeal to and encourage national governments to give priority to young people and HIV/AIDS and to develop appropriate policies and programmes to implement the strategic actions defined in this paper.

B. Role of Nongovernmental Organizations in strengthening the national response to the HIV Epidemic to meet young people's needs

58. An illustration of the role that NGOs can play in strengthening the national response is provided by the Braga Youth Action Plan adopted by the World Youth Forum of the United Nations in Braga, Portugal, 2-7 August 1998. The recommendations included actions that NGOs (in particular youth groups) can take on poverty eradication, development, as well as on HIV/AIDS, peer education, training on life skills and the training of parents, teachers, religious and traditional leaders and

caregivers on support skills. Each of the strategic actions offers an area where NGOs have a major contribution to make.

59. The PCB, in particular its NGO members, may want to consider the steps that it can take to make an urgent call to NGOs to strengthen their efforts with and for young people on HIV/AIDS.

C. Role of the United Nations in strengthening the national response to the HIV epidemic to meet young people's needs

60. The Cosponsors have a rich tradition of working on issues of importance to young people, focusing on different dimensions of the needs of young people in the context of their own mandates. These commitments can be further reinforced by a periodic peer review among the Cosponsors and other partners of their priorities regarding young people and HIV/AIDS.
61. Similar attention needs to be given to strengthening existing regional networks that have young people as their main focus. In the reviews of country programmes, the participation of youth organizations in the review committee could be an important means of acquiring young peoples' perspectives and to test the youth-sensitivity of their country-based programmes in their HIV/AIDS-related activities.
62. The Cosponsor members at the PCB may wish to further elaborate on their respective activities so as to provide guidance to the overall response of the UN system in this area.
63. The potential advocacy role of the UNAIDS Cosponsors, the Secretariat and other partners has been demonstrated in the implementation of "Force for Change", the World AIDS Campaign with Young People, in 1998. The Campaign follows on the "Children Living in a World with AIDS" Campaign in 1997. The "Force for Change" campaign brings together the Cosponsors and six other organizations that see young people as their major focus and area of commitment, and who agreed on four main objectives:
- to promote young people's participation;
 - to promote policies and action for young people's health and development using a human rights framework;
 - to increase awareness of the impact of AIDS on young people and young people's impact on the course of the epidemic; and
 - to monitor the campaign.
64. The Secretariat has viewed young people as a priority since its inception, making it a cross-cutting theme of its 1996-97 and 1998-99 Workplans & Budgets, along with gender, human rights, and a greater involvement of people living with HIV/AIDS. Advocacy on issues related to young people in the face of this epidemic has also received considerable attention from UNAIDS. For example, in 1996, special attention was given to young people at the World Congress Against Commercial Sexual Exploitation of Children, in which UNAIDS was involved.

65. This past October UNAIDS worked closely with the Office of the High Commissioner for Human Rights to focus a theme day on "Children Living in a World with AIDS" at the Committee on the Rights of the Child. Efforts will continue to bring major issues being dealt with by different partners in the UN system to be viewed under the prism of young people and HIV. The UNAIDS Secretariat also established two Inter-Agency Working Groups on School AIDS Education and on Especially Vulnerable Young People with its Cosponsors in 1996 in an effort to guide programme efforts. They bring together technical specialists from the Cosponsoring agencies and from other organizations, who set priorities, advise on planning, and coordinate the actions taken by each cosponsor in the area of young people. This joint planning will be even more critical in the coming biennium, when the HIV/AIDS related Workplan and Budget of the Cosponsors and Secretariat will be integrated. A critical measure of commitment will be the staff and financial resources assigned to young people issues across the programmatic areas in the Secretariat and the Cosponsors.

V. NEXT STEPS IN DEVELOPING THE YOUNG PEOPLE AND HIV/AIDS STRATEGY

66. The UNAIDS Cosponsors, Secretariat, and other partners have specific comparative advantages in many of these areas of action. A process of closely reviewing and further prioritising the actions, developing targets around these actions, and further clarifying roles and responsibilities will be facilitated by UNAIDS as a whole early in 1999. This review will influence the 2000-2001 Workplan and Budget to be reviewed by the PCB at the next regular next session in May 1999.

67. In the coming the months, Cosponsors, Secretariat, and other partners may wish to consult with their constituencies, including NGOs and young people, on the development of a global strategy on HIV/AIDS and young people. The information collected will be carefully reviewed and considered during a five-day consultation to develop the global strategy on HIV/AIDS and young people. The Inter-Agency Working Groups on School AIDS Education and Especially Vulnerable Young People will convene this consultation during the first trimester of 1999. The consultation will involve Cosponsor focal points on AIDS, Cosponsor focal points on young people, NGOs which demonstrate genuine involvement of young people in policy development and programme planning, along with regional and country-level participants from all of the above mentioned organizations.

68. The formal planning process for the 1999 World AIDS Campaign, which begins in December of 1998, will consider similar strategic issues concerning young people and HIV/AIDS, as the theme for the World AIDS Campaign is determined and the goal, objectives, messages and outcomes are established. Similar to the past two years, this will be a consultative process with UNAIDS Cosponsors and key partner organizations.

MATRIX adapted from “Youth Health for a Change: A UNICEF Notebook on Programming for Young People’s Health and Development” 1996, p. 20

Rights that are central to young people’s health and development	Key programming strategies for meeting / protecting young people’s rights to health and development in response to HIV/AIDS						
	Establishing or reviewing national policies to reduce the vulnerability of young people to HIV/AIDS and ensuring that their rights are respected, protected and fulfilled	promoting young people’s genuine participation in expanding national responses to HIV/AIDS	supporting peer and youth groups in the community to contribute to local and national responses to HIV/AIDS	mobilizing parents, policy-makers, media, and religious organizations to influence public pinions and policies with regard to HIV/AIDS and young people	improving quality and coverage of school programmes that include HIV/AIDS and related issues	expanding access to youth-friendly health services including HIV/STD prevention, testing and counselling, care and support services	Ensuring care and support of orphans and young people living with HIV/AIDS
Access to information and opportunities to develop life skills							
Access to services: education, health, recreation, criminal justice							
A safe and supportive environment free from exploitation and abuse							
Opportunities to participate in decisions that affect their lives / civil society							

ANNEX I Priority Programme Actions for the UN System to Address HIV/AIDS Among Young People

1.	Establishing or reviewing national policies to reduce the vulnerability of young people to HIV/AIDS and ensuring that their rights are respected, protected and fulfilled
	<ul style="list-style-type: none"> • promote the inclusion of young people as an area in the national strategic planning exercise • identify, document and disseminate key national policies that provide best practice examples of addressing young people's needs in the epidemic • promote young people's rights in this epidemic using the human rights framework with the assistance of other UN and partner organisations • promote the seven strategic actions with national governments in advocacy efforts
2.	Promoting young people's genuine participation in expanding national responses to HIV/AIDS
	<ul style="list-style-type: none"> • promote youth advisory councils for local and national governments and UN Theme Groups on HIV/AIDS with special attention to young women's involvement • document existing best practice examples in young people's participation in the AIDS efforts • support best practice operational research to involve young people in expanding national responses • consult regularly with young people and youth-oriented organisations on youth-related HIV/AIDS policies
3.	Supporting peer and youth groups in the community to contribute to local and national responses to HIV/AIDS
	<ul style="list-style-type: none"> • identify and develop best practice materials on peer education programmes, especially for young people in difficult situations • assist exceptional programmes to be taken to scale • support efforts at building global / regional networks of young people living with HIV
4.	Mobilizing parents and policy-makers to inform public opinions and policies with regard to HIV/AIDS and young people
	<ul style="list-style-type: none"> • encourage parents to openly discuss sexuality with their children • support operations research in developing countries on impact of family life education • focus on alliance-building with and strengthening training capacities within religious organisations and the media in focusing on young people • support innovative global media campaigns that offer alternatives to young people in making difficult life decisions

5.	Improving quality and coverage of school programmes that include HIV/AIDS and related issues
	<ul style="list-style-type: none"> • advocate with parents and policy makers about the need for and benefits of sexual health education for young people • support existing efforts to train adults on understanding the needs of young people • promote school health education in more countries as part of school curricula • provide technical support to national governments in developing their school AIDS programmes
6.	Expanding access to youth-friendly health services including HIV/STD prevention, testing and counselling, care and support services
	<ul style="list-style-type: none"> • strengthen HIV-component in youth-friendly health services • develop reproductive health component of youth-friendly services to address HIV/AIDS-related concerns • promote youth-friendly health services as an essential component of HIV/AIDS response at national, district or provincial, and local levels
7.	Ensuring care and support of young people who are orphaned and those who are living with HIV/AIDS
	<ul style="list-style-type: none"> • identify, develop and document best practice examples of work with orphans and young people living with HIV/AIDS especially by self-help groups • promote existing strategies to meet the needs of orphans • support training programmes for adults who work with orphans and young people living with HIV/AIDS