Significant progress has been made in the area of Sexual and Reproductive Health and Rights (SRHR) and HIV prevention for youth. The sexual risk behaviour of young people has been reduced in 13 African countries, including Botswana, Côte d’Ivoire, Ethiopia, Kenya, Malawi and Namibia. Young people delay their sexual debut and in these countries they are starting to have less sexual partners. Also, condom use has increased. This has led to a decrease in new HIV infections among young people, in some countries over 25% between 2000 and 2008. Despite these positive results, 40% of all new HIV infections still occur among young people aged 15 to 24 and about 2500 young people get infected every day. Yet just 34% of young people have accurate knowledge of HIV and most of them have only limited access to good quality education and sexual reproductive health programmes that provide the information and skills, services and commodities they need to protect themselves⁠¹. In some countries, laws and policies exclude young people from sexual healthcare and HIV-related services, such as HIV testing, condom provision and age-appropriate sex and HIV education⁠².

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¹ Securing the future today, UNAIDS, 2011
² Political declaration on HIV and AIDS 2011. Intensifying Our Efforts to Eliminate HIV and AIDS, UNAIDS
Position Statement

Quality of SRHR and HIV Prevention For Youth

The UN General Assembly High Level Meeting on AIDS 2011 reviewed progress made so far and adopted a new Political Declaration. In this Declaration it is stated that representatives of states and governments commit themselves to reducing sexual transmission through evidence-informed combination prevention policies and programmes, as well as:

1. Reducing the percentage of young people (15-24) infected with HIV by 30% in 2015;
2. Reducing the number of new infections by 50% in 2015;
3. Doubling the percentage of comprehensive knowledge for young people (15-24) in 2015.

Programmes need to become more effective to make sure these targets are reached. Plenty of information is available on what makes programmes effective, but it is not yet widely used. STOP AIDS NOW! is concerned about the fact that evidence-informed prevention policies and programmes are not common practice.

Need for scale and quality of SRHR programmes and HIV prevention for youth.

The quality of current programmes for young people is a matter of concern to STOP AIDS NOW!. SRHR and HIV prevention programmes are still inconsistent in terms of quality. Only 50% of the programmes evaluated in 2006 showed a decrease in sexual risk-taking behaviour.

The success that was achieved shows us that effective methods are available. Yet ‘abstinence only’ programmes still exist and are promoted in many schools, by governments and by donor organisations. Fear tactics, such as trying to make young people scared of HIV and AIDS, are also widely used, but evidence tells us that such methodologies do not work and will not lead to behaviour change.

Many programmes fail to address the specific needs of young people and thus have a limited chance of success. Organisations often only focus on increasing knowledge of HIV, yet this is just one of the many important aspects that contribute to behaviour change.

From research we have gathered characteristics of effective programming. They are described in the Planning and Support Tool (Rutgers WPF and STOP AIDS NOW!) and International Technical Guidelines on Sexuality Education (UNESCO). These characteristics need to be used in all SRHR and prevention interventions for youth. For example, programmes need to integrate evidence-based information, address relevant behaviour determinants, be consistent in messaging and use a mix of messages.

There is also a need for more research on behaviour change programmes to clearly determine, and learn from, the effect of programmes on the lives of the young people affected.

Prevention programmes need to be integrated, and cannot stand alone.

The assumption is that not one single prevention strategy or intervention can reduce HIV transmission. Combination prevention uses a mix of biomedical, behavioural and structural interventions. It underlines the importance of organisations working together and referring their clients and visitors to one another. Structural factors that are the main drivers of the epidemic, such as poverty, gender inequality, and stigma and discrimination need to be integrated within prevention programmes if these programmes are to be effective.

Prevention programmes need to focus on young adolescents (10-14 years) too.

Programmes that present abstinence as the only strategy and the best option for very young adolescents because of their age, are mistaken. Evidence shows that ‘abstinence only’ programmes are not effective in the long term.

Young girls are doubly burdened; women often have less control than men over their reproductive health, and less access to programmes and services. For example, 49% of young women compared with 74% of young men know that using a condom helps prevent HIV. Young women need extra attention. The ability of young women to protect themselves from HIV is frequently compromised by a combination of biological, social, cultural, legal and economic factors. As a result, adolescent women in sub-Saharan Africa are as much as eight times more likely to be infected with HIV as men of the same age.

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1. Information that identifies ways to prevent sexual transmission of HIV and dispels the most common misconceptions about HIV transmission
2. 28th Meeting of the UNAIDS Programme Coordinating Board, 21-23 June 2011
5. Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S. Kathrin F. Stanger-Hall1*, David W. Hall 2 Plus –one, 2011
9. Ibid.
Young people need to be involved in the design, implementation and evaluation of programmes.

Research shows us that programmes for youth which are developed through a partnership of youth and adults may be highly effective in building young people’s skills and reducing their sexual risk-taking behaviours. When making decisions or developing programmes that concern young people, they too have the right to co-decide on these issues. Besides, involving young people can contribute to the effectiveness of programmes and policies as these then cater to their actual needs. Most programmes that are developed for young people are not developed by young people. This limits the effectiveness of the programmes. We also need to expand comprehensive SRHR services for Young People Living with HIV (YPLHIV) and involve YPLHIV in order to meet their medical, emotional and psychological needs. Sexual and reproductive rights are recognised around the world as human rights. Every person living with HIV is entitled to these rights. They are necessary for the development and well-being of all people and the societies in which they live. Globally there are about 5 million adolescents living with HIV.

Do not cut back on funding, not now. Prevention suffers from underfunding.

As the UNAIDS investment framework indicated: if we invest enough resources in the coming ten years we can halt the epidemic. If, because of the economic crisis, HIV/AIDS prevention and treatment funding were to remain flat at 2009 rates in all countries for the next 20 years, modelling suggests that the number of new adult HIV infections would rise from 2.3 million in 2009 to 3.2 million in 2015. If we invest enough resources in the coming 10 years we can end the epidemic. For behaviour change programmes it meant that 0.1 billion US dollars would be required in 2011. This amount needs to increase to 0.7 billion in 2015.

Recommendations

1. STOP AIDS NOW! promotes the quality of SRHR and combination HIV prevention programmes and urges UN agencies, implementing governments, donor organisations, NGOs and civil society to only make use of effective methods and approaches.

2. In line with UNAIDS, STOP AIDS NOW! calls for the urgent and immediate scale-up of SRHR and prevention programmes that have proven to be effective. NGOs and other implementers of SRHR and HIV prevention programmes for youth need resources, information, skills and training on the characteristics of effective interventions, and how to reach young adolescents and particularly young girls. They also have to recognise that young people living with HIV have their sexual reproductive health rights and needs, and address them accordingly. Furthermore, training and support is necessary to strengthen referral systems and integrate structural factors within prevention programmes.

3. STOP AIDS NOW! urges governments, UN agencies and donors to increase funding for SRHR and HIV prevention to levels sufficient for reaching universal access to comprehensive SRHR and HIV prevention.

4. STOP AIDS NOW! encourages the governments that signed the political declarations to reduce HIV transmission to make swift progress towards fulfilling their commitment to redouble HIV prevention efforts by taking all possible measures to implement comprehensive, evidence-based prevention approaches, taking into account local circumstances.

Conclusions

Governments have set ambitious targets in the new political declarations to reduce the number of new infections by 50% in 2015. We know what works and it is high time that this is widely implemented. Governments, donor organisations, NGOs, UN agencies and civil society, they are all responsible for reaching these targets.

14 Ibid.
16 Financing of HIV/AIDS programme scale-up in low-income and middle-income countries, 2009–31, the Lancet, 2011