

Global consultation  
on the health services response to the  
prevention and care of HIV/AIDS among  
young people

*Achieving the global goals:  
access to services*

Technical Report of a WHO Consultation  
Montreux, Switzerland, 17-21 March 2003

A WHO technical consultation in collaboration  
with UNAIDS, UNFPA, and YouthNet



**UNAIDS**



**UNFPA**



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**YouthNet**

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This report contains the collective views of an international group of experts, and does not necessarily represent the decisions or the stated policy of the World Health Organization or any of the other collaborating partners: UNFPA, UNICEF, UNAIDS and YouthNet.

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## **Executive summary**

Young people (10-24 years) are at the centre of the HIV epidemic in terms of transmission, impact, vulnerability and potential for change. The global goals on young people and HIV/AIDS that have now been endorsed in a wide range of fora reflect both the strong public health, human rights and economic reasons for focusing on young people, and also the concern and commitment of governments around the world to direct resources to the prevention and care of HIV/AIDS among adolescents and youth.

In order to contribute to the growing clarity about what needs to be done to achieve these global goals, and to strengthen the collaboration between a range of UN and NGO partners committed to accelerated health sector action, WHO organized a technical consultation on the health services response to HIV/AIDS among young people, in collaboration with UNAIDS, UNFPA, UNICEF, and YouthNet, in Montreux, from 17 to 21 March 2003. The consultation sought to obtain consensus around evidence-based health service interventions for the prevention and care of HIV among young people; effective strategies for delivering these interventions, the essential characteristics of successful programmes; and the strategic partnerships and actions at global and regional levels that will be required to stimulate and support action in countries.

It is now widely accepted that the prevention and care of HIV/AIDS among young people will require a range of interventions from a range of different sectors. The health sector itself will be responsible for a number of different interventions, through a range of health system partners. The consultation brought together UN, NGO and academic partners, and provided the opportunity for these diverse actors to review the evidence for action: what was understood by "evidence", the available evidence about increasing young people's access to priority services, and what could reasonably be inferred or extrapolated from the available evidence from other age groups.

Participants attending the consultation emphasized the important role that the health sector has to play, and stressed that to date there has been inadequate attention and insufficient resources directed to developing and strengthening this. The interventions that are provided through health services need to be seen within the context of other priority activities of the health system, such as collecting, analysing and using the data necessary for programmes, policies, and advocacy, and contributing to and disseminating the evidence base that needs to underpin supportive policies for effective programmes. They also need to be seen within the context of the activities of other sectors, for some of which the health sector will need to play a mobilizing and supportive role.

Based on background papers that were prepared for the meeting and the subsequent discussions, it was agreed that there was evidence for effectiveness for a number of interventions that could be delivered through a range of different service providers. These included information and counselling, to contribute to young people's acquisition of knowledge and skills; condoms for sexually active young people; STI treatment and care; harm reduction

measures to decrease transmission through IDU<sup>1</sup>; and access to HIV testing, care and support. All of these interventions have been demonstrated to have an effective role in reducing HIV transmission and meeting the needs of young people for prevention and care, in a variety of settings. Participants agreed that young people have a right to, and need for equitable access to these interventions, regardless of sex, age, marital status or other socio-culturally-defined variables, and regardless of the prevalence of HIV<sup>2</sup>. Although the precise intervention mix is likely to vary depending on a range of factors including the epidemiology of HIV and the priority target groups (based on behavioural, developmental or socio-economic and demographic characteristics), services for young people should at a minimum comprise some or all of the above interventions.

In addition to agreeing on the core evidence-based health service interventions, the consultation outlined effective strategies for delivering these interventions, that consider the diversity of young people and their needs, different settings, different target groups and different scenarios in terms of the phase of the epidemic and the available infrastructures and resources. These delivery strategies included strengthening existing health facilities, the use of peer and non-peer outreach, social marketing, social franchising, voucher schemes, and greater involvement of the private sector.

The key characteristics required to ensure that services are more responsive to the specific needs of adolescents, or “adolescent friendly”, were reviewed and endorsed by participants. Guiding principles for the effective delivery of priority interventions include attention to health system issues, for example giving adequate attention to improving the skills of service providers, and making sure that facilities are accessible to, and used by young people, based on their health seeking behaviours; the meaningful participation of young people, parents and other community members in providing and supporting the services; and giving adequate attention to supervision and supplies as a basis for taking effective interventions to scale. Participants emphasized that when talking about adolescent or youth-friendly services, this was not a call for parallel services, but for the services that are being provided to be more responsive to the specific needs of young people.

The priority health services for the prevention and care of HIV/AIDS among young people need to build on and contribute to other on-going health services for young people directed to their health and development, including sexual and reproductive health. It will be important to link these interventions to efforts to achieve the MDGs on maternal and child mortality, both of which have important implications for adolescents, dual protection, and related problems such as drug and alcohol use and gender-based violence. Because there is a sense of urgency and political commitment to responding to HIV/AIDS in many countries and globally, including the 3-

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<sup>1</sup> IDUs (injecting drug users) People who take drugs by injection. A wide definition of IDUs is used to cover people who have injected experimentally or continue to inject occasionally, up to and including heavily dependent drug users who may inject several times each day. IDUs may inject legal or illegal drugs, stimulants (such as amphetamines and cocaine), depressants (such as heroin and benzodiazepines) or other drugs such as steroids. They may inject intramuscularly (into the muscle) or intravenously (into the vein).

<sup>2</sup> High and low prevalence settings were terms used for the working groups; low refers to sero-prevalence in the general population of less than 1%, where there may or may not be concentrated epidemics among specific target populations e.g. sex workers or drug users; high prevalence refers to countries with a generalised epidemic where HIV is over 1% in the general population. Further details on the WHO web site. <http://www.who.int/hiv/strategic/surveillance/en/>

by-5<sup>3</sup> commitment made by WHO and partners, it is likely to provide an important entry point for developing services for young people, both for the general population of young people and for neglected and particularly vulnerable groups.

If the activities of the range of partners who need to contribute to the prevention and care of HIV/AIDS among young people are to be mobilized and coordinated at national level, it will be important to transform the global goals into more specific and operational national targets. This will not only provide focus for the various partners who need to be involved, but will also help mobilize resources and provide local and national pressure for accelerated action. Such targets can only be determined at country level, but participants were able to develop indicative targets during the consultation, in order to provide a focus for the discussions, and these can be further developed as a basis for accelerated action in countries (Annex 2). Policy makers, planners and programme managers need to ensure that service providers and facilities operating at district and national level are equipped, and have the capacity to deliver effective interventions to reduce new HIV infections among young people, and better respond to the needs of those already HIV infected.

Specific recommendations were made for global and regional activities that would support the implementation of the priority evidence-based interventions outlined during the consultation (prevention and decreasing risk through information and counselling, condoms and harm reduction; and the testing and treatment of STIs and HIV/AIDS). These ranged from advocacy and resource mobilization, through the development of specific programme support tools and capacity development, to the need to support on-going evaluations and operations research. Health and development partners now need to focus their resources around these priority interventions, taking into consideration both the available evidence base and the growing experiences of people charged with developing the health sector response to HIV among young people. Improving overall collaboration and focus among key UN partners and international donors to assist countries accelerate focused action will remain a challenge, and it is hoped that the Montreux consultation will make an important contribution to this, by providing a clear evidence-based focus both for the role of health systems and for the role of individual health service providers.

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