

**Inter-Agency Task Team
on HIV and Young People**

GUIDANCE

■ BRIEF

**HIV Interventions
in the Health Sector
for Young People**



■ PURPOSE

This Brief has been developed by the Inter-Agency Task Team (IATT) on HIV and Young People⁷ to assist United Nations Country Teams (UNCTs) and UN Theme Groups on HIV/AIDS² in providing guidance to their staffs, governments, development partners, civil society and other implementing partners on HIV interventions for young people in the health sector.³ It is part of a series of seven global Guidance Briefs that focus on HIV prevention, treatment, care and support interventions for young people that can be delivered through different settings and for a range of target groups.

The purpose of these Briefs is to help decision makers understand what needs to be implemented, based on the latest global evidence on effective interventions for young people. The Briefs provide an overview of evidence-informed interventions (not a blueprint for national programmes) in response to specific epidemic scenarios in different countries.⁴ Special attention should be directed to young people most at risk of HIV in all countries. In generalised and hyperendemic settings, interventions to prevent HIV also need to be directed to the general population of young people.⁵

The Briefs do not deal in any depth with “how to” implement the interventions outlined, although key resources are listed to provide further guidance. The Briefs also do not attempt to address the many cultural, institutional and structural specificities and factors that confront decision makers in different countries. They are likely to require further adaptation and translation if they are to be used by national counterparts. The engagement of young people in the adaptation of the materials will enhance their usefulness.

■ INTRODUCTION

The health sector has a vital role to play in HIV prevention, care and treatment for young men and women, as well as an important contribution to make in achieving the global goals endorsed during UNGASS that relate to young people’s access to health services. Key activities include:

- Collecting, analysing and disseminating the data that are needed for advocacy, policy and programme development, monitoring and evaluation

- Synthesising and strengthening the evidence and good practice that are needed to inform the development of policies and programmes
- Increasing young people’s access to quality health services for the prevention, care and treatment of HIV and AIDS
- Mobilising and supporting other sectors and partners to strengthen their contribution to achieving the global goals and to play their part in supporting health-sector actions

If young people are to benefit from the contribution that health services can make to HIV prevention, treatment, care and support, these services need to be provided in ways that respond to their specific age and gender needs. This does not mean that young people need a parallel system of services to those provided for adults and children, but it does mean that existing services must be able to respond to the specific needs of young people, that they are “adolescent or youth-friendly.”⁶

Adolescent/youth-friendly services are:

- **Available, accessible and equitable**, so that the core interventions for HIV are provided in ways that all young people, including those most at risk of HIV,⁷ can use them
- **Acceptable**, with health and related staff trained to provide services for young people with dignity and respect, also ensuring privacy and confidentiality
- **Appropriate and effective**, so that the necessary skills, equipment and supplies are available to provide quality services for HIV prevention, treatment, care and support for young people

■ EVIDENCE OF EFFECTIVE HEALTH-SECTOR INTERVENTIONS

Effectiveness of HIV prevention and treatment interventions for young people

There is a growing body of evidence⁸ that demonstrates the effectiveness of interventions delivered through health services for the prevention and treatment of HIV among young people. These include interventions that provide:

- **Information and counselling** to help young people develop the knowledge and skills required for them to delay sexual initiation,

⁷ The Inter-Agency Task Team on HIV and Young People was established in 2001 to enhance the effectiveness of the global response to AIDS in the context of young people. Further information about the IATT on HIV/YP is contained at the end of the document.

² This includes Joint UN Teams on AIDS (JUNTA) and/or Technical Working Groups (TWG) on AIDS.

³ The UN defines young people as age 10 to 24 years, youth as 15 to 24 years and adolescents as 10 to 19 years.

⁴ Detailed information on what actions (for populations of all ages) should be taken for each stage of the epidemic can be found in UNAIDS (2007) Practical Guidelines for Intensifying HIV Prevention: Towards Universal Access. UNAIDS, Geneva.

⁵ Information and education about HIV should be available to all young people, irrespective of the stage of the epidemic. There are global indicators to monitor the percentage of youth age 15 to 24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.

⁶ The term adolescent-friendly is used to describe those services that are designed primarily for minors (under the age of 19) whereas youth-friendly services usually cover young people up until age 25 years. For a description of the features of such services see WHO (2003) Adolescent Friendly Health Services: an Agenda for Change. WHO, Geneva. http://www.who.int/child-adolescent-health/publications/ADH/WHO_FCH_CAH_02.14.htm

⁷ See Inter-Agency Task Team (IATT) on HIV and Young People (2008) Global Guidance Brief on HIV Interventions for Most-at-risk Young People.

⁸ WHO, UNFPA, UNODC, UNAIDS, YouthNet (2004) Protecting Young People from HIV and AIDS: The Role of Health Services. WHO, Geneva. http://www.who.int/child-adolescent-health/publications/ADH/ISBN_92_4_159247_8.htm WHO, UNFPA, UNAIDS, YouthNet (2003) Achieving the Global Goals: Access to Services, Technical Report of a Global Consultation on the Health Services Response to the Prevention and Care of HIV/AIDS among Young People. WHO, Geneva. http://www.who.int/child-adolescent-health/New_Publications/ADH/ISBN_92_4_159132_3.pdf

limit the number of their sexual partners, use condoms correctly and consistently, and avoid substance use or, if injecting drugs, to use sterile equipment

- **Condoms**, both male and female, for those young people who are sexually active⁹
- **Harm reduction**¹⁰ for those young people who inject drugs
- **Diagnosis and treatment of sexually transmitted infections**, to decrease HIV infection and identify individuals who require HIV information, condoms and provider-initiated HIV testing and counselling¹¹ because they have had unprotected sex
- **Male circumcision**, particularly in those communities where HIV prevalence is high and male circumcision rates are low;¹² adolescent boys and young men are a key group for male circumcision
- **HIV testing and counselling**,¹³ an important opportunity for reinforcing prevention among young people who are HIV negative and for facilitating prevention, treatment, care and support services for those young people who are found to be living with HIV
- **Treatment**,¹⁴ **care and support services** for young people living with HIV^{15 16 17}

Effectiveness of interventions to increase young people's access to health services

From a systematic review of HIV prevention interventions among young people in developing countries,¹⁸ there is strong evidence

⁹ Condoms are also important for the prevention of sexually transmitted infections and pregnancy: they provide dual protection.

¹⁰ Harm reduction includes interventions that primarily aim to reduce adverse health, social, and economic consequences of drugs, rather than focusing only on reducing consumption of these drugs. Sterile injecting equipment and substitution therapy have proved effective amongst adult injecting drug users. Evidence of the effectiveness of harm reduction interventions to prevent HIV in young people can be found in Howard, J., Hunt, N. and Arcuri, A. (2003) A situation assessment and review of the evidence for interventions for the prevention of HIV/AIDS among occasional, experimental and occasional young injecting drug users. Background paper prepared for UN Inter-Agency Group and Central Eastern Europe Harm Reduction Network (CEEHRN) Technical Consultation on Occasional, experimental and occasional young injecting drug users in CEE/CIS and the Baltic States, UNICEF, Geneva. See also Hoffman O., Boler T. and Dick B. (2006) "Achieving the global goals on HIV among young people most at risk in developing countries: young sex workers, injecting drug users and men who have sex with men," in Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence from Developing Countries, eds. Ross, D.A., Dick, B. and Ferguson J., WHO, Geneva.

¹¹ http://whqlibdoc.who.int/publications/2007/9789241595568_eng.pdf

¹² There is now compelling evidence that male circumcision is protective against HIV transmission from women to men, and that male circumcision is an important intervention to consider, particularly in countries where there is high HIV prevalence and low circumcision prevalence. However, male circumcision does not provide complete protection against HIV and needs to be part of a comprehensive prevention package, including condoms. There is as yet no evidence that male circumcision prevents HIV transmission for HIV-infected men to their sexual partners, and there is no evidence that it is protective for men who have sex with men. See http://data.unaids.org/pub/Report/2007/mc_recommendations_en.pdf. Male circumcision among adolescent boys should provide an important entry point for adolescent sexual and reproductive health: see the report from the ESA CMMB/WHO FBO consultation (in press)

¹³ WHO (2007) Guidance for Provider Initiated Testing and Counselling. WHO, Geneva.

¹⁴ Including the prevention of mother-to-child transmission of HIV in young pregnant women.

¹⁵ WHO/UNICEF (2008) More Positive Living - strengthening the health sector response to young people living with HIV. WHO, Geneva.

¹⁶ WHO (2006) Guidelines on co-trimoxazole prophylaxis for HIV-related infections among children, adolescents and adults: Recommendations for a public health approach. WHO, Geneva.

¹⁷ WHO (2006) Anti-retroviral therapy for HIV infection in adults and adolescents: Towards universal access: Recommendations for a public health approach. WHO, Geneva.

¹⁸ WHO (2006) Preventing HIV in Young People: A Systematic Review of the Evidence from Developing Countries. Eds. Ross, D., Dick, B., and Ferguson, J., WHO and Inter-Agency Task Team (IATT) on HIV and Young People, WHO, Geneva. http://www.who.int/child-adolescent-health/publications/ADH/ISBN_92_4_120938_0.htm

that it is possible to increase young people's use of health services—provided that:

- Health workers and other clinic staff are adequately trained to work with young people
- Changes are made in the health facilities so that young people will want to use them (they are "adolescent/youth-friendly")
- Information about the services is provided in the community to generate demand and community support

■ ADOLESCENT/YOUTH-FRIENDLY HEALTH SERVICES

A number of factors need to be taken into account in the provision of HIV prevention, treatment, care and support services for young people. These have implications both for what is done and how it is done.

General considerations

- **Target populations.** Different groups of young people have specific needs; for example, the needs of adolescent boys and girls differ, and the needs of young adolescents 10 to 14 years of age are different from those of young people in their early 20s. Needs vary between married and unmarried young people, between those from rural and urban areas, between adolescents who do or do not live with their parents, and between young people who are or are not already engaging in HIV-risk behaviours. It is therefore important that services are sensitive to the needs of these different groups and that they are accessible not only to the general population of young people but also to those who are most at risk of HIV.¹⁹
- **Service providers.** Many different service providers²⁰ need to be involved in responding effectively to the specific needs of young people in a respectful manner. These include government health workers (at different levels), NGO staff members, private practitioners,²¹ pharmacists²² and, in some settings, traditional providers. Young people themselves can play an important role in the provision of services, for example, by providing information and support to other young people attending health facilities.

¹⁹ Homans (2008) Regional Guidance Manual on Programming to Prevent HIV in Most-at-risk Adolescents, UNICEF Regional Office for Central and Eastern Europe and the Commonwealth of Independent States, Geneva.

²⁰ In many situations, particularly resource-constrained settings, it is not possible (or even desirable) to have service providers working specifically with adolescents and youth. To this end, training materials have been developed to orient service providers to work more effectively with/for young people (see ref 31), and additional materials are currently under development to assist health care providers respond to the specific needs of young people living with HIV (WHO Optional Adolescent Module for national IMAI/ART training programmes) and most-at-risk adolescents.

²¹ In many countries young people who can afford to, use the services provided by private clinics and doctors as they feel they will receive more confidential and better quality service. This is not necessarily the case, depending on the training the health care provider has received in relation to HIV interventions and working with the different needs of young males and females.

²² Pharmacists in many countries have been trained to provide health information, counselling and condoms to young people, and sterile injection equipment to injecting drug users.

- **Package of services.** Evidence-informed interventions should, as far as possible, be provided as part of a comprehensive package so that young people can easily access information, commodities and services. In addition, consideration should be given to a broader set of interventions that focus on young people's general health and development, including, for example, preventing substance use and improving nutrition and mental health. HIV provides an important entry point for focusing on adolescents' sexual and reproductive health (ASRH), and every effort should be made to link HIV and ASRH interventions in the health sector.
- **Settings for services.** In addition to a range of public and private health facilities, services and commodities may also be provided through other settings, including pharmacies, schools and universities, and the workplace.²³ Young people who engage in HIV-risk behaviours (such as those who have unprotected sex with multiple partners, those who inject drugs or are involved in sex work, or young men who have unprotected sex with other males) require services provided through both static facilities and outreach if they are to have access to the information, commodities and services that they need.²⁴

Health system

- **Develop supportive and enabling policies and legislation.** Policies and legislation can be barriers to the provision and use of health services by young people. Policies, for example, may restrict the provision of services and commodities to young people (particularly unmarried adolescents) or limit young people's use of services, such as those relating to informed consent and confidentiality for minors.^{25 26}
- **Develop appropriate and effective strategies.** While there is no one-size-fits-all approach to the provision of health services for young people, there are some guiding principles to consider. These include: linking prevention and care, linking HIV with other sexual and reproductive health problems and interventions, and integrating a focus on young people into existing services by making services more responsive to their specific needs. Depending on the health infrastructure and the epidemiological characteristics of the epidemic, different strategies for delivering health services to young people will be required, with particular attention on strategies that reach adolescents and young people most at risk. Adequate referral systems are needed both within the health sector (from

clinics to hospitals, from general practitioners to specialised services), and between the health sector and other sectors²⁷ and organizations. Young people's specific needs should receive adequate attention in national HIV/AIDS and reproductive health strategies.

- **Develop, implement and monitor standards for adolescent/youth-friendly health services.** Standards can provide clear vision and guidance for the provision of HIV-related services that respond to the specific needs of young people, including ethical issues such as medical interventions for minors. They also form the basis for a quality assurance approach to monitoring the services that are provided.^{28 29}

Health facilities

- **Train service providers.** The standardised training of service providers is important for a number of reasons, not least because it facilitates the involvement of a range of partners. This can be done by incorporating HIV into existing training programmes for health workers,³⁰ by including a focus on HIV in ongoing adolescent health and development training programmes that aim to increase health workers' orientation and skills³¹ or by including modules on the specific problems of adolescents in ongoing in-service training programmes on HIV for health workers.^{32 33a 33b}
- **Make changes in the facilities.** Consideration needs to be given to the many factors that may influence young people's willingness to use facilities, ensuring, for example, that they are open when young people are able to use them, that they are affordable (including the possible use of voucher schemes) and that privacy and confidentiality are respected when young people consult health care providers.³⁴
- **Consider other ways of providing services and commodities.** In addition to static government, private or non-governmental health facilities, other channels for providing young people with the services and commodities they require include pharmacies, hotlines, community-based distribution of commodities and social marketing.

²³ There are many places with examples of good practice in school and university-based clinics. However, in some countries the staff of such institutions have not been properly trained to work with young people and students fear that confidentiality will not be respected.

²⁴ See Inter-Agency Task Team (IATT) on HIV and Young People (2008) Global Guidance Brief on Most-at-risk Young People.

²⁵ See for example the UN (1989) Convention on the Rights of the Child. United Nations, New York.

²⁶ WHO South East Asia Regional Office, SEARO (2006), Consent and Confidentiality: Increasing Adolescents' Access to Health Services for HIV and Sexual and Reproductive Health, Report of a regional consultation, WHO SEARO, Delhi.

²⁷ See Inter-Agency Task Team (IATT) on HIV and Young People (2008) Global Guidance Briefs on the Education Sector and Workplace Settings.

²⁸ WHO (2008) Adolescent-Friendly Health Services: Making them happen - Part 1 (Developing national standards). (In press).

²⁹ See Adolescent and Youth-Friendly Health Service Standards from India, Serbia, Tanzania, United Kingdom and Vietnam.

³⁰ Pan American Health Organization, PAHO (2005) Youth-centred Counselling: a Guide for Front-line Providers. PAHO, Washington, DC.

³¹ WHO (2007) Orientation Programme on Adolescent Health for Health Care Providers see modules on HIV/AIDS and Injecting Drug Use. WHO, Geneva.

³² WHO (2008) Optional Adolescent Module for national IMAL/ART training programmes. WHO, Geneva; and training modules on Most-at-risk Adolescents being developed in Vietnam and Ukraine.

^{33a} WHO (2007) Guidance for Provider-Initiated Testing and Counselling. WHO, Geneva, and

^{33b} WHO (2006) Antiretroviral therapy for HIV infection in adults and adolescents: Towards universal access recommendations for a public health approach. WHO, Geneva.

³⁴ WHO (2008) Quality Assessment Guidebook. A guide to assessing health services for adolescent clients. (In press)

Family and community component

- **Create demand.** In addition to improving the quality and provision of HIV-related health services for young people, it is also important to generate demand. Young people need to be informed about the availability of services through a range of channels, including youth groups, the media and schools. This should include details about the availability of the services (when and where), information about why young people should use the services and information to encourage young people to make use of the services that are available.
- **Generate community support.** Adolescents' use of health services remains a sensitive issue in many communities, particularly in relation to sexual and reproductive health. It is therefore important to contact, inform and involve a range of gate-keepers, from parents and teachers to religious and other community leaders. It may be necessary to find some respected "champions" in the community to support the provision and use of health services for young people.³⁵

TREATMENT, CARE, SUPPORT AND PREVENTION FOR YOUNG PEOPLE LIVING WITH HIV

Young people living with HIV (YPLHIV) have specific needs and require special attention. They are also likely to be an increasing group in many countries. More and more children have access to treatment and are surviving into their second decade. At the same time young people will continue to become infected during adolescence. Increasingly, they will know their HIV status as HIV testing becomes more accessible. Strengthening interventions for YPLHIV will help reduce further transmission of HIV, respond to their immediate problems and prepare them to live with a chronic disease.

The involvement of young people living with HIV in programme development and implementation will improve the relevance, acceptability and effectiveness of the programmes that are developed.³⁶ In several countries, support groups for young people living with HIV have been developed by young people themselves, and YPLHIV are also represented in regional and global networks.^{37 38}

Strengthening the health-sector response to the needs of young people living with HIV is a challenge in many countries. Issues that require further development include:

- Standards for the provision of health services for young people living with HIV

- Minimum treatment/care packages
- Psychosocial support, particularly important for disclosure, adherence, responding to stigma/discrimination, coping with isolation and loss, and preventing high-risk behaviours
- Orientation and training of health staff to provide appropriate information and services to YPLHIV
- Training and support for young people living with HIV to strengthen their capacity to contribute to health-sector activities³⁹
- Linking with other sectors to strengthen the health-sector response

YOUNG PEOPLE MOST AT RISK OF HIV

The majority of most-at-risk young people do not receive the health services they require, and the core actions that need to be in place are outlined in the *Global Guidance Brief on HIV Interventions for Most-at-risk Young People*.

Ministries of Health should play an overall stewardship and advocacy role, including highlighting the ways in which young injecting drug users, young sex workers and young men who have sex with men are different from adult population groups most at risk of HIV. In addition they should:

- Support the collection and dissemination of strategic information about most-at-risk young people, including promoting the disaggregation of all data by age and sex
- Ensure that there is a supportive policy environment, including links with other sectors, such as criminal justice
- Provide overall guidance and support, standards and training materials for other partners, such as non-governmental organizations, who are in contact with most-at-risk young people, to strengthen their capacity to respond to the needs of young people most at risk of HIV

PARTNERSHIPS AND MULTI-SECTORAL APPROACHES

It is important that the health sector interacts with other sectors and partners for two reasons. First, the health sector needs to work with other sectors—for example the education sector and the media—to ensure that they are providing information to young people and community members about the availability of services and when and why young people should use them.⁴⁰ Secondly, the health sector needs to collaborate with and support the national responses to HIV that are being implemented by other sectors, providing updated information about the current status of the HIV epidemic

³⁵ See Inter-Agency Task Team (IATT) on HIV and Young People (2008) Global Guidance Brief on Community-based HIV interventions for Young People.

³⁶ UNAIDS (2007) Policy Brief on the Greater Involvement of People Living with HIV (GIPA). UNAIDS, Geneva.

³⁷ Living Positively <http://www.youthaidscoalition.org/living.html>

³⁸ See work being undertaken by the Global Youth Coalition on AIDS (GYCA).

³⁹ A young people living with and affected by HIV support group has been established in the Republic of Moldova and other countries.

⁴⁰ Reference has already been made to the important role played by the community.

and priorities for HIV prevention, treatment and care (including counteracting myths and misconceptions). It also needs to help ensure that information provided through other sectors is technically sound and consistent with other messages that young people are receiving about the prevention of HIV. Furthermore, it should help ensure that the strategies being implemented are evidence-informed. It is also important to work through and build on existing efforts to strengthen collaboration between sectors, such as the Health Promoting Schools and the FRESH initiative.⁴¹

■ MONITORING AND EVALUATION

Collecting, analysing and disseminating data on the prevalence and impact of HIV among young people are crucial, not only for the development of policies and programmes, but also for advocacy and for monitoring and evaluating the progress and effectiveness of existing interventions.^{42 43 44} One of the global goals endorsed during the 2001 UN General Assembly Special Session (UNGASS) on HIV/AIDS was to ensure, that by 2010, 95 per cent of young people have access to the services they need to decrease their vulnerability to HIV.

Indicators have been promoted by UNAIDS⁴⁵ (for HIV programmes in general) and by WHO⁴⁶ (focusing on the health-sector response), and these include a focus on young people, either specifically or through disaggregation of data that are being collected for all age groups. These indicators should form the basis for developing and reporting on health-sector interventions directed to young people. Every effort should be made to:

- Have a clear structure for thinking about indicators, in order to differentiate between health outcomes, underlying behaviours, risk and protective factors that affect behaviours and interventions designed to influence these determinants⁴⁷
- Monitor the global goals/targets that relate to young people's access to health services⁴⁸ and monitor programmes at district level⁴⁹

- Disaggregate by sex and by age all data that are collected, using 10-14, 15-19, 20-24 age groups, including data that are collected relating to most-at-risk populations; give adequate attention to the marital status of adolescents and youth
- Ensure that adequate attention is given to 10 to 14 year olds⁵⁰ when data collection systems are developed and reviewed, since this age group is frequently omitted because of the sensitivities surrounding the collection of data from minors (they are not included in most Demographic Health Surveys)
- Be aware of the differences between young people and adults that may have implications for the data collected, for example concepts of “multiple partners” and “dual protection”

Supporting the adequate evaluation of health-sector interventions is very important, both to demonstrate that interventions that have been successful elsewhere are effective in a different context, and also to contribute more generally to the evidence base for effective interventions to achieving universal access for young people.

■ ACTIONS FOR UN COUNTRY TEAMS AND UN THEME GROUPS ON HIV/AIDS

- Advocate with government for a review of existing HIV prevention, treatment and care programmes in the health sector to assess how effectively they respond to the specific needs of young people and whether they promote linkages and convergence with other sexual and reproductive health interventions for young people.
- Advocate with governments for a review of existing policies and legislation to identify any barriers to young people's access to the health services they need for prevention and treatment/care and for any changes that would help to create an enabling and supportive environment for the provision and use of services by young people.
- Ensure that there is a common understanding among the cosponsors about the health-sector contribution to HIV prevention, treatment and care for young people (strategic information, supportive policies, services and commodities, and strengthening other sectors).
- Ensure that there is clarity about priorities for action and about the roles of the different cosponsors in supporting the government and other health-sector partners in achieving universal access for young people, including most-at-risk adolescents and young people living with HIV, to health services for prevention, treatment and care.

⁴¹ <http://www.freshschools.org/>

⁴² For an overview of national level indicators see WHO (2007) Access to Health Services for Young People for Preventing HIV and Improving Sexual and Reproductive Health. WHO, Geneva.

⁴³ WHO (2006) Tool for Assessing Coverage of Health Services for HIV Prevention in Young People, Report of a global consultation, WHO, Geneva.

⁴⁴ For further information refer to WHO et al (2004) National AIDS programmes: A guide to indicators for monitoring and evaluating HIV/AIDS prevention programmes for young people. WHO, Geneva. http://www.who.int/child-adolescent-health/publications/ADH/ISBN_92_4_159257_5.htm

⁴⁵ UNAIDS (2007) United Nations General Assembly Special Session on HIV/AIDS: Monitoring the Declaration of Commitment on HIV/AIDS - Guidelines on construction of core indicators 2008 Reporting, UNAIDS, Geneva. UNAIDS/07.12E/JC1318E.

⁴⁶ For further information refer to WHO (2007) Framework for Global Monitoring and Reporting on the Health Sector's Response Towards Universal Access to HIV/AIDS Treatment, Prevention, Care and Support 2007-2010, WHO, Geneva

⁴⁷ See the structure used in the reference above.

⁴⁸ See WHO (2007) Access to Health Services for Young People for Preventing HIV and Improving Sexual and Reproductive Health. WHO, Geneva.

⁴⁹ WHO Adolescent-Friendly Health Services: Making them happen - Part 2 (Supporting the implementation and monitoring of national quality standards). (In development)

⁵⁰ See WHO (2004) National AIDS Programmes: A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programmes for young people. WHO, Geneva, pp 14-15.

Key resources:

WHO (2003) Adolescent Friendly Health Services: an Agenda for Change. WHO, Geneva.
http://www.who.int/child-adolescent-health/publications/ADH/WHO_FCH_CAH_02.14.htm

WHO, UNFPA, UNAIDS, YouthNet (2003) Achieving the Global Goals: Access to Services, Technical Report of a Global Consultation on the Health Services Response to the Prevention and Care of HIV/AIDS among Young People. WHO, Geneva.
http://www.who.int/child-adolescent-health/New_Publications/ADH/ISBN_92_4_159132_3.pdf

WHO, UNFPA, UNODC, UNAIDS, YouthNet (2004) Protecting Young People from HIV and AIDS: The Role of Health Services. WHO, Geneva.

WHO et al (2004) National AIDS programmes: A guide to indicators for monitoring and evaluating HIV/AIDS prevention programmes for young people. WHO, Geneva.

WHO (2006) Preventing HIV in Young People: A Systematic Review of the Evidence from Developing Countries. eds. Ross, D., Dick, B., and Ferguson, J. WHO and Inter-Agency Task Team (IATT) on HIV and Young People, WHO, Geneva.
http://www.who.int/child-adolescent-health/publications/ADH/ISBN_92_4_120938_0.htm

WHO/UNICEF (2008) More Positive Living - strengthening the health sector response to young people living with HIV. WHO, Geneva.

WHO (2005 and 2007) Orientation Programme on Adolescent Health for Health Care Providers. WHO, Geneva.

WHO (2007) Access to Health Services for Young People for Preventing HIV and Improving Sexual and Reproductive Health. WHO, Geneva.

Useful web pages:

United Nations Population Fund
<http://www.unfpa.org/biv/people.htm>

Preventing Mother-to-Child Transmission of HIV (UNICEF)
http://www.unicef.org/aids/index_preventionyoung.html

Child and Adolescent Health and Development (WHO)
<http://www.who.int/child-adolescent-health/publications/publist.htm>

Living Positively
<http://www.youthaidscoalition.org/living.html>



Further information and responsible agencies under UNAIDS Technical Support Division of Labour on HIV and Young People:

The World Health Organization is the lead agency for Health Sector HIV/AIDS interventions. The main partners in this effort are: **ILO, UNDP, UNFPA, UNHCR, UNICEF, UNODC, and the World Bank.**

<http://www.who.int>

For more information on the Inter-Agency Task Team on HIV and Young People visit:

<http://www.unfpa.org/biv/iatt>

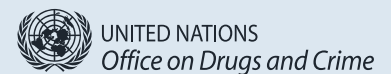
There is as yet insufficient evidence of the effectiveness of some of the interventions outlined in the Briefs and for the use of some of the interventions outlined for certain target populations. Similarly, many of the studies of effectiveness do not disaggregate the research findings by sex. Where there is insufficient evidence, the interventions that are described are based on good practice, and it is recommended that in addition to monitoring coverage and quality, such interventions be evaluated and the results of their effectiveness fed back into the global evidence base.

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