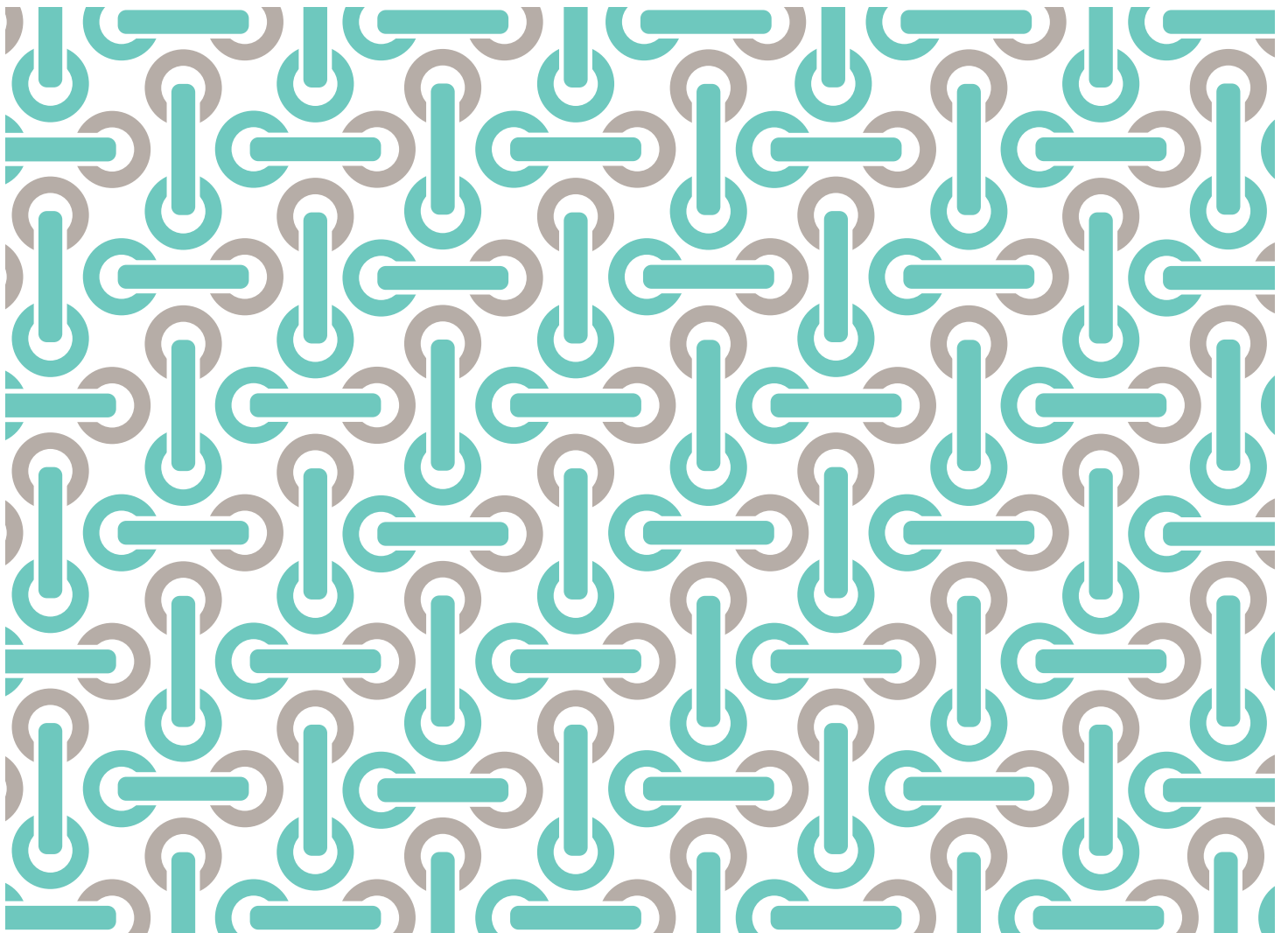


Ending the AIDS epidemic for adolescents, with adolescents

A practical guide to meaningfully engage adolescents
in the AIDS response



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Background and purpose of this document

Terminology

These standard United Nations definitions will be used throughout the document unless specified:

Term	Definition	Source
Children	Persons below the age of 18	Convention on the Rights of the Child
Adolescents	Persons between the ages of 10 and 19	United Nations Children's Fund (UNICEF) / World Health Organization (WHO) / United Nations Population Fund (UNFPA)
Youth	Persons between the ages of 15 and 24	United Nations General Assembly resolution A/RES/50/81
Young people	Persons between the ages of 10 and 24	United Nations Children's Fund (UNICEF) / World Health Organization (WHO) / United Nations Population Fund (UNFPA)

For the purposes of epidemiological monitoring, UNAIDS' estimates refer to children as those aged 0 to 14 years, adolescents as those aged 10 to 19 years, young people as those aged 15 to 24 years, and adults as those older than 15 years.

Adolescents (10–19) are the only age group in which AIDS-related deaths are not decreasing.

The 2030 Agenda for Sustainable Development includes a specific goal to ensure healthy lives and promote well-being for all at all ages. Within this goal it includes a specific target (3.3) that aims at ending the AIDS epidemic by 2030.

To end the AIDS epidemic by 2030, specific yet flexible strategies are needed for different age groups, populations and geographic locations. Ending the epidemic among adolescents requires amplifying investments where they can make the most difference and fostering innovation not only among governments, international organizations, civil society and the private sector, but also among adolescents and youth themselves.

The purpose of this document is to provide guidance to programme designers, implementers, policy and decision-makers on how to meaningfully engage adolescents in the AIDS response and broader health programming, and to demonstrate why adolescents and youth are critical in efforts to end the AIDS epidemic by 2030. It also highlights what steps should be taken to implement programmes and policies that improve adolescent health outcomes (including for HIV) at the national, regional and global levels.

Evidence related to adolescents and HIV

Demographics: adolescents and youth in the world

Among the world population of approximately 7.3 billion, there are about 1.8 billion young people (between the ages of 10 and 24). Many of them—600 million—are adolescent girls between the ages of 10 and 19 (2). Of the world's population of people aged 10–24 years, approximately 89% live in less developed countries. Half of the population in 17 developing countries is under 18 years old (2).

How HIV and AIDS affect adolescents and youth

In 2015, an estimated 29 adolescents acquired HIV every hour.

There were 250 000 [180 000–340 000] new HIV infections among adolescents in 2015. Of these, 65% occurred among adolescent girls (4).

At a time when AIDS-related deaths are declining rapidly in other age groups, AIDS-related deaths among older adolescents aged 15–19 are not declining.

Worldwide in 2015, 1.8 million [1.5 million–2.1 million] adolescents (aged 10–19 years) were living with HIV. Of this number, the majority (56%) were girls (4). Although data on coverage of HIV treatment among adolescents are limited, access to and uptake of treatment often is reported to be lower than it is among older groups (6): in 2015, about 873 000 infants, children and adolescents (under the age of 15 years) were receiving antiretroviral therapy, which represents a coverage

rate of 49% [42–55%] among all children aged 0–14 who are living with HIV.

Nearly 80% of all new HIV infections among adolescent girls aged 15–19 in 2015 were in sub-Saharan Africa.

In sub-Saharan Africa, in median only 26% of adolescent girls aged 15–19 years and 33% of adolescent boys of the same age have a comprehensive and correct knowledge of HIV and AIDS (8).

Data from five countries (Botswana, Cameroon, Jamaica, Swaziland and Zimbabwe) reflect that HIV prevalence increases in older age groups among young people (from 10–14 to 15–19 and from 15–19 to 20–24). This increase is greater among girls than boys in all countries, except Jamaica. This increase is consistent with the onset of sexual behaviour (7). While HIV prevalence is about equal between girls and boys aged 10–14 in all five countries, differences start to emerge by age 15–19, with prevalence higher among girls in most countries (4). In 12 of 26 countries in sub-Saharan Africa with available data between 2010–2015, fewer than one third of adolescent girls 15–19 who had more than one partner in the past 12 months reported using a condom during their last sexual intercourse (the rate was as low as 7% in Sierra Leone) (8).

Coverage of HIV testing and counselling remains significantly low among young people aged 10–24. Self-reported survey data from sub-Saharan Africa indicate that only 9% of adolescent boys aged 15–19 years and 13% of adolescent girls from the same age group have been tested for HIV and

received the results in the last 12 months. Similar data for adolescents ages 10–19 is not available (8). Legal barriers, including age of consent and parental consent laws, continue to hinder access to services, including sexual and reproductive health services for adolescents and youth.

Adolescents from key populations are at increased risk of and vulnerability to HIV. For example:

- A 2010 survey of street youth across multiple cities in Ukraine found that one third of those aged 15–17 years who injected drugs were living with HIV (40).
- Behavioural surveillance studies suggest that 17% of female sex workers in India began selling sex before the age of 15 (42).
- A study of 857 street children aged 12–17 years in Greater Cairo and Alexandria, Egypt, found that among sexually active street boys, 44.2% reported having had sex with a male partner in the previous 12 months, and 15% reported being raped by a male partner (43).
- It is very difficult to track and analyse the adolescent HIV epidemic due to inadequate HIV data disaggregation. As a result, most national responses are unable to track either the adolescent HIV epidemic or HIV-related outcomes among adolescents (such as viral load monitoring) in an effective way.
- Countries could support youth networks and youth organizations to collect and analyse data about adolescents for use by everyone.

Studies show low uptake of contraception and high rates of sexually transmitted infections (STIs), teenage pregnancy, adolescent suicide attempts and alcohol use. This highlights the need for linkages between health service delivery for adolescents and other social services in order to reach adolescents with services that address their holistic needs. Without added investment in adolescent, gender-sensitive comprehensive sexuality and HIV education programmes, however, the 75% decline in new infections by 2020 that has been set as a target may not be met. This, in turn, would undermine the next generation of future productive human capital (7).

Estimates suggest that there has been a 45% increase in AIDS-related deaths among adolescents 15–19 between 2005 and 2015 (4).

Young people constitute a significant proportion of those engaged in selling sex or suffering sexual exploitation (13).

Gender inequality and gender-based violence increase the vulnerability of adolescent girls to HIV. In some settings, up to 45% of adolescent girls report that their first sexual experience was forced (44).

In some settings, legal and policy barriers pose obstacles for adolescents to access sexual and reproductive health services, including HIV testing, “as adolescents are often reluctant or afraid to seek services that require the consent of a parent or guardian” (6). Age of consent to HIV testing services varies between countries, and the age of majority, which is the legal age at which an individual is

recognized as an adult, is not necessarily related to the age of consent. Countries are encouraged to review and reform, as needed, their age of consent laws to ensure they do not jeopardize access to services.

How young women including adolescent girls are affected by the HIV epidemic

Global evidence shows adolescent girls are disproportionately vulnerable to HIV infection due to greater physiological risk, gender inequality, unequal gender norms and gender-based violence, including intimate partner violence. (9)

Data on physical, sexual and emotional violence from 10 sub-Saharan African countries reveal a consistent and strong association between male controlling behavior, physical and emotional violence and HIV infection among women in settings with HIV prevalence above 5%. The associations between HIV and violence also show a positive correlation with the presence of male controlling behavior (14).

Worldwide, more than 700 million women alive today were married as children (under the age of 18 years). Approximately 250 million were married before the age of 15 years. Child brides are often unable to effectively negotiate safer sex, which leaves them vulnerable to STIs (including HIV) and early pregnancy (15).

Around 120 million girls worldwide (slightly more than 1 in 10) have experienced forced intercourse or other forced sexual acts at some point in their lives (45).

Notwithstanding the growing number of HIV infections, in sub-Saharan Africa only one in five adolescent girls aged 15–19 years report ever having been tested for HIV and receiving the results (8).

In most low- and middle-income countries, early sexual debut is common—almost 30% of adolescent boys and girls aged 15–19 years in the Central African Republic and adolescent boys in Malawi and Lesotho had their first sexual intercourse before they were 15 years old (5).

Autonomy and empowerment are key factors in condom use, especially for young women. Evidence shows that women with greater autonomy in decision-making are more likely to negotiate safer sex and have higher HIV-related knowledge and condom use (17).

Although male condom use is increasing among young people, its use is more likely to be reported by boys than girls. This is likely due to girls having comparably lower decision-making power to negotiate safe sex. In sub-Saharan African countries, condom use at last sex among adolescents who had sex with more than one partner in the previous 12 months was as high as 79.7% among adolescent boys 15–19, and 57.9% among adolescent girls of the same age in Rwanda (8). With regard to higher-risk sex, data from Demographic and Health Surveys show that adolescent boys aged 15–19 years report higher condom use in these situations than girls of the same age.

How young men and adolescent boys are affected by the HIV epidemic

The health of adolescent girls and young women often is intertwined with that of adolescent boys and young men. As such, both males and females must be engaged in interventions that address gender norms and power dynamics in relationships—this will lead to continued improvement in sexual and reproductive health outcomes and allow adolescents and youth to enjoy their rights (18, 19)

Adolescent males aged 15–19 years are more likely than females in the same age group to have engaged in risky sexual behaviour within the past year, although there is variation across countries. In Vietnam, risky sexual behaviour is reported by 4% of adolescent females and by 52% of adolescent males. In Kenya, 98% of males reported higher-risk sex, compared to 56% of females (19).

National-level survey data from Together for Girls, a global partnership to raise awareness of violence against children, estimate that one in seven boys experience sexual violence as a child. Although more girls report experiencing sexual violence, boys also experience violence and merit special attention. (48)

Why is it important to engage adolescents and youth?

Only by working together across sectors and in collaboration with young leaders can we create a successful pathway to adulthood for young people, removing obstacles to their progress.

The active, informed and voluntary involvement in decision-making of adolescents and youth—especially younger adolescents (aged 10–14 years)—when it comes to the health and life of their communities is vital to ensuring that policies and programmes address their needs (23). Additional support is critical to make certain that adolescents can meaningfully engage in these processes.

Successful passage through adolescence into adulthood requires that young people have the opportunity and the ability to express their views to decision-makers and to practice their evolving leadership and participation skills and capacities in their families and communities (24).

Young people are fast, innovative and creative when it comes to solving problems and finding solutions (23).

Without inclusion and equity, young people—including young people from key populations, young women, adolescent girls and boys, and young people living with HIV—will continue to be left behind in the HIV response. Ultimately, the goal is to cultivate an HIV response that fosters an environment where key population-led organizations are respected and included as partners by both officials and service providers (25).

When the human rights of people living with or affected by HIV are realized, the uptake of HIV services increase (49). The respect, protection and promotion of human rights have been critical enablers of the increase in the uptake of HIV testing, the adherence to treatment and the use of HIV prevention services (27).

Community participation and leadership in the design, implementation, monitoring and evaluation of HIV programmes also are essential. Participation and leadership help to (a) build trust among those

served by programmes, (b) make programmes more comprehensive and responsive to the needs of young key populations, and (c) create more enabling environments for HIV prevention (25).

Investing in the empowerment, leadership and engagement of young women and adolescent girls by promoting their autonomy and decision-making power—and by advancing their rights—will help reduce HIV infection risk and mitigate the impact of the epidemic (28).

The principles of meaningful collaboration with adolescents and youth

The following principles have been adapted from the *Minimum standards for consulting with children*, which was developed by the Inter-Agency Working Group on Children's Participation (50).

In order to collaborate with adolescents and youth in a meaningful way, it is important to follow six key principles.

1. Transparency, honesty and accountability

- **What do we mean?** Adults who collaborate with adolescents should follow ethical and participatory practices and pursue the best interests of adolescents.
- **Why is it important?** There are inevitable imbalances in power and status between adults and adolescents. Transparency, honesty and accountability are needed if the participation of adolescents is to be genuine and meaningful.

2. Equitable opportunities/focus on the most marginalized

- **What do we mean?** Participatory work should include groups of adolescents who typically experience discrimination or those who are often excluded from activities (including adolescent girls, adolescent key populations and adolescents living with HIV).
- **Why is it important?** Adolescents, like adults, are not a homogeneous group. Participation should provide equal opportunity to all, regardless of age, sex, location, ethnicity, sexual orientation, gender identity, abilities or class.

3. Safety and protection of adolescents and youth

- **What do we mean?** Involvement in a consultation must not expose any young delegate to threats or actual harm. The safety of adolescents is considered in every possible way and safeguards are put in place for both their physical and emotional well-being. To enable participation, adolescents should experience a safe, welcoming, inclusive and encouraging environment, including conducive legal and policy frameworks for accessing services for sexual and reproductive health and HIV.
- **Why is it important?** Organizations have a duty to protect the adolescents with whom they work and to minimize their risk of abuse, exploitation or other negative outcomes. The quality of the participation of adolescents and their ability to benefit from it are strongly influenced by efforts made to establish a positive environment for their participation.

4. Commitment and competency of adults

- **What do we mean?** Adults working with adolescents are committed to consulting with adolescents, and they are trained and supported to carry out gender-sensitive and participatory practices.
- **Why is it important?** Adults can only encourage genuine participation among adolescents if they have the necessary understanding and skills.

5. Multisectoral approach to programming with and for adolescents

- **What do we mean?** A multisectoral response means involving all sectors of society: governments, businesses, philanthropy, civil society organizations, academia, media, communities and people living with HIV. Adolescence is a transitional state of social, intellectual and behavioural development, and it is critical that adolescents are provided with capacity development to ensure they can engage in a meaningful way with all stages of the development and implementation of programmes and policy.
- **Why is it important?** A multisectoral response requires action to develop and sustain partnerships; it also needs ways of working that strengthen the capacity of all sectors to make meaningful and effective contributions to the health outcomes of adolescents. Attention to detail and how to ensure the language is friendly to adolescents is essential for clear and effective communication. It is important to assess the needs of adolescents periodically and to determine what opportunities for capacity-building are required—this will help build confidence among adolescents and provide a space where they can articulate their needs.

6. Systematic opportunities for participation, mobilizing resources and avoiding ad hoc and occasional engagement

- **What do we mean?** Meaningful participation requires engaging adolescents as equal partners in the design, implementation, monitoring and evaluation of programmes and policies. Tokenism can occur in an attempt to make it appear as if members of a certain group are engaged in a process. To ensure meaningful engagement rather than tokenism, additional steps must be taken to ensure that adolescents are meaningfully involved in discussions with all key actors. This may require making additional resources available to provide capacity-building, support and institutionalized/formal spaces where adolescents can engage in a sustainable way.
- **Why is it important?** From a rights- and evidence-based standpoint, engaging adolescents in policies and programmes ensures that information and services are tailored to their needs and to achieve optimal health outcomes. Planning, fundraising and allocating resources for adolescent participation also makes it easier to build and implement such practices into policies and programmes.

Recommendations for meaningful engagement with adolescents and youth

As part of the All In! work stream and Engaging Adolescents as Agents of Social Change—and through consultation with adolescents from All In! countries—the following guidelines have been suggested as a way of ensuring meaningful adolescent participation to end the AIDS epidemic by 2030. They have been adapted from *Youth participation in development: a guide for development agencies and policy makers* and *Participate: the voice of young people in programmes and policies*, developed by DFID–CSO Youth Working Group in 2010 (23, 29).

The foundation for these recommendations is the recognition that adolescents are assets—that is, they should not be viewed as lacking capabilities, but rather as assets to social development at the local, national, regional and international levels. In short, adolescents can be partners and leaders in development.

The following core principles are central to this approach:

- Promoting young people’s and particularly adolescents’ rights.
- Recognizing the agency and dynamism of young people, particularly adolescents, and advocating for these attributes.
- Building youth–adult partnerships and understanding local attitudes towards youth.
- Prioritizing adolescents who are most vulnerable to HIV, including adolescents among HIV key populations.

These core principles are crucial in policy-making, programmatic development and governance. When working with adolescents, it is important to ensure adolescent girls, young women, and adolescent and young key populations (and people living with HIV) are meaningfully engaged in policies and programmes at the country level.

For programme implementers

It is important to engage adolescents and youth on the decision-making board of the organization, and in inter-agency working groups/coordination platforms. In this way, other programme implementers can see for themselves the positive contributions made by adolescents.

Volunteering and internships for older adolescents provide opportunities for adolescents, but if they are to contribute to an organization fully, it is important to move beyond these short-term, unpaid positions and consider the professional roles that adolescents can fulfill. Establishing a fellowship programme, for example, allows adolescents to receive a stipend for a specific period of time while they meaningfully engage and professionally develop. It also is crucial to locate strong applicants, check their motivation and commitment, and support their training.

Adequate training and support for adolescents and youth are essential. Hire experienced implementing partners and M&E personnel who have expertise in working with adolescents, and can enhance adolescents' assertiveness, training, negotiation and communication skills, strengthening the

engagement of young people and adolescents in policies and programmes.

It is important to set up appropriate mechanisms for the participation of adolescents and youth in policy-making, and to strengthen the monitoring and evaluation of progress, to adequately reflect the development of adolescents and youth.

Engaging youth is an opportunity to build knowledge within implementing organizations on issues related to the health and well-being of adolescents and youth, particularly HIV and sexual and reproductive health and rights.

For policy-makers or decision-makers

It is important to institutionalize policies for the participation of adolescents and youth, particularly specific groups of adolescents (including adolescent girls and key populations) in the HIV response.

Engaging with adolescents and youth on strategic national planning can inform programmes more adequately. Moreover, adolescents and youth must be supported to directly implement development initiatives.

Quality data are crucial for monitoring and measuring adolescent engagement, including adoption of gender-sensitive indicators.

For everyone

Adolescents can present and discuss the experiences of young people in their own country as a whole rather than just personal testimonies.

The actions and attitudes of parents have a significant impact on the development and participation of young people and adolescents. Community-wide youth development efforts see the engagement of parents or caregivers as essential to their work. Parents can engage in a wide array of activities, including one-on-one interaction, support groups and participatory workshops. The involvement of parents, however, takes time and sustained effort. Events designed to engage them can become important elements of community-wide youth development.

A transparent and fair process should be used when selecting adolescents and youth to participate. Adolescents and youth should be well prepared and properly informed before any given meeting. Hosting a pre-meeting with youth is strongly suggested prior to any established event. Adolescents and youth should be provided with jargon-free information that is accessible to them.

Hard-to-reach groups of adolescents should be made aware of projects and be encouraged to participate in them. Their specific access needs should be considered.

The project should be fun: build in time for socializing. The contributions and input of youth should be recognized. For instance, participants could receive a certificate of achievement. Joint

collaboration should prepare, enable and empower adolescents and youth for their roles as far as possible. A variety of options should be offered to adolescents and youth so that they have a choice of how they can engage.

Adolescents and youth should be equal participants alongside adults. Their opinions should be valued and considered equally alongside those of adults. Any final outcome document should reflect the views of both adults and those of adolescents and youth. No separate "adolescents statement" or "declaration" should be produced unless adolescents decide otherwise.

It is important to provide funding for youth-led organizations to support the participation of adolescents, and to allocate a proportion of all relevant budgets to the development of adolescents and youth.

An "adolescents as assets" perspective should be introduced to the work of all relevant bodies, and systems for reviewing and continuously improving the process of involving adolescents and youth should be established.

Gender balance in engaging adolescents and youth and in addressing the specific needs of adolescent girls must be ensured.

Below are some tips for keeping adolescents involved and empowering adolescent key populations.

- Build teams and develop leadership skills. Adolescents and youth who are trained and more involved will stay involved longer.
 - Together with adolescents and youth, decide what issues you want to discuss.
 - Arrange frequent events to bring people together.
 - Engage creative and innovative adolescent- and youth-led activities and promote social media campaigns.
 - Promote recognition, not just at the end of a session, but as adolescents and youth join. Don't forget to thank them!
- Support adolescents and youth in balancing work, school and family commitments.
 - Foster programmes led by adolescent key populations and girls.
 - Strengthen community systems.
 - Promote a human-rights framework.
 - Implement a gender-transformative approach.
 - Shape policy and create enabling environments through advocacy.
 - Adapt to local needs and contexts.
 - Support community mobilization and sustain the social movement (30).

Strengthening communication between guardians and adolescents and youth

Adolescents and their parents or guardians all over the world tend to be uncomfortable talking about sexual topics, yet discussions around those topics are critical because they can reassure and empower children. Parents or guardians have an important role to play in gender and sexual socialization, and in guiding their children and reinforcing positive behaviour (31).

Although there are numerous sexual and reproductive health programmes for adolescents, they tend to focus on youth, and they do not often invest in parents and other adults who are prominent in the lives of adolescents. In sub-Saharan Africa, where the adolescent HIV epidemic is most severe, communication between caregivers and adolescents (when it occurs) tends to be authoritarian, complicated by taboos about sexuality. It also is hampered by incomplete knowledge on both sides (32).

Since parents and guardians are expected to raise their children, supervise their activities and monitor information and services directed at them, they can potentially serve as important allies in enhancing adolescents' knowledge about sexual and reproductive health and rights, and HIV. Programmes could be more effective if they facilitated healthy and frequent communication between children and their parents or guardians. Discussions can cover a range of topics, including puberty, healthy relationships, self-awareness, sexual behaviour, pregnancy and prevention of STIs (33). In addition, programmes would be more effective if they partnered with parents or guardians, made them aware of the services and actively engaged them in their implementation.

Case studies of meaningful youth participation

Country case study: ACT!2015 Zimbabwe

The context: Zimbabwe has a young population (approximately 60% are below the age of 25) (51), and it has one of the highest HIV prevalence rates in the world. In 2015, 74 000 [64 000–87 000] adolescents (aged 10–19 years) were living with HIV in Zimbabwe (4). The importance of adolescent and young people participating in HIV programme design and implementation cannot be understated.

The action: Youth Engage Zimbabwe was the co-convenor of ACT!2015 in Zimbabwe, an initiative led by the PACT¹ with support from UNAIDS. As a result of mobilization and coalition-building, an alliance of more than 60 youth-led and youth-serving organizations representing young marginalized communities (including young women and young key populations) are now equipped with the knowledge and skills to hold governments accountable for the commitments of the Sustainable Development Goals (SDGs).

As a co-convenor of ACT!2015 Zimbabwe, Youth Engage aims to continue mobilizing youth and offering systematic support to youth organizations on the ground in order to increase public pressure on political leaders about issues such as adolescent and youth sexual and reproductive health and rights (including those relating to HIV and AIDS). Through ACT!2015, Youth Engage has inspired action on

1 The PACT is a coalition of 26 youth-led and youth-serving organizations with a vision to create solidarity to work strategically and collaboratively in the HIV response towards ensuring the health, well-being and human rights of all young people. For more information, please visit www.youthpact.org

the priorities of the youth constituency within the national AIDS response since 2014.

The outcome: in 2014 and 2015, Youth Engage participated in the SDG negotiations, where they advocated to advance the sexual and reproductive health and rights (including the HIV response) for young people, and to address the realities of young people today, in the country position. They also carried out numerous policy dialogues between young people and leaders about HIV and sexual and reproductive health and rights, and they led the meaningful participation of young people in the development of Zimbabwe's HIV incentive funding process.

Youth Engage has been actively involved in Global Fund processes in Zimbabwe, pushing for the inclusion of the priorities of young people through the Country Coordinating Mechanism. Youth Engage believes that in order for young people to be meaningfully engaged in the Global Fund and national strategic plan development processes, public pressure on national leaders must be increased at the country level so that they engage young people as the leaders, partners and beneficiaries of the programmes. The youth of Zimbabwe are already leading the work in ensuring that their voices are heard and that their needs are addressed.

As a result of a collective effort with ACT!2015 partners in 12 countries—and with support from UNAIDS—funds have been mobilized for 2016 and 2017 to sustain the efforts of ACT!2015. It also has expanded its advocacy by investing in the development of a technology platform called

iCount, which will allow young people to report on access to youth-friendly services and comprehensive sexuality education. The platform will collect these data for use in evidence-informed accountability.

Throughout 2017, UNAIDS, its Cosponsors and the International Planned Parenthood Federation will support youth alliances in the 12 ACT!2015 focus countries (Algeria, Bulgaria, India, Jamaica, Kenya, Mexico, Nigeria, Philippines, South Africa, Uganda, Zambia and Zimbabwe) to identify a key policy barrier to young people's sexual and reproductive health and rights in their country, and assess the scope and impact of this issue using existing data sources supplemented by youth-generated qualitative and quantitative evidence. Youth alliances will use these data to advocate for better policies for young people and hold governments accountable for their commitments to HIV and sexual and reproductive health and rights in the context of the 2030 Agenda for Sustainable Development.

For more information, please contact Charles Siwela of Youth Engage at siwelacharles@gmail.com.

Regional case study: Youth LEAD

The context: an estimated 600 000 [500 000–720 000] young people aged 15–24 years were living with HIV across the Asia–Pacific region in 2015 (320 000 [230 000–430 000] males and 280 000 [240 000–340 000] females) (4). In 2015, an estimated 170 000 [260 000–250 000] adolescents (aged 10–19 years) in the region were living with HIV, and AIDS-related deaths among adolescents 15–19 years are increasing (4).

Deaths were increasing among adolescents 10–14 years until 2014, and there was a decrease between 2014 and 2015.

The vast majority of new infections among young people aged 15–24 are occurring among young key populations (including young men who have sex with men, young transgender people, young sex workers and young people who inject drugs) (37). Those aged 15–24 years accounted for 37% of new infections in the region in 2015 (4). These risks also may overlap, with some young people being vulnerable to multiple exposure risks.

The action: given this situation, 7Sisters—with support from the United Nations Population Fund (UNFPA)—established Youth LEAD in 2010 to create an integrated approach to address the issues of young key populations. Youth LEAD significantly raised the visibility of young key populations in different forums and regional processes. For instance, the 10th International Conference on AIDS in Asia and the Pacific (ICAAP) highlighted the issues of young key populations in different sessions, a result that can be greatly attributed to Youth LEAD’s advocacy.

The outcome: Youth LEAD provided the platform for young key populations in the Asia–Pacific region. Voices of young people from the margins were amplified and their demand for an equal position at all levels was seen as a defining moment for the creation of a network that was run for and by young people. Other United Nations (UN) agencies—such as the United Nations Children’s Fund (UNICEF), the United Nations Educational,

Scientific and Cultural Organization (UNESCO) and UNAIDS—also have backed Youth LEAD as one of the most important organizations for representing young key populations.

Youth LEAD’s collaboration with UN agencies also brought about the mainstay of Youth LEAD’s advocacy: the New Generation Asia Leadership Course (or NewGen). NewGen became Youth LEAD’s primary way of increasing the capacities of their country-level focal points and partners in different aspects of their advocacy, including data analysis, lobbying techniques and strategic engagement with stakeholders. Meaningful youth participation was redefined through this programme.

Youth LEAD and its members continued to push the boundaries in different areas. They co-chaired the Asia–Pacific Interagency Task Team on Young Key Populations together with UNAIDS in 2013, and again in 2016, and they led UN and civil society organization task team members in crafting a successful youth programme for the 11th International Congress on AIDS in Asia and the Pacific. UN agencies also provided technical support to the organization as it obtained two consecutive funding endorsements from the Robert Carr Civil Society Networks Fund. Youth LEAD’s engagement also won young people a seat in the nongovernmental delegation to the UNAIDS Programme Coordinating Board, where they represent young people and young key populations.

The continued support of UN agencies enabled Youth LEAD to transform itself into an independent network in 2012 with more than 50 young key

population focal points in 19 countries. In 2014, Youth LEAD was officially registered as a Thai foundation. In the five years since its inception, Youth LEAD has proven its crucial role in ending the AIDS epidemic among young key populations in Asia-Pacific.

For more information, please contact Gaj Gurung of Youth LEAD at gaj@youth-lead.org.

Global case study: the PACT

The context: in the follow-up to a meeting with UNAIDS in 2010, youth organizations met with UNAIDS' Executive Director Michel Sidibé and Her Royal Highness Mette-Marit, the Crown Princess of Norway, at the International AIDS Conference in Washington, DC, in July 2012. Together, they discussed the UNAIDS youth strategy, as well as the efficiency and effectiveness of the global HIV youth movement.

The youth participants explained that while certain processes or events had resulted in time-bound, joint work between youth organizations, there was little long-term collaboration around issue-based priorities. As a result, while many organizations were working towards shared goals, their lack of collaboration and strategic planning was a significant weakness. The youth organizations indicated that in order to address this, it was necessary for them to come together to strategize on their own terms and to articulate their shared ambition and priorities in advancing the AIDS response. They also identified how UNAIDS needed to move from engaging with young people and

youth organizations in an ad hoc manner towards a more predictable and strategic approach. This, in turn, would allow both UNAIDS and the youth groups to define and reach their shared goals.

In response to the needs identified during this discussion, UNAIDS committed to funding a strategic planning meeting for youth organizations.

The action: UNAIDS and youth organizations co-convened the kick-off meeting—Youth and UNAIDS: a pact for social transformation—in Tunisia in May 2013. The meeting was developed in collaboration with a working group of nominated youth activists, and was co-facilitated by Restless Development and an independent consultant nominated by youth organizations.

The meeting brought together 15 youth organizations (including many working with key populations), the UNAIDS Youth Programme team, the newly formed UNAIDS Youth Advisory Forum and representatives of UNAIDS Cosponsors. The meeting aimed to enable youth organizations to articulate a strategy in which global and regional organizations are better coordinated and strategically focused on country results, and to align the UNAIDS Secretariat's Youth Programme with the youth movement. The meeting succeeded in establishing the PACT for social transformation, a collaborative framework that aims to build solidarity among youth-led and youth-serving organizations in the HIV response and to support them to work collaboratively and strategically

towards ensuring the health, well-being and human rights of all young people.

The outcome: the PACT articulated priority areas for joint action among youth organizations and between them and UNAIDS. A revised internal UNAIDS youth framework—UNAIDS and Youth: Agenda for Social Action—was shaped and validated by participating youth organizations. Today, the PACT is a coalition of youth-led and youth-serving organizations within the HIV and sexual and reproductive health and rights movement.

Over the course of its journey so far, the PACT has received financial and technical support from not only UNAIDS, but also UNAIDS Cosponsors such as UNICEF, UNFPA and UNESCO.

The PACT creates solidarity across youth organizations so that they can work strategically and collaboratively in the HIV response towards ensuring the health, well-being and human rights of all young people. In pursuit of its vision, the PACT identified four priorities to focus the collective energy and expertise of the collaboration. These priorities are:

1. Advocate and promote youth-led accountability and participation for the integration of HIV and sexual and reproductive health and rights services and policies, including comprehensive sexuality education.
2. Mobilize young people and engage decision-makers to increase access to evidence-informed HIV prevention and treatment.
3. Strengthen young people's capacity to change the legal and policy frameworks that prevent young people from accessing HIV and sexual and reproductive health and rights services.
4. Advocate for young people's participation in global, regional and national (including district and city level) decision-making processes around resource mobilization and allocation, to ensure adequate funding for young people in the context of HIV and sexual and reproductive health and rights.

Some examples of the PACT's achievements include the following:

- ACT!2015, a global youth initiative, which has strategically mobilized the youth movement to influence the 2030 Agenda for Sustainable Development. ACT!2015 has now established a youth-led accountability framework to be implemented in 12 countries and at the regional and global levels.
- *Making the money work for young people: a youth participation tool for the Global Fund to Fight AIDS, Tuberculosis and Malaria* was released in July 2014 and provides practical guidance on how to involve young people in all Global Fund processes. The tool places specific emphasis on opportunities for youth participation at the national level, with a workshop package based on a pilot in Honduras, Nepal and Zimbabwe.

- In 2014, the PACT launched a global survey of young people (under 30 years of age) to gather insights on—and first-hand experiences of—how laws and policies relating to parental consent affect young people’s access to sexual and reproductive health and harm reduction services. The survey results were presented at the International AIDS Conference in Melbourne (July 2014) in the Youth Pre-Conference, the Global Village programme and in a sexual and reproductive health and rights networking zone. The findings informed an advocacy briefing on the topic of parental consent that was developed by the PACT and distributed at the conference; they also will inform an advocacy package on age of consent laws.

For more information, please visit youthpact.org or email contactyouthpact@gmail.com. You also can learn more about the PACT in *Strategising with your youth constituency: learning from The PACT experience* (available from <http://www.youthpact.org/wp-content/uploads/2015/07/PACT-Strategising.pdf>).

Resources and tools

Below is a set of useful tools and guiding documents to support the engagement of adolescents in the HIV response.

Inter-Agency Working Group on Children's Participation (IAWGCP)

- *Minimum standards for consulting with children* (<http://images.savethechildren.it/f/download/Policies/st/standard-partecipazione.pdf>)

Interagency Working Group on Key Populations

- *HIV and young men who have sex with men* (http://www.unaids.org/sites/default/files/media_asset/2015_young_men_sex_with_men_en.pdf)
- *HIV and young people who sell sex* (<http://www.unfpa.org/publications/hiv-and-young-people-who-sell-sex>)
- *HIV and young people who use drugs* (<http://www.unfpa.org/publications/hiv-and-young-people-who-inject-drugs>)
- *HIV and young transgender people* (http://www.unaids.org/sites/default/files/media_asset/2015_young_transgender_en.pdf)
- *Inter-Agency Network on Youth Development – Working Group on Young People's Participation in Peacebuilding – Guiding Principles on Young People's Participation in Peacebuilding* (<https://www.unteamworks.org/file/517084/download/564381>)

International Planned Parenthood Federation (IPPF)

- *Included involved inspired: a framework for youth peer education programmes* (http://www.ippf.org/sites/default/files/peer_education_framework.pdf)
- *Participate: the voice of young people in programmes and policies* (http://www.ippf.org/sites/default/files/inspire_participate.pdf)

Restless Development

- *Youth participation in development: a guide for development agencies and policy makers* (<http://restlessdevelopment.org/file/youth-participation-in-development-pdf>)

The PACT

- *Strategising with your youth constituency: learning from The PACT experience* (<http://www.youthpact.org/wp-content/uploads/2015/07/PACT-Strategising.pdf>)

UNFPA

- *HIV and young men who have sex with men* (<http://www.unfpa.org/publications/hiv-and-young-men-who-have-sex-men>)
- *HIV and young transgender people* (<http://www.unfpa.org/publications/hiv-and-young-transgender-people>)
- *Strategy on adolescents and youth* (<http://www.unfpa.org/resources/unfpa-strategy-adolescents-and-youth>)

UNICEF

- *Children as advocates: strengthening child and young people's participation in advocacy fora* (http://www.unicef.org/southafrica/SAF_resources_childrenadvocates.pdf)
- *Child and youth participation resource guide* (<http://www.unicef.org/adolescence/cypguide/>)

UN Women

- *Gender and AIDS web-portal* (<http://www.genderandaids.org>)

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