TURNING THE TIDE AGAINST HIV/AIDS: TARGETING YOUTH

An estimated 9 million people are living with HIV in the ESCAP region. While 1 million people in the region were newly infected in 2005, half a million lives were lost due to AIDS in the same year.

Young people are the hardest hit – half of all new infections have occurred among youth. In Viet Nam, 63 per cent of the people infected by HIV are under the age of 30. In Thailand, 50 to 60 per cent of new infections each year are among people under 24 years of age. While young people in general are vulnerable to HIV infection, the most at risk are those engaged in commercial sex and those injecting illicit drugs – the main drivers of the HIV pandemic in the region.

There is a high prevalence of HIV among brothel-based sex workers. In Cambodia, HIV among brothel-based sex workers accounted for 21 per cent of the total in 2003. In Viet Nam, the average prevalence of HIV among sex workers is about 16 per cent; in Mumbai, India, it remains above 50 per cent among female sex workers. Data from a number of Asian countries reveal that 32 to 74 per cent of female sex workers are below 25 years of age (figure 1). Young men who have sex with other men (MSM) are also at a high risk of HIV infection. In Bangkok, studies carried out in 2003 and 2005 found that the HIV infection rate among this group had increased from 17 to 27 per cent. Among transgender sex workers in Jakarta, HIV prevalence increased from 6 to 22 per cent in 2002.

Source: National behaviour surveillance data.

Data refer to 2003 or latest available year.

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1 The figure for the ESCAP region was obtained by adding the number of people living with HIV and AIDS in East Asia, South-East Asia, South Asia, Oceania, Central Asia and the Russian Federation (UNAIDS, 2005a).
HIV prevalence could rise further among injecting drug users (IDUs) (figure 2), as the sharing of injection instruments is a very effective way of transmitting HIV. Injecting drug use accounts for at least 40 per cent of all HIV transmission in China, Indonesia, Malaysia, Myanmar and Viet Nam. More than 50 per cent of injecting drug users in India, Thailand and Myanmar are aged 15-24.

- Biological and social factors render girls and women more vulnerable to HIV/AIDS. Young women constitute more than half the young people living with HIV in Asia and the Pacific. Research shows that, during unprotected sex, the risk of HIV infection is two to four times higher for women than men.

- Entrenched gender biases often deprive girls of education; as a result, girls and women have much less knowledge of HIV/AIDS than men. Also, early marriage and gender violence increase the risk of HIV infection among them.

- Adolescents and young people are poorly informed about sexuality, reproductive health and the consequences of unprotected sex or drug use. In a 2004 survey in China, 80 per cent of high school students said they had never participated in a course, or in extracurricular activities, at school related to HIV prevention.

- Access to essential health services is lacking in the region. For example, the coverage of voluntary counselling and testing services was less than 0.1 per cent of the population (aged 15-49) in Asia and the Pacific in 2003.

Why are youth so vulnerable?

Throughout the region the face of HIV/AIDS is becoming younger and more feminine. While most countries in the region have a national HIV prevalence below 1 per cent, vulnerable groups are much more prone to HIV infection due to globalization, poverty, gender discrimination and lack of access to information and health services. Figure 3 below shows aspects of the population at risk of HIV infection:

- Globalization and poverty increase population migration within and across countries in search of better economic opportunities. The majority of migrant workers are young people. Isolated from mainstream society and with little knowledge and few life skills, they are at risk of acquiring HIV as a result of unprotected casual sex and injecting drugs.
How to turn the tide against HIV/AIDS

Focusing HIV prevention on youth offers the greatest hope for containing the spread of HIV in Asia and the Pacific. To be effective, prevention efforts should go hand in hand with treatment and care.

1. Enhancing knowledge, skills and preventive services

Schools are the best channels for reaching the majority of teenagers and youth. Merely incorporating information on HIV/AIDS in the curriculum, however, is not sufficient. Schools should be encouraged to promote a life-skills approach, which emphasizes interactive teaching methods to encourage young people to face health risks and make responsible decisions.

There is no easy way to reach youth who are out of school. While workplace HIV/AIDS education can be an efficient way to reach some, community-based peer education would be more effective for targeting a larger segment of youth. Positive peer influence and the community approach – engaging parents, teachers, health workers, village leaders and religious leaders – can foster positive behaviour among young people.

Life skills-based education in schools and community settings needs to be complemented by providing access to youth-friendly health services, including the availability of condoms, the provision of voluntary and confidential HIV counselling and testing, and the treatment of sexually transmitted infections. Youth-friendly health services can be delivered through hospitals, clinics, community outreach services, schools, the workplace and youth centres.

2. Scaling up comprehensive services to those at risk

In September 2005 at the United Nations General Assembly, Governments resolved to move towards providing universal access to HIV prevention, treatment and care. To achieve this goal, it will be necessary to expand these comprehensive services for the populations most at risk. Countries that have targeted vulnerable groups have successfully contained the spread of HIV. For example, Cambodia and Thailand managed to reverse the spread of HIV through 100 per cent condom use among sex workers.

Investments in harm-reduction programmes that target IDUs have proven to be effective. These programmes typically include substitution therapy, the provision of clean injection instruments, access to health-care facilities, law enforcement and prevention education. Australia invested US$ 122 million in a needle-exchange programme during the late 1980s and 2000. It succeeded in preventing 25,000 HIV and 210,000 hepatitis C virus infections. More recently, the Government of China has announced plans to establish 1,400 needle-exchange sites and over 1,500 clinics for the treatment of drug users.

3. Improving policy coherence

Lack of policy coherence has been one of the major obstacles to scaling up HIV-prevention services for those most in need of them. While one ministry tries to promote safe and healthy behaviour among sex workers and drug users, another may arrest the same sex workers and drug users simply because they are in possession of a condom or a needle.

To ensure the effectiveness of HIV-prevention programmes, Governments also need to reform legal and policy frameworks, including decriminalization of HIV-related risk behaviour.

Where proactive and coherent policies do exist, there is often a gap between policies and implementation. Addressing this gap calls for wider engagement of the ministries of health with the ministries of justice, public security, law enforcement and other key actors that have not been part of the public health response to the AIDS pandemic.

4. Closing the resource gap

A comprehensive response to the AIDS pandemic in Asia and the Pacific will require an estimated investment of US$ 5.1 billion annually by 2007. It is estimated that only US$ 1.6 billion would be available. Most of it would come from bilateral donors, foundations and international institutions, including the Global Fund to Fight AIDS, Tuberculosis and Malaria.
To close the resource gap, significantly increased international assistance would be needed, particularly for the lower-income and the least developed countries. At the same time, domestic resources would have to be bolstered. Creative financing mechanisms, such as taxes on alcohol and tobacco, could be considered by countries. Also, better targeting of funds is needed in order to have a strategic impact on the AIDS pandemic. Funding should be prioritized for programmes and services for vulnerable and marginalized groups, including youth most at risk.

5. Addressing root causes of vulnerability

Poverty and gender discrimination are the root causes that endanger youth and other vulnerable groups with regard to the spread of HIV. Youth employment should be placed at the top of the national development agenda. Youth-oriented livelihood and income-generation projects need to be developed to prevent young people from seeking survival in the treachery of the streets and from exploitation by the sex industry.

Eliminating gender discrimination that subjects young girls and women to health risks requires strong political will and the full participation of society in order to change cultural and social norms as well as to do away with laws that perpetuate gender bias. It is crucial to build enabling environments for girls and women to fulfil their rights to sexual and reproductive health and to live a dignified life.

6. Initiating a pro-poor regional compact to fight HIV/AIDS

A “pro-poor” regional compact could be developed to ensure that essential commodities are available for vulnerable and marginalized populations, including young people. Access to condoms, antiretroviral therapy, treatment of opportunistic and sexually transmitted infections, and substitution drugs and clean needles at affordable prices is therefore a priority in scaling up prevention and treatment services. Furthermore, countries should fully utilize the flexibility and safeguards allowed under the Agreement on Trade-Related Aspects of Intellectual Property Rights to ensure their access to affordable life-saving medicines. Major producers of these drugs and supplies, such as China, India and Thailand, could consider the formation of a regional compact to make them available at prices which the poor and vulnerable groups, including youth, could afford.

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