HIV Prevention in Young People: Current Context, Opportunities and Challenges

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2. New opportunities

3. Key challenges

4. Where does mass media fit in?
The Global Epidemic in Young People

About 4.9 million young people were living with HIV in developing countries in 2008: 3.23 million young women and 1.64 million young men.

Estimated number and percentage of young people 15–24 years old living with HIV, by region, 2008:

- Young women
- Young men

Note: The size of the pie charts indicates approximately the number of young people living with HIV.

HIV Infections in Young People

- Of the estimated 33 million people living with HIV globally, about 4.9 million are young people aged 15 – 24 years.

- Two thirds of all young people living with HIV are young women

- 80% (4 million) of all young people living with HIV are in sub-Saharan Africa

- Globally, predominant modes of exposure to HIV infection are:
  - Sexual transmission
  - Injecting drug use
  - Perinatal infection
25 countries account for 85% of the epidemic in young people.
Opportunities

• **Declining prevalence in some high burden countries**: Noted in 22 of 30 high burden countries.

• **Male circumcision**: Since 2007, 14 priority countries (high HIV prevalence, low circumcision) initiated national plans to scale up access to medical male circumcisions. At least 175,000 performed by May 2010.

• **Investment in health systems**: Improving quality and availability of key services has brought more people into care. ART access scaled up through improvements from VCT/PITC to patient monitoring. Additional health interventions on horizon – microbicides, PrEP. Need to show that services are ready to ensure that young people benefit proportionately from service scale up.

• **Increasing school enrolment rate**: More young people accessible for strategically timed support for prevention. Must be combination of information, skills and services. Quality and adequacy of these need to be reviewed.
Key Challenges

• **Leadership commitment**: Insufficient leadership support for responsive prevention services for young people (harm reduction, prevention of sexual transmission)

• **Coverage and Access for Young People to Services**: Barriers to access to health services including age of consent laws. Inadequate investment in service delivery for young people. Improved age-disaggregation of service data will help highlight inequity in access and service gaps. More rigorous evaluation will inform changes required for better impact.

• **Reaching young people where they are**: Underutilization of schools as an entry point for improved service delivery to young people. Need for partnership arrangement between health and education sectors.

• **Young People in the Margins**: Continued discrimination against and marginalization of adolescents most at risk for infection (young people who inject drugs, young women who sell sex, young men who have sex with men)
Where does Mass Media Fit In?

- **Combination prevention** seeks to reduce new HIV infections by:
  - **Reducing risk for exposure** – behaviour change such as reduced frequency of sex or injection drug use, reduction in multiple partners,
  - **Reducing probability of transmission** – through use of commodities (condoms, clean needles and syringes) and services that lower efficiency of transmission (male circumcision)
  - **Reducing infectivity** – through services that decrease viral load

- **Behaviour change and service access and uptake** are critical for HIV prevention

- **Opportunity from mass media:**
  - Promotion of behaviour (change), use of services and social communication to further challenge/change norms, attitudes and practices through structured, consistent messaging.
  - Mobilization at large scale.
  - High penetration – reaching those who are hard to reach.
Lessons from Evidence 1998 - 2010

• Four Major reviews of mass media programmes for health (1998 – 2005)
  ▪ Mass media interventions and their impact on use of HIV testing (Vidanapathirana, 2005). Fourteen studies/evaluations reviewed concluded the interventions had significant immediate impact on use of services.
  ▪ Mass media effect on use of health services (Grilli, 2002). Twenty studies concluded mass media was effective in promoting use of effective services and discouraging use of non-proven services.
  ▪ Mass media on smoking cessation. Two reviews (Bala 2002, and Sowden 2005) noted highly variable quality in interventions.
  ▪ Two recent reviews (Snyder et al, 2009 and Wakefield et al, 2010) showed mass media programmes had greater effect when they ran longer and when combined with service scale up, interpersonal interventions (letters, calls, face-to-face support) and a supportive policy and legal environment.

• Key lesson:
  • Mass media effective in driving important short term changes but the quality of the intervention, its duration and the intensity of the programme, the degree to which it is linked to and reinforced by complementary interventions has a significant impact on the effect size.
Key Resources

- UNICEF, Progress for Children: Achieving the MDGs with Equity. September 2010
- Wakefield MA, Loken B, Hornik RC. Use of mass media campaigns to change health behaviour, Lancet, 376: 9748. pp 1261-1271. 9 October 2010
Thank You!