UNICEF’s partnership to prevent HIV among most-at-risk adolescents in CEE/CIS

The partnership

UNICEF, in collaboration with the London School of Hygiene and Tropical Medicine carried out a regional project to halt the spread of HIV among most-at-risk adolescents in seven countries of the Central and Eastern Europe and Commonwealth of Independent States (CEE/CIS) region: Albania, Bosnia and Herzegovina, Montenegro, the Republic of Moldova, Romania, Serbia and Ukraine.

Implementing a three-pronged approach that included research, advocacy and programme support, UNICEF, working closely with government and civil society at country level, succeeded in improving the lives of some 5,000 most-at-risk and vulnerable adolescents in these countries. In particular, the partnership’s evidence-based advocacy for changes in laws and policies has resulted in the removal of legislative barriers that had denied vulnerable adolescents access to services in several of the countries and has succeeded in the inclusion of most-at-risk adolescents in national AIDS strategies in all countries.

The challenge

The HIV epidemic has grown rapidly in the CEE/CIS region, with the number of people living with HIV tripling between 2000 and 2009. HIV infection rates in many countries of the region are among the fastest growing in the world.1 In these countries, the HIV epidemic is being driven by injecting drug use and risky sexual behaviour, and, increasingly, it is affecting most-at-risk and other vulnerable adolescents – those already shut out of society because of their poverty, ethnicity or family breakdown. Today, some pockets of most-at-risk adolescents in the region have infection rates on a par with the worst-affected populations in sub-Saharan Africa.

Until recently, research on the links between most-at-risk adolescents and the spread of HIV in the region was limited. As a result, there was little or no hard evidence to counter prejudice or guide policymakers on what works to reach this age group. Many vulnerable adolescents were ‘social ghosts’ on the fringes of society – neglected by policymakers and barely noted in HIV prevention schemes.

The most vulnerable young people are the least likely to know the risks or how to avoid them, the least likely to have access to services and the least likely to be adequately protected by policies and laws. These are uncomfortable truths in a region where, just one generation ago, drug abuse and sex work were uncommon and HIV was unknown. Very often, the response from policymakers, health services and the general public has been to exclude, blame and punish those at highest risk of HIV, instead of providing humane care and support.

Background

The goal of the ‘HIV Prevention among Most-at-Risk Adolescents in CEE/CIS’ initiative, launched in 2006, was to ensure the inclusion of these adolescents in their countries’ AIDS strategies and ensure their access to adequate prevention, health and social services. Because little was known about the links between adolescence and the spread of HIV, the initiative included a research component that was groundbreaking in its focus on most-at-risk adolescents, an age group that had proven very challenging – because of parental consent laws, difficulty in reaching adolescents and other reasons – and so had often been ignored in previous studies.

The project was initiated by UNICEF’s CEE/CIS regional office (RO) in close coordination with country offices and their government partners. It first consisted of researching the situation of adolescents in each country taking part in the project. This was carried out by UNICEF country offices in partnership with local non-governmental organizations (NGOs) and academic institutions. Under the leadership of government partners, UNICEF country offices also established national-level multi-stakeholder advisory boards, consisting of representatives from government, civil society and academia, to supervise, coordinate and support the research.

The UNICEF regional office provided leadership and overall coordination across countries, particularly in the research methodology. It engaged the London School of Hygiene and Tropical Medicine (LSHTM) to provide essential technical support to the country-level research teams. LSHTM guided the development of a variety of research methodologies and built the capacity of research teams, providing them with tools and ongoing support. It tailored technical support to specific country needs and ensured quality assurance of data collection and analysis. UNICEF also promoted learning and knowledge exchange across countries by organizing regional workshops and comparing data between countries. At least 20 studies were carried out by research teams in the seven project countries. Based on the findings, LSHTM co-authored and published several journal articles thus promoting the issue in academic forums.

Following the research phase, UNICEF and partners reviewed the evidence generated and carried out advocacy activities to promote the inclusion of most-at-risk adolescents in national AIDS strategies and related monitoring and evaluation frameworks, budgets and programmatic interventions.

Activities

The project included various research methodologies and always supported a reflective process that allowed for inquiry and discussion among partners. It took the form of collaborative activity among stakeholders searching for solutions to the challenge of HIV prevention among most-at-risk adolescents. The research teams under UNICEF RO and LSHTM’s guidance undertook the following activities:

- Comprehensive desk research, which aimed at reviewing the available data and information on these population groups, their behaviour, their behavioural determinants and their service coverage;
- Review of existing policy and legislation with regard to service development, delivery and access for most-at-risk adolescents, and to identify barriers and gaps;
• Situation analysis of gender-specific issues;
• Behavioural research among most-at-risk adolescents;
• Analysis of stakeholders which consisted of assessing the willingness and capacity of local partners to strengthen services and scale-up interventions for most-at-risk and other vulnerable adolescents;
• Capacity needs assessments of potential service providers from all sectors.

This research confirmed that growing numbers of the region’s adolescents were being drawn into sex work and drug abuse – risks that often overlap – as a way to cope with family problems, poverty and a sense of isolation, creating a vicious cycle of risk and vulnerability to HIV. For instance, around 20 per cent of all female sex workers in Ukraine are under the age of 19, and up to 30 per cent of young drug users surveyed were found to have been under 15 when they first injected drugs.

Based on the evidence generated by the research teams, UNICEF, government partners and civil society undertook advocacy activities including:

• Promoting changes in policies, strategies and legislation in line with the bottlenecks and barriers identified in the review;
• Persuading policymakers and service providers to recognize the needs of most-at-risk adolescents and provide them with improved prevention, health and social services;
• Advocating for the inclusion of most-at-risk adolescents in grant proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria and other foundations, as well as in monitoring and evaluations systems.

UNICEF trained decision makers and service providers to foster their understanding of the needs of most-at-risk adolescents and develop their skills and knowledge to support provision of improved services for adolescents. UNICEF also worked in collaboration with local leaders, NGOs and communities, which were organized in sub-national advisory boards, to develop plans addressing the needs of adolescents.

Results

The efforts of the partnership contributed to the following achievements:

• Capacity of local researchers has been strengthened to document strategic information related to adolescent risks and vulnerabilities to support advocacy and policy development.
• Increased understanding among policymakers of adolescent vulnerabilities and needs, and the importance of reducing prejudice and stigma, in particular for street-connected youth.
• Model approaches for working with adolescents have been developed, together with improved quality of programming through strengthened capacity of civil society organizations and service providers to address the specific needs of most-at-risk adolescents.

4 Douthwaite, Megan, and JoannaBusza, Injecting Drug Users Aged 18–24 Years in Albania, Moldova, Romania and Serbia: Characteristics and risk behaviours, London School of Hygiene and Tropical Medicine, paper submitted for publication, 2010
• All seven countries now include adolescents in their national AIDS strategies (present or planned). In addition, National Action Plans for most-at-risk adolescents have been developed in Albania, the Republic of Moldova and Ukraine.
• Laws have been revised, lowering the age at which parental consent is required for accessing HIV testing in Bosnia and Herzegovina and Ukraine, as well as revising some drug-related laws in Albania, the Republic of Moldova and Serbia.
• Standards and protocols for youth-friendly health services with a focus on most-at-risk and other vulnerable adolescents have been approved in Montenegro, the Republic of Moldova and Ukraine.
• Standards and protocols for outreach services for most-at-risk adolescents have been approved in Romania and Serbia.
• National surveillance systems have collected data on 15–19-year-olds in Serbia and Ukraine. Other countries will include most-at-risk adolescents in future surveillance and monitoring.

Lessons learned and way forward

This regional initiative demonstrates the value of engaging with a renowned research institution as well as with governments, researchers, civil society and vulnerable adolescents themselves to develop effective policies and programmes around HIV prevention. The partners were successful in raising awareness because their assertions were backed up by the strong evidence of their research. The partnership’s contribution to regional and global knowledge on HIV prevention among most-at-risk and other vulnerable adolescents has been significant.

The partnership was innovative in several ways. First, it addressed the issue of most-at-risk adolescents, especially those involved in injecting drug use and risky sexual behaviour, both sensitive topics in the region. Secondly, by using a variety of population-tailored research methodologies, with full participation of local stakeholders, UNICEF and partners were able to ensure ownership of the results at national level, particularly by governments. This provided a strong basis for policy advocacy efforts. Moreover, by taking a regional approach, UNICEF and partners were able to provide technical guidance, a sense of common purpose and timely sharing of lessons and expertise to country-level partnerships. The UNICEF regional office’s leadership, with LSHTM’s technical guidance and overall coordination of research teams was essential to the success of the initiative, providing the necessary expertise to strengthen national capacity.

UNICEF and its partners are now poised to build on these already impressive achievements and expand both within and beyond the CEE/CIS region. For instance, UNICEF Regional Office for CEE/CIS has received support from the European Union to strengthen HIV testing and counseling services for most-at-risk adolescents in five countries of the region and has received support from the Dutch National Lottery to build “Circles of Solidarity”, linking health and social services to better meet the needs of vulnerable and at-risk adolescents, in Ukraine and Moldova. And in the East Asia and Pacific region, UNICEF has developed a course on most-at-risk young people for policymakers, programmers and providers in partnership with the University of Melbourne.