



The importance of sexual and reproductive health and rights to prevent HIV in adolescent girls and young women in eastern and southern Africa

Evidence brief



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Acronyms and abbreviations

AGYW	adolescent girls and young women
CCM	Country Coordinating Mechanism
CSE	comprehensive sexuality education
DREAMS	helping girls develop into determined, resilient, empowered, AIDS-free, mentored and safe women
ESA	eastern and southern Africa
FP	family planning
GBV	gender-based violence
GFF	Global Financing Facility
Global Fund	the Global Fund to Fight AIDS, Tuberculosis and Malaria
HPV	human papillomavirus
M&E	monitoring and evaluation
MHSS	Ministry of Health and Social Services of Namibia
MPii	Microbicide Product Introduction Initiative
PEPFAR	The United States President's Emergency Plan for AIDS Relief
PrEP	pre-exposure prophylaxis
RTI	reproductive tract infection
SRH	sexual and reproductive health
SRHR	sexual and reproductive health and rights
STI	sexually transmitted infection
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

Background

The AIDS epidemic continues to disproportionately affect sub-Saharan Africa, especially eastern and southern Africa (ESA). The ESA region has only 6.2% of the world's population, but is home to half of the world's people living with HIV (1). In 2015, the region accounted for 46% of the world's new HIV infections and 42% of global AIDS-related deaths (2). An estimated 90% of new HIV infections among adults and young people in the ESA region occurs through sexual transmission (3).

Over the last several years, countries in the ESA region have made significant and commendable progress in preventing mother-to-child transmission (PMTCT) of HIV and in scaling up HIV treatment efforts. However, despite these gains, there have been no significant reductions in new HIV infections and the region continues to be the hardest hit by the epidemic, highlighting the need to place stronger emphasis on HIV prevention.

The risk of HIV infection among adolescent girls and young women (AGYW)¹ in the ESA region is of particular concern. The 2016 UNAIDS World AIDS Day report, *Get on the Fast-Track – The life-cycle approach to HIV*, stated that efforts to reduce new HIV infections among young people and adults have stalled, threatening to undermine progress towards ending AIDS as a global public health threat by 2030 (4). Between 2010 and 2015, the number of new HIV infections among young people and adults has not decreased rapidly enough, and remains unacceptably high among young girls and women (10–24 years old). In 2015, there were approximately 4500 new HIV infections weekly among AGYW in the ESA region, double the rate for adolescent boys and young men (5). AGYW continue to experience elevated HIV risk and vulnerability. AIDS-related illnesses are also the leading cause of death among women and girls of reproductive age (6). The cycle of heterosexual HIV transmission from older men to younger women and girls, and the particular biological and socioeconomic vulnerabilities of AGYW are some of the reasons for the disproportionately high burden of HIV infections among AGYW (7). This underscores the critical need for HIV prevention interventions and approaches that can effectively reach this population while helping them to realize their aspirations.

A growing number of organizations and financing mechanisms as well as national governments are working to respond to this challenge through policy frameworks, programmatic interventions, and funding initiatives specifically targeted to AGYW. Many of these efforts emphasize the critical importance of a comprehensive approach that goes beyond an HIV-prevention agenda, and the need for partnerships to successfully combine programme elements across domains. These could include other health areas such as sexual and reproductive health and rights (SRHR), as well as education and financial security. Governments and donors are looking for effective approaches and ways to scale them up nationally so they can have a real, sustainable and long-term impact on the lives of AGYW.

Some evidence exists regarding the effectiveness of specific interventions to help AGYW manage their HIV risk. Core areas of action that target both risk and vulnerability reduction include information to develop knowledge; opportunities and support to develop life skills and independence; appropriate and accessible health services for young people; and the creation of a safe and supportive environment and promotion of gender equality. More specifically, there are several evidence-based interventions that support a continuum of care which could be adapted or built upon to meet the multiple health needs of AGYW (8). These interventions include school-based comprehensive sexuality education (CSE), community-based CSE to take into account the large numbers of adolescent girls who are not in school, and provision of quality sexual and reproductive health (SRH) services, with efforts to create safe and supportive youth-friendly environments at schools, health-care facilities and other venues in the community. The role of parents, guardians and grandparents in providing safe and nurturing environments at home also remains essential to the well-being of AGYW (8).

1. Adolescent girls and young women (AGYW) are defined in this document as female persons 15–24 years of age, inclusive. It is acknowledged that countries may have other definitions under their respective national laws.

Packages of integrated interventions for AGYW can include efforts to address early and/or unintended pregnancy, unsafe abortion, sexually transmitted infections (STIs), violence against women and girls, and efforts to combat harmful practices such as child marriage and female genital mutilation (FGM). Implementing and scaling up integrated packages of interventions that include HIV prevention for AGYW, however, remains a particularly complex and critical challenge.

Regional consultation for eastern and southern Africa: overview

The World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), in collaboration with the United States (U.S.) President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID), co-convened a regional consultation to elaborate approaches and strategies for reaching AGYW in the ESA region with HIV prevention in the context of sexual and reproductive health and rights (SRHR), and in light of current policy and funding opportunities. The meeting was hosted by the Ministry of Health and Social Services (MHSS) of Namibia, which has taken a leadership role in addressing the HIV epidemic among AGYW as the "Stay Free" ambassador (with a focus on stopping the cycle of new infections among AGYW) for the Stay Free, Stay Free, AIDS Free framework (see Box 1). It was held in Windhoek, Namibia, on 1–3 February 2017.

The consultation brought together more than 190 participants from the Namibia MHSS, the Ministry of Sport, Youth and National Service, the Ministry of Education, Arts and Culture, representatives of national AIDS programmes from 12 selected ESA region countries,² members of civil society including youth representatives, and researchers. Participants were also drawn from the regional and international staff of the DREAMS Partnership and the Microbicide Product Introduction Initiative (MPii) (see Box 1), the Bill & Melinda Gates Foundation, the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), and from global, regional and country offices of United Nations (UN) agencies, including WHO, UNAIDS, the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF) and the United Nations Educational, Scientific and Cultural Organization (UNESCO). Through plenary presentations involving all participants and separate small-group discussion sessions among country teams, participants worked together to deepen their understanding of ongoing efforts to link HIV prevention and SRHR programmes for AGYW.

Participants at the consultation also discussed how to tailor a package of evidence-based, integrated programme interventions to particular sites and country contexts where some of these efforts may not yet have started. Discussions also considered how to operationalize an integrated approach to reaching AGYW that can be incorporated into country proposals for HIV funding, including current opportunities from PEPFAR (9) and the Global Fund (10).

All participants benefited greatly from dynamic presentations made by the Minister of Health and Social Services, Hon. Dr Bernard Haufiku, and Her Excellency the First Lady of the Republic of Namibia, Madame Monica Geingos, who each offered eloquent, frank and personal speeches about the critical importance of reaching young people, and of working with and listening to them. Madame Geingos described the partnership among government agencies that has helped AGYW in Namibia, and the importance of meeting young people where they are – in familiar and comfortable settings – and through language and media they use. Dr Haufiku stressed the overarching

2. Botswana, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Uganda, United Republic of Tanzania, Zambia, Zimbabwe. These 12 countries were selected for participation in the consultation because they had six or more of the strategies, frameworks, partnerships and funding mechanisms relevant for integrated SRHR–HIV interventions for AGYW listed in the table in Annex 1.

benefits to AGYW of staying in school, and described his collaboration with the Ministry of Education, Arts and Culture to strengthen school access and retention for girls in Namibia. He stated his commitment to strengthening linkages with SRHR, and reminded participants that while it is important to accommodate the concerns of conservative voices as far as possible, those elements must not be allowed to block services for AGYW. The U.S. Ambassador to Namibia, His Excellency Mr Thomas F. Daughton, underscored the importance of placing AGYW at the centre of the AIDS response. He commended Namibia for its leadership in addressing HIV among AGYW, expressed support for the linkages between SRHR and HIV programming, and pledged ongoing support, including PEPFAR's commitment to directing additional funds to programmes working with AGYW in Namibia (11).

Steps to develop a comprehensive approach to HIV prevention for AGYW in the context of SRHR

This technical brief summarizes the key concepts and policy-level efforts related to reaching AGYW with HIV prevention through integrated SRHR–HIV approaches. It builds on the discussions and outcomes at the regional consultation, structured according to the following five steps:³

1. Build on current commitments and national priorities
2. Ensure a comprehensive approach
3. Review evidence-based interventions for AGYW
4. Operationalize and evaluate multisectoral approaches: country strategies
5. Identify funding opportunities.

1. Build on current commitments and national priorities

This step involves the following tasks:

- Map the context, including identifying relevant global, regional and national initiatives and frameworks, as well as strategic links with national priorities.
- Map stakeholders and partnerships that could help advance the national targets and goals.
- Define the steps that will be required to gain stakeholder buy-in, and to form and strengthen partnerships and coordination mechanisms.

HIV programmes have seen some impressive successes; for example, in making HIV testing and antiretroviral

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