



UPDATEYOURSTATUS

BE THE TREND, TAKE THE TEST

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A call for more effective investment and research into the provision of youthfriendly HIV testing services and HIV education.

Executive Summary

Today, young people are one of the groups most affected by the HIV epidemic, yet they are the least likely to get tested. This paper calls on funders and decision-makers to recognise the primary and secondary prevention benefits of early and regular HIV testing, and to prioritise HIV testing as a vital gateway for the improved sexual health of young people and the prevention of HIV. Regular testing for HIV allows for early detection, promotes healthy behaviour change, reduces onward transmission, and is the most effective way to ensure young people who are HIV-positive are given support to begin antiretroviral treatment (ART) and remain healthy.

We recommend effective investment into:

1. Youth-friendly HIV testing and promotion activities
2. Research to assess the barriers and challenges preventing young people from accessing HIV testing
3. HIV education and awareness for young people to encourage uptake of HIV testing.

The global response to HIV has reached a pioneering moment¹. Scientific advances and progress to take control of the epidemic in many countries now mean the number of people living with HIV receiving life-saving antiretroviral treatment is overtaking annual new HIV infections globally.

Yet, of the estimated 35.3 million people worldwide living with HIV, only around 50% know their HIV status², and vulnerable groups, such as young people, continue to be left behind. In order to move forward and maximise on the advances made in using treatment as prevention (TasP), we must invest in new efforts, resources and policies to break the chain of transmission. Regular HIV testing is a vital gateway for young people to take control early in their sexual life and empower them to take the necessary steps to protect their own health and that of others.

What makes young people vulnerable?

In 2012, young people (aged 15-24) accounted for 39% of all new HIV infections worldwide and an estimated 5.4 million young people were living with HIV, 15% of the global total. Since 2001, AIDS-related deaths have doubled among this group.³ This trend is the result of poor prioritisation of young people in prevention efforts and scale-up of HIV treatment, and also a shortfall in targeted services to catch them early in their sexual lives, such as HIV testing and counselling services (HTC).⁴ This puts young people at risk of late diagnosis, or going undiagnosed altogether. As a result, many young people access life-saving treatment late, if at all, affecting their health and increasing the risk of onward transmission to others.

Young people are often denied or cannot access the tools or knowledge to protect themselves and their peers from HIV. In some regions, cultural norms such as child marriage and early sexual debut, poor and inadequate access to schooling, sugar daddy culture, drug use, transactional sex, and poor health systems, severely impact upon young people's right to HIV knowledge. It must be recognised that young people are having sexual relations at an early age - for example in many West African countries 25% of girls are sexually active before age fifteen⁵ - and should not be denied access to resources that can protect their sexual health, such as HIV testing.

Why don't young people test for HIV?

Testing is a critical gateway to HIV services and life-saving antiretroviral treatment, yet many young people continue to fall through the gaps and do not get tested. There are a number of reasons for this including:

Structural and cultural barriers

Factors such as affordability, physical accessibility, and geographic availability act as significant barriers to HTC for all people living with HIV, including young people. In many contexts, there is a shortage of testing centres or they are difficult to reach, and they may have inconvenient opening times, poor facilities or unapproachable staff. A survey of health facilities across Zambia reported that although HTC was integrated in most of the country's health facilities, only 15% provided youth-friendly services (YFS).⁶ A lack of funding and space to provide separate services for young people often limits their availability.

In some countries, age of consent for HIV testing, parental consent laws and cultural taboos relating to sex further inhibit access to HTC for young people.⁷

A lack of HIV knowledge

Without knowledge about HIV and how it is transmitted, many young people do not understand the importance of knowing their HIV status. They may think HIV does not affect them and are unaware of their potential exposure. In sub-Saharan Africa, HIV knowledge is particularly low - 36% for young men and 38% for young women.⁸ In the UK, 49% of young people answered 'no' when asked if they had learnt all they needed about HIV and AIDS in school.⁹

Case study - Why are young people not testing for HIV in Malawi?

- Afraid they will be diagnosed with HIV and will be worried.
- Lost hope because they think they are HIV-positive because of their sexual behaviour.
- They do not think they have HIV.
- They know people who have committed suicide on their way to a testing centre.
- Are prevented from going by religious groups.
- Are unaware of the availability of testing services.

(Malawi Government Country Progress Report 2012)

HIV testing fears

Many young people who have considered going for an HIV test do not because they fear:

- The unknown - they do not know what happens during a test
- The results of their test
- A lack of confidentiality
- Being judged by unsupportive testing staff
- Abuse or violence from their partners or family
- The stigma and discrimination often associated with being HIV-positive.¹⁰

Uptake of HIV testing among young people?

Globally, HIV testing uptake among young people differs markedly, and is yet to be seen as a universal norm among those who are sexually active. For example, in Burundi, Namibia and Swaziland, where the age of consent for HIV testing is 18, only 15-17% of girls aged 15-19 and 3-10% of boys have been tested for HIV.¹¹ In countries such as Lesotho, Malawi and Rwanda, where the age of consent is lower, with relaxed parental consent laws, testing coverage is significantly higher – 42-43% for girls, and 18-37% for boys, although this is still unacceptably low.¹²

In countries where HTC services are less restricted, uptake among young people typically lags behind that in adults. This applies in both developing and developed countries. For example, in Malawi, the number of young people who test for HIV is half that of 30-34 year olds.¹³ In England, HIV testing uptake is lower for people under the age of 24 than for any other age group, excluding over 65s.¹⁴

Yet, accessing HIV testing early in their sexual life plays a critical role in breaking the cycle of HIV infection among young people. Young people who are aware of their HIV status are more likely to make behaviour changes to prevent the onward transmission of HIV to others (TasP) and present for treatment earlier before they get too ill.^{15 16}

Investment into testing for young people?

Most major funders of the HIV response integrate reporting of HIV testing expenditure into prevention programme expenditure. It is therefore difficult to ascertain the allocation for HTC globally, let alone youth-specific HTC.

Since 2010, the world's largest HIV funder, the Global Fund to Fight AIDS, TB and Malaria, has increased its spending on testing and counselling by 42%.¹⁷ However, their 2012-2016 'Investing for impact' strategy does not outline priority groups for HTC targeting, although HTC is identified as one of four priority spending areas for HIV and AIDS.¹⁸ Increasing access to and uptake of HTC is a key component of the PEPFAR Blueprint: Creating an AIDS Free Generation¹⁹ goal to scale up combination prevention and treatment. It prioritises HTC as a gateway to interventions for PMTCT for pregnant women, VMMC for men and services for discordant couples.

The exclusion of young people as a targeted group by both these major funders represents an oversight. We believe that the prioritisation of HTC for young people would improve the delivery and impact of current and future HIV interventions. Investments into youth-friendly HTC demonstrate value for money,²⁰ as early and regular testing will improve HIV detection rates in young people. This will create the opportunity to encourage young people to adopt risk-reduced sexual practices, thus reducing the overall burden of sexually transmitted infections (STIs) and HIV.

The Investment Framework - a people-centred investment tool towards ending AIDS²¹ - makes some important recommendations regarding effective investment into HIV testing provision, which should be considered by donors when addressing the exclusion of young people:

- Community-based approaches and mobilisation efforts can increase coverage and significantly reduce cost of HTC
- Integrating HTC services into existing health centres can reduce high overhead and management costs of stand-alone facilities.

How to increase uptake of youth HIV testing?

Innovating sexual health education and information

Providing comprehensive sexual health education (CSE) teaches young people to adopt behaviour changes that protect themselves and others from HIV. It also has a range of societal benefits including reduced stigma, discrimination and gender inequality.²² Moreover, sex education is a cost-effective means of HIV prevention.²³

While school-based CSE programmes have faced inconsistencies in information provision, and cultural sensitivities restrict open discussion about sex,^{24 25} youth peer education (YPE) has proved to be an effective approach in getting young people to test for HIV. Research from Zambia and the Dominican Republic showed how YPE lead to higher HIV knowledge, increased condom use, and lower levels of stigma and discrimination towards people living with HIV.²⁶

Advances in technology have enabled health information and services to be delivered in more innovative and cost-effective ways. With the mobile revolution in regions like sub-Saharan Africa, the implementation of text message (SMS),²⁷ telephone services and mobile apps²⁸ can enable young people to access information and advice on HIV testing more readily.²⁹

Case study - Young People's e-Aid on HIV Testing and Counseling (Yeah!), Namibia

Research by the Namibian government found that while knowledge about where to get an HIV test was high, uptake among young people (aged 15-24) was low.

Among the barriers to testing identified included fear; low risk perception; lack of transportation and unavailability of testing services at the weekend.

Yeah! is an app developed by a local IT company to overcome these barriers by:

- Assessing the level of HIV risk of the user
- Explaining the steps of HIV testing
- Making clear implications of being HIV-positive or negative
- Providing information on sexual and reproductive health.

(UNICEF, 2013)

Rethinking how services are provided

Decentralising HIV services can break down some of the physical barriers to HTC and strengthen referral systems by shifting care from hospitals to localised healthcare centres. This means people who test positive for HIV can be referred for antiretroviral treatment at the same clinic they have undergone HIV testing.³⁰

Creating links between sexual and reproductive health (SRH) and HIV services has also shown to increase access to, and uptake of HTC and encourage behaviour change such as increased condom use.³¹ Allowing young people to access both HIV services (including HTC) as well as SRH in the same healthcare facility increases their retention in testing, and later, treatment and care.

However, services must be sensitive to the needs of young people - have suitable opening times, and be located where they feel safe and comfortable accessing them. Healthcare workers must be trained to meet the needs of young people, in order that they do not face stigma, judgement, or a breach in confidentiality.³²

A number of studies have found that people are more likely to engage in community-based testing than provider-initiated testing, especially first time testers. The majority of first time testers are young people who have started to explore sexual relationships.³³

It is important that funding is made available for research into the most effective ways of getting young people to test for HIV, and to encourage the normalisation of HIV testing for this age group.

Case study – Community-based HIV testing, Umunthu Foundation, Malawi

The Umunthu Foundation in Malawi is a community-based organisation providing HTC at three sites (two government health centres and their offices) in a peri-urban area of Blantyre.

One of the biggest groups accessing HTC through Umunthu is young people - one third of the total of 40,000 test conducted since AVERT began funding the project in 2010. They attribute the take-up rates to the youth-friendly nature of their HTC services and related activities and their location in the heart of the community.

Umunthu conducts community and school-based education and outreach work with young people to sensitise them about testing and break down myths, for example through anti-AIDS youth groups, sports activities and peer education.

(AVERT, 2014)

What needs to be done?

We call upon funders and decision-makers to ensure HIV testing is prioritised as a crucial gateway for young people to improve their health and break the chain of transmission among their peers.

We recommend effective investment into:

1. Youth-friendly HIV testing and promotion activities
2. Research to assess the barriers and challenges preventing young people from accessing HIV testing
3. HIV education and awareness for young people to encourage uptake of HIV testing.

Update Your Status

This paper is part of AVERT's Update Your Status campaign. Alongside targeting donors, Update Your Status (UYS) calls on young people to test for HIV and make HIV testing a regular part of their sexual health. Update Your Status does this by promoting the benefits of HIV tests and tackling the reasons why young people aren't testing.

UYS campaign: www.avert.org/update-your-status.htm
UYS game: www.avert.org/update-your-status/
Facebook: www.facebook.com/avertAIDS
Twitter: [@AVERT_org](https://twitter.com/AVERT_org)

For more information about Update Your Status, please contact updateyourstatus@avert.org

AVERT - Who we are

AVERT is an international HIV and AIDS organisation based in the UK. We work in three areas:

AVERT.org

An award-winning website, providing clear and impartial information about the global HIV epidemic.

Information & Campaigns

Providing information and advice to people concerned about HIV and AIDS, keeping abreast of HIV and AIDS developments, and developing campaigns to help strengthen the response.

Overseas partners

We work with community organisations in sub-Saharan Africa to implement projects designed and run by local people to respond to the challenges of HIV and AIDS.

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