

Linking HIV & SRH programmes for adolescent health

1. More effective & better linked HIV & SRH programmes would make good sense for the world's adolescents



- **1.2 billion adolescents (10-19 years) in the world today**
- **Largest number in the history of mankind**
- **1 in 5 global citizens is an adolescent**

Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, *World Population Prospects: The 2008 Revision*, <http://esa.un.org/unpp/>



6.1 million adolescent girls aged 15-19 have unintended pregnancies every year.

DFID/UK Aid. Choices for women: Planned pregnancies, safe births & healthy newborns. 2010.

569,000 women aged 10-24 are infected with HIV every year (i.e. 64% of 890,000 young people).

UNAIDS/WHO. Report on the global AIDS epidemic. 2010.



Millions of adolescent girls (10-19) are coerced into having sex every year.

WHO. Multicountry study on women's health and domestic violence against women. WHO. 2005.



4.9 million young people aged 15-24 living with HIV need information and services for pregnancy prevention & pregnancy care (including PMTCT)

UNAIDS/WHO. Report on the global AIDS epidemic. 2010.

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2. Linking SRH & HIV programmes makes good sense for those who deliver them to adolescents



Linking HIV & SRH makes good sense



School-based sexuality education



Community action to change social norms



Adolescent friendly health service provision

Linking HIV & SRH programmes for adolescent health

1. More effective & better linked HIV & SRH programmes would make good sense for the world's adolescents
2. Linking SRH & HIV programmes makes good sense for those who deliver them to adolescents
3. How effective & how linked are SRH & HIV programmes, from the perspective of adolescent health ?



National HIV & SRH programmes Effectiveness & linkages score card

(from an Adolescent Health perspective)

Work areas	Scores
Epidemiology & programmatic data	2/10
Policies & strategies	5/10
Health service provision	3/10
Sexuality education & life skills building	6/10
Structural interventions (individual asset building, changing social norms, overcoming economic constraints)	2/10

Sources:
 WHO's Maternal, Neonatal, Child & Adolescent Health Survey, 2010
 UNICEF's Most At Risk Adolescents Pilot Policy and Programme Effort Index, MENA region, 2010.
 UNFPA's Assessment of the state of SRH programming for young people in 20 countries, 2010

National Reproductive Health Programme

(A little) more than before
 More upstream than down stream
 More in some areas than in others

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3. How effective & how linked are SRH & HIV programmes, from the perspective of adolescent health ?
4. Why SRH & HIV programmes are weakly linked



Why SRH & HIV programmes are weakly linked

Separate funding streams

Separate measures of effectiveness

Separate programmes





Vision

Incentives

- Financial support
- Technical support

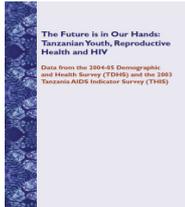
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2. Linking SRH & HIV programmes makes good sense for those who deliver them to adolescents
3. How effective & how linked are SRH & HIV programmes , from the perspective of adolescent health ?
4. Why SRH & HIV programmes are weakly linked
5. What WHO is doing to strengthen linkages between SRH & HIV programmes for adolescent health



Strategic information

- We are supporting countries to gather, analyse & use data for advocacy & to shape policies & programmes.

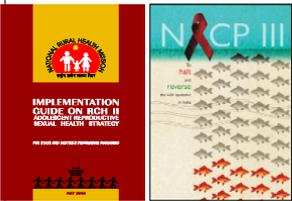


"Many Tanzanian young people are sexually active. Among youth, knowledge of RH and HIV is high. However, the practice of protective behaviours is less common. More must be done to move young people from awareness and knowledge to actual behaviour change".

Ministry of Health and Social Welfare, Tanzania. The future is in our hands: Tanzanian youth, RH and HIV. Tanzania. Undated.

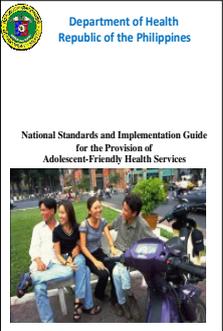
Supportive policies & strategies

- We are supporting countries to ensure that national SRH & HIV policies and strategies are based on sound evidence & on accurate epidemiology, & are consistent.



Services & commodities

- We are supporting ministries of health to scale up the provision & utilization of quality adolescent friendly health services.



Key health outcomes & corresponding package of health service

Preventing too early pregnancy	<ul style="list-style-type: none"> • Information & counselling • Contraceptive provision (incl. condoms) • Emergency contraceptive provision • Pregnancy testing
Prevention of maternal mortality & morbidity	<ul style="list-style-type: none"> • Antenatal care • Care during child birth • Post natal care • Post abortion care
Preventing HIV infection	<ul style="list-style-type: none"> • Information & counselling • HIV testing • STI management • Condom provision

Supporting other sectors

- We are supporting ministries of health to
- engage & support other sectors & civil society bodies
- to make complementary contributions to SRH & HIV.

jueves 18 de noviembre de 2010

Educación sexual integral será incorporada al currículum de la Educación Básica en Venezuela



Temas como el embarazo adolescente, las infecciones de transmisión sexual y el VIH/SIDA, entre otros, son abordados actualmente por las autoridades del Ministerio del Poder Popular para la Educación como parte de la discusión de las líneas estratégicas curriculares para la enseñanza de la sexualidad en el subsistema de Educación Básica. La actividad, que se realiza hasta este viernes en la sede del ente educativo, tiene como finalidad precisar las líneas estratégicas que serán incluidas en el Desarrollo Curricular que adelanta el ministerio para su posterior aplicación en las aulas de clase.



Linking male circumcision programmes to sexuality education & gender training

Intervention Package	Basic (A)	Semi-expanded (B)	Expanded (C)
Focus	HIV	HIV & Sexuality	HIV, Sexuality & Gender
Essential Elements	<i>While their objectives differ somewhat, each package has varying degrees of critical reflection on gender norms, information on HIV/AIDS, and skills-building depending on conditions and resources (i.e.: participants, time, staff, setting, materials, etc.)</i>		
Objectives	Provide and, if possible, promote use of accurate information on HIV/AIDS and basic SRH	Provide and promote use of accurate information on HIV/AIDS and basic SRH with emphasis on sexuality	Provide and promote use of accurate information on HIV/AIDS, sexuality and critical reflection of gender norms
Target Group	Boys and young men (10-12 yrs; 13-15 yrs; 16-19 yrs)		
Secondary Target Groups		Girls (10-19 yrs) (within- and/or between-group)	+ parents, teachers (between-group)
Activities (will depend on resources available)	Impart information and, if possible, skills-building exercises	Conduct group workshops and, if possible, promote peer education activities	Conduct group workshops, promote peer education activities and, if possible, include entertainment education
Duration	5 to 10 hours	10 to 20 hours	20 to 40 hours
Setting	Health Clinic	Health Clinic, School, Community center	Health Clinic, School, Community center, Camp retreat

More effective & better linked SRH & HIV programmes to meet their needs, and to fulfil their rights.

