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SECURING THE FUTURE TODAY

Synthesis of Strategic Information on HIV and Young People

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JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS
UNHCR UNICEF WFP UNDP UNFPA UNODC ILO UNESCO WHO WORLD BANK

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Synthesis of Strategic Information on HIV and Young People

By Global Interagency Task Team
on HIV and young people

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Abbreviations

AIDS	acquired immunodeficiency syndrome
HIV	human immunodeficiency virus
MDG	Millennium Development Goal
NCPI	National Composite Policy Index
NGO	nongovernmental organization
STI	sexually transmitted infection
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Contents

Executive Summary

This report comes 30 years into the epidemic and 20 years into the global AIDS response. It comes in the year in which the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS and universal access to HIV prevention, treatment, care and support targets (2010) are to be achieved, and it comes with only four years remaining to achieve the Millennium Development Goals (MDGs). This report shows that these global commitments will be achieved only if the unique needs of young women and men are acknowledged, and their human rights fulfilled, respected, and protected. In order to reduce new HIV infections among young people, achieve the broader equity goals set out in the MDGs, and begin to reverse the overall HIV epidemic, HIV prevention and treatment efforts must be tailored to the specific needs of young people. The legal and policy barriers that prevent young people from accessing HIV services must be addressed, and young people should be engaged more effectively in the response.

Young people aged 15–24 years are at the forefront of the epidemic. They accounted for 41% of all new HIV infections among adults in 2009; 5 million (4 300 000–5 900 000) young women and men were then living with HIV. Young women are particularly vulnerable to HIV, and they disproportionately account for 64% of HIV infections among young people worldwide. Additionally, there must be a focus on young people who inject drugs, young sex workers, and young men who have sex with men, as these key populations[a] are at higher risk of HIV exposure.

There are encouraging signs that HIV-prevention efforts are making a difference. A positive change in sexual behaviours, accompanied by declines in HIV prevalence among young people in the most affected countries, indicate that effective services and programmes do exist. This should not be cause for complacency, however. Instead, these successful services and programmes should be built upon to further efforts to reverse the epidemic among young people. These efforts should include the promotion of responsible sexual behaviour; the revision and enforcement of policies that meet human rights standards; and the removal of legal barriers to accessing HIV prevention, treatment and care services. A comprehensive package of services is required, consisting of increasing the availability and correct and consistent use of condoms; the implementation of evidence-informed, skills-based comprehensive sexuality education; mass media programmes to influence harmful social and cultural norms; the provision of youth-friendly health services for the prevention of HIV and the treatment and care of people living with HIV within the country and epidemic context; and the full engagement of young people in the design, implementation, monitoring and evaluation of HIV programmes.

If these efforts are to be successful, there is a need for more specific strategic information consistent with global reporting guidelines on the state of the epidemic and the response to the epidemic for young people. There are numerous shortcomings in the availability of strategic information on HIV and young people: Not all countries reported UNGASS indicators with age- and sex-disaggregated data; there is a lack of

a The term 'key populations' refers to those most likely to be exposed to HIV or to transmit it – their engagement is critical to a successful AIDS response i.e. they are key to the epidemic and key to the response. (Source: UNAIDS Terminology Guidelines, 2011). In this document, key populations refer to sex workers, men who have sex with men and people who inject drugs.

strategic information in the Country Progress Reports on HIV programmes specifically for young people; and although some countries reported on programmes for key populations, there is often little information on young people within these populations, and little attention paid to programmatic responses specific to them. This strategic information is needed at both the national and international level so that the response to the global HIV epidemic can be tailored better to engage young people and address their age-specific needs.

Despite a broad awareness of HIV, comprehensive knowledge of HIV and how to prevent it is still low, even in countries that have been most affected by the epidemic. Global targets for 2010 aimed to ensure that 95% of young people have access to information to reduce their vulnerability. Yet, according to the most recent population-based surveys in low- and middle-income countries, only 24% of young women and 36% of young men responded correctly when asked five questions on HIV prevention and misconceptions around HIV transmission[1]. Although young men report using condoms more than do young women, additional increases in condom use is needed (see Figure 9 later). In addition, there is a need to alter social and cultural norms to facilitate risk-reduction behaviours and maximize the reach and impact of HIV prevention services, including male circumcision.

For an effective response to the AIDS epidemic, sexual and reproductive health services, including HIV services, must be tailored to meet the unique needs of young people. Young women and men differ in their vulnerability to HIV infection and their ability to access available services and programmes. Women often have less control than men over their reproductive health, and women have less access to programmes and services; for example, 49% of young women compared with 74% of young men know that using a condom helps prevent HIV[1]. Young women need to be aware of their right to sexual and reproductive health information and services, and to be more empowered to ensure that governments and other authorities respect, protect and fulfil their human rights.

It is not sufficient, however, to simply direct more resources to HIV prevention services. There is low coverage for services for the prevention of parental transmission in areas where a large proportion of young pregnant women and mothers need these services. The low uptake of HIV testing and counselling among young people in some of the countries most affected by HIV suggests that young people may not be aware of, or may not have access to, these services. Barriers to access must be removed so that young people can use HIV testing and counselling services, and can then be referred for HIV prevention programmes and into early treatment, as required. In addition, holistic health and wellness programmes should include equitable access to voluntary HIV testing, treatment, care and support services[2].

In addition to the issue of low uptake, HIV treatment, care and support services are not specifically oriented towards young people, and countries provide little strategic information about the use of these services by young people.

Finally, there is cause for real concern about the low coverage of HIV programmes providing external care and support for households caring for orphans and other vulnerable children, particularly in the countries most affected by the epidemic. Although the increase in school enrolment of these children is encouraging, more must be done to meet their needs.

National regulations and policies still exist that present obstacles to accessing HIV prevention services for young people of all ages. In addition, because many young people are under the age of majority (age 18 years in most countries), there can be additional restraints on access to health services and deterrents for their use. Efforts to reassess and reduce these policy and legal barriers are critical to the success of HIV programmes for young people.

Inadequate political commitment and limited financial resources prevent national governments from providing sufficient resources and services for young people in the education, health and other development sectors. Although young people may be considered to be a priority population, without funds earmarked to support health programmes specific to young people, their unique HIV prevention needs may not be met. Young people must be a priority population for the policy decision-makers.

As a way forward, the United Nations General Assembly Political Declaration on HIV/AIDS in June 2011 calls on all United Nations (UN) Member States to advance efforts towards reducing sexual transmission of HIV by encouraging and supporting the active involvement and leadership of young people, including those living with HIV, in the fight against the epidemic at the local, national and global levels, and to agree to work with these new leaders to help develop specific measures to engage young

people about HIV, including in communities, families, schools, tertiary institutions, recreation centres and workplaces.[b]

The UNAIDS 2011–2015 Strategy: Getting to Zero, the UNAIDS Joint Action for Results: Outcome Framework 2009–2011, and the UNAIDS Business Case 2009–2011 for the priority area on young people present an opportunity to focus on and scale up effective programmes for young people, and to create links between partners involved in the response. A multisectoral, integrated, comprehensive package of HIV prevention, treatment, care and support services for young people is needed for an effective response to the AIDS epidemic and to achieve the MDGs. This can be attained only when young people are meaningfully engaged in the response as leaders enhancing a movement by and for young people.

b Political Declaration on HIV/AIDS: Intensifying our Efforts to eliminate HIV/AIDS adopted by the General Assembly on 10 June, 2011

1. Introduction

GLOBAL COMMITMENTS

It has been 10 years since the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS was convened and the United Nations (UN) Member States unanimously adopted the Declaration of Commitment on HIV/AIDS[3]. This commitment was renewed five years later with the Political Declaration on HIV/AIDS[4]. Member State signatories agreed to further their commitment to addressing the rising rate of new HIV infections among young people and to implement comprehensive, evidence-informed HIV prevention programmes that promote responsible sexual behaviour, including the use of condoms; evidence-informed and skills-based HIV education through mass media, schools and other settings; and the provision of youth-friendly sexual and reproductive health services, including HIV services.

In 2000, with a broader resolve to make the world healthier, safer and more equitable, global leaders also embraced a series of Millennium Development Goals (MDGs). These eight anti-poverty goals include MDG 6, which aims to halt and begin reversing the global HIV epidemic by 2015 and to provide universal access to HIV treatment by 2010[5]. Reaching young people with comprehensive, evidence-informed prevention programmes is key to achieving this goal. In 2005, national governments endorsed to work with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) and other international organizations to support the development and implementation of a comprehensive package of programmes for HIV prevention, treatment, care and support in order to achieve universal access to HIV treatment by 2010[6].

In the recent United Nations Political Declaration on HIV/AIDS: Intensifying our efforts to Eliminate HIV/AIDS adopted on 10 June 2011, UN member states recommitted to working towards reducing sexual transmission of HIV by 50% by 2015 including among young people. This will occur through the provision of comprehensive sexual and reproductive information, skills, services, and commodities in a safe and supportive environment tailored to the specific country and epidemic context.

The UNAIDS 2011–2015 Strategy: Getting to Zero has a series of ambitious yet feasible goals for the global AIDS response over the next five years. Young people are an important focus within this strategy[7]. The prevention component of the UNAIDS strategy aims to reduce sexual transmission of HIV by 50%, including among young people, men who have sex with men, and people vulnerable to transmission through sex work. The strategy also aims to eliminate parental transmission of HIV to less than 5%, to reduce AIDS-related maternal deaths by 50%, and to prevent all new HIV infections among people who inject drugs. The treatment, care and support component of the UNAIDS strategy acknowledges that the needs of young people living with HIV are underestimated and largely unmet[7]. The WHO Global Health Sector Strategy for HIV[8] is closely aligned with the UNAIDS strategy and outlines the health sector contribution to achieving these goals.

The goals emerged from the UNAIDS Outcome Framework 2009–2011[9], which has guided and focused UNAIDS work since 2009. The Outcome Framework identifies 10 priority areas, representing pivotal components of the global HIV response, describing the social, political and structural constraints that limit results, and highlighting opportunities in which countries and global partners could make a significant difference. For each priority area in the UNAIDS Outcome Framework, it was envisaged that a business case be developed by a global interagency working group to guide and complement action at the national level.

In the UNAIDS Business Case 2009–2011[10] developed for the priority area "We can empower young people to protect themselves from HIV" of the UNAIDS Outcome Framework, the goal is a 30% reduction in new HIV infections among young people, thereby contributing to the UNAIDS overall goal of achieving a 50% reduction in sexual transmission of HIV by 2015[7,10]. The UNAIDS Business Case has the following three bold results in order to move towards achieving the overall goal.

- At least 80% of young people in and out of school will have comprehensive knowledge of HIV
- Young people's use of condoms during their last sexual intercourse will double
- Young people's use of HIV testing and counselling services will double

In the UNAIDS Business Case 2009–2011, 17 countries (Botswana, Brazil, Côte d'Ivoire, Ghana, India, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Ukraine, the United Republic of Tanzania, Viet Nam, Zambia, Zimbabwe) have been identified as high-priority countries for intensive and comprehensive technical support due to the large numbers of young people who are living with, or who are at higher risk of, HIV in these countries. These countries represent a broad range of HIV epidemic settings. Focusing on achieving three measurable comprehensive bold results by the end of 2011 in order to achieve a 30% reduction in new HIV infections will help countries meet their commitments to young people[10].

Engaging and mobilizing young people as part of the global AIDS response supports the UNAIDS strategic goals for 2015. Addressing the needs of young people will not only result in a reduction in sexual transmission of HIV but also contribute to other strategic goals within the UNAIDS strategy, including achieving the elimination of parental transmission of HIV and reducing AIDS-related maternal mortality; preventing new infections among people who use drugs; achieving universal access to antiretroviral therapy; reducing deaths caused by tuberculosis (TB); reducing tolerance for gender-based violence; reducing punitive laws and practices; and meeting the HIV-specific needs of young women in national HIV responses[7].

FOCUS ON YOUNG PEOPLE

These global commitments will be achieved only if the needs of young people are met and their human rights fulfilled, respected and protected. Young people are at the forefront of the HIV epidemic, and efforts to reverse the epidemic and achieve broader equity goals must engage them.

In 2009, young people aged 15–24 years accounted for 41% of all new adult HIV infections, and 5 million (4 300 000–5 900 000) young people were living with HIV[c]. In addition, more than half of all sexually transmitted infections (STIs) other than HIV occur among young

c Unpublished estimates from UNAIDS report on global AIDS epidemic 2010.

people[11]. Young women aged 15-24 years constitute a particularly large vulnerable group, accounting for 64% of HIV infections among young people worldwide[3].

Young women and young men often face gender-specific limitations when they want to access sexual and reproductive health programmes that provide the information, skills, services, commodities and social support needed to prevent exposure to HIV and other STIs[9,14]. Where services are available, legal or policy restrictions related to age may limit their use. Young sex workers, young people who inject drugs, and young men who have sex with men often face additional stigma. In countries where these activities are illegal, barriers to accessing HIV programmes and services are compounded[14].

To achieve the goal of reducing new HIV infections among young people aged 15–24 years by 30%, it is necessary to revitalize HIV prevention efforts to reach young people more effectively with programmes that are tailored to relevant subgroups of young people. This includes young people in both the general population and key populations in generalized epidemics, with a particular focus on young women and young people in key populations in concentrated and low-level epidemic settings.

Effective combinations of prevention approaches are needed to address the needs of young people. These include biomedical approaches such as condoms, male circumcision, antiretroviral therapy, and the prevention of parental transmission. Young people who inject drugs also need a comprehensive package of harm-reduction services, including opioid substitution therapy, needle and syringe programmes, and viral hepatitis prevention and screening[15,16]. All of these services need to be planned, costed and designed in such a way to ensure young people have access to them. Behavioural strategies that are part of a comprehensive approach for young people should encourage the delay of sexual debut, emphasize a reduction in the number of sexual partners, and encourage the use of voluntary HIV testing and counselling services without concern for penalization. Health services that deliver these programmes often need to be tailored to meet the needs of young people. This includes specialized training for health and other workers; changes to facilities to encourage access and use; and efforts to sensitize the community to the needs of people living with HIV, in particular young people living with HIV[15]. Finally, structural programmes such as increasing school enrolment and retention, economic empowerment programmes, changes to the legal and policy environment related to young people, and efforts to reduce stigma and discrimination are all part of the prevention approach.

SYNERGY OF EFFORTS – A MAJOR OPPORTUNITY FOR THE RESPONSE TO YOUNG PEOPLE

Although MDG 6 specifically addresses the HIV epidemic, an effective AIDS response will also complement and support the achievement of other MDGs. Likewise, programmes towards progress on the other seven MDGs will enhance progress towards achieving MDG 6. For example, equipping young people with knowledge and life skills related to sexual and reproductive health can contribute towards achieving gender equality and empowering women (MDG 3). Efforts to enhance knowledge of women's rights potentially give young women greater power to negotiate sexual encounters and reduce their exposure to HIV. Efforts to empower women also help to address sexual and domestic violence, which not only are risk factors for HIV but also prevent women from accessing HIV testing and counselling, treatment and other health services[17]. Supporting efforts to ensure that the right to education is protected, respected and fulfilled in accordance with international and human rights standards (MDG 2) helps to ensure school enrolment and retention for girls. This in turn is linked to delayed pregnancy, improved HIV and maternal and child health outcomes, and women's economic and political empowerment.

Efforts to increase the age of sexual debut and provide women with access to health services and methods to protect themselves from HIV and unintended pregnancy will contribute to reducing maternal deaths. In sub-Saharan Africa, 9% of all maternal deaths in 2008 were due to HIV[18], and therefore efforts to address HIV will likely result in a reduction in maternal deaths (MDG 5). Addressing maternal health among young women will help to achieve broader development goals[19].

MDG 5 also includes universal access to reproductive health services. Young women aged 15–19 years, whether married or unmarried, may be sexually active and yet have difficulty accessing family planning services, despite the fact that access is crucial to HIV prevention efforts[20]. Unintended pregnancy is also a threat to the health and well-being of young women. About 16 million adolescent girls aged 15–19 years give birth each year, and many health problems are associated particularly with negative outcomes of pregnancy during adolescence[21]. Integrating HIV services with sexual and reproductive health services can improve the health and well-being of young people, and of young women in particular. In this era of limited resources and changing priorities, the integration of programmes will likely result in greater sustainability of efforts.

RATIONALE AND OVERVIEW OF REPORT

This report comes 30 years into the epidemic and 20 years into the global AIDS response. It also coincides with the year in which UNGASS and universal access targets are meant to be achieved, and is only four years short of the date of the MDG targets (Box 1). Progress towards achievement of these global targets will be revisited and assessed this year. At this crucial juncture – the UN has declared August 2010 to August 2011 the International Year of Youth – there are opportunities to provide emerging young leaders with opportunities to demand and support efforts to achieve universal access for HIV prevention, treatment, care and support, and for achieving the MDGs.

The UNAIDS Report on the Global AIDS Epidemic 2010 presents the latest available strategic information on the global HIV epidemic and responses to it[22]. Although the 2010 report does include a section on young people, this synthesis report focuses specifically on young people. It presents an in-depth review and analysis of country reports in 2010 on UNGASS indicators and strategic information. It takes a closer look at issues that are the key elements from the UNAIDS Business Case for Young People 2009–2011[10] and includes additional data sources such as the United Nations Children's Fund (UNICEF) Stocktaking Report 2010[23]. Unless otherwise noted, information presented in this report comes from the 2010 UNGASS Country Progress Reports[24] and indicator data submitted as part of UNGASS reporting. Additional information from unpublished analyses of the 2010 UNGASS data, and findings from special studies, are also included. The focus of this report is prevention, but it also briefly assesses the availability of strategic information on HIV treatment, care and support for young people.

This report covers strategic information related to young people aged 15–24 years. It provides an understanding of HIV prevalence; describes the use of HIV prevention services; reports on the level of HIV knowledge; and describes behaviours among young people that impact on the spread of HIV (Section 2). The report includes a review of reporting on the UNGASS indicators for young people by region, and the status of the epidemic and response among young people using strategic information from UNGASS reporting in 2010 (Section 3). It also examines countries' policies and spending towards HIV programmes for young people (Section 4). In the regional overviews (Section 5), there is a special focus on the priority countries identified in the UNAIDS Business Case for the priority area on young people, and the indicators that will be used to assess achievement of the three bold results within the UNAIDS Business Case 2009–2011.

Box 1. Global Targets

UNGASS (by 2010)

- To reduce HIV prevalence among young people aged 15–24 years in the most affected countries by 25% by 2005 and by 25% globally by 2010 (Para. 47).
- To ensure that at least 90% by 2005, and at least 95% by 2010, of young people aged 15–24 years have access to information, education (including peer education and youth-specific HIV education) and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young people, parents, families, educators and health-care providers (Para. 53).

Political Declaration on HIV/AIDS (by 2015)

- Commit to work towards reducing sexual transmission of HIV by 50% by 2015 (Para. 62)

MDG on HIV (by 2015)

- To halt and begin to reverse the spread of HIV and AIDS (using prevalence among young people aged 15–24 years as an indicator) (Para. 19).

Sources: Resolution 26/2. Declaration of Commitment on HIV/AIDS. In: United Nations General Assembly special session on HIV/AIDS. New York, United Nations, 2001. Resolution 65/277. Political Declaration of Commitment on HIV/AIDS: Intensifying our efforts to eliminate HIV/AIDS. In: United Nations General Assembly special session on HIV/AIDS. New York, United Nations, 2011. Resolution 55/2. United Nations Millennium Declaration. In: United Nations General Assembly fifty-fifth session. New York, United Nations, 2000.

As part of the stated goal to reduce new HIV infections among young people by 2015, UNAIDS aims to strengthen the availability and use of strategic information by collecting, compiling and disseminating better disaggregated data (primarily by age and sex) on young people and HIV; this in turn will be used to inform and improve initiatives[8]. It is hoped that the report will contribute to this goal.

The primary target audience of this report are programme managers and policy-makers in government ministries, national HIV programmes, civil society (including youth-led and youth-serving organizations), members of the Joint UN Team on AIDS, donors, young women and young men, and other partners working at the national and international level to improve the health and well-being of young people.

This report provides an overview of the reporting on 18 UNGASS indicators among young people and provides a summary of key findings from the strategic information that countries have reported. Strategic information specific to young people from this report intends to guide policies and programmes with a vision for an AIDS-free generation.

METHODOLOGY

Synthesis of strategic information for this report is based on data from the 2010 UNGASS Country Progress Reports.[d] Simple statistical analyses of percentages of the UNGASS indicators that are directly or indirectly relevant to young people have been collated, analysed and triangulated together with strategic information from the narrative sections (including the National Composite Policy Index, NCPI) of the Country Progress Reports and findings from special studies. In addition, strategic information from other data sources was used, such as the UNAIDS Report on the Global AIDS Epidemic

d UNGASS Country Progress Reports 2010 can be downloaded from http://www.unaids.org/en/dataanalysis/monitoringcountryprogress/2010progressreportssubmittedbycountries/

2010, AIDSinfo Online[25],[e] Measure Demographic and Health Surveys, and a report on the analysis of the National AIDS Strategic Plans.

Many of these indicators are derived from surveys and include figures from internationally recognized surveys such as Measure Demographic and Health Surveys, AIDS Indicator Surveys, and Multiple Indicator Cluster Survey, and other surveys that were conducted by countries. Thus, comparisons across regions should be conducted with caution, given the potential for differences in survey sampling approaches and questionnaire design. Indicators for key populations (sex workers, men who have sex with men, people who inject drugs) are obtained from behavioural surveillance surveys.[f] These surveys are often conducted from convenience samples in urban programme catchment areas, and therefore data on service coverage and risk behaviours should be given particular attention as they are likely to be biased. In particular, surveys conducted among key populations cannot be generalized and considered nationally representative, and cross-country comparisons are limited due to inherent differences in the groups participating in these surveys.

Information in this report is presented for nine regions consistent with the UNAIDS Report on the Global AIDS Epidemic 2010. In the regional overviews presented in Section 5, preference is given to data that come from internationally recognized surveys.

UNGASS REPORTING ON HIV

Under the terms of the Declaration of Commitment on HIV/AIDS, 192 UN Member States have agreed to report on a set of total 25 core UNGASS indicators to monitor progress in implementing commitments every two years[26]. Countries report on these core indicators, which measure progress in three areas: national commitment and action; knowledge and behaviour; and programme impact. Five of the UNGASS indicators also measure progress towards achieving the MDGs.

In 2010, 182 of 192 countries (94%) reported on at least some of the 25 core UNGASS indicators. This is an increase from 2008, when 153 countries submitted reports.

Of the 25 total core indicators, 18 indicators are relevant to young people, with four directly to young people. These four indicators include the percentage of schools that provide life-skills education, comprehensive knowledge of HIV, age of sexual debut, and prevalence of HIV. Two indicators are for orphans and other vulnerable children, including those aged 10–14 years (for school attendance) and those under 18 years of age (for household support). The remaining 12 indicators are reported for adults aged 15–49 years, but countries are expected to disaggregate the indicators by age (15–24 years, under 25 years) and by sex for reporting purposes (Box 2).[g] In addition to these indicators, the NCPI has specific questions on the policies and programmes for young people.

e AIDSinfo is a data-visualization and -dissemination tool to facilitate the use of AIDS-related data in countries and globally. AIDSinfo is populated with multisectoral HIV data from a range of sources, including WHO, UNICEF, UNAIDS and Measure Demographic and Health Surveys. The data provided by UNAIDS include AIDS spending, epidemiological estimates, information on policies, strategies and laws, and other country-reported data from government and civil society.

f Behavioural surveillance is the systematic and ongoing collection of data about diseases or risk behaviours related to health conditions, with the purpose of comparing trends in behaviour with changes in disease over time.

g Although indicators for antiretroviral and tuberculosis (TB) treatment are to be disaggregated for children (aged under 15 years) and adults (aged over 15 years), they largely reflect treatment of children rather than young people and thus are not included in Box 2.

Box 2. UNGASS Core Indicators for 2010 Reporting

UNGASS Indicators relevant to young people

Expenditure:

- 1. Domestic and international AIDS spending by categories and financing sources

UNGASS indicators with direct reference to young people, and to orphans and other vulnerable children

National Programmes

- 10. Percentage of orphans and other vulnerable children whose household received free basic external support in caring for children
- 11. Percentage of schools that provided life skills–based HIV education within the last academic year

Knowledge and behaviour:

- 12. Current school attendance among orphans and among non-orphans aged 10–14
- 13. Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission†
- 15. Percentage of young women and men who have had sexual intercourse before the age of 15

Impact:

- 22. Percentage of young women and men aged 15–24 who are HIV infected

UNGASS Indicators to be disaggregated by age and sex

National programmes

- 7. Percentage of women and men aged 15–49 who received an HIV test in the last 12 months and who know their results
- 8. Percentage of most-at-risk populations‡ who received an HIV test in the last 12 months and who know their results
- 9. Percentage of most-at-risk populations‡ reached with HIV prevention programmes

Knowledge and behaviour

- 14. Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission
- 16. Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months
- 17. Percentage of adults aged 15–49 who had more than one partner in the past 12 months who used a condom during their last intercourse
- 18. Percentage of female and male sex workers reporting the use of a condom with their most recent client
- 19. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner
- 20. Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse
- 21. Percentage of injecting drug users reporting the use of sterile equipment the last time they injected

Impact

- 23. Percentage of most-at-risk populations‡ who are HIV infected

† This is referred to as comprehensive correct knowledge of HIV and includes correctly identifying ways of preventing the sexual transmission of HIV, defined as using condoms every time they have sex and limiting sex to one faithful, uninfected partner. The major misconceptions about HIV transmission are defined as knowing that a healthy-looking person can transmit HIV and rejecting the two most common local misconceptions (e.g. Can people get HIV from mosquito bites? Can a person get HIV by sharing food with someone who is living with HIV? Can a person get HIV by hugging or shaking hands with a person who is living with HIV? Can a person get HIV through supernatural means?).

‡ Indicators for most-at-risk populations should also be disaggregated for people who inject drugs, men who have sex with men, and sex workers.

Source: Monitoring the declaration of commitment on HIV/AIDS: Guidelines on construction of core indicators – 2010 reporting. Geneva, Joint United Nations Programme on HIV/AIDS, 2009.


Federico Valentino

2. Epidemiology of HIV and young people

KNOW YOUR EPIDEMIC

The impact of the HIV epidemic on young people, and their risk and vulnerability to HIV infection, varies tremendously across regions and within countries. Understanding the nature of the epidemic and how it affects young people is an important first step in defining the appropriate response. Epidemics can be classified into three different types[27]:

- In **low-level epidemics**, HIV has not spread to significant levels in any subpopulation. The low-level epidemic suggests either that networks of risk are diffuse (low levels of partner exchange or use of non-sterile injecting equipment) or that the virus has been introduced only very recently. In low-level epidemic settings, basic information about key populations is needed and must be collected in an ethically sound manner. Empirical studies of risk behaviours, sexual networks and other factors associated with the potential for HIV spread, such as rates of other STIs, are essential for planning HIV prevention[28].
- In **concentrated epidemics**, HIV prevalence is high enough (greater than 5%) in one or more subpopulations, such as men who have sex with men, people who inject drugs, or sex workers, to maintain the epidemic in that subpopulation. Prevalence is typically low in the general population, however. The future course of an epidemic of this type will be determined by the size of the vulnerable subpopulation(s); the frequency and nature of links between subpopulations and the general population; and the degree of responsiveness to the needs of the affected and most vulnerable populations. Knowing your epidemic requires understanding the dynamics of HIV transmission within affected populations and how those subgroups interact with other subgroups and with the population as a whole. This is a high priority so that countries can prevent the expansion of the epidemic into the general population[28].
- In **generalized epidemics**, HIV prevalence is reported to be over 1% in pregnant women attending antenatal clinics, indicating that significant epidemic spread in the general population is sufficient for sexual networking to drive the epidemic. In these epidemic situations, HIV transmission in serodiscordant[h] couples and multiple-partner relationships often accounts for the majority of new infections. Key subpopulations such as sex workers and their clients can still be at risk of HIV infection, depending on levels of condom use and other protective measures. The behaviours of subpopulations with relatively low risk, such as unmarried young people, and married women and men who do not regularly visit sex workers and do not have multiple partners, often contribute to large proportions of new infections, however[28].

HIV epidemics are complex, and the role of young people within generalized, concentrated and low-level epidemic settings should be considered when planning the AIDS response. For an effective response where many new HIV infections are occurring among young people, investment must be made in programmes specifically for young people. It is not sufficient to assume that HIV programmes for the general population, or programmes for key populations, will adequately meet the needs of young people within these populations. In addition, young women and young men face different challenges. The behaviours that put young women and young men at risk of HIV differ, as do the underlying factors that support these behaviours. Young women and young men may face different barriers to accessing HIV services and programmes; therefore, programmes for young people should be sensitive and responsive to these gender differences and should be age-specific.

h One partner is HIV-positive and the other is HIV-negative.

ESTIMATING HIV PREVALENCE

HIV prevalence is the percentage of the population living with HIV, whereas HIV incidence reflects the number of new cases over a certain time period. In countries with generalized epidemics, prevalence data are typically obtained either from pregnant women screened for HIV at antenatal clinics as part of national HIV sentinel surveillance,[i] or through national surveys that include HIV prevalence testing. In the absence of a reliable and direct way to test for recent HIV infections that allows for estimation of HIV incidence, trends in HIV prevalence among young pregnant women aged 15–24 years can be used as a proxy measure for trends in incidence[29]. HIV prevalence among young people aged 15–24 years is thus a key indicator to monitor progress against international goals[26]. Use of prevalence among young women assumes that they have become sexually active relatively recently, so that infections are newer. In addition, as infections among young people are more recent, estimates are less likely to be influenced by mortality or the use of antiretroviral therapy that prolongs life.

To supplement data from antenatal clinics, an increasing number of countries have included HIV testing and counselling in population-based surveys such as Measure Demographic and Health Surveys and AIDS Indicator Surveys.[j] In addition, in concentrated epidemics and in some generalized epidemics, countries typically conduct integrated biobehavioural surveillance surveys[k] or may conduct sentinel surveillance or special surveys in key populations at higher risk of HIV infection. Data on young people within key populations are important for monitoring the response, as they are a proxy for incidence among these populations[30].

These data on young people not only provide a proxy measure of HIV incidence but also allow us to assess the impact of the epidemic on young people in different settings. National estimates of HIV prevalence in young people referenced here are available in the UNAIDS Report on the Global AIDS Epidemic 2010[22].

GLOBAL OVERVIEW

Young people are leading the HIV prevention revolution by taking definitive action to protect themselves from HIV. Recent analyses included in the UNAIDS Report on the Global AIDS Epidemic 2010 indicate that young people in some of the countries most affected by HIV are waiting longer to become sexually active, choosing to have fewer partners, and using condoms. Most importantly, between 2000 and 2008, HIV prevalence among young people dropped by more than 25% in 15 of the most severely affected countries[29]. Building upon these positive trends requires countries to further focus on, and invest in, young people. Young people should also be at the forefront of this revolution to lead, to enhance the movement, and to contribute not only to the AIDS response but also to the achievement of the MDGs.

i Sentinel surveillance is surveillance based on selected samples chosen to represent the relevant experience of particular population groups. The purpose of sentinel HIV surveillance is to monitor HIV infection levels in populations either of particular interest in the epidemic, or representative of a larger population.

j HIV prevalence and other data from these nationally representative surveys can be found on the Measure DHS website at http://www.measuredhs.com/hivdata/

k Behavioural surveillance is the systematic and ongoing collection of data about diseases or risk behaviours related to health conditions, with the purpose of comparing trends in behaviour with changes in disease over time. In biological surveillance, biological samples are collected and tested for HIV and other related illnesses, such as sexually transmitted infections (STIs) and tuberculosis.

According to the 2011 UNICEF report Opportunity in Crisis: Preventing HIV from Early Adolescence to Young Adulthood, there were five million (4 300 000–5 900 000) young people living with HIV in the world in 2009 (Table 2.1). An estimated 2.7 million (2 400 000–3 200 000) of these young people are in eastern and southern Africa, and 1.1 million (900 000–1 500 000) are in western and central Africa. The majority (over 76%) of young people living with HIV are in sub-Saharan Africa. Globally, nearly two-thirds of young people living with HIV are young women[23].

Table 2.1 Young people aged 15–24 years living with HIV, 2009.

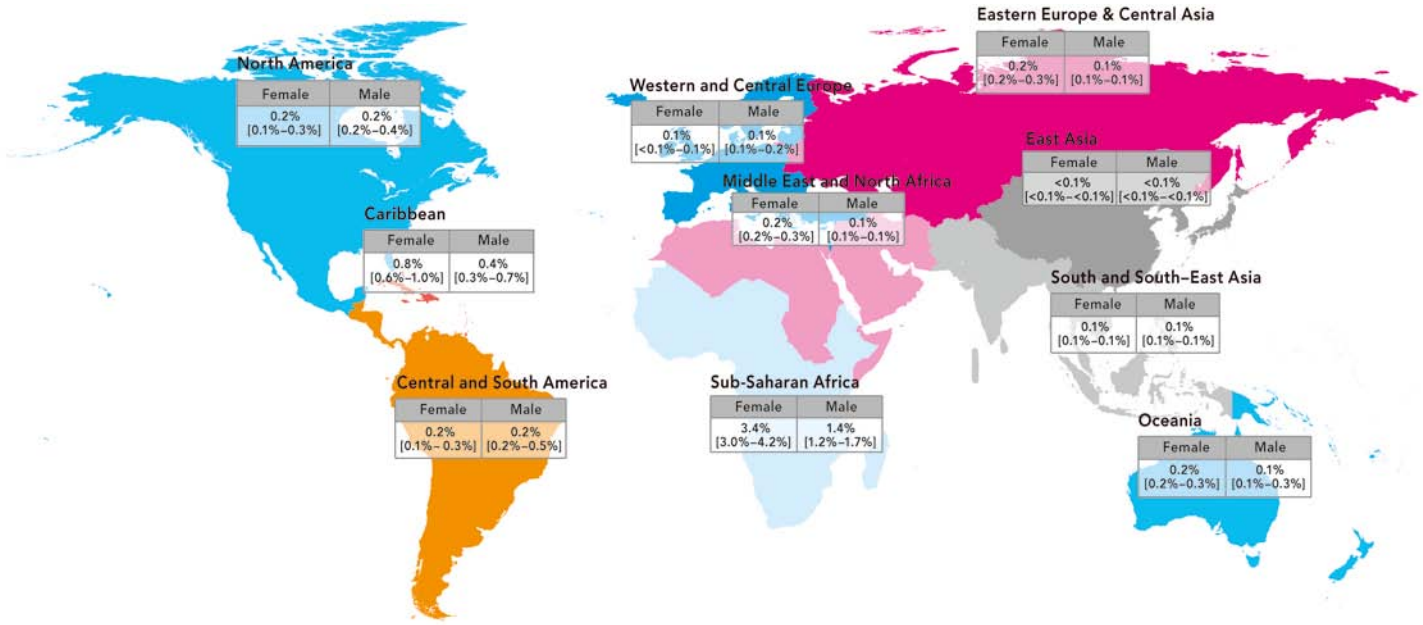
Region	Female (low estimate-high estimate)	Male (low estimate-high estimate)	Total (low estimate-high estimate)
Eastern and Southern Africa	1,900,000 (1,700,000-2,300,000)	780,000 (670,000-930,000)	2,700,000 (2,400,000-3,200,000)
West and Central Africa	800,000 (640,000-1,100,000)	340,000 (260,000-450,000)	1,100,000 (900,000-1,500,000)
Middle East and North Africa	62,000 (48,000-84,000)	32,000 (26,000-41,000)	94,000 (73,000-120,000)
South Asia	150,000 (130,000-170,000)	170,000 (150,000-210,000)	320,000 (280,000-380,000)
East Asia and the Pacific	83,000 (49,000-107,000)	100,000 (56,000-128,000)	180,000 (100,000-230,000)
Latin America and the Caribbean	120,000 (94,000-150,000)	130,000 (91,000-240,000)	250,000 (190,000-390,000)
Central and Eastern Europe/ Commonwealth of Independent States	52,000 (44,000-59,000)	29,000 (25,000-33,000)	81,000 (69,000-92,000)
World	3,200,000 (2,900,000-3,900,000)	1,700,000 (1,400,000-1,900,000)	5,000,000 (4,300,000-5,900,000)

Note: The estimates are provided in rounded numbers, but because unrounded numbers were used in the calculations, there may be discrepancies between the totals.
Source: Adapted from *Opportunity in Crisis: Preventing HIV from early adolescence to young adulthood*, UNICEF, 2011

Young people in generalized epidemic settings

Globally, in 2009, 3.2 million (2.9–3.9 million) young women and 1.7 million (1.4–1.9 million) young men aged 15–24 years were estimated to be living with HIV (Figure 2.1). Regional estimates indicate that HIV prevalence among young people in sub-Saharan Africa remains much higher than in the rest of the world. It is estimated that 2.8 million (2.4–3.4 million) young women and 1.1 million (960 000–1.4 million) young men in sub-Saharan Africa are living with HIV. By comparison, in all but one other region, HIV prevalence among young people is estimated to be 0.2% or lower. The Caribbean region is the exception, where HIV prevalence is estimated at 120 000 (0.8% [0.6–1.0%]) among young women and 130 000 (0.4% [0.3–0.7%]) among young men[21]. These regional estimates, however, obscure variations across countries within the region. For example, although HIV prevalence in sub-Saharan Africa is estimated to be 3.4% (3.0–4.2%) among young women aged 15–24 years, HIV prevalence in Lesotho, South Africa and Swaziland ranges between 13.6% and 15.6% of young women.

Figure 2.1 HIV prevalence by region and sex among young people aged 15-24 years, 2009



Note: The boundaries and the names shown and the designations used on these maps do not imply official endorsement or acceptance by the United Nations.

Source: UNAIDS Report on the Global AIDS Epidemic, 2010.

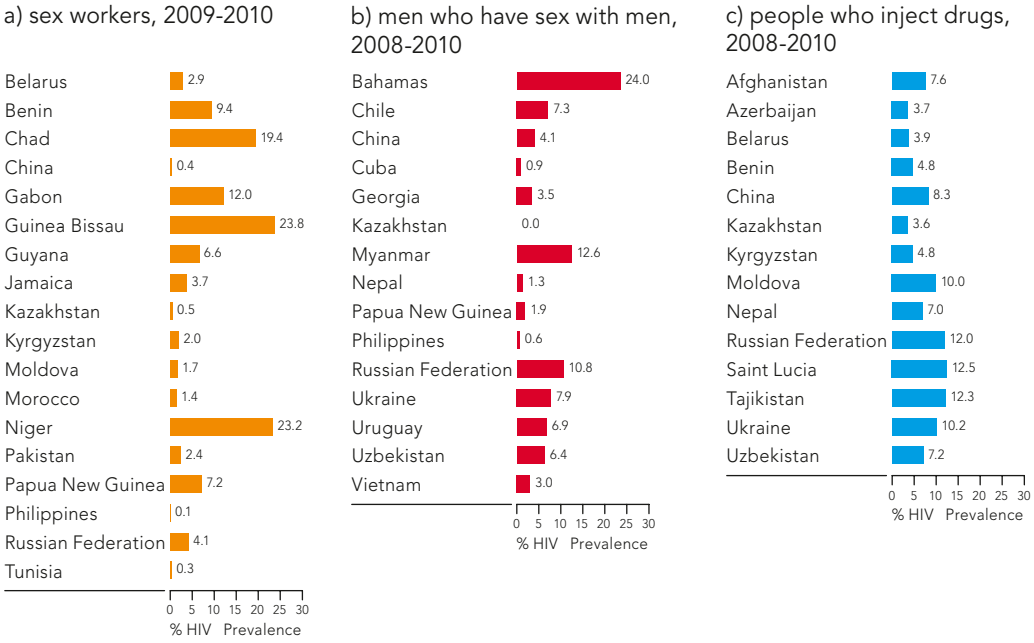
A trend analysis in HIV prevalence among young people in 2008 revealed that HIV prevalence declined in 15 of the 21 countries most affected by the HIV epidemic. Ten countries showed a statistically significant decline of 25% or more in HIV prevalence that occurred among young pregnant women or men in either urban or rural areas or both. These countries include Botswana, Côte d'Ivoire, Ethiopia, Kenya, Malawi, Namibia, South Africa, the United Republic of Tanzania, Zambia and Zimbabwe. The other five countries (Burundi, Lesotho, Rwanda, Bahamas, Haiti) had declines of more than 25%. These findings suggest that there may be an overall decline in HIV incidence[29,31].

This same analysis also looked at trends in behaviours among young people and found that there was a decline in HIV risk behaviours in the majority of countries that showed a decline in HIV prevalence[29]. There were significant declines in the age of sexual debut[l] among young women or men in nine of the countries reviewed, seven of which also showed significant declines in HIV prevalence. The analysis also showed that there was a significant decline in the proportion of young women or men reporting multiple sexual partnerships in nine of the countries reviewed, and an increase in condom use in eight countries. Positive changes in two of the three behavioural indicators[m] in either young women or men were observed in Cameroon, Côte d'Ivoire, Ethiopia, Kenya, Malawi, the United Republic of Tanzania, Uganda, Zambia and Zimbabwe.

l Percentage of young people aged 15–19 who have had sexual intercourse before the age of 15.

m These indicators are: (Ind. 15) the percentage of young people aged 15–19 years who reported having had sexual intercourse by the age of 15; (Ind. 16) the percentage of young men and women aged 15–24 who reported having had sexual intercourse with more than one partner in the past 12 months; (Ind. 17) the percentage of those young men and women aged 15–24 who had more than one partner in the past 12 months and reported having used a condom during last sex. Source: The International Group on Analysis of Trends in HIV Prevalence and Behaviours in Young People in Countries most Affected by HIV (2010). Trends in HIV prevalence and sexual behaviour among young people aged 15–24 years in countries most affected by HIV. Sex Transm Infect; 86:ii72-ii83.

Figure 2.2 HIV prevalence among sex workers, men who have sex with men and people who inject drugs aged under 25 years in selected countries, 2010



Source: UNGASS Country Progress Reports, 2010.

Young People within key populations in Concentrated and Low-Level Epidemic Settings

An assessment of HIV prevalence in key populations in concentrated and low-level epidemic settings is needed to mount an appropriate response that addresses the needs of young people within these key populations. It is not easy to make global or regional estimates of HIV prevalence in these populations, due to differences between countries in the way key populations are defined and selected for inclusion in surveillance and surveys. Nor are these data nationally representative, as they often reflect small samples in capital cities and other locations where key populations are found. HIV prevalence in key populations as reported by countries in their 2010 UNGASS Country Progress Reports does provide some insight into HIV prevalence among young people within key populations and the need for a tailored response.

HIV prevalence among young sex workers in urban areas in selected countries was estimated to be highest in Guinea-Bissau (23.81%), the Niger (23.24%) and Chad (19.44%) (Figure 2.2a). These high levels of HIV prevalence highlight the need for a tailored response for young people in key populations at higher risk of HIV exposure.

In countries with data, HIV prevalence among young men who have sex with men is highest in the Bahamas (24%), Myanmar (12.63%) and the Russian Federation (10.79%) (Figure 2.2b).

HIV prevalence among young people who inject drugs ranges from 3% to 13% in what are largely urban populations across the reporting countries (Figure 2.2c).

Young people's risk and vulnerability are very context-specific. In order to understand the epidemic and plan an appropriate AIDS response for young people in key populations, with particular emphasis on countries with concentrated epidemics, information on HIV prevalence among young people within key populations, and on the proportion of young people within key populations, is needed. The proportion of young people within key populations is not routinely reported, however, and most data referenced are outdated.

Data cited in the 2010 report on young people most at risk of HIV indicate that globally 70% of all people who inject drugs are under the age of 25 years[32]. A significant proportion of women in sex work start before they reach the age of 20 years, with the majority of sex workers being under the age of 25 years[33]. These data are from 2004 and 2006. More recent data from Europe indicate that people under the age of 25 years who inject drugs account for less than 20% of people who inject drugs sampled in 11 countries (10 in the European Union and Turkey), but for over 40% of those sampled in Austria, the Czech Republic, Estonia, Latvia, Lithuania, Romania and Slovakia[34]. More recent data, however, are essential for young people in key populations in many countries and regions for better informed programming.

3. Global reporting on knowledge, behaviour and use of services

The data presented in this section are from the UNGASS Country Progress Reports submitted in 2010. Of 192 countries, 182 countries (94%) had reported on at least some of the 25 core UNGASS indicators, but the response rates for individual indicators vary tremendously.

Of the 25 total core indicators, 18 indicators are relevant to young people, with four referring directly to young people, and two indicators for orphans and other vulnerable children, including those aged 10–14 years and those under 18 years of age. The remaining 12 indicators are reported for adults aged 15–49 years, including eight indicators pertaining to key populations. Countries are expected to disaggregate data by age (15–24 years, under 25 years) and sex.[n]

Table 3.1 presents the number of countries that reported on each of the UNGASS indicators that are relevant to young people. A total of 119 countries reported on Indicator 13, which is the highest response rate, whereas only 42 countries reported on Indicator 10, the lowest response rate. Among the four indicators that have direct reference to young people, response rates range from 99 to 119 countries. Data reported by countries on UNGASS indicators that are relevant to young people are found in the annex.

Table 3.1 Reporting rates on UNGASS indicators directly relevant to young people[i], orphans and other vulnerable children[ii], as well those to be disaggregated by sex and age.

UNGASS indicators and corresponding numbers	Number (%) of countries reported[viii]	Disaggregated data by age/sex/subgroups[iii]
Expenditures		
1. Domestic and international AIDS spending by categories and financing sources	137 (71%)	
National Programmes		
7. Percentage of women and men aged 15–49 years who received an HIV test in the past 12 months and who know the results[iv]	116 (60%)	Females: Aged 15–19 years: 74 (39%) Aged 20–24 years: 72 (38%) Males: Aged 15–19 years: 68 (35%) Aged 20–24 years: 66 (34%)
10. Percentage of orphans and vulnerable children whose household received free basic external support in caring for children[ii]	42 (22%)[v]	
11. Percentage of schools that provided life skills-based HIV education within the past academic year[i]	99 (52%)	
8. Percentage of most-at-risk populations that have received an HIV test in the past 12 months and who know the results	Sex workers: 96 (50%) MSM: 83 (59%) People who inject drugs: 59 (31%)	Sex workers aged <25 years: 69 (36%) MSM aged <25 years: 37 (19%) People who inject drugs aged <25years: 44 (23%)
9. Percentage of most-at-risk populations reached with HIV prevention programmes	Sex workers: 74 (39%) MSM: 53 (28%) People who inject drugs: 39 (20%)	Sex workers aged <25 years: 48 (25%) MSM aged <25 years: 37 (19%) People who inject drugs aged <25 years: 27 (14%)

n While indicators for antiretroviral and TB treatment are to be disaggregated for children (< 15 years) and adults (> 15 years), they largely reflect treatment of children rather than young people and are thus not included in this table.

UNGASS indicators and corresponding numbers	Number (%) of countries reported[viii]	Disaggregated data by age/sex/subgroups[iii]
Knowledge and behaviour		
12. Current school attendance among orphans and among non-orphans aged 10–14 years[ii]	46 (24%)	
13. Percentage of young women and men aged 15–24 years who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission[i]	119 (62%)[vi]	
14. Percentage of most-at-risk populations who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Sex workers: 84 (44%) MSM: 54 (28%) People who inject drugs: 43 (22%)	Sex workers aged <25 years: 55(29%) MSM aged <25 years: 39 (20%) People who inject drugs aged <25 years: 30 (16%)
15. Percentage of young women and men who had sexual intercourse before the age of 15 years[i]	117 (61%)	Females: 106 (55%) Males: 102 (53%)
16. Percentage of adults aged 15–49 years who had sexual intercourse with more than one partner in the past 12 months	108 (56%)	Females: Aged 15–19 years: 80 (42%) Aged 20–24 years: 80 (42%) Males: Aged 15–19 years: 79 (41%) Aged 20–24 years: 79 (41%)
17. Percentage of adults aged 15–49 years who had more than sexual one partner in the past 12 months and report the use of a condom during their last intercourse[vii]	106 (55%)	Females: Aged 15–19 years: 64 (33%) Aged 20–24 years: 64 (33%) Males: Aged 15–19 years: 69 (36%) Aged 20–24 years: 71 (37%)
18. Percentage of men reporting the use of a condom last time they had anal sex with a male partner	101 (53%)	Sex workers aged <25 years: 67(35%)
19. Percentage of men reporting the use of a condom last time they had anal sex with a male partner	82 (43%)	MSM aged <25 years: 51 (27%)
20. Percentage of people who inject drugs who reported the use of a condom at last sexual intercourse	51 (27%)	People who inject drugs aged <25 years: 37 (21%)
21. Percentage of people who inject drugs who reported using sterile equipment the last time they injected	55 (29%)	People who inject drugs aged <25 years: 36 (19%)
Impact		
22. Percentage of young women and men aged 15–24 years who are living with HIVa	106 (55%)	
23. Percentage of most-at-risk populations who are living with HIV	Sex workers: 77 (40%) MSM: 69 (36%) People who inject drugs: 60 (31%)	Sex workers aged <25 years: 53 (28%) MSM aged <25 years: 40 (21%) People who inject drugs aged <25 years: 38 (20%)

MSM - men who have sex with men

[i]UNGASS indicators directly relevant to young people

[ii]UNGASS indicators for orphans and other vulnerable children

[iii]For sex workers, men who have sex with men, and people who inject drugs, figures are disaggregated for young people aged under 25 years. Data for these key populations are not nationally representative and generally come from select samples of populations in urban areas.

[iv]Data reported by countries for this indicator are not comparable with data obtained through general population-based surveys.

[v]Data from a number of countries that reported on this indicator were not harmonized with UNGASS reporting guidelines.

[vi]Reporting rates for knowledge of HIV include all countries that reported, regardless of whether the country definition was harmonized with UNGASS reporting guidelines.

[vii]Reporting rates are not calculated, because a number of countries did not have a sufficient sample size to calculate this indicator for young people.

[viii]The denominator for percentages is all 192 UN Member States.

Source: UNGASS Country Progress Reports, 2010.

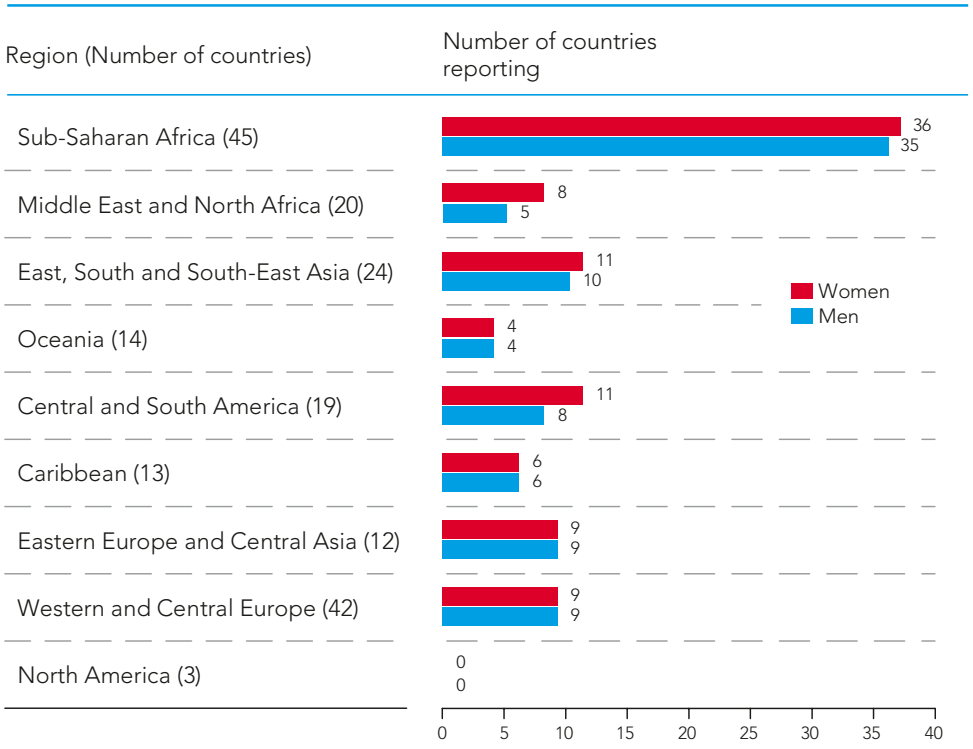
KNOWLEDGE

Do young people know about HIV and how to avoid it?

UNGASS Indicator 13: Percentage of young women and men aged 15–24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.

This is an UNGASS indicator and measures progress towards MDG 6. In addition, increasing HIV comprehensive knowledge is one of the bold results in the UNAIDS Business Case 2009–2011 for the priority area on young people, and this indicator will be used to measure the achievement of this result. The data for this indicator are obtained from nationally representative surveys such as the Measure Demographic and Health Surveys. Additional information on knowledge of HIV can be found in the regional overviews in Section 5.

Figure 3.1 UNGASS Indicator 13: Number of countries reporting on comprehensive knowledge of HIV among young people aged 15–24 years, by region and sex



Source: UNGASS Country Progress Reports, 2010.

A total of 94 countries reported on young women's comprehensive HIV knowledge, compared with 86 countries for young men, through 2010 UNGASS country reporting. Of these, 22 countries reported nationally representative data from the Measure Demographic and Health Surveys. The number of countries reporting on this indicator varied from 36 countries (80%) in sub-Saharan Africa, to 9 countries (75%) in eastern Europe and central Asia, to 11 countries (58%) in central and South America, to 9 countries (16%) in western and central Europe, to none in North America (Figure 3.1). Furthermore, 91 countries

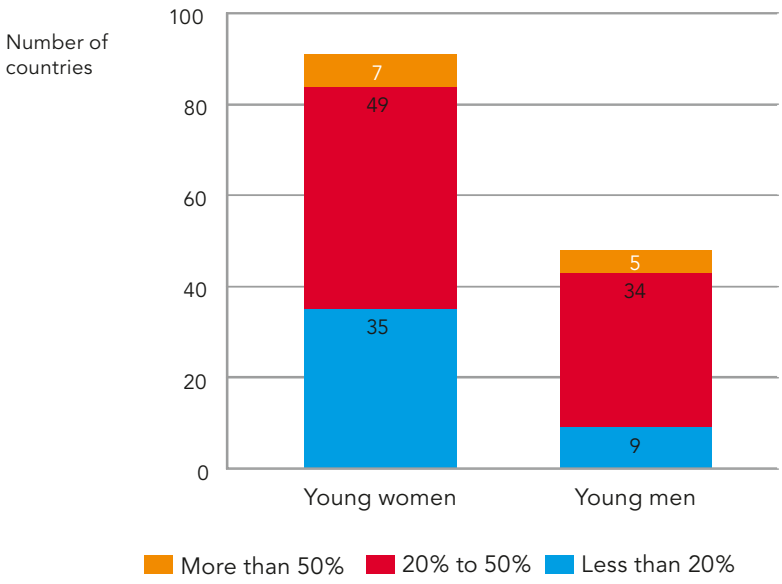
had nationally representative data from other sources on comprehensive knowledge among young women aged 15–24 years, and 48 countries reported on young men of the same age between 2005 and 2010.

Only 7 and 5 countries, respectively, reported having more than 50% of comprehensive HIV knowledge among young women and young men. Respectively, 49 and 34 countries reported that young women and young men had comprehensive knowledge of 20–50% (Figure 3.2).

This gender imbalance in knowledge is not specific to any particular region and varies from country to country. Only three countries, all in sub-Saharan Africa (Namibia, Rwanda and Swaziland), have levels of comprehensive knowledge above 50% for both males and females. Fourteen countries reported levels of less than 20% comprehensive knowledge among young women from West and Central Africa, whereas only two reported less than 20% for young males. Seven countries in the Middle East and North Africa region had levels of less than 20% comprehensive knowledge among young women and only one country among young men. According to the most recent nationally representative data globally, only 24% of young women and 36% of young men have comprehensive knowledge of HIV, far below the global target of 95% by 2010[1].

In low and middle income countries, only 24% of young women and 36% of young men have comprehensive knowledge of HIV, far below the global target of 95% by 2010.

Figure 3.2 UNGASS Indicator 13. Number of countries with comprehensive knowledge of HIV among young people aged 15-24 years, by percentage levels and sex



Source: UNGASS Country Progress Reports, 2010.

BEHAVIOUR

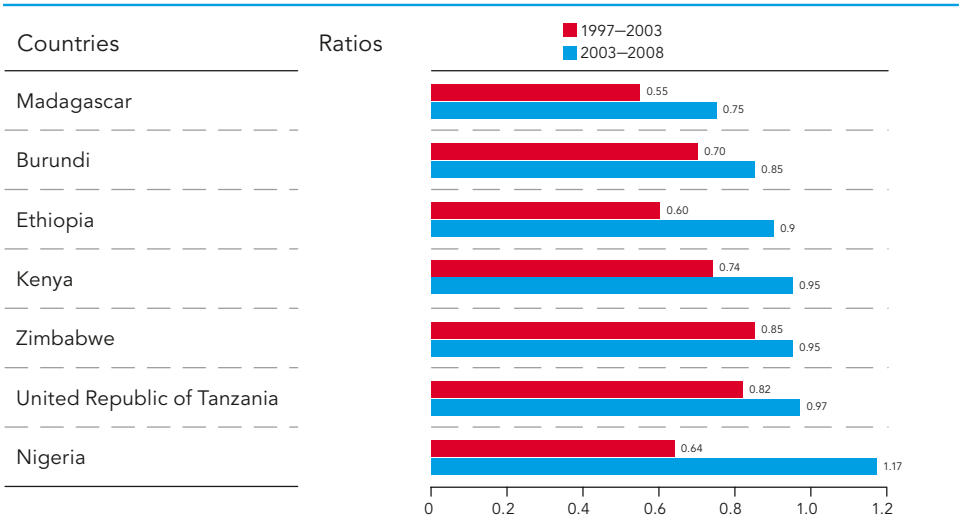
What percentage of orphans and other vulnerable children (OVC) are attending school?

UNGASS Indicator 12: Current school attendance among orphans and among non-orphans aged 10–14

The number of children who have lost both parents due to AIDS continues to increase, and orphaned children face an uncertain future. Orphanhood is frequently accompanied by prejudice and insecurity, factors that can further jeopardize children's chances of completing school education and may lead to the adoption of survival strategies that increase vulnerability to HIV exposure. It is important therefore to monitor the extent to which AIDS care and support programmes succeed in securing the educational opportunities of orphaned children.

In 2010, a total of 46 countries submitted Country Progress Reports to UNAIDS on this indicator, but only 42 countries reported on school attendance for orphans and non-orphans aged 10–14 years at least once between 2005 and 2009. Thirty countries (67%) in sub-Saharan Africa have recent data from nationally representative household surveys; two countries (15%) in the Caribbean; five countries (20%) in east, south and south-east Asia; two countries (10%) in central and South America; two countries (10%) in the Middle East and north Africa; one country (8%) in eastern Europe and central Asia; and none in Oceania and western and central Europe.

Figure 3.3. UNGASS Indicator 12. Trends in orphan and non–orphan school attendance ratios in selected sub–Saharan countries where the ratio has increased by at least 0.10 points, 1997–2008



Note: The orphan school attendance ration is the ratio of the percentage of children 10–14 years old who have lost both parents and are currently attending school to the percentage of non-orphaned children of the same age, both of whose parents are alive and who are living with at least one parent and attending school, for the years of 2005–2009.

Source: AIDS Indicator Surveys: Demographic and Health Surveys and Multiple Indicator Cluster Surveys, 1997–2008, Burundi and Ethiopia data are from 2000 to 2005; Kenya data are from 1999 and 2003; Madagascar data are from 1997 and 2003–2004; Nigeria data are from 2003 and 2008;United Republic of Tanzania data are from 2003 and 2007–2008; and Zimbabwe data are from 1999 and 2005–2006. the earlier Madagascar figure (1997) is based on the small denominators (typically 25–49 unweighted cases).

One way to assess whether orphans and other vulnerable children have educational opportunities comparable with children who have not been orphaned is to look at the ratio of school attendance between these two groups using data from international surveys. An analysis by UNICEF found that most countries in sub-Saharan Africa have made significant progress towards parity in school attendance for orphans and non-orphans aged 10–14 years; countries where the ratio has increased by at least 0.10 points are presented in Figure 3.3. In 27 of 31 countries in sub-Saharan Africa that reported data on this UNGASS indicator for at least two points in time, school attendance among children who have lost both parents has increased[35].

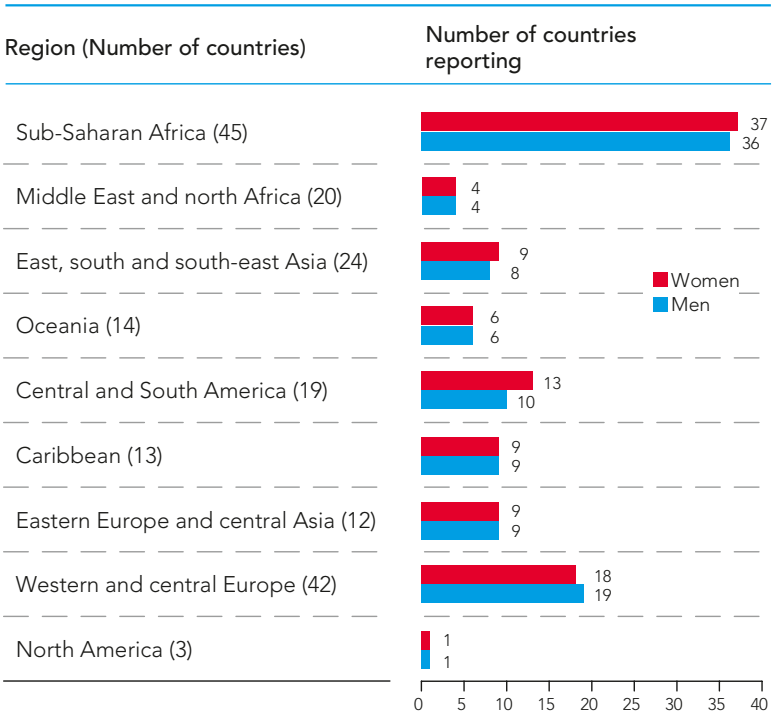
Trend data shows that school attendance of orphans and other vulnerable children has increased in 27 of 31 countries in sub- Saharan Africa.

What percentage of young people have had sex before the age of 15?

UNGASS Indicator 15: Percentage of young women and men who have had sexual intercourse before the age of 15

The age at which young people become sexually active affects their risk of acquiring HIV and other STIs, and their risk of unintended or unsafe pregnancy. A special study of four African countries found poverty to be associated with early sexual debut, particularly among young women[36]. HIV prevention programmes encouraging young people to wait longer to become sexually active will not only contribute to reducing the number of new infections but also protect young people's reproductive health by reducing the risk of contracting STIs, delaying the age of first delivery, and reducing the chance of poor maternal health outcomes for young women. All of these contribute to achieving the MDGs.

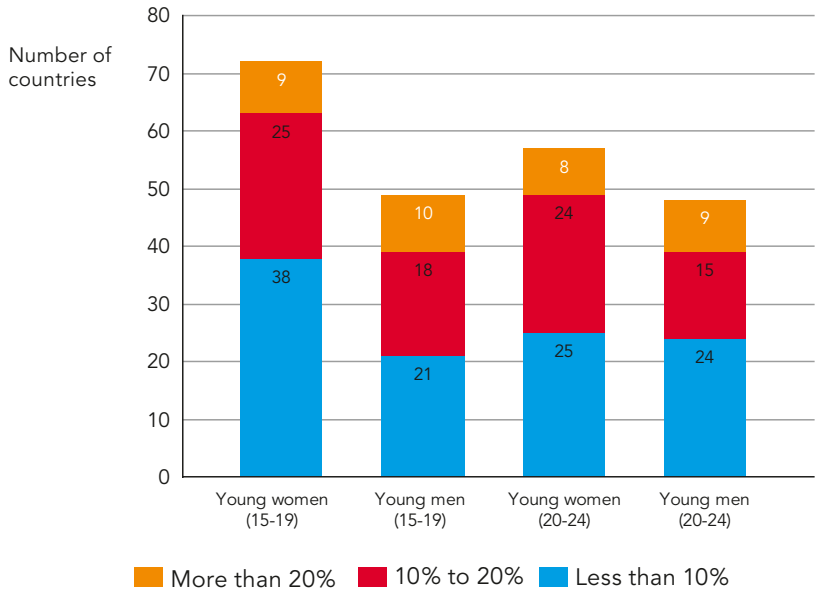
Figure 3.4 UNGASS Indicator 15: Number of countries reporting on young people aged 15-24 years who have had sex before age 15, by region and sex



Source: UNGASS Country Progress Reports, 2010.

Respectively, 106 countries and 102 countries reported data for young women and young men. Of these, 22 countries reported nationally representative data from the Measure Demographic and Health Surveys. The number of countries reporting varied from a high of 37 countries (82%) in sub-Saharan Africa, to nine countries (82%) in eastern Europe and central Asia, to nine countries (70%) in the Caribbean, to a low of four countries (21%) in the Middle East and north Africa (Figure 3.4).

Figure 3.5 UNGASS Indicator 15: Number of countries reporting on young people aged 15-24 years who have had sex before age 15, by percentage levels, age and sex



Source: HIV/AIDS Survey Indicators Data Base and other data sources.

Country reported data indicates that more young men than young women report having sex before the age of 15 years, still early sexual debut remains high in certain countries.

A total of 63 countries have reported less than 10% of young women who had sex before the age of 15 years, compared with young men in 45 countries. More than 20% of young women and young men had sex before the age of 15 years in 17 countries (27%) and 19 countries (42%), respectively, however. It is evident from these data that more young men than young women report having sex before the age of 15 years (Figure 3.5).

According to the most recent nationally representative data from the Measure Demographic and Health Surveys, young women aged 15–24 years are most likely to have had sex by age 15 years in Paraguay (where 7.7% have done so), the Central African Republic (26.9%), Cameroon (14.2%) and the Niger (30%). The data from these countries are in stark contrast to countries in eastern Europe and many countries in east, south and south-east Asia, and the Middle East and north Africa, where few women become sexually active at a young age. In many countries, an early age of sexual debut may be due to the young age at marriage of young women and does not always reflect premarital sexual activity.

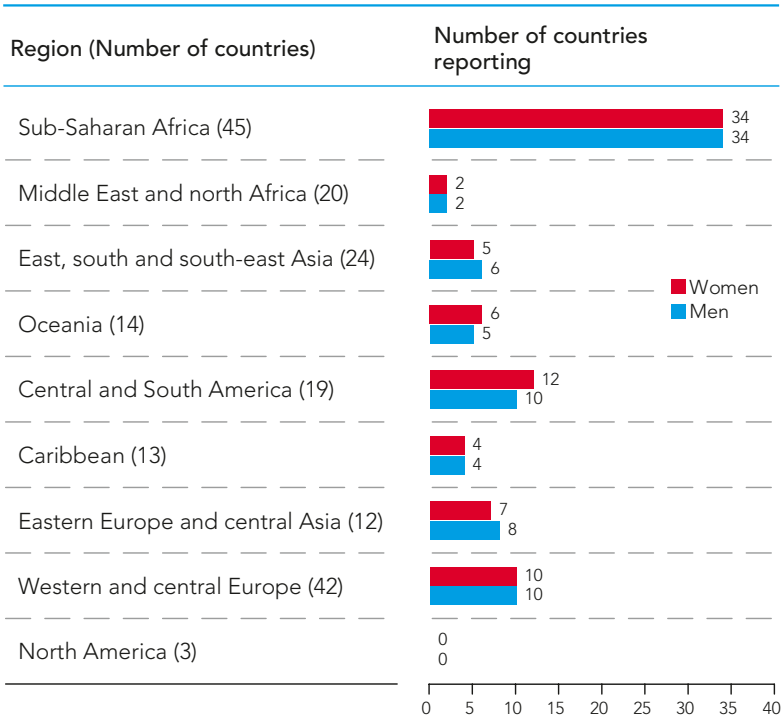
What percentage of young people have had multiple sexual partners?

UNGASS Indicator 16: Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months (disaggregated for sex, age groups 15-19, 20-24)

Multiple partnerships put young people at an increased risk of contracting HIV and other STIs, and of having unintended and unsafe pregnancies. Young women in particular are vulnerable to having multiple sexual partnerships for socioeconomic reasons and may have sexual partners who are five years older or more. Having sex with a much older partner can put young women at increased risk of HIV infection[37].

Eighty countries reported on this indicator for young women aged 15–24 years, while 79 countries did so for young men aged 15–24 years through 2010 UNGASS country reporting. Of these, 14 countries reported data from the Measure Demographic and Health Surveys. The number of countries reporting with age- and sex-disaggregated data varied from 34 countries (75%) in sub-Saharan Africa to two countries (10%) in the Middle East and north Africa; no countries in North America reported on this indicator. In total, 93 countries reported on this indicator for people aged 15–49 years, but not all of these countries provided age-disaggregated data.

Figure 3.6 UNGASS Indicator 16: Number of countries with nationally representative data on young people aged 15 –24 years, having sex with more than one partner, by region and sex

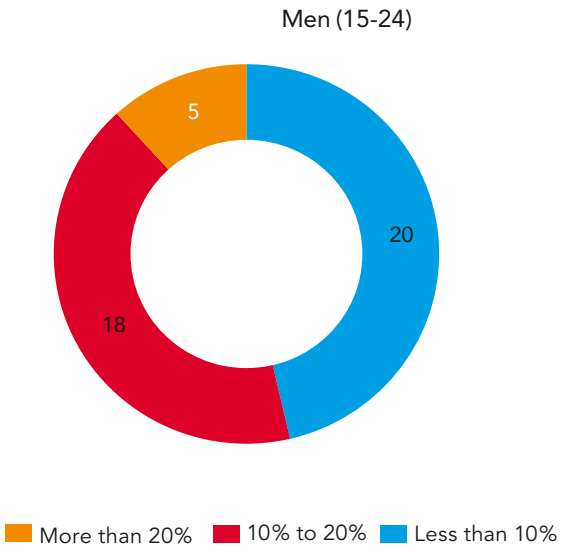


Source: HIV/AIDS Survey Indicators Data Base, www.measuredhs.com and other data sources.

More young men report multiple sexual partnerships than young women.

More countries reported on this indicator for young women than for young men in central and South America (63% [12] versus 53% [10]) and Oceania (43% [6] versus 36% [5]), while the reverse was true in eastern Europe and central Asia (58% [7] versus 67% [8]) (Figure 3.6).

Figure 3.7 UNGASS Indicator 16: Number of countries reporting on young men aged 15-24 years, who have had sex with more than one partner, by percentage levels



Source: HIV/AIDS Survey Indicators Data Base and other data sources.

According to country-reported nationally representative data, less than 10% of young women and young men aged 15–24 years had multiple sex partners within the past year in 59 countries and 20 countries, respectively. No data is reported for young women having multiple sex partners more than 10% (Figure 3.7).

What percentage of young people with multiple sexual partners use a condom?

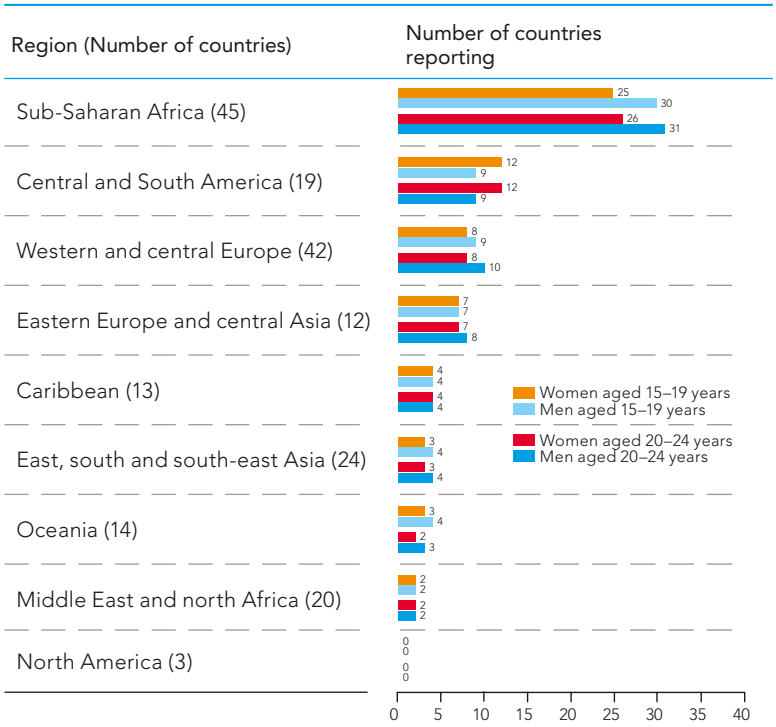
UNGASS Indicator 17: Percentage of adults 15-49 years who had more than one sexual partner in the last 12 months and who used a condom during their last intercourse (disaggregated for sex, 15-24 years).

Using condoms consistently and correctly is an effective HIV prevention strategy to reduce the risk of acquiring HIV, other STIs and unintended pregnancy; thus advocating for the use of condoms among young people with multiple sexual partners is an important component of behaviour-change communication programmes. A prerequisite for reporting on this indicator is to provide a response on the survey question on multiple sexual partnerships. This indicator will also be used to measure progress towards achieving one of the bold results – doubling the use of condoms among young people within the UNAIDS Business Case 2009–2011 for the priority area of young people.

Sixty-six countries reported on this indicator through UNGASS reporting for young women aged 15–24 years, while 73 countries did so for young men aged 15–24 years. Of these, 23 countries reported data from the Measure Demographic and Health Surveys. Condom use among young people varies across the regions, with the highest reporting from 31 countries (69%) for young men and from 26 countries (58%) for young women aged 20–24 years in sub-Saharan Africa. In general, reporting on condom use by other regions was low: two of 20 countries (10%) in the Middle East and north Africa, four of 24 countries (17%) in east, south and south-east Asia, four of 13 countries (31%) in the Caribbean, and seven of 12 countries (58%) in eastern Europe and central Asia. The majority of high-income countries in western Europe and North America did not report on this indicator (Figure 3.8). Furthermore, 55 countries had nationally representative data from other data sources on young people aged 15–24 years who had more than one sexual partner in the past 12 months and reported using a condom.

Rates of condom use remain low and especially among young women.

Figure 3.8 UNGASS Indicator 17: Number of countries reporting on young people aged 15-24 years, who had more than one sex partner who reported the use of a condom during their last sexual intercourse, by region, age and sex

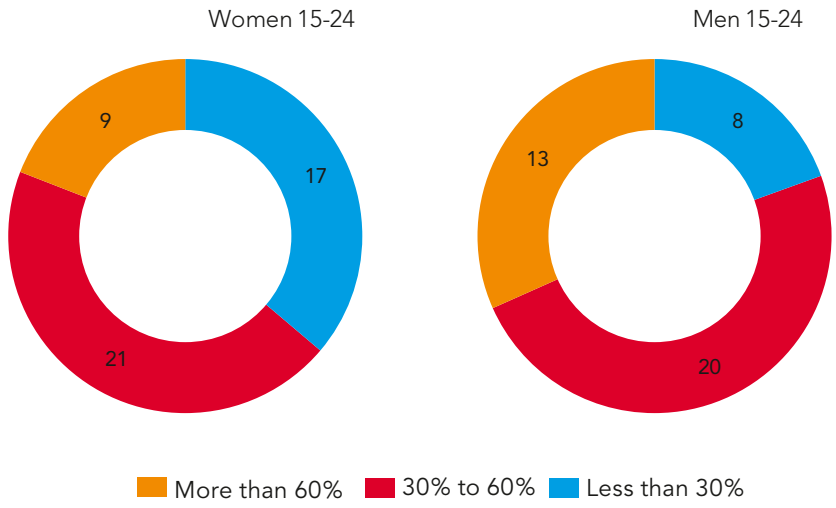


Source: UNGASS Country Progress Reports, 2010.

According to the country-reported data through UNGASS reporting, the use of condoms among young people having sex with multiple partners is far from universal, especially among young women.

In 9 and 13 countries, respectively, more than 60% of young women and men aged 15–24 years used a condom at last sex; slightly higher use among men aged 15–24 years. Seventeen and eight countries reported less than 30% of condom use among young women and young men, respectively (Figure 3.9).

Figure 3.9 UNGASS Indicator 17: Number of countries reporting on young people aged 15-24 years, who had more than one sex partner and reported the use of a condom during their last sexual intercourse, by percentage levels, age and sex



Source: HIV/AIDS Survey Indicators Data Base and other data sources.

This low level of condom use among young people, and among young women in particular, needs to change if the goal of a 30% reduction in new HIV infections among young people by 2015 is to be met.

What percentage of young people in key populations use condoms?

UNGASS Indicator 18: Percentage of female and male sex workers reporting the use of a condom with their most recent client (disaggregated for <25 years)

UNGASS Indicator 19: Percentage of men reporting the use of a condom the last time they had anal sex with a male partner (disaggregated for <25 years)

UNGASS Indicator 20: Percentage of injecting drug users who reported the use of a condom the last time they had sexual intercourse (disaggregated for <25 years)

Young people make up a large proportion of key populations at higher risk of HIV exposure. A number of countries have conducted behavioural surveillance or other special studies of sex workers, men who have sex with men, and people who inject drugs and reported these data in their 2010 UNGASS Country Progress Reports. Although it can be difficult to compare data across countries, as these surveys are not nationally representative and vary in terms of how the samples are selected, these data do provide information on levels of HIV risk behaviours among young people that is needed for

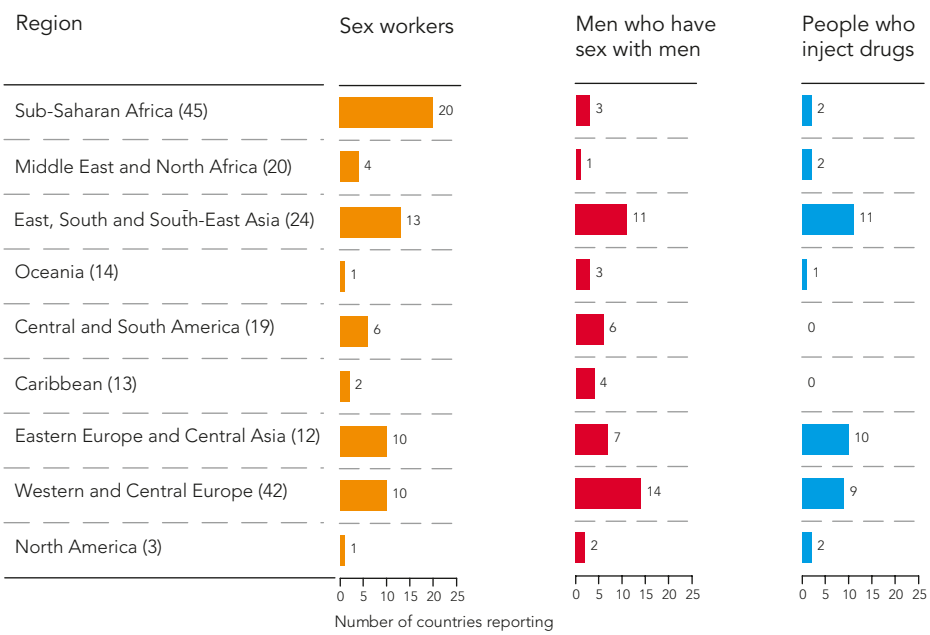
planning and monitoring the response for this important group. Reporting on key populations has increased since 2008[22], but these data still reflect a lack of reporting on key populations. Where data are available, they are usually disaggregated by age. Given the challenges in reaching and collecting data on key populations, the data have to be interpreted specific to country contexts.

Overall, 67 countries reported on the use of condoms by sex workers aged under 25 years in 2010; 26 countries did not report age-disaggregated data for this indicator. Of these 67 countries, 10 countries (83%) in eastern Europe and central Asia and 13 countries (54%) in east, south and south-east Asia reported on this indicator for young sex workers. In sub-Saharan Africa, which includes countries with both generalized and concentrated epidemics, 20 countries (44%) reported, more than half of them from western and central Africa, where sex work is a significant source of HIV transmission. In the Caribbean, only two countries (15%) reported on this indicator, and yet sex work is one of the factors that contribute to the spread of HIV (Figure 3.10).

A total of 51 countries reported on condom use for young men who have sex with men; 28 countries did not report on age-disaggregated data. The number of countries reporting varied, from 14 countries (33%) in western and central Europe, to 11 countries (46%) in east, south and south-east Asia, to seven countries (58%) in eastern Europe and central Asia. Reporting on condom use by men who have sex with men has increased since 2006[22]. Figure 3.10 reveals, however, that there is inadequate

Condom use remains low among young people in key populations.

Figure 3.10 UNGASS Indicators 18–20: Number of countries reporting on use of condoms by sex workers, men who have sex with men and people who inject drugs aged under 25 years, by region



Source: UNGASS Country Progress Reports, 2010.

reporting on this indicator by countries (e.g. only 1 of 20 countries (5%) in the Middle East and north Africa reported; 4 of 13 countries (31%) reported in the Caribbean), and only limited age-disaggregated data are available.

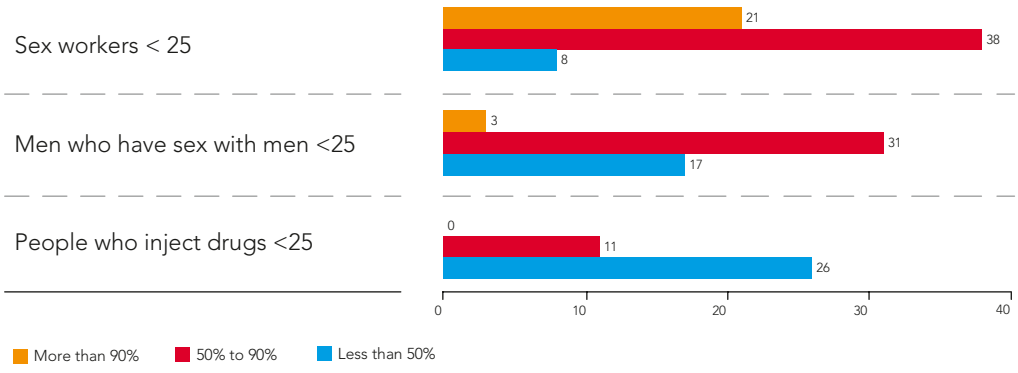
A total of 37 countries reported on condom use among people under age 25 years who inject drugs. Ten of 12 countries (83%) in eastern Europe and central Asia, 11 of 24 countries (46%) in east, south and south-east Asia, and nine of 42 countries (21%) in western and central Europe reported on this indicator.

Even though 29 countries reported data on women who inject drugs, data on the percentage of young women aged under 25 years are not reported by any country.

More than 90% of young sex workers reported condom use with their most recent client in 21 countries. These data reveal that of the three key populations, young sex workers reported highest condom use; however, less than 50% of sex workers used a condom with their most recent client in eight countries.

In contrast, 17 countries reported that less than 50% of young men who have sex with men had used a condom the last time they had anal sex with a male partner. Among young people who inject drugs, less than 50% reported condom use with their last sexual partner in 26 countries that submitted data. It is important to note that no country has reported condom use of more than 90% among young people who inject drugs (Figure 3.11). Condom use is less than 50% in countries from western and central Europe (Czech Republic, Greece, Hungary, Latvia, Portugal, Slovenia, Sweden, and the former Yugoslav Republic of Macedonia) among young men having sex with men; and among young people who inject drugs (Bulgaria, Portugal, Romania, Serbia, Sweden, Switzerland, the former Yugoslav Republic of Macedonia and the United Kingdom of Great Britain and Northern Ireland). Three countries namely, Benin, Chad, Eritrea in sub-Saharan Africa reported less than 50% condom use among young sex workers. Figure 3.11 reveals, however, that there is inadequate reporting on this indicator by countries; also, limited age-disaggregated data are available for this indicator.

Figure 3.11 UNGASS Indicators 18–20: Number of countries reporting on condom use at last sex by sex workers, men who have sex with men and people who inject drugs aged under 25 years, by percentage levels



Source: UNGASS Country Progress Reports, 2010.

What percentage of young people who inject drugs adopt harm-reduction practices?

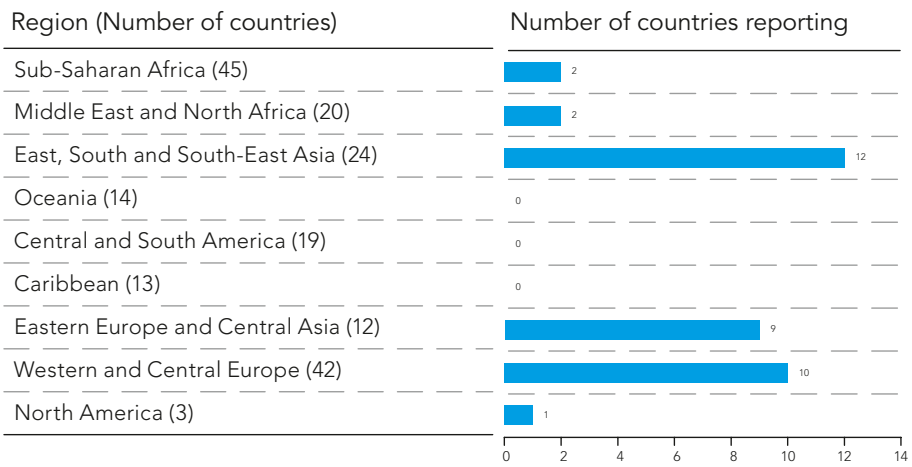
UNGASS Indicator 21: Percentage of injecting drug users who reported using sterile equipment the last time they injected

HIV can spread rapidly between people who inject drugs, through the use of contaminated injecting equipment and sexual transmission. Young people who inject drugs are vulnerable and can quickly acquire not only HIV but also other conditions requiring health-care services, such as hepatitis B and C. Increasing the availability of sterile equipment through needle and syringe programmes can reduce the number of unsafe injections[38].

Thirty-six countries reported on the use of sterile injecting equipment the last time they injected among young people aged under 25 years who inject drugs. In eastern Europe and central Asia, where the use of contaminated injecting equipment has been linked to a rapid rise in HIV infections[22], nine countries (75%) reported on this indicator. In this region, the use of sterile injecting equipment ranges from 99% among young people who inject drugs in the Republic of Moldova, to 63% in Kazakhstan, to 43% in Georgia.

In east, south and south-east Asia, where the use of contaminated injecting equipment accounts for the majority of new HIV infections, 12 countries (50%) reported on this indicator. In this region, the use of sterile injecting equipment is lowest among young people who inject drugs in Bangladesh (30%) and Thailand (61%).

Figure 3.12.UNGASS Indicator 21. Number of countries reporting the use of sterile equipment by people who inject drugs aged under 25 years, by region



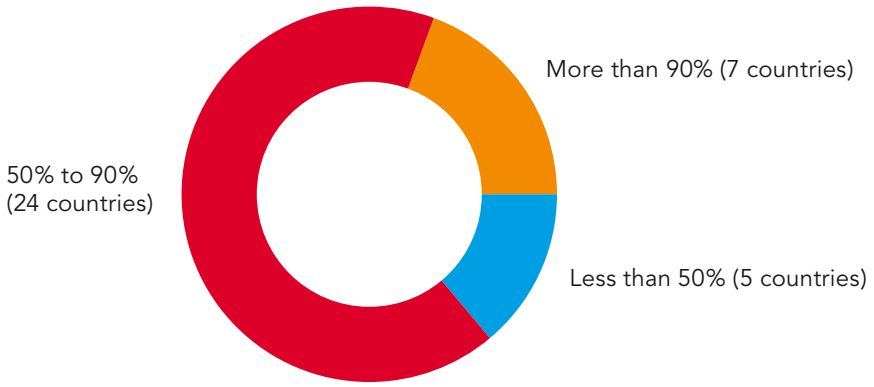
Source: UNGASS Country Progress Reports, 2010.

In Oceania, central and South America and the Caribbean, no countries reported on the use of sterile injecting equipment among young people who inject drugs. This reflects a lack of data on people of all ages who inject drugs (Figure 3.12).

Given the rapid spread of HIV and hepatitis B and C that occurs among people who inject drugs, an increase in harm-reduction practices, such as the use of sterile injecting equipment, is required to protect young people who inject drugs.

As shown in Figure 3.13, between 50% and 90% of young people who inject drugs reported using sterile injecting equipment the last time they injected in 24 countries. Only seven countries, primarily from western and central Europe and east, south and south-east Asia, reported that more than 90% of young people who inject drugs had used sterile injecting equipment; five countries reported less than 50%.

Figure 3.13 UNGASS Indicator 21: Number of countries reporting the use of sterile injecting equipment the last time they injected by people who inject drugs aged under 25 years, by percentage level



Source: UNGASS Country Progress Reports, 2010.

SERVICES

What percentage of young people is receiving HIV treatment services?

UNGASS Indicator 4: Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy.

Although there is an UNGASS indicator for the percentage of adults and children with advanced HIV receiving antiretroviral therapy,[o] this indicator does not specifically capture HIV-related treatment services for young people. Countries are expected to disaggregate data by sex and age below 15 years (age under 1 year, 1–4 years and 5–14 years) and above 15 years, for children and adults, respectively.

Children largely reflect paediatric infections, and adults reflect infections through other modes. Young women and men fall into both age categories. Health services, including HIV treatment services, should take into account young people's maturational processes, both biologically and psychologically, and make efforts to improve their quality to encourage use[39].

o UNGASS Indicator 4 requires disaggregation for children aged under 15 years and people aged 15 years and older.

A study of young people living with HIV receiving antiretroviral therapy in Uganda and Kenya found that most were sexually active and yet contraceptive use was low and there were high rates of unintended pregnancies. Even among young pregnant women receiving antiretroviral therapy, the use of some maternal health services, including prevention of mother-to-child transmission, was low[40,41]. This underscores that more comprehensive reproductive health services for young people living with HIV, and better integration of HIV treatment and maternal and reproductive health services, are required.

To meet the needs of young people who acquired HIV through parental transmission, strong linkages are required for a transition from paediatric HIV prevention to adult treatment, care and support services. Young people must be able to access HIV testing and counselling services early, and then be referred early on into treatment programmes and care and support services, for improved effectiveness of antiretroviral treatment. Young people who are members of key populations may have significant challenges to accessing antiretroviral treatment, due to stigma and discrimination, particularly through health settings. The current indicator on HIV treatment refers to children and adults, and there are no age-specific data on young people aged 15–24 years who are receiving HIV treatment services; therefore this information does not exist. This lack of information is a gap for understanding the number of young people who rely on HIV treatment.

What percentage of young people receive HIV testing and counselling services?

UNGASS Indicator 7: Percentage of women and men aged 15–49 who received an HIV test in the last 12 months and who know the results (disaggregated by sex, age 15–24 years)

Respectively, 74 and 68 countries provided age-disaggregated data for young women and young men for this indicator. Of these, 23 countries reported nationally representative data from the Measure Demographic and Health Surveys. Thirty-one countries from sub-Saharan Africa have the highest rates of reporting on this indicator. Reporting from the rest of the regions is very low, ranging from nine countries to none, across eight regions (Figure 3.14).

Among priority countries most affected by HIV, very few young people aged 15–24 years have accessed HIV testing and counselling services. In all these countries, except Kenya, Lesotho, Namibia and Zambia, less than 20% of young people have been tested for HIV and counselled in the 12 months preceding the household survey. More work needs to be done to achieve the bold result of doubling of the use of HIV testing and counselling services in countries, including setting the baseline for this indicator with a particular focus on young people at the national level (Figure 3.15). Countries from sub-Saharan Africa still report a low uptake of HIV testing and counselling services by young people.

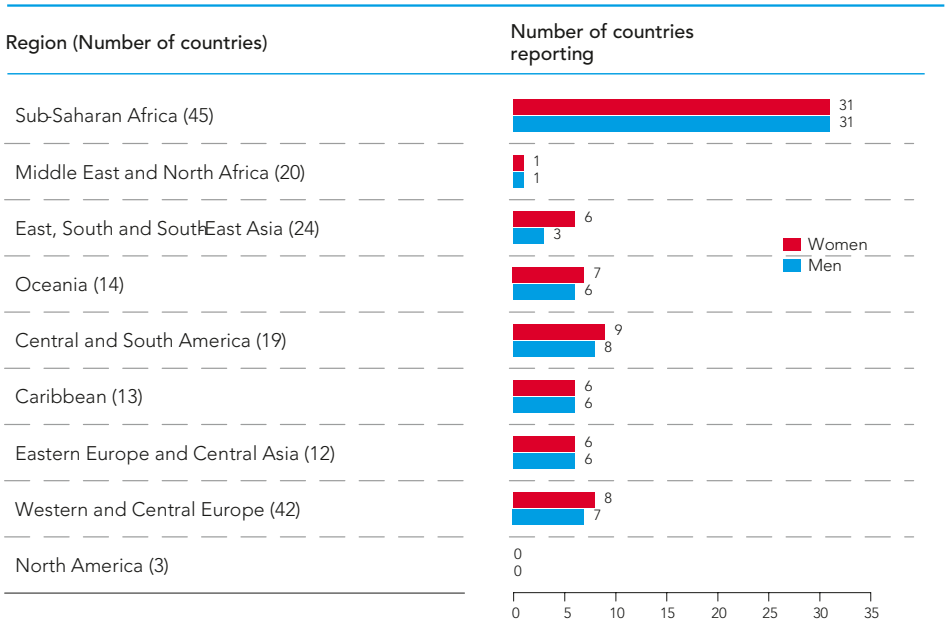
Low uptake of HIV testing indicates the need for young people to lead global HIV awareness through mobilization for voluntary confidential HIV testing and counselling.

What percentage of young people in key populations receive HIV prevention services?

UNGASS Indicator 9: Percentage of most-at-risk populations reached with HIV prevention programmes (disaggregated by age <25 years)

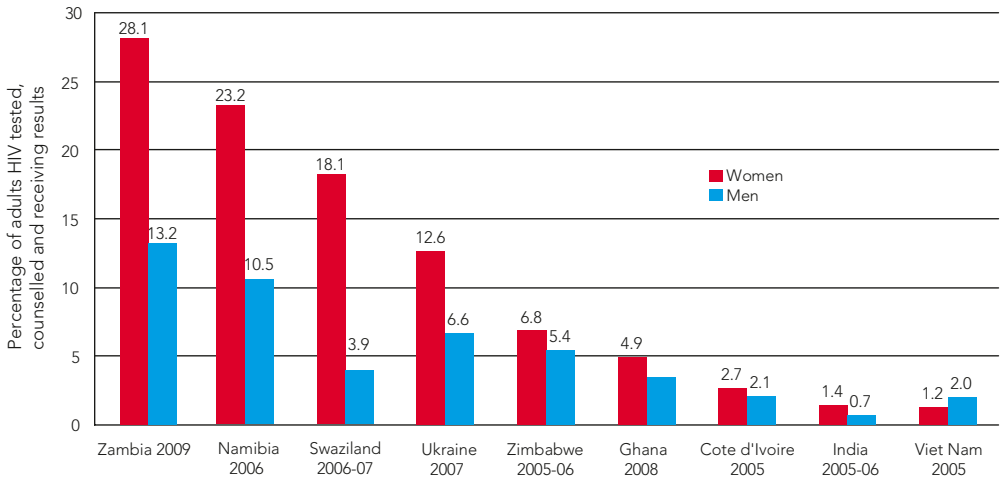
Forty-eight countries reported on the coverage of HIV prevention programmes for young sex workers, 27 countries for young people who inject drugs, and 37 countries for men who have sex with men. For this indicator, the coverage of prevention programmes means knowing where to get an HIV test and having received condoms in the past year. In addition, for people who inject drugs, it also includes whether or not they have received sterile injection equipment. Seven countries report greater than 80% programme coverage for young sex workers, five countries for young men who have sex with men, and only one country for young people who inject drugs.

Figure 3.14 UNGASS Indicator 7: Number of countries reporting on young people aged 15-24 years who received an HIV test and who know the results, by region and sex



Source: UNGASS Country Progress Reports, 2010.

Figure 3.15 UNGASS Indicator 7: Selected priority countriesa reporting on young people aged 15 -24 years, who received an HIV test in the past 12 months and who know their results



Source: HIV/AIDS Survey Indicators Database and other data sources
*Priority countries are from the UNAIDS Business Case for the priority area on young people 2009-2011

What percentage of orphans and other vulnerable children live in a household receiving support?

UNGASS Indicator 10: Percentage of orphans and vulnerable children aged 0–17 whose households received free basic external support in caring for a child.

38 countries reported on this indicator for orphans and other vulnerable children (OVC) through UNGASS country reporting. Only 25 countries have nationally-representative data on external support that is comparable cross-nationally. Programmes for OVC are found primarily in sub-Saharan Africa and 21 (47%) of 45 countries in the region reported on the percentage of OVC living in households that received free basic external support for caring for the child. Other countries that reported on this indicator include, Guyana, Haiti, Jamaica and Thailand. Of the countries reporting nationally representative data rates range from a high of 41% of OVCs receiving support services in Swaziland, and 28% in Zimbabwe, to very low coverage in countries such as Nigeria (6%), and Haiti (5%). Support services may include assistance with school fees; food and nutrition assistance; shelter and housing assistance as in Zimbabwe; school fees for OVC and neighbourhood care points as in Swaziland; and waiving school fees and providing educational necessities, food baskets, and psychosocial counselling as in Botswana.

In many of these countries, orphans and other vulnerable children are considered to be the most visible indicator of the impact of the epidemic, and yet many are left without HIV care, support and access to basic services. As noted in Lesotho's and Mozambique's Country Progress Reports, female orphans and other vulnerable children are particularly vulnerable to sexual abuse. Many countries have been overwhelmed by the number of households becoming socially and economically vulnerable due to HIV and have not been able to

address the social protection needs of the children from those families. Concerns remain about the low coverage of external care and support for households caring for orphans and other vulnerable children.

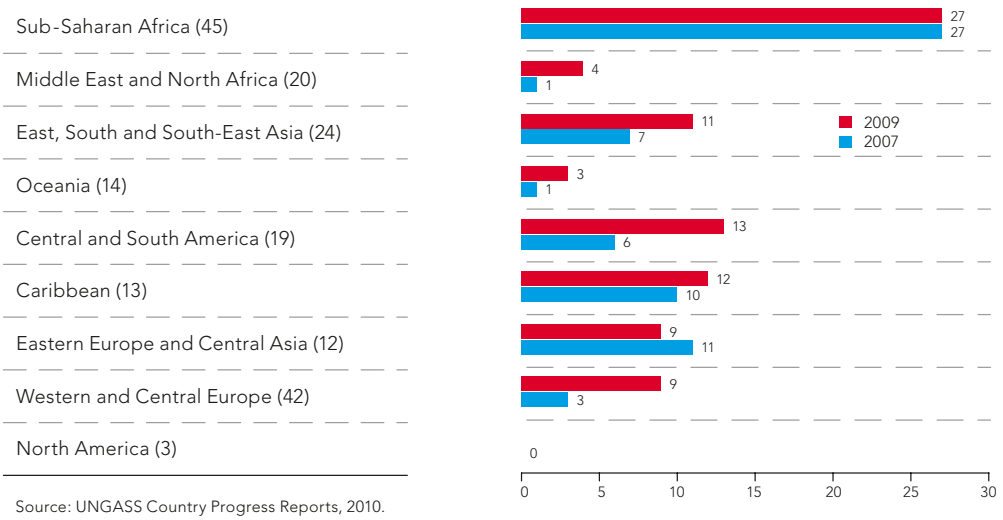
What percentage of schools provide life skills-based HIV education?

UNGASS Indicator 11. Percentage of schools that provided life skills-based HIV education within the last academic year

Life skills-based education uses participatory exercises to assist young people to adopt safe behaviours that will enable them to deal with the challenges and demands of everyday life. This can include decision-making and problem-solving skills, creative and critical thinking, self-awareness, communication and interpersonal relations. It can also teach young people how to cope with their emotions and the causes of stress. When adapted specifically for HIV education in schools, a life skills-based approach enables young people to understand and assess the individual, social and environmental factors that increase and decrease the risk of, and vulnerability to, HIV transmission. When implemented with quality and scale, it can have a positive effect on behaviours, including a delay in sexual debut and a reduction in the number of sexual partners.

Eighty-eight countries reported on the availability of life skills-based education in schools for young people. Of those countries that reported, 26 countries indicated that nearly all (more than 90%) schools provide life skills-based HIV education at either the primary or secondary level, while 39 countries indicated that less than 50% of their schools offered these services. Over the past two years, a greater number of countries within most regions have offered life skills-based education to young people in schools (Figure 3.16).

Figure 3.16 UNGASS Indicator 11: Number of countries reporting on percentage of schools that provided life skills-based education within the past academic year 2007–2009, by region



Source: UNGASS Country Progress Reports, 2010.

4. National Policy and Programme Environment

UNGASS Indicator 1. Domestic and international AIDS spending by categories and financing sources.

As part of the UNGASS progress reporting process, countries are asked to report on national and international AIDS spending by categories and financing sources. The National AIDS Spending Assessment is one of the tools used by countries to document actual expenditures classified by eight AIDS spending categories. In 2010, 137 of 192 countries (71%) reported on this indicator.

UNGASS Indicator 2. Government HIV and AIDS Policies – National Composite Policy Index. (Areas covered: prevention, treatment, care and support, human rights, civil society involvement, gender, workplace programmes, stigma and discrimination, and monitoring and evaluation).

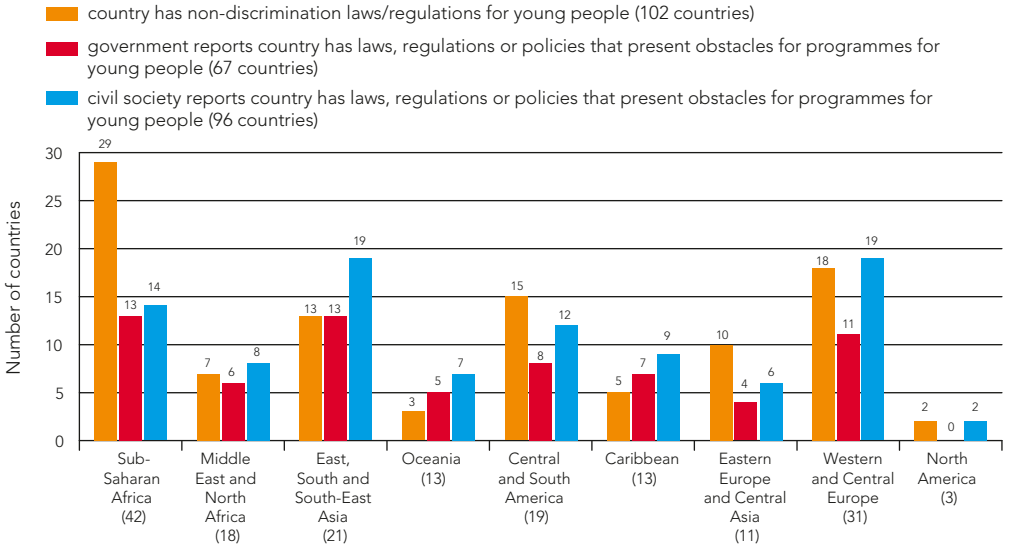
Countries are also requested to report every two years on the NCPI as part of UNGASS reporting. The NCPI is a comprehensive standardized questionnaire that assesses the policy, strategy, legal and programme implementation environment for the AIDS response, and includes questions specific to programmes for young people. Government officials administer the first section (Part A) of the NCPI, and representatives of civil society administer the second section (Part B). In 2010, 171 of the 182 countries (95%) that reported on UNGASS included information related to the NCPI.

Information that countries submitted for these two indicators is summarized in this section to provide an understanding of the legal and policy issues, strategy and programme implementation environment for the AIDS response for young people, and spending on programmes for young people.

YOUTH FRIENDLY POLICIES AND LEGAL ENVIRONMENT

The development and implementation of effective programmes for young people requires a policy and legal environment that supports the delivery of services for young people rather than creates obstacles. Young people must have the right to receive health services, regardless of age or marital status. This is not always the case, however. For example, laws may restrict access to health services for young people below the age of majority, or parental or spousal permission may be required to access reproductive health services such as contraception. In countries where early sexual activity (aged under 16 years) is illegal, health-care providers may not be allowed to maintain patient confidentiality and may be required to report this activity. Young people who are (or whose parents are) illegal immigrants may not have access to health services[42]. Likewise, young people engaged in behaviours that place them at higher risk of HIV exposure face additional stigma, discrimination and, in some contexts and countries, retribution if those behaviours are illegal. These young people, such as young sex workers, young people who inject drugs and young men who have sex with men, may face additional obstacles in accessing and receiving needed HIV programmes and services.

Figure 4.1 Number of countries reporting on laws and regulations for young people, by region



Source: UNGASS Country Progress Reports, 2010.

Globally, there are large differences across regions in terms of laws and regulations that may affect the delivery of effective HIV programmes and services for young people. A total of 102 countries reporting have non-discrimination laws and regulations protecting young people. Non-discrimination laws for young people are found in a majority of countries in sub-Saharan Africa, east, south and south-east Asia, eastern Europe, and central and South America, but they are found in fewer countries in the Caribbean, the Middle East and north Africa, and Oceania (Figure 4.1).[p]

In 67 countries, government respondents in the NCPI report that there are laws or regulations that present obstacles to initiatives for young people, while in 96 countries, representatives of civil society report the same. Legal or regulatory obstacles to initiatives for young people are reported in a small percentage of the countries in sub-Saharan Africa but are reported more frequently in east, south and south-east Asia and the Caribbean. In Trinidad and Tobago, for example, school-based programmes for young people include abstinence only, and HIV testing and counselling for young people are age-restricted under age 16 years and require parental consent; sexual intercourse between men is also criminalized. In Thailand, the parents of young people under 18 years of age must be notified about their child's use of HIV testing and counselling services; in addition, sex workers and men who have sex with men, many of whom are young people, can be charged with prostitution or soliciting prostitution if they are found by the police to be carrying condoms, as prostitution is illegal in Thailand. All of these issues can be obstacles to accessing HIV-related programmes and services.

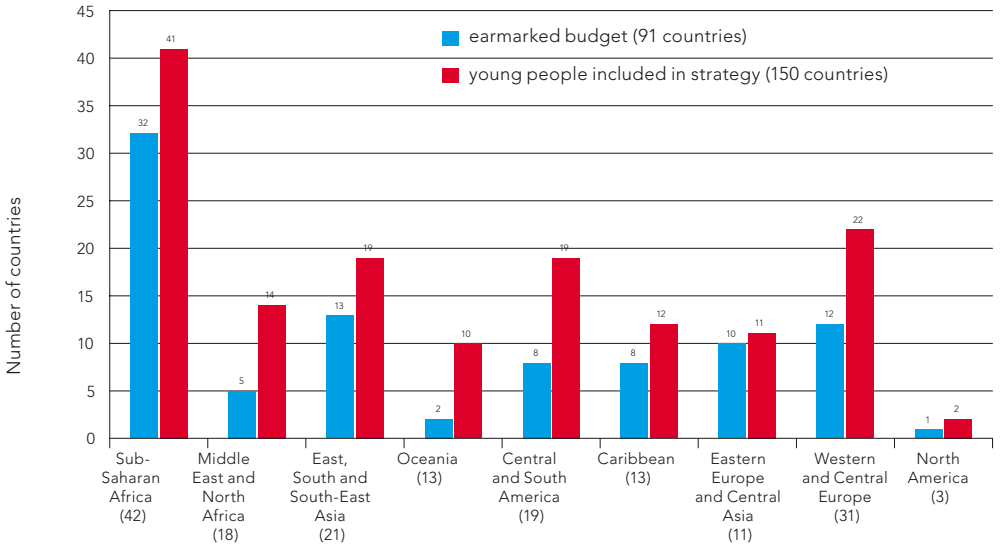
p According to responses to Part A, question 5 and Part B, question 2 (Does the country have non-discrimination laws and regulations which specify protections for most at risk populations and other vulnerable populations?]; and Part A, question 6 and Part B, question 3 (Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?) in the NCPI.

NATIONAL MULTISECTORAL AIDS STRATEGIES TO RESPOND TO HIV FOR YOUNG PEOPLE

Despite the large number of young people living with HIV and the vulnerability of this population, the needs of young people seem often to be overlooked in the development of national multisectoral AIDS strategies.[q] After a decade or more of initiatives, there is sufficient evidence that there are effective services and programmes to prevent HIV infection in young people[43]. For example, a review of the effectiveness of programmes in sub-Saharan Africa to improve sexual behaviour and health outcomes, with regard to HIV, STIs and unintended pregnancy, found that there are promising programmes that do work[44]. School-based and adult-led programmes showed clear evidence of reduced risk behaviours, while programmes in health facilities led to increased use of services when they were made more youth-friendly. Community-wide programmes and programmes specifically engaging young people also showed promising results.

With effective programme models available, the next step is to scale up the response for young people. To support the design and implementation of HIV programmes for young people, the Inter-Agency Task Team on HIV and Young People put together a series of Global Guidance Briefs[r] that outline what needs to be implemented in different sectors to prevent the spread of HIV among young people[15]. The development of these comprehensive HIV programmes within national strategies requires the engagement of young people, a multisectoral response, and the collaboration of governmental and nongovernmental organizations (NGOs).

Figure 4.2 Number of countries reporting on component of young people in the national multisectoral AIDS strategy with a specific HIV budget for activities, by region



Source: UNGASS Country Progress Reports, 2010.

q Multisectoral strategies should include, but are not limited to, those developed by government ministries such as agriculture, finance, human resources, justice, minerals and energy, planning, public works, tourism, trade and industry[26].

r The series of seven Global Guidance Briefs can be downloaded from http://www.who.int/child_adolescent_health/documents/iatt_hivandyoungpeople/en/index.html.

Strategic information on policy and legal environment in countries to support the implementation of programmes for young people is reported through the NCPI. A majority of 150 countries (88%) included young people in their national multisectoral AIDS strategies.[s] All countries in eastern Europe, central Asia, and central and South America included programmes for young people in their national AIDS strategies, while 41 of 42 countries (98%) in sub-Saharan Africa, 19 of 21 countries (90%) in east, south and south-east Asia, and 12 of 13 countries (92%) in the Caribbean did so (Figure 4.2).

National AIDS strategic plans: outlining programmes for young people

An analysis of national AIDS strategic plans by UNAIDS revealed that of the 90 plans reviewed, 73 plans mentioned programmes and activities for young people. Of these 73 national strategic plans, however, only 34 clearly identified specific programmes and activities for young people. A larger number contained no explicit information about these programmes, despite having mentioned programmes for young people as a component of the plan. Thus, almost two-thirds of national AIDS strategic plans reviewed either did not mention or did not adequately describe programmes and activities for young people.

Source: Unpublished analysis of national AIDS strategic plans, UNAIDS, October, 2010.

Although the inclusion of young people in the national AIDS strategy is encouraging, only 91 of 150 countries (61%) have a specific budget for HIV activities dedicated to young people. For example, 14 countries (78%) in the Middle East and north Africa include young people in their strategy, but only five of these countries (36%) had earmarked budget for programmes for young people. Similarly, funding for programmes for young people is not earmarked in many countries in central and South America and Oceania, despite indicating that young people are a component of their multisectoral AIDS strategies (Figure 4.2). The lack of dedicated funding for programmes for young people in many countries may be a reflection of inadequate national commitment.

Lesotho makes young people a priority in its national AIDS strategic plan

The Lesotho national AIDS strategic plan places a major emphasis on young people as a key population for HIV prevention programmes. National laws and regulations protect young people from discrimination, and both government and civil society respondents in the NCPI say that laws and regulations do not present obstacles to providing HIV care and services for young people.

Ongoing prevention programmes to stop the spread of HIV among young people include the implementation of a life skills training curriculum in primary and secondary schools; the creation of youth resource centres to offer peer education and support programmes to young people out of school; and community sensitization dialogues to increase awareness of the sexual and reproductive rights of women and girls. Young people are also a key population for national behaviour-change communication campaigns.

The life skills training programme in schools has been institutionalized by the Ministry of Education and Training and is part of the core national curriculum for primary- and secondary-level education. The Ministry of Gender, Youth, Sports and Recreation, in collaboration with NGOs and development partners, implements a wide range of life skills and HIV prevention programmes for young people who are out of school. These include information about delaying sexual activity until marriage, using condoms to prevent the transmission of HIV and other STIs, and the importance of confidence and self-esteem in deciding when and how to become sexually active. The programmes have also included important information for adolescent girls and young women about the existence of services and support for those who are victims of sexual violence or who are coerced into sexual relationships by people in authority around them (e.g. family relatives, teachers, older men).

Source: NCPI and UNGASS Country Progress Report, 2010.

s According to responses to Part A, question 1 (Has the country developed a national multisectoral strategy to respond to HIV?) in the NCPI.

As presented in Table 4.1, the policy and programme environment is very favourable for programmes for young people in the 17 priority countries identified in the UNAIDS Business Case for young people. All of the priority countries that submitted strategic information through the NCPI reported having young people as a component of their multisectoral strategy, and all have budgets earmarked for HIV programmes for young people. All also reported that they have a policy or strategy to promote HIV-related sexual and reproductive health education for young people. Despite the existence of a positive policy and programme environment, some national laws may present obstacles to the implementation of programmes. Six countries reported that they did not have laws or regulations that discriminate against young people. Government respondents from two countries (Kenya, Malawi) and civil society respondents from five countries (Swaziland, Malawi, South Africa, Mozambique, Kenya) report that there are obstacles for programming for young people.

Table 4.1 National Policy and Programme environment for HIV programmes for young people in Priority Countries, UNAIDS Business Case (2009-2011).

Country	Young people included in country's multisectoral strategy	Country has earmarked budget for young people	Country has non-discrimination laws or regulations for young people	Country has laws, regulations or policies that present obstacles for HIV programming for young people (government/civil society)	Country has policy or strategy to promote HIV-related reproductive and sexual health education for young people
Percent of all 171 countries that submitted the NCPI					
	Yes-88%	Yes-53%	Yes-53%	No-12%	Yes-98%
Swaziland	Yes	Yes	No	No/Yes	Yes
Lesotho	Yes	Yes	Yes	No	Yes
Malawi	Yes	Yes	Yes	Yes/Yes	Yes
Namibia	n/a	n/a	n/a	n/a	n/a
Côte d'Ivoire	Yes	Yes	No	No	Yes
Ghana	Yes	Yes	Yes	No	Yes
Ukraine	Yes	Yes	Yes	No	Yes
Viet Nam	Yes	Yes	Yes	No	Yes
Brazil	Yes	Yes	Yes	No	Yes
South Africa	Yes	Yes	Yes	No/Yes	Yes
Botswana	Yes	Yes	No	No	Yes
Zambia	Yes	Yes	Yes	No	Yes
Mozambique	Yes	Yes	No	No/Yes	Yes
Zimbabwe	Yes	Yes	Yes	No	Yes
Kenya	Yes	Yes	No	Yes/Yes	Yes
United Republic of Tanzania	Yes	Yes	No	No	Yes
India	Yes	Yes	Yes	No	Yes

n/a - data not available
Source: NCPI, UNGASS Country Progress Reports, 2010

Spending on HIV prevention programmes for young people

Apart from all other categories on AIDS spending, three categories focus on young people – in school, out of school, and orphans and other vulnerable children. School is just one of the settings where young people can be reached. HIV prevention programmes in schools, both primary and secondary, are an important mechanism for reaching young people. These programmes may include sexuality education, school-based clinics, enhanced availability of condoms, and comprehensive life skills-based programmes that aim to create a healthy lifestyle, to discourage individual behaviours that increase the risk of HIV exposure, and to address social and cultural norms that act as barriers to HIV prevention.

Reporting on spending on programmes for HIV prevention in schools ranges from 29 countries (64%) in sub-Saharan Africa, to 13 countries (54%) in east, south and south-east Asia, to 12 countries (63%) in central and South America, to 11 countries (92%) in eastern Europe and central Asia.

Nineteen countries (42%) in sub-Saharan Africa, 9 countries (38%) in east, south and south-east Asia, and 9 countries (75%) in eastern Europe and central Asia have reported on AIDS spending for youth out of school. On the other hand, there is low reporting by countries on spending for youth out of school, which ranged from two (10%) to seven (37%) countries.

Thirty-two countries (71%) in sub-Saharan Africa, 13 countries (68%) in central and South America, 10 countries (42%) in east, south and south-east Asia, and six countries (50%) in eastern Europe and central Asia have reported on AIDS spending on orphans and other vulnerable children (Figure 4.3). The rest of the regions have very low reporting rates.

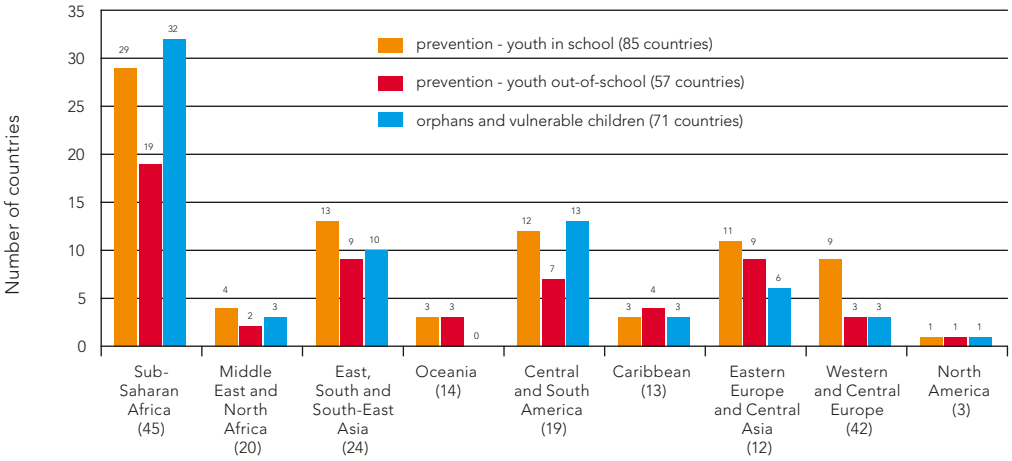
The actual spending reported by countries on AIDS spending categories for youth in school, youth out of school, and orphans and other vulnerable children is presented in Table 4.2.

Table 4.2 AIDS spending data for youth in school, youth out of school, and orphans and other vulnerable children

Countries	Prevention – youth in school	Prevention – youth out of school	Orphans and vulnerable children
Number of low- and middle-income countries reported	79	54	69
Spending by low- and middle-income countries (million US$)	28.120	12.372	321.401
Number of high-income countries reported	6	3	2
Spending by high-income countries (million US$)	1.825	63.746	73.884

Source: UNGASS Country Progress Reports, 2010

Figure 4.3 UNGASS Indicator 1: Number of countries reporting on AIDS spending for young people, by region



Source: UNGASS Country Progress Reports, 2010.

Spending on HIV prevention for youth in school represents 2.6% of total prevention spending and 0.6% of total AIDS spending in 79 low- and middle-income countries. Spending on HIV prevention for youth out of school represents 1.5% of total prevention spending and 0.3% of total AIDS spending in 54 low- and middle-income countries that reported on this category. For 69 low- and middle-income countries that reported, spending on orphans and other vulnerable children represents 6% of total AIDS spending.

Even though the spending on youth in school, youth out of school, and orphans and other vulnerable children categories is reported by countries, it is important to note that young people are also included within other AIDS spending categories, such as communication for social and behavioural change, prevention programmes in the workplace, prevention of parental HIV transmission, male circumcision, advocacy and training.

Even when countries report AIDS spending on programmes for young people, it is not always clear how these funds are used. Some Country Progress Reports do include information on the types of programme for young people that have been supported. For example, in an effort to strengthen life skills-based HIV education in schools, the Comoros and Rwanda have established youth clubs in schools, while Mozambique has counselling corners staffed by peer educators that provide HIV information referrals and condoms. Reaching young people who are not in school is challenging because they are not a captive audience. Community service organizations in many countries are often the ones that are providing services to these populations. Their activities may include youth groups, clubs and associations. In some cases, however, these programmes reach only young people aged 18 years and older, and they may miss many younger people.

MEANINGFUL ENGAGEMENT OF YOUNG PEOPLE IN POLICIES AND PROGRAMMES

The empowerment and involvement of young people is key to establishing successful policies and programmes. A review of the narrative sections from the UNGASS Country Progress Reports reveals that information on the engagement of young people in policies and programmes is lacking. The aspect of meaningful engagement of young people in policies and programmes is not currently part of UNGASS country reporting.

5. Regional overviews

This section provides an overview of the HIV epidemic in the nine regions and a review of the three UNGASS indicators that are aligned with the three bold results in the UNAIDS Business Case 2009–2011 for the priority area on young people. For countries with generalized epidemics, the information focuses on these three indicators among young people in the general population, while for countries with concentrated epidemics, also included is information for young people in key populations at higher risk of HIV exposure.

The three indicators are:

- **Indicator 13**: Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.
- **Indicator 7**: Percentage of young women and men aged 15–49 who received an HIV test in the last 12 months and who know their results (disaggregated for ages 15–19, 20–24, and 25–49).
- **Indicator 17**: Percentage of young people aged 15–49 who had more than sexual one partner in the last 12 months and who used a condom during their last intercourse (disaggregated for ages 15–19, 20–24, and 25–49).

SUB-SAHARAN AFRICA

The 45 countries in this region are: Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, the Comoros, Côte d'Ivoire, the Republic of the Congo, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, the Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, Swaziland, Togo, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe.

What percentage of young people are living with HIV?

Sub-Saharan Africa is the world's most affected region, although there are signs that HIV prevalence is declining among young people in the region. There is great variation in HIV prevalence among young people within the region. The countries of the southern Africa region are characterized by highly generalized epidemics, with HIV prevalence ranging from 5.8% (3.7–8.6%) among young women in Namibia to 15.6% (12.6–21.3%) in Swaziland. Among young men, estimates are lower than for young women, but they still exceed 5% in Swaziland, Lesotho and Botswana. East Africa's epidemics have estimates of HIV prevalence among young women ranging from 0.2% (0.1–0.3%) in Mauritius to 8.6% (7–12.1%) in Mozambique. Among young men, prevalence is highest in Mozambique and Malawi (both 3.1%). Prevalence in west Africa, Africa's most populous region, which is characterized by concentrated rather than generalized epidemics, ranges from 0.3% (0.1–0.5%) of young women in Mauritania to 2.9% (2.3–3.9%) of young women in Nigeria. Only in Nigeria 1.2% (0.9–1.6%) is the HIV prevalence among young men. HIV prevalence for 12 of the 17 priority countries indicated in the UNAIDS Business Case 2009–2011 for the priority area on young people is shown in Table 5.1.

Table 5.1 HIV prevalence among young people aged 15–24 years in the UNAIDS Business Case priority countries of sub-Saharan Africa, 2009

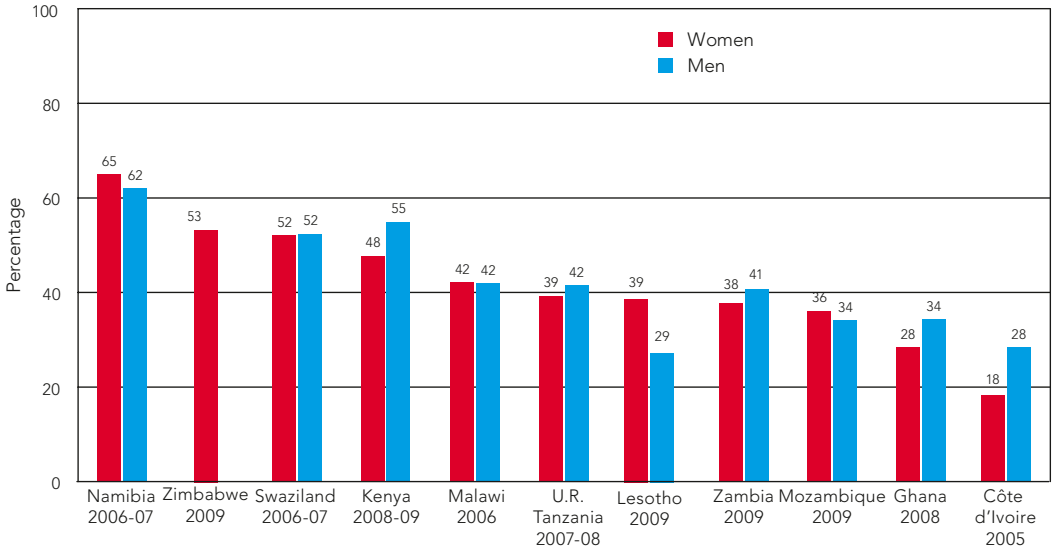
	Males, aged 15–24 years (low estimate–high estimate)	Females, aged 15–24 years (low estimate–high estimate)
Botswana	5.2 (3.7–7.3)	11.8 (9–15.9)
Côte d'Ivoire	0.7 (0.5–1.1)	1.5 (1.1–2.3)
Ghana	0.5 (0.4–0.7)	1.3 (0.9–1.8)
Kenya	1.8 (1.3–2.4)	4.19 (3–5.4)
Lesotho	5.4 (4.1–7.4)	14.2 (11.2–19.2)
Malawi	3.1 (2.3–4.2)	6.8 (5.3–9.2)
Mozambique	3.1 (2.4–4.4)	8.6 (7–12.1)
Namibia	2.3 (1.3–3.6)	5.8 (3.7–8.6)
South Africa	4.5 (4.1–5)	13.6 (12.3–15)
Swaziland	6.5 (4.8–8.8)	15.6 (12.6–21.3)
Zambia	4.2 (3.2–5.5)	8.9 (7.3–12)
Zimbabwe	3.3 (2.5–4.4)	6.9 (5.3–9.3)

Source: Global report: UNAIDS report on the global AIDS epidemic 2010. Geneva, Joint United Nations Programme on HIV/AIDS, 2010.

Do young people know about HIV and how to avoid it?

Thirty-six countries reported on young people's knowledge of HIV and how to prevent it through UNGASS country reporting. Data from the Measure Demographic and Health Surveys show that among young women, knowledge ranges from a high of 65 % in Namibia to a low of 5% in Mauritania. Among young men, knowledge levels ranged from a high of 62 % in Namibia, to a low of 14% in Mauritania.

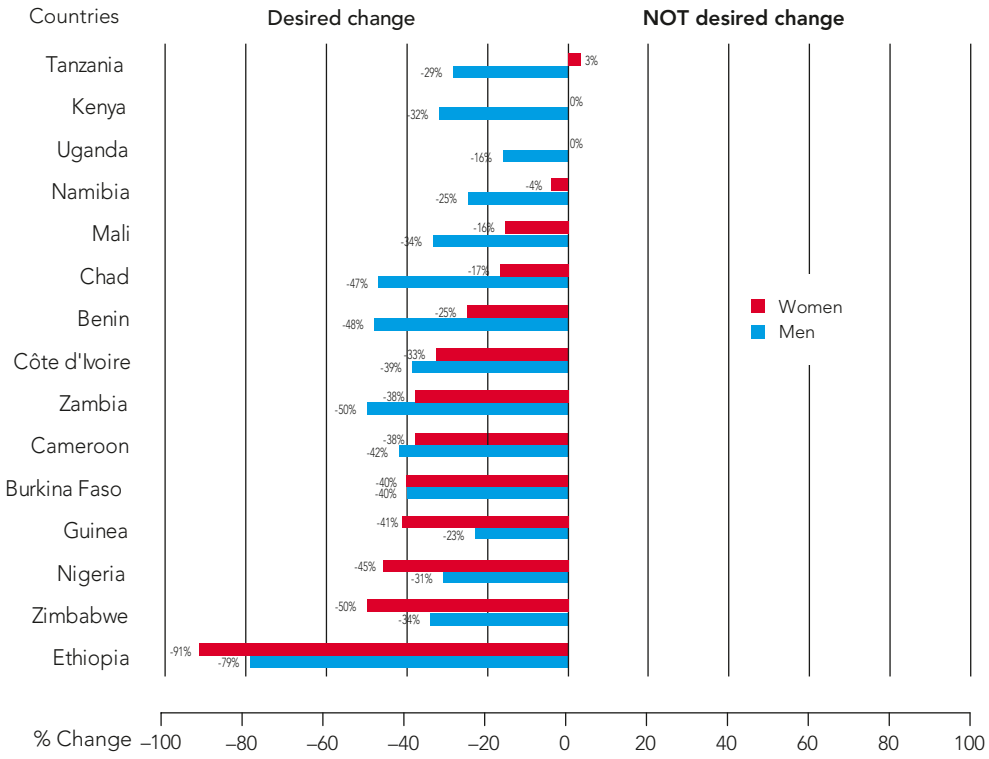
Figure 5.1 UNGASS Indicator 13: Comprehensive knowledge of HIV among young people aged 15–24 years in selected priority countries*



Source: HIV/AIDS Survey Indicators Data Base. www.measuredhs.com
*Priority countries are from the UNAIDS Business Case for the priority area on young people 2009-2011

In the priority countries in the UNAIDS Business Case 2009–2011 on the priority area on young people, many of which are in sub-Saharan Africa, comprehensive knowledge of HIV among young people is still very low (Figure 5.1). In fact, in only four of the sub-Saharan African countries (Kenya, Namibia, Swaziland and Zimbabwe) do levels of knowledge exceed 50% among young women or men aged 15–24 years.

Figure 5.2 UNGASS Indicator 16. Percentage of change in patterns of young people aged 15-24 years, having had sex with more than one partner in the past year, 1997-2010



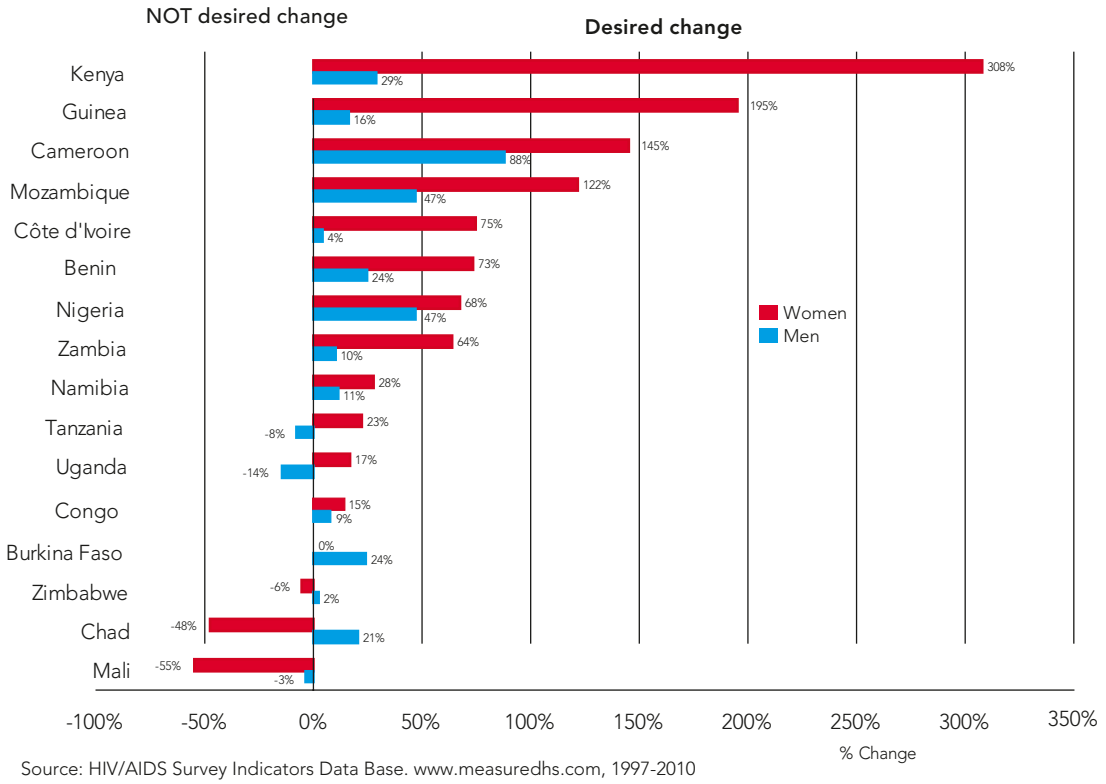
Source: HIV/AIDS Survey Indicators Data Base. www.measuredhs.com, 1997-2010

Are young people using condoms with multiple sexual partners?

A trend analysis of the change in the proportion of young people in sub-Saharan Africa with multiple sexual partners using data from the Measure Demographic and Health Surveys shows that, in many countries, there have been declines in the percentage of young people with multiple sexual partners over the past decade (Figure 5.2).

Similarly, condom use by young people with multiple sexual partners has increased in the majority of countries (Figure 5.3). These positive changes support the decline in new HIV infections in young people in the region.

Figure 5.3 UNGASS Indicator 17. Percentage of change in patterns of young people aged 15-24 years with more than one sex partner who used a condom at last sex, 1997-2010



Source: HIV/AIDS Survey Indicators Data Base. www.measuredhs.com, 1997-2010

South Africa – Addressing multiple sexual partnerships

South Africa is one of the countries most severely affected by the global HIV epidemic. Although the epidemic has stabilized, HIV prevalence remains high. Heterosexual sex is recognized as the predominant mode of HIV transmission in the country, and multiple sexual partnerships are thought to be a key source of new HIV infections.

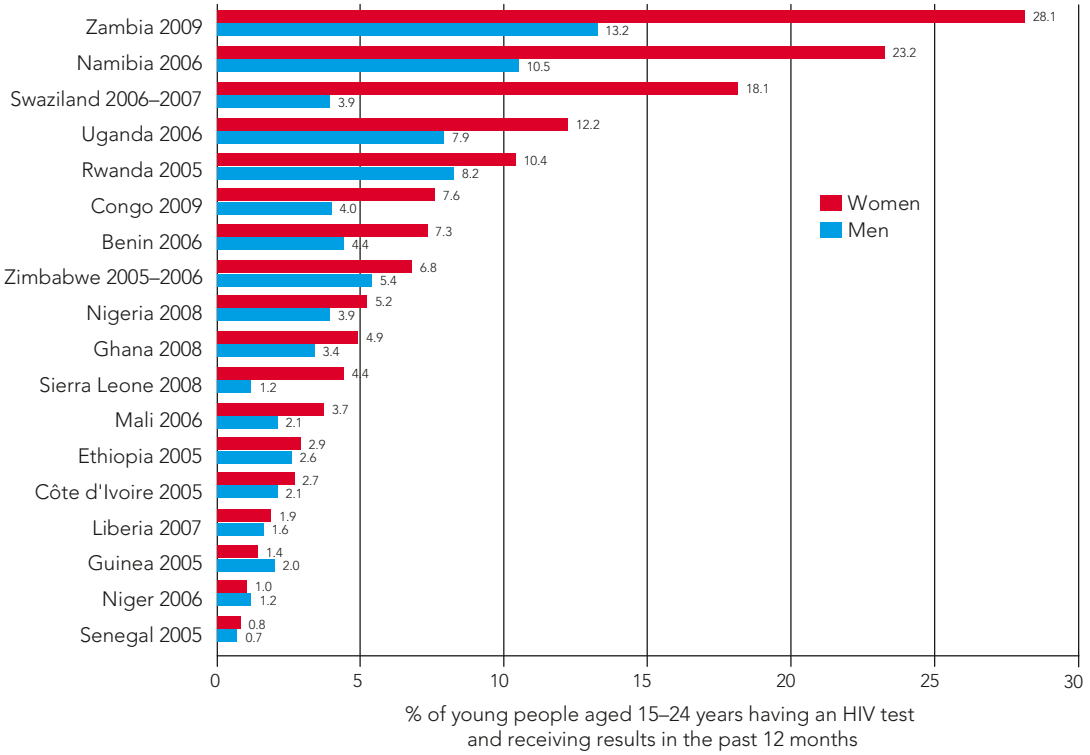
Among sexually active young men, 29% of those aged 16–19 years and 33% of those aged 20–24 years have had more than one partner in the past 12 months. For women, the percentages are 9% and 6%, respectively. Age-disparate sex is also a contributing factor: among females, 34% of those aged 16–19 years and 40% of those aged 20–24 years report having sex with a man who is at least five years older. Although most young people hold positive attitudes towards delaying sexual debut, the mean age of sexual debut has not changed since 2006. There is evidence, however, that rates of multiple sexual partnerships may be declining among young women, but not among young men.

Source: Johnson S, Kincaid L, Laurence S, Chikwava F, Delate R, and Mahlasela L (2010). *Second National HIV Communication Survey 2009*. Pretoria: JHHESA

Are young people receiving HIV testing and counselling services?

Eighteen countries in sub-Saharan Africa have had nationally representative surveys in the past five years, which permits the calculation of the number of young people aged 15–24 years who received an HIV test in the last 12 months and who know their results. As can be seen in Figure 5.4, less than 10% of young men or women aged 15–24 years have been HIV tested and received their results, except in Zambia, Uganda, Rwanda, Swaziland and Namibia. These low levels of testing may reflect a lack of knowledge of HIV testing, or a low perception of risk of HIV exposure, or they may reflect barriers to accessing HIV testing and counselling among young people. Young women are much more likely than their male counterparts to have received HIV testing and counselling. This may be because young women may be accessing antenatal care and other reproductive health services that provide opportunities for HIV counselling and testing services, including services for the prevention of parental transmission.

Figure 5.4 UNGASS Indicator 7: Percentage of young people aged 15-24 years in selected countries, who were tested for HIV and received their test results, 2005–2010



Source: HIV/AIDS Survey Indicators Data Base, December 2010; www.measuredhs.com

Voices of adolescents and youth in Lesotho

"We are afraid to test. When nurses see a young HIV-positive person they assume she is a sex worker, or has been involved in trans-generational sex, or has a sugar daddy. They accuse us of being promiscuous. Although these factors are responsible for fuelling the pandemic, each person has their own story to tell."

Source: Lesotho Country Progress Report, 2010.

EAST, SOUTH AND SOUTH EAST ASIA

The 22 countries in this region are: Afghanistan, Bangladesh, Bhutan, Brunei Darussalam, Cambodia, China, India, Indonesia, Japan, the Lao People's Democratic Republic, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Pakistan, the Philippines, Singapore, Sri Lanka, Thailand, Timor-Leste and Viet Nam.

What percentage of young people are living with HIV?

The HIV epidemic is diverse across east, south, and south-east Asia. These countries generally have low-level and concentrated epidemics. Among young people aged 15–24 years in the general population, it is estimated that less than 0.1% of young people are living with HIV in all but three countries within the region. Rates are only slightly higher for young women in the Lao People's Democratic Republic (0.2% [0.1–0.3%]), for young women and young men in Myanmar (0.3% [0.2–0.3%] for young women; 0.3–0.4% for young men), and for young men in Nepal (0.2% [0.1–0.6%]).

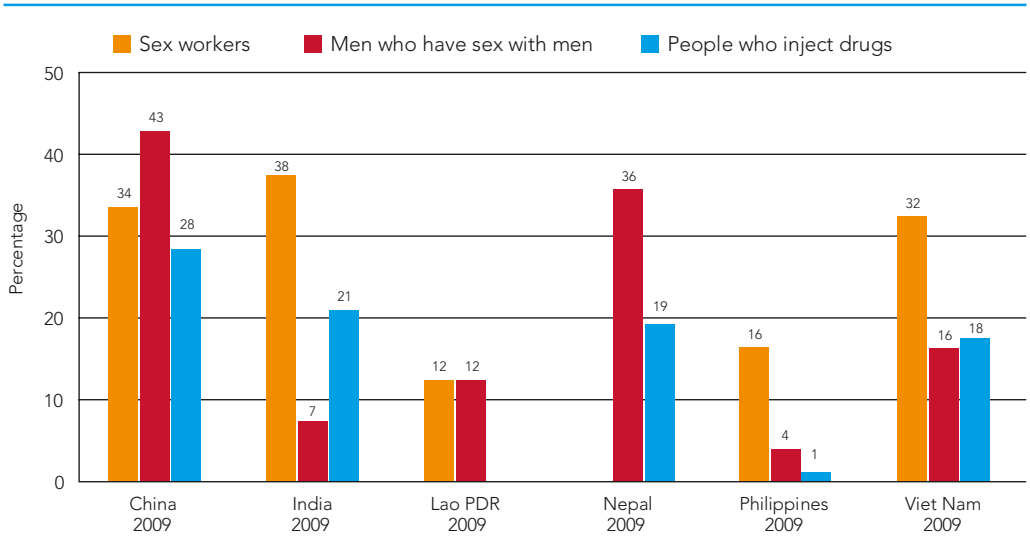
In most of the countries in this region, HIV is concentrated among key populations, many of whom are young people. These young people face a high risk of HIV exposure and other negative sexual and reproductive health outcomes as a result of behaviours that they adopt or are forced to adopt. In the Asia region, nine countries reported data on HIV prevalence among young people who inject drugs. Ten countries reported HIV prevalence data for young sex workers, and 11 countries reported HIV prevalence data for young men who have sex with men.

In India, one of the priority countries identified in the UNAIDS Business Case 2009–2011, estimates of HIV prevalence in all three key populations were reported, but no data were reported for young people. In Viet Nam, only data on HIV prevalence in young men who have sex with men (estimated at 3%) were reported. In the Viet Nam UNGASS Country Progress Report, however, it is noted that many sex workers are young people. For both India and Viet Nam, the data on young people within key populations are available but not disaggregated by age.

Do young people know about HIV and how to avoid it?

Eleven countries reported on comprehensive HIV knowledge from the region through 2010 UNGASS Country Progress Reports. The Measure Demographic and Health Surveys and other data sources reveal that only one country, Cambodia, reported 50% of young people in the general population having this knowledge. Levels of knowledge ranged from 3.4% in Pakistan to 50.1% in Cambodia among young females, and from 14.7% in Indonesia to 50.3% in Viet Nam among young males.

Figure 5.5 UNGASS Indicator 8: Selected countries reporting on sex workers, men who have sex with men and people who inject drugs aged under 25 years who were tested for HIV and received their test results



Source: UNGASS Country Progress Reports, 2010

Through UNGASS Country Progress Reports, 12 countries reported on HIV knowledge for young sex workers aged under 25 years, 10 countries for young people aged under 25 years who inject drugs, and 10 countries for young men aged under 25 years who have sex with men. Knowledge of HIV among young injecting drug users ranged from 20% in Pakistan to 78% in Myanmar. Among young sex workers, HIV knowledge ranged from 1% in Afghanistan to 65% in Myanmar, and among young men who have sex with men levels of knowledge ranged from 19% in Thailand to 68% in Myanmar.

Are young people receiving HIV testing and counselling services?

For countries in east, south and south-east Asia that reported, 2009 data on key populations (sex workers [15 countries], people who inject drugs [12 countries], and men who have sex with men [14 countries]) aged under 25 years who received an HIV test and knew the result vary tremendously (Figure 5.5). Uptake of HIV testing was highest among men who have sex with men in China (42.9%) and lowest in the Philippines (3.94%). With regard to sex workers, more than 30% in China, India and Viet Nam have received testing and counselling services.

Levels of testing among young people who inject drugs ranged from 1% in the Philippines to 57% in Thailand. Levels of testing among young sex workers ranged from 4% in Bangladesh to 68% in Myanmar. Levels of testing among young men who have sex with men ranged from 2% in Bangladesh to 70% in Mongolia. Among young people who inject drugs who reported on HIV knowledge, it ranged from 20% in Pakistan to 78% in Myanmar. Among young sex workers, HIV knowledge ranged from 1% in Afghanistan to 65% in Myanmar. Among young men who have sex with men, levels of knowledge ranged from 19% in Thailand to 68% in Myanmar. Despite some success in mobilizing and engaging young people with HIV testing and counselling services, there is much room for improvement, particularly with young people who inject drugs.

Are young people using condoms with multiple sexual partners?

Six countries reported data on condom use at last sex by young people who had more than one sexual partner in the past year through 2010 UNGASS Country Progress Reports. Very few young people report having more than one sexual partner in the past year, with the exception of Thailand, where multiple partnerships are much more common. Condom use was over 50% among young men with multiple partners in Cambodia and Myanmar but only 32.4% for young men in India based on data from the Measure Demographic and Health Surveys. For young women, data for condom use are available only in India (17.1%). Countries with other nationally representative data show that condom use was above 50% among young men with multiple partners in Cambodia (75%) and Nepal (59%) but only 32% for young men in India.

Thirteen countries reported on condom use by young sex workers, and 11 countries reported for both young men who have sex with men, and young people who inject drugs. Condom use among young sex workers was near or above 80% in eight of these countries, and was only lower in Bangladesh, Indonesia and the Philippines (all just above 60%). In 2009, condom use among young sex workers aged under 25 years ranged from 39% in Pakistan to 99% in Cambodia, with a median of 86% in China. Coverage of condom use among young men aged under 25 years who have sex with men ranged from 18% in Bangladesh to 89% in Cambodia; 8 of the 11 reporting countries reported levels above 50%. Among young people aged under 25 years who inject drugs, levels of condom use ranged from 13% in India to 79% in Myanmar; nine of the 11 reporting countries reported levels below 50%.

EASTERN EUROPE AND CENTRAL ASIA

The 11 countries in this region are: Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, the Russian Federation, Tajikistan, Ukraine and Uzbekistan.

What percentage of young people are living with HIV?

Countries in eastern Europe and central Asia have low and concentrated HIV epidemics. Among young people in the general population, it is estimated that less than 0.2% of young women and 0.1% of young men are living with HIV in all but two countries: in Ukraine and the Russian Federation, 0.3%

(0.2–0.4% and 0.3–0.4%, respectively) of young women and 0.2% (0.1–0.2%) of young men are living with HIV. In three countries (Belarus, Kyrgyzstan, Ukraine) the epidemic may be growing. Injecting drug use is the most common mode of HIV transmission in the region. Through sexual transmission, the sexual partners of people who inject drugs, sex workers and their clients become infected with HIV. As the epidemic escalates, sexual transmission will play a prominent role, which will lead to more infections in the general population.

Ukraine has made significant progress in reducing HIV among young people who inject drugs, but young people in the general population remain vulnerable

The rise in HIV prevalence in Ukraine is linked closely with increasing rates of injecting drug use that developed in the mid-1990s during the socioeconomic crisis that followed the breakup of the Soviet Union. Among people who inject drugs, however, the epidemic seems to be turning around. Surveillance data in 17 cities indicate a considerable reduction in HIV prevalence rates over the past 2–3 years, with the greatest declines seen among young people who inject drugs. The reach of prevention programmes, including the provision of sterile injection equipment, condoms and access to HIV testing, has increased in recent years and now reaches more than 50% of all people who inject drugs. The epidemic in Ukraine is also concentrated among sex workers, some of whom also inject drugs. There has not, however, been a decline in prevalence among sex workers, as far fewer sex workers are reached with effective prevention programmes.

Rates of sexual transmission of HIV have increased since the late 1990s, and yet knowledge of HIV and how to prevent it remains low among young people. In 2007, about 45% of young women aged 15–24 years and 43% of their male counterparts were knowledgeable about HIV, with rates similarly low for both men and women. Knowledge is particularly low among adolescents. Students of higher and secondary special education institutions, the most sexually active population, are currently not reached with any consistent HIV prevention measures at a national level. The percentage of comprehensive educational institutions that have trained teachers and that provide life skills-based education concerning the formation of healthy lifestyles and HIV prevention in the past academic year has not changed during the past 3 years: it amounted to only 59% in 2009. Innovative HIV advocacy among the general population, such as social advertising on radio and television, and the integration of education campaigns into top-level sporting and cultural events, remain isolated. If no systematic national information and education campaign aimed at changing the knowledge and behaviour of young people is implemented in the country, then the target of 95% of young people with knowledge on HIV will not be achieved.

Source: UNGASS Ukraine Country Progress Report, 2010, Demographic and Health Surveys, 2007

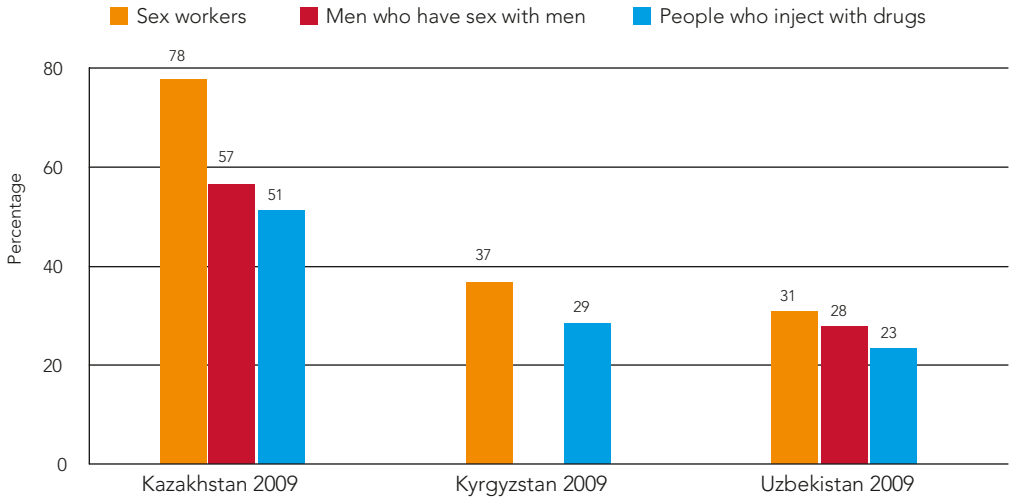
For HIV prevalence among young people in key populations, 10 countries reported data on young people who inject drugs, 10 countries reported data on young sex workers, and seven countries reported data on young men who have sex with men. In Ukraine, one of the priority countries identified in the UNAIDS Business Case 2009–2011, HIV prevalence was reported to be 10% among young people who inject drugs, 9% among young sex workers, and 8% among young men who have sex with men.

Do young people know about HIV and how to avoid it?

Nine countries reported on comprehensive HIV knowledge through 2010 UNGASS Country Progress Reports. However, data from the Measure Demographic and Health Surveys indicate that only in Ukraine did more than 40% of young people in the general population have this knowledge. Eleven countries with nationally representative data on comprehensive knowledge of HIV among young females or males aged 15–24 years since 2005 have coverage levels below 50% in the general population. Knowledge was particularly low among young people in Azerbaijan (5% for young females and males), Tajikistan (2% for young females) and Georgia (15% for young females).

Knowledge of HIV in young people in key populations is much higher. For example, in Azerbaijan where there are low levels of knowledge in the general population, knowledge among young sex workers, young men who have sex with men, and young people who inject drugs ranged from 30% to 60%.

Figure 5.6 UNGASS Indicator 8: Selected countries reporting on sex workers, men who have sex with men and people who inject drugs aged under 25 years who were tested for HIV and received their test results



Source: UNGASS Country Progress Reports, 2010

Are young people receiving HIV testing and counselling services?

The uptake of HIV testing services is shown in Figure 5.6 for three countries that reported data on key populations through UNGASS Country Progress Reports. The use of this service was over 50% for young men who have sex with men, young sex workers, and young people who inject drugs in Kazakhstan. In Uzbekistan, 20–30% of all three of these key populations of young people had received HIV counselling and testing, as had young people who inject drugs and young sex workers in Kyrgyzstan. Kyrgyzstan did not report on coverage for HIV testing for young men who have sex with men.

Are young people using condoms with multiple sexual partners?

Eight countries reported data on condom use at last sex by young people who had more than one sexual partner in the past year through 2010 UNGASS Country Progress Reports. Four countries had nationally representative data on condom use at last sex by young women or men aged 15–24 years who had more than one sexual partner in the past year. Condom use was above 50% in Armenia (78.6% of young females), the Republic of Moldova (60% of young males) and Ukraine (62.7% of young females, 63.7% of young males). Condom use was 28.6% among young men in Azerbaijan and 29.6% among young women in the Republic of Moldova.

Ten countries reported on condom use by young people in key populations. Condom use with their last client by sex workers aged under 25 years ranged from 67% in Belarus to 100% in Georgia. Condom use with their last client by sex workers was near or above 80% in eight of these countries

and was only lower in Belarus and the Russian Federation (68%). Condom use among young men aged under 25 years who have sex with men was near or above 50% in all seven countries that reported, ranging from 48% in Azerbaijan to 91% in Uzbekistan. Among young people aged under 25 years who inject drugs, there were greater variation and lower levels of condom use, ranging from 19% in Azerbaijan to 85% in Georgia in 10 countries

MIDDLE EAST AND NORTH AFRICA

The 19 countries in this region are: Algeria, Bahrain, Djibouti, Egypt, the Islamic Republic of Iran, Israel, Jordan, Kuwait, Lebanon, the Libyan Arab Jamahiriya, Morocco, Oman, Saudi Arabia, Somalia, the Sudan, the Syrian Arab Republic, Tunisia, the United Arab Emirates and Yemen.

What percentage of young people are living with HIV?

The countries of the Middle East and north Africa have mostly low-level epidemics, and in all but three countries prevalence is below 0.12% or less among young women and young men. Higher rates are found in Djibouti (1.9% [1–2.9%] of young women, 0.8% [0.4–1.3%] of young men), the Sudan (1.3% [0.9–1.8%] of young women, 0.5% [0.4–0.7%] of young men) and Somalia (0.6% [range 0.4–1.1%] of young women, 0.4% [0.3–0.7%] of young men). The primary routes of transmission vary across the region, with heterosexual transmission being the primary mode of transmission in countries such as Algeria, and Syria. Unprotected sex between men is an acknowledged mode of transmission in Lebanon. The use of contaminated injecting equipment plays a role in the epidemic in several countries of the Middle East. Two countries reported on HIV prevalence among young people who inject drugs, and four countries reported data for young sex workers. No country reported data on young men who have sex with men.

Do young people know about HIV and how to avoid it?

Of the eight countries that had nationally representative data on comprehensive HIV knowledge among young men or women aged 15–24 years, levels of knowledge were far below 50%. Among young women, knowledge levels ranged from 2% in Yemen, to 11.7% in Morocco, to18% in Djibouti. Only Egypt had data on young men (18%). As HIV is associated with promiscuity in many countries in this region, public information is not readily available, particularly for young people. Two countries – the Islamic Republic of Iran and Tunisia – reported levels of knowledge below 25% on knowledge of HIV among young people aged under 25 years who inject drugs, young men aged under 25 years who have sex with men, and young sex workers aged under 25 years.

Eight countries reported on the same through 2010 UNGASS country reporting. Knowledge was particularly low (far below 50%) among young women in the Sudan (7%), among young people in Oman (4%), and among young men in Tunisia (8%). The other five countries are Algeria, Djibouti, Egypt, the Islamic Republic of Iran and Somalia. As HIV is associated with promiscuity in many countries in this region, public information is not readily available, particularly for young people. Three countries reported data on knowledge of HIV among young people who inject drugs, young men who have sex with men, and young sex workers, with knowledge below 20% for two of the three countries for which there are data.

Are young people receiving HIV testing and counselling services?

Six countries (Algeria, the Islamic Republic of Iran, Morocco, Tunisia, Djibouti, the Sudan) reported data on HIV testing in key populations through UNGASS country reporting. Coverage of these services ranged from a high of 92% in young sex workers in Djibouti to 6% of young sex workers in the Sudan and young people who inject drugs in Tunisia.

Are young people using condoms with multiple sexual partners?

Two countries reported data on condom use at last sex by young people who had more than one sexual partner in the past year through 2010 UNGASS Country Progress Reports. However, none of the countries from this region has nationally representative data for condom use.

Four countries (Djibouti, the Islamic Republic of Iran, Morocco, the Sudan) reported on condom use by young people in key populations. Condom use by young sex workers with their last client was 40–60% in the Islamic Republic of Iran, Morocco and the Sudan and 90% in Djibouti. Only the Islamic Republic of Iran reported data on condom use among young men who have sex with men (46%) and condom use at last sex among young people who inject drugs (34%). Only 15% of young people who inject drugs in Morocco reported using a condom at last sex.

CENTRAL AND SOUTH AMERICA

The 19 countries in this region are: Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Nicaragua, Panama, Paraguay, Peru, Suriname, Uruguay and the Bolivarian Republic of Venezuela.

What percentage of young people are living with HIV?

Countries in central and South America have low and concentrated HIV epidemics. Among young people in the general population, it is estimated that 0.6% or less of young people aged 15–24 years are living with HIV. The exceptions are Belize (1.8% [1.4–2.7%] of young women, 0.7% [0.5–1.1%] of young men) and Guyana (0.8% [0.2–1.5%] of young women, 0.6% [0.2–1%] of young men). There has not been much change in the epidemics of central and South America in recent years, and the epidemics continue to be concentrated among men who have sex with men.

For HIV prevalence among young people in key populations, no country reported HIV prevalence data for young people who inject drugs, while three countries (Honduras, Colombia, Guyana) reported estimates for young sex workers, and three countries (Chile, Honduras, Uruguay) reported on young men who have sex with men. In Brazil, one of the priority countries identified in the UNAIDS Business Case 2009–2011, HIV prevalence among young people is estimated at less than 0.1%; however, despite HIV prevalence being low, a significant proportion of all people living with HIV in the region live in Brazil, as a result of Brazil's large and relatively young population. Brazil did not report data on HIV prevalence disaggregated for young people in key populations, although estimates are available for all three populations as a whole.

Do young people know about HIV and how to avoid it?

Of countries with nationally representative data on comprehensive knowledge of HIV among young females or males aged 15–24 years, only Guyana reported levels of knowledge at 50% or above. Five countries reported on this indicator with nationally representative data through the Measure Demographic and Health Surveys, where Guyana has 52.6% comprehensive knowledge among young women. The remaining countries (Bolivia, Honduras, Nicaragua, Peru) reported HIV knowledge below 30% among young women. Only Bolivia and Guyana reported data on young men.

Twelve countries reported on comprehensive HIV knowledge through UNGASS reporting: Argentina, Belize, Brazil, Chile, Bolivia, El Salvador, Guatemala, Guyana, Honduras, Peru, Uruguay and Panama. Levels of knowledge among young people ranged from 10% to just over 50%.

Five countries reported on knowledge of HIV among young sex workers, six countries reported among young men who have sex with men, and none reported on young people who inject drugs. Knowledge was below 20% among young sex workers in Guatemala (4%) and among young men who have sex with men in Honduras (9%).

Are young people receiving HIV testing and counselling services?

Seven countries reported data on HIV testing and counselling among young people in key populations. More than 80% of young sex workers in Chile, Guatemala, Guyana and Honduras have received HIV testing and counselling services. Only in Peru was coverage very low, at less than 5% of young men who have sex with men and young sex workers. The other countries that reported are Bolivia and Colombia.

Are young people using condoms with multiple sexual partners?

Thirteen countries reported data on condom use at last sex among young people who had more than one sexual partner in the past year through UNGASS reporting. Countries with nationally representative data through the Measure Demographic and Health Surveys on condom use at last sex reported 76.1% for young men in Guyana and 40.7% in Bolivia; neither of these countries reported on young women. Colombia, Honduras, Nicaragua and Peru reported condom use of below 40% among young women. Condom use at last sex was above 50% for young women in Paraguay and Suriname. For all countries, condom use is lower for young women than for young men. Eight countries reported on condom use among young people in key populations through 2010 UNGASS Country Progress Reports. Condom use with their last client was near or above 70% for young sex workers in Bolivia, Chile, Colombia, Guatemala, Guyana and Honduras, with only Guyana having a lower rate (57%). For young men who have sex with men, condom use at last anal sex with a male partner varied from a low of 43% in Uruguay to a high of 100% in Guyana.

CARIBBEAN

The 13 countries in this region are: Antigua and Barbuda, the Bahamas, Barbados, Cuba, Dominica, the Dominican Republic, Grenada, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago.

What percentage of young people are living with HIV?

HIV prevalence among young people aged 15–24 years in the Caribbean is estimated to be 1.5% or less in all but one country: in the Bahamas, 3.1% [0.8–6.6%] of young women and 1.4% [0.5–2.8%] of young men are living with HIV. Unprotected sex between men and women is the main mode of HIV transmission in the Caribbean.

Four countries reported HIV prevalence data on young people in key populations. HIV prevalence estimates range from less than 1% of young men who have sex with men and young sex workers in Cuba, to 28% of young men who have sex with men in Jamaica.

Do young people know about HIV and how to avoid it?

Only Haiti and the Dominican Republic have nationally representative comparable data for young women (33.9% and 40.8%) and men (40.1% and 33.7%) from the Measure Demographic and Health Surveys. However, six countries reported on HIV knowledge, through UNGASS reporting: Barbados, Saint Lucia, Saint Vincent and the Grenadines, the Dominican Republic, Haiti and Jamaica. Three countries reported the levels of knowledge above 50%: Cuba, Jamaica, and Trinidad and Tobago. The

remaining countries (the Dominican Republic, Haiti) had levels of knowledge among young men and women above 30%.

Five countries reported knowledge of HIV among young people who inject drugs, young men who have sex with men, and young sex workers, with knowledge below 20% among young sex workers in Haiti. Levels of knowledge ranged from a low of 5% of young sex workers in Haiti to a high of 65% of young men who have sex with men in Cuba.

Are young people receiving HIV testing and counselling services?

Reported data on HIV testing and counselling for young women in the Dominican Republic and Haiti are 18.1% and 6.4%, respectively; the same countries reported 10.2% and 3.4% for young men. Six countries reported data on HIV testing and counselling among young people in key populations. More than 70% of young sex workers in Barbados, Haiti and Jamaica, and young men who have sex with men in Haiti, have received HIV testing and counselling services. Less than 50% of young men who have sex with men in the Bahamas and Jamaica have received HIV testing and counselling services. Only in Cuba was coverage below 30% for young men who have sex with men and young sex workers. Only in Saint Lucia was coverage below 30% for young people who inject drugs.

Are young people using condoms with multiple sexual partners?

Four countries reported data on condom use at last sex by young people who had more than one sexual partner in the past year through UNGASS Country Progress Reports: Saint Vincent and the Grenadines, the Dominican Republic, Haiti and Jamaica. Only Haiti and the Dominican Republic have data on condom use among young women (22.6% and 33.9%, respectively) and young men (50.5% and 61.8%, respectively) from the Measure Demographic and Health Surveys.

Five countries (Bahamas, Cuba, Haiti, Jamaica, Saint Lucia) reported on condom use among young people in key populations. Condom use with their last client was above 50% among young sex workers in Cuba and Haiti. Among young men who have sex with men, condom use at last anal sex was above 70% in the Bahamas, Jamaica and Saint Lucia, but only 30% in Cuba.

OCEANIA

The 13 countries in this region are: Australia, Fiji, the Marshall Islands, the Federated States of Micronesia, Nauru, New Zealand, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.

What percentage of young people are living with HIV?

The island states in this region have young populations. Social changes in some countries have resulted in increasing alcohol use and risky sexual behaviour among young people, which contributes to risk and vulnerabilities. With the exception of Papua New Guinea, where HIV prevalence among young people is estimated to be 0.8% [0.6–1.2%] for women and 0.3% [0.2–0.5%] for men, HIV prevalence is very low (0.1% or less). The rate of new HIV infections in the region overall appears to be on the decline and has stabilized in Papua New Guinea. In several countries, the epidemic is largely concentrated among men who have sex with men; in Papua New Guinea, however, the main mode of transmission is unprotected sex between men and women.

Papua New Guinea is the only country in the region to report estimates of HIV prevalence among young sex workers (7%) and young men who have sex with men (2%).

Do young people know about HIV and how to avoid it?

The Marshall Islands and Samoa had nationally representative comparable data from the Measure Demographic and Health Surveys on HIV knowledge, respectively 4.1% and 26.6% for young women and 7.4% and 44.4% for young men. Through UNGASS country reporting, five countries reported on HIV knowledge among young men and women aged 15–24 years: Tuvalu, the Marshall Islands, Palau, Papua New Guinea and Tonga. Only Tuvalu reported levels of knowledge above 50% among young males. Only Papua New Guinea reported on knowledge of HIV among young people in key populations: among young men who have sex with men knowledge was 73%, and among young sex workers knowledge was 39%.

Are young people receiving HIV testing and counselling services?

Two countries reported data on HIV testing and counselling among young people in key populations. More than 60% of young men who have sex with men in Australia, and more than 50% of young men who have sex with men and young sex workers in Papua New Guinea, have received HIV testing and counselling services.

Are young people using condoms with multiple sexual partners?

Four countries reported data on condom use at last sex among young people who had more than one sexual partner in the past year through UNGASS Country Progress Reports: the Marshall Islands, Papua New Guinea, Palau and Tonga. Only the Marshall Islands had data for young men (22.6%) from the Measure Demographic and Health Surveys. Papua New Guinea reported on condom use with their most recent client by young sex workers (53%). Rates of 27%, 41% and 63% were reported by Tonga, Papua New Guinea and Vanuatu, respectively, for condom use by young men the last time they had anal sex with a male partner. Australia reported 32% condom use at last sex for young people who inject drugs.

NORTH AMERICA, WESTERN EUROPE AND CENTRAL EUROPE

The three countries of North America are: Canada, Mexico and the United States of America. The 37 countries of western and central Europe are: Albania, Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, Finland, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Monaco, Montenegro, the Netherlands, Norway, Poland, Portugal, Romania, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, the former Yugoslav Republic of Macedonia, Turkey, and the United Kingdom of Great Britain and Northern Ireland.

What percentage of young people are living with HIV?

The countries of these regions have low-level epidemics, although there are pockets of higher prevalence in key populations at higher risk of acquiring HIV. Among young people aged 15–24 years, less than 0.2% are living with HIV. Unprotected sex between men continues to dominate patterns of HIV transmission in North America and western and central Europe, although the use of contaminated injecting equipment and unprotected heterosexual sex are also factors.

Do young people know about HIV and how to avoid it?

Nine countries reported through UNGASS Country Progress Reports on the indicator of knowledge of HIV among young people: Albania, Bulgaria, Estonia, Greece, Lithuania, Norway, Serbia, Sweden and the former Yugoslav Republic of Macedonia. Only Albania provided data from the Measure Demographic and Health Surveys for young women (35.9%) and young men (22%). Knowledge of HIV is low in Bulgaria and Serbia, where 25% or less of young women and men have the knowledge that they need to protect themselves from HIV.

Are young people receiving HIV testing and counselling services?

Eight countries reported on this indicator for young men and young women through UNGASS Country Progress Reports. Only Albania had data from the Measure Demographic and Health Surveys (1%).

Canada and Mexico in North America reported on this indicator among young people who inject drugs and young men who have sex with men (ranging from 12% to 49%). Nine countries in western and central Europe reported on this indicator for young sex workers, 13 countries for young people who inject drugs, and 16 countries for young men who have sex with men. In western and central Europe, reported HIV testing and counselling for young people who inject drugs ranged from below 20% in three countries, with the lowest in Bosnia at 12%, to more than 50% in six countries. The highest rate reported is 100% in Hungary. For young men who have sex with men, rates ranged from a low of 20% in the United Kingdom to a high of 100% in Hungary.

Are young people using condoms with multiple sexual partners?

Ten countries reported data on this indicator through UNGASS country reports. Across the region, young men are more likely than young women to use condoms. No country reported to have data from the Measure Demographic and Health Surveys. The highest rates of condom use at last sex were reported among young women in Serbia (80.4%).

For North America, Mexico reported for all three groups of young people in key populations; Canada did not report on condom use with their last client for young sex workers. In western and central Europe, 10 countries reported on condom use with their last client for young sex workers, with eight countries reporting rates of 70% or higher; 14 countries reported on the use of condoms at last anal sex for young men who have sex with men, ranging from 13% in Greece to 79% in Switzerland; and nine countries reported on condom use at last sex for young people who inject drugs, ranging from 10% in Sweden to 71% in Estonia.

6. Summary and Recommendations

These recommendations are aimed at programme managers and policy-makers in government ministries, national HIV programmes, civil society including youth-led and youth-serving organizations, members of the Joint UN Team on AIDS in countries, donors, young people, and other partners working at the national and international level to strengthen the AIDS response for young people in countries and in turn to improve the health and well-being of young people.

Epidemiology

Declines in the epidemic, but more needs to be done

Positive changes in sexual behaviour patterns that coincide with declines of 25% or more in HIV prevalence among young people in 15 of the 21 most affected countries indicate that HIV prevention efforts are making a difference. There are effective HIV prevention strategies that promote responsible sexual behaviours and shift social and cultural norms to support these responsible behaviours for young people to take definitive action to protect themselves from HIV.

- Further refine, scale up and sustain effective HIV programmes for young people in order to build upon these positive trends.

Know your epidemic and tailor your response to specific subgroups of young people

Young people, especially young women, are vulnerable to HIV in countries with generalized epidemics. In countries with concentrated and low epidemics, new HIV infections mostly occur in young people who inject drugs, young sex workers, and young men who have sex with men. Even when data exist to assess the specific risks and vulnerabilities of young people in these key populations, the information is not always used when designing programmes.

- Recognize that young women, and young people within key populations, have specific needs and that programmes must be designed to meet those needs.

Even in countries with generalized epidemics, new HIV infections are also reported among young people in key populations. Most HIV prevention efforts are tailored to young people in general, and it is not clear how to best combine and complement these approaches with efforts to engage young people in key populations.

- For young people in generalized epidemics, programmes and resources should address the unique needs of young people in general, with a particular focus on young women. In countries with concentrated epidemics, the focus should be on young people in key populations.

Global Reporting

Data are critical for better programmes

Not all countries reported UNGASS indicators disaggregated by age and sex for young people, and yet this information is needed at both the national and international level to understand the state of the epidemic for young people, and the response to it.

- Collect, compile and disseminate data on all relevant UNGASS indicators, including on HIV treatment (at the national and international level), disaggregated by age and sex.
- Track resources on AIDS spending categories that are relevant to young people, and obtain commitments from national governments for investing in HIV and young people.

There is inadequate information in the Country Progress Reports on HIV programmes specifically for young people. When information is available, there is a lack of consistency in the terminologies used by countries, and meanings are often unclear; therefore analysis of the data becomes a challenge.

- Include the demographic characteristics of young people receiving HIV prevention services, and the programme and service types that they receive, as part of regular reporting.
- Build a reporting culture for using standard indicator definitions and methodologies in countries to have nationally comparable data on young people.

Many countries reported on programmes for key populations, and yet there is often little information on young people within these key populations, and little attention paid to programmes specific to these subgroups of young people.

- Collect and compile more specific strategic information, with age- and sex-disaggregated data on young people in the key populations where programmes for key populations at higher risk of HIV are an important part of the national response.

Knowledge

Comprehensive knowledge is lagging

Despite broad awareness, comprehensive HIV knowledge is low, even in countries most affected by HIV. According to the most recent population-based surveys in low- and middle-income countries, only 24% of young women and 36% of young men responded correctly when asked five questions on HIV prevention and misconceptions around HIV transmission. This is far below the global target set for 2010 that aimed to ensure 95% of young people have access to HIV information to reduce their vulnerability. As stated in the Political Declaration on HIV/AIDS of June 2011, countries are committed to have the means to exploit the potential of new modes of connections and communications particularly for young people.

- Expand and scale up efforts to reach young people with age-specific information that they need to support good sexual health decision-making.
- Design and adapt programmes to reach young people with tailored information in innovative ways, including by using information and communications technology (e.g. mobile phones, social media).
- Scale up the provision of comprehensive sexuality education and life skills education in and out of schools, while maintaining good quality.

Behaviour

Condom use needs to increase further

Young people in the countries most affected by HIV reported waiting longer to become sexually active, having fewer multiple sexual partners, and increased use of condoms among those with multiple partners[29]. Although these are positive trends, young women and men are still putting themselves at risk of HIV, STIs and unintended pregnancy by engaging in multiple sexual partnerships and lack of condom use. Young men more than young women are using condoms, but additional increases in both male and female condom use are needed.

- Expand the coverage of programmes to reduce multiple sexual partnerships and to increase the use of condoms by both young women and young men.

Young sex workers, young people who inject drugs, and young men who have sex with men need to use condoms with their sexual partners, as they face a high risk of HIV exposure. Despite this high risk, correct and consistent condom use is far from universal.

- Expand efforts to reach young people in key populations at higher risk of HIV with HIV prevention programmes, including the provision of condoms.

Services

Uptake of HIV testing and counselling is low

The low uptake of HIV testing and counselling among young people in some of the most affected countries indicates that young people may not have access to HIV testing and counselling services. Young people should be able to access HIV testing and counselling services early, and then be referred to HIV prevention services and to early treatment for improved effectiveness of antiretroviral therapy. All young people need access to services that will help them not only to avoid HIV but also to improve their reproductive health status.

- Design and adapt HIV testing and counselling services to provide young people with correct and consistent information that they can understand and act upon.
- Review and reform policies and laws that act as barriers, such as parental or spousal permission, for young people seeking HIV services.
- Integrate HIV services with other health services to increase use, especially among young women.

Tailor HIV treatment, care, and support services

HIV treatment, care and support services are not tailored specifically to young people, and most countries provide little information about the use of these services by young people. For example, it is not known how many young people are receiving HIV treatment. Health services should be tailored to young people and be developmentally appropriate. Support is often needed to assist in the transition of adolescents from primarily paediatric treatment services to adult treatment services.

- Advance the coverage and quality of health services, including HIV treatment services, to develop and implement youth-friendly services that are accessible and responsive to the needs of young people.

Support orphans and other vulnerable children

There are still concerns about the low coverage of programmes providing external care and support for households caring for orphans and other vulnerable children, particularly in countries most affected by the global HIV epidemic. Although the increase in school enrolment of these children is encouraging, more needs to be done to meet their needs.

- Improve and expand programmes to provide households caring for orphans and other vulnerable children with economic and social support.

Needs of young women and men differ

Young women and men differ in their risk and vulnerability to infection and their ability to access available programmes and services. Women often have less control than men over their reproductive health, and also less access to programmes and services.

- Recognize that young women's and young men's needs often differ, and tailor programmes to meet those differing needs and ensure age-appropriate services.

There are large differences in young people aged 10–24 years in terms of their physical, emotional and social development. Although some young people are reached through school-based programmes, young people who are not in school are far more challenging to reach. Young people not in school comprise a broad subset of young people of varying ages, educational levels and socioeconomic status; programmes must be able to reach those who are most vulnerable.

- Identify gaps in reaching different subsets of young people who are most vulnerable and engage those that are being overlooked with outreach approaches such as sports programmes, clubs, youth groups, and other forms of peer outreach.

Policies and Programmes

Remove obstacles to accessing HIV services

National regulations and policies still exist that present obstacles to accessing HIV initiatives for young people of all ages. In addition, because many young people are under the age of majority (age 18 years in most countries), there can be additional restraints on access to health services and deterrents for their use. Obstacles are also often greater for young people in key populations who may encounter HIV-related stigma and discrimination.

- Revise and enforce policies that meet human rights standards and remove legal barriers for young people to access HIV prevention services, including condoms.
- Review and reform laws and policies that penalize young people in key populations and prevent them from accessing HIV programmes and services, and advocate changing social and cultural norms

Allocate and sustain resources to HIV programmes for young people

Limited financial resources and a lack of political commitment prevent national governments from providing sufficient resources for young people in the education, health, employment and other development sectors. Although young people may be considered to be a priority population in national multisectoral AIDS strategies, without funds earmarked to support programmes tailored to young people, their HIV prevention and treatment needs may not be met.

- Include specific HIV prevention and treatment programmes for young people that are costed within national AIDS strategic plans.
- Ensure that countries earmark national budgets within the multisectoral AIDS strategy for the programmes that address the HIV prevention, treatment, care and support needs of young people.
- Practise better coordination among different partners (e.g. government ministries, civil society [including youth-led organizations], private sector, UN agencies, donors) at the national level to complement and sustain resources and HIV programmes for young people.

Meaningfully engage young people as active partners, not passive recipients, in the response

There is little evidence that young people are participating in the development, implementation and monitoring of multisectoral AIDS strategies and HIV programmes. Also, young people are not adequately engaged in policy or funding decision-making.

- Actively engage young people in the design, implementation, monitoring and evaluation of HIV policies, services and programmes, together with the participation of parents and adults in the community as supportive partners.

Empower young people as leaders of the HIV response

Young people, especially young women, should be aware of their rights to sexual and reproductive health information and services, and to be more empowered to demand that governments and other partners fulfil, respect and protect their human rights. As stated in the Political Declaration on HIV/AIDS, June 2011, countries have reaffirmed to intensify HIV prevention efforts to end new HIV infections by harnessing the energy of young people in helping to lead global HIV awareness.

- Provide a supportive environment whereby young people can adapt their behaviours to create more equitable roles and relationships, and impart knowledge on their human rights through legal literacy programmes.
- Enhance the leadership skills of young people to equip them to demand youth-friendly health services and programmes.
- Mobilize and enhance a movement of young people as agents for change at all levels in the AIDS response and to achieve the MDGs.

Integrate services to achieve the MDGs and for cost efficiency

The UNAIDS 2011–2015 Strategy presents an opportunity for focus and scaling up of effective programmes for young people, with better coordination between different national government line ministries (e.g. youth, health, education, national AIDS programmes, gender), civil society (including youth-led organizations), the private sector, donors, UN agencies and other partners involved in the response. A multisectoral and integrated response is needed to achieve the MDGs, and countries need to do much more to integrate HIV services in the context of other MDGs and into the broader health agenda.

- Ensure that the core components and responsible partners for HIV programmes for young people are integrated into the national multisectoral AIDS strategy.
- Expand efforts to integrate HIV programmes for young people into a broader sexual and reproductive health and maternal health response at all levels.

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ANNEXES

ANNEX 1
ESTIMATES OF HIV PREVALENCE AMONG YOUNG PEOPLE AGED 15-24, BY REGION

	Females % prevalence		Males % prevalence	
	estimate	[low – high estimate]	estimate	[low – high estimate]
GLOBAL	**0.6**	**[0.5 – 0.7]**	**0.3**	**[0.2 – 0.3]**
SUB-SAHARAN AFRICA	**3.4**	**[3 – 4.2]**	**1.4**	**[1.2 – 1.7]**
Angola	1.6	[1.1 – 2.2]	0.6	[0.4 – 0.9]
Benin	0.7	[0.5 – 1.1]	0.3	[0.2 – 0.4]
Botswana	11.8	[9 – 15.9]	5.2	[3.7 – 7.3]
Burkina Faso	0.8	[0.6 – 1.2]	0.5	[0.3 – 0.6]
Burundi	2.1	[1.6 – 2.7]	1.0	[0.8 – 1.2]
Cameroon	3.9	[3.1 – 5.4]	1.6	[1.2 – 2.1]
Central African Republic	2.2	[1.4 – 3.1]	1.0	[0.6 – 1.4]
Chad	2.5	[1.7 – 5.2]	1.0	[0.7 – 2]
Comoros	<0.1	[<0.1 – <0.1]	<0.1	[<0.1 – 0.1]
Congo	2.6	[2.1 – 3.6]	1.2	[0.9 – 1.6]
Cote dIvoire	1.5	[1.1 – 2.3]	0.7	[0.5 – 1.1]
Democratic Republic of the Congo	...	[0.9 – 1.5]	...	[0.4 – 0.6]
Equatorial Guinea	5.0	[2.7 – 7.9]	1.9	[1 – 3.2]
Eritrea	0.4	[0.2 – 0.7]	0.2	[0.1 – 0.3]
Ethiopia	...	[0.3 – 0.6]	...	[0.1 – 0.3]
Gabon	3.5	[2.1 – 5.2]	1.4	[0.8 – 2]
Gambia	2.4	[1.4 – 4]	0.9	[0.5 – 1.6]
Ghana	1.3	[0.9 – 1.8]	0.5	[0.4 – 0.7]
Guinea	0.9	[0.6 – 1.3]	0.4	[0.3 – 0.6]
Guinea-Bissau	2.0	[1.5 – 2.9]	0.8	[0.5 – 1.1]
Kenya	4.1	[3 – 5.4]	1.8	[1.3 – 2.4]
Lesotho	14.2	[11.2 – 19.2]	5.4	[4.1 – 7.4]
Liberia	0.7	[0.2 – 1.2]	0.3	[0.1 – 0.5]
Madagascar	0.1	[<0.1 – 0.1]	0.1	[0.1 – 0.4]
Malawi	6.8	[5.3 – 9.2]	3.1	[2.3 – 4.2]
Mali	0.5	[0.2 – 0.9]	0.2	[0.1 – 0.4]
Mauritania	0.3	[0.1 – 0.5]	0.4	[0.2 – 1.4]
Mauritius	0.2	[0.1 – 0.3]	0.3	[0.2 – 0.4]
Mozambique	8.6	[7 – 12.1]	3.1	[2.4 – 4.4]
Namibia	5.8	[3.7 – 8.6]	2.3	[1.3 – 3.6]
Niger	0.5	[0.5 – 0.5]	0.2	[0.2 – 0.2]
Nigeria	2.9	[2.3 – 3.9]	1.2	[0.9 – 1.6]
Rwanda	1.9	[1.3 – 2.3]	1.3	[0.9 – 1.6]
Senegal	0.7	[0.5 – 1]	0.3	[0.2 – 0.4]
Sierra Leone	1.5	[0.9 – 2.5]	0.6	[0.3 – 1]
South Africa	13.6	[12.3 – 15]	4.5	[4.1 – 5]
Swaziland	15.6	[12.6 – 21.3]	6.5	[4.8 – 8.8]
Togo	2.2	[1.5 – 3.1]	0.9	[0.6 – 1.2]
Uganda	4.8	[4 – 6.4]	2.3	[1.8 – 2.8]
United Republic of Tanzania	3.9	[3.1 – 5.3]	1.7	[1.3 – 2.3]
Zambia	8.9	[7.3 – 12]	4.2	[3.2 – 5.5]
Zimbabwe	6.9	[5.3 – 9.3]	3.3	[2.5 – 4.4]
EAST ASIA	**<0.1**	**[<0.1 – <0.1]**	**<0.1**	**[<0.1 – <0.1]**
China	...	[<0.1 – <0.1]	...	[<0.1 – <0.1]
Democratic People Republic of Korea	...	...	...	...
Japan	<0.1	[<0.1 – <0.1]	<0.1	[<0.1 – <0.1]
Mongolia	<0.1	[<0.1 – <0.1]	<0.1	[<0.1 – 0.1]
Republic of Korea	<0.1	[<0.1 – <0.1]	<0.1	[<0.1 – 0.1]

	Females % prevalence		Males % prevalence	
	estimate	[low – high estimate]	estimate	[low – high estimate]
SOUTH AND SOUTH-EAST ASIA	**0.1**	**[0.1 – 0.1]**	**0.1**	**[0.1 – 0.1]**
Bangladesh	<0.1	[<0.1 – <0.1]	<0.1	[<0.1 – <0.1]
Bhutan	<0.1	[<0.1 – 0.1]	0.1	[<0.1 – 0.1]
Cambodia	0.1	[0.1 – 0.3]	0.1	[<0.1 – 0.2]
India	0.1	[0.1 – 0.2]	0.1	[0.1 – 0.2]
Indonesia	<0.1	[<0.1 – 0.1]	0.1	[<0.1 – 0.1]
Lao People Democratic Republic	0.2	[0.1 – 0.3]	0.1	[0.1 – 0.2]
Malaysia	<0.1	[<0.1 – <0.1]	0.1	[0.1 – 0.2]
Maldives	<0.1	[<0.1 – <0.1]	<0.1	[<0.1 – <0.1]
Myanmar	0.3	[0.2 – 0.3]	0.3	[0.3 – 0.4]
Nepal	0.1	[0.1 – 0.2]	0.2	[0.1 – 0.6]
Pakistan	<0.1	[<0.1 – 0.1]	0.1	[<0.1 – 0.2]
Philippines	<0.1	[<0.1 – <0.1]	<0.1	[<0.1 – <0.1]
Singapore	<0.1	[<0.1 – 0.1]	<0.1	[<0.1 – 0.2]
Sri Lanka	<0.1	[<0.1 – <0.1]	<0.1	[<0.1 – <0.1]
Thailand	...	[0.4 – 0.7]	...	[0.4 – 0.5]
Viet Nam	0.1	[<0.1 – 0.1]	0.1	[0.1 – 0.1]
OCEANIA	**0.2**	**[0.2 – 0.3]**	**0.1**	**[0.1 – 0.3]**
Australia	0.1	[<0.1 – 0.1]	0.1	[<0.1 – 0.3]
Fiji	0.1	[<0.1 – 0.1]	0.1	[<0.1 – 0.3]
New Zealand	<0.1	[<0.1 – 0.1]	<0.1	[<0.1 – 0.1]
Papua New Guinea	0.8	[0.6 – 1.2]	0.3	[0.2 – 0.5]
EASTERN EUROPE AND CENTRAL ASIA	**0.2**	**[0.2 – 0.3]**	**0.1**	**[0.1 – 0.1]**
Armenia	<0.1	[<0.1 – <0.1]	<0.1	[<0.1 – <0.1]
Azerbaijan	0.1	[0.1 – 0.1]	<0.1	[<0.1 – 0.1]
Belarus	0.1	[0.1 – 0.1]	<0.1	[<0.1 – 0.1]
Georgia	<0.1	[<0.1 – 0.1]	<0.1	[<0.1 – <0.1]
Kazakhstan	0.2	[0.1 – 0.3]	0.1	[<0.1 – 0.1]
Kyrgyzstan	0.1	[<0.1 – 0.1]	0.1	[<0.1 – 0.2]
Republic of Moldova	0.1	[0.1 – 0.1]	0.1	[<0.1 – 0.1]
Russian Federation	0.3	[0.3 – 0.4]	0.2	[0.1 – 0.2]
Tajikistan	<0.1	[<0.1 – 0.1]	<0.1	[<0.1 – 0.1]
Ukraine	0.3	[0.2 – 0.4]	0.2	[0.1 – 0.2]
Uzbekistan	<0.1	[<0.1 – 0.1]	<0.1	[<0.1 – 0.1]
WESTERN AND CENTRAL EUROPE	**0.1**	**[<0.1 – 0.1]**	**0.1**	**[0.1 – 0.2]**
Austria	0.2	[0.1 – 0.3]	0.3	[0.1 – 0.9]
Belgium	<0.1	[<0.1 – 0.1]	<0.1	[<0.1 – 0.1]
Bulgaria	<0.1	[<0.1 – <0.1]	<0.1	[<0.1 – <0.1]
Croatia	<0.1	[<0.1 – <0.1]	<0.1	[<0.1 – 0.1]
Czech Republic	<0.1	[<0.1 – <0.1]	<0.1	[<0.1 – 0.1]
Denmark	0.1	[<0.1 – 0.1]	0.1	[0.1 – 0.1]
Estonia	0.2	[0.2 – 0.3]	0.3	[0.2 – 0.4]
Finland	<0.1	[<0.1 – 0.1]	0.1	[<0.1 – 0.2]
France	0.1	[0.1 – 0.2]	0.2	[0.1 – 0.6]
Germany	<0.1	[<0.1 – <0.1]	0.1	[0.1 – 0.1]
Greece	0.1	[<0.1 – 0.1]	0.1	[<0.1 – 0.2]
Hungary	<0.1	[<0.1 – <0.1]	<0.1	[<0.1 – 0.1]
Iceland	0.1	[<0.1 – 0.1]	0.1	[<0.1 – 0.4]
Ireland	0.1	[<0.1 – 0.1]	0.1	[<0.1 – 0.3]
Israel	<0.1	[<0.1 – 0.1]	0.1	[<0.1 – 0.2]

ANNEX 1
ESTIMATES OF HIV PREVALENCE AMONG YOUNG PEOPLE AGED 15-24, BY REGION

	Females % prevalence		Males % prevalence	
	estimate	[low – high estimate]	estimate	[low – high estimate]
Italy	<0.1	[<0.1 – <0.1]	<0.1	[<0.1 – 0.1]
Latvia	0.1	[0.1 – 0.2]	0.2	[0.1 – 0.2]
Lithuania	<0.1	[<0.1 – <0.1]	<0.1	[<0.1 – <0.1]
Luxembourg	0.1	[<0.1 – 0.2]	0.1	[<0.1 – 0.4]
Malta	<0.1	[<0.1 – <0.1]	<0.1	[<0.1 – 0.1]
Netherlands	<0.1	[<0.1 – 0.1]	0.1	[<0.1 – 0.3]
Norway	<0.1	[<0.1 – 0.1]	<0.1	[<0.1 – 0.2]
Poland	<0.1	[<0.1 – <0.1]	<0.1	[<0.1 – 0.1]
Portugal	0.2	[0.1 – 0.4]	0.3	[0.1 – 0.9]
Romania	<0.1	[<0.1 – 0.1]	0.1	[<0.1 – 0.2]
Serbia	0.1	[<0.1 – 0.1]	0.1	[0.1 – 0.2]
Slovakia	<0.1	[<0.1 – <0.1]	<0.1	[<0.1 – <0.1]
Slovenia	<0.1	[<0.1 – 0.1]	<0.1	[<0.1 – 0.1]
Spain	0.1	[0.1 – 0.1]	0.2	[0.1 – 0.2]
Sweden	<0.1	[<0.1 – 0.1]	<0.1	[<0.1 – 0.2]
Switzerland	0.1	[0.1 – 0.2]	0.2	[0.1 – 0.6]
Turkey	<0.1	[<0.1 – <0.1]	<0.1	[<0.1 – <0.1]
United Kingdom	0.1	[<0.1 – 0.2]	0.2	[0.1 – 0.6]
MIDDLE EAST AND NORTH AFRICA	**0.2**	**[0.2 – 0.3]**	**0.1**	**[0.1 – 0.1]**
Algeria	<0.1	[<0.1 – 0.1]	0.1	[<0.1 – 0.2]
Djibouti	1.9	[1 – 2.9]	0.8	[0.4 – 1.3]
Egypt	<0.1	[<0.1 – <0.1]	<0.1	[<0.1 – <0.1]
Iran (Islamic Republic of)	<0.1	[<0.1 – <0.1]	<0.1	[<0.1 – <0.1]
Lebanon	<0.1	[<0.1 – 0.1]	0.1	[<0.1 – 0.1]
Morocco	0.1	[<0.1 – 0.1]	0.1	[<0.1 – 0.3]
Oman	<0.1	[<0.1 – <0.1]	<0.1	[<0.1 – <0.1]
Qatar	<0.1	[<0.1 – <0.1]	<0.1	[<0.1 – <0.1]
Somalia	0.6	[0.4 – 1.1]	0.4	[0.3 – 0.7]
Sudan	1.3	[0.9 – 1.8]	0.5	[0.4 – 0.7]
Tunisia	<0.1	[<0.1 – <0.1]	<0.1	[<0.1 – 0.1]
NORTH AMERICA	**0.2**	**[0.1 – 0.3]**	**0.2**	**[0.2 – 0.4]**
Canada	0.1	[<0.1 – 0.2]	0.1	[<0.1 – 0.5]
Mexico	0.1	[0.1 – 0.2]	0.2	[0.1 – 0.2]
United States of America	0.2	[0.1 – 0.3]	0.3	[0.2 – 0.5]
CARIBBEAN	**0.8**	**[0.6 – 1]**	**0.4**	**[0.3 – 0.7]**
Bahamas	3.1	[0.8 – 6.6]	1.4	[0.5 – 2.8]
Barbados	1.1	[0.8 – 1.4]	0.9	[0.7 – 1.1]
Cuba	0.1	[<0.1 – 0.1]	0.1	[<0.1 – 0.3]
Dominican Republic	0.7	[0.4 – 0.9]	0.3	[0.1 – 0.4]
Haiti	1.3	[1 – 1.8]	0.6	[0.4 – 0.8]
Jamaica	0.7	[0.3 – 1.4]	1.0	[0.4 – 3.1]
Trinidad and Tobago	0.7	[0.3 – 1.2]	1.0	[0.4 – 3.3]
CENTRAL AND SOUTH AMERICA	**0.2**	**[0.1 – 0.3]**	**0.2**	**[0.2 – 0.5]**
Argentina	0.2	[0.1 – 0.3]	0.3	[0.1 – 0.8]
Belize	1.8	[1.4 – 2.7]	0.7	[0.5 – 1.1]
Bolivia	0.1	[<0.1 – 0.1]	0.1	[<0.1 – 0.3]
Brazil	...	[0.1 – 0.4]	...	[0.1 – 0.3]
Chile	0.1	[0.1 – 0.3]	0.2	[0.1 – 0.7]
Colombia	0.1	[0.1 – 0.3]	0.2	[0.1 – 0.7]
Costa Rica	0.1	[0.1 – 0.2]	0.2	[0.1 – 0.3]

	Females % prevalence		Males % prevalence	
	estimate	[low – high estimate]	estimate	[low – high estimate]
Ecuador	0.2	[0.1 – 0.3]	0.2	[0.1 – 0.8]
El Salvador	0.3	[0.1 – 0.5]	0.4	[0.2 – 1.3]
Guatemala	0.3	[0.2 – 0.6]	0.5	[0.2 – 1.4]
Guyana	0.8	[0.2 – 1.5]	0.6	[0.2 – 1]
Honduras	0.2	[0.1 – 0.4]	0.3	[0.1 – 1.1]
Nicaragua	0.1	[0.1 – 0.1]	0.1	[0.1 – 0.2]
Panama	0.3	[0.1 – 0.5]	0.4	[0.2 – 1.3]
Paraguay	0.1	[0.1 – 0.2]	0.2	[0.1 – 0.6]
Peru	0.1	[0.1 – 0.2]	0.2	[0.1 – 0.3]
Suriname	0.4	[0.2 – 0.7]	0.6	[0.2 – 2]
Uruguay	0.2	[0.1 – 0.3]	0.3	[0.1 – 1]
Venezuela	...	[0.2 – 0.7]	...	[0.2 – 1.8]

Source: UNAIDS Report on the Global AIDS Epidemic, 2010.

ANNEX 2
HIV PREVALENCE AMONG YOUNG PEOPLE IN KEY POPULATIONS*, BY REGION

Indicator 23: Percentage of most-at-risk populations who are HIV infected, disaggregated for age <25

	% OF SEX WORKERS WHO TEST POSITIVE FOR HIV		% OF MEN WHO HAVE SEX WITH MEN WHO TEST POSITIVE FOR HIV		% OF PEOPLE WHO INJECT DRUGS WHO TEST POSITIVE FOR HIV	
	Survey year	< 25	Survey year	< 25	Survey year	< 25
SUB-SAHARAN AFRICA						
Benin	2009	9.43			2009	4.76
Burkina Faso	2005	9.78				
Burundi	2007	45.58				
Chad	2009	19.44				
Comoros	2007	0				
Eritrea	2008	3				
Gabon	2010	12.03				
Guinea	2008	25.86				
Guinea-Bissau	2009	23.81				
Mali	2006	25.7				
Niger	2009	23.24				
Nigeria	2007	26.76	2007	9.6	2007	2.86
Senegal	2006	9.52	2007	12.71		
Togo	2005	19.47				
EAST ASIA						
China	2009	0.4	2009	4.1	2009	8.3
SOUTH AND SOUTH-EAST ASIA						
Afghanistan	2009	0			2009	7.64
Bangladesh	2007	0.17	2007	0	2007	0.22
Cambodia	2007		2005	2.31	2007	
India	2009		2009		2009	
Indonesia	2007	10.39	2007	4.17	2007	41.47
Lao People's Democratic Republic	2008	0.58	2007	5.2		
Maldives	2008	0	2008	0	2008	0
Myanmar	2008	13.59	2008	12.63	2008	27.81
Nepal	2008		2009	1.34	2009	7
Pakistan	2008-09	2.37			2008	22.49
Philippines	2009	0.12	2009	0.64	2009	0.19
Sri Lanka	2009	0	2009	0.76		
Viet Nam	2009		2009-10	3.02	2009	
OCEANIA						
Australia	2008				2008	0
Papua New Guinea	2009	7.18	2009	1.92		
EASTERN EUROPE AND CENTRAL ASIA						
Azerbaijan	2007-08	0	2007-08	0	2007-08	3.73
Belarus	2009	2.94	2009	0	2009	3.85
Georgia	2008-09	0	2007	3.51	2008	0
Kazakhstan	2009	0.54	2009	0	2009	3.59
Kyrgyzstan	2009	1.97			2009	4.76
Moldova	2009-10	1.7			2008-09	10
Russian Federation	2009	4.14	2008-09	10.79	2009	11.97
Tajikistan	2008	1.46			2008	12.27
Ukraine	2008-09	8.71	2009	7.88	2008-09	10.18
Uzbekistan	2009	2.05	2009	6.38	2009	7.18
WESTERN AND CENTRAL EUROPE						
Belgium	2009	0.57	2009-10	1.8	2008	
Bosnia and Herzegovina	2008	0	2008		2009	
Bulgaria	2008	0.73	2008	3.95	2008	8.06
Estonia	2005-06	11.69	2007	0	2007	59.59
Hungary			2009	1.14	2009	0
Latvia			2008	4.81	2007	24.76
Lithuania	2009	0	2008	0	2008	

Indicator 23: Percentage of most-at-risk populations who are HIV infected, disaggregated for age <25

	% OF SEX WORKERS WHO TEST POSITIVE FOR HIV		% OF MEN WHO HAVE SEX WITH MEN WHO TEST POSITIVE FOR HIV		% OF PEOPLE WHO INJECT DRUGS WHO TEST POSITIVE FOR HIV	
	Survey year	**< 25**	**Survey year**	**< 25**	**Survey year**	**< 25**
Luxembourg					2008	0
Montenegro	2007-08	0			2008	
Portugal					2007-08	4.91
Romania	2009		2009		2009	1.23
Serbia	2008	1.67	2008	1.89	2008	0
Spain	2008	3.21	2008	7.96	2008	20
Sweden	2009	0	2009		2009	
Switzerland	2007		2007	1.2	2006	0
United Kingdom of Great Britain and Northern Ireland			2008		2008	0.98
MIDDLE EAST AND NORTH AFRICA						
Djibouti	2008	7.89				
Iran, Islamic Republic Of					2007	9.4
Morocco	2009	1.4			2009	0
Sudan	2008	0				
Tunisia	2009	0.34	2009		2009	
NORTH AMERICA						
Canada			2005-08	2.2	2005-08	2.9
Mexico	2008-09	1.73	2008-09	7.88	2008-09	2.35
CARIBBEAN						
Bahamas			2009	24		
Cuba	2009		2009	0.92		
Jamaica	2009	3.74	2007	28.06		
Saint Lucia					2007-09	12.5
CENTRAL AND SOUTH AMERICA						
Chile	2008		2008-09	7.28		
Colombia	2008	0.49				
Guyana	2008-09	6.6	2009			
Honduras	2006	0.95	2006	4.02		
Uruguay	2008		2008	6.9		

* country reported values based on available surveillance or survey data.
Source: UNGASS Country Progress Reports, 2010.

ANNEX 3
HIV COMPREHENSIVE KNOWLEDGE AMONG YOUNG PEOPLE AND LIFE SKILLS EDUCATION IN SCHOOLS, BY REGION

	Indicator 13: Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission							Indicator 11: Percentage of schools that provided life skills–based HIV education within the last academic year	
	COUNTRY REPORTED VALUE FOR 2009				MOST RECENT DHS (OR MICS)[1]				
	Survey year	Males 15-24	Females 15-24	Both sexes 15-24	Survey year	Males 15-24	Females 15-24	Survey year	All schools %
SUB-SAHARAN AFRICA									
Angola	2009	32	25	28					
Benin	2008	34	34	34	2006	35	16		
Botswana	2008	39	45	42				2009	100
Burkina Faso	2008	29	21	25	2003	23	15	2009	9.6
Burundi	2007	45	39	35				2009	65.63
Cameroon	2004	35	27	30	2004	35	27	2007	6.23
Cape Verde	2009	65	68	67	2005	36	36	2009	100
Central African Republic	2006	26	17	20	2006*	27	17	2009	26.88
Chad	2004	20	8	11	2004	20	8	2009	74.9
Comoros								2009	26.95
Congo, Republic of the	2009	22	8	14	2009	22	8	2008	63.04
Côte d'Ivoire	2009	17	13	15	2005	28	18	2009	2.07
Democratic Republic of the Congo	2007	21	15	17	2007	21	15	2009	67.77
Equatorial Guinea	2006			2					
Eritrea	2008	77	78	77	2002		37	2009	31
Ethiopia	2005	33	21		2005	33	21	2009	38.4
Gabon	2010	58	53	55				2007	35.41
Ghana	2008	34	28		2008	34	28	2009	79.11
Guinea	2009	23	20	22	2005	23	17	2009	82.49
Guinea-Bissau	2008	13	13	13					
Kenya	2008	55	48		2008	55	48	2009	100
Lesotho	2009				2009	29	39	2009	88
Liberia	2006	67	57	62	2007	27	21	2010	1.62
Madagascar	2008	57	54		2008	26	23	2010	
Malawi	2006	42	42	42	2004	36	24		
Mali	2006	59	54	55	2006	22	18	2009	49.42
Mauritania	2007	14	5	7					
Mozambique					2009	34	36		
Namibia	2006	62	65		2006	62	65	2009	
Niger	2006	16	13	14	2006	16	13	2009	81.75
Nigeria	2007	27	21	24	2008	33	22	2009	22.75
Rwanda	2005	54	51	52	2005	54	51	2009	
Senegal	2005	24	19	23	2005	24	19		
Sierra Leone	2008	28	17		2008	28	17		
Somalia	2006		4						
South Africa	2008	30	27	29				2009	100
Sudan	2006		7	7					
Swaziland	2006	52	52	52	2007	52	52	2009	85.41
Togo	2007	59	44	51				2010	0.06
Uganda	2010				2006	38	32	2010	
United Republic of Tanzania	2008	42	39	40	2007-08	42	39	2008	
Zambia	2007	37	34	35	2007	37	34		
Zimbabwe	2009		53		2005-06	46	44	2009	100
EAST ASIA									
Japan	2008							2009	100
Mongolia	2009	19	16	18					
SOUTH AND SOUTH-EAST ASIA									
Afghanistan								2009	1.02
Bangladesh	2008	22	13	18				2008	0.14
Cambodia	2005	45	50	48	2005	45	50	2009	34.07
India	2009	44	35	40	2005-06	36	20	2009	30.91
Indonesia	2007	14	15	14					

	Indicator 13: Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission							Indicator 11: Percentage of schools that provided life skills–based HIV education within the last academic year	
	COUNTRY REPORTED VALUE FOR 2009				MOST RECENT DHS (OR MICS)[1]				
	Survey year	Males 15-24	Females 15-24	Both sexes 15-24	Survey year	Males 15-24	Females 15-24	Survey year	All schools %
Lao People's Democratic Republic								2009	73.76
Malaysia	2008			23				2008	0.2
Myanmar	2007	47	48	48					
Nepal	2006	44	28	32	2006	44	28	2009	7.56
Philippines					2008		21		
Singapore								2009	100
Sri Lanka	2006		17						
Thailand	2006	44	30	37					
Timor-Leste	2008	21	36		2009	20	12	2009	0.32
Viet Nam	2009	44	41	42	2005	50	42	2008	34.35
OCEANIA									
Marshall Islands	2007	39	27	32	2007	39	27		
Palau	2008	0	27	27					
Papua New Guinea	2007	26	17	22				2009	100
Samoa	2008				2009	6	3		
Tuvalu	2007	61	39	48				2009	100
Vanuatu	2008							2009	7.8
EASTERN EUROPE AND CENTRAL ASIA									
Armenia					2005	15	23		
Azerbaijan	2006	5	5	5	2006	5	5	2009	100
Belarus	2009	68	72	70				2009	13.41
Kazakhstan	2008	29	32	30				2009	81.1
Kyrgyzstan	2009	33	37	35				2009	84.26
Moldova	2008	39	42	41	2005	na	na	2010	0
Russian Federation	2009	35	39	37				2009	92.39
Tajikistan	2008	11	9	10				2009	5.26
Turkmenistan					2000		3		
Ukraine	2009	40	41	40	2007	43	45	2009	58.7
Uzbekistan	2009	14	11	13				2009	100
WESTERN AND CENTRAL EUROPE									
Albania	2008	22	36						
Bulgaria	2009	21	25	23				2009	16.52
Croatia								2009	4.69
Cyprus								2009	
Czech Republic								2009	58.75
Estonia	2007	28	37	32					
Finland								2009	100
Greece	2009	27	50	38					
Lithuania	2009	50	34	41					
Luxembourg								2009	100
Montenegro	2007							2010	26.71
Norway	2008	66	67	65					
Portugal	2007							2008	100
Romania	2009							2009	66.81
Serbia	2006	20	21	20					
Sweden	2009	59	61	60				2009	100
The former Yugoslav Republic of Macedonia	2007	18	25	22					
United Kingdom of Great Britain and Northern Ireland	2007			65					
MIDDLE EAST AND NORTH AFRICA									
Algeria	2006		16					2009	
Djibouti	2008	23	18	21				2010	38.46
Egypt	2007	18	5	11					

ANNEX 3
HIV COMPREHENSIVE KNOWLEDGE AMONG YOUNG PEOPLE AND LIFE SKILLS EDUCATION IN SCHOOLS, BY REGION

	Indicator 13: Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission							Indicator 11: Percentage of schools that provided life skills–based HIV education within the last academic year	
	COUNTRY REPORTED VALUE FOR 2009				MOST RECENT DHS (OR MICS)[1]				
	Survey year	Males 15-24	Females 15-24	Both sexes 15-24	Survey year	Males 15-24	Females 15-24	Survey year	All schools %
Iran, Islamic Republic Of	2008	15	17	16				2010	
Morocco	2007				2003	na	12		
Oman	2007	4	4	4				2009	100
Sudan								2009	12.78
Tunisia	2009	5	11	8					
Yemen								2009	4.26
CARIBBEAN									
Antigua and Barbuda								2009	100
Bahamas	2009							2010	77.63
Barbados	2009	52	49	50				2009	85.11
Cuba	2008							2008	93.64
Dominica								2009	100
Dominican Republic	2007	34	41	37	2007	34	41	2009	8.43
Grenada								2009	93.59
Haiti	2005	40	34	35	2005	40	34	2009	12.55
Jamaica	2008	38	43	40				2009	44.08
Saint Kitts and Nevis	2005			52				2009	45
Saint Lucia	2005	61	57	60				2009	59.18
Saint Vincent and the Grenadines	2008	59	40	49				2009	100
CENTRAL AND SOUTH AMERICA									
Argentina	2008			93				2008	3.43
Belize	2009	47	53	50				2009	37.97
Bolivia	2008	28	30	24	2008	28	25		
Brazil	2008	53	50	52				2007	63.04
Chile	2009	78	85	82					
Costa Rica								2008	100
Ecuador								2009	62.87
El Salvador	2008		27					2009	100
Guatemala	2008	24	22	23				2009	2.41
Guyana	2008			46	2005	47	53	2008	61.6
Honduras	2005		30		2005-06		30	2009	10.83
Nicaragua					2001		22	2009	87.75
Panama	2009	12	15	14					
Peru	2008	28	20	23	2007		19		
Suriname	2006		41					2009	0
Uruguay	2008	23	44	34				2009	89.93
Venezuela								2009	100

[1] Demographic and Health Survey (or Multiple Indicator Cluster Survey).

Source: UNAIDS Global Report on the AIDS Epidemic, 2010.

ANNEX 4
SCHOOL ATTENDANCE AND EXTERNAL SUPPORT FOR ORPHANS AND OTHER VULNERABLE CHILDREN, 2010, BY REGION

	Indicator 12: Current school attendance among orphans and among non-orphans aged 10–14						Indicator 10: Percentage of orphans and other vulnerable children whose household received free basic external support in caring for the child			
	COUNTRY REPORTED VALUE FOR 2009			MOST RECENT DHS (OR AIS)			COUNTRY REPORTED VALUE FOR 2009		MOST RECENT DHS (OR AIS)	
	Survey year	Orphans 10-14	Non-orphans 10-14	Survey year	Orphans 10-14	Non-orphans 10-14	Survey year	%	Survey year	%
SUB-SAHARAN AFRICA										
Angola	2009	75.25	86.59				2009	16.81		
Benin	2009	6.01		2006	60.90	71.20	2009	6.5		
Botswana							2008	31.2		
Burkina Faso	2007	55.87	48.77	2003	34.10	31.20	2008	4.6		
Burundi							2009	6.77		
Cameroon	2006	78.52	86.03	2004	83.30	84.30	2009	15.59		
Cape Verde				2005	*	93.50				
Central African Republic	2006	65.32	67.29	2006*	65.30	67.90	2006	7.39	2006*	7.4
Chad	2004	54.32	46.28	2004	54.30	46.30	2009	34.62		
Congo, Republic of the	2009	82.41	93.29	2009	(68.60)	93.30	2009			
Côte d'Ivoire	2009	35.69	51.68	2005	(41.50)	57.20	2009	27.09	2005	9.3
Democratic Republic of the Congo	2007	62.59	81.12	2007	62.80	81.10	2007	9.2	2007	9.1
Eritrea				2002	65.20	78.30				
Ethiopia	2004	53.3	58.9	2005	53.30	58.90	2004	3.49		
Gabon	2010	80.77	96.43	2000	(95.20)	97.30	2010	20.47		
Ghana	2008	67	88	2008	66.90	88.40	2008	7.36		
Guinea				2005	41.80	57.10	2009	16.52		
Kenya	2007	64.1	61	2003	87.50	92.40	2007	21.4		
Lesotho				2004	88.10	92.90				
Liberia				2007	57.20	67.30				
Madagascar	2009			2003	59.10	79.30	2010			
Malawi	2006	88.6	91.2	2004	85.50	88.80	2006	18.5		
Mali	2006	41.9	48	2006	41.90	48.00	2009	16.81		
Mauritania	2007	51.16	71	2000	48.10	69.60				
Mozambique	2008	78.99	86.5	2009	na	na	2008	22.09		
Namibia	2007	94.6	94	2006-07	93.60	94.10	2007	16.5	2006	16.5
Niger	2006	25	37.7	2006	25.70	38.20				
Nigeria	2008	83.58	71.7	2008	83.90	71.70	2009	6.3	2008	6.3
Rwanda	2005	74.52	90.99	2005	74.60	91.00	2005	12.6	2005	12.6
Senegal				2005	49.40	59.70	2007	43.46		
Sierra Leone	2008	47.3	76.1		47.30	76.10	2005	1.3		
South Africa	2009	98	99				2009	75		
Swaziland	2007	89.72	92.65	2007	90.00	92.70	2007	41.2	2007	41.2
Togo	2007	92.31	96.1	1998	67.20	77.50	2007	59.88		
Uganda	2010		81.9	2006	90.70	94.40	2010		2006	10.7
United Republic of Tanzania	2008	60.17					2008	16	2007	15.7
Zambia	2006	81	88.3	2007	85.50	91.60	2006	15.7	2005-06	28.4
Zimbabwe				2005-06	87.90	92.40	2009	20.86		
EAST ASIA										
Japan	2009	100	100							
SOUTH AND SOUTH-EAST ASIA										
Cambodia	2006	76.07	91.61	2005	76.10	91.60				
India				2005-06	59.40	82.50				
Indonesia	2007	87.2	92.6	2002	74.20	90.20	2007	12.99		
Nepal				2006	*	88.60				
Philippines				1993	(86.40)	92.30				
Thailand	2006	95.5	96.4							
OCEANIA										
Marshall Islands				2007	*	92.30				
Papua New Guinea	2007	75	87.05							

	Indicator 12: Current school attendance among orphans and among non-orphans aged 10–14						Indicator 10: Percentage of orphans and other vulnerable children whose household received free basic external support in caring for the child			
	COUNTRY REPORTED VALUE FOR 2009			MOST RECENT DHS (OR AIS)			COUNTRY REPORTED VALUE FOR 2009		MOST RECENT DHS (OR AIS)	
	Survey year	Orphans 10-14	Non-orphans 10-14	Survey year	Orphans 10-14	Non-orphans 10-14	Survey year	%	Survey year	%
EASTERN EUROPE AND CENTRAL ASIA										
Armenia				*2005	*	0.99				
Azerbaijan				*2006	na	na				
Moldova	2010	50	96.62	2005	*	98.00				
Ukraine				2006	*	99.10				
Uzbekistan				1996	*	98.70				
WESTERN AND CENTRAL EUROPE										
Finland							2009	100		
Spain	2008	99.1								
MIDDLE EAST AND NORTH AFRICA										
Djibouti							2009	13.73		
Iran, Islamic Republic Of	2008	75	92.41							
Jordan				2007	*	98.30				
Morocco				1992	*	51.20				
Sudan	2006	53.5	66.8							
CARIBBEAN										
Antigua and Barbuda										
Bahamas	2009	100	100							
Barbados							2009	100		
Cuba	2009	100	100				2009	100		
Dominican Republic	2006	69.23	97.09	*2007	72.60	94.90	2008	37.17		
Haiti	2006	76.67	89.42	2005	76.70	89.40	2006	5.21		
Saint Lucia	2009	100	72.29				2009	83.45		
Saint Vincent and the Grenadines	2009						2009			
CENTRAL AND SOUTH AMERICA										
Belize	2006	62.1	93.6							
Bolivia				2008	(71.0)	96.80				
Colombia				2005	78.30	92.30				
Guatemala				1999	*	79.00				
Guyana				2005	(92.60)	97.20				
Honduras	2006	58.6	54.5	2005	58.60	54.50	2009	0.42		
Nicaragua				2001	(85.30)	80.60				
Peru				2000	(80.80)	94.60				

[1] Most recent Demographic Health Survey or AIDS Indicator Survey.

[2] When denominators are based on 25-49 cases, corresponding indicator appears into parenthesis ().

[3] When denominators are based on less than 25 cases, corresponding indicator are replaced by *.

[4] NA = Not available.

Source: UNGASS Country Reports and DHS, 2010 and Measure DHS.

ANNEX 5
SEXUAL BEHAVIOR AMONG YOUNG PEOPLE, 2010, BY REGION

	Indicator 15: Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15 in the last 12 months, disaggregated for sex							Indicator 16: Percentage of adults who have had sexual intercourse with more than one partner, disaggregated for young women and men aged 15-24				
	COUNTRY REPORTED VALUE FOR 2009				MOST RECENT DHS (OR MICS)[2]			COUNTRY REPORTED VALUE FOR 2009				
	Survey year	Males	Females	Both sexes	Survey year	Males	Females	Survey year	Males 15-19	Females 15-19	Males 20-24	Females 20-24
SUB-SAHARAN AFRICA												
Angola	2009	37	23	30				2009	9.91	3.76	30.55	3.62
Benin	2008	22	13	17	2006	13	12	2006	5.4	1.19	17.5	1.2
Botswana	2008	5	3	4				2008	4.9	3.8	25.8	12.7
Burkina Faso	2008	9	7	8	2003	4	7	2008	24.47	5.94	26.07	2.66
Burundi	2007	5	3	4					2007			
Cameroon	2004	23	35	31	2004	11	20	2004	35.1	20.48	45.3	10.56
Cape Verde	2009	26	13	26	2005	41	24	2009	92.55	70.53	79.92	62.46
Central African Republic	2006	36	52	48	2006	13	25	2006	11.51	5.09	29.03	7.38
Chad	2004	10	26		2004	10	26	2004	6.8	0.8	20.2	1.3
Comoros	1996	16	8	10				2003				
Congo, Republic of the		25	20	22	2009	25	20	2009	9.23	8.81	34.43	9.56
Côte d'Ivoire	2009			21	2005	15	19	2005	32.25	6.7	32.83	5.86
Democratic Republic of the Congo	2007	18	18	18	2007	18	18	2007	9.82	3	19.45	3.61
Eritrea					2002		13					
Ethiopia	2005	2	16		2005	2	16	2005	0.2	0.1	1.7	0.2
Gabon	2010	28	8	15	2000	42	24	2010	54.1	34.45	62.56	43.63
Ghana	2008	4	8		2008	4	8	2008	3.1	1.2	9.6	1.6
Guinea	2009	25	29	26	2005	17	22	2008				
Guinea-Bissau	2008	26	16	21				2008	30.84	9.33	40.56	12.83
Kenya	2008	22	11		2008	22	11	2008	4.3	1.3	11.8	1.9
Lesotho					2009	22	8					
Liberia	2006	8	17	13	2007	9	17	2006	15.82	11.64	26.77	8
Madagascar	2009	9	18		2008	9	18	2009	13.68	3.19	24.05	2.31
Malawi	2004	14	15	15	2004	14	15	2004	4.9	1	9.3	1.2
Mali	2006	5	25	21	2006	5	25	2006	93.1	20.7	63.9	9.4
Mauritania	2007		14	14								
Mauritius	2008	10	5	7				2008	41.43	2.1	25.91	3.23
Mozambique	2009	25	25	25	2009	25	25	2009	10.2	4.11	24.12	4.12
Namibia	2006	18	7		2006	18	7	2006	6	1.1	16.9	3.6
Niger	2006	5	30		2006	5	30	2006	76.27	0.71	27.23	1.09
Nigeria	2007	7	17	12	2008	6	16	2007	5.6	2.7	17.8	4.8
Rwanda	2005	13	4	7	2005	13	4	2005	0.28	0.12	1.26	0.38
Sao Tome and Principe					2008-09	12	9	2008	20.92	2.67	23.26	2.06
Senegal	2005	12	9	10	2005	12	9	2005	4.3	0.6	9.3	1
Sierra Leone	2008	11	25		2008	11	25	2008	12	7	23.4	5.9
South Africa	2008	11	6	9				2008				
Swaziland	2006	5	7	6	2007	5	7	2006	25.51	3.77	29.52	3.84
Togo	2007	13	10	11	1998	0	19	2007	15.06	6.93	31.23	10.53
Uganda	2010				2006	12	16	2010				
United Republic of Tanzania	2008	10	11	10	2007-08	10	11	2008	3.56	1.97	18.29	3.09
Zambia	2006	16	13	14	2007	16	14	2007	4.5	1.9	14.4	1
Zimbabwe	2007	4	5	5	2005-06	5	5	2007	17.83	8.28	33.9	11.82
EAST ASIA												
Japan								1999				
Mongolia	2009	2	0	1								
SOUTH AND SOUTH EAST ASIA												
Bangladesh	2008	12	31	24	2007	1		2005	39.49		27.54	
Cambodia	2005	0	1	1	2005	0	1	2005	1.68	0	8.76	0.07
India	2009	2	10	0	2005-06	2	10	2009	0.65	0	5.35	0
Indonesia	2007	0	0	0	2007			2007	0		0.23	
Malaysia	2001			5								
Myanmar	2007	1	1	1				2006	1.22	0	10.83	0.42
Nepal					2006	4	8					

Indicator 17: Percentage of adults who had more than sexual one partner in the last 12 months and report the use of a condom during their last intercourse, disaggregated for women and men aged 15-24

	MOST RECENT DHS/AIS			COUNTRY REPORTED VALUE FOR 2009					MOST RECENT DHS/AIS		
	Survey year	Males	Females	Survey year	Males 15-19	Females 15-19	Males 20-24	Females 20-24	Survey year	Males	Females
SUB-SAHARAN AFRICA											
Angola				2009	48.08	47.01	56.31	50.56			
Benin	2006	10.3	1.2	2006	48.8	19.5	43.1	35.3	2006	44.9	27.4
Botswana				2008	82.5	85.2	87.7	83			
Burkina Faso	2003	9.0	1.5	2008	93.1	76	94.03	86.36	2003	71.5	43.7
Burundi				2007							
Cameroon	2004	22.4	6.6	2004	56.5	47	56.3	37.3	2004	56.3	41.6
Cape Verde	2005	32.5	4.2	2009	82.9	77.6	75.4	60.1	2005	79.9	63.9
Central African Republic	2006*	8.9	1.0	2006					2006*	59.0	39.8
Chad	2004	12.1	1.0	2004	30		18		2004/1997	22.0	17.4
Comoros											
Congo, Republic of the	2009	20.6	9.2	2009	48.57	24.32	36.84	26.02	2009	39.9	25.5
Côte d'Ivoire	2005	19.7	4.5	2005	64.3	45.3	60.6	45	2005	61.8	45.1
Democratic Republic of the Congo	2007	14.3	3.3	2007	27.84	6.56	18.93	9.64	2007	22.3	8.6
Eritrea	1995	5.5							1995		
Ethiopia	2005	0.9	0.1	2005			23.9		2005/2000	27.0	18.0
Gabon	2000	25.9	15.5	2010	30.33	24.37	40.28	30.12	2000	50.0	28.7
Ghana	2008	5.9	1.4	2008	24.4		49.2		2006*	61.2	46.0
Guinea	2005	19.2	2.4	2008					2005	39.3	27.7
Guinea-Bissau				2009	65.09	57.14	61.62	45.71			
Kenya	2008	7.7	1.6	2008	69.1		66.5	36.2	2008	64.3	39.5
Lesotho	2009	20.5	4.0	2009	60.2	39	60.3	48.2	2009	60.3	44.9
Liberia	2007	15.0	7.4	2006	29.27	11	27.53	21.65	2007	27.8	16.2
Madagascar	2009	18.2	2.8	2008	3.42	3.94	5.02	1.52	2009	8.8	6.6
Malawi	2004	7.0	1.1	2004	31.4	16	36.3	22.6	2004	34.5	19.9
Mali	2006	6.1	1.6	2006	30.8	13.7	40.3	20.5	2006	28.2	7.9
Mauritania											
Mauritius				2008	46.55	16.67	26.32	14.29			
Mozambique	2009		4.2	2009	40.8	30.77	35.3	31.91	2003	29.6	20.4
Namibia	2006	11.1	2.2	2006	84	76.8	81.3	46.2	2006	82.2	73.7
Niger	2006	2.4	0.4	2006					2006	41.7	
Nigeria	2008	5.8	1.2	2007	93.7	69.4	81	36.8	2008	56.4	29.0
Rwanda	2000	1.2	0.3	2005							
Sao Tome and Principe		12.2	1.6	2008	64.9	53.27	62.8	54.12	2008-09	59.1	
Senegal	2005	6.3	0.8	2005					2005	64.1	33.2
Sierra Leone	2008	10.1	4.0	2008	13.6	10.6	34.3	13.6	2008	29.2	12.2
South Africa				2008							
Swaziland	2007	9.8	2.1	2006	74	52.02	64.24	55.88	2007	65.9	50.7
Togo	1998	18.8	5.1	2007	73.44	69.05	76.5	72.22	1998	45.4	26.2
Uganda	2006	9.3	1.7	2010					2000-01	52.8	33.8
United Republic of Tanzania				2008	9.84	9.68	26.92	8.08	2007-08	36.9	25.4
Zambia	2007	8.8	1.5	2006	49.8		40.3		2007	43.1	41.5
Zimbabwe	2005-06	7.1	0.9	2005	70.6		56.2		2005-06	59.4	37.9
EAST ASIA											
Japan				2008	77.11	76					
Mongolia											
SOUTH AND SOUTH EAST ASIA											
Bangladesh				2005							
Cambodia	2005	4.7	0.0	2005	85.71	0	71.96	100	2005	75.1	
India	2005-06	1.6	0.1	2009	100		70		2005-06		27.2
Indonesia				2007			100				
Malaysia											
Myanmar				2006	66.67		70.59	0			
Nepal	2006	2.1	0.1								

ANNEX 5
SEXUAL BEHAVIOR AMONG YOUNG PEOPLE, 2010, BY REGION

	Indicator 15: Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15 in the last 12 months, disaggregated for sex							Indicator 16: Percentage of adults who have had sexual intercourse with more than one partner, disaggregated for young women and men aged 15-24				
	COUNTRY REPORTED VALUE FOR 2009				MOST RECENT DHS (OR MICS)[2]			COUNTRY REPORTED VALUE FOR 2009				
	Survey year	Males	Females	Both sexes	Survey year	Males	Females	Survey year	Males 15-19	Females 15-19	Males 20-24	Females 20-24
Philippines					2008		2					
Thailand	2006	8	1	5				2006		23.56		17.54
Timor-Leste	2008							2008				
Viet Nam	2009	0	0	0	2005	0	1	2009	0.98	0	4.94	0.33
OCEANIA												
Marshall Islands	2007	27	14	19	2007	27	14	2007	58.85	31.37	46.84	21.56
Micronesia, Federated States Of	2006			22				2006				
Palau	2008	17	15	10				2008		36.36		13.33
Papua New Guinea	2007	8	7	8				2007	61.54	0	37.84	0
Samoa	2008	11	5	9								
Solomon Islands	2008	44	22	29				2008	71.21	44.54	82.09	31.9
Tonga	2008							2008	18.5	9.7		
Tuvalu	2007	15	2	7				2007	13.16	0	18.18	1.25
EASTERN EUROPE AND CENTRAL ASIA												
Armenia					2005	3	0					
Azerbaijan	2006	1	1		2006	1	1	2006	2.9		15.6	
Belarus	2009	7	2	4				2009	28.18	9.27	17.16	26
Kazakhstan	2008	7	0	4				2008	15.95	2.44	31.14	7.58
Kyrgyzstan	2009	6	0	3				2009	15.53	0.3	32.35	2.46
Moldova	2008	13	1	7	2005	9	1	2009	17.4	2.7	28.7	5.3
Russian Federation	2009	10	3	6				2008	32.1	14.29	36.3	12.93
Tajikistan	2008	1	0	0				2008	7.71	1.02	20.41	3.32
Turkmenistan					2000		0					
Ukraine	2009	4	0	2	2007	2	1	2009	18.34	3.33	41.29	10.2
Uzbekistan	2009	1	0	1	1996		1					
WESTERN AND CENTRAL EUROPE												
Albania	2008	1	1					2008	1.6	0.1	14.5	0.1
Bosnia and Herzegovina	2009	17		18				2009				
Bulgaria	2009	11	5	8				2009	27.14	9.51	42.81	13.74
Czech Republic	2008	3	4	3				2008	46.67	42.86	35.71	27.87
Estonia	2007	11	11	11				2007	13.72	19	30.97	22.49
Finland	2009	27	30	28								
Germany	2005	12	14	13				2009	22.5	13.8	29.9	16.6
Greece	2009	22	10	16				2009	50	28.21	34.62	27.45
Hungary								2009				
Lithuania	2008	18	7	13				2008				
Luxembourg	2006	18	15	16								
Malta	2009	7	6	7				2009	11.1	3.4	22.8	4.1
Norway	2009	8	10	9								
Portugal	2008	11	6	8				2007	44.7	26.2	43.3	21.9
Serbia	2006	4	1	2				2006	10.55	0.62	25.05	4.1
Spain	2008	30	18					2008				
Sweden	2009	19	24	22				2009	37.29	49.39	46.61	52.7
Switzerland	2007	9	7	8				2007				
The former Yugoslav Republic of Macedonia	2007	9	1	5								
United Kingdom of Great Britain and Northern Ireland	2001	14	12	13				2008			25.38	23.89
MIDDLE EAST AND NORTH AFRICA												
Djibouti	2008	11	2	7				2008	69.91	56.32	90.3	85.02
Iran, Islamic Republic Of	2007	7	1	4				2008	10.75	1.34	14.11	1.08
Lebanon	2004			4								
Morocco	2007	8	1	5	1992		0					
Sudan	2009			41								

Indicator 17: Percentage of adults who had more than sexual one partner in the last 12 months and report the use of a condom during their last intercourse, disaggregated for women and men aged 15-24

	MOST RECENT DHS/AIS			COUNTRY REPORTED VALUE FOR 2009					MOST RECENT DHS/AIS		
	Survey year	Males	Females	Survey year	Males 15-19	Females 15-19	Males 20-24	Females 20-24	Survey year	Males	Females
Philippines	2003	6.0							2003	30.3	
Thailand				2006		63.41		48.62			
Timor-Leste	2009	0.9		2008							
Viet Nam	2005	0.3	0.0								
OCEANIA											
Marshall Islands	2007	9.7	4.7	2007	21.14	9.38	24.72	6.94	2007	22.6	8.8
Micronesia, Federated States Of											
Palau				2008	0	0	0	0			
Papua New Guinea				2008	37.5		42.86				
Samoa				2008							
Solomon Islands											
Tonga				2008	22	18.8					
Tuvalu				2007							
EASTERN EUROPE AND CENTRAL ASIA											
Armenia	2005	12.5	0.0						2005	78.6	
Azerbaijan	2006	9.0	0.0	2006			25.9		2006	28.6	0.0
Belarus				2009	80	68.97	71.43	76.92			
Kazakhstan				2008	83.33	71.43	83.53	70			
Kyrgyzstan				2009	87.04	100	77.06	55.56			
Moldova	2005	16.9	2.1	2009	81.3	60	58.6	14.3	2005	60.0	29.6
Russian Federation				2008	61.54	55.56	64	50			
Tajikistan				2008	74.29	20	61.43	41.67			
Turkmenistan	2000		0.0								
Ukraine	2007	16.2	3.1	2009	83.87	100	73.49	75	2007	63.7	62.7
Uzbekistan											
WESTERN AND CENTRAL EUROPE											
Albania		6.4	0.1	2008			49.8				
Bosnia and Herzegovina				2009							
Bulgaria				2009	71.05	60	70.19	65.12			
Czech Republic											
Estonia				2007	66.25	55.66	58.88	32.89			
Finland											
Germany				2009	74.4	58.2	64.5	50.9			
Greece				2009	33.33	23.08	25	23.53			
Hungary				2009	5.2		17.5				
Lithuania				2008							
Luxembourg											
Malta				2009	84.6	80	85.2	50			
Norway											
Portugal				2007	74.2	65.1	71.4	55			
Serbia				2006	83.33	66.67	77.05	71.43			
Spain				2008							
Sweden				2009	32.82	25.91	37.61	28.65			
Switzerland				2007							
The former Yugoslav Republic of Macedonia											
United Kingdom of Great Britain and Northern Ireland				2008							
MIDDLE EAST AND NORTH AFRICA											
Djibouti				2008	32.91	46.94	70.25	89.77			
Iran, Islamic Republic Of				2008	52.17	60	58.7	66.67			
Lebanon				2004							
Morocco				2007							
Sudan											

ANNEX 5
SEXUAL BEHAVIOR AMONG YOUNG PEOPLE, 2010, BY REGION

	Indicator 15: Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15 in the last 12 months, disaggregated for sex							Indicator 16: Percentage of adults who have had sexual intercourse with more than one partner, disaggregated for young women and men aged 15-24				
	COUNTRY REPORTED VALUE FOR 2009				MOST RECENT DHS (OR MICS)[2]			COUNTRY REPORTED VALUE FOR 2009				
	Survey year	Males	Females	Both sexes	Survey year	Males	Females	Survey year	Males 15-19	Females 15-19	Males 20-24	Females 20-24
Tunisia	2009	52	14	36								
NORTH AMERICA												
Mexico	2005	4	4	4								
CARIBBEAN												
Bahamas	2009	70	41	58								
Barbados	2009	22	16	20								
Cuba	2008	32	15	24								
Dominican Republic	2007	24	15	19	2007	24	15	2007	33.49	10.11	42.59	7.31
Haiti	2005	43	15	23	2005	43	15	2005	12.9	0.9	29.3	2.2
Jamaica	2008	57	16	36				2008	49.64	17	81.29	22.61
Saint Kitts and Nevis	2005	36	10	22				2005				
Saint Lucia	2005	32	20	26				2007				
Saint Vincent and the Grenadines	2008	31	14	22				2008	16.02	10.07	51.79	15
CENTRAL AND SOUTH AMERICA												
Argentina	2008			19								
Belize	2009	11	5	8				2009	10.74	4.14	26.6	5.53
Bolivia	2008	13	7	8	2008	13	7	2008	9.64		21.13	
Brazil	2008	41	29	35				2008	66.11	56.23	73.85	63.34
Chile	2009	13	8	11				2009	16	4.9	28.52	10.1
Colombia					2005		13	2005		4.1		5.6
El Salvador	2008		11									
Guatemala	2008	16	8	11	1999		10	2008	12.96	0.58	18	0.7
Guyana	2009	19	10	14	2009			2009	8	1.1	18.4	1.5
Honduras	2006	19	11	13	2005-06		11	2006	31.73	0.94	28.69	0.71
Nicaragua					2001		12	2007		1.4		1.8
Panama	2009	30	21	24				2009	30.68	23.11	53.59	40.63
Paraguay	2008		64					2008		6.62		8.33
Peru	2008	12	7	8	2007		6	2008	17.68	0.7	24.69	3.04
Suriname	2006		9					2006				
Uruguay	2008	44	30	37				2007	40	16.28	52.13	16.47

[1] Methodology may vary for individual countries

[2] Demographic and Health Survey (or Multiple Indicator Cluster Survey).

[3] Demographic and Health Survey (or AIDS Indicator Survey).

[4] Values reported from different years for the same country is separated by (/) in survey year.

[5] When denominators are based on 25-49 cases, corresponding indicator appears into parenthesis ().

[6] When denominators are based on less than 25 cases, corresponding indicator are replaced by *.

Source: UNGASS Country Reports, 2010 and Measure DHS.

Indicator 17: Percentage of adults who had more than sexual one partner in the last 12 months and report the use of a condom during their last intercourse, disaggregated for women and men aged 15-24

	MOST RECENT DHS/AIS			COUNTRY REPORTED VALUE FOR 2009					MOST RECENT DHS/AIS		
	Survey year	Males	Females	Survey year	Males 15-19	Females 15-19	Males 20-24	Females 20-24	Survey year	Males	Females
Tunisia				2009							
NORTH AMERICA											
Mexico											
CARIBBEAN											
Bahamas											
Barbados											
Cuba				2008							
Dominican Republic				2007	71.62	37.25	56.72	31.35	2007	61.8	33.9
Haiti	2005	19.8	1.5	2005	42	31.2	55.6	17.8	2005	50.5	22.6
Jamaica				2008	89.62	45.16	65.09	63.64			
Saint Kitts and Nevis				2005							
Saint Lucia				2007							
Saint Vincent and the Grenadines				2008	61.9	55.17	61.76	50			
CENTRAL AND SOUTH AMERICA											
Argentina				2008							
Belize				2009	80.77	58.33	70.37	76.92			
Bolivia	2008/03	14.3	1.0	2008	43.93		39.29		2008	40.7	
Brazil				2008	76.49	51.79	57.62	36.5			
Chile				2009	57.19	48.91	55.44	34.06			
Colombia	2005		4.8	2005		34.5		36.3	2005		35.5
El Salvador				2008		82.7		79.1			
Guatemala				2008	78.88	13.04	68.48	42.86			
Guyana	2009	12.4	1.3	2009	85.8		70.4		2009	76.1	
Honduras	2005-06		1.0	2006		33.6		16.9	2005-06		27.2
Nicaragua	2001		0.7	2007		12.2		30.1	2001		(38.70)
Panama				2009	46.75	16.91	32.06	13.87			
Paraguay				2008		5.04		8.1			
Peru	2004-08		1.4	2008	73.43	82.35	79.5	32.14	2007		38.0
Suriname				2006							
Uruguay				2007	77.78	71.43	79.59	85.71			

ANNEX 6
VOLUNTARY COUNSELLING AND TESTING AMONG YOUNG PEOPLE AND YOUNG PEOPLE IN KEY POPULATIONS, BY REGION.

Indicator 7. Percentage of adults who received an HIV test in the last 12 months and who know their results, disaggregated for age 15-24

Indicator 8. Percentage of most at risk populations who received an HIV test in the last 12 months and who know their results, disaggregated for age 15-24

	COUNTRY REPORTED VALUE FOR 2009					MOST RECENT DHS/AIS			COUNTRY REPORTED VALUE FOR 2009					
	Survey year	Males 15-19	Females 15-19	Males 20-24	Females 20-24	Survey year	Males 15-24	Females 15-24	Survey year	Sex workers <25	Survey Year	Men who have sex with men <25	Survey Year	People who inject drugs <25
SUB-SAHARAN AFRICA														
Angola	2009	1.69	6.6	4.5	15.1				2008	32.54				
Benin	2009	84.85	90.33	89.68	85.87	2006	4.4	7.3	2009	86.11			2009	26.32
Botswana	2008	28.6	71.4	35.5	64.5									
Burkina Faso	2007					2003	2.2		2009	99.61				
Burundi	2008								2007	61.65				
Cameroon	2004	3.02	4.69	11.02	10.26	2004	3.9	4.4						
Cape Verde	2009	2.9	12.7	22.6	49.6	2005	4.2	8.6						
Central African Republic	2006					2006*	4.4							
Chad	2004	0.99	0.51	1.87	0.65	2004	1.4	0.6	2009	37.72				
Comoros									2007	100				
Congo, Republic of the	2009	2.37	4.67	5.86	10.58	2009	4.0	7.6						
Côte d'Ivoire	2005	1.78	2.27	2.45	3.19	2005	2.1	2.7	2007	43.68	2006-07	63.33		
Democratic Republic of the Congo	2007	1.42	2.32	4.37	4.49	2007	2.8	3.4	2004-06	32.89				
Eritrea									2008	92.5				
Ethiopia	2005	2.1	1.9	1.5	3.6	2005	2.6	2.9	2005					
Gabon		12.3	36.13	26.07	50.58				2010	58.6				
Ghana	2008	1.6	2.6	5.7	7.6	2008	3.4	4.9						
Guinea	2008					2005	2.0	1.4						
Guinea-Bissau	2008	8.84	6.64	13.5	13.86				2009	29.69				
Kenya	2008	13.1	17.8	25.4	38.6	2008	18.6	28.1	2009	94.68				
Lesotho	2009					2009	17.1	40.4						
Liberia	2006	0.43	1.68	2.89	2.13	2007	1.6	1.9						
Madagascar	2008	15.51	17.89	21.89	28.5	2008	3.5	4.6	2008	46.18				
Malawi	2004	4.1	4.8	10.1	9.6	2004	7.0	7.4						
Mali	2006	1.3	3.2	3.4	4.2	2006	2.1	3.7	2006					
Mauritania	2007								2007	58.97				
Mauritius	2008	3.97	3.15	7.73	8.76									
Mozambique	2009	5.65	13.29	11.55	19.44	2009 (prelim)	8.2	16.6						
Namibia	2006	5.7	12.8	16.3	35.8	2006	10.5	23.3						
Niger	2006	1.13	1.69	2.45	2.42	2006	1.2	1.0	2008	39.84				
Nigeria	2007	4.5	4.5	9.1	12.6	2008	3.9	5.2	2007	36.36	2007	27.31	2007	19.82
Rwanda	2005	3.61	4.82	13.56	16.6	2005	8.2	10.4	2006					
Sao Tome and Principe	2009	100	100	100	100	2008-09*	14.2	29	2007					
Senegal	2005	0.65	0.7	0.93	0.81	2005	0.7	0.8	2006	36.23	2007	30.58		
Sierra Leone	2008	0.4	3.3	2.2	5.6	2008	1.2	4.4	2005					
Swaziland	2006	1.81	9.97	6.88	27.92	2007	3.9	18.1						
Togo	2007	12.55	8.58	15.87	18.91				2009	55.79	2009-10	46.78		
Uganda	2010					2006	7.9	12.2						
United Republic of Tanzania	2008	11.2	14.72	21.34	22.62	2007-08	15.2	18.4						
Zambia	2006	7.3	12.8	14.1	21.9	2007	10.2	17						
Zimbabwe						2005-06	5.4	6.8						
EAST ASIA														
China									2009	33.6	2009	42.9	2009	28.4
Mongolia	2008		8.72		42.43				2009	46.28	2009	69.74		
SOUTH AND SOUTH-EAST ASIA														
Afghanistan									2009	3.92			2009	25.0
Bangladesh									2006-07	3.66	2006-07	1.95	2006-07	4.88
Cambodia	2005	1.32	1.9	7.8	5.4	2005	4	3.5	2007	66.08	2007	56.95	2007	36.27
India	2009	1.59	0.76	2.64	2.81	2005-06	0.7	1.4	2009	37.5	2009	7.47	2009	21.05
Indonesia									2007	27.31	2007	31.39	2007	36.61
Lao People's Democratic Republic									2009	12.38	2009	12.45		
Maldives									2008	21.43	2008	11.76	2008	14.81

	Indicator 7. Percentage of adults who received an HIV test in the last 12 months and who know their results, disaggregated for age 15-24								Indicator 8. Percentage of most at risk populations who received an HIV test in the last 12 months and who know their results, disaggregated for age 15-24					
	COUNTRY REPORTED VALUE FOR 2009					MOST RECENT DHS/AIS			COUNTRY REPORTED VALUE FOR 2009					
	Survey year	Males 15-19	Females 15-19	Males 20-24	Females 20-24	Survey year	Males 15-24	Females 15-24	Survey year	Sex workers <25	Survey Year	Men who have sex with men <25	Survey Year	People who inject drugs <25
Myanmar	2006	5.48	6.83	11.46	11.67				2008	67.5	2009	44.59	2007-08	26.03
Nepal									2008		2009	35.71	2009	19.3
Pakistan									2008-09	12.98			2008	12.45
Philippines	2008		0.11		1.21	2003/08	0.4	0.6	2009	16.37	2009	3.94	2009	1.14
Sri Lanka									2006-07	24.6	2007	6.9		
Thailand	2006		16.43		21.99				2009	29.04	2009	16.51	2008	56.52
Viet Nam	2005					2005	2	1.2	2009-10	32.42	2010	16.35	2009-10	17.64
OCEANIA														
Australia											2008	66.6		
Marshall Islands	2007	17.22	17.65	22.63	27.25									
Nauru	2009	100	100	100	100									
Palau	2008		7.64		47.22									
Papua New Guinea	2008	0	0	7.55	7.89				2008-09	52.15	2008-09	63.46		
Samoa						2009	0.7	0.3						
Solomon Islands	2008	1.53	4.07	4.74	5.41									
Tonga	2008	72.73	1.8											
Tuvalu	2007	3.3	2.7	14.86	4.14									
EASTERN EUROPE AND CENTRAL ASIA														
Azerbaijan									2007-08	3.77	2007-08	13.95	2007-08	4.97
Belarus	2009	10.23	10.86	15.2	18.5				2009	80.63	2009	78.06	2009	51.68
Georgia									2008	0	2007	11.11	2008	4.93
Kazakhstan	2008	12.29	15.33	20.51	29.17				2009	77.67	2009	56.55	2009	51.24
Kyrgyzstan	2008								2009	36.8			2009	28.57
Moldova	2009	5.4	8.2	8.9	18.8	2005	8.1	11.3	2009-10	19.2			2009	48.2
Russian Federation	2009	32.35	23.08	42.53	30.77				2009	36.2			2009	34.19
Tajikistan	2008	2.42	0.41	9.33	5.54				2008	45.37			2008	27.61
Ukraine	2009	8.88	8.67	11.94	17.86	2007	6.6	12.6	2008	55.52	2009	42.81	2008-09	21.12
Uzbekistan									2009	30.93	2009	27.66	2009	23.27
WESTERN AND CENTRAL EUROPE														
Albania	2008	0.2	0.3	1.1	0.3	2009	0.5	0.3						
Belgium											2009-10	89.1	2007	23.53
Bosnia and Herzegovina	2009								2008	75			2009	12.1
Bulgaria	2009								2008	53	2008	41.85	2008	40.49
Czech Republic											2009	40.98	2005	
Denmark											2009			
Estonia	2008	6.52	6.3	10.76	28.66				2005-06	59.52	2007	25.98	2007	51.02
France											2008-09	44.02		
Germany	2009	6.6	6.1	17.4	16.4						2007	20.89		
Greece	2009	8.33	5.13	23.08	13.73				2009	57.14	2008-09	83.93		
Hungary											2009	100	2009	100
Latvia											2008	27.88	2007	59.39
Lithuania	2009								2008	40	2009	28.57	2007-08	72.22
Poland	2009										2009		2009	
Portugal	2009	7.7	8.3	20.9	29.6						2007	38.6	2007	41.32
Romania									2009	25	2009		2009	13.58
Serbia									2008	31.67	2008	30.84	2008	17.31
Sweden	2007	4.08	8.58	20.12	24.8				2009	55.56	2008	36.52	2009	83.72
Switzerland	2009								2007		2007	32.88	2006	70.49
The former Yugoslav Republic of Macedonia	2005		2.13		2.99				2007	27.5	2007	51.04	2007	35.71
United Kingdom of Great Britain and Northern Ireland	2008	2.24	5.41	5.34	10.58						2006	20.42	2008	
Middle East and North Africa														
Djibouti	2008	13.85	14.47	55.23	48.1				2008	92.11				

ANNEX 6
VOLUNTARY COUNSELLING AND TESTING AMONG YOUNG PEOPLE AND YOUNG PEOPLE IN KEY POPULATIONS, BY REGION.

	Indicator 7. Percentage of adults who received an HIV test in the last 12 months and who know their results, disaggregated for age 15-24								Indicator 8. Percentage of most at risk populations who received an HIV test in the last 12 months and who know their results, disaggregated for age 15-24					
	COUNTRY REPORTED VALUE FOR 2009					MOST RECENT DHS/AIS			COUNTRY REPORTED VALUE FOR 2009					
	Survey year	Males	Females	Males	Females	Survey year	Males	Females	Survey year	Sex workers	Survey Year	Men who have sex with men	Survey Year	People who inject drugs
		15-19	15-19	20-24	20-24		15-24	15-24		<25		<25		<25
Iran, Islamic Republic Of									2007	22.85	2006	11.11	2007	16.31
Morocco	2007								2007	44.06				
Sudan	2009								2008	5.7				
Tunisia	2009								2009	12.66	2009	15.77	2009	8.74
NORTH AMERICA														
Canada											2005-08	35.8	2005-08	48.7
Mexico											2009	49.17	2009	11.54
CARIBBEAN														
Bahamas	2009	0.93	3.66								2009	48		
Barbados									2005-06	80				
Cuba	2008								2008-09	26.94	2008-09	22.51		
Dominican Republic	2007	5.01	11.79	17.3	11.53	2007	10.2	18.1	2008		2008			
Grenada	2009	97.92	85.1	26.57	99.82									
Haiti	2005	1.73	4	5.71	9.68	2005	3.4	6.4	2005-06	71.05	2006	71.05		
Jamaica	2008	7.97	25.91	22.22	48.74				2008	71.79	2007	47.48		
Saint Lucia	2007										2009	100	2007-09	22.22
Saint Vincent and the Grenadines	2008	3.91	7.99	11.79	12.08									
CENTRAL AND SOUTH AMERICA														
Belize	2009	11.98	15.17	32.02	52.34									
Bolivia	2008	1.35	1.02	2.64	3.43	2008	1.9		2009	40.54	2008	36.24		
Chile	2009	7.14	17.04	25.51	52.56				2005	91.3	2008-09	26.32		
Colombia	2007					2005			2008	40.79				
El Salvador	2008		8.2		13.6				2009		2009			
Guatemala	2008	1.56	2.77	2.64	5.5				2007	91.84		63.38		
Guyana	2009					2005*	9	13	2009-10	91.3	2008-09	97.1		
Honduras	2006	3.56	9.56	19.46	26.94				2006	81.22	2006	24.74		
Panama	2009	3	8.5	11.31	16.9				2007		2007			
Peru	2008	0.94	9.58	6.1	25.64				2008	4.35	2008	0		
Uruguay	2007	4.49	8.55	26.67	19.87				2008		2008			

Source: UNGASS Country Reports, 2010 and Measure DHS.

ANNEX 7
HIV PREVENTION PROGRAMME COVERAGE AND KNOWLEDGE AMONG YOUNG PEOPLE IN KEY POPULATIONS, BY REGION

	Indicator 9: Percentage of adults in most-at-risk populations reached with HIV prevention programmes, disaggregated for age <25						Indicator 14. Percentage of adults in most-at-risk populations who correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission, disaggregated for age <25					
	SEX WORKERS < 25		MEN WHO HAVE SEX WITH MEN < 25		PEOPLE WHO INJECT DRUGS < 25		SEX WORKERS < 25		MEN WHO HAVE SEX WITH MEN < 25		PEOPLE WHO INJECT DRUGS < 25	
	Survey year	%	Survey year	%	Survey year	%	Survey year	%	Survey year	%	Survey year	%
SUB-SAHARAN AFRICA												
Angola	2008	19.62					2008	63.97				
Benin	2008	49.23			2009	0	2008	61.76			2009	26.32
Burkina Faso	2005	40.38										
Burundi	2007	80.11					2007	54.83				
Chad	2009	18.27					2009	4.82				
Comoros	2007	28										
Côte d'Ivoire	2007		2007	100			2007	29.44				
Democratic Republic of the Congo	2004-06	24.5					2004-06	29.2				
Ethiopia							2005	35.7				
Gabon	2010	32.26					2010	26.88				
Guinea-Bissau	2009						2009	32.81				
Kenya	2009						2009	57.27				
Niger	2008						2008	8.2				
Nigeria	2007	46.03	2007	60.65	2007	81.98	2007	34.11	2007	43.83	2007	42.34
Senegal			2007	81.79			2006	20.29				
Swaziland	2009	100					2009	33.8				
Togo	2009	77.37	2010	40.06			2009	55.26	2010	57.31		
EAST ASIA												
China	2009	72.1	2009	74.3	2009	31.9	2009	52.2	2009	50.9	2009	49.2
Mongolia	2009	65.54	2009	68.42			2009	50.34	2009	55.26		
SOUTH AND SOUTH-EAST ASIA												
Afghanistan	2009	1.31			2009	16.67	2009	0.65			2009	29.58
Bangladesh	2006-07	9.27	2007	14.4	2006-07	1.22	2006-07	28.78	2007	22.57	2006-07	30.49
India	2009	41.67	2009	12.07	2009	12.03	2009	22.92	2009	35.06	2009	27.07
Indonesia	2007	25.74	2007	37.59	2007	36.84	2007	25.32	2007	40.33	2007	52.17
Lao People's Democratic Republic	2009	70.69					2009	44.43				
Myanmar	2008	70	2009	61.82	2007-08	45.48	2008	65	2009	68.14	2007-08	78.36
Nepal	2008		2009	71.88	2009	53.6	2008		2009	58.93	2009	64
Pakistan	2008-09	9.45			2008	58.43	2008-09	13.66			2008	19.88
Philippines	2009	52.2	2009	26.74	2009	10.44	2009	28.74	2009	32.2	2009	36.62
Thailand							2009	29.44	2009	18.81		
Timor-Leste	2008						2008		2008			
Viet Nam	2009-10	42.34	2010	17.71	2009-10	10.42	2009-10	51.45	2009-10	48.1	2009-10	52.82
OCEANIA												
Papua New Guinea	2006	31.43	2009	13.23			2006	39.23	2007	72.49		
EASTERN EUROPE AND CENTRAL ASIA												
Azerbaijan	2007-08	3.77	2008	13.95	2007-08	0.62	2007-08	34.21	2007-08	59.38	2007-08	34.35
Belarus	2009	84.68	2009	80.65	2009	60.07	2009	71.62	2009	74.19	2009	52.43
Georgia	2008	27.27	2007	61.4	2008	16.9	2008	0	2007	21.05	2008	30.28
Kazakhstan	2009	86.27	2009	65.81	2009	59.12	2009	66.12	2009	66.13	2009	73.62
Kyrgyzstan	2009	56.18			2009	38.1	2009	85.67			2009	45.24
Moldova	2009-10	15.5			2009	2.6	2009-10	28.3			2009	66.4
Russian Federation	2007-08	20.75			2009	1.32	2007-08	44.03	2009	76.19	2009	33.62
Tajikistan	2008	43.41			2008	61.96	2008	37.07			2008	59.51
Ukraine	2008-09	52.98	2009	62.67	2008-09	23.45	2009	46.37	2009	71.69	2008-09	54.24
Uzbekistan	2009	67.76	2009	31.91	2009	31.68	2009	34.37	2009	29.79	2009	40.84
WESTERN AND CENTRAL EUROPE												
Bosnia and Herzegovina					2009	18.5	2008		2008			
Bulgaria	2008	52.44	2008	36.84	2008	49.32	2008	36.97	2008	34.36	2008	30.54
Czech Republic			2009	62.5					2009	68.47		
Estonia			2007	31.58			2005-06		2007	58.73		
Greece	2009	14.29	2008-09	76.79			2009	3.57	2008-09	21.43		

ANNEX 7
HIV PREVENTION PROGRAMME COVERAGE AND KNOWLEDGE AMONG YOUNG PEOPLE IN KEY POPULATIONS, BY REGION

	Indicator 9: Percentage of adults in most-at-risk populations reached with HIV prevention programmes, disaggregated for age <25						Indicator 14. Percentage of adults in most-at-risk populations who correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission, disaggregated for age <25					
	SEX WORKERS < 25		MEN WHO HAVE SEX WITH MEN < 25		PEOPLE WHO INJECT DRUGS < 25		SEX WORKERS < 25		MEN WHO HAVE SEX WITH MEN < 25		PEOPLE WHO INJECT DRUGS < 25	
	Survey year	%	Survey year	%	Survey year	%	Survey year	%	Survey year	%	Survey year	%
Latvia					2007				2008	42.31		
Lithuania	2008	70	2009	28.57			2008-09	33.33	2009	14.29		
Romania	2009	31.58					2009	10.53	2009		2009	7
Serbia	2008	16.67	2008	11.21	2008	11.54	2008	16.67	2008	65.42	2008	40.38
Slovenia			2008-10	77.38								
Sweden	2009	33.33	2008	56.8	2009	13.95	2009	85.71			2009	71.05
The former Yugoslav Republic of Macedonia	2009				2006		2007	48.72	2007	34.38	2007	40
MIDDLE EAST AND NORTH AFRICA												
Djibouti	2008	97.37					2007					
Iran, Islamic Republic Of	2007				2007		2007-08	9.84	2007-08	11.11	2007-08	16.08
Morocco	2007	37.02					2007					
Sudan	2008	1.3					2008	28.6				
Tunisia	2009	28.8	2009	53.36	2009		2009	11.39	2009	23.21	2009	18.93
NORTH AMERICA												
Mexico	2008-09	61.24	2008-09	34.25	2008-09	15.75						
CARIBBEAN												
Bahamas			2010	70.67					2010	29.33		
Cuba	2007-09	95.64	2007-09	91.39			2008-09	60.74	2008-09	64.75		
Dominican Republic	2008						2008		2008			
Haiti							2006	5.3	2006	38.14		
Saint Lucia			2009	100							2007-09	0
CENTRAL AND SOUTH AMERICA												
Bolivia			2008	65.16			2009	40.54	2008	53.31		
Chile	2005	60.87	2008-09	51.97					2008-09	64.47		
Colombia	2008						2008	25.21				
Guatemala	2007	91.84	2007	72.68			2007	3.67	2007	30.7		
Guyana	2009						2008-09	29.9	2008-09	42.6		
Honduras	2006	28.25	2006	25.51			2006	25.35	2006	8.87		
Paraguay							2007-08		2007-08	30.43		

Note: Those with survey years and are blank have only reported on some values not specifically for <25.

Source: UNGASS Country Reports, 2010.

ANNEX 8
CONDOM USE AMONG YOUNG KEY POPULATIONS, BY REGION

	Indicator 18. Percentage of female and male sex workers reporting the use of a condom with their most recent client, disaggregated for age <25		Indicator 19. Percentage of men reporting the use of a condom at last anal sex with a male partner, disaggregated for age <25		Indicator 20. Percentage of people who inject drugs reporting the use of a condom at last sex, disaggregated for age <25	
	Survey year	%	Survey year	%	Survey year	%
SUB-SAHARAN AFRICA						
Angola	2008	77.45				
Benin	2009	9.43			2009	60
Burkina Faso	2005	98.42				
Burundi	2007	86.28				
Chad	2009	43.2				
Comoros	2007	67.74				
Democratic Republic of the Congo	2004-06	63.9				
Eritrea	2009	45.54				
Ethiopia	2005	98.27				
Gabon	2010	77.42				
Guinea	2008	84.44				
Guinea-Bissau	2009	90.63				
Kenya	2009	87.39				
Madagascar	2008	84.76				
Mali	2006	97.4				
Niger	2008	78.52				
Nigeria	2007	97.82	2007	52.43	2007	70.11
Senegal	2006	91.3	2007	71.63		
Swaziland	2009	87.32				
Togo	2009-10	86.84	2009-10	66.67		
EAST ASIA						
China	2009	85.8	2009	77.2	2009	37.8
Mongolia	2009	89.19	2009	80.26		
SOUTH AND SOUTH-EAST ASIA						
Afghanistan	2009	59.6			2009	42.59
Bangladesh	2006-07	61.61	2006-07	17.81	2006-07	40.35
Cambodia	2007	99.3	2007	88.69		
India	2009	87.5	2009	43.82	2009	12.7
Indonesia	2007	63.56	2007	55.66	2007	34.5
Lao People's Democratic Republic	2009	93.9				
Myanmar	2008	95.63	2009	84.04	2007-08	78.57
Nepal	2008		2009	74.55	2009	49.3
Pakistan	2008-09	38.71			2008	29.17
Philippines	2009	65.37	2009	29.68	2009	25.71
Singapore	2009		2008-09			
Sri Lanka	2006-07	87.5	2006-07	61.5		
Thailand	2008				2008	40
Viet Nam	2009-10	78.59	2009-10	69.54	2009-10	53.59
OCEANIA						
Australia					2008	32
Papua New Guinea	2009	52.54	2009	40.91		
Tonga			2008	26.67		
Vanuatu	2006		2008	63.16		
EASTERN EUROPE AND CENTRAL ASIA						
Azerbaijan	2007-08	79.25	2007-08	47.62	2008	19.25
Belarus	2009	67.12	2009	69.8	2009	51.25
Georgia	2008	100	2007	60.42	2008	85.07
Kazakhstan	2009	96.95	2009	75.4	2009	60.91
Kyrgyzstan	2009	94.1			2009	56.67
Moldova	2009-10	96			2009	35.1
Russian Federation	2009	67.72	2008	58.02	2009	53.98
Tajikistan	2008	96.1			2008	49.45

ANNEX 8
CONDOM USE AMONG YOUNG KEY POPULATIONS, BY REGION

	Indicator 18. Percentage of female and male sex workers reporting the use of a condom with their most recent client, disaggregated for age <25		Indicator 19. Percentage of men reporting the use of a condom at last anal sex with a male partner, disaggregated for age <25		Indicator 20. Percentage of people who inject drugs reporting the use of a condom at last sex, disaggregated for age <25	
	Survey year	%	Survey year	%	Survey year	%
Ukraine	2008-09	88.46	2009	62.9	2008-09	52.83
Uzbekistan	2009	80.03	2009	91.49	2009	30.1
WESTERN AND CENTRAL EUROPE						
Bosnia and Herzegovina	2008	79.3				
Bulgaria	2008	92.46	2008	65.75	2008	43.12
Czech Republic			2009	27.47		
Estonia	2005-06	91.36	2007	55.42	2008	71.2
Germany	2008	65	2007	56.39		
Greece	2009	0	2008-09	12.5		
Hungary			2009	24.99		
Latvia			2008	46.15		
Lithuania	2008	89.29	2009	53.85		
Portugal			2007	40.9	2007-08	35.71
Romania	2009	98.68			2009	22
Serbia	2008	83.33	2008	61.68	2008	36.84
Slovenia			2008-10	24.56		
Sweden	2009	0	2009-10	47.42	2009-10	9.68
Switzerland	2007		2007	78.76	2006	36.17
The former Yugoslav Republic of Macedonia	2007	75.68	2007	48.94	2007	49.35
United Kingdom of Great Britain and Northern Ireland					2008	41.84
MIDDLE EAST AND NORTH AFRICA						
Djibouti	2007	95.3				
Iran, Islamic Republic Of	2007	59.02	2006	45.45		
Morocco	2007-09	49.25				
Sudan	2008	46.4				
NORTH AMERICA						
Canada			2005-08	64.6	2005-08	35.1
Mexico	2008-09	65.54	2008-9	61.43	2008-09	31.15
CARIBBEAN						
Bahamas			2010	72.41		
Cuba	2008-09	56.19	2008-09	29.71		
Jamaica	2008	96.61	2007	72.66		
Saint Lucia			2009	94.74		
CENTRAL AND SOUTH AMERICA						
Bolivia	2009-10	87.84	2008	66.54		
Chile	2005	73.91	2008-09	49.67		
Colombia	2008	99.3				
Guatemala	2007	95.48	2007	80.66		
Guyana	2008-09	57.1	2008-09	100		
Honduras	2006	79.08	2006			
Paraguay			2007-08	52.63		
Uruguay	2008		2008	43.95		

Note: Those with survey years and are blank have only reported on some values not specifically for <25.

Source: UNGASS Country Reports, 2010.

ANNEX 9
USE OF HARM REDUCTION SERVICES BY YOUNG PEOPLE WHO INJECT DRUGS, BY REGION

Indicator 21. Percentage of injecting drug users who reported using sterile equipment the last time they injected, disaggregated for age <25

YOUNG PEOPLE WHO INJECT DRUGS REPORTING THE USE OF STERILE INJECTING EQUIPMENT THE LAST TIME THEY INJECTED < 25

	Survey year	%
SUB-SAHARAN AFRICA		
Benin	2009	25.81
Nigeria	2007	85.45
EAST ASIA		
China	2009	61.6
SOUTH AND SOUTH-EAST ASIA		
Afghanistan	2009	95.14
Bangladesh	2006-07	30.49
India	2009	85.19
Indonesia	2004	86.96
Maldives	2008	70.97
Myanmar	2007-08	83.29
Nepal	2009	98
Pakistan	2008	79.32
Philippines	2009	82.92
Thailand	2008	60.87
Viet Nam	2009-10	94.03
EASTERN EUROPE AND CENTRAL ASIA		
Azerbaijan	2007-08	70.81
Belarus	2009	83
Georgia	2008	42.96
Kazakhstan	2009	63.13
Moldova	2009	99
Russian Federation	2009	86.21
Tajikistan	2008	79.87
Ukraine	2008-09	89.02
Uzbekistan	2009	79
WESTERN AND CENTRAL EUROPE		
Bulgaria	2008	83.88
Latvia	2007	85.25
Lithuania	2007-08	97.22
Portugal	2007-08	59.03
Romania	2009	87
Serbia	2008	90.38
Sweden	2009	53.85
Switzerland	2006	95.08
The former Yugoslav Republic of Macedonia	2007	67.27
United Kingdom of Great Britain and Northern Ireland	2008	77.86
MIDDLE EAST AND NORTH AFRICA		
Iran, Islamic Republic of	2007	76.53
Morocco	2005	10.11
NORTH AMERICA		
Mexico	2008-09	40.14

Source: UNGASS Country Reports, 2010.

ANNEX 10

AIDS SPENDING ON YOUTH IN-SCHOOL, YOUTH OUT-OF-SCHOOL, AND ON ORPHANS AND VULNERABLE CHILDREN, BY REGION.

Indicator 1: Domestic and International AIDS Spending by categories and financing sources

	YEAR	PREVENTION – YOUTH IN SCHOOL (IN USD)	PREVENTION – YOUTH OUT-OF-SCHOOL (IN USD)	ORPHANS AND VULNERABLE CHILDREN (IN USD)	GRAND TOTAL (IN USD)
SUB-SAHARAN AFRICA					
Angola	2009	178,178.00			178,178.00
Benin	2009	273,531.74		726,791.85	1,000,323.59
Botswana	2008	1,544,856.28	580,879.47	80,606,713.59	82,732,449.34
Burkina Faso	2008	414,185.95	79,129.47	2,632,399.69	3,125,715.12
Burundi	2008	300,157.15	17,557.14	2,663,684.94	2,981,399.23
Cameroon	2008	521,619.55	233,813.87	3,148,372.04	3,903,805.46
Cape Verde	2009			132,810.44	132,810.44
Central African Republic	2008	290,431.83		978,936.07	1,269,367.91
Chad	2008	236,759.74		187,952.56	424,712.30
Congo	2009	252,869.95		874,216.13	1,127,086.08
Cote d'Ivoire	2008	935,449.21		1,630,839.94	2,566,289.15
Democratic Republic of the Congo	2008	1,490,778.00	608,165.00	4,702,837.00	6,801,780.00
Equatorial Guinea	2009	30,466.24			30,466.24
Eritrea	2009	247,584.00		1,155,124.00	1,402,708.00
Gabon	2009	7,000.00	30,000.00	110,169.49	147,169.49
Gambia	2008	17,330.00		226,688.00	244,018.00
Ghana	2008	864,269.00		422,218.00	1,286,487.00
Guinea	2009			191,989.56	191,989.56
Guinea-Bissau	2009	21,059.47		108,845.58	129,905.05
Kenya	2009			55,427,302.97	55,427,302.97
Lesotho	2008	262,617.34	94,793.48	10,838,557.24	11,195,968.06
Madagascar	2008	206,043.09	234,328.04		440,371.14
Malawi	2009	256,973.00	112,919.00	4,448,135.00	4,818,027.00
Mali	2008	96,455.47	146,182.26	1,543,508.31	1,786,146.04
Mozambique	2008	900,548.00	23,105.00	13,021,760.90	13,945,413.90
Niger	2008	176,165.77	9,800.61	638,851.29	824,817.67
Nigeria	2008	840,550.00	418,862.00	9,971,820.00	11,231,232.00
Rwanda	2008	1,257,374.00	308,679.00	12,850,247.00	14,416,300.00
Sao Tome and Principe	2009		3,331.00	34,641.36	37,972.36
Senegal	2008	154,590.33	84,025.00	1,477,566.45	1,716,181.78
Seychelles	2009			90,547.30	90,547.30
Sierra Leone	2007	514,714.35	58,573.00	193,296.90	766,584.26
Swaziland	2007	171,419.00	354,114.29	15,027,354.57	15,552,887.86
Togo	2008	703,247.93	196,661.47	805,336.64	1,705,246.04
Uganda	2008			15,246,136.82	15,246,136.82
SUBTOTAL		**13,167,224.41**	**3,594,919.11**	**242,115,651.63**	**258,877,795.15**
EAST ASIA					
Mongolia	2009	5,194.58		5,492.20	10,686.78
SOUTH AND SOUTH-EAST ASIA					
Afghanistan	2009	124,184.00	1,000.00	854.00	126,038.00
Cambodia	2008	545,864.96	263,266.25	2,224,681.00	3,033,812.21
India	2009	1,122,782.60			1,122,782.60
Indonesia	2008	592,689.00	216,306.00	31,574.00	840,569.00
Lao People's Democratic Republic	2009	149,868.00	187,653.00	99,248.00	436,769.00
Myanmar	2008	773,549.00	1,562,131.30	674,405.33	3,010,085.63
Nepal	2007	252,364.00	176,615.00	158,739.00	587,718.00
Pakistan	2009	866,868.00			866,868.00
Philippines	2009	2,451.80		36,000.00	38,451.80
Sri Lanka	2009	338,557.00	162,282.00		500,839.00
Thailand	2009	2,299,847.87	661,355.31	1,535,008.00	4,496,211.18
Viet Nam	2009	104,850.51	9,340.77	3,230,697.46	3,344,888.74
SUBTOTAL		**7,173,876.75**	**3,239,949.63**	**7,991,206.78**	**18,405,033.17**

Indicator 1: Domestic and International AIDS Spending by categories and financing sources

	YEAR	PREVENTION – YOUTH IN SCHOOL (IN USD)	PREVENTION – YOUTH OUT-OF-SCHOOL (IN USD)	ORPHANS AND VULNERABLE CHILDREN (IN USD)	GRAND TOTAL (IN USD)
OCEANIA					
Fiji	2009	32,763.22	50,708.21		83,471.43
Micronesia, Federated States of	2009	14,768.00	3,521.00		18,289.00
Solomon Islands	2009	4,647.74	8,877.94		13,525.68
SUBTOTAL		**52,178.96**	**63,107.15**		**115,286.11**
EASTERN EUROPE AND CENTRAL ASIA					
Armenia	2009	148,526.24	11,629.29		160,155.53
Azerbaijan	2009	198,773.30	35,434.00		234,207.30
Belarus	2009	220,252.48	121,191.40	99,765.80	441,209.68
Georgia	2009	56,555.00	93,091.00		149,646.00
Kazakstan	2009	54,285.33			54,285.33
Kyrgyzstan	2009	244,294.70	44,078.00	65,000.00	353,372.70
Republic of Moldova	2009	33,009.79	4,001.19	77,533.23	114,544.21
Russian Federation	2008	454,057.98	271,317.43	64,972,078.72	65,697,454.13
Tajikistan	2009	116,158.26	336,071.39		452,229.65
Ukraine	2008	728,863.93		2,562,099.00	3,290,962.93
Uzbekistan	2009	52,822.50	31,019.82	1,029,183.13	1,113,025.45
SUBTOTAL		**2,307,599.53**	**947,833.52**	**68,805,659.88**	**72,061,092.93**
WESTERN AND CENTRAL EUROPE					
Bulgaria	2009	53,254.76	201,451.44	199,985.79	454,691.99
Croatia	2009	208,608.60			208,608.60
Hungary	2009	20,942.41	15,706.81		36,649.21
Montenegro	2009	118,571.43			118,571.43
Romania	2009			1,293.00	1,293.00
The former Yugoslav Republic of Macedonia	2008	61,095.01			61,095.01
SUBTOTAL		**462,472.21**	**217,158.24**	**201,278.79**	**880,909.25**
MIDDLE EAST AND NORTH AFRICA					
Algeria	2009	4,200.00			4,200.00
Egypt	2008	23,125.09	10,226.91	7,135.27	40,487.27
Morocco	2008	243,700.00	20,000.00		263,700.00
Oman	2009	65,560.70		44,704.80	110,265.50
Somalia	2009			16,182.00	16,182.00
SUBTOTAL		**336,585.79**	**30,226.91**	**68,022.07**	**434,834.77**
NORTH AMERICA					
Mexico	2009	247,895.94	559,115.79	11,786.88	818,798.61
CARIBBEAN					
Cuba	2009		44,280.00	43,745.88	88,025.88
Dominican Republic	2008	52,889.04	4,224.66	24,183.69	81,297.38
SUBTOTAL		**52,889.04**	**48,504.66**	**67,929.57**	**169,323.26**

ANNEX 10
AIDS SPENDING ON YOUTH IN-SCHOOL, YOUTH OUT-OF-SCHOOL, AND ON ORPHANS AND VULNERABLE CHILDREN, BY REGION.

Indicator 1: Domestic and International AIDS Spending by categories and financing sources

	YEAR	PREVENTION – YOUTH IN SCHOOL (IN USD)	PREVENTION – YOUTH OUT-OF-SCHOOL (IN USD)	ORPHANS AND VULNERABLE CHILDREN (IN USD)	GRAND TOTAL (IN USD)
CENTRAL AND SOUTH AMERICA					
Argentina	2008	325,926.72		352,617.87	678,544.59
Belize	2009	44,967.50	16,678.50	43,275.00	104,921.00
Bolivia	2009	120,500.00		7,763.99	128,263.99
Brazil	2008	963,704.51	13,720.22		977,424.73
Chile	2008	68,561.30		4,919.54	73,480.84
Colombia	2009	835,507.16	552,522.95	73,008.26	1,461,038.38
Ecuador	2009			52,375.00	52,375.00
El Salvador	2008	209,326.00	26,896.00	129,503.00	365,725.00
Guatemala	2008			39,415.08	39,415.08
Honduras	2008	709,466.98	2,732,472.59	608,541.27	4,050,480.85
Nicaragua	2008			29,143.04	29,143.04
Panama	2008			93,246.00	93,246.00
Paraguay	2009	16,800.00		21,475.00	38,275.00
Peru	2009	226,421.06	310,370.06	679,092.49	1,215,883.61
Uruguay	2007	154,864.23	18,687.53		173,551.76
Venezuela	2009	638,411.16			638,411.16
SUBTOTAL		**4,314,456.64**	**3,671,347.85**	**2,134,375.55**	**10,120,180.04**

Source: UNGASS Country Reports, 2010.

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