Many countries across the region have developed plans to address HIV/AIDS among young people. Prevention education and provision of youth-friendly health services are already stipulated in national strategies. However, programmes for institutionalized capacity building and sectoral policies in health, education, welfare, labour and social justice that are vital to implementing and supporting this strategy remain few and far between.

Interventions focused on the most highly vulnerable young people are often said to be the key to slowing or halting the epidemic. However, capacity is clearly inadequate in many countries, and includes an insufficient availability of human and financial resources, as well as lack of systematic tracking for behavioural trends and risks. Furthermore, social attitudes towards those most at risk - who are usually already marginalized and discriminated against because of their behaviours; - remain obstacles which hamper effective preventive measures.

A combination of long-term and short-term measures is vital to preventing the further spread of HIV/AIDS. Addressing issues of vulnerability, such as increasing the proportion of girls staying in school and strengthening the capacity of schools to respond to HIV/AIDS, will have to go hand-in hand with promoting responsible male partnerships and participation, as well as addressing gender inequity, violence, discrimination and unequal power relations. Even though HIV/AIDS is often an outcome of risk behaviours, large-scale behaviour change will not happen unless structural statements are concurrently addressed to engender social change.

HIV/AIDS is a disease fueled by poverty, inequality and the ignorance or denial of risk to oneself. In the few minutes it has taken to read these pages, a dozen young people will be infected with HIV somewhere in the world. HIV has become a disease of the young, with yearly 600,000 infections occurring among 15 to 24 year olds every day. No single organization can deliver HIV/AIDS and therefore partnerships at all levels are crucial for an effective response. National governments, people living with HIV/AIDS, NGOs, civil society and faith-based organizations, as well as UN agencies, need to work closely together: An alliance of resources and political will is essential to changing prevailing attitudes and social norms and practices through continuous advocacy, communication and social mobilization initiatives. Ingredients for successful prevention include raising HIV/AIDS awareness, promoting the adoption of healthy lifestyles, attitudes and social norms and practices through continuous advocacy, communication and social mobilization initiatives. For every child and young person to be fully protected these ingredients must be in place, and the human resources and political will must be available to implement them.

National actions

As a priority, accelerated responses are needed to:

• Promote and expand access to youth-friendly health care, including voluntary and confidential HIV counseling and testing, condoms and the treatment of sexually transmitted infections.

• Reduce the vulnerability of children and young people at particularly high risk of HIV infection, by identifying who are at risk, by improving the tracking of emerging behaviours that expose them to HIV risks, and by designing focused, targeted interventions such as condom promotion and other means of harm minimization. As a general measure, all prevention efforts need to pay special attention to girls - especially interventions that will increase their capacity to perceive risk, and provide peer support for counseling and protection.

• Promote and expand access to youth-friendly health care, including voluntary and confidential HIV counseling and testing, condoms and the treatment of sexually transmitted infections.

• Ensure that all children and young people are thoroughly informed about HIV/AIDS, their ingredients must be in place, and the human resources and political will must be available to implement them.

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Table 1: The number of people living with HIV/AIDS

<table>
<thead>
<tr>
<th>Region</th>
<th>Year</th>
<th>Adults and children living with HIV/AIDS</th>
<th>Women living with HIV/AIDS</th>
<th>Adult and child deaths due to AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>South East Asia</td>
<td>2003</td>
<td>1.5 million</td>
<td>440,400</td>
<td>107,500</td>
</tr>
<tr>
<td></td>
<td>2004</td>
<td>1.6 million</td>
<td>456,100</td>
<td>111,900</td>
</tr>
<tr>
<td>East Asia**</td>
<td>2004</td>
<td>200,000</td>
<td>75,000</td>
<td>14,000</td>
</tr>
<tr>
<td></td>
<td>2005</td>
<td>210,000</td>
<td>80,000</td>
<td>16,000</td>
</tr>
<tr>
<td>Oceania**</td>
<td>2004</td>
<td>35,000</td>
<td>7,100</td>
<td>700</td>
</tr>
<tr>
<td></td>
<td>2005</td>
<td>40,000</td>
<td>8,000</td>
<td>800</td>
</tr>
</tbody>
</table>

*UNICEF/EAPRO AIDS Epidemic Update, September 2004
**UNAIDS/WHO AIDS Epidemic Update, December 2004

The number of people living with HIV continues to grow in every region, with the steepest increases occurring in East Asia where HIV incidence has increased by 50 per cent between 2002 and 2004.

In four countries in the East Asia and Pacific region the epidemic has progressed from concentrated to generalized epidemics. However, the majority of countries are at a relatively early stage where effective action can result in major impact in the prevention of HIV infection. Such countries, and in those countries that already have wider epidemics, to accelerate responses to thwart the spread of HIV/AIDS, especially among the most vulnerable groups.

New epidemic trends in the region are revealing a gradual encroachment of HIV/AIDS among younger populations, and increasingly among girls. In Thailand, around 70 per cent of the young people now living with HIV/AIDS are girls and young women between ages 15 - 24. In Malaysia, 35 per cent of reported HIV infections occur among those below 25 years old, including 1.6 per cent between ages 13 and 19. Young people who are especially vulnerable to acquiring the infection are those most likely to be affected. For example, in countries that are facing rapid increases in HIV/AIDS among young people, there is a growing concern about the impact of HIV/AIDS on education. Studies show that in countries that already have wider epidemics, to accelerate responses to thwart the spread of HIV/AIDS, especially among the most vulnerable groups.

The issue: adolescents, key partners in prevention

Adolescents and HIV/AIDS

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behavioural surveillance and the analysis of findings for policy and programmatic responses is still not a common
of effective prevention strategies. However, regular monitoring through knowledge and cross-sectional surveys,
patterns among young people demonstrates one of the key, essential steps governments can take towards the design
and
80 students admitted to having had more than 20 casual partners. Thailand’s laudable tracking of new behavioural
who hold odd jobs or are engaging in sex work or injecting drug use; those who are living in institutions, on the street or

Figure 2: Young people aged 15-24 living with HIV/AIDS by region and sex, end 2001

Latin America and
North Africa and
the Caribbean
CEE/CIS and
Sub-Saharan
Industrialized
Baltic States

Trend data unavailable
2 - 5%
83,000
340,000
1,000,000

China
ThailandAdult (15-49) HIV prevalence
Malaysia
Viet Nam


Figure 3: Early sex: 23% of youth in the Philippines have engaged in pre-marital sex

Figure 4: Popular misconceptions about HIV/AIDS among young women aged 15-19

Figure 5: Many countries plan to address the needs of vulnerable young populations that are needed to be effectively


International commitments
Most governments in Asia and the Pacific adopted, at the United Nations General Assembly Special Session on HIV/AIDS in June 2001, a Declaration of Commitment outlining specific, time-bound goals and targets for overcoming the epidemic. A major goal was targeted at young people:

Based on estimates from the end of 2001, young women and girls already constitute more than half of young people living with HIV/AIDS in the Asia and Pacific region. A host of social and economic factors are exacerbating the vulnerability of young women and if they are already living with HIV, they often suffer more severe stigma and discrimination than makes and are denied equitable access to care and drugs when they fall ill.

Cultural norms about sex, once a protective factor among young people, are changing. Many earlier assumptions about sexual prohibitions among Asian adolescents are no longer valid. Although it is often denied, many adolescents—even in the most traditional societies—are becoming sexually active. The State of the Philippine Population Report 2: PINOY YOUTH: Making Choices, Building Voices, 2002 found that in a sample of 15 to 25 year olds 30 per cent of males and 15 percent of females reported having had premarital sex.

Adolescents across the region may adopt risky behaviours because they are poorly informed about their bodies, sexually, reproduction, and the consequences of unprotected sex. They also lack the skills to say no to unwanted sex or to negotiate safer sex. Due to gender-based discrimination, adolescents often find it difficult to avoid coerced and forced into sexual relations. In 2003, less than 50 per cent of sexually active young males in Thailand and Indonesia used a condom during sexual initiation, or regular visits, to sex workers.6

The use of alcohol and drugs is one contributing factor to unsafe sex. Most of the young people attending drug rehabilitation at Yawapan HTA, an NGO in Indonesia, were not strangers to drugs by the age of 15. The youngest reported experimentation with smoking was at age four and with alcohol at age nine. While at school, in courses or in special activities, almost 80 per cent said they had never participated, appropriate modes of prevention education. However, the formal school curriculum, extra-curricular activities, China, junior and senior high school students identified the formal school curriculum, extra-curricular activities, and peer education as the desired and most appropriate modes of prevention education. However, almost 80 per cent said they had never participated, while at school, in courses or in special activities related to HIV/AIDS prevention education.6

Although the epidemic in Asia is now more than two decades old, the basic knowledge of HIV/AIDS and how it is transmitted is disturbingly low among young people. Approximately 40 per cent of Indonesian young women aged 15 to 19 know about AIDS, but they do not know how to protect themselves from HIV. In Timor-Leste, 79 per cent of women and 70 per cent of men had never heard of HIV/AIDS.

Clearly, opportunities are being missed to reach young people and to build their capacity to reduce their own HIV risks. Adolescents can be the key to controlling the epidemic but they need to have the knowledge and skills to protect themselves. We know that early adolescence and puberty, from the ages of 10 to 14, bring physical and emotional changes that strengthen sexual feelings. It is also a time when enduring patterns of healthy behavior can be established and imparted knowledge and skills should be done in the context of children’s and young people's general development. With concerted action, governments can ensure that children enter adolescence equipped to make the choices that will allow them to live free of HIV. It is critical that these efforts be initiated in the vital years before adolescents become sexually active.

Furthermore, in areas where HIV infection rates are declining or stabilizing, it is primarily because supportive environment. Adolescents have come of age and young men and women to practise safer behaviors.

However, the sometimes negative attitudes of service providers, issues of non-confidentiality, unhealthy services and inappropriate opening hours or locations are often why adolescents fail to seek sexual and reproductive health services, even when such services are available.