Strengthening HIV Programmes for Adolescents

Early Lessons from Adolescent Assessments to Guide Fast Tracking of Adolescent Responses through

ALL IN

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Table of Contents

Update summary 4-5
East Asia and the Pacific 6-7
Eastern and Southern Africa 8-9
West and Central Africa 10-11
Central and Eastern Europe 12-13
Latin America and the Caribbean 14-15

Phase 1
A rapid assessment

We build on existing data to present a profile of adolescent health and wellbeing, looking at indicators across multiple sectors as well as data on the trends in new HIV infections and AIDS related deaths to help countries define who is most affected or at greatest risk, where and why.

Phase 2
An in-depth, sub-national level assessment

We engage sub-national teams in applying a bottleneck analysis approach to a limited number of priority intervention areas for HIV prevention, treatment and care in adolescents to identify the supply, demand, quality and environmental bottlenecks that are preventing programmes from performing optimally in reaching and supporting the most vulnerable adolescents.

Phase 3
A planning and decision-making phase

We take the lessons from the previous phases of the assessment to prioritize the actions to be supported and improve national programme response for adolescents.

In February 2015...

UNICEF and UNAIDS launched the ALL IN initiative to end the AIDS epidemic in adolescents. Over the last year, working with UNAIDS and partners, UNICEF has led the design of tools and guidance to support countries in undertaking comprehensive assessments aimed to strengthen national responses to HIV in adolescents. The analytic tools developed for these assessments help countries identify equity and performance gaps limiting the impact of investments in adolescent programming, and point countries to actions that focus better on the adolescents at greatest risk of infection, illness and death. For example, finding adolescents who are excluded from services and poor performing services, and defining the bottlenecks to effective prevention, treatment, and care.

UNICEF, UNAIDS and partners, including adolescents, have provided support towards the implementation of these assessments in **25 countries** to date by using these tools and guidance. Technical assistance in these countries has been coordinated by the UNICEF regional offices. In each country, UNICEF has worked alongside the government to convene representatives from multiple government sectors accountable for programmes serving adolescents, as well as implementing partners, civil society and youth networks to provide, review and analyze data together to inform recommendations for national programme improvement.

In all countries, this process has helped reinvigorate the national and sub-national coordination mechanisms for programming for adolescent health and wellbeing, including HIV response, as well as the visibility and engagement with political leadership on adolescents by focusing on specific strategic gaps, accountabilities and opportunities. The exercise has provided a critical first look for governments and partners at the value-added from systematic collection, consolidation, joint review and monitoring of age-disaggregated data, and translation of these findings into context-specific programme plans to improve the well-being of adolescents.

In some countries, the findings from the assessments are already being used to strengthen the adolescent components within new national strategies; for example, the new strategy on HIV and adolescent sexual and reproductive health in Malawi and the updated national guidelines on testing, treatment and care in Zimbabwe.

In all countries, the assessments aim to point the government and partners to where their investments could be made smarter and more impactful. In the Philippines, Swaziland, Jamaica and Namibia, the Global Fund for AIDS TB and Malaria and the US CDC have already adjusted existing funding decisions to allocate more financial support towards the assessment and the actions recommended through the exercises. The involvement of adolescents in the ALL IN assessment process has provided decision makers and partners with a unique appreciation for the value of adolescent engagement in problem-solving and the design and development of relevant solutions.

The ALL IN Agenda was introduced to serve as a transformative agenda to drive social change for better results in adolescents, improve strategic prioritization and programming for adolescents, and foster innovation and influence advocacy – all in order to "Fast Track" the response to HIV in adolescents and ensure that countries can truly close equity gaps, build stronger, more sustainable systems for engagement and service delivery, and end the AIDS epidemic in adolescents.

ALL IN Four Work Streams

to Accelerate Results

As presented in the region summaries, the process of the ALL IN country assessments in the 25 countries that have started to date and the results of the country experiences demonstrate powerfully how across regions, this collaborative, nationally-led, data-driven programming approach is:

1. Transforming strategic planning.
2. Making gaps in programme accountability and challenges in programme delivery for adolescents more visible.
3. Improving the engagement of adolescents in the planning process. This is already paving the way to strategic changes in programme, policies, resource allocation and leadership for better results for adolescents.

Data analysis is being completed and validated by country teams and are not included in this update.

East Asia and the Pacific

China, Indonesia, the Philippines, and Thailand

Phase 1

Prioritization of populations, locations, and interventions

Four countries have initiated or completed Phase 1 (rapid assessments). The Philippines has completed Phase 1, resulting in decisions to focus on strengthening sub-national analysis and planning in two highest burden cities (Quezon City and Cebu City). China, Indonesia and Thailand are in the initial phases of Phase 1, supporting identification of missing data and disaggregation on key populations to strengthen analysis and strategic planning.

Phase 2

In-depth sub-national level analysis

To complete the Phase 2 in-depth analysis, the Philippines conducted:

- In-depth analysis of Integrated HIV Behavioral and Serological Surveillance (IHBSS) in the two high-burden priority cities
- Completed an inventory and assessment of available youth services
- Stakeholder surveys
- An in-depth qualitative assessment with adolescents and youth

Phase 3

Action Planning

In the Philippines, strategic and operational planning has been completed with multi-stakeholders (Department of Health, Department of Education, UN partners (UNAIDS), police, university lecturers, high School teachers, non-governmental organizations (NGO)/Civil Society organizations, young key population networks, and Shell).

Programme Impact- Philippines

Influence on national HIV programme or sector implementation, capacities, systems, and coordination

Proposed actions in the action plans for Quezon City and Cebu City in the Philippines will accelerate implementation and improve performance of existing programmes supported by the Departments of Health and Education as well as the broader vision of both local governments.

Interventions prioritized by stakeholders will aim to improve knowledge and reduce risky behaviors in adolescents, particularly adolescent men who have sex with men (MSM). These are:

1. School and community outreach to increase access to condoms and HIV testing to adolescents.
2. Social media to improve access to information and support to improve knowledge on sexually transmitted infections (STIs) and HIV.
3. mHealth for service data analysis.

Key findings revealed:

1. Lack of opportunities for learning on HIV
2. Outdated materials in schools
3. Conflict between personal beliefs and comprehensive education on HIV and sexuality
4. Community outreach activities reach older MSM rather than adolescents

Policy Impact- Philippines

Influences on & changes made to national HIV programme or sector strategies and policies

Services informed by the analysis is now in place for Quezon City and Cebu City with full support, leadership, and ownership from local government and stakeholders including adolescents and youth.

Resources Mobilized- Philippines

Changes in allocation of domestic or partner resources and policies

Careful attention was paid during action planning in the Philippines to ensure that all the interventions planned can be fully supported by the government for sustainability.
In addition, Global Fund and Save the Children will support program improvement.

Political Impact- Philippines

Influence on leadership, advocacy, and national and regional agenda

Dissemination of findings and action plans has mobilized support from other local governments to replicate the process to improve results for adolescents. Plans are underway to expand immediately to three additional local government areas (Zamboanga, Davao and Iloilo).

Eastern and Southern Africa

Botswana, Kenya, Lesotho, Mozambique, Namibia, Rwanda, Swaziland, Tanzania, Uganda and Zimbabwe

Phase 1

Prioritization of populations, locations, and interventions

Ten countries conducted rapid assessments between April 2015 and May 2016: Botswana, Kenya, Lesotho, Mozambique, Namibia, Rwanda, Swaziland, Tanzania, Uganda and Zimbabwe.
Assessments revealed changing dynamics of HIV epidemiology in adolescents, in addition to glaring gaps in knowledge, access to HIV testing, condoms, and antiretroviral treatment. In Kenya, phase 1 and 2 were combined in 6 high-prevalence counties, resulting in the National Bureau of Statistics including age-disaggregated data for all counties.

Phase 2

In-depth sub-national level analysis

Five countries are in various stages of Phase 2 (Botswana, Swaziland, Mozambique, Namibia, and Uganda). Botswana and Swaziland have completed their analysis (reports yet to be finalized), while Mozambique, Namibia, and Uganda are scheduled for 2016.

Phase 3

Action Planning

Countries have incorporated ALL IN findings and recommendations into planning processes, notably Botswana (Phase 1 and 2), Mozambique (Phase 1), and Zimbabwe (Phase 1). Preliminary results are being used for planning with a focus on:

- HIV Testing and Counseling (HTC)
- Linkages between sexual and reproductive health (SRH) and HIV
- Retention to antiretroviral (ARV) treatment
- Combination HIV prevention

Programme Impact

Influence on national HIV programme or sector implementation, capacities, systems, and coordination

In all countries Phase 1 and in some cases Phase 2 assessments leveraged governments to prioritize age disaggregation, and data analysis and use to inform programme improvements for adolescent programme improvements.
The analysis highlighted the changing dynamics of the HIV epidemic and response in adolescents; levels of exposure to violence and the sexual and reproductive health, including teenage pregnancy and child marriage.
Namibia has used findings from the rapid assessment to re-programme Global Fund grants, whereas in Zimbabwe, it informed the roll out of the National Accelerated Care and Treatment Plan for Children in 44 selected low performing districts.

Policy Impact

Influences on & changes made to national HIV programme or sector strategies and policies

The exercise has informed development of specific adolescent components in HIV frameworks and strategies. It also focused discussions on health and welfare programmes for adolescents.
In Mozambique, it helped operationalize the adolescent component of the recently approved National Strategic Plan 2015-2019.
Age-disaggregated data (10-14 and 15-19 years) will be added to national census and the Demographic and Health Survey (DHS) to better inform policy in Botswana and Tanzania.

Resources Mobilized

Changes in allocation of domestic or partner resources and policies

The Global Fund grants have been re-programmed to civil society for HIV prevention and interventions to address social norms that impact on adolescent girls' vulnerabilities and access to services in Botswana, Lesotho, Malawi, Namibia and Swaziland.

Political Impact

Influence on leadership, advocacy, and national and regional agenda

Ministries of Health or National HIV Programmes have led ALL IN country processes.
ALL IN Global Campaign was launched in Kenya by President Uhuru Kenyatta in February 2015.
Swaziland has witnessed an improved high-level engagement of adolescents in national policy dialogue.

West and Central Africa

Burkina Faso, Cameroon, Chad, Cote d'Ivoire, Democratic Republic of Congo (DRC), Gabon, Nigeria, Central African Republic (CAR) and Guinea Bissau

Phase 1

Prioritization of populations, locations, and interventions

Six countries (Burkina Faso, Cameroon, Chad, Cote d'Ivoire, Democratic Republic of Congo (DRC), Gabon and Nigeria) conducted rapid assessments between May 2015 and June 2016. Central African Republic (CAR) and Guinea Bissau are preparing for a formal start in 2016.

Phase 2

In-depth sub-national level analysis

Cameroon, Cote d'Ivoire, and the Democratic Republic of Congo are in the midst of conducting Phase 2, with a focus on HTC, condoms, and ART.
Nigeria has completed Phase 2 in July 2016 with a focus on the two states with the highest number of new infections, Benue and Kaduna. Phase 2 in Nigeria focused on HTC, condoms, ART, and family life and HIV/AIDS education (FLHE). In Nigeria, very low levels of HIV testing and condom use in adolescents due to low levels of outreach, treatment literacy, and demand creation targeting adolescents and families affected by HIV and adolescent girls. Poor quality services due to non-dissemination of national guidelines on adolescent-friendly services as well as limited support supervision-linked service delivery.

Phase 3

Action Planning

Action planning has been completed in 2 states (17 local government plans developed) in Nigeria. Implementation focus based on these plans will be on improving bottlenecks to service delivery of the following interventions for adolescents:

1.HIV Testing and Counseling, 2. Antiretroviral therapy, 3. Condoms, 4. Comprehensive Knowledge

Following Phase 1, some countries (Burkina Faso, Cote d'Ivoire) initiated action planning (in parallel to Phase 2) to address findings requiring immediate action, or to seize opportunities for resource mobilization.

Programme Impact

Influence on national HIV programme or sector implementation, capacities, systems, and coordination

Across all countries, assessments helped strengthen joint planning between sectors involved in service delivery for adolescents (e.g. HIV Coordinating Authority, Ministry of Health, Ministry of Youth, and the Ministry of Education). The assessment helped further clarify the value and accountability of key programmes such as the School Health programmes (Cote d'Ivoire), local government agencies and municipalities (Nigeria, Chad), community clubs and adolescents networks (all). The assessment also highlighted critical gaps in planning and response to non HIV-specific priorities e.g. teenage pregnancy. Everywhere, the assessments revealed the urgency in accelerating innovative approaches for outreach and engagement with adolescents through mobile devices to improve knowledge, connect and empower adolescents, link them to services, and improve data collection to inform service and programme planning.

Policy Impact

Influences on & changes made to national HIV programme or sector strategies and policies

Phase 1 findings influenced the National Strategy on Adolescent Health in both Cote d'Ivoire and DRC, with a recognized/new leadership/active involvement of Ministry of Youth in Cote d'Ivoire and Ministry of Health/Directorate of Adolescent Health in the DRC.
Assessment in Nigeria is being utilized to operationalize national strategy on adolescents and young people. Action plans developed by local governments will be used as accountability tools for programming and reporting on progress with adolescents.

Resources Mobilized

Changes in allocation of domestic or partner resources and policies

Phase 1 attracted domestic funding from the government of Cote d'Ivoire to address adolescent needs and service uptake through innovations (mHealth).
Action plans developed in Nigeria will be integrated in State budgeting cycle process in August 2016 to leverage domestic resources for the adolescent priorities identified and to ensure implementation.

Political Impact

Influence on leadership, advocacy, and national and regional agenda

The assessment in Chad highlighted the high level of vulnerability of adolescent girls, and this strengthened the commitment of the First Lady of Chad and the support from the Minister of Social Affairs.
In Cameroon and Cote d'Ivoire, the assessment has reinforced the joint leadership and commitment of the Minister of Youth, the Minister of Health, and the National AIDS Councils.

The National AIDS Coordinating Agency in Nigeria will use the assessment process as the basic mechanism to accelerate and ensure quality of implementation of the national framework for adolescents and young people across all states following the experience in the UNICEF-supported states.

Central and Eastern Europe Commonwealth of Independent States

Ukraine

Phase 1

Prioritization of populations, locations, and interventions

Phase 1 was conducted in October-December, 2015. The priority population groups identified include: sexually exploited girls, boys having sex with boys, sexually exploited, adolescents injecting drugs, and “street” children.

Phase 2

In-depth sub-national level analysis

Four regions of the country with low, middle and high HIV prevalence were selected for the 2nd phase. Assessment was done in January-March 2016.

Phase 3

Action Planning

Action planning was completed. The Round Table with key stakeholders took place in April, 2016.

Programme Impact

The exercise confirmed the need for continued advocacy to keep adolescents on the agenda of response to AIDS epidemics and strengthen cooperation between key ministries and NGOs. It highlights the importance of monitoring the implementation of the National programme to fight HIV/AIDS 2014/18.

The assessment identified the need to:
1. Maintain the course on "Basic information on health" in primary and secondary school curriculums and to introduce similar courses for high school and college/vocational/university students.
2. Update national standards for provision health and social services to incorporate special needs of MARA.
3. Update policies and guidelines for service delivery in the context of HIV testing and counseling among MARA.

Following the assessments, the team made the following programme improvements:
1. Provided guidelines for MARA population size estimates at the oblast (province) level.
2. Established an enabling environment to work with the most at risk adolescents (MARA)
3. Developed a Network of Youth Friendly Health Services.
4. Rolled out information campaigns about HIV prevention among adolescents and young people.
5. Updated the national plan for monitoring of programs for MARA with two new indicators:
    1. "Prevalence of HIV infection among young people 15 to 24"
    2. "Proportion of young people 15-24 who could correctly identify ways HIV can be transmitted"

Policy Impact

An action plan is now agreed on with Ministries of Health, Education, Social Policy, and national NGOs with a special focus on adolescents in preparation for the National Program on AIDS 2019-2022.

By the end of 2017 changes to HIV testing and counseling guidelines will be introduced to harmonize them with other legislation related to the provision of health services for adolescents.
Service providers will use innovation technologies and social media to provide adolescents with information about HIV/AIDS.
Treatment programmes will engage adolescents as peer providers to better address the needs of adolescents living with HIV and support their adherence to ART.

Resources Mobilized

The assessment made the following recommendations:
1. Strengthen resource mobilization from the private sector
2. Increase allocation from national and provincial budgets to enhance support for HIV testing in high-risk adolescents and social support for adolescents living with HIV.
3. Donor funding should be directed towards harm reduction, information education campaigns, and demand creation for most at risk adolescents including those who are under 18.

Political Impact

Key ministries recognized the need for multi-sectoral coordination mechanism to work with MARA, while local governments recognized the importance of collaboration between different levels of authorities in the context of administrative reforms and decentralization.

Latin America and the Caribbean

Jamaica

Phase 1

Prioritization of populations, locations, and interventions

The Government of Jamaica led and completed the Rapid Assessment in 2015, leading to the prioritization of adolescent girls and adolescent MSM for prevention. HIV testing, treatment for adolescents living with HIV, better age-disaggregation, and tailored planning for adolescents across sectors were also emphasized to address priorities emerging out of the assessment (teenage pregnancy, sexual violence, mental health).

Phase 2

In-depth sub-national level analysis

Phase 2 has been completed. Bottlenecks and gaps in services have been identified.
Key outputs include:

- A qualitative assessment of the situation among the most vulnerable as identified from the rapid assessment (key population groups, ALHIV, service providers, and care givers).
- An adolescent treatment cascade which has informed actions for a standardized package of services tailored to the specific needs of ALHIV.
- A formalized approach to adolescent participation in the HIV response with the establishment of an adolescent working group which provides inputs on national level policy and prevention strategies.

Phase 3

Action Planning

Findings from the country assessment have already begun to influence planning at the macro and sector levels. The Planning Institute of Jamaica has used the findings to inform its Medium Term Strategic Framework (MTSF) for the health, education, and protection sectors. The health sector has also incorporated the findings into annual plans for the National HIV Programme.
An action plan aimed at fostering stronger cooperation and collaboration across sectors is being developed. Its aim will be to reduce vulnerability and improve service delivery for adolescent girls and boys, with a focus on key population groups.

Programme Impact

Influence on national HIV programme or sector implementation, capacities, systems, and coordination

Revision of M&E tools and systems to disaggregate adolescent data. National behavioral surveys (e.g. National Knowledge, Attitudes, Behaviors and Practices survey, National Behavioral Surveillance Survey among Men who have sex with Men, etc.) inform programme planning are also being revised to capture behavioral trends among adolescent boys and girls.
A cadre of Adolescent Psychologists have been employed to address mental health needs of ALHIV in direct response to the findings of the rapid assessment. There has also been increased support for interventions targeting families caring for ALHIV.

Policy Impact

Influences on & changes made to national HIV programme or sector strategies and policies

ALL IN findings have strengthened advocacy efforts to influence changes to legislation and policies which restrict adolescent access to sexual reproductive health services and commodities.

Resources Mobilized

Changes in allocation of domestic or partner resources and policies

Negotiations for increased investment in adolescent-focused HIV prevention and treatment programmes have been strengthened by the data generated through the ALL IN country assessment process. Donors including the Global Fund and PEPFAR are aware of the impact of the epidemic on the adolescent population and the need for targeted approaches to address vulnerability. The Global

Political Impact

Influence on leadership, advocacy, and national and regional agenda

The ALL IN Country Process has been fully supported and led by the Government of Jamaica at a high level. The Planning Institute of Jamaica counts ALL IN among its flagship programmes to improve the health status of young Jamaican citizens. The findings have also raised the priority level of adolescents within the Ministry of Health.

The ALL IN National Steering Committee, which represents multiple sectors within Government and Non-government agencies, is chaired by the Planning Institute of Jamaica, which has overall

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