Empowering young people to take control

The issue

Young people aged 15-24 account for 40% of new HIV infections globally. But young people, especially those most affected by HIV, are often unable to access sexual and reproductive health (SRH) services including family planning, sexually transmitted infection (STI) screening and treatment. Young women living with HIV, young people who sell sex, young men who have sex with men, young transgender people, and young people who use drugs face stigma and discrimination based on age, gender, HIV status, and sexual orientation when accessing services. Attitudes and norms around ‘appropriate’ behaviour marginalise young people most affected by HIV, preventing them from realising their right to sexual and reproductive health.

Existing services rarely meet the diverse SRH needs of young people most affected by HIV in a comprehensive way. Often, they fail to take into account structural factors that compound vulnerability to HIV and other STIs such as gender-based inequalities and violence, poverty, harmful cultural practices, and policies and laws that criminalise same-sex practices, sex work, drug use, and HIV transmission. Programmes typically fail to affirm that young people in all their diversity have sexual rights, including the right to sexual health and the right to a satisfying, safe and pleasurable sexual life.

Project Overview

Panna (22) is a sex worker and a beneficiary of the Link Up project. Poverty drove her into sex work when she was 18. © Syed Latif Hossain for the International HIV/AIDS Alliance

The BEZA Anti-AIDS youth group (age 15-20) use their combined talents for music and dance to get messages about HIV prevention across to the wider public, and in particular to their peers. © Sheikh Rajibul Islam/Duck Rabbit for the International HIV/AIDS Alliance
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About Link Up

Link Up, an ambitious project (2013-2016) has improved the sexual and reproductive health and rights (SRHR) of almost 940,000 10-24 year olds most affected by HIV in Bangladesh, Burundi, Ethiopia, Myanmar and Uganda. The project has enabled young people to make healthier choices regarding their sexuality, and able to advocate for their sexual and reproductive health and rights. This has contributed to a reduction of unintended pregnancies, HIV transmission and HIV-related maternal mortality amongst young people affected by HIV.

Link Up’s experience demonstrates that young people most affected by HIV can take ownership of their own health and access a broad range of SRHR services if they are provided with the space and the resources to do so. Leveraging the strengths of each of its consortium members, Link Up has empowered hundreds of thousands of young people to demand and take up integrated HIV and SRHR programmes and has worked with public and private clinics to increase the quality and integration of the services on offer. The project has built a cadre of over 10,000 peer educators and youth leaders, putting them at the centre of the programme’s design and delivery and in the driving seat of its advocacy work.

Link Up has brought SRHR interventions to existing community-based HIV programmes and created links between public and private SRH and HIV service providers. It has succeeded in:

- Linking up HIV and SRHR training and information, education and communications materials to enable peer educators and service providers to engage young people and refer them to services
- Linking up services within health facilities and between health facilities to properly address the diverse HIV and SRH needs of young people
- Linking up HIV and SRH services between community-based organisations and clinical health facilities
- Linking up young advocates with policy and decision-makers working on HIV and SRHR.

Link Up continues to generate important evidence to add to the knowledge base on HIV/SRHR integration.

Engaging young people

Youth-led interventions to link young people to HIV and SRHR services are at the heart of Link Up. Peer educators are best placed to reach other young people as they speak the same language and facilitate conversation, answer questions clearly, and talk openly about sensitive issues.

In Bangladesh, Link Up has reached young men who have sex with men and young people from key population groups under the age of 15 through existing CBOs, community networks and peer to peer mobilization in community settings. Peer educators, from young key population groups and hard-to-reach populations, are trained to provide HIV and SRHR information, education and communications materials (including the use of hotlines and social media) and counselling within their communities; create demand for integrated HIV/SRHR services; distribute vouchers and refer their peers to public or private services.

Young Bangladeshi street dwellers at Dhaka’s largest railway station have received peer education sessions, focusing on human rights, SRHR, gender, safer sex, HIV and STI prevention and drug use. CBOs have also engaged with people who shape and influence the opportunities young people have to lead healthy and fulfilling lives, particularly families and community leaders, in order to develop a supportive environment.

In Ethiopia, the Organisation for Social Services, Health and Development (OSSHD) has coordinated community dialogues with parents, teachers, the police and religious leaders in 11 cities, often around traditional Ethiopian coffee ceremonies. OSSHD has also empowered 1,800 young people living with HIV, young former or current sex workers and other vulnerable young people to become peer educators
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who have reached other young people by inviting them to join youth clubs. These clubs give young people the opportunity to talk, share and learn about a range of SRH issues, supported by OSSHD nurse counsellors. Those requesting specific services have received vouchers for integrated services, redeemable at all Link Up supported clinical facilities.

Integrating SRH and HIV services

To better meet the diverse needs of young people most affected by HIV, Link Up’s implementing partners have worked with Marie Stopes International (MSI – Bangladesh, Myanmar, Uganda) and other public and private service providers to integrate HIV and SRH clinical services. The project has also supported CBOs and health facilities to work together to bring integrated HIV and SRH services to the places where the most hard-to-reach young people can be found. As a result, more than 200,000 young people affected by HIV have accessed integrated HIV/SRHR services.

In Uganda, Community Health Alliance Uganda (CHAU) and MSI Uganda (MSIU) have provided a network of Link Up private and public clinics with integrated HIV and SRHR services for young key populations in 11 districts. MSIU and partners have trained over 70 young people to distribute vouchers, designed with input from young people, to young key populations. Over 30,000 young people received integrated SRHR and HIV services at health clinics as a result.

Implementing partners also took HIV and SRHR services to places where young people living with HIV meet such as support groups, youth clubs and HIV-related events. Tuk-tuks, providing contraceptives, HIV testing and STI medication, were used at selected hotspots. Each was supported by young peer counsellors, who registered clients, undertook basic risk assessments, and put people at ease while they waited to see a nurse. Young people living with HIV also came up with the idea of holding weekend youth camps to reach their peers. These camps offered activities such as rowing, music, dancing and sports, as well as the opportunity to ask questions and receive confidential SRH/HIV services. Both CHAU and MSIU have referred young key populations to the Most at Risk Population Initiative (MARPI) clinic. MARPI is a key partner because it provides specialised services for key populations and is located in a Ministry of Health regional referral hospital. This type of partnership has boosted access and multiple service options for young people.

Transforming services using training and technical support

Improving the way young people who access HIV and SRH services are treated has been a key focus of Link Up’s integration work. Link Up has provided trainings on a continuous basis to support and strengthen the technical capacity of more than 3,300 public and private health providers and health extension workers. A series of tailored technical support packages on HIV and SRHR integration, peer outreach, monitoring and evaluation and policy and advocacy for young key populations has also been provided to implementing partners. In Myanmar, where Link Up has focused on young female sex workers, young men who have sex with men, young people who use drugs and young people living with HIV, MSI Myanmar (MSIM) has provided capacity development and training to enable service providers, including general practitioners, to be more sensitive to differing needs of these groups. MSIM has provided ‘youth friendly’ corners and employed peer educators in its health centres to ensure young people accessing services were comfortable.
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In Burundi, where Link Up has focused on young people living with HIV, young men who have sex with men and young female sex workers, the Alliance Burundaise contre le SIDA et pour la Promotion de la Santé (ABS) has collaborated with Burundi’s Ministry of Health to train health professionals working at Link Up-supported health centres. Trainings dealt with HIV disclosure, living with HIV, taking HIV treatment, contraceptive methods, STI management and how to address cases of violence and also explored what it means to work with young people most affected by HIV, how to address the stigma experienced by these groups, and how to meet an individual’s specific needs.

Amplifying young advocates’ voices

Putting young people most affected by HIV at the centre of integrated HIV and SRHR programming and policy debates at a local, national and international level is key to changing the structural factors that compound young people’s vulnerability to HIV and other STIs. Young people have been pivotal in sharing their voices and issues and worked to have their voice heard at decision-making fora at national, regional and global levels.

In Myanmar, the Link Up national advocacy strategy development and implementation was led by young people. The project supported and mentored young people from key populations to participate in national policy processes and gain access to policy makers for more effective and targeted advocacy. Youth advocates in Myanmar sat on government technical working groups which fed into the Myanmar National Strategic Plan on HIV and AIDS; and were also involved in developing the National Strategic Plan for Adolescent Health. In Bangladesh, youth advocates contributed to the review of the SRH National Guidelines.

Despite Burundi’s volatile and fragile environment, ABS has strengthened the advocacy capacities of its implementing partners Humure, a LGBTI group; and Reseau National des Jeunes vivant avec le VIH (RNJ+), a network of young people living with HIV. RNJ+’s executive director, won a Y+ Fellowship, which seeks to mobilise, advocate and support meaningful youth engagement, and both Humure and RNJ+ jointly led on the Rights Evidence Action (REAct) programme, a community-based system for monitoring and responding to human rights-related barriers to accessing HIV and health-related services.

Connecting young advocates with global policy debates

To ensure global policy is informed by the diverse experiences of young people most affected by HIV, Link Up’s global policy partners, Global Youth Coalition on HIV/AIDS (GYCA), ATHENA Network and STOP AIDS NOW! have enabled youth advocates from key populations to engage and participate in global policy dialogues around HIV, SRHR, gender and human rights. Youth advocates have participated in high level policy making events, such as the UN High-Level Youth Dialogues on the SDGs, UN General Assembly, Commission on the Status of Women and the UNAIDS Programme Coordinating Board, amongst others. These activities have increased the visibility of the importance of focusing on young people’s HIV and SRHR needs together among donors, decision-makers and United Nations agencies.

Making the case for integration

The Population Council is the principal research partner on Link Up, conducting research on HIV and sexual and reproductive health and rights of young key populations. As a member of the Link Up consortium, the Population Council is employing quantitative and qualitative research methods to evaluate Link Up program activities; supporting Link Up partners in their review of program activities; generating evidence about the issues affecting the most marginalized populations reached by Link Up; and identifying effective strategies to reach them. The findings have contributed to a deeper understanding of young key populations’ HIV and SRHR needs.

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