



MUJHU CARE
Research Collaboration



Second Global Consultation on Service Provision for Adolescents Living with HIV *Consensus Statement*

Organized by UNICEF, WHO, Family Health International, GNP+, Johns Hopkins University,
Makerere University & Uganda Paediatrics Association

We, the participants of the *Second Global Consultation on Service Provision for Adolescents Living with HIV*, including parliamentarians and government, civil society, UN representatives, donors, service providers, researchers, adolescents and young people living with HIV, gathered in Kampala, Uganda from the 24th to the 28th of May 2010, are encouraged by recent progress in efforts to respond more adequately to the specific needs of adolescents aged 10 – 19 years living with HIV. However we remain seriously concerned about the many gaps that remain, which make it impossible for some adolescents living with HIV to live healthy, happy and productive lives. Over the course of four days, we identified areas where there has been progress and where challenges persist. Among these challenges are diagnosis, adherence support, disclosure, stigma and discrimination, mental health care and inadequate psycho-social support, protection and legal support, sexuality education and access to sexual and reproductive health services and access to treatment.

We recognize that there have been important developments since the last Global Consultation in 2006, which contribute to our common vision. However we are alarmed by the large number of adolescents perinatally and horizontally infected with HIV who contribute to the 2.1 million children under 15 years living with HIV and the 4.9 million young people aged 15 – 24 years living with HIV. We have consensus on *what* needs to be done and we agree on the need to focus on *how* to ensure that adolescents living with HIV, can access the treatment, care, support and prevention services that they need. The entire response to the needs of adolescents living with HIV must be considered within the framework of Positive Health, Dignity and Prevention: ensuring a supportive and protective legal and policy environment; focusing on holistic health and wellness, not only the prevention of onward transmission; addressing psychosocial, economic, educational and socio-cultural vulnerabilities, gender and sexuality; tailored to specific contexts, key populations and the individual; and with the full involvement of people living with HIV. We also recognize that the scale and sustainability of services for adolescents living with HIV will be compromised unless primary prevention efforts among children and adolescents are made more effective and reach more children, adolescents and parents.

This Consensus Statement captures key findings and priority actions, based on the evidence from programmes and research presented by a wide variety of service providers, community based organizations, researchers and adolescents and young people living with HIV in attendance.

Key Messages

High levels of late and under-diagnosis of perinatal and horizontal HIV infection in adolescents means that we do not know how many adolescents are living with HIV. Limited availability and poor integration of services for adolescents living with HIV, and high levels of stigma and discrimination in health facilities, communities, schools and families have left millions of adolescents and their

families and partners without essential treatment, care, support and prevention leading to high levels of unnecessary morbidity and mortality.

Therefore we recommend that countries:

- Establish mechanisms to actively identify undiagnosed perinatally and horizontally infected adolescents (including those infected through sexual transmission and injecting drug use) using schools, facility-based provider initiated testing and counselling (PITC), outreach and community-based HIV testing and counselling (HTC) and prevention of mother-to-child transmission (PMTCT) as entry points.
- Establish age-disaggregated data on the number of adolescents aged 10 – 19 years living with HIV
- Develop programme support tools, train and link caregivers with peer support in order to improve their skills and strengthen the relationship and communication between caregivers and adolescents living with HIV.
- Systematically involve people living with HIV in providing peer support to adolescents living with HIV to improve adherence, disclosure and mental health.
- Ensure continuity and quality of youth-friendly care for adolescents living with HIV through multidisciplinary and multi-sectoral support delivered through a continuum of care with effective referral and partnership between service providers, caregivers and young people living with HIV in health facilities, communities, schools and the home.
- Ensure national curricula integrate non-stigmatizing, quality comprehensive sexuality education and that this is implemented at scale and evaluated.
- Adapt and scale up an essential minimum package of services for adolescents living with HIV and ensure adequate resources for its implementation and monitoring.
- Conduct periodic evaluation, behavioural and sero-surveys and needs assessments to identify bottlenecks, quantify needs and establish the resources required to provide services at scale.

Key Results

We believe that these actions will contribute to reduction in morbidity and mortality among adolescents living with HIV. To this end, key results must be:

1. Increased early diagnosis of adolescents living with HIV.
2. Increased access to comprehensive services for adolescents living with HIV.
3. Elimination of stigma and discrimination of adolescents living with HIV at all levels.
4. Reduced new HIV and sexually transmitted infections among adolescents.
5. Reduced unintended pregnancies among adolescents living with HIV.

We, the participants at the Second Global Consultation on Adolescents Living with HIV pledge to put our collective weight behind these agreed actions. We call on donors, governments and multilateral institutions to prioritize the needs of adolescents living with HIV by allocating resources towards implementation of these actions.