



Adolescents and HIV in Eastern Europe: Overcoming Barriers to Programming

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HIV Epidemic in Eastern Europe and Central Asia: how it affects adolescents?

ⓧ Approx one third of new infections are among 15-24 year olds (2006, UNAIDS/WHO)

ⓧ Increasing proportion of females among newly infected

- Ukraine: 1997 = 11% 2007 = 45%
- Moldova: 2000 = 25% 2007 = 45%

Who are adolescents who are at most risk of HIV infection?

 **10-18 year old girls and boys who practice behaviours that put them at risk:**

- **Injecting drugs (with non-sterile equipment)**
- **Multi-partner unprotected sex**
 - **Selling or exchanging for money, drugs, goods**
 - **Sexual abuse/exploitation of minors**
- **Male-to-male unprotected sex**



Photo courtesy: Mikhail Nvotny

Most-at-risk adolescents: what is the evidence indicating?

- ✘ **Early start up of drug-injection:**
 - **Romania:** average age IDU initiation – 16
 - **Albania:** 30% IDUs started injecting at 15-18
 - **BIH:**
 - 30% IDUs started injecting at 16-18
 - half of IDUs had first sex before 15
 - **Ukraine:** average age IDU initiation: 13-15

- ✘ **Adolescents selling sex:**
 - **Romania:**
 - 60% of sex workers started selling sex before 18;
 - 11% before 14

- ✘ **Males having sex with males:**
 - **Kazakhstan:** 20 percent MSM 19 or younger

Adolescents exposed to environments of risk:

Especially vulnerable adolescents:

- Living/working on streets**
- In prisons and detention centers**
- Disadvantaged ethnic groups**



Photo courtesy Mikhail Nvotny

Adolescents exposed to environments of risk: what is the evidence indicating?

Street Children aged 10-19: Ukraine

- 2/3 Male, 1/3 Female
- 15% ever injected drugs
- 45% use non-injecting drugs
- 70% of girls sell sex (8% consistent client condom use)
- 10% of boys had anal sex with men

Street Children aged 10-24: Serbia

- 57% of girls and 17% of boys sell sex
- 72% of boys had sex with men
- 40% of boys and girls had anal sex
- 65% of girls had more than 20 partners per month

Adolescents exposed to environments of risk: what is the evidence indicating?

Street Children aged 15-19: St Petersburg Russia (CDC/Doctors of the World study, 2007)

- **63% Male, 37% Female**
- **51% ever injected drugs**
- **96% sexually active, history**

- **37.4% HIV positive**
- **Sub-group of orphans: 63% HIV positive**

Barriers to MARA programming: **Lack of data**

- ⓧ Lack of disaggregated national data**
- ⓧ Legal obstacles to gathering data in minors**
- ⓧ Methodological difficulties**
- ⓧ Ethical issues**
- ⓧ Gender differences**

Barriers to MARA programming: Lack of data

Programming responses:

- ⓧ Baseline data collection**
- ⓧ Ethical guidelines for research in line with 'best interests of the child'**
- ⓧ Advocacy for national M&E systems to collect age and sex disaggregated data**

Barriers to MARA programming:
Lack of political and community support

- ⓧ Controversial mix: drugs, sex, minors**
- ⓧ Stigma, discrimination and exclusion**
- ⓧ « Innocent » vs. « lost causes »**
- ⓧ Parental denial, disengagement**
- ⓧ Social/religious opposition**
- ⓧ Policies « gender-blind »**



Photo courtesy UNICEF Ukraine

Barriers to MARA programming: **Lack of political and community support**






Programing responses:

- 🚫 Advisory boards** (Ukraine, Romania, Serbia)
- 🚫 National MARA workplans** (Moldova)
- 🚫 Gender inclusive National AIDS Strategies** (Albania)
- 🚫 Advocacy for political and community dialogue, inclusion of PLHA** (Romania, Ukraine)

Barriers to Effective MARA programming: Structural barriers to service uptake

- ⓧ Legal/age barriers (parental consent)**
- ⓧ Identity document requirements**
- ⓧ Payments**
- ⓧ Time, location**
- ⓧ Prejudice towards MARA**

Barriers to Effective MARA programming: Structural Barriers to service provision

-  Service sector legal constraints**
-  Service-provider capacity**
-  Service quality**
-  Lack of case management, follow up & referral networks**
-  Civil Society fears to service minors**

Barriers to MARA programming: Responses to Structural Issues

Programming responses:







-  'Dont ask – Don't tell' approaches**
-  Revised age-related policies**
-  Removing document & pay requirements**
-  Provider capacity building**
-  Local solutions - scale up!**
-  National AIDS strategies – HSS**



Photo courtesy Humanitarian Action, St. Petersburg, Russia

In Summary:

-  **Lack of MARA data and MARA programming**

-  **This can be overcome but requires:**
 - **Strong advocacy to build political and community support**
 - **Policy change to remove barriers to the provision, access and use of services**

-  **Strong partnerships between government, civil society & PLWHA**

Thank you!



Photo courtesy Humanitarian
Action, St. Petersburg, Russia