

Youth Council

Terms of Reference

January 2020

The Global Fund Secretariat is forming a **Youth Council** to bring the unique reality of adolescents and young people, in all their diversity, to the attention of the Executive Director of the Global Fund. The Youth Council will provide insight into the needs and challenges they face in relation to the three diseases and more broadly to other aspects of their health and well-being.

Background

HIV: The world is home to the highest number of young people right now than at any other point in history – this 1.8 billion-people cohort has been dubbed the “youth bulge” and is concentrated largely in Sub-Saharan Africa.¹ In light of these changing demographics, it becomes important to examine how young people face specific challenges in the face of HIV. As the youth bulge grows, a lack of sufficient health services to support this cohort could result in the number of new HIV infections plateauing or even beginning to increase.²

According to the 2018 UNAIDS estimates, there were 3.9 million youth between the ages of 15-24 living with HIV globally. Approximately 1600 youth between the ages of 15 and 24 acquire HIV every day.³ Outcome-wise, even as AIDS-related deaths are declining in all other age groups, AIDS-related deaths amongst older adolescents are not.⁴ In fact, HIV-related deaths have more than tripled since 2000, making it the second-leading cause of death among adolescents globally.⁵ Young women and girls are disproportionately affected by HIV in certain contexts. Young women 15-24 years old in Sub-Saharan Africa are up to eight times more likely to be HIV+ compared to young men in the same age range. There are 350,000 annual new infections among AGYW; to achieve the UNAIDS Fast Track goals, this number must be reduced to 100,000 or less per year.

Although adolescent girls and young women are disproportionately affected in Sub-Saharan Africa, in other regions, young key populations are most at risk. For example, it is estimated that more than 95 per cent of all new HIV infections among young people in Asia were to occur among young key populations.⁶

Young people, especially young key populations, face unique barriers in accessing treatment and care. HIV service-providers are often poorly equipped to serve young key populations, while the staff of programs for young people might lack the sensitivity, skills, and knowledge to work specifically with members of key populations.⁷ Highest HIV incidence rates for young people often

¹ UNICEF and Young People <https://www.unicef.org/young-people>

² UNAIDS Explainer: The Youth Bulge and HIV 2018

³ UNAIDS Youth and HIV, 2018 Report

⁴ http://www.unaids.org/sites/default/files/media_asset/ending-AIDS-epidemic-adolescents_en.pdf

⁵ Leveraging GF Investments in Adolescents, PPT Presentation

⁶ UNAIDS Young Key Populations at High Risk:

https://www.aidsdatahub.org/sites/default/files/publication/Young_key_populations_at_high_risk_of_HIV_in_Asia_Pacific.pdf

⁷ https://www.unaids.org/sites/default/files/media_asset/2015_young_transgender_en.pdf

align with the countries with the most restrictive access for adolescents to access SHR services, HIV testing, and HIV treatment. Even among adolescents, some are more at risk including young gay, bisexual, and other men who have sex with men; young transgender women; young people who sell sex; young people who use drugs.

In Global Fund funded countries, 39% of HIV incidence and 13% of people living with HIV are amongst youth.⁸ HIV service-providers are often poorly equipped to serve young key populations, while the staff of programs for young people might lack the sensitivity, skills, and knowledge to work specifically with members of key populations. This Youth Council will bring a critical perspective to inform the Executive Director and senior management to influence policies, strategies, and programs that affect their lives.

Tuberculosis: For tuberculosis the incidence rate for young people accounts for 17% of all new cases globally.⁹ Young people also have unique needs during treatment for TB, since the disruption caused by TB can have serious long-term impacts in terms of education, career, and family.¹⁰ The limited data for young people and TB leaves them particularly vulnerable, since the largely-unknown scale of the problem has restricted targeted interventions for TB in young people. In addition, TB is the leading cause of death among people living with HIV.

Malaria: Co-infections of malaria and HIV are particularly concerning. For example, in Sub-Saharan Africa, the highest overlap between these two diseases occurs in female adolescents but control activities are directed to different target groups. High HIV incidence during the period when many adolescents become pregnant for the first time greatly increases their susceptibility to malaria, as well as complicates their therapy.¹¹

Membership

The Youth Council will have up to 18 members, including one Observer that links to the Global Fund Board, who serve on a voluntary basis for two years with a staggered rotation.¹² Membership will reflect the diversity of young people, including key and vulnerable populations across the three diseases, and will be balanced in terms of gender and geographical representation. Learning across diseases and an intersectional approach will be encouraged. Members should be able to work in English, participate in approximately twice-annual face-to-face meetings and contribute remotely via conference calls, e-mail and other communication platforms. Participation is on a voluntary basis with the costs incurred for travel to meetings covered by the Global Fund. The total time commitment for each member is estimated to be approximately 15 days per year. The criteria states under the age of 25 years old, however there may be exceptions (up to the age of 26) in order to reflect diversity.

Criteria for membership selection

- Under the age of **25 years old**;
- Living with or affected by HIV, TB or malaria;
- Ability to connect with country stakeholders working with adolescent and young people health and rights;
- Capacity to liaise with youth networks in all their diversity, including positive youth and young key populations;
- Experience in community mobilization and community work;
- Good level of English;

⁸ Leveraging GF Investments in Adolescents, PPT Presentation

⁹ <https://erj.ersjournals.com/content/51/2/1702352>

¹⁰ <https://www.europeanlung.org/en/news-and-events/media-centre/press-releases/first-global-estimate-finds-1.8-million-young-people-develop-tb-every-year>

¹¹ <https://malariajournal.biomedcentral.com/articles/10.1186/1475-2875-4-2>

¹² In the first round of membership, some members will rotate off in year one, year two and year three.

- Innovative and creative;
- Passionate about finding solutions to issues youth face, including health issues;
- Some knowledge of HIV, TB and malaria;
- Basic knowledge about the Global Fund;
- Excellent communication skills, work with enthusiasm and energy.

Core responsibilities

- Bring the unique perspective of young people to the Global Fund including challenges they face;
- Bring county level nuances to discussions around how to improve services for young people, including young key populations;
- Brainstorm with the Executive Director and other members of the Global Fund on innovative, person-centered approaches to reach young people in all their diversity affected by the three diseases;
- Engage in relevant country, regional and global level processes related to the Global Fund;
- Engage with country stakeholders working with adolescent and young people health and rights;
- Liaise with youth in all their diversity, including positive youth and young key populations.
- Generate ideas of how activism related to HIV, TB and malaria can link to broader movements including universal health coverage and the environment.

Youth Council members are expected to respect confidentiality whenever their participation exposes them to sensitive or confidential matters, documents and information that has not been otherwise made public. Members must agree to sign the conflict of interest policy.

Annex: Additional background information

Tuberculosis: A 2018 analysis of the WHO 2012 TB notifications databank estimated that a total of 1.78 million young people between 10 and 24 years of age develop TB every year, with those aged 20 to 24 at the greatest risk of developing infectious TB. The incidence rate for young people accounts for 17% of all new TB cases globally.¹³ This is the first-ever global estimate of TB among people in this age bracket; previous estimates categorized those aged up to 14 years as children and those 15 and over as adults. The implications of co-infection are understudied in young people, though a study in the Western Cape found that HIV prevalence among TB patients was 10.9% in 10- to 14-year olds, 8.8% in 15- to 19-year olds and 27.2% in 20- to 24-year olds.

Malaria: Because of the high burden of malaria in young children, the issue of malaria in adolescents has been understudied even though a substantial number of adolescents are at risk for malaria infection.¹⁴

HIV: Analysis of the global UNICEF 2017 adolescent data indicates that while sub-Saharan Africa remains the region with the greatest absolute number of new infections, there are worrying trends in parts of Southeast Asia and Latin America, with the greatest increases reported in Eastern Europe and Central Asia of 27% (2010-2016). Trends ranged from this 27% in E Europe and C Asia to a 21% decline in E & S Africa.¹⁵ Even with these HIV infection rates, young people's knowledge about HIV prevention has remained stagnant over the past 20 years – between 2012 and 2017, only 34% of young men and 28% of young women in Sub-Saharan Africa had basic knowledge of how to protect themselves from HIV infection.¹⁶ Population-based impact assessments conducted in Malawi, Zambia, and Zimbabwe have found that less than 50% of young people living with HIV were aware of their HIV status, compared to between 74% and 80% of adults aged 35-49 years living with HIV in the same countries.¹⁷

Young Key Populations:

Adolescent girls and young women

Young women and girls are disproportionately affected by HIV. Young women 15-24 years old in sub-Saharan Africa are up to 8x more likely to be HIV+ compared to young men in the same age range.¹⁸ There are 350,000 annual new infections among AGYW; to achieve the UNAIDS Fast Track goals, this number must be reduced to 100,000 or less per year.¹⁹

Men who have sex with men

Data indicate that young MSM have a greater HIV risk than heterosexual young people and older MSM. HIV prevalence among MSM in the Russian Federation in 2010 was 10.79%; among young males aged 13-19 in the US, 92.8% of all diagnosed HIV infections were attributed to male-to-male sexual contact.²⁰ Young MSM have also been found to be more likely than older MSM to report unprotected anal intercourse with partners of unknown HIV status.²¹ Young MSM are more vulnerable than older MSM to the negative consequences of stigma and discrimination because they tend to depend on family and educational institutions for support, guidance, care, protection, food, housing, and other resources.²² There have been programs implemented for and with young MSM, such as youth-led education to increase sexual and reproductive health awareness among

¹³ <https://erj.ersjournals.com/content/51/2/1702352>

¹⁴ <https://www.ncbi.nlm.nih.gov/pubmed/17123898>

¹⁵ <https://data.unicef.org/wp-content/uploads/2017/11/HIVAIDS-Statistical-Update-2017.pdf>

¹⁶ UNAIDS, The Youth Bulge and HIV, 2018

¹⁷ https://www.unaids.org/sites/default/files/media_asset/the-youth-bulge-and-hiv_en.pdf

¹⁸ Adolescents and Young People IAC July 17, Word Document.

¹⁹ Adolescents and Young People IAC July 17, Word Document.

²⁰ https://www.unaids.org/sites/default/files/media_asset/2015_young_men_sex_with_men_en.pdf

²¹ https://www.unaids.org/sites/default/files/media_asset/2015_young_men_sex_with_men_en.pdf

²² https://www.unaids.org/sites/default/files/media_asset/2015_young_men_sex_with_men_en.pdf

young MSM, strengthening risk reduction among young MSM through community engagement, and online and telephone counseling.²³

Transgender people

Insufficiency of data on young transgender people is a barrier to providing adequate health and psychosocial services. The severe stigma and discrimination that transgender people experience make it especially difficult to estimate the global size of the transgender population, their levels of risk for HIV, and their protective behaviors.²⁴ A study in Latin America estimated that 44-70% of transgender women and girls leave home or are thrown out of their home.²⁵ Many young transgender people, lacking information on sexual health specifically directed at people of their gender identity, underestimate their risk for HIV.²⁶

Sex workers

Young people who sell sex are severely under-represented in research on HIV and sex work; data on the prevalence of children 10-17 years who are sexually exploited is particularly weak, with even fewer data on young males and young transgender people who sell sex than on young females who do so.²⁷ Those under the age of 25 who sell sex appear to be at significantly greater risk for HIV infection (and subsequent transmission) than their older counterparts, due to biological, behavioral, and structural risk factors – a six-brothel study in Kolkata, India found that HIV prevalence among FSWs over 20 years of age was 8.4% but 27.7% for those aged 16-20.²⁸ Some studies have shown a higher prevalence of risky sexual behaviors among those who report selling sex due to acute economic need than among those who do not engage in this type of behavior, illustrating overlapping vulnerabilities.²⁹ Mandatory reporting laws may deter children from engaging with the services they need and can make health professionals reluctant to serve children.³⁰

People who inject drugs

Although global coverage of harm-reduction services has slowly increased, there is a lack of services focused on and accessible to young people despite low ages of initiation into injecting drug use and important differences in vulnerability and risk between younger and older people who inject drugs.³¹ Current methods of gathering and reporting data make it impossible to calculate a reliable global estimate of the number of young PWID.³² Some countries, such as Pakistan, Russian Federation, and Vietnam, have reported increases in the prevalence of injecting drug use among young people.³³ There is limited data about HIV prevalence among young people who inject drugs, but the available data is concerning – among street youth aged 15-19 in St Petersburg, Russian Federation who injected drugs, HIV prevalence was 79% in 2007. Most services specific to people who inject drugs are designed for adults.³⁴ Requirements such as mandatory parent/guardian consent requirements, or evidence of previous failed attempts at detoxification or other drug treatment modalities, may limit or complicate the access of those 10-17 years to harm reduction services.³⁵

²³ https://www.unaids.org/sites/default/files/media_asset/2015_young_men_sex_with_men_en.pdf

²⁴ https://www.unaids.org/sites/default/files/media_asset/2015_young_transgender_en.pdf

²⁵ https://www.unaids.org/sites/default/files/media_asset/2015_young_transgender_en.pdf

²⁶ https://www.unaids.org/sites/default/files/media_asset/2015_young_transgender_en.pdf

²⁷ https://www.unaids.org/sites/default/files/media_asset/2015_young_people_who_sell_sex_en.pdf

²⁸ https://www.unaids.org/sites/default/files/media_asset/2015_young_people_who_sell_sex_en.pdf

²⁹ https://www.unaids.org/sites/default/files/media_asset/2015_young_people_who_sell_sex_en.pdf

³⁰ https://www.unaids.org/sites/default/files/media_asset/2015_young_people_who_sell_sex_en.pdf

³¹ https://www.unaids.org/sites/default/files/media_asset/2015_young_people_drugs_en.pdf

³² https://www.unaids.org/sites/default/files/media_asset/2015_young_people_drugs_en.pdf

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³⁴ https://www.unaids.org/sites/default/files/media_asset/2015_young_people_drugs_en.pdf

³⁵ https://www.unaids.org/sites/default/files/media_asset/2015_young_people_drugs_en.pdf