

The EU-supported Project: "Strengthening the Capacity of Non State Actors (NSAs) for HIV Counseling and Testing for Most-at-risk Adolescents and Youth"

National Advocacy Strategy to Promote HIV T&C among Adolescents and Young People

GEORGIA

Prepared by: United Nations Children's Fund (UNICEF) and Public Union Bemoni



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Approaches suggested in the new strategy will help organizations and all interested parties of Georgia in effective implementation of advocacy aimed at the policy change towards improving HIV Counseling and Testing of youth.

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Definitions

Age definitions - United Nations define “child” as the population below the age of 18 years; World Health Organization defines “adolescent” as a population between years from 10 to 19; UNICEF’s definition of “adolescent” is a population between 10 and 18 years; population from 15 to 24 is defined as “youth”.

Groups of high-risk behavior –groups of people at higher-risk of HIV infection due to special features of behavior.

Most-at-risk adolescents and youth: children without parental care; street children; internally displaced youth; young people who inject drugs; young sex workers; men who have sex with men (MSM); migrants; young people in conflict with the law; young people who have unprotected sexual intercourse with multiple partners.

Advocacy—a continuous process which aims to change attitudes, actions, policy and laws through influencing officials, organizations and institutions in order to improve the state of people with certain problems. Advocacy is an attempt to influence public policy by using different methods of communication.

The table below shows the main differences between advocacy and other approaches:

| Concept | Participants/organizers | Target audience | Objectives | Success indicators |
|---|---|--|---|---|
| Information and education campaign | Service providers | Certain target groups (by age, sex, etc.) | Provoke the interest to the problem; change behavior | Increased awareness, change of behavior |
| Public relation | Commercial and other organizations | Service consumers | Raise the image of the organization; increase customers' number | Increased sales, higher image of a setting |
| Community mobilization | Community members, organizations | Community leaders and members | Solve current problems of a community | Number of community members involved in problem solving |
| Advocacy | Non-governmental organizations (NSAs) and common interest groups (CIGs) | State institutions and decision-making persons | Policy change; Program implementation; Find needed resources | Adopt new regulations, program implementation; increase of assigned funds |

Target audience for advocacy - person or persons the advocacy messages and campaigns are intended to.

Primary (priority) target audience – important political decision-making persons

Secondary target audience -persons who have an influence on primary target audience

Advocacy partners–groups or persons who have communication with target audience and are able to conduct advocacy

Advocacy technologies (means of communication)

| Methods directed to the primary audience | Methods directed to the secondary audience | Methods directed to public opinion formation |
|---|--|---|
| <ul style="list-style-type: none"> → Personal meetings → Direct participation in the work of policy-makers and decision-making institutions → Prepare a petition → Press publications → Presentations at Parliament and at conferences → Round table → Develop projects of needed programs, regulations and resolutions → TV appeals; place information on the internet | <ul style="list-style-type: none"> → Briefings/presentations → Negotiation → Meetings → Publish relevant articles/reports and send them to certain persons/organizations | <ul style="list-style-type: none"> → Internet-campaigning, relevant web-sites, blogs → Place the information in social networks → Actions → Collect signatures → Involve celebrities → Press-release → Press-conference → Television and Radio → Communication with media → Appeal to international organizations |

1. Introduction

According to the UNAIDS Report on the global AIDS epidemic 2012, the number of people living with HIV/AIDS in the world reaches 34 million, of which 2,5 million people were infected in 2011. Today, young people account for 40% of all new adult HIV infections. Every day more than 2400 young people become infected with HIV. Rate of new HIV infections continues to rise gradually in Eastern Europe and Central Asia.

As studies show, most of young people do not take HIV/AIDS threats seriously. Furthermore, they experience much higher barriers for HIV testing; Adolescents and youth need to have reliable, age-appropriate information on HIV transmission routes, infection risk reduction, HIV testing, etc.

Continuum of HIV prevention might reduce youth susceptibility to infection

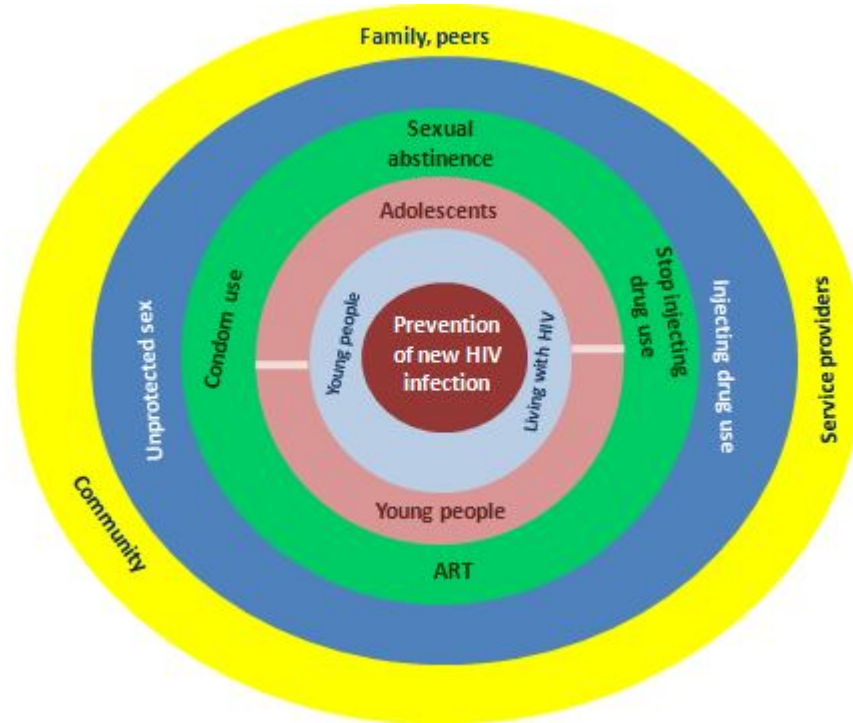
Reasons for widespread of HIV infection in youth are well known: unprotected sexual intercourse, contact with HIV-infected blood and share of used injection equipment.

Ways of preventing HIV infection in young are also known:

- abstain from premarital sex and injection drug use;
- correct and regular use of condoms;
- use of sterile needle/syringe in case of injecting illicit drugs;
- informing and communicating with youth in order to change their behavior;
- provide antiretroviral therapy (Art) as a preventive approach.

A continuum of prevention helps not only to protect adolescents and young people but also ensures they are provided with HIV prevention and testing services.

Continuum of prevention



- Entry points and main actors
- Risk behavior
- Preventive intervention
- Age of transition

Community is an integral part of HIV prevention. Young people's families, peers and teachers can play a crucial role in advocacy for increasing the accessibility of HIV prevention and testing services for youth. Community sets norms of acceptable behavior and the tone to start discussion around issues of sexuality. Community attitudes towards HIV positive persons should also be considered. HIV-related stigma and discrimination is one of the biggest barriers for getting HIV counseling and testing services.

Government creates legal and political landscape that defines the effectiveness of HIV prevention measures. Parliament and Government can revise laws to decrease the age at which adolescents can access the HIV testing services without parents' consent. It also depends on government and authorities how accessible are the youth-friendly HIV testing services or how appropriate are information and education programs on prevention of HIV infection in youth.

The main goal is the prevention of HIV infection in youth, however it is necessary to treat and support young people who live with HIV in order to give them a chance to preserve healthy state for a long time.

The following steps are required to create the continuum of HIV prevention:

1. Inform young people and develop skills that support safe behavior;
2. Strengthen social rights protection of vulnerable adolescents and young people;
3. Active involvement of youth in HIV prevention measures;
4. Involve community in creation of positive social environment promoting healthy behaviors;
5. Develop law and policy that considers children/youth rights and needs;
6. Develop and implement effective HIV prevention programs for youth;
7. Increase the number of young who know their HIV status;
8. Expand the network of HIV counseling and testing centers for youth;
9. Create a monitoring and evaluation system to gain the update of evidence-based data on youth.

Youth and HIV infection in Georgia

Although according to world statistics Georgia belongs to HIV/AIDS low prevalence countries, steady rise in the incidence of new HIV infection has been observed over the last period. HIV/AIDS prevalence in Georgia is related to following factors: (1) widespread drug use; (2) unfavorable HIV epidemiological situation in Georgia's neighboring countries; (3) high prevalence of STI; (4) high level of migration and wide international contacts; (5) lack of disposable medical instruments as well as of disinfection and sterilization agents; (6) traditionally low demand for condoms; (7) low level of knowledge about HIV/AIDS in population.

School pupils (15-17 years of age) and university students (18-24 years of age) behavioral surveillance survey conducted in Tbilisi in 2011 showed that in regard to HIV infection male adolescents and young people constitute the most high-risk behavior group, particularly:

- 59% of male adolescents aged 15-17 and 86% of young people aged 18-24 had sexual intercourse;
- The average age of first sexual intercourse is 14-15 years;
- 44% of adolescents aged 15-17 and the half of age group from 18 to 24 had their first sexual intercourse with a female sex-worker;
- About half of students aged 18-24 reported having had more than one sex partner in the last 12 months; every fifth of them reported having had more than 5 sexual partners;
- 59% of young people aged 18-25 reported condom use during all sexual intercourses over the last 12 months;
- 20% of students aged 18-24 reported the condom was not available for them during the last sexual intercourse;
- Premarital sexual intercourse with sex-worker is acceptable for the vast majority of male students while for 60% of them sexual intercourse with a girlfriend/fiancée is not acceptable;

- The absolute majority of male adolescents aged 16-17 reported first drinking alcohol and about one third of them have been drunk for the last three years; about 8% reported regretting next day for having sex when they were drunk;
- Only 68% of adolescents 15-17 years old have heard of HIV infection; the percentage of young people 18-24 years old by this indicator is 84%;
- One in every ten respondents think contraceptive pills can protect from STIs;
- Only 53% of respondents know HIV is commonly diagnosed by special laboratory testing.

Public Union Bemoni conducted a qualitative survey – “HIV Testing Motivation and Barriers in youth of Georgia” - in 5 cities of Georgia (Tbilisi, Batumi, Zugdidi, Rustavi and Telavi). Survey revealed the following:

- youth living in urban areas know that HIV infection is a contagious, incurable disease that destroys immunity and occurs by transfer of blood or through sexual contact; youth in rural areas do not have even this minimum of information;
- young people do not know where and how HIV testing is provided and when they need to be tested.
- youth have controversial attitudes towards disease –they usually say that no one is protected from HIV infection, however the same time they consider HIV as a problem mostly for commercial sex workers and drug users;
- for young people HIV is associated with disgraceful behavior;
- youth commonly do not consider HIV as a topical issue; they never think it might refer to them, so they do not realize the need of HIV testing;
- in Georgia, as a rule, people do not go for preventive investigations. In addition, HIV testing has an important specific barrier – stigma.
- none of young people participating in the survey has undergone HIV testing by his/her own initiative;
- fear to be associated with unacceptable behavior like having sexual intercourse without marriage serves as an additional barrier for girls against HIV testing;
- necessity of parents’ consent for juvenile’s testing is also considered to be a barrier for HIV counseling and testing;
- disposition of HIV testing youth center separately with a clearly visible signboard on it will create an additional barrier for those who wish to do HIV testing;
- low HIV testing referrals turned even lower since presenting the ID for free testing within National HIV/AIDS program became mandatory.

In order to protect the young from HIV infection on one hand and ensure maximum provision of HIV counseling and testing services on the other, **it could be reasonable to take following measures:**

- inform community about HIV infection/reduce stigma;
- inform youth/community about HIV testing services;

- expand the youth-friendly network of HIV testing services;
- educate adolescents/parents about HIV infection/reproductive health issues;
- provide advocacy within the national HIV/AIDS program framework to restore anonymous testing for high-risk behavior groups;
- provide advocacy to deliver HIV testing services for adolescents without the consent of parents;

2. Methodology

Advocacy strategy was developed by use of collaborative methodology and participation of project partners. The process was led by Tamar Sirbiladze, expert of the Public Union Bemoni.

At initial stage the overall situation has been assessed through:

- revising relevant references and documents (study reports, legislative acts, documents related to HIV/AIDS and youth policy)
- formal and informal discussions with the representatives of governmental and non-governmental organizations;
- querying representatives of organizations who work on adolescents/youth and HIV/AIDS issues (qualitative survey);
- visiting the offices of organizations working on adolescents/youth and HIV/AIDS issues.

The comprehensive analysis of the situation has been followed by a workshop, at which representatives of project partner organizations designed an advocacy plan according to the preliminary model.

At first, participants have identified problems related with youth HIV testing (regarding young people themselves, their closest environment, community, service provision, policy and legislation) and clarified reasons of these problems; after problem assessment the following notes had been made:

Main problems:

1. Problem related with legislative acts and regulations;
2. Low awareness of community (including adolescents/youth) about HIV infection in general and particularly, about HIV testing;
3. Difficult access to youth services and lack of trust to service providers.

Consequently, advocacy aims/objectives had been determined in respect to each problem; the stakeholder analyses have been conducted in relation to each of the problem and primary and secondary target audiences were identified.

At the next stage special messages had been elaborated for each target audience and information spread and delivery routes were determined.

In result of conducted work task force has developed an advocacy plan framework by action points:

3. Advocacy plan framework

Thematic Area 1: Legislation

| | | |
|---|---|---|
| 1. Problem: | | |
| By current legislation, juvenile patients can be provided by medical services only in case of parents' consent. In addition, according to the resolution adopted by Georgian Government on March 15, 2012 client has to present his/her ID card to receive any kind of service within National Healthcare Program. This remains true in regard to persons with high-risk behavior, who get anonymous HIV testing by express-method in non-governmental organizations' counseling and testing centers. All HIV positive clients identified by this method are sent to National Center for Disease Control and Public Health where testing is conducted under the National Program. | | |
| 1.1. Goal of advocacy: | | |
| Amendments to the legislative acts and regulations will remove additional barriers to HIV testing for the representatives of high-risk behavior groups and youth. | | |
| 1.2. Advocacy objectives: | | |
| → According to the new legislative initiative juvenile clients 14-18 years old will receive HIV counseling and testing without the consent of parents. | | |
| → In result of amendment to the resolution of Georgian Government on "Adoption of National Healthcare Program" anonymous testing practice for high-risk behavior groups within national program will be restored. | | |
| 1.3. Target audience | <i>Primary</i> | <i>Secondary</i> |
| | → Members of the Parliament of Georgia → Leaders of the political parties → Government of Georgia | → Public health managers → Service providers |
| 1.4. Advocacy partners | → Ministry of Labor, Health and Social Affairs of Georgia → Advisory Committee for prevention of HIV infection in adolescents and youth → Force group of organizations working on HIV/AIDS issues → Media → NSAs → Human rights organizations → UN agencies and other international organizations → Youth leaders → Other leaders | |
| 1.5. Obstacles | → Part of the parliament and government members do not consider issues of HIV/AIDS as a priority → Political issues may overshadow HIV/AIDS problem | |
| 1.6. Partnership strategies | → Formal and informal meetings with members of the parliament and government → Presentations at parliament and at conferences; sharing positive experience → Prepare projects of relevant legal acts and regulations → Publish relevant articles/reports and send them to certain persons/organizations → Organize meeting with the Minister of Labor, Health and Social Affairs to motivate him to put the issue before the Parliament as well as before the Prime-minister of Georgia | |
| 1.7. Key advocacy messages | → It is Government's obligation to ensure protection of rights and provision of healthcare services for all citizens including adolescents and the representatives of high-risk behavior groups → HIV infection is a problem in resolution of which everyone should contribute to including the Prime-minister | |

| | |
|------------------------------------|---|
| 1.8. Means of communication | <ul style="list-style-type: none"> → Personal meetings → Briefings, round table → Prepare petition → Press publications → Presentations at the Parliament, at conferences → Present the projects of legislative acts and resolutions → TV appeal, place information on the internet → Press-releases, press-conference → Actions → Collect signatures |
| 1.9.Success indicators | Amendments are made to relevant legislative acts and regulations, particularly to the law of Georgia on patient's rights and to Government's resolution on National Healthcare Programs |

Thematic Area 2: Information and Education

| | | |
|--|---|--|
| <p>1. Problem: For many reasons adolescents/youth are especially vulnerable to HIV infection. Their awareness about HIV infection in general and HIV testing in particular is rather low. This is true mostly in regard to the young people living in rural areas. The scale of preventive programs aimed at youth is low.</p> | | |
| <p>1.1. Goal of advocacy: The young people living in both urban and rural areas of the country will receive information about HIV infection, virus transmission routes as well as about high-risk behavior groups and HIV testing; they will be more knowledgeable about their vulnerability and will know how to get relevant services.</p> | | |
| <p>1.2. Objectives of advocacy :</p> <ul style="list-style-type: none"> → young people can talk widely around HIV infection → Adolescents and the young have an appropriate knowledge about HIV transmission routes and the ways of self-protection against HIV infection → Young people are equipped with skills that ensure their safe behavior and an access to HIV prevention services | | |
| 1.3 Target audiences | <i>Primary</i> | <i>Secondary</i> |
| | <ul style="list-style-type: none"> → Youth leaders → Adolescents/youth → Parents → Teachers → NSAs → Ministry of Education and Science → Ministry of Sport and Youth Affairs | <ul style="list-style-type: none"> → Healthcare providers → Local authorities → Sports organizations → Peers |
| 1.4. Advocacy partners | <ul style="list-style-type: none"> → Educational institutions → Public persons (role-models) → Media → Clergy → Children rights organizations → UN agencies and other international organizations → Others | |
| 1.5.Obstacles | → Young people do not acknowledge their susceptibility to HIV infection | |

| | |
|--------------------------------------|---|
| | → Traditional culture norms where sex is a taboo subject |
| 1.6 Partnership strategies | <ul style="list-style-type: none"> → Youth leaders deliver information about HIV/AIDS and HIV testing; the same information is spread in educational institutions. → Healthy lifestyle curriculum is developed and implemented in public schools → NSAs, UN agencies and other international organizations conduct advocacy activities to mobilize resources for HIV preventive services designed for youth → Video commercials intended for youth are directed → Information about HIV prevention for youth is spread through TV channels, internet, social media, sports events, concerts and other interesting for youth routes → Youth leaders are trained and actively involved in preventive activities among peers → Information-education campaign is planned and held |
| 1.7 Main messages of advocacy | <ul style="list-style-type: none"> → Young people have the right to receive correct information and relevant services in order to protect themselves from HIV infection and other STIs → Today, HIV infection is a problem for youth – ignoring the fact means hiding your head in the sand → Youth can stop HIV epidemics |
| 1.8. Means of communication | <ul style="list-style-type: none"> → Training of youth leaders → Meetings of youth leaders with peers → Speeches of popular young people on TV/Radio → Sports events, concerts and actions → Billboards, posters, leaflets and stickers → Video commercials aired on TV/Radio; place videos online |
| 1.9. Success indicators | Increased awareness of adolescents/youth about HIV infection; changed attitudes towards HIV prevention and safe behavior; enhanced practice of using HIV prevention services by youth |

Thematic Area 3: Prevention

| | | |
|---|---|------------------|
| 1. Problem: Services intended for youth (youth-friendly services) are not easily accessible and young people demonstrate distrust to service providers | | |
| 1.1. Goal of advocacy: Expanded network of HIV counseling and testing centers designed for youth; anonymous, trustful and accessible HIV testing services for all young people | | |
| 1.2. Objectives of advocacy : | | |
| <ul style="list-style-type: none"> → Ministry of Labor, Health and Social Affairs and service-providers consider the prevention of HIV infection in adolescents and youth is one of key components of the national strategy for prevention of HIV/AIDS and the government is responsible for provision of HIV prevention services to youth → Personnel working with youth know how to deliver HIV prevention services to youth more efficiently | | |
| 1.3. Target audiences | <i>Primary</i> | <i>Secondary</i> |
| <ul style="list-style-type: none"> → Ministry of Labor, Health and Social Affairs → Service providers including governmental and non- | <ul style="list-style-type: none"> → Ministry of Sports and youth Affairs → Parliament of Georgia → Regional and local authorities | |

| | | |
|---------------------------------------|--|--|
| | <ul style="list-style-type: none"> → governmental sectors → Youth → Educational institutions | |
| 1.4. Advocacy partners | <ul style="list-style-type: none"> → Advisory committee for prevention of HIV infection in adolescents and youth → Youth leaders → Media → Clergy → UN agencies and other international organizations → Children rights organizations | |
| 1.5. Obstacles | <ul style="list-style-type: none"> → Policy-makers do not consider HIV infection as a youth problem → Young people do not think they are at risk of becoming HIV infected | |
| 1.6. Partnership strategies | <ul style="list-style-type: none"> → Organize round tables with participation of youth leaders, invite all interested parties and conduct discussion on vulnerability of youth in regard to their health state and HIV infection → Design a project for the strategy and an action plan for delivery of HIV prevention services to youth → Present the strategy at the Ministry of Labor, Health and Social Affairs → Conduct training for NSAs and other service-providers to implement youth-friendly services → Mobilize youth to deliver information about HIV counseling and testing services among peers → Spread information at various events dedicated to the International Days (World AIDS Day, International Human Rights Day, International Day against Drug Abuse etc.) → Deliver HIV testing services for youth during the field work (outreach) | |
| 1.7. Main messages of advocacy | <ul style="list-style-type: none"> → Young people have the right to receive relevant services in order to protect themselves against HIV infection and other STIs → It is the privilege of Government to increase accessibility of confidential, anonymous and free HIV testing services for youth → There should be a friendly and caring environment in HIV prevention service-centers for youth → Prevention of new HIV infection cases in youth will save much of the national financial resources | |
| 1.8. Means of communication | <ul style="list-style-type: none"> → Presentations → Workshops, round table → Personal meetings → Training for service providers and youth leaders → online-campaigns, relevant web-sites, delivery of information through social networks → Actions, concerts, sports events → Personal communication in public places where young people come together → Involve celebrities → Printed information materials | |
| 1.9. Success indicators | <ul style="list-style-type: none"> → The coverage to adolescents and youth by youth-friendly HIV counseling and testing services is increased → Developed and approved are the national standards for operating of HIV counseling and testing centers intended for youth | |

4. Monitoring and evaluation of the plan

Monitoring is a continuous process of activities assessment to detect the compliance of the status of these activities to preliminarily agreed schedule. Evaluation is a regular study of program success, efficiency and impact.

Success indicators in monitoring and evaluation plan are determined for each component of advocacy. Every partner can remove one or other component from the national strategy of advocacy, develop own communication plan and report about conducted advocacy activities according to the template given below.

Evaluation and reporting template

Time period -----

| Advocacy topic | Goals | Objectives | Success indicators | Status |
|----------------|-------|------------|--------------------|--------|
| | | | | |

Monitoring and reporting system should work on a regular basis and be focused on success indicators:

- Regular monitoring and reporting meeting the requirements of donor organizations
- Quarterly monitoring of indicators
- Annual monitoring of indicators and reporting