

# Key Advocacy Messages for Young People for the 2011 United Nations General Assembly High Level Meeting on AIDS

In June of 2001, the United Nations General Assembly Special Session on AIDS drew attention to the intensifying HIV/AIDS crisis. In the Declaration of Commitment adopted at this meeting and the subsequent resolution adopted at the 2006 United Nations High Level Review Meeting on AIDS, governments made significant statements and commitments to address the epidemic, including targets that were specific to young people.

The year is now 2011 and these targets have not yet been achieved. While many countries have put forward significant efforts to address the HIV epidemic among young people with some notable successes, much, much more needs to be done. Young people demand that governments take action on what they promised and prioritize the following areas that are important for young people around the world:

## **Empower young people at the country level to take ownership of the HIV response**

Young people have critical and prominent roles to play in broader HIV dialogues and decision-making beyond issues relating specifically to young people. While youth empowerment and participation has improved over the last few years at the regional level, opportunities for meaningful youth participation are still lacking at the country level. If the HIV response is to be inherited by today's generation of youth, then the transference of necessary skills, experience, and capacity from adults to young people at the country level must begin today.

## **Support stronger partnerships between young key-affected populations and the HIV response**

Communities of young key-affected populations, particularly young people living with HIV, have a crucial role to play in the AIDS response. Governments must support emerging leadership of young key-affected populations, the integration of YPLHIV within the positive and youth communities, and their meaningful engagement in policy and program development, implementation, and evaluation in order to drive the next stage of the response.

## **Achieve Universal Access to ALL HIV prevention technologies, including comprehensive sexuality education, access to male and female condoms, youth-friendly HIV counselling and testing, harm reduction programs, and treatment as HIV prevention, among others**

The HIV world must acknowledge the proportion of new infections among young people and respond accordingly by ensuring access to every prevention tool such as **comprehensive sexuality education**, HIV testing and counseling, male and female condoms, needle exchange programs, male circumcision, Antiretroviral Therapy (ART) as prevention of HIV infection, and other new technologies. Governments must work to remove barriers to these prevention tools, including but not limited to age restrictions, lack of confidentiality and privacy; providers who are judgmental of young people; stigma and discrimination associated with seeking the services; cost; and lack of access to transportation, among others. Further, as the role of ART becomes an increasingly important part of the prevention agenda, young people must be a central part of these developments.

*The UNGASS Declaration of Commitment aimed to ensure that by 2005 and 2010 at least 90% and 95% respectively of young men and women aged 15 to 24 have access to the information, education, including peer education and youth - specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, families, educators and health-care providers.*

**10 YEARS AFTER THE DECLARATION OF COMMITMENTS WAS SIGNED, MANY GOVERNMENTS ARE STILL NOT PROVIDING COMPREHENSIVE SEXUALITY EDUCATION. WE DEMAND COMPREHENSIVE SEXUALITY EDUCATION NOW!**

### **Acknowledge and respond to the diversity of young people**

Young people are composed of a diversity of sub-populations that have unique and changing needs with respect to rights to prevention, treatment, care and support. Given their diversity, young people require particular interventions, which may differ from their older counterparts and peers. Policy makers and program developers must acknowledge how critical it is to fully understand these changing needs and to respond appropriately, supporting the health, rights and dignity of all young people.

### **Address the legal, policy and social barriers that young key-affected populations face beyond prevention, treatment, care and support needs**

Young sex workers, young people who use drugs, young men who have sex with men, young women, married adolescents, young people living with HIV, and young migrants and refugees bear a significant burden of the HIV epidemics across the world. In order to make independent, informed decisions and to access the fullest range of HIV services, they must live in supportive households, communities and countries, where social norms, policies, and laws protect their rights. Decriminalization of key-affected populations and removal of arbitrary age restrictions for accessing HIV prevention services, including harm reduction programs, must be ensured in every country in the world.

### **Include focused programming for specific youth populations most affected by HIV– not just generalized programming for the country’s “youth”**

Building on UNAIDS’ motto of “know your epidemic,” countries should know which young people are at-risk for HIV infection and apply the best evidence-informed programs to reach them. Countries should commit substantial resources to these programs and ensure that money is spent on young people who are most affected by HIV. Further, to know the epidemic, governments must collect and report on data that is disaggregated by age within existing key-affected populations.

### **Ensure that the socio-economic needs of young people living with HIV are addressed, including the availability and sustainability of ARVs and treatment options**

Most young people around the world do not have a stable job. Young people are often in school, assisting the family with chores and work, dependent on their families for food, and shelter, and may be starting to seek employment to earn income. Young people living with HIV often carry a heavier burden of looking for finances to cover costs for treatment of HIV. Further, YPLHIV often lack access to insurance plans and are unable to seek support from their families due to fear of isolation and rejection. Governments should identify and support mechanisms to increase access to treatment for YPLHIV.

### **Support integrated funding of sexual and reproductive health and HIV interventions for youth**

As resources are invested in HIV programs and services for young people, they are often separate from those supporting sexual and reproductive health programs. This separation of programming leads to missed opportunities for maximizing human and monetary resources and reaching large numbers of young people. Governments should provide funding that supports integrated programming for youth to leverage efforts to prevent HIV and promote sexual and reproductive health and rights for young people.

We respectfully ask governments to redouble their efforts to implement and support HIV programs for young people and make due on their promises. In order to achieve the points mentioned above, governments must involve and support emerging young leaders in HIV-related decision-making processes.

