

UNGASS AIDS 2006 Review Youth Summit Message

Despite making up one fifth of the world's population, 15-24 year oldsⁱ make up 50% of all new HIV infections each year. Youth are increasingly disempowered by local, national and international policies and social and cultural norms that marginalize us. Lack of access to education, increasing unemployment, token participation on HIV and AIDS decision-making bodies, and lack of legal or cultural autonomy over our bodies, choices, and resources make youth disproportionately vulnerable to HIV infection.

While general knowledge about HIV and AIDS has increased, we are concerned by the lack of significant access to comprehensive, evidence-based education in regards to our sexual health and reproductive health. Despite the 2001 Declaration of Commitment on HIV/AIDS (DoC) target to ensure that by 2005, 90% of young people have access to life skills required to reduce our vulnerability to HIV infection, in the 20 highest prevalence countries, less than one third of young people have sufficient knowledge to prevent HIV infection.

We, young people,ⁱⁱ demand that education be a collaborative effort between governments and young people. Education providers must include information about condoms, the discussion of sexual orientation, gender issues, sexual and reproductive health, and work in partnership with religious and community leaders when necessary to ensure that all initiatives are evidence-based. While abstinence and being faithful are critical, male and female condoms are the most effective prevention tools for sexually active youth.

Amongst young people, women, LGBTQI (Lesbian, Gay, Bisexual, Transgender, Queer, and Intersexed individuals), injecting drug users, sex workers, and youth living with HIV and AIDS are disproportionately affected and must be prioritized and involved in the decision-making process. Young people living in both urban and rural areas should have an equal right and opportunities to access this information through both formal and informal education. To most effectively reach young people, education, information and services must be offered through innovative media.

As youth, we have the potential to be the primary facilitators of change and we are partners in deterring HIV/AIDS; however, our participation is treated as secondary and often undermined. The potential of young people to partner as legitimate actors with decision-makers in HIV/AIDS is neglected and under-utilized.

We reaffirm the targets set forth on youth in the 2001 Declaration of Commitment on HIV/AIDS and acknowledge that they have been vastly unmet, with little hope in sight for achieving future targets without drastic changes; specifically:

- (Paragraph 37) By 2003, ensure the (...) full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people (...)
- (Paragraph 47) By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal: to reduce, by, 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent.
 - To reduce, by 2010, HIV prevalence among young men and women aged 15-24 globally.
 - To intensify efforts to achieve these targets as well as to challenge gender stereotypes, attitudes, and inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys

- (Paragraph 53) By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV/AIDS 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.
- (Paragraph 63) By 2003, develop and/or strengthen strategies, policies and programmes:
 - (...) To reduce the vulnerability of children and young people by ensuring access of both girls and boys to primary and secondary education, including HIV/AIDS in curricula for adolescents;
 - Ensuring safe and secure environments, especially for young girls;
 - Expanding good-quality, youth-friendly information and sexual health education and counseling services;
 - Strengthening reproductive and sexual health programmes; and
 - Involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible.

I. Access to Complete Information, Education and Preventive/Treatment Services

Concerns:

- We are concerned that there is a lack of comprehensive, youth-friendly information, education and services that addresses sexual and reproductive health and rights;
- We are concerned that most current services for youth living with HIV/AIDS (YLWHA) are inadequate, unfriendly, discriminatory, non-specific, and unaffordable; and
- We demand that HIV/AIDS be understood not as a moral and/or religious issue, but as a health issue exacerbated by social, cultural, political and economic concerns.

Recommendations:

- 1) Information, education and services must include evidence-based, comprehensive prevention including access to male and female condoms; voluntary and confidential counseling and testing; treatment, support and care; and harm reduction including clean needle exchange;
- 2) Services must acknowledge the diversity of young people who are a heterogeneous group, including YLWHA, LGBTQI people, injecting drug users, sex workers, and others; and
- 3) Treatment must be promoted effectively among young people. Services— delivered by health care providers who are sensitized to youth needs— must be made affordable and accessible.

II. Overcoming Youth Marginalisation to Achieve Equal Partnership

Concerns:

- We recognize that despite DoC targets, youth are not respected as equal partners, resulting in a disproportionate lack of resources for us across all HIV/AIDS issue areas; and
- Youth are not prioritized as a particularly vulnerable group despite the large number of young people living with HIV/AIDS and being infected each year; therefore, we are isolated from decision-making processes that affect us, including prevention, treatment and care programs.

Recommendations:

- 1) Recognize our right to participate as full partners, the important role of young people in issues that affect us, and our contribution in addressing those issues; and
- 2) Involve young people, especially YLWHA, as full and equal partners in designing HIV/AIDS national and international programming, including monitoring and evaluation processes.

III. Lack of Commitment and Resources

Concerns:

- There is a lack of government commitment for youth-related HIV/AIDS issues, programmes, and organisations;
- Globally, there is not enough funding for HIV/AIDS awareness, prevention and treatment; of the funds available, not enough is allocated to youth; and
- There is a lack of collaboration between government and civil society on issues concerning youth and HIV/AIDS; furthermore, youth are rarely involved in the decision making process.

Recommendations:

- 1) Governments must increase their commitment and support for youth related HIV/AIDS issues organisations through media, and youth empowerment initiatives;
- 2) Globally, governments must increase funding in the fight against HIV/AIDS; furthermore, youth programming must receive an equitable proportion of funds available; and
- 3) As those most infected and affected by HIV/AIDS, youth must constitute at least 25% of decision making bodies concerning HIV/AIDS.

We, young people, are scaling up our efforts to end the spread of HIV/AIDS in our communities and countries. We know what programmes work best for us, and we reject the empowerment of ignorance about our sexual and reproductive health. Knowledge is power, and the best tool to protect ourselves from HIV infection. We demand that our efforts be enabled and acknowledged by our global, national, and local decision-makers, whom we call upon to **Keep the Promise**.

ⁱ According to the United Nations, youth are people between the ages 15-24. However, many nations define youth starting much younger and including people who are in their thirties. We recognize that the challenges that make youth disproportionately vulnerable to HIV infection span a greater age range than 15-24.

ⁱⁱ This message was created by the following young people attending a Youth Summit organized by the Global Youth Coalition on HIV/AIDS (www.youthaidscoalition.org) and Advocates for Youth (www.advocatesforyouth.org) prior to the UNGASS AIDS 2006 Review: Albert Manasyan, Armenia; Amr Awad, Egypt; Andrew Francis, Jamaica; Ariel González Galeano, Paraguay; Asma Bashir, Pakistan; Beth Pellettieri, USA; Carla Beache, Trinidad & Tobago; Carmen Jule, USA; Constance Walyaro, Kenya; Cyndi Fuss, Canada; Deidre Young, USA; Dikitso Letshwiti, Botswana; Dion Winchester, Trinidad & Tobago; Edford Mutuma, Zambia; Edward Charles, Guyana; Femi Aina Fasinu, Nigeria; Haben Fecadu, USA; Healy Thompson, USA; Himakshi Piplani, India; Incia Khan, Pakistan/Canada; Izelia Dolobo, USA; Jerry Mendes, Mozambique; José Guillen, Venezuela; Johnny Guaylupo, USA; Joya Banerjee, USA; Julie Coultas, Canada; Kathy Wollner, USA; Keesha Effs, Jamaica; Kiran Khandwala, Pakistan; Kuntal Krishan, India, Laura Hawks, USA; Luis Davila Ortega, Venezuela; Mara Kardas-Nelson, USA; Mark Hiew, Australia/USA; Mayowa Joel, Nigeria; Meheret Melles, USA; Mila Gorokhovich, Ukraine/USA; Mwansa Njelesani, Zambia/Canada; Nino Susanto, Indonesia; Tabris Morissette, Perú; Poonam Pai, India; Prescott Loveland, USA; Ramy Nasr, Egypt; Ricardo Baruch, Mexico; Robyn Johnston, South Africa/Canada; Rose Koenders, The Netherlands; Sarah Audelo, USA; Sarah Ganter, Germany; Sonika Lal, Canada; Shelby Knox, USA; Tsutomu Nemoto, Japan; Tsholofelo Seitshiro, Botswana; Victor Bernhardt, Sweden; Whitney Sogol, USA