



in focus

Civil Society Perspectives on the 2011 HIV/AIDS HLM
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YOUNG PEOPLE & The 2011 Political Declaration on HIV/AIDS

In the run-up to the June 2011 High-Level Meeting, numerous events took place, through democratic means, to facilitate transparent and meaningful involvement of young people and young key affected population (YKAP) to ensure that their voices and those of other diverse actors would be reflected in the HLM outcome document. Specifically, in Asia Pacific, YKAP became recognized as one of the key actors in the HIV response through their relentless efforts to voice their issues, in harmonious coordination with their adult partners, at important events such as the March 2011 Universal Access (UA) regional consultation in Bangkok, the Mali Youth Summit on HIV/AIDS, and other significant engagement on the UA Advisory Board, Global Commission on HIV and Law, and youth events at the HLM. But, regrettably, these efforts could not penetrate the highly secured 'wall' surrounding the HLM negotiation process.

This issue of "InFocus" assesses the 2011 Political Declaration through the perspective of young people and YKAP, and evaluates the impact it has on them. YKAP include young people living with HIV and AIDS, young people who use drugs, young sex workers, young transgender people, and young men who have sex with men.

Of the 105 paragraphs, 'young people' are spelt out in only nine paragraphs, all of which, directly and indirectly, address and raise different perceived needs and issues affecting young people and YKAP. Although the Declaration made a reference to young people with high risk towards HIV, nowhere does it specifically mention 'young key affected population.'

in a nutshell

The nine paragraphs that mention 'young people' are:

- Paragraph 25 identifies the problems faced by young people and the need to address them.
- Paragraph 26 mentions the potential threat of drug use to the well-being of young people.
- Paragraph 27 calls for the equitable distribution of prevention activities among the high-risk groups including young people.
- Paragraph 43 reaffirms the role of the family in reducing vulnerability of young people to HIV through ensuring access to education and safe and secure environments, and involving young people in planning, implementing and evaluating HIV and AIDS prevention programmes.
- Paragraph 56 commits to develop the leadership of young people, including those living with HIV, for greater involvement in the response to HIV epidemic.
- Paragraph 59 commits to harness energy of young people to help lead global HIV awareness and to exploit the potential of new modes of connection and communication.
- Paragraph 60 commits to ensure financial resources for evidence-based prevention measures, with special attention paid to vulnerable population groups including young people.
- Paragraph 68 commits to increased treatment support to adolescents to facilitate healthy transition to the youth stage.
- Paragraph 83 commits to the protection and promotion of the human rights of young people living with HIV and others at risk to defend against stigma and discrimination

unpacking key paragraphs

Recognition of young people as an important actor of the HIV response (Para. 25)

Paragraph 25 rationalizes the need to mainstream issues of young people by providing these insights:

- Young people aged 15 to 24 account for more than one-third of all new HIV infections globally.
- Most young people still have limited access to services, resources and facilities to maintain good quality of life as well as to sexual and reproductive health (SRH) programmes that provide information, skills, services and commodities they need to protect themselves.
- Only 34% possess accurate knowledge of HIV.
- Laws and policies in some instances exclude young people from accessing sexual healthcare and HIV-related services.
- Recognizes the importance of reducing risk-taking behaviour, and encourages responsible sexual behaviour, including abstinence, fidelity and correct and consistent use of condoms.

Around 95% of HIV infections in young people are from YKAP, not only from their risky behaviours but also from a lack of programmes to address them. In this analysis, we feel that there is inadequate recognition of YKAP. 'One size does not fit all' – the voice of YKAP and a key advocacy message of young people during the HLM – has just been ignored.

It is not only sexual behaviour, but also injecting drug use that increases risk for millions of young people. The message about

condom use might not work in situation of poverty where young girls are in sex work or are married at an early age and cannot challenge the husband to use condoms. Paragraph 25 does not appreciate the issue of poverty and culture in developing and under-developed nations which has highly fueled the HIV epidemic among young people.

Develop the leadership of young people, including those living with HIV, for better response (Para. 56)

Developing leadership of young people as a means to improve the HIV response and attain the MDGs is rightly recognized at the global level. Key processes going towards the 2011 June HLM that involved young people such as the UA regional consultation in Bangkok and the Mali Youth Summit, were specifically designed to exercise the participation of, by and for young people and YKAP. Every process leading to the 2011 HLM saw the intense engagement of young people and YKAP.

But the final outcome document from the HLM was very disappointing to young people and YKAP. The negotiations in New York were a closed-door process, prompting some civil society advocates to say it was a violation of their right to speech. The motivated youth leadership was only allowed to express at the youth summit and side events which, in reality had very limited or no influence on the entire negotiation process.

The youth leadership initiated by the YKAP and its advocates during the earlier UA consultation and Mali Youth Summit could

not find encouraging incentives from the final HLM outcome document. Firstly, there was no differentiation between different groups of young people, again using the 'One size fits all' approach. Secondly, YKAP was not recognized separately from the larger KAP despite having different needs and behaviours.

So, as long as they are not brought to the realm of decision-making and leadership, the crucial issues will be neglected or ignored, and nothing substantial will be developed to halt the rising infections amongst YKAP.

Involve young people in the accelerating prevention strategies (Paras 27, 56, 59, 60)

Paragraph 27 states that only 33% of countries have prevalence targets for young people, highlighting that prevention strategies should be focused on them. Although the paragraph does not mention the term 'YKAP', it rightly points out the urgent need of prevention strategies for young people. From an economic perspective, prevention for young people is cost-effective in the long term as seen in reduction in future need for treatment. At the same time, the rights of young people and YKAP in accessing basic facilities like testing and counseling, clean syringes, condoms and correct information must be respected.

Paragraph 59 is inter-linked to paragraph 56 to develop and engage the leadership of young people to lead the prevention revolution. It is rightly pointed out in these two lines:

- harnessing the energy of young people in helping to lead global HIV awareness.
- ensuring that all people, particularly young people, have the means to exploit the potential of new modes of connection and communication.

Mere HIV awareness with correct information might not be enough for YKAP to prevent infection but rather they need access to facilities and services; interlinked issues of poverty, culture and geography should be addressed. For instance, in the absence of access to clean syringes the young IDUs are very vulnerable to HIV infection in spite of their knowledge of transmission. The young female sex workers might not be able to resist violent clients or get lured with higher payment for unsafe sex although they might already have the necessary knowledge.

The ability to control access and resources plays a vital role in prevention programmes. Young married girls in South Asia will not be able to convince or persuade their migrant-worker husbands to use condoms. In Asia Pacific, more than 80% of infections among young women are through husbands. So, the awareness modality for young people, especially YKAP, should have a broader perspective.

Treatment support for adolescents (Para. 68)

Paragraph 68 is devoted to children and adolescents living with HIV, another area of immense need today as more are getting infected through vertical transmission. This

commitment can secure the future of millions of children and adolescents living with HIV. This paragraph stresses on financial, social and moral support for the parents or caretakers of these children. Especially in developing countries where one or both parents are infected, children and adolescents can become orphans and may be staying with relatives or in foster homes. Such support can enhance the efficient transition of childhood to adolescent to youth.

Paragraph 68 clearly states that young people and children living with HIV require support such as prophylaxis, treatment for opportunistic infections and improved access to appropriate treatment and counseling services.

Protection and promotion of the human rights of the young people (Paras. 25, 38, 39, 83)

Paragraph 83 is an affirmation of the commitment to fulfill obligations to promote universal respect for and the observance and protection of all human rights and fundamental freedoms of all people in accordance with the Charter of the United Nations (para 38), and that the full realization of these is an essential element in the global response to the HIV epidemic particularly in addressing stigma and discrimination (para 39).

In many instances, laws and policies exclude young people from accessing sexual health-care and HIV-related services (para 25). Therefore, paragraph 83 should be expanded to address amendment of existing discriminatory laws and policies.

Likewise, emphasis to address eliminating if not amending punitive laws affecting the access of YKAP to HIV education, services including voluntary counseling and testing, and treatment should be included. Installing age-appropriate and gender-responsive HIV-programming must be specified and enforced. Further, social protection to end violence among YKAP must be addressed.

Mali Youth Summit Call to Action: New Leadership for the HIV Response

1. Secure resources and funding to support new youth leadership for a sustainable HIV response.
2. Protect and promote human rights to eliminate stigma and discrimination from legal frameworks.
3. Deliver HIV information and services that meet the diverse needs of young key affected populations.

We accept the responsibility we have as young leaders and pledge to hold ourselves accountable to the same degree that we will hold you accountable.

Making Use of the Political Declaration

- Empower young people and YKAP at the country level to take ownership of the HIV response.
- Support stronger partnerships between YKAP and the HIV response.
- Achieve Universal Access to ALL HIV prevention technologies.
- Acknowledge and respond to the diversity of young people.
- Address legal, policy and social barriers faced by YKAP beyond prevention, treatment, care and support needs.
- Include focused programming for specific youth populations most affected by HIV – not just generalized programming for the country's "youth."
- Support integrated funding of sexual and reproductive health and HIV interventions for young people.
- Ensure that the socio-economic needs of young people living with HIV are addressed, including the availability and sustainability of ARVs and treatment options.

Young people and YKAP are very eager to take ownership and leadership of the HIV response for their communities. However, we were left dumbfounded when the Declaration fell short in addressing YKAP issues as discussed in pages 2-3. Prevention strategies should address different risk scenarios and/or behaviours specific to young people and YKAP, and be age- and gender-responsive to be effective.

We believe that world leaders have to make a commitment towards us as we are the future of the HIV epidemic. Firstly, they should hear our voices and listen to us. Secondly, they should recognize us as a distinct community with rights, specific needs and specific issues. Young people and YKAP should neither be lumped under different 'umbrella' population groups of KAPs nor be regarded as 'general' young people.

World leaders must understand our issues and rally with us in claiming our rights as stipulated in the 2011 Political Declaration. After all, we do not want our future young generations to be questioning like we do now or further be affected by HIV and AIDS. The recognition of YKAP and our issues need to happen now along with better targeted services, programmes and education for us. We are committed and certain that we will achieve the UN's Three Zeroes by 2015, as long as world leaders acknowledge, involve, listen and respond to us as YKAP.

Youth LEAD (Youth Leadership, Education, Advocacy and Development) was initiated as a 7 Sisters project but has now transformed into a growing network of young key affected populations from the Asia Pacific region who demonstrate leadership roles in their communities. Currently operating in 17 countries through national focal points, Youth LEAD aims to develop leadership among young key affected population (YKAP) and improve young people's involvement in community, national and regional HIV programming processes and advocacy.

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The **Asia Pacific Council of AIDS Service Organizations (APCASO)** is a civil society network of non-governmental (NGOs) and community based organisations (CBOs) that provide HIV and AIDS services within the Asia and Pacific region.

We support and promote the role of CBOs and NGOs in their responses to HIV and AIDS, particularly those representing communities most affected by the pandemic, namely people living with HIV, sex workers, people who use drugs, men who have sex with men, transgender people, migrant and mobile populations, young people and women.

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