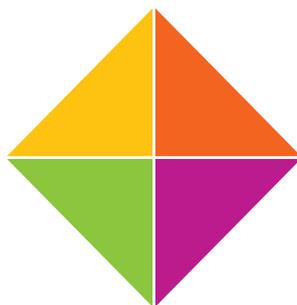


Post-2015 Negotiation Briefs #3: Youth and HIV



Introduction

Since the beginning of the HIV/AIDS epidemic, nearly 78 million people have been infected with the HIV virus and about 39 million have died of HIV. At the end of 2013, there were 35 million people living with HIV globally.¹ Of these, 2.1 million were adolescents aged 10-19 the majority (56%) of which are adolescent girls. In 2012, adolescents and young people accounted for 39% of all new infections.² Adolescence is a period of experimentation and new experiences. Many individuals begin to explore their sexuality at this time. However, adolescence is also a period of vulnerability and as a result, access to age appropriate sexual and reproductive information and services is important. Many of the activities individuals engage in during adolescence are high risk and increase the chances of acquiring HIV. Research also shows about 66% of young people lack comprehensive knowledge of HIV.³ Lack of knowledge on HIV and an increase in high-risk behaviour leaves adolescents more susceptible to acquiring HIV.

Young key affected populations who include young men who have sex with men, adolescent drug users, young transgender persons, and young people who buy and sell sex are at a significantly higher risk for HIV infection due to stigma, discrimination, and unmet needs for prevention education. Gender disparities also play a role in terms of HIV prevalence among adolescents and youth. In Swaziland where adult prevalence is highest in the world, prevalence is

low among young children but begins to increase among adolescents girls aged 15-19 who are 5 times more likely than boys of the same age to acquire HIV. About 40% of young women are HIV positive by age 20-24. This number rises to about 50% by age 25-29.⁴ Young people continue to face social and systemic barriers that also increase their risk of HIV.⁵

In the last 14 years we have witnessed the success of having an HIV specific target in the global fight against HIV/AIDS. Target 6A of the MDGs states *“have halted by 2015 and begun to reverse the spread of HIV/AIDS.”* We have met this target. HIV incidence in most regions is declining with the number of new HIV infections having dropped 33% from 2001 to 2012. Additionally, 9.7 million people living with HIV were accessing treatment in 2012 compared to a little over 8.1 million in 2011 - an increase of 1.6 million in one year.⁶ Despite the great strides made thus far, adolescents remain the only group in which AIDS related mortality continues to increase. Between 2005 and 2012 HIV mortality among adolescents increased by about 50% compared to the 32% decrease among all other age groups during the same period.⁷ This is in part due to the poor prioritization of adolescents in national HIV plans and strategies and a lack of adequate services directed toward adolescents and young people. For this reason, we stress the need to collect more data on adolescents aged 10-14 by DHS in order to better address their needs in the context of the AIDS response. The use of data is beneficial in scaling up evidence informed and youth friendly services for adolescents and youth, especially young key populations and young people living with and affected by HIV. Aside from being a serious public health crisis globally, HIV mortality and morbidity hinders growth and assists in the perpetuation of poverty in impacted communities.

HIV in UN and Regional Agreements

Various conventions/declarations include language pertinent to youth and HIV. These documents mention the importance of providing information, education, health services, addressing vulnerabilities, and recognizing human rights.

One of the key messages from the 2013 UNAIDS Programme Coordinating Board states:

“Create enabling social and legal environments for adolescent and youth HIV programmes, including programmes for young key populations and programmes to prevent gender-based violence while addressing harmful gender norms, and consider revising, where

appropriate, age- and sex related restrictions that prevent adolescents and young women and men from accessing effective HIV prevention, treatment and care, as well as sexual and reproductive health services”.⁸

Addressing the human rights of those living with and at risk for HIV is an integral part of the HIV response. Article 83 of the 2011 political declaration on HIV and AIDS states:

“Commit to promoting laws and policies that ensure the full realization of all human rights and fundamental freedoms for young people, particularly those living with HIV and those at higher risk of HIV infection, so as to eliminate the stigma and discrimination they face”.⁹

The 1994 International Conference on Population and Development (ICPD) highlights in action 6.15 the importance of engaging youth in addressing issues that impact their daily lives, including HIV/AIDS:

“Youth should be actively involved in the planning, implementation and evaluation of development activities that have a direct impact on their daily lives. This is especially important with respect to information, education and communication activities and services concerning reproductive and sexual health, including the prevention of early pregnancies, sex education and the prevention of HIV/AIDS and other sexually transmitted diseases”.¹⁰

Article 16 of the 2006 African Youth Charter states:

“State Parties shall secure the full involvement of youth in identifying their reproductive and health needs and designing programmes that respond to these needs with special attention to vulnerable and disadvantaged youth”.¹¹

The recognition of human rights is fundamental in the HIV response and as such should not be ignored in the response. Annex 11 of the 2006 High-Level Meeting on AIDS mentions:

“...Reaffirm that the full realization of all human rights and fundamental freedoms for all is an essential element in the global response to the HIV/AIDS pandemic, including in the areas of prevention, treatment, care and support, and recognize that addressing stigma and discrimination is also a critical element in combating the global HIV/AIDS pandemic”.¹²

HIV in Post-2015 Negotiations

Despite the progress made in the last 30 years, HIV continues to remain a public health issue that affects millions around the world. Seeing an end to AIDS and a rapid decline in HIV infections thus remains a global priority. As such various movements and groups active in the post-2015 process have been advocating for the inclusion of HIV in documents developed within the UN. The Rio+20 outcome document highlights the importance of addressing the global HIV epidemic when it states, *“we emphasize that HIV and AIDS, malaria, tuberculosis, influenza, polio and other communicable diseases remain serious global concerns, and we commit to redouble efforts to achieve universal access to HIV prevention, treatment, care and support, and to eliminate mother-to-child transmission of HIV, as well as to renewing and strengthening the fight against malaria, tuberculosis and neglected tropical diseases”*.¹³

SDG Goal 3 proposed by the OWG includes Target 3.3:

“By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical disease and combat hepatitis, water-borne diseases, and other communicable diseases”.¹⁴

The Secretary-General’s synthesis report states that *“The agenda must address universal health-care coverage, access and affordability; end preventable maternal, new-born and child deaths and malnutrition; ensure the availability of essential medicines; realize women’s reproductive health and rights; ensure immunization coverage; eradicate malaria and realize the vision of a future free of AIDS and tuberculosis”*.¹⁵

Addressing the global HIV epidemic is important in achieving better health outcomes for all. While HIV has been mentioned in many documents, it is important to continue to highlight the issues that hinder an effective global HIV response and the important role youth play in the response, particularly youth from key affected populations. For continued success in the AIDS response, we must ensure the inclusion of youth from key affected populations in the sustainable development goals.

Youth Positions on HIV

The first phase of ACT!2015, an initiative of The PACT¹⁶, included holding community dialogues with young people from around the world. 199 community dialogues

were held and registered on crowdoutaids.org. An analysis of 44 of the dialogue reports showed that HIV is mentioned in the top 5 youth advocacy priorities:

4. Create space for young people's realities, knowledge and needs to shape policy and programme through meaningful youth participation in the AIDS response.
5. Get real about addressing stigma and discrimination faced by YPLHIV in the community, health care, education and the workplace.

The document 'Investing in Youth and Adolescents is central to sustainable development', written by the International Federation of Medical Students' Associations (IFMSA), highlights advocacy priorities relevant to youth. In the context of HIV, the document states that the increased incidences of HIV among youth and adolescents should be recognized, universal access to testing and treatment for HIV should be ensured and the quality and access of services should be improved.¹⁷

The Global Youth Call, based on the thematic priorities of young people who voted in the MyWorld2015 survey includes a call to "ensure universal access to sexual and reproductive health, reproductive rights and HIV services, and modern methods of contraceptives, with a particular focus on adolescent girls".¹⁸ Youth organizations acknowledge that the rights, including sexual health and reproductive rights, of young people living with HIV have been violated since the beginning of the epidemic. The rights of those living with HIV are important in the global HIV response and should therefore be recognized and upheld in the post-2015 development agenda.¹⁹

Resources

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- × *Girl Power: The Impact of Girl's Education on HIV and Sexual Behaviour*, Action Aid International. www.actionaid.org.uk/sites/default/files/doc_lib/girl_power_2006.pdf

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Footnotes

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13. *The Future We Want*, 2012.
14. *Proposal of the Open Working Group for Sustainable Development Goals*, 2014.
15. *The Road to Dignity by 2030: Ending Poverty, Transforming All Lives and Protecting the Planet*, 2014.
16. The PACT is a coalition of 26 youth-led and youth-serving organizations with a vision to create solidarity to work strategically and collaboratively in the

HIV response towards ensuring the health, well-being and human rights of all young people.

17. PMNCH/IFMSA/YPEER. *Investing in Youth and Adolescents is Central for Sustainable Development*. PMNCH/IFMSA/YPEER, 2014.

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