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OUR VOICE, OUR FUTURE

YOUNG PEOPLE REPORT
ON PROGRESS MADE ON
THE UNGASS DECLARATION OF
COMMITMENT ON HIV/AIDS

UNFPA, the United Nations Population Fund, is the world's largest multilateral organisation providing population assistance. By supporting projects like the Youth UNGASS Report, the Fund contributes to improving and increasing young people's ability to protect themselves from, and reduce their vulnerability to, HIV infection.

The views and opinions expressed in this publication do not necessarily reflect those of the United Nations Population Fund (UNFPA).

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i Preface

HIV/AIDS is one of the greatest challenges facing the world today. We, young people, remain at the centre of the epidemic in terms of transmission, vulnerability, impact, and potential for change. Our generation has not known a world without AIDS.

The Declaration of Commitment (DoC) on HIV/AIDS, adopted by the Member States at the United Nations General Assembly Special Session on HIV/AIDS in June 2001, reflects global recognition of the pandemic as the single greatest threat to the well-being of future generations. It establishes, for the first time ever, time-bound targets to which governments and the United Nations may be held accountable. Most importantly, the Declaration recognizes young people's particular vulnerability to HIV infection and gives direction to governments on how to effectively address the HIV/AIDS pandemic among us.

In publishing this report, UNFPA gives voice to young people from 12 countries around the world. Four years into the implementation of the DoC, we are reporting on our government's achievements in addressing the AIDS pandemic among young people. Based on our own experiences, we have also highlighted shortfalls and challenges in the process, and have made specific recommendations to ensure that the targets set out in the DoC on HIV/AIDS are achieved.

We recommend that:

- > Governments address the needs of young people in their National AIDS Programmes and Policies and in their National Youth Policies;
- > Governments scale up funding for programmes that work with and for young people on HIV/AIDS, especially with youth-driven initiatives;
- > Governments increase coverage of comprehensive youth-friendly information and services – including life skills-based education, voluntary and confidential counseling and testing, and condoms;
- > Governments work in full partnership with young people and youth-driven initiatives on HIV/AIDS policy-making and programme design, implementation, and evaluation.

In addition, we recognize our own responsibility in fighting the spread of the pandemic. The young authors of this report are driving grassroots initiatives in our own countries and are expanding the network of young people committed to working in partnership with our governments and civil society to reduce the vulnerability and risk behaviours of our peers. We ask to be heard and to be involved.

Young people are a crucial component in the effective response to HIV and AIDS. We ask to be regarded as assets, not as liabilities; our diverse voices need to be heard and our talents cultivated so we can be instruments for change. Including young people in the development process of our communities allows us to exercise a fundamental human right and is essential to the development of successful policies and interventions. We therefore urge you to pay heed to our findings and listen to our voices and concerns to help ensure that current and future generations of young people can lead lives free of HIV and AIDS. Let us work together to overcome the challenges that lie ahead.

Joya Banerjee, Sunita Grote, and young people of the Global Youth Coalition on HIV/AIDS and Global Youth Partners

ii Acknowledgements

This report has been researched and written by young people from the Global Youth Coalition on HIV/AIDS and Global Youth Partners.

The Global Youth Coalition on HIV/AIDS (GYCA) is a youth-managed alliance of 600 youth leaders and adult allies in HIV/AIDS representing over 70 countries. GYCA's work is guided by four priorities: I) Technical assistance and capacity building of young people working in the area of HIV/AIDS; II) Increasing political will and commitment through advocacy training; III) Networking and sharing of best practices; and IV) Preparing youth for international conferences. GYCA is supported financially by UNFPA and UNAIDS.

Global Youth Partners (GYP) is a UNFPA implemented youth-adult partnership initiative, and aims to rally partners and stakeholders to increase investment and strengthen commitments for preventing HIV infections among young people, especially among under-served youth. GYP is building capacity of GYP team members, learning lessons from successful advocacy campaigns and building partnerships and collaborative networks with other youth initiatives, including youth-adult partnerships. In the foreground of the initiative stands the development, implementation and monitoring of national strategic advocacy action plans in seven countries.

Authors, researchers, and research team leaders include:

Bangladesh

Sanjoy Kumar Chowdhury

Cameroon

Tcharbuahbokengo Nfinn

Dominican Republic

Elisabet Fadul

Egypt

Ahmed Malah

Sami Shawer

Ghana

Etse Sikanku

India

Arindam Roy

Kenya

Jacqueline Kowa

John Paul Munene

Patrick Wanje

Peris Wakesho

Nigeria

Michael Akanji

Okoro Onyebuchi Desmond

Eunice Aghete

Pakistan

Pervaiz Tufail

Perú

César Augusto Ugarte Gil

Sudan

Ameer ELnager

Batoul ELsir

Waleed Osman

Miriam Mohjoub

Somua Mohjoub

Zambia

Amos Mwale

Wala N. Nalungwe

This report was compiled from the individual country reports by Joya Banerjee and Sunita Grote. Additional research and support was provided by young people of the Global Youth Action Network: Michelle Morse, Lauren Nussbaum, Logan Wallace, and Luis Davila Ortega. The report was reviewed by a young person living with HIV, Kingsley Essomeonu, from the Society for Adolescents and Youth International, Nigeria.

iii Glossary of Terms and Acronyms

AIDS	Acquired immune deficiency syndrome
ASRH	Adolescent sexual and reproductive health
DoC	Declaration of Commitment
GIPA	Greater involvement of people living with HIV and AIDS
HIV	Human immuno-deficiency virus
IDU	Injecting drug use
IEC	Information, education, and communication
MDGs	Millennium Development Goals
NAP	National AIDS Programme
PLWHA	People living with HIV and AIDS
RH	Reproductive health
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UN	United Nations
VCT(S)	Voluntary counselling and testing (centre)
YLWHA	Youth living with HIV and AIDS

Life skills: This term refers to a large group of psycho-social and interpersonal skills which help people make informed decisions, communicate effectively, and develop coping and self-management skills to lead a healthy and productive life. Life skills may be directed at individual or group behaviours, as well as actions to change the surrounding environment to make it conducive to healthy living.

Life skills-based education (LSBE): LSBE refers to an interactive process of teaching and learning which enables learners to acquire knowledge and develop attitudes and skills which support the adoption of healthy behaviours. Not all programme content is considered "health-related." For example, life skills-based literacy and numeracy, life skills-based peace education, and/or human rights education.

Multi-sectoral approach to HIV/AIDS: This involves all sectors of society - governments, business, civil society organisations, communities and people living with HIV and AIDS, at all levels - in addressing the causes and impact of the HIV/AIDS pandemic.

Peer education: Peer education is the process whereby well-trained and motivated young people undertake informal or organised educational activities with their peers over a period of time, aimed at developing their knowledge, attitudes, beliefs and skills and enabling them to be responsible for and protect their own health.

Youth and Young People: According to the United Nations, youth are people between the ages 15-24. However, many nations define youth as up to age 30. In this report, unless specifically stated, "youth" or "young people" refers to people between ages 15-30.

Youth-friendly health services: Youth-friendly health services offer young people confidential and comprehensive reproductive health information and services including condoms and voluntary, confidential counseling and testing for HIV. Providers are friendly and accessible and do not make judgments on young people's choices. Services are free or inexpensive, and locations and hours of operation are convenient for young people's schedules.

1 Introduction

On 25-27 June 2001, heads of State and government representatives met for the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), which resulted in the issuance of the Declaration of Commitment on HIV/AIDS (DoC). The DoC outlines what governments have pledged to achieve– through international, regional and country-level partnerships and with the support of civil society– to halt and begin to reverse the spread of the HIV/AIDS pandemic. The DoC is not a legally binding document; however, it is a clear statement by governments concerning what should be done to fight the spread of HIV/AIDS and what countries have committed to doing, with specific time-bound targets¹.

The DoC is unique because it recognized the **specific vulnerability of young people**² to HIV and AIDS and established time-bound targets for action:

(Paragraph 37)

By 2003, ensure the development and implementation of multi-sectoral national strategies and financing plans for combating HIV/AIDS that (...) involve partnerships with civil society and the business sector and 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:

- > Which recognize the importance of the family in reducing vulnerability, in educating and guiding children and take account of cultural, religious and ethical factors,
- > 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.

As part of the monitoring process of the DoC, progress made towards attaining the targets will be reviewed at the UN General Assembly in New York on June 2, 2005. The participation of young people in this review process is critical and this report strives to ensure their voices are heard.

Methodology

To ensure that the voices and concerns of young people are included in the monitoring process of the UNGASS DoC, young people from 12 countries around the world reported on the progress made towards achieving the UNGASS targets related to young people in their countries. Country reports were then synthesized into this single document by young people at UNFPA Headquarters, and revised by adult allies. The youth researchers and writers involved in these reports are members of the Global Youth Coalition on HIV/AIDS and the Global Youth Partners Initiative.³

To ensure that all of the country reports addressed the same issues, a guide was developed by young people with the technical assistance of UNFPA to assist youth researchers in gathering information and reporting on their country's progress.⁴ A number of questions, based on the indicators suggested by the UNAIDS "*National AIDS Programmes - A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programmes for young people*",⁵ were suggested to guide their research. Members of the Global Youth Partners Initiative actively contributed to the development of the research tool through an interactive e-discussion. Data collection and analysis focused on four main indicators:

- 1 Political Commitment
- 2 Financial Commitment
- 3 Access to Information Services
- 4 Youth Participation

Young people used a range of methods to conduct their research and collect relevant information. They gathered inputs from young people, including young people living with HIV and AIDS (YLWHA) in their countries through focus group discussions, in-depth interviews and workshops. Young people were asked to make recommendations for strategies to ensure that their country would achieve the UNGASS targets for young people. This qualitative information was supplemented by reviews of national policies, laws and documents, as well as academic literature. Young people also consulted representatives from national and local governments and national AIDS programmes, as well as various stakeholders such as service providers, representatives from NGOs, international and bilateral organisations. The final report was reviewed by young people, including YLWHA, and adult allies.

Why focus on young people?

Over half of all new infections worldwide each year are among young people between the ages of 15 and 24. Every day, more than 5,000 young people become infected with HIV – more than five every minute. Yet the needs of the world's over one billion young people are often ignored when strategies on HIV/AIDS are drafted. policies developed.



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