Photo: Sarath Perera

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.*

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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 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.

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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 targets[1].

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

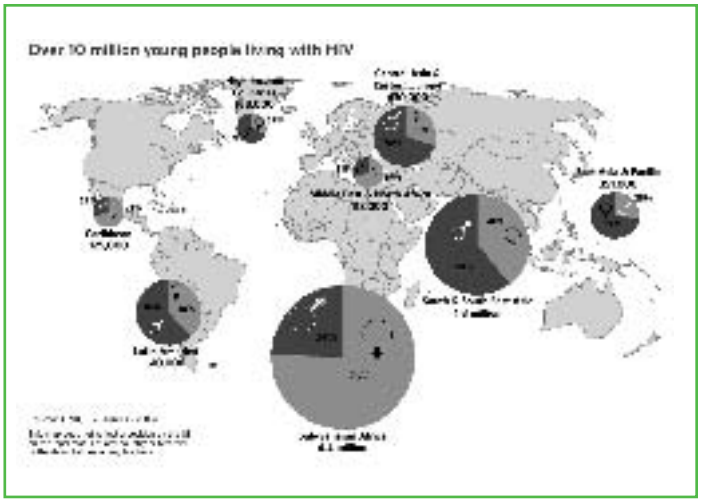
Young people used a range of methods to conduct their research and collect relevant information. They gathered inputs from young people, including young people living with HIV and AIDS (YLWHA) in their countries through focus group discussions, in-depth interviews and workshops. Young people were asked 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, and budgets allocated. This is especially tragic as young people are more likely than adults to adopt and maintain safe behaviours.[6] Young people are vulnerable to HIV infection because they lack the crucial information, education, and services to protect themselves.

The 2001 United Nations General Assembly Special Session on HIV/AIDS noted, "poverty, under-development and illiteracy are among the principal contributing factors to the spread of HIV/AIDS". These factors are particularly poignant for young people who are so often voiceless and powerless in society. Young people are in a transitional phase between childhood and adulthood, and are rarely taken into account in official statistics, policies, and programmes.

Young people's research for this report shows that in resource-constrained areas young people rarely benefit from HIV prevention campaigns. Messages are not targeted toward them or they do not have access to TV, radio, or the Internet. In addition, UNESCO estimates that 57 million young men and 96 million young women are illiterate worldwide[7], greatly reducing the chances that HIV prevention messages in print will reach those most at risk of infection.



Young people are often hardest hit by poverty because of powerlessness, lack of education, skills, and experience, and because their specific needs are often ignored by governments. Fifteen percent of young people (209 million) live on less than $1 a day and 45% of young people (515 million) live on less than $2 a day.[8] In addition, ILO reports that young people constitute half of the world's jobless, or 88 billion people.[9] This means that the majority of young people cannot afford or easily access HIV prevention interventions, basic health care services, HIV voluntary counseling and testing, reproductive health services, condoms, or antiretroviral therapy (ART). Poverty drives young people toward risk behaviours such as sex work and injecting drug use. Youth living in conflict situations and youth who are part of internally displaced populations are further at risk due to a lack of reproductive health services, unmet basic human needs, rape as a weapon of war, and the high prevalence of violence against women.

Young women are particularly at risk, representing 62% of YLWHA.[10] Biologically, women are more than three times more vulnerable to HIV infection than men.[11] Moreover, poverty, gender inequality, and sociocultural taboos work together to increase young women's vulnerability. Because sexuality is a controversial topic in most cultures, young women are denied education about their bodies, reproductive health, and sexually transmitted infections (STIs) such as HIV. Common prevention strategies ignore the inability of young women to negotiate with their partners on abstinence, monogamy, or condom use. Millions of young women's first intercourse is marked with violence, force and coercion and is unlikely to occur with the protection of condoms.

Most young people feel infallible to HIV and AIDS and do not believe they are at risk. When they do feel at risk, many young people do not know how to protect themselves from transmission, where to get tested for HIV, or what support systems exist if they are living with HIV and AIDS and/or caring for ill family members.

The UNGASS DoC recognizes the specific vulnerability of young people and the diverse root causes of risk behaviour. The DoC recommends specific action on the part of governments to scale-up services and reduce the spread of HIV/AIDS among young people. In order to effectively reach those at the epicentre of the pandemic, young people recommend that governments should better coordinate between Ministries and with civil society and NGOs, and significantly increase youth participation at all levels of HIV/AIDS programming.

Paragraph 47 of the DoC commits to reducing HIV prevalence among young men and women aged 15-24 by 25 per cent by 2005. Paragraph 53 commits to ensuring that by 2005, 90 per cent of young men and women have access to the information, education, and services necessary to reducing their vulnerability to HIV infection. Data from the twelve countries researched in this report shows that governments must rapidly scale-up HIV/AIDS interventions if they are to meet these targets by 2005.

Young People Need:

> **Information** - Young people have the right to know about HIV and AIDS and how to protect themselves. It is important to provide this information to young people, both in and out of school and ideally before they become sexually active and/or use drugs. The full range of prevention options must be given for young people, covering the diversity of their sexual and substance abuse-related behaviours. A combination behavioural change approach includes encouragement of delay in sexual debut, reduction in the number of sexual partners, and correct and consistent condom use.

> **Skills** - Life skills-based HIV/AIDS information and education enable young people to make empowered choices and decisions about their health. It is important that these skills focus not just on developing healthy lifestyles, but also on sexual health issues such as negotiating abstinence, monogamy, and condom use, and avoiding substance abuse.

> **Youth** - friendly health services - Providing young people with access to youth-friendly health services, such as voluntary counseling and treatment (VCT), early diagnosis and treatment of sexually transmitted infections and/or drug dependence, and anti-retroviral therapy is essential. Young people should also have access to preventive commodities, such as condoms (male and female) and clean needles and syringes.

> **Creating a safe and supportive environment** - In order to effectively receive the information, skills and services, young people need to be provided with an environment in which they are safe from harm, supported through caring and close relations with families, and have opportunities for individual development. Policies and social norms also influence young people's vulnerability to HIV.

Source: UNAIDS Inter-agency Task Team on Young People, 2004. "At the Crossroads: Accelerating Youth Access to HIV/AIDS Interventions."

HIV/AIDS Knowledge and Prevalence Among Young People aged 15-24

	Proportion of Population 15-24[a]	Women who know that a person can protect herself from HIV by consistent condom use[c]	Men who know that a person can protect himself from HIV by consistent condom use	HIV/AIDS Prevalence, 15-24, Lower Bound Women[b]	HIV/AIDS Prevalence, 15-24, Upper Bound Women [b]	HIV/AIDS Prevalence, 15-24, Lower Bound Men[b]	HIV/AIDS Prevalence, 15-24, Upper Bound Men[b]	Estimated HIV/AIDS Prevalence, 15-25, Total [b]
Bangladesh	20.4	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Cameroon	21.1	46	n/a	10.1	15.3	4.3	6.6	9.1
DR	20.1	73	n/a	2.2	3.3	1.7	2.5	2.4
Egypt	21	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ghana	21.7	70	n/a	2.1	3.9	1	1.8	2.2
India	19	62	63b	0.5	1	0.2	0.5	0.5
Kenya	24.2	52	n/a	12.5	18.7	4.8	7.2	10.8
Nigeria	20.5	n/a	n/a	4.7	7	2.4	3.6	4.4
Pakistan	20	n/a	n/a	0	0.1	0	0.1	0.1
Peru	19	34	n/a	0	0	0	1	0
Sudan	19/6	12	n/a	2	4.2	0.7	1.5	2.1
Zambia	21.8	59	69 c	16.8	25.2	6.5	9.7	14.5

a - Data from 2004 / b - Data from 2001 / c - Data from 2000
Source: Country Profiles for Population and Reproductive Health: Policy Developments and Indicators, 2004 update

2 Young People's Findings on the implementation progress of the DoC on HIV/AIDS

This section outlines young people's findings and recommendations regarding progress made towards the implementation of the DoC on HIV/AIDS. Young people focused their research on four main sets of indicators: Political Commitment, Financial Commitment, Access to Information Services, and Youth Participation. The main recommendations are summarized at the end of each section.[12]

2A: Political Commitment

No strategy to reduce the spread of HIV can be effective unless the rights of children and young people are protected and strongly defended. The DoC on HIV/AIDS recognizes this, and sets out clear targets to ensure that young people's needs are considered in the formulation of national strategic plans for HIV/AIDS. Policies provide the overall context for actions to reduce vulnerability to HIV among youth, reflect national commitment, and create the space for specific interventions to take place .

Finding 1:

Select decision makers have shown committed leadership to addressing the HIV/AIDS pandemic among young people

> *"HIV/AIDS requires leadership that is ready to go to the heart of the problem and is ready even to go against the stream of public opinion…"*
>
> — Shri Atal Behari Vajpayee, former Prime Minister of India, National Convention for Elected Representatives on HIV/AIDS, July 26, 2003

In most countries where major progress against HIV and AIDS was reported, strong political leadership is a central feature[13]. Youth researchers commended the increasing courage and commitment shown by specific politicians and decision-makers in speaking about the HIV/AIDS epidemic; however, more openness and committed leadership overall is needed when addressing young people's sexual and reproductive health including their vulnerability to HIV and recognizing their potential to be a strong driving force in the fight against the spread of the pandemic. Young people particularly highlighted the need to engage religious leaders as they can have a tremendous influence on shaping views and perceptions. Young people from several countries stated that lack of support from political leaders inhibits efforts to address the HIV/AIDS pandemic with the strength and commitment necessary to achieving the targets set out in the DoC. Courage and strong leadership are crucial to ensure that young people can lead fulfilled, healthy and safe lives, free of HIV and AIDS.

Finding 2:

Some countries have made young people a priority in their national strategic plans on HIV/AIDS

The DoC calls for the development and implementation of multi-sectoral, comprehensive national strategies for combating HIV/AIDS that will reduce the vulnerability of children and young people. Policies provide the overall context for actions to reduce vulnerability to HIV among young people, reflect national commitment, and create the space for specific interventions.[14] Young people from several countries reported that their countries had identified youth as a priority in their national AIDS strategies. For example, Cameroon has made youth a priority for its four areas of interventions: policy development, strengthening of institutions, service delivery and research.[15]

> Young people from the Dominican Republic highlighted the crucial role of mainstreaming youth issues into HIV/AIDS work and identified the creation of a strong coordinating body as an important step to ensure that HIV prevention among young people occurs through a multi-sectoral strategy.
>
> In 2000, the Dominican Republic developed a National Strategic Plan (NSP) on STI/HIV/AIDS 2000-2003, which led to the creation of COPRESIDA, the national coordinating body responsible for guaranteeing the application and implementation of the Plan. The NSP was the result of wide, multi-sectoral consultations with diverse representation from all segments of government, organised civil society and community-based organisations.
>
> **— Dominican Republic Country Report**

Finding 3:

Effective policies are multi-sectoral and address the root causes of young people's vulnerability

For an effective response to the HIV/AIDS pandemic among young people, all sectors of society, public and private, need to be mobilized to ensure a multi-sectoral response through carefully coordinated efforts.[16] Young people from several countries highlighted the importance of a multi-sectoral approach in the development of policies addressing HIV prevention for young people.


Photo: Sarath Perera

Young people from Pakistan recommended that a Youth Policy ensuring that the needs and rights of young people are met, should be based on consultation with various stakeholders, such as civil society, youth leaders, organisations and networks, the media and decision-makers. Further, youth policies would contribute to creating an enabling environment that gives young people the means and skills to protect themselves from HIV infection. In Zambia, young people suggested that the growing HIV rate among young people could be addressed by strengthening policies and programmes on income generating activities for youth. This would contribute to decreasing the chances of young people engaging in risky behaviour.

> Young people reported that a multi-sectoral response to HIV/AIDS has been adopted in Ghana by engaging the education sector as an active partner:
>
> "The education sector is peculiarly placed to have a significant impact on the success of campaigns aimed at preventing, controlling and mitigating the effects of the epidemic. [...] Schools are one of the most effective ways to sensitize children to the realities of the epidemic and to disseminate strategies for prevention and care. [...] The education sector could ensure that effective skills for social management, relevant attitudes and appropriate behavioural traits are picked up and inculcated from an early age."
>
> **— Source: The Role of the Education Sector - HIV/AIDS Strategic Framework developed by the Education Sector HIV/AIDS Task Force (ESHATF), Ghana**

Finding 4:

Young people need evidence-based, targeted information

Policies, as highlighted by young people in Pakistan, need to be based on scientific, reliable, and objective information and evidence of what works. Based on experience and evidence, young people identified several crucial components of a comprehensive approach to the promotion of sexual and reproductive health and HIV prevention among young people: promotion of HIV information, education and communication (IEC) materials for young people; the promotion of life-skills-based education in schools and for out-of-school youth, the provision of youth-friendly health services; and ensuring young people's access to condoms.[17]

Young people called for policies that ensure the provision of information, education and services promoting all components of the ABC approach – Abstinence, Be faithful, and use Condoms. However, young people observed substantial cultural resistance. Youth noted that policy in some countries had been formulated based on misconceptions or conservative attitudes regarding youth, which led to a denial of access to life-saving information and services. Young people also reported that often policies did not address the use of condoms, despite evidence showing that condoms do not increase "promiscuity" among young people.

Finding 5:

Institutionalizing interventions contributes to increased access and coverage

Young people from many countries identified life skills-based education (LSBE) as an important component of a comprehensive strategy to help them deal effectively with the wide range of challenges that increase their vulnerability to HIV. Educating young people about HIV, and teaching them skills in negotiation, conflict resolution, critical thinking, decision-making and communication, improve their self-confidence and ability to make informed and responsible choices, such as postponing sex until they are mature enough to protect themselves from HIV, other STIs and unintended pregnancies.

However, young people from many countries reported that LSBE was not established within their national policies and school curricula, or that the implementation of existing policies was not sufficient. Youth researchers in Zambia and Nigeria reported that LSBE was not consistent or widely available, and implementation was dependent on the initiative of individual teachers or on the work of NGOs.

Young people reported similar experiences regarding access to youth-friendly health services, including voluntary counseling and testing. In some countries, policies prevent young people under 18 from using services because they require parental consent, disregarding the fact that young people under age 18 are often married and/or have children by that age. Strong policies that create an enabling environment for young people to access information and services are necessary for young people to protect themselves from HIV.

Finding 6:

Policies do not recognize young people's heterogeneity

HIV prevention policies need to recognize young people as a diverse group with a range of needs including sexual and reproductive health needs. Specific groups of youth bear a disproportionate share of HIV infection such as young sex workers, men who have sex with men, and injecting drug users. Pervasive gender inequality makes girls and young women one of the most vulnerable populations to HIV infection. They represent almost two-thirds of new infections worldwide among young people.[18] Individual characteristics, such as age, gender, marital status, sexual orientation and the geographic and socioeconomic context in which young people live, play a significant role in determining their vulnerability to HIV.

The national strategic plan in the Dominican Republic addresses interventions for out-of-school youth. Youth researchers identified this as an important and crucial component of the plan.[19] The needs of out of school youth need to be addressed comprehensively as a part of any effective National AIDS Programme (NAP).

Youth expressed concern that the needs of their peers at high risk of HIV infection were not being met and that policies were not sufficiently recognizing young people as a heterogeneous group. In order to ensure that the needs of young people are met, policies need to be formulated in partnership with young people, with greater involvement of young people living with HIV and AIDS and those representing other subpopulations.

Finding 7:

Policies ensuring the rights of people living with HIV and AIDS are insufficient

Leaders and decision makers should break the silence and challenge the stigma and discrimination associated with HIV and AIDS. Young people from Cameroon, India and Egypt, identified stigma and discrimination related to HIV as a major concern. Youth and others living with HIV and AIDS often face stigma and discrimination, with no policies in place to protect their rights to employment, to live free of violence, and other rights. Young people also reported that their peers do not access information and services due to fear of discrimination.

> Young people reported that The National HIV/STI/TB Policy (2002) of Zambia directly addresses the rights of young people and ensures their fulfillment regardless of HIV status:
>
> *Article 3.9.5: In order to protect the rights of children and young people and avail them access to HIV/AIDS/STI/TB prevention and care services throughout the country, the Government shall ensure that children and young people, regardless of their HIV status, enjoy all their rights as enshrined in the African Charter, UN Convention on the Rights of the Child and the relevant Zambian laws.*
>
> **— Zambia Youth Report**

> Young people reported that the National AIDS Control Organisation in India has introduced into its policies and directives Greater Involvement of People Living with HIV:
>
> In June 2003, State AIDS Control Societies were advised to implement the principle of GIPA (Greater Involvement of People Living with HIV) in all their activities. Further, assistance and encouragement was given to different groups of people living with HIV across the country to get together in June 2004, to develop a consensus GIPA strategy to be adopted at the national and state levels. NACO has also proposed the setting up of 'Anti Discrimination Units' in all the 38 AIDS Control Societies in the States and Union Territories of India. These Units are envisaged as having the guidance of elected representatives, along with the eyes and ears of local NGOs and activists. This strategy is a final build up towards making our response to reported cases of stigma and discrimination, an institutionalised, high powered and robust response.
>
> **— Source: National AIDS Control Organisation, India**

Finding 8:

Implementation of youth-related HIV prevention policies is a challenge

In several countries with comprehensive policies in place, young people noted that implementation poses a challenge. Young people from Pakistan reported that national policies are often not implemented at the district level, and recommended that policies be devised with stakeholders in partnership with young people at this level in order to address more specifically regional needs. In this way, a sense of ownership among districts would be ensured and lead to more efficient and effective implementation.

Young people from Cameroon identified a lack of human resource capacity at the district level as a major limitation to implementation of policies relating to young people. Assistance provided from the national government to local AIDS control committee was limited to financial support only, leaving districts without the human resource capacity or materials for service provision to implement policies. Young people in Pakistan suggested that partnerships with the private sector would help overcome resource and capacity limitations that a number of governments in developing countries face.

For political commitment young people recommend:

> Increased commitment and openness by decision makers and leaders in addressing young people's vulnerability to HIV.

> Use of a multi-sectoral approach in the development of policies addressing HIV prevention among young people, especially in countries where a NAP is not already in place.

> Development and effective implementation of policies that:
  - Address the special needs of particularly vulnerable groups of youth, such as young women and girls, street youth, sex workers, men who have sex with men, and injecting drug users, to ensure that the root causes of young people's vulnerability are effectively addressed
  - Are evidence-informed and human rights-based, and provide a comprehensive set of interventions including the institutionalization of life-skills-based education in schools, widespread coverage of youth-friendly health services and voluntary counseling and testing as well as easy access to condoms.
  - Ensure that young people living with HIV and AIDS do not face stigma and discrimination.

> Development of strategies that address challenges in the implementation of youth policies, such as extensive capacity building of service providers, teachers, local ministries, young people, community and religious leaders, and other stakeholders

> Participation of all stakeholders, including young people and youth living with HIV and AIDS, in the design, implementation and monitoring and evaluation of policies

> Creation of partnerships with the private sector to overcome challenges posed by resource constraints.

2B: Financial Commitment

In many countries with a high HIV prevalence rate among young people, infrastructure and resources to provide basic human needs such as clean water and basic health care do not exist. When funding is available, it often does not reach young people, especially those most vulnerable. Government funding is often channeled through the Ministries of Health, while only limited funding exists specifically for young people, channeled through Ministries of Education, Sports, Women, or other governing bodies. Ministries of Health often lack programmes that focus specifically on young people, and only a few nations have Ministries of Youth.

In order for governments to meet UNGASS targets on young people, it is critical to develop and support HIV/AIDS programmes involving youth that decrease poverty and unemployment - root causes and risk factors for HIV infection – amongst young people. Best practice examples include programmes that employ young people to design, implement, and monitor HIV/AIDS interventions together with adults; and programmes that employ young people as peer educators.

"Funding for youth-managed organisations, being most economical, paradoxically is least available."

— Bangladesh Youth Report

Finding 9:

Ministries often lack funds to adequately address young people's needs

A common and complex obstacle in providing young people with HIV and AIDS information, education and services is the lack of funds. Youth researchers reported that frequently the most successful programmes for youth in their countries were spearheaded by NGOs, often in collaboration with governments; however, they noted that in order to reach commitments made in the DoC, governments should scale-up their financial commitment and create sustainable partnerships with youth-driven initiatives, which are often well-positioned and cost-effective in enacting change among young people.

Despite the fact that youth are often a "target population," data on funding and spending is typically divided into two categories: children and adults, and the exact amount allocated towards young people and HIV/AIDS is difficult to determine. In Perú, youth researchers noted that constant reforms of the Ministry of Health and a reduction of

the HIV prevention budget have impeded progress for young people.[20] They suggested that the Ministry of Health work in conjunction with the Ministry of Education in order to reach students and out-of-school youth.

Finding 10:

HIV/AIDS is not always addressed by Ministries under which "young people issues" fall

Youth researchers found that Ministries concerned with young people did not always have programmes on HIV prevention. For instance, youth researchers from Kenya learned that funding for youth is allocated to Kenya's Ministry of Gender, Sports, and Culture, but that the Ministry does not address youth at all. They could not access information on the extent of funding available. In Bangladesh, youth researchers reported that while young people constituted 42% of the population, the percentage of government budget allocated to young people was a much smaller percentage. Youth researchers recommended that governments provide detailed information about funding, that monitoring systems are published, and that self-sustainable projects should be encouraged.

Finding 11:

Allocating funds specifically for HIV/AIDS is effective, but such allocations should be systematic and accountable

Youth researchers noted a number of weaknesses in fund allocation including competition among international and national agencies and NGOs, and the duplication of services and the investment of funds at national level. Also, youth researchers noted that youth participation in decision-making bodies for the allocation of funds was often passive and subtle. The government had funds for the implementation of programmes and projects concerning HIV/AIDS, but the funds were often assigned in an arbitrary manner.

> Youth researchers from the Dominican Republic reported that in 1999, "the Dominican Republic allocated RD$ 194.6 million (about US$12 million) to the fight against the spread of HIV/AIDS. Of this amount, public resources represented 39.5%, private sources 45.6% and external cooperation 14.9%. These funds were distributed along the following areas: 59.6% for health care (services and treatment); 28.7% for labor of the MOH and preventive activities; and 11% was set apart for administrative expenses, purchase of equipment, capacity building, investigation and political dialogue."
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> **— Source: Estimates of Financial Flows and Expenses on HIV/AIDS. Uribe Pérez, R. National Accounts on HIV/AIDS. 1998/1999. Dominican Republic Youth Report**

> *"There is an urgent need to allocate funds to all youth programmes that are making efforts towards combating HIV/AIDS. The separation of HIV/AIDS from the rest of sexual and reproductive health programmes has been an issue of concern that needs serious attention. The magnitude of the HIV/AIDS pandemic poses a threat not only to the development of the country but also to the survival of sexual and reproductive health programmes."*
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> — Zambia Youth Report

Finding 12:

Young people's sexual and reproductive rights are compromised by donors' priorities

Young people reported that many NGOs working on young people and HIV/AIDS were progressive and attuned to the needs of diverse groups of vulnerable youth. However, quite often, donors' conservative viewpoints changed funding priorities and affected young people's access to accurate information, education, and services crucial to preventing HIV infection.

Young people from Zambia reported that most youth programmes were funded by NGOs and international organisations and that donors' funding came with conditions. For example, youth programmes that involved the distribution of condoms and were not limited to "abstinence-only" education could not receive funding from certain donors because of conservative agendas.[21]

For financial commitment young people recommend:

- Governments should scale-up funding for interventions that address and integrate the root causes of HIV vulnerability - such as poverty and unemployment – amongst young people.
- NGOs, youth-driven initiatives, and government programmes should enhance coordination, communication and collaboration to reduce funding lost on duplication of services and competition.
- Governments should partner with and fund youth-driven initiatives such as peer education programmes that are proven to be successful interventions for young people, and should supplement funding with capacity-building for young people through establishing youth-adult partnerships to ensure accountability and evaluation.
- Government should match the allocation of funds to the needs of that country's specific vulnerable populations, and should rely less heavily on donor funds that come with restrictive barriers and agendas.
- Governments should allocate funds specifically for young people and HIV/AIDS, and should ensure transparency by making information on funds publicly available through a National HIV/AIDS Account. Support networks by and for YLWHA can be effective in reducing risk behaviour and require financial commitment by governments.
- Governments should encourage and fund inter-Ministry collaborative interventions on young people's sexual and reproductive health and HIV/AIDS, and should establish a Ministry of Youth if none exists, with specific programming on HIV/AIDS, and should involve young people in the design, implementation, and monitoring of these interventions.

2C: Access to information and services

Young people have the right to health, education, and a decent standard of living. To fulfill these rights, young people must have youth-friendly information, skills and services for the prevention, treatment and care of HIV and AIDS; however, young people reported that many of their peers do not have access to these interventions. In areas where the spread of HIV/AIDS is subsiding or even declining, it is primarily because young men and women are being given the tools and the incentives to adopt safe behaviours. Young people have demonstrated that they are capable of making responsible choices to protect themselves when provided with such support, and that they can educate and motivate others to make safe choices.

Finding 13:

Many young people do not have access to information

The reasons why the majority of young people currently do not have access to information and services vary from country to country, and from individual to individual. Youth researchers cited cultural conservatism and the myth that sexual health and HIV/AIDS education increase "promiscuity" as major obstacles to accessing accurate information. However, numerous studies show that sexual health and HIV education not only do not increase "promiscuity," and are also likely to delay the onset of sexual activity, reduce number of partners, and reduce rates of unwanted pregnancy and STIs.[22]

Young people from various countries reported that institutionalizing services ensures young people's access in urban and rural areas. The Dominican Republic, for instance, has included sexual and reproductive health education, with an emphasis on HIV/AIDS and life skills-based education, in the national primary and secondary school curricula as implemented by the Ministry of Education. According to surveys from 2002-2003, 60% of secondary schools and 14% of primary schools provide HIV prevention information and education.

However, young people from Egypt reported that HIV was addressed only in the biology curricula – classes tend to be theoretical and provide no information on protection and life skills. Further, young people identified a lack of human resource capacity as a major barrier to ensure coverage of more youth through interventions in schools. Teachers and other role models have not been provided with the necessary training and skills to enable them to provide accurate, comprehensive information on HIV prevention and to speak openly about issues relating to sexual and reproductive health.

> Young people from Egypt reported that the NGO Caritas has established Anti-AIDS Clubs in 25 schools in Alexandria, Egypt. The clubs provide IEC related to HIV and provide a space for interactive discussions among young people. Young people commended Caritas for counteracting the lack of sex education and provision of information on HIV in schools. However, Anti-AIDS Clubs are established in only a limited number of schools, and so coverage is limited. Young people outside the coverage area thus do not have access to information that would help them lead healthy and safe lives.
>
> **— Egypt Youth Report**

Finding 14:

Well-designed and well-implemented interventions are effective, but their coverage needs to be increased

Young people noted that it is important that information on HIV prevention and sexual and reproductive health is designed and formulated to ensure that it is targeted at young people. The special needs of vulnerable groups such as uneducated youth also must be considered. In the Dominican Republic, young people reported that they were involved in the development of information materials, which made them relevant and appropriate. Overall, young people commended the implementation of interventions based on strategies that have proved to be effective, such as peer education in an interactive setting allowing exchanges and discussions among young people.

Young researchers from Zambia reported that the formation of Family Life Education Clubs in schools and communities through peer education provided a way for young people to access information on HIV and AIDS. In addition, the adoption of "Youth friendly Corners" at some health centres has been an effective initiative. These "Youth friendly Corners" offer information on HIV and AIDS to young people through discussions, drama performances and distribution of brochures and booklets.

The media was also identified as a source often used by young people to access information on HIV prevention; however, young people in Egypt drew attention to the fact that accuracy and consistency of messages and programmes disseminated through the media need to be ensured. They reported that information provided through the media has in the past been inaccurate and even encouraged HIV and AIDS related stigma and discrimination. The mass media was shown to be a powerful means of reaching young people, but needs to be supplemented with the necessary service provision. Also, additional communication strategies need to be in place to ensure that those young people without exposure to TV, radio or Internet, have access to vital information and education.

> In India, media campaigns have shown significant successes in providing young people with vital HIV prevention information:
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> The BBC World Service Trust's campaign aims to promote behavioural change in regard to prevention and stigmatisation of people living with HIV/AIDS. The project has reached more than 125 million people with an award-winning TV detective-drama series, Jasoos Vijay. Impact evaluation shows a major impact on behavioural change, with 54% of respondents reporting actions, or intended actions, to improve their sexual health. Other campaign programmes include TV spots and an innovative TV youth "reality" show. The campaign is carried out in partnership with India's national broadcaster, Doordarshan, and India's National AIDS Commission (NACO), and is funded by the UK's Department for International Development (DFID).
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> **— Source: UNAIDS – Background paper on Participants of the Global Media AIDS Initiative**

Finding 15:

Many young people do not have access to youth-friendly health services

In addition to knowledge and information, young people need access to youth-friendly services, providing a comprehensive set of interventions including access to condoms and voluntary and confidential counseling and testing for HIV. Young people from many countries reported difficulties accessing these kinds of services. In many cases, the services provided are not youth-friendly, or youth-friendly information and services are available on an irregular basis. VCT services allow young people to determine their HIV status and to adopt safe behaviours whether or not they are infected. Young people from Egypt, for example, reported that mobile and fixed VCT centres have been established as part of the national strategic plan – however, they recommended an increase in their numbers and the development of a programme to ensure the sustainability and existence of the centres in the long-term and across all regions of the country.

> Young people from the Dominican Republic found that out of 1,407 hospital centres at the municipal, provincial and regional country levels located in almost all provinces throughout the country, only 32 include special centres providing integrated health care services for youth. Twenty of these centres receive technical and financial support from international organisations for youth friendly services; however, only 14 of them are functioning as youth friendly.
>
> **— Dominican Republic Youth Report**

Young people also reported discouraging and discriminating attitudes of service providers, which has deterred youth from seeking the information and treatment they required. Other young people cited inconvenient locations and long traveling times as barriers to regular use of health services. Young researchers from Zambia found that health centres tended to be concentrated in urban areas and that many young people were also not aware of the existence of services. Youth need to be better informed about the interventions available to them and be encouraged to seek information, treatment and voluntary and confidential counseling and testing.

To increase young people's access to information and services, young people recommend:

- Implementation of a comprehensive package of interventions, built upon existing evidence of effectiveness.
- Active, meaningful participation of young people, especially YLWHA, in the design, dissemination, implementation, monitoring and evaluation, and reporting of interventions to increase their effectiveness and appropriateness.
- Scaling up of coverage of all components of the comprehensive set by:
- Institutionalizing life skills-based education in schools,
- Providing information and LSBE for out-of-school youth,
- Increasing the number and geographical spread of youth friendly services,
- Increasing the number and geographical spread of VCT centres, and
- Establishing a national strategy for improving condom access.
- Provision of information that is comprehensive and targeted specifically at young people. Messages need to be tailored according to their specific needs, cultural context, vulnerability, and level of sexual activity.
- Capacity building and sensitization of the media to ensure that messages and campaigns are accurate, evidence-based and do not encourage HIV-related stigma and discrimination.

2D: Youth Participation

It has been a long-standing practice in the development community to involve "target groups" of programmes in the design, implementation, and monitoring processes in order to ensure the effectiveness and suitability of interventions. Adults are recognized as valuable contributors to the development of programmes. In addition, in 1990, the Convention on the Rights of the Child entered into force and stipulated the right of children to participate.[23] Young people, however, remain an ambiguous group, sometimes considered as children and sometimes as adults. Because their needs and vulnerability in regard to HIV/AIDS are unique from those of adults and children, the UNGASS DoC importantly highlights young people's right to participate.

Finding 16:

Young people are not included as equal partners in HIV and AIDS programmes and services

Youth researchers reported that, despite governments' commitment to the DoC, when it came to HIV and AIDS prevention and treatment, young people were most often treated as beneficiaries of information and services, but not recognized as necessary, knowledgeable, and effective agents of change that must be brought to the table. Adults take decisions on young people's behalf and quite often design and implement programmes that are not suitable or effective. Often these decisions ignore the fact that young people are not a homogenous group and that their needs differ according to gender, sexual orientation, religion, culture, nationality and socio-economic status.

> Youth researchers from Perú reported that young people felt that they were not involved in the process as part of the solution, but rather as part of the problem. In spite of a few Ministry of Health programmes (Peer Health Educators), most of the youths' comments indicated a certain rejection of the plans of action in which they had not been consulted. As a result of a meeting that took place in Lima in February, some youth have emphasized youth participation, but of a more active form, since they have already experienced 'youth discrimination' on the part of the movement.
>
> **— Peru Youth Report**

In Sudan, for instance, where young people[24] constitute one third of the population, youth researchers found that many young people were not actively involved in the development of policies addressing their sexual health and reproductive rights. They also lacked accurate knowledge about sex, sexuality, and reproductive health, and health services provided by the government.

Youth researchers reported that young people were often not part of youth policy development process. In Kenya, for instance, the Ministry of Health does not have a youth advisory board, and no information was found by the young people on how or if the Ministry plans on addressing the issue of HIV/AIDS. When Kenya's National Youth Policy was developed, a small number of youth were involved, but they were not representative of the majority of young Kenyans. They found that current attempts at youth involvement stop at tokenism, and that many organisations have young people on board, but most of the time they have very minor roles in programmes being implemented by the organisations in terms of decision making at policy levels. Youth researchers noted positively that while Kenya's Ministry of Health itself does not have a youth advisory board, it is making progress in ensuring that its health facilities are youth-friendly.

> Young researchers in Egypt reported that the area of youth participation remains the field of least progress. They noted that there was a lack of youth participation in the planning of policies and programmes targeted at youth by the Government; but that "in some UN agencies such as UNFPA, the Global Youth Partners initiative gives the opportunity to youth to plan and implement an advocacy campaign."
>
> **— Egypt Youth Report**

Youth researchers from Nigeria found that most HIV intervention programs were already designed by governments and NGOs to fit donors and partners funding guidelines but not the local needs of young people. However, in evaluation processes, young people were involved to some extent.

Finding 17:

Young people living with HIV and AIDS are particularly excluded from partnerships

Youth reported that decisions were often made without the crucial involvement of YLWHA who are best positioned to develop effective programmes based on their own experiences and knowledge. The greater involvement of people living with HIV/AIDS (GIPA) is a priority of international programming; however, YLWHA lack crucial opportunities to be involved because of marginalization, powerlessness, and a lack of skills and training for effective participation.

Youth researchers reported that youth are mostly on the receiving end of programmes that are designed for them to combat HIV and AIDS. Youth researchers from Zambia, for instance, reported that despite the fact that young people know the problems they face and are able to formulate solutions to these problems, they are not consulted in HIV/AIDS interventions such as program designing, implementation, monitoring and evaluation.[25] Zambian youth researchers learned that in the ongoing drafting process for the National Youth Policy young people were consulted because they demanded to review the policy.[26] The youth researchers are optimistic that the government has begun to realize that young people's participation is important for the development of the nation and hope young people's views continue to be integrated. In Cameroon, youth researchers, reported that young people, including those living with HIV and AIDS, were not involved in the planning, implementation and evaluation of HIV prevention and care or support services.

> In Kenya, youth researchers noted that YLWHA were used by programmes to go public about their status but not in designing, implementing and evaluating programmes. They noted that NGOs have youth on their boards but the ratio compared to adults is low so they could not influence much but were there as a show of 'youth participation'.
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> **— Kenya Youth Report**

Finding 18:

Young people can be active, engaged partners in the fight against HIV and AIDS

Perú researchers reported that in 2002, seven youth groups formed the Youth Network for the Fight against AIDS.[27] The network seeks to strengthen the efforts of diverse youth organisations against the spread of the pandemic. They commented that "the interesting thing about this proposal is that it was formed solely by youth... Completing intervention projects on their own demonstrates the seriousness of their work; however these are movements on the part of civil society, not on the part of the State."

Pakistani youth researchers reported that the world focus on child/youth participation instigated Pakistan to start involving youth at the national level, a part of the Global Movement for Children, following regional participation of Pakistani children as change makers at workshops to their participation at the UN Special Session on HIV/AIDS in 2002.

> Pakistani youth researchers reported that The Hamdard Foundation has developed an initiative of Children's Assemblies as an opportunity to develop self-confidence and leadership qualities. Similarly in 2001, UNICEF, Save the Children UK and the Government of Pakistan initiated several activities in relation to youth participation. The National Commission of Child Welfare and Development (NCCWD) and the draft of the National Plan of Action on HIV/AIDS for Young People are other good examples of youth participation. Plan Pakistan is also encouraging youth participation through role-plays, theaters and giving youth opportunity to talk, at district assemblies, about HIV/AIDS— excluding [talking about HIV transmission through] sexual intercourse, [the most common mode of transmission in South Asia].
>
> **— Pakistan Youth Report**

Young researchers from the Dominican Republic reported major progress by the government. The National Youth Policy and the General Law on Youth were developed for and by young people, including YLWHA, allowing young people to be incorporated as fundamental actors in decision-making. Yet, they reported that they still face challenges in ensuring that participation is not merely ornamental, but that participation results in interventions representing young people's needs, demands and proposals.

Youth researchers reported that two major events in India highlighted the commitment of the political leadership and civil society organisations to involving young people in the fight against the spread of HIV and AIDS. Various agencies (government, NGOs, multilateral and bilateral agencies) working on youth issues organised a consultation series, seeking young people's inputs on youth-driven national programmes and policies. The results were shared with various ministries and departments in Central and State Governments of India for action. Another event that was a cornerstone of young people's involvement in India was the National Youth Parliament, organised by Inter Parliamentary Forum on HIV/AIDS, National AIDS Control Organisation (NACO) and UN agencies. The event assessed over 4000 young people's views in developing the draft legislation on HIV/AIDS.

> Young researchers from India report "the 'Universities Talk AIDS' programme has now been expanded into a 'Young People Talk AIDS' campaign to reach all young people across the country. The emphasis is to move beyond provision of knowledge to include life skills-based education to enable young people to be empowered to make their own decisions (especially regarding sexual issues and drug use) and negotiate safe (or safer?) behaviour. Each of the cosponsoring organisations is implementing various programmes in the area of adolescents and health education."
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> **— India Youth Report**

Bangladeshi youth researchers reported major achievements in scaling-up youth participation on HIV/AIDS by the government in collaboration with NGOs and UN agencies. Achievements included young people's participatory advocacy on reproductive health and gender issues and in the development of a National Youth Forum representing diverse youth.

In the area of youth participation, young people recommend:

- Increasing young people's participation in the development, implementation, monitoring and evaluation of programmes and services, including in scaling-up efforts.
- The scaling-up of capacity building of young people in the specific areas of programme design, research and data collection, monitoring and evaluation, fundraising, and advocacy to influence, and drafting and advancing policy.
- Development of ad hoc Inter-Ministerial Working Groups on Youth which meet periodically with all concerned government ministries, local NGOs and UN agencies, to coordinate implementation of a National Youth Policy and National Youth Action Plan.
- Formalization of youth participation in an official structure, which is incorporated into the national strategic plan, HIV/AIDS policy, and youth policy.
- Donor agencies and governments should recognize the efficacy of youth-led initiatives and build partnerships with young people to increase progress toward reaching UNGASS targets.
- Governments should support properly institutionalised, self-sustainable youth-based organisations and work to build respect and regard for youth initiatives working on RH reproductive health and HIV/AIDS issues.
- The establishment of government-youth partnerships to create more programmes to raise awareness among young people on HIV and AIDS and in service provision.

3. Conclusion

This report has given young people from 12 countries the opportunity to be active partners in the monitoring process of the Declaration of Commitment on HIV/AIDS, specifically for the targets related to young people. They reported on their countries' achievements, challenges, shortfalls and recommendations in effectively responding to the HIV/AIDS pandemic.

Key findings indicate that overall commitment to ensuring healthy, safe lives for young people has increased, and that governments are acknowledging young people's vulnerability to HIV and are making youth a priority in their national AIDS plans. However, young people identified shortfalls in policy design and challenges for programme implementation.

Young people recommend that policies take a comprehensive approach in developing a set of interventions, as well as for combating HIV and AIDS-related stigma and discrimination. They also observed that young people in high-risk groups are often disregarded in policy formulation. Furthermore, young people called for more active involvement of all stakeholders - particularly of young people and of those living with HIV and AIDS - in all stages of the policy process.

Where significant progress has been made in terms of political commitment, young people stressed the need for governments to now allocate funds toward implementation and evaluation, in full partnership with young people. Overall, the current level of financial commitment for HIV prevention among young people is not sufficient to effectively address the pandemic. Young people called on their governments to rely less heavily on donor funds that come with restrictive agendas and to increase partnerships and support to youth-driven initiatives. Globally, young people do not have access to life-saving, youth-friendly information and services. To ensure that young people can access information and services regularly and easily, young people recommended institutionalizing a comprehensive set of interventions that include life-skills-based education in schools, voluntary and confidential counseling and testing and youth-friendly health services.

Young people commended efforts for making interventions youth-appropriate, citing inclusion of their peers in the development and implementation of interventions and creating messages and services tailored to specific needs, vulnerability, and levels of sexual activity. However, youth reported feeling that they were in general not involved in the process as part of the solution, but rather were seen as part of the problem, and that participation is often not formalized or meaningful. Young people's voices need to be heard and their talents cultivated so they can be instruments for change.

The findings and recommendations of young people in this report are based on country-based research and highlight achievements challenges, shortfalls and recommendations at the national level. Young people call on their governments to take these into consideration to ensure that young people can lead healthy, safe lives free of HIV and AIDS. Achieving the targets set out in the Declaration of Commitment on HIV/AIDS requires increased leadership and commitment. Young people worldwide ask that their governments face this challenge and work with young people hand in hand.

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2 "Young people" or "youth" refers to people 15-24 years old unless otherwise specified in this report.

3 For more information on Global Youth Partners and the Global Youth Coalition on HIV/AIDS, please see the Acknowledgements section

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Global Youth Partners
www.unfpa.org/hiv/gyp

Global Youth Coalition on HIV/AIDS
www.youthaidscoalition.org

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