

Youth toolkit

The generation that will end AIDS: an action package for young people towards the High Level Meeting on HIV/AIDS 2016



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Welcome to the youth toolkit for the High Level Meeting (HLM) on HIV/AIDS 2016!

In the following pages you will find information about the High Level Meeting on HIV/AIDS (HLM) 2016, including what happens before, during and after the meeting as well as what you can do even if you aren't able to attend the actual meeting in New York. This document has been prepared by and for young people but is also intended for use by civil society more broadly, who we hope will also find it useful.

There are many ways to be involved in the HLM, including working with your own government to advocate for particular language in the Political Declaration, seeking to ensure that Civil Society representatives are included in your country's HLM delegation, and joining with other advocates around priority areas. Throughout this document you will find some ideas about what you and your organization can do to make sure your voices are heard and that young people's priorities are on the agenda.

The 2016 HLM on AIDS in a Nutshell

The HLM will take place
in New York City from 6-8 June 2016

—
Switzerland and Zambia are co-leading the process, including to develop a
Political Declaration ahead of the meeting

—
The majority of the work happens BEFORE not during the meeting.
A civil society hearing will take place on 6 April 2016 in NYC

—
Young people have made great contributions to past Declarations

—
YOU can get involved in many ways including by writing to your government to
attend as part of your national delegation, working with your government on text
and engaging online by watching the webcast and making your voice heard via
blogging and social media

—
This toolkit explains the process leading to the HLM, key info and how
you can contribute

SECTION 1

Young people and HIV: Why do young people matter in the global HIV response?

1.1

What's the current situation with the HIV epidemic and young people?

The world has made progress in the last few years to decrease AIDS-related deaths and new infections, but this progress is very fragile. According to UNAIDS, 30% of all new HIV infections globally occur among young people, and 3.9 million young people are living with HIV in 2014.¹ In addition, many adolescents and young people living with HIV have inadequate access to health and social support services and face considerable stigma discrimination, and violence.

The need to prioritize young people in the HIV response has been endorsed by governments in a range of international fora and specific targets have been agreed. In addition, sufficient evidence exists on the effectiveness of specific programmes to prevent HIV among young people. It is critical that programmes specifically targeting young people feature prominently in the global agenda, given the following:^{2,3}

- **Young people 10-24 comprise ¼ of the world's population:** There are over 1.8 billion people aged 10-24

years worldwide, 1.5 billion of them in developing countries. These figures alone highlight the importance of HIV prevention amongst this group and the potential this group represents for change;

- **Young people contribute almost one-third of all new HIV infections:** In 2014, about 30% were among those between 15 to 24 years of age. An estimated 3.9 million of the 36.9 million living with HIV are young people aged 15-24 years. Among young people living with HIV, 72% live in sub-Saharan Africa, of which 63% are female. Many young people living with HIV, however, do not know their status;
- **Young people lack accurate and comprehensive HIV prevention information:** In most settings, less than 40% of young people have accurate HIV knowledge⁴ yet governments committed that by 2005, 90% of young people would be able to correctly identify modes of HIV transmission and prevention. The Universal Access target for HIV knowledge among youth is 95% by 2010;
- **Many populations at higher risk of HIV infection include young people:** Key affected populations—injecting drugs, sex workers,

1. UNAIDS 2014 Estimates.

2. All In to end Adolescent AIDS. All-In Synthesis Report. www.youngpeopleandhiv.org/files/ALL_IN_Adolescents_Synthesis_Report_5_Countries_Dec2015.pdf (accessed March 25, 2016)

3. UNAIDS. AIDS by the Numbers. 2015 www.unaids.org/en/resources/documents/2015/AIDS_by_the_numbers_2015

4. UNAIDS. How AIDS Changed Everything. MDG 6: 15 years, 15 lessons of hope from the AIDS response. UNAIDS, 2015. www.unaids.org/en/resources/documents/2015/MDG6_15years-15lessonsfromtheAIDSresponse (Accessed April 1, 2016)

transgender and men who have sex with men—are often criminalized for their behavior or for being who they are. This criminalization and corresponding discrimination puts them at risk. Moreover, young people often experience more stigma, discrimination and social exclusion than adults from the same populations. There are also specific factors, such as conflict, social instability, gender-based violence, poverty and inequalities, which can also facilitate the transmission of HIV and other sexually transmitted infections (STIs) for young people in humanitarian crisis situations. These factors together make it more difficult for young people to access and be reached by prevention and treatment services; and

- **Young people are diverse, have unique needs, and face specific challenges to access HIV, sexual and reproductive health services:** Laws and policies, for example, those dealing with age of consent for services, can specifically exclude young people from accessing sexual health and HIV-related services, including prevention information and, in many countries, HIV counselling and testing. Harmful gender norms, discrimination and violence, such as early and/or forced marriage and intimate partner violence, can increase the risk of adolescent girls and young women. Young people living with HIV, many of whom were born with HIV, require targeted interventions to ensure treatment initiation and adherence.

AIDS is now the leading cause of death among adolescents (aged 10–19) in Africa and the second most common cause of death among adolescents globally.⁵ As you can see, there are many issues that we face that are different from adults and from young children, and those issues must be reflected at the highest level of global commitments.

1.2

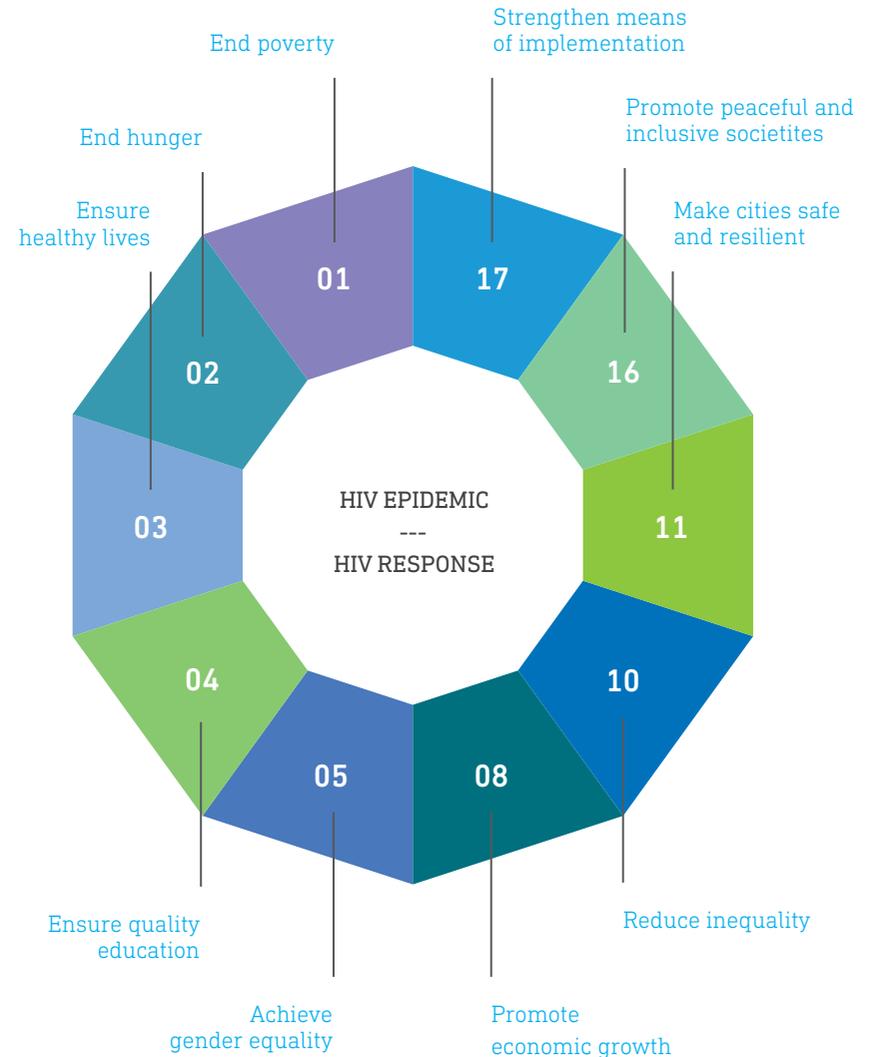
MDGs and Agenda 2030: What does this new development agenda mean for SRHR and HIV?

In September 2000, UN Member States adopted the Millennium Declaration, a global agreement that sought to eradicate poverty, foster development and protect the environment. The roadmap for implementing this agreement resulted in eight goals to be achieved by the year 2015, including its quantified and time-bound targets and indicators, which became known as the Millennium Development Goals (MDGs).

Fifteen years after the MDGs, substantial progress has been made in priority areas such as access to universal primary education, reduction of under-five mortality, maternal health and in the HIV response. However, achievements have been uneven. Lessons learned from the MDGs unveiled the need to agree upon a new global commitment beyond 2015 to complete what the MDGs did not achieve, but also to build a sustainable world where environmental sustainability, social inclusion, and economic development are equally valued. During the 70th Session of the UN General Assembly (September 2015), the UN Member States

FIGURE 1

Visual from UNAIDS 2016-21 Strategy demonstrating how the HIV response and the HIV epidemic interconnects with the SDGs



5. World Health Organization. Health for the world's adolescents: a second chance in the second decade. 2014 (available online from www.who.int/adolescent/seconddecade) (accessed 29 Mar 2016).

reached consensus on the 2030 Agenda for Sustainable Development, which includes a new set of 17 indivisible and interconnected global goals that balance the economic, environmental and social dimensions of sustainable development.⁶

While the Millennium Development Goals saw one of eight goals focused on HIV, the Sustainable Development Goals place AIDS at the target level as one of the targets under the health goal. As emphasized in the UNAIDS 2016-21 Strategy, there much across the SDG framework as a whole that is critical for an effective AIDS response — from gender equality and inclusive societies, to financing, partnerships and inequality.

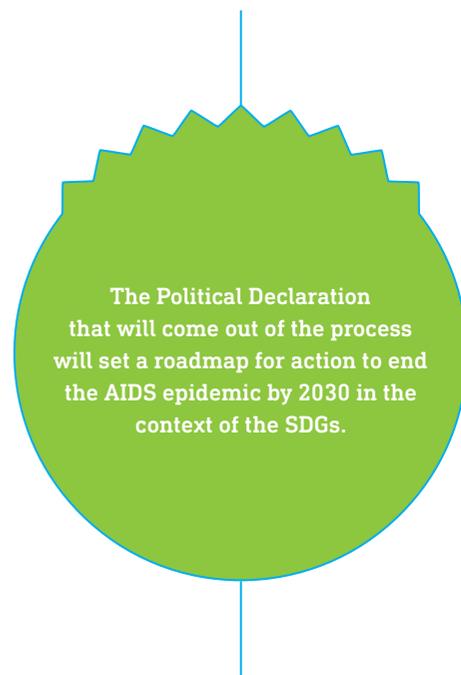
MDG 6 included a specific goal of halting, and beginning to reverse the spread of HIV by 2015 and is credited with having successfully motivated global and local agencies to set ambitious targets for accelerating progress in the response. UNAIDS data indicates that since 2000, 30 million new HIV infections and almost 8 million AIDS-related deaths have been averted.⁷ SDG Target 3.3. takes this ambition to the next level – from halting the epidemic to ending it:

'By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases ...' Under an ambitious health goal (SDG 3) to 'ensure healthy lives and promote well-being for all at all ages'.

The Declaration that introduces the vision, principles and commitments at the foundation of the 2030 Agenda, notes that:

'People who are vulnerable must be empowered. Those whose needs are reflected in the Agenda include all children, youth, persons with disabilities (of whom more than 80% live in poverty), people living with HIV/AIDS, older persons, indigenous peoples, refugees and internally displaced persons and migrants.'

The current context in which resources for AIDS are scarce and declining combined with the lower visibility of AIDS as a single issue in the global policy framework makes this year's HLM even more important as an opportunity to secure the political commitment needed to end the AIDS epidemic by 2030.



Following the agreement of the SDGs in September 2015, in October 2015 the UNAIDS Programme Coordinating Board adopted an updated strategy for 2016 to 2021 – *On the Fast Track to End AIDS*⁸ –

which outlines how the global response can most effectively use the next five years to get on track to achieve SDG target 3.3. by 2030. The targets that would need to be reached by 2020 to end the epidemic by 2030 include achieving 90-90-90: 90% of people living with HIV knowing their HIV status; 90% of people who know their HIV-positive status on treatment; and 90% of people on treatment with suppressed viral loads.

UNAIDS estimates that by June 2015, some 15.8 million people had access to antiretroviral therapy, while there are 22 million that need to be reached.⁹ Particular efforts are needed to close the treatment gap for children.



Other targets include reducing the annual number of new HIV infections by more than 75%, to 500 000 in 2020, and achieving zero discrimination. The targets are firmly based on an approach to leaving no

one behind that is grounded in human rights and, if achieved, would significantly improve global health outcomes. Massive and widespread progress has been made in responding to HIV and many lessons have been learned in how to programme efficiently and effectively to produce the best results for people. Ideally, the Political Declaration adopted at the HLM will build on the ambitious targets set in the 2016-21 Strategy.

1.3

Why does meaningful youth engagement and participation matter in the HIV response?

Over the last decade, the HIV response has embraced the concept of “Nothing About Us Without Us.” This means that policies, programs, funding decisions, advocacy campaigns, etc. should not be developed, implemented, or evaluated without the input of those who are most affected by them. This is particularly poignant for young people, who are disproportionately affected by AIDS both in general and in key affected populations.

Adolescents and young people are often considered as beneficiaries of programs and policies, but there is a need to recognize them as partners and leaders, meaning that we should not be just a target group but also collaborators in the planning, implementation and evaluation because we are also implementers and initiators of strategies. More hands and fresh ideas are always needed to face the challenges that keep emerging in the epidemic and the politics around it.

6. Tracking Progress Towards 2030 toolkit -- ADD SOURCE

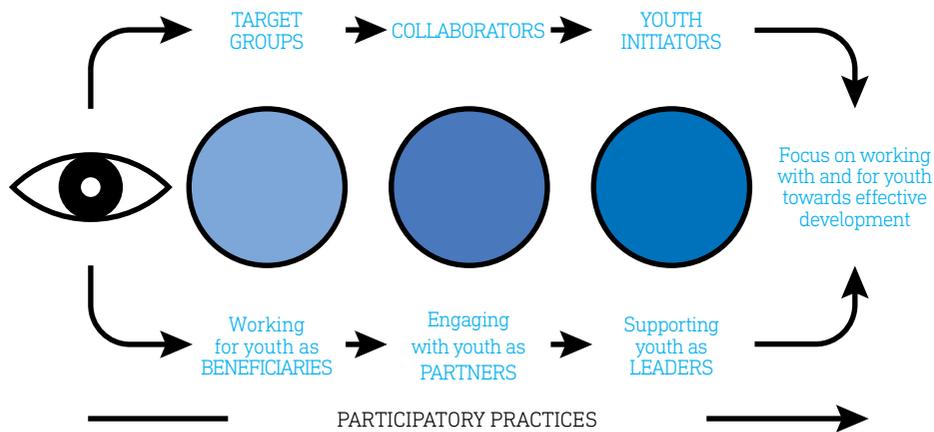
7. Australian Federation of AIDS Organizations. UN GOALS FOR 2030 INCLUDE AN END TO HIV. www.afao.org.au/news/un-goals-for-2030-include-an-end-to-hiv#.VvLGm6grLdQ (Accessed March 20, 2016)

8. UNAIDS. *On the Fast Track To End AIDS*. www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15_18_EN_rev1.pdf. (Access April 1, 2016)

9. UNAIDS. *AIDS by the Numbers*. 2015 www.unaids.org/en/resources/documents/2015/AIDS_by_the_numbers_2015

FIGURE 2

The three-lens approach to youth participation (Restless Development, 2007)



Meaningful youth engagement in the High Level Meeting Outcome Document and its implementation would not only mean that adolescents and young people are mentioned in the outcome document but that there is involvement of young people at different stages of the process including country consultations, the meeting itself and participation in follow-up mechanisms.

At meetings like the HLM, there are often not extensive opportunities for young people to be engaged, due to the fact that the meetings are not highly accessible for civil society who are not a part of an officially accredited NGO. The process is also not very friendly for people from civil society in general due to its complexity that sometimes requires diplomatic skills and strong knowledge of relevant procedures at the UN.

1.4

Why should young people be at the center of the HIV Response?

Young people are crucial in the response to the HIV epidemic not only because they are one of the most affected groups but also because their inclusion is important for the renewal of activism and leadership in the response. More hands and fresh ideas are always needed to face the challenges that keep emerging in the epidemic and the politics around it.

Young people have the right to participate in this kind of process as has been affirmed by the CPD Program of Action (1994) and the outcome of the High Level Meeting of the General Assembly on Youth (2011). In this case it is important that not just young

people, but also the most affected young people have the chance to get involved, including key populations and young people living with HIV.

Young men who have sex with men (MSM), young people who inject drugs (PWID), young sex workers and young transgender people are the most affected groups by the HIV epidemic around the world. Listening to their voices is therefore essential in all stages of the HLM process.

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SECTION 2

From 2001 to 2016:
What is the political environment today?

2.1

Why are UN meetings important?

The UN has many meetings every year in their different bodies including the General Assembly, the Human Rights Council and the Security Council, just to mention a few. Each of those have many meetings every year about certain topics. In the case of the General Assembly, some meetings take place every year such as the meetings of the committees and commissions like the Commission on the Status of Women (CSW) and the Commission on Population and Development (CPD) that are closely related to issues of HIV. Some other meetings like the High Level Meeting on HIV/AIDS take place with some periodicity, in this case every five years (although this is not guaranteed going forward). There are also meetings that take place when there are special calls for them such as the UNGASS on Drugs that will take place this year but the one before was in 1998 (see Annex 2).

The outcome of those meetings are usually resolutions and declarations that are supposed to guide the policy decisions, actions and, in turn, funding allocations of all the 193 Member States in different

fields, including health. Some countries take those documents very seriously but some others do not, but it is important that there is a common ground from which countries can start and also a clear set of goals that countries can aspire to.

2.2

From the UNGASS on HIV/AIDS in 2001 to the High Level Meeting in 2016

The first time in history that global leaders met at the UN to discuss one single health issue was in 2001 when the General Assembly Special Session on HIV/AIDS (UNGASS) took place. Presidents, Prime Ministers and Ministers of Health met in New York to discuss how to improve the response to the HIV epidemic that was killing millions and affecting many more around the globe. They created the *Declaration of Commitment (DoC)*, a document that was supposed to guide the HIV response around the world with different targets by 2003, 2005 and 2010 including the following that was not met:

“By 2005, ensure that at least 90 percent and by 2010 at least 95 percent of young

men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection in full partnership with young persons, families, educators and health-care providers” (Paragraph 53)

A year earlier, the Millennium Development Goals (MDGs) had included HIV as the 6th Goal because the world was seeing the social injustices interlinked with the HIV epidemic around the world, not only as a health issue but also as a social crisis that was devastating entire communities. The MDG 6 included targets with indicators where young people were included:

Target 6A:

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Associated indicators:

- HIV prevalence among population aged 15–24 years
- Condom use at last high-risk sex
- Proportion of population aged 15–24 years with comprehensive correct knowledge of HIV/AIDS

Both the DoC and the MDGs represented important milestones for scaling up political will and funding for HIV, including the creation of The Global Fund. At that time, youth activism around HIV was occurring at the local level but it was not visible at the global level, including at the UN.

In 2006, leaders met again at the General Assembly in what was called UNGASS+5 to revisit the progress so far. Many young activists took part in the negotiations and were able to include youth-specific language in the Declaration:

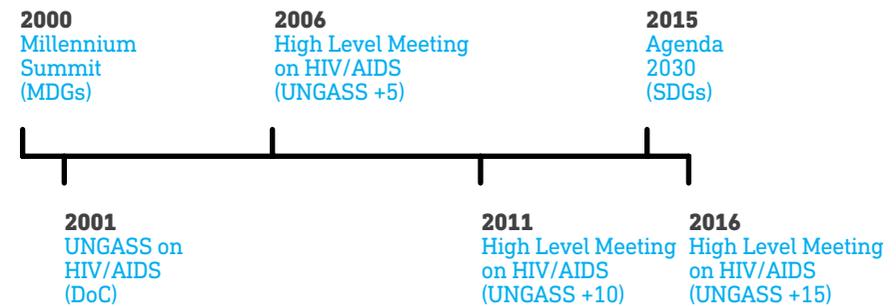
(Representative of states and governments) Commit ourselves to addressing the rising rates of HIV infection among young people to ensure an HIV-free future generation through the implementation of comprehensive, evidence-based prevention strategies, responsible sexual behaviour, including the use of condoms, evidence- and skills-based, youth-specific HIV education, mass media interventions and the provision of youth-friendly health services. (Paragraph 26, Political Declaration on HIV/AIDS, 2006)

In 2011, another similar meeting took place, this time with less prominent leaders in what was called UNGASS+10, also at the General Assembly in New York. Some language in the Declaration was not very progressive regarding young people (para. 43) but there was also some good language related to youth rights (para. 83):

We reaffirm the central role of the family, bearing in mind that in different cultural, social and political systems various forms of the family exist, in reducing vulnerability to HIV, inter alia in educating

FIGURE 3

Timeline of the MDGs/SDGs and the UN meetings on HIV/AIDS



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 and 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 counselling services, strengthening reproductive and sexual health programmes, and involving families and young people in planning, implementing and evaluating HIV and AIDS prevention and care programmes, to the extent possible. (Paragraph 43, Political Declaration on HIV/AIDS, 2011)

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. (Paragraph 83)

2.3

How were young people and youth organizations involved in these processes?

The HLM in 2006 was the first time that youth participation was visible in a meeting of this level. Organizations such as the Global Youth Coalition on HIV/AIDS (GYCA), Advocates for Youth, Youth Coalition for Sexual and Reproductive Rights and YouACT were highly involved through official delegations, with youth caucuses and youth-specific side events at the UN headquarters.

In 2011, once again young people had the opportunity to be part of the meeting in different capacities. The level of coordination among youth organizations was clear, and with the support of UNFPA and UNAIDS, there was a strong advocacy platform for young people before, during and after the meeting. Young activists from organizations such as YPEER, AfriYAN, IPPF, Youth RISE, IFMSA, among others, participated in the meeting.

The power of youth organizations at UN processes and meetings has been visible not just during the HIV-related meetings but also in other spaces such as the meetings of the Commission on Population and Development (CPD) and the Commission on the Status of Women (CSW) that take place every year. Young people were deeply involved in the negotiations to agree the 2030 Agenda for Sustainable Development where young activists from many different movements, including HIV and SRHR, worked hard for more than two years in order to push for the inclusion of youth issues in the SDGs which was partially successful.

At the 2016 HLM, young people have another opportunity to influence the global agenda for the HIV response. We have come this far in advancing recognition of youth needs and youth rights but we need to go further. This year we need to ensure that new ambitious targets are included in the outcome document so governments, UN agencies, donors, private sector and civil society don't just maintain current efforts, but actually scale up prevention, treatment and the fight against stigma and discrimination.



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SECTION 3

**The HLM on HIV/AIDS 2016:
What is it? Why does it matter?**

3.1

What happens at a UN meeting like the upcoming HLM?

Similar to other UN General Assembly meetings, there are 3 simultaneous processes: the speeches at the main hall of the UN, the side events and hearings, and the negotiations of the outcome documents.

- 1) During the speeches in the main hall, official delegation members speak in the plenary about the position of their country regarding the topic that is being discussed, in this case, HIV and AIDS. Official delegation members are usually comprised by ambassadors or permanent diplomatic representatives of the governments at the UN, governments' officials from the ministries of health or ministries of foreign affairs but also representatives from Civil Society Organizations, including youth organizations.
- 2) There are also hearings and side events where experts and different stakeholders share their points of view about what are the more important things to consider for the outcome document but also for the future actions

in the HIV response. These hearings usually have a panel format, with speakers and a moderator.

- 3) Finally and probably the most important part, official delegation members are negotiating the content of the outcome document which is usually a complex process because it requires that all countries that are part of the UN should agree with the language. This means there has to be consensus among all 193 member states and therefore negotiations can be very intense, especially when discussing issues that are controversial for some governments including drug use, sexual orientation and sex work.

But, this does not mean that all the work is done only in 3 days. A lot of preparation is needed months before the actual meeting. Delegations consult with their capitals, meetings like the Civil Society Hearing take place to set the tone of the main meeting, different groups create position statements, there are also caucuses organized by groups of civil society and groups of governments. Countries will have been working on and negotiating a draft Declaration for weeks before the meeting starts. They will not be starting from zero at the HLM in June.

Young people have been part of all those bits of the process, but often they are just observers or do not get the opportunity to engage more meaningfully. That is why we want to share some ideas with you through this toolkit.

3.2

What is expected to happen at this HLM on HIV/AIDS in 2016?

Countries will negotiate a new Political Declaration based on the zero draft that will be shared in early April by the Co-facilitators of the HLM, the Ambassadors of Switzerland and Zambia. Ideally, the document should contain very specific, proposed government commitments to ensure we are on track to ending the AIDS epidemic by 2030, to which Member States will be held accountable for the next 5 years.

Some young activists will be present but due to the complicated registration process and a lack of resources, it is likely that there will be fewer young people present in comparison with the last two UNGASS on HIV. Nevertheless, there are ways to get involved from your own country as explained in Section 3 of this document.

3.3

What are the key Dates and Events?

In advance of the meeting there is an important opportunity to encourage governments to develop a Political Declaration with new and bold commitments for treatment and

prevention scale up, human rights, community engagement, and increased financing.

Here is a brief calendar of some upcoming HLM events:

- **Secretary General's Report for the HLM: 1 April.** The UN Secretary General will issue a report on progress in addressing HIV. The report will be public and will inform government dialogues and negotiations on the Political Declaration. (The Report released on the 1st will be the advance unedited version in English, with an official report in six languages coming on 29 April).
- **Civil Society Hearing: 6 April, New York.** The agenda and speakers list for the Hearing was approved on March 16, 2016. The discussions will be captured in a report of the hearing that is presented to Member States, alongside the Secretary General's report, for consideration in advance of the Political Declaration negotiations. Pre-registration was required to attend the Hearing and closed in February. The vast majority of those who applied to attend (over 900) have since been invited and 250 have to date indicated that they will attend the Hearing.
- **Political Declaration Zero draft release: mid-April.** The HLM Co-Facilitators, the Swiss and Zambian Ambassadors, will share the zero draft (the "first draft") of the Political Declaration with Member States. From this time onward civil society can advocate with governments (at UN missions in New York and national capitals) for specific modifications or additions to the Declaration draft.

- **UNGASS on the world drug problem. 19-21 April, New York.** The United Nations General Assembly Special Session on the world drug problem (UNGASS on drugs) is not part of the HLM on HIV/AIDS process but it is relevant because one of the fastest-growing HIV epidemics in the world is the one occurring among Injecting Drug Users. Discussions at this meeting are likely to influence what language is used in the HLM Declaration around drug use as it relates to HIV, including harm reduction.
- **Negotiations on the Political Declaration: start late April**
- **High Level Meeting: 8-10 June, New York.** Negotiations on the Political Declaration may continue through the HLM to finalize agreement on the text. There will also be five thematic panels (the titles of the panels have not yet been finalized). Pre-registration was required to attend the HLM and closed in February. Invitations to the HLM will be sent in the coming weeks. There will also be several side events alongside the HLM. Please email contactyouthpact@gmail.com for questions or updates on any of the mentioned activities. You can also check youthpact.org/blog for regular updates as well
- **International AIDS Conference: 18-22 July, Durban, South Africa.** Even though this event is not directly related to the HLM process, the biannual Conference will definitely be a space where different stakeholders will discuss the relevance, implementation and follow-up of the outcome document of the HLM.

SECTION 4

How can you engage in the HLM on HIV/AIDS?

What happens at the country level is often even more important than what happens at the meeting in New York? Global and country-level process feed into one another, and the process at each level relies on the other. Here are some ideas about what you can do to influence the process:

4.1

How can you ensure that your government includes youth as a priority for the HLM?

Each country has a different process to inform their positions and what decisions they take in UN processes. Some governments get a position from their Ministries of Health, then pass it to the Ministry of Foreign Affairs and that same position is delivered by the Ambassadors at the UN or the person with the highest position within each delegation. There are other governments where the position of the country will completely depend on the person participating in negotiations.

Having numbers about the extent to which adolescents and young people in your country are affected by HIV is always a good way to make your case. Around the world,

there are severe problems with adolescents' AIDS-related mortality and a high incidence of HIV among young people. Also, it is needed that you advocate not just for young people in general but more specifically, for young people from key populations including men who have sex with men, trans women, sex workers and drug users who are usually more affected than the general population. You can find useful data and information in the following websites:

- The Inter-Agency Task Team on HIV and Young People: www.youngpeopleandhiv.org
- UNAIDS' AIDInfo tool: aidsinfo.unaids.org
- Progress reports submitted by countries to the UN: bit.ly/1UNRrqd
- The PACT's negotiation briefs about different topics including Comprehensive Sexuality Education, Harm Reduction and Universal Health Coverage with useful language that you could also use to give recommendations to your government representatives: youthpact.org/advocacy-tools

Something concrete that you can do is to share the Youth Position Paper [INCLUDE LINK ONE PAPER IS ONLINE] with representatives of your government who will be participating at the HLM, in order to inform them about the priorities that youth

activists and youth organizations from around the world identified in areas related to prevention, treatment, stigma and discrimination, funding, youth participation and more. The staff of UNAIDS country offices may be able to help you to contact your government officials in case you do not know them. Also, some UNAIDS Regional Support Teams have youth officers who can support you and are very well informed about the HLM (see contact details at the end of this toolkit for people in your region).

4.2

How can young people build coalitions with other youth organizations and HIV/SRHR orgs?

Young people are not the only ones trying to influence the HLM on HIV/AIDS. In your country and region, there may be many more organizations working with other groups or on other related topics that are also concerned about what is going to happen in June in New York. It is ideal that these efforts are coordinated and aligned, so that there's not a lot of duplication and so that groups are connected to one another. Many countries have existing structures where there may be already discussions such as the Joint Teams on AIDS where many UN agencies participate, the National AIDS Commission or even the Country Coordinating Mechanisms of The Global Fund.

We recommend to you to read the AIDS Action Alert that was developed by the International Council of AIDS Services Organizations (ICASO) to find out more.

You can also send an e-mail to The PACT in case you need some advice about who may be working in your region: contactyouthpact@gmail.com.

In Asia/Pacific, organizations working with young key affected populations such as Youth LEAD and Youth Voices Count have organized consultations with the support from UNAIDS in order to develop messages that will be included in the Asia Pacific Civil Society Position Paper. In Latin America, the alliance of young people living with HIV, Jovenes Positivos LAC, has also organized consultations in order to gather the input from activists in the region who usually speak Spanish only and cannot be part of international dialogues conducted in English. These are just two examples of what youth-led organizations are doing in different regions towards the HLM.

4.3

How can young people get involved in national delegations?

Many governments tend to include young people in their delegations, such as Norway, Mexico, Sri Lanka and The Netherlands, but many others usually limit their delegations to people from the government. Being part of the official delegation is important because it gives you the chance to participate in the negotiations and other spaces where observers from civil society cannot participate.

One way you can try to be part of the delegation of your country is requesting through a letter or in-person that the National AIDS Council (or the equivalent)

invites you to be part of the delegation and supports you to attend the meeting. It is recommended that the process of nominating representatives is transparent across youth organizations and coalitions within your network and responds to specific criteria and experience required of the delegate; this may strengthen your chances of being taken seriously as a youth representative. Registration for observers ended in February so right now the only way to attend in person is through official delegations.

Being part of the delegation represents a big responsibility because it means that you know well the situation of the HIV epidemic in your country and around the world and you also know some of the priorities for young people around the world. You can read what the priorities are for youth this year in the Youth Position Paper in Annex 3.

4.4

What are some ways young people can get involved online?

Young people today are connected in many more ways than just a physical meeting. There are plenty of ways to get involved through social media in the lead up to, during, and in the follow up to the meeting.

Watch the meetings live at UN Web TV

Both the Civil Society Hearing and the HLM itself will be webcast on UN Web TV and will be available to watch after the event. During the events, you can watch online by clicking 'live now' at the following link, or you can use the search function to find the footage after the event: webtv.un.org

Social Media: Twitter, Facebook, Instagram

In addition to participating in the digital conversation in the lead up to the HLM through the #HLM2016AIDS hashtag on all the different social media platforms, there is also going to be mobilization from young people and youth allies within the HIV response around the #HLM2016AIDSYouth hashtag. Other hashtags you may want to use are #EndingAIDS and #zerodiscrimination, but there will also be many others so keep your eyes out.

Here are some sample tweets to get you started, but it's important that you add your own organization / coalition / individual spin on it to indicate that there is robust engagement:

- We are #HLM2016AIDSYouth and these are our demands for the #HLM2016AIDS bit.ly/1okZbSr #zerodiscrimination
- #HLM2016AIDS means that the #HIV response can renew its commitment to #youngpeople + ZeroZeroZero. #zerodiscrimination #HLM2016AIDSYouth
- #HLM2016AIDSYouth demands robust funding for youth-led orgs in the #HIV response and EFFICIENT spending. #HLM2016AIDS #EndingAIDS

Don't be shy about submitting photos and including links to relevant content. Make some digital noise so that young people's voices are heard during the HLM.

Blogging and Videos

Blogging is a great and shareable way to draw attention to issues you care about at a specific time. In addition to your presence on social media, if you would like to submit

blogs to be placed on The PACT blog, please send a draft of between 500 - 1000 words to lindsaymenardfreeman@gmail.com and contactyouthpact@gmail.com.

*Haven't ever blogged before?
That's ok! We're here to help.*

Here are some general tips:

- Blogging 101: It's time to start telling your stories (huff.to/1AUciZV)
- How to write great blog content (bit.ly/1i7UO4e)
- A simple formula for writing a great blog (bit.ly/11Fjkxs)
- 16 top tips for beginner bloggers (bit.ly/1AFaWqJ)

There are some blog posts already developed by The PACT about the HLM on HIV/AIDS and also the UNGASS on drugs that you can use as an example.

If you are interested in submitting a video, we encourage you to upload your short video directly to YouTube and email to contactyouthpact@gmail.com to see if it can be featured on youthpact.org website. Make sure you tag your video with the #HLM2016AIDSYouth hashtag as well as #HLM2016AIDS.

Letter Writing

If you are not connected to social media, but would like to participate in a letter-writing campaign to your government expressing your priorities, to request a meeting, and draw attention to the HLM on HIV/AIDS, please go to Annex 3 for a sample letter. You will need to edit it according to your priorities, and we recommend that you align the priorities with the youth Position Paper.

ICASO is working with a coalition of civil society groups on various aspects of the HLM and can be reached at HLM2016@icaso.org. ICASO has prepared a background paper on the HLM and ways to engage as well as other CSO priorities that you can read in Annex 4.

4.5

Why is it important to hold governments accountable by following up to the HLM, and how can it be done?

Once the document is ready, the hard work begins because that's when the implementation must start. Very often, governments sign documents at the UN in New York or Geneva and they completely ignore them back at home. We must ensure that does not happen because processes like the HLM take place only 5 years so we must take advantage of the commitments Member States make.

Things you can do once the Declaration is ready:

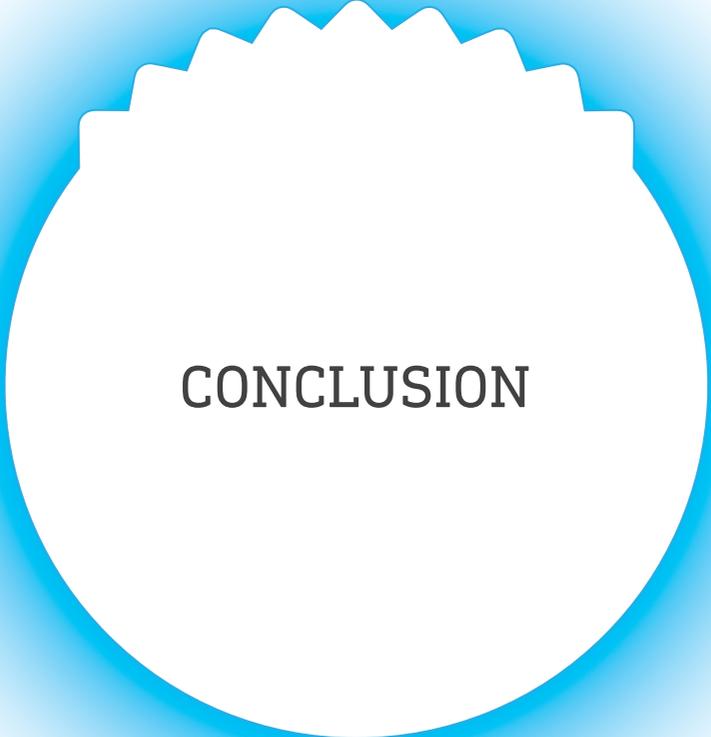
- **Communicate with the media and CSOs about the commitments that your government made during the HLM.** You can try to organize some event together with your government or do something on your own like writing blogs and posting in social media about what happened in New York and why is it important.
- **Organize a meeting with government officials, UN staff and organizations about how the commitments made at the HLM can be implemented at the country level.** Usually implementation will require financial commitments and may require changes in legislation and

shifts in existing programs. Changes take time so this process can take months or even years.

- In the case that specific indicators agreed to at the HLM, **you should try to be part of the group that follows-up in the reporting.** Also, some targets were set for the SDGs related to health so you can also try to ensure that both processes go together. You can also find out if your country plans to report to the High-level Political Forum (HLPF) regarding progress against the SDGs and ask to contribute to the national reporting that is presented to the HLPF.
- If your country is recipient of Global Fund grants, **you can also try to ensure that youth voices are included in the development, implementation and evaluation of the projects supported by The Global Fund.** and that those projects are in line with the commitments made at the HLM. If you are interested in knowing more about how young people can participate in different structures of The Global Fund, visit this link: bit.ly/22b6sBx.
- UNAIDS, UNFPA, WHO, and UNICEF can play important roles as allies in the implementation of the commitments. Particularly those made with adolescents and young people, because it is part of their mandate. If you are not sure about who to contact, here's a list of the youth officers at the different Regional Support Teams offices of UNAIDS.

You don't need to do all these things on your own. As we mentioned before, there are likely to be other organizations working on HIV in your region that may be willing to participate in the process, including CSOs of people living with HIV, women, key populations and SRHR organizations.

One of the difficulties is that usually there is no funding to support full participation in all of these activities but hopefully you won't need a lot of funding to implement the strategies suggested here. Instead, you will need some time and some skills.



CONCLUSION

Now that you're clear about the different components of the HLM, including what young people can do to be visible throughout this process and how to demand change from your government, we hope you have success in your involvement!

If you have any questions throughout your process of engaging with the HLM, please contact contactyouthpact@gmail.com.

We hope that the combined efforts of civil society, especially through the meaningful participation and engagement of young people, will push governments to make bold and ambitious commitments to support the HIV response and accelerate action to end the AIDS epidemic by 2030 and leave no one behind.



ANNEXES

ANNEX 1: Useful documents and links

- **The PACT:** A coalition of youth-led and youth-serving organizations has created a series of youth-specific advocacy tools including negotiation briefs about the different priorities identified by young activists working on SRHR and HIV around the Agenda 2030 process.
youthpact.org/advocacy-tools
- **ICASO:** The International Coalition of AIDS Services Organizations developed different materials, including documents with key things you need to know about the HLM and a draft letter for governments to request inclusion of civil society in the process.
bit.ly/1qAJmck
- **UNAIDS special HLM info:** The Joint United Nations Programme on HIV/AIDS opened a special site for HLM related issues.
www.hlm2016aids.unaids.org/index.php/ending-aids-means
- **UNODC special UNGASS website:** The United Nations Office on Drugs and Crime created a website where you will find information about the Special Session on drugs with the slogan “A better tomorrow for the world’s youth”.
bit.ly/1qAJmck
- **Declaration of Commitment and Political Declarations on HIV/AIDS:** If you are interested in reading the documents created at the last 3 UNGASS on HIV, you can find them here:
2001 (bit.ly/1m7eexN)
2006 (bit.ly/23pAwMb)
2011(bit.ly/1PjF47)
- **Resolution A/RES/70/228** on the ‘Organization of the 2016 high-level meeting on HIV/AIDS’ (modalities resolution).
bit.ly/1S1KNZP
- **‘Transforming our world: The 2030 Agenda for Sustainable Development’**, which includes the 17 SDGs and Target 3.3. on ending the AIDS epidemic by 2030.
bit.ly/1Y3D3sN
- **‘On the Fast-Track to end AIDS’** – UNAIDS 2016-21 Strategy which it is hoped will set foundations for ambitious targets at the 2016 HLM on HIV/AIDS.
bit.ly/1MYWQb8

ANNEX 2: What is the UNGASS on Drugs?

Apart from the HLM on HIV/AIDS, another key meeting will take place this year at the UN: the United Nations General Assembly Special Session on the world drug problem, also known as the UNGASS on Drugs. This meeting is relevant for stakeholders working on HIV issues for different reasons.

Eastern Europe, Central Asia and Southeast Asia are regions with very high rates of HIV among drug users. Other regions like North America, South America and Western Europe also have a strong problem with injected drugs and its relation with HIV and hepatitis transmission. Drug use is an issue faced by other key populations such as sex workers, transgender women and men who have sex with men. Therefore reluctance towards drug use can affect all mentioned populations, and has already led to social and health harms due to lack of services including HIV testing, counselling, treatment, care and support.

UN agencies such as World Health Organization and UNAIDS have recommended harm reduction as an evidence-based approach for HIV prevention for many years but many UN Member States are reluctant to implement life-saving public health interventions. Communities of people who use drugs have low or no access to essential HIV prevention tools such as needle and syringe exchange. As a consequence, children, youth, women and other drug users could not have the essential human rights which are access to health. Young people also face barriers to access youth friendly harm reduction services, including age of consent laws.

For these reasons, the UNGASS should bring a new step towards the drug problems of people who use drugs. It is important for the HIV community, advocates and stakeholder to push their governments to take on more progressive positions regarding drugs and especially harm reduction, in order to improve public health and respect the human rights of people who use drugs. From the vantage of human rights, access to the highest quality of health care – as well as from the point of view of politicians making decisions on behalf of the best interest of the society.

In order to protect our societies, Member States, UN agencies and other stakeholders should support harm reduction and young people's access to youth friendly services leading up to UNGASS in the next few months – this will feed into processes to ensure we secure similar language in the High Level Meeting outcome document in June.

ANNEX 3: Sample Letter to national authority leading government involvement in the HLM

Mr./Ms./Dr.

[insert name]

[insert position]

[insert ministry/department]

Re: Civil society involvement in the national preparation for the 2016 high-level meeting on HIV/AIDS

On behalf of [insert name of organization or group] and as members of civil society, I am writing to you today to respectfully offer our support and request our involvement in the preparations toward the upcoming UN General Assembly high-level meeting on HIV/AIDS that will take place at the United Nations in New York from 8-10 June 2016.

This meeting represents a critical opportunity for all stakeholders in the global AIDS response to set bold new targets for HIV treatment, prevention, human rights and investment [add any other priority your group/population may have]. It is important that the representatives in New York that will be negotiating the outcome document in the weeks and months to come on behalf of our country have the tools and support from the different country stakeholders. We would like to offer our support for this.

Additionally, we would like to request, based on Resolution A/RES/70/228 adopted by the General Assembly on 23 December 2015, which invites [insert name of country] to 'be represented at the highest level at the high-level meeting' and which encourages [insert name of country] to include in their national delegation include 'representatives of civil society, including non-governmental organizations and organizations and networks representing people living with HIV, women, adolescents and young persons' [insert here any other group/constituency – in addition to the above, the resolution also includes 'orphans, migrants, community organizations and faith-based organizations' as well as 'parliamentarians, mayors of cities significantly affected by HIV/AIDS' and 'the private sector'].

The important role that civil society organizations play in the response to the epidemic provides a unique and grounded perspective and access to information that would be invaluable to the delegation.

In closing, we would like to respectfully request a meeting with you and your staff to discuss our contribution and meaningful involvement in the process leading up to and during the HLM. Please contact me at your earliest convenience to arrange for a first meeting.

Sincerely,

[Your Name]

[Your Organization/group's name and address]

[phone number and email address]

ANNEX 4: Youth Position Paper

A new generation free of new HIV infections, free of stigma and free of AIDS related deaths

By the end of 2015, the world saw significant progress towards achieving the 6th Millennium Development Goal to combat HIV/AIDS, malaria and other diseases. Yet alongside these achievements remain many areas of unfinished business. Despite the fact that AIDS-related deaths are declining among adults, deaths among adolescents (10-19 years old) are still increasing and almost half of new HIV infections around the world still occur among young people (15-24 years old).

This year affords us a fresh opportunity for the HIV response to renew its commitment to zero new infections, zero AIDS-related deaths, and zero discrimination in the era of the Sustainable Development Goals (SDGs). The UN High Level Meeting on HIV, which takes place June 8-10 in New York, is a key moment to review progress made and pave the way forward to ensure we achieve Target 3.3, which aims to end the AIDS epidemic by 2030 and highlight the inter linkages of HIV to other key health and rights issues in the SDGs.

It is imperative to acknowledge and renew the global commitment to an HIV response that supports frameworks and resources necessary for young people worldwide. This HIV response must be inclusive and respond to the true diversity of young people today if young people are to achieve the highest quality of life attainable, free of HIV and AIDS. This HIV response must address the global inequity that young people experience, given that it fuels the HIV epidemic and threatens to diminish the key gains.

Adolescents and young people from around the world have raised their voices countless times at national, regional, and global levels to request a comprehensive response to the HIV epidemic. We demand global leaders commit to the following items that we, young people, including young women, young key populations and young people living with HIV, consider are critical for a comprehensive approach to the HIV response:

WE NEED HIGHER-QUALITY DATA AND ONGOING RESEARCH ON ADOLESCENT AND YOUTH RISKS, VULNERABILITIES AND HEALTH-RELATED OUTCOMES

Dis-aggregating and reporting data by gender, key population and age group is crucial in order to address our needs. More research is needed to examine the challenges adolescents and young people face, particularly girls, young people with disabilities and key populations.

WE NEED EVIDENCE-BASED COMPREHENSIVE PREVENTION STRATEGIES THAT ARE TAILORED TO LOCAL NEEDS AND THAT STREAMLINE THE INTERSECTIONALITIES ACROSS THE UNIQUE COMMUNITIES OF YOUNG PEOPLE

Several countries still deny youth the right to access programs on comprehensive sexuality education, access to free contraceptives including condoms, needle exchange

programs and new technologies such as pre-exposure prophylaxis (PrEP) for adolescents and young people.

WE NEED ACCESS TO HEALTH SERVICES, INCLUDING HARM REDUCTION, SO THAT NO ONE IS LEFT BEHIND

Adolescents and young people still face legal and economic barriers to access services such as testing, STIs treatment, opioid substitution therapy and antiretroviral treatment. Ensuring all young people have access to HIV treatment is essential in order to achieve the goal of zero deaths related to AIDS by 2030 (Target 3.8). Also, youth living in rural areas and other hard-to-reach youth must have access to services, regardless of their location and ability to pay.

WE NEED TO ADDRESS LAWS AND POLICIES THAT HAMPER ADOLESCENTS AND YOUNG PEOPLE ACCESS TO PREVENTION AND TREATMENT, COMMODITIES, AND SERVICES

This includes decriminalization of same-sex conduct, drug use, and sex work and elimination of marital status as indicator to allow consent. Restrictive policies regarding age of consent and parental consent laws must be eliminated so adolescents can access prevention, treatment, care and support services.

WE NEED A STRONGER RESPONSE FOR WOMEN AND GIRLS

Young women face structural and economic challenges that make them more vulnerable. Social and political changes are needed to eliminate inequalities and improve sexual and reproductive health and rights that will contribute to reaching the Sustainable Development Goal #5 to achieve gender equality (particularly Target 5.6). This cannot be done without a full and total empowerment of young girls and fighting cultural practices such as genital mutilation, early/forced marriage and sexual violence. Working toward ensuring access of girls to education, job opportunities and economic autonomy will considerably reduce their vulnerabilities to HIV.

WE NEED TO SCALE UP INTERVENTIONS AND UPHOLD THE BASIC RIGHT TO HEALTH FOR YOUNG KEY POPULATIONS

Young men who have sex with men, trans women, sex workers and people who use drugs still face criminalization, discrimination and violence. They also lack focused and differentiated strategies even though they are the ones most affected by the HIV epidemic in many countries. Human rights of all young people must be respected, protected and promoted in order to improve the overall response to HIV (Target 3.5), particularly their sexual and reproductive rights.

WE NEED BETTER TREATMENT OPTIONS, A VACCINE AND A CURE

Future generations should live in a world where HIV treatment is a right, including 2nd and 3rd generation line regimens. It is crucial to invest and promote more research and find a vaccine that is accessible to children, adolescents and young people.

WE NEED MEANINGFUL YOUTH PARTICIPATION AND LEADERSHIP

Young people, particularly those living with HIV, must be in the front and center of the response to end the epidemic. The lack of participation and the lack of support provided to youth, particularly those of key populations, has led to limited spaces for youth development. This directly impacts the leadership renewal within the global HIV response. Our involvement in decision-making bodies and implementation frameworks at all levels is not only our duty, but it is our right. Beyond beneficiaries, we must be partners and leaders in the HIV response.

WE NEED MORE FUNDING FOR YOUTH-LED ORGANIZATIONS AND BETTER EFFICIENCY ON SPENDING

Youth organizations and youth-specific health services should be funded in order to sustain the response. The Global Fund to fight AIDS, Tuberculosis and Malaria must be fully funded and at the same time, governments must increase their internal resources for HIV. At the same time, Member States must recommit their support to fully fund the UN Joint Programme on HIV/AIDS to sustain its commitment and technical support to youth-led organizations and other civil society organizations globally.

WE NEED GOVERNMENTS TO REAFFIRM THEIR COMMITMENTS STATED IN EXISTING DOCUMENTS

The outcome document of the High Level Meeting has to be stronger and more ambitious than the Declaration of Commitment developed in 2001 and the Political Declaration on HIV and AIDS created in 2011, in order to achieve our vision to end the AIDS epidemic by 2030. This time young people must be recognized as a key group, not just as beneficiary but also as game-changer. The needs of young key populations including MSM, SWs and IDUs must be acknowledged and addressed in the outcome document.

Young people have been working hard around the world to prevent new infections, fight stigma and discrimination, and advocate for access to treatment, among other important actions in the response to HIV. We will continue doing so, but governments, donors and multilateral organizations, including the UN, need to fulfill their commitments with us and our peers.

Achieving the goals and targets set in the SDGs will also have an impact in the HIV epidemic and vice versa; achieving the target to end of the AIDS epidemic will advance other SDGs. For example, improving access to education, economic empowerment and decent jobs will contribute to the response to the HIV epidemic, as they are all social determinants of health. Governments have the opportunity to reaffirm their commitment to the HIV response during the High Level Meeting on HIV/AIDS. Let's not waste this opportunity and utilize the evidence about what works in order to end the AIDS epidemic and create a more equitable world for all.

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The Youth Position Paper is also available in Spanish, French, Arabic and Russian here: youthpact.org/hlm-2016

ANNEX 5: Civil Society Priorities for the HLM (ICASO)

Too soon to declare victory: the "end of the AIDS epidemic" may be within reach, but it will slip through our fingers if we do not re-prioritize now.

Ten civil society priorities for action now!

- I. **LEAVE NO ONE BEHIND.** To uphold the promise of Agenda 2030 and the Sustainable Development Goals (SDGs), Member States must recognize and address the fact that key populations, including people who inject drugs, gay men and other men who have sex with men, bisexual people, transgender people, male, female and transgender sex workers, and young women and adolescents, are the groups most at risk for HIV. It also means a permanent commitment to collecting age- and sex-disaggregated data, including information about groups that are often invisible to data collectors. This requires close collaboration and regular consultation with community members to ensure that data is safely collected, using human rights metrics, and that it captures the diversity of communities affected by HIV.
- II. **PROTECT AND UPHOLD HUMAN RIGHTS.** All Member States must eliminate discriminatory laws, policies and practices, adversely affecting people living with HIV, gay men and other men who have sex with men, sex workers, people who inject drugs, transgender people, and women and girls, while ensuring human rights are upheld and protected, including the right to health. Along with multilateral financial institutions, all member states must also support action to address human rights abuses, including gender-based violence (including sexual violence) and discrimination and stigma. To do this effectively, they must invest in human rights interventions. The risk of inaction is a failure to achieve healthy lives (SDG 3).
- III. **DECRIMINALIZE HIV TRANSMISSION, EXPOSURE AND NON-DISCLOSURE.** To achieve healthy lives (SDG 3) and access to justice (SDG 16) Member States must eliminate draconian laws directed at people living with HIV. Such laws have no public health value whatsoever. Member States must also eliminate the unjust application of criminal law on the sole basis of HIV status and discrimination against people living with and vulnerable to HIV, in line with SDG 16. National governments should ensure access to justice for all. The risk of inaction is a renewed epidemic among the groups who are most at risk of contracting HIV.
- IV. **ENSURE TREATMENT ACCESS NOW.** Access to treatment, care and support, particularly among key populations (SDG 3) is a staple element of the response. Member States, with the support of donors, international organizations and the UN, must ensure that all people living with HIV needing and wanting treatment are able to receive it. In addition, Member States must ensure that access to treatment in developing countries is consistent with the World Trade Organization Declaration on TRIPS and Public Health (Doha Declaration).
- V. **REVIVE THE PREVENTION REVOLUTION.** Prevention must remain central to all HIV responses. Comprehensive HIV programs include a full range of complementary, acceptable, accessible, high-quality bio-medical (e.g., pre and post exposure prophylaxis

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– PrEP and PEP), behavioral, community, social, and structural interventions. HIV-related programs should meaningfully involve communities at all levels and be aligned with global guidance developed and supported by the WHO and UNAIDS.

VI. ACHIEVE GENDER EQUALITY Gender inequality and violence heighten vulnerability to HIV. Member States must commit to meaningfully addressing gender inequality (SDG 5) and gender-based violence across all levels of the response. All Member States must ensure greater and more effective linkages between sexual and reproductive health (SRH) and HIV service. SRH services should be fully funded and include programs for caregivers of family members living with HIV, the majority of whom are women and girls. SRH programs should also address gender-based violence and be tailored to the needs of key populations, including transgender women. Responses should be evidence-informed and be ready to address emerging issues, such as cervical cancer, HPV, and gender-specific presentation of tuberculosis and malaria.

VII. RECOGNIZE AND RESPOND TO HIV AMONG SOCIALLY MARGINALIZED GROUPS. Member States must align their HIV response with reliably and systematically collected epidemiological data. This includes understanding disproportionate disease burden and disparities among young women and girls (SDG 5), particularly in Sub-Saharan Africa, and concentrated epidemics among gay men and other men who have sex with men, sex workers, transgender woman, and people who inject drugs (SDG 10). National AIDS programs should address the specific and differential needs of young people and people living with HIV who are aging (complementing SDG 3).

VIII. FULLY FINANCE A COMPREHENSIVE HIV RESPONSE. We must ensure that resources match need.¹ Member states, donors, the international community and the UN must reenergize strained funding sources (SDG 17). The UNAIDS Fast Track goals have laid out an ambitious target of ending the AIDS epidemic by 2030 – but this plan will be little more than rhetoric without creative thinking and bold action to scale up and sustain the investments required. Stakeholders in the field of public health and thought leaders and partners in financing and development should work in close partnership. Middle-income countries should develop and implement costed transition plans as international donors, including the Global Fund, withdraw their support. Without an all-hands-on-deck effort, the moment to end the HIV epidemic will pass. This must include enabling legal and policy environments to allow for contracting between governments and community-based organizations (social contracting). National government should firmly commitment to continuing services for key populations previously supported by external donors. Donor governments and multilateral organizations should continue funding advocacy and monitoring activities to ensure responsible transition planning.

IX. SUPPORT COMMUNITY RESPONSES. Funding must reach communities. Community health services, community mobilization and community monitoring play key roles in the HIV response. All Member States and multilateral funding institutions must place particular emphasis on closing resource gaps and fully fund community engagement and mobilization. Action must include quantifying, costing, and funding community-driven responses, including involvement of certain faith-based organizations. While anchoring services within the community is essential, governments should not offload

their responsibility onto communities without ensuring adequate human and financial resources. Member States must commit to supporting strong community engagement, including resources and recognition.

X. ESTABLISH STRONG ACCOUNTABILITY MECHANISMS TO ENSURE COMMITMENTS ARE MET. All member states must commit to supporting robust accountability mechanisms to ensure that the commitments made in this 2016 AIDS Declaration are translated into effective AIDS responses. They must also commit to periodic and inclusive reviews and reporting of progress towards meeting the targets set, with the full and meaningful involvement of civil society, in particular people living with HIV and key populations.

Slogans and simple answers will not end the AIDS epidemic. Efficiencies in health service delivery will not get us there alone. Political leaders at the community, national, regional and global levels must recommit to take real steps to end AIDS. This means using a human rights approach to:

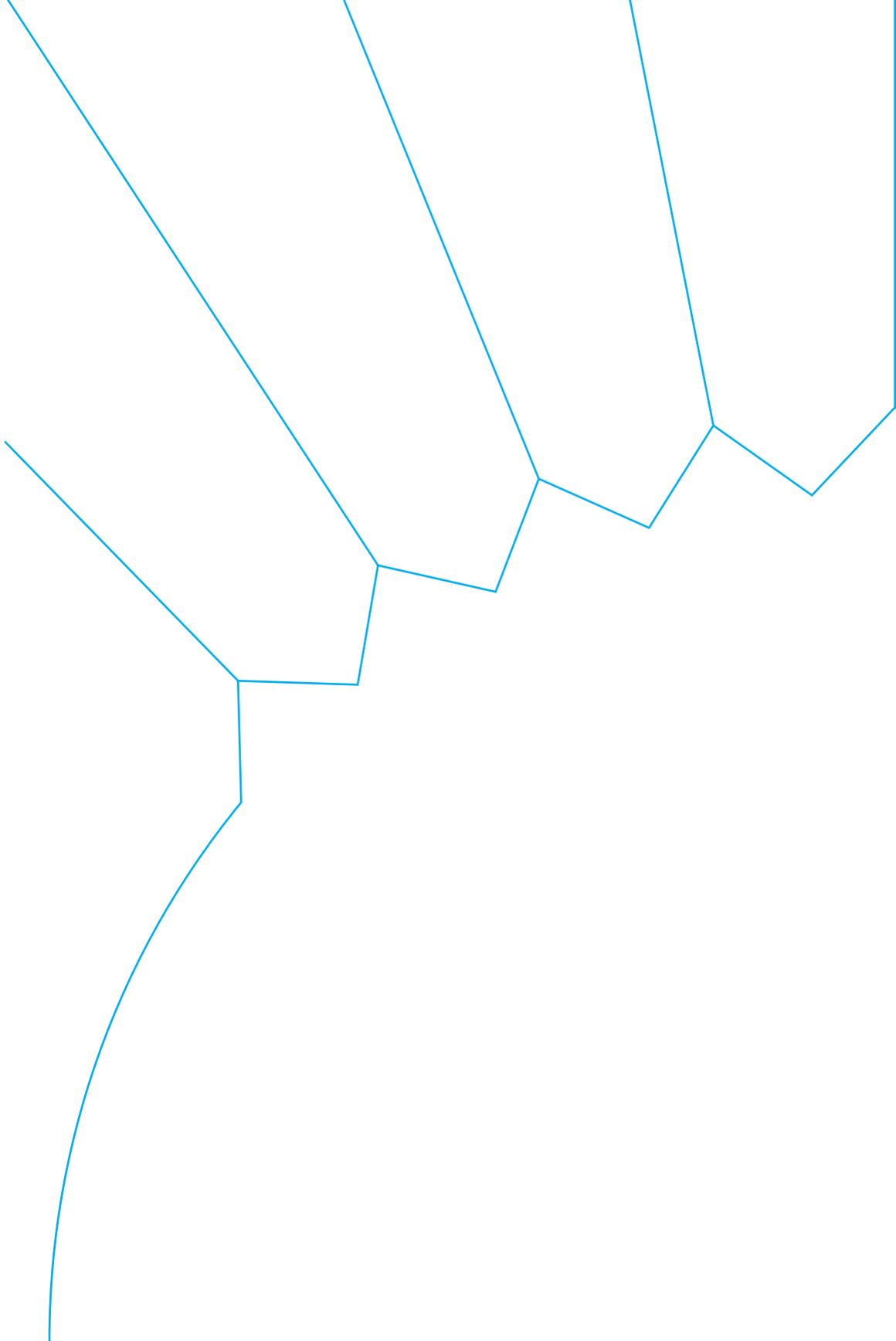
- Address punitive policies and practices that prevent people vulnerable to, at risk of and living with HIV from receiving the health, legal and social services they need;
- Eliminate laws that criminalize HIV transmission, exposure and non-disclosure, homosexuality, gender non-conformity, sex work, and drug use; and
- Challenge trade and aid policies that hamper HIV commodity production, purchasing and distribution systems.

The diversity of today's HIV epidemics demands diverse, rights-based and gender-transformative responses. However, while this has long been part of the HIV lexicon, many countries and communities have not yet fully acknowledged or adopted such rights-based and gender-transformative laws, strategies, policies and programs.

Comprehensive approaches to HIV are not new, but the global community, national governments, international organizations and donors have not yet put them at the center of HIV and health responses. Most notably, human rights, gender equality, treatment for all and increased financing must anchor HIV responses. Not all countries, communities or groups experience the epidemic equally. In some countries, HIV is “urbanized” and heavily concentrated within cities, and further concentrated among particular groups, such as men who have sex with men, sex workers, people who use drugs, people in prison, young women and girls, and transgender people. In other places, the HIV rate is growing among groups living in areas with little access to health, social and legal services, as well as among groups on the move, particularly relevant in light of the current massive humanitarian emergencies (refugees, asylum seekers, and internally displaced people).² In yet other contexts, HIV-TB co-infection is a growing cause of illness and death.

Following the evidence, each country must localize and tailor its HIV response. This means they must address structural and political determinants of HIV and health inequity. Among these determinants are punitive laws and policies that criminalize people living

with HIV, gay men and other men who have sex with men, sex workers, transgender people, people who use drugs, and women and girls. Also vulnerable are migrants, people in prison, and indigenous peoples. Governments should have policies in place to redress discrimination based on race, ethnicity, tribe, gender, gender identity, sexual orientation, language, and age. For countries where HIV is on the rise, such attention is urgent. The risk of inaction is great: more failed policies, inadequate programmes, downward pressure on national economies and lost resources—and most importantly of all, lost lives.



Youth toolkit

The generation that will end AIDS:
an action package for young people
towards the High Level Meeting
on HIV/AIDS 2016

