

**YOUNG PEOPLE
SPEAK OUT
MEETING OUR RIGHTS
TO HIV PREVENTION
AND CARE :
ACCESS FOR ALL**

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CONTENTS

YOUNG PEOPLE AND HIV/AIDS: WHAT THEY SAY MATTERS	3
THE CONSULTATION PROCESS	4
A FIRST STEP	5
HIV/AIDS AND YOUNG PEOPLE GLOBALLY: SOME FACTS AND FIGURES	7
ALL REGIONS IN THE WORLD ARE AFFECTED BY HIV/AIDS	7
BUT ALL YOUNG PEOPLE ARE NOT THE SAME	8
WHAT YOUNG PEOPLE ARE SAYING	11
YOUNG PEOPLE NEED ACCESS TO INFORMATION, KNOWLEDGE AND LIFE SKILLS	11
YOUNG PEOPLE NEED ACCESS TO SERVICES, TESTING AND TREATMENT	13
YOUNG PEOPLE NEED A SAFE AND SUPPORTIVE ENVIRONMENT	16
MAIN RECOMMENDATIONS FROM THE YOUTH CONSULTATIONS	19
ACCESS TO INFORMATION, KNOWLEDGE AND LIFE SKILLS	19
ACCESS TO SERVICES, TESTING AND TREATMENT	20
CREATING A SAFE AND SUPPORTIVE ENVIRONMENT	22
ANNEX : Recommendations from country consultation reports	24

YOUNG PEOPLE AND HIV/AIDS: WHAT THEY SAY MATTERS

In the few minutes it takes to read these opening pages, a dozen young people will be infected with HIV somewhere in the world. HIV has become a disease of the young, with nearly 6,000 infections occurring among 15 to 24-year-olds every day. It's a disease fuelled by poverty, gender inequality and complacency.

Preventing new HIV infections is the key to ultimately defeating AIDS. When properly equipped, young people do make responsible choices. Yet they urgently need the information, skills, services and opportunities to prevent infection and continue to lead healthy lives. They also need care and support to alleviate the effects of the disease. HIV/AIDS cannot be cured, but it can be treated and its transmission can be halted.

In preparation for the XV International AIDS Conference, a series of consultations with young people affected by the HIV/AIDS crisis, including those living with the disease, were supported. The objective was to explore young people's perceptions of "access" to HIV/AIDS prevention, care and support services. During these meetings, young people expressed their views and opinions about how HIV/AIDS is affecting their lives. They talked about the risks they face in their communities, their conditions at school and at work, their relationships with their families and friends, and what opportunities they feel they are being denied. They looked at the effectiveness of existing programmes and shared their visions regarding policies, prevention and care. Their first-hand perspective provides an invaluable look into an epidemic that will not be halted without their active involvement.

The consultations are part of a larger strategy designed to engage young people as true partners in the fight against HIV/AIDS. For more than 10 years, UNICEF has been working with adolescents in sub-Saharan Africa to prevent the spread of the disease. Across the continent, adolescents are developing critical life skills in classrooms, taking responsibility for their health with "adolescent-friendly" health services, and educating and motivating their peers to make safe choices. In countries like Senegal, Uganda, and Zambia, prevention efforts have successfully reduced the spread of HIV among young people.

Around the world, children of all ages are increasingly speaking out and getting involved. They are presenting their views at regional summits and logging into Voices

of Youth discussions on the Internet. They're using television, radio, theatre, art, photography and new technology to communicate information and collect data on the knowledge and behaviour of young people. They are playing a central role in HIV programming and implementing strategies to reach out to their peers. They are telling the world they are deeply concerned about HIV/AIDS and they are eager to help confront the disease head-on.

This report voices the concerns of young people at the centre of the HIV/AIDS epidemic. It incorporates insights and recommendations from youth consultations as well as other initiatives that are providing adolescents and young people the opportunity to speak up and make a difference. It highlights the barriers young people face in accessing information to prevent the spread of HIV/AIDS, skills to protect themselves from the disease and services to enable them to lead healthy lives. It looks at what needs to be done and how young people can be involved.

The following pages reflect a disturbing reality: the most basic rights of many of the world's 1 billion young people are not being met. Far too many young people continue to be disregarded when interventions on HIV/AIDS prevention and care are designed, policies made and budgets allocated. This was the same observation made two years ago in *Young People and HIV/AIDS: Opportunity in Crisis*, a UNICEF, UNAIDS, WHO publication that provided the first global comprehensive look at the knowledge and behaviour of people aged 15 to 24 relating to HIV/AIDS.

This report also reaffirms that young people are motivated and eager to engage in the fight against HIV/AIDS. They are clear on what they need to make healthy and informed choices: knowledge and life skills, youth-friendly and gender-sensitive services and a protective familial, social and legal environment. If given a voice, young people can contribute important information that can guide policy and decision-making. They can play a vital role in the planning, development, implementation and monitoring of interventions.

THE CONSULTATION PROCESS

Consultations were held in countries around the world.¹ They tapped into a wealth of energy, experience and insights, bringing together adolescents in school and out of school, unemployed youth, illegal migrants, adolescents living on the street,

¹ Bangladesh, Barbados (which hosted the Caribbean Summit for Children on HIV/AIDS with participants from 18 English-speaking countries in the Caribbean), Burkina Faso, Cambodia, Cameroon, Dominican Republic, Egypt, Indonesia, Islamic Republic of Iran, Lao PDR, Nepal, Sri Lanka, Tajikistan, Thailand and Ukraine. Reports are available from each country. UNFPA, in the spirit of inter-agency collaboration, supported the consultations in two of the 15 countries (Nepal and Dominican Republic).

transgender youth, gays and lesbians, and young people living with HIV/AIDS. Some of the participants were engaged in risky behaviour, including injecting drug use and commercial sex work.

Consultations were conducted with guidance from UNICEF and UNFPA Country Offices, governments, and international and national non-governmental organizations. A variety of techniques were used to create a relaxed and informal atmosphere, including brainstorming, games, role playing and performing skits. All methods promoted dialogue and discussion; they emphasized creativity, critical thinking and joint reflection. In some countries, surveys and questionnaires were used to help identify knowledge gaps and better understand behaviour.

During the workshops, participants were encouraged to examine their own situations, make recommendations, and, ideally, take action to make a difference in their own communities. They had the opportunity to improve their knowledge about HIV/AIDS and develop skills, including skills in communication, negotiation, critical thinking, cooperation, teamwork, goal setting and public speaking. Final reports were produced with specific recommendations for improving access to information, skills and services. (See Annex for country recommendations.)

If young people's views and fears are not addressed, we will be chasing the wind in the fight against HIV/AIDS.

Rex Chapota, Research and Evaluation Officer with the Youth Council, Right to Know. (Malawi)

A FIRST STEP

It is hoped that this report will challenge assumptions, raise questions and generate dialogue both between generations and among young people. For governments and other concerned agencies, it is a reminder that they must work with young people to develop comprehensive and coordinated HIV/AIDS prevention, treatment and care strategies that meet young people's needs.

For young people, this document is just the beginning. At the XV International AIDS Conference, young people will come together to review, develop and validate this preliminary report and its recommendations. They will then return home and meet with their peers to revise and refine the messages. UNICEF, and our partners, will work closely with these young people to produce a final consolidated report that will present their views on what needs to be done to ensure access to information and knowledge, skills, services and care for every young person, regardless of their HIV status, gender or situation. Back home, young people can also build on the momentum generated in Bangkok. They can use both the preliminary global

report and individual country consultation reports to engage and motivate their peers, build partnerships, and strengthen community and government efforts to confront the epidemic.

The following pages underscore the urgent need to place young people high on the global agenda in the fight against HIV/AIDS. That means not only making sure their rights are met, but also ensuring their ideas and opinions are heard. It means working with young people as genuine partners.

What young people have to say matters. Their messages are clear. The world cannot afford not to listen.

At the United Nations General Assembly Special Session on HIV/AIDS in June 2001, governments adopted a Declaration of Commitment outlining specific, time-bound goals and targets. With agreement that a focus on children and young people is central to the fight against HIV/AIDS, the Declaration commits governments and their partners to:

"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 youth, parents, families, educators and health care providers."

HIV/AIDS AND YOUNG PEOPLE GLOBALLY: SOME FACTS AND FIGURES

- Globally, of the 40 million people living with HIV, more than 10 million (3.9 million males and 6.2 million females) are between the ages of 15 and 24.
- Over 2 million young people became infected in 2003.
- Over 12 million children under 18 in sub-Saharan Africa have lost one or both parents due to HIV/AIDS.
- Regions that are currently least affected by the AIDS crisis often show the most rapid increase in infections.
- WHO estimates that over 100 million new sexually transmitted infections (STIs), excluding HIV, occur each year among young people under 25 years of age. STIs greatly facilitate HIV transmission between sexual partners, so treating and preventing them is an important step in breaking the HIV/AIDS chain of infection.

There are different types of epidemics in different regions and even within countries - all with young people at their centre. Significant levels of high-risk behaviour, including injecting drug use, commercial sex work and sex between men can create "concentrated" epidemics. When HIV spreads to the wider population (when more than 1 percent of the total population is infected), the number of infections tends to rise rapidly. Such "generalized" epidemics are found in sub-Saharan Africa, parts of Asia, Central America and the Caribbean. Denial and stigma create an ideal context for the spread of HIV.

Young women are at a higher risk than young men in countries with generalized epidemics. In South Africa, Zambia and Zimbabwe over 75 percent of HIV-infected people aged 15-24 are women.

ALL REGIONS IN THE WORLD ARE AFFECTED BY HIV/AIDS

Sub-Saharan Africa remains the region worst affected by HIV/AIDS with two-thirds of all people infected. Some 25 million people are living with the virus and AIDS is the leading cause of death on the continent. More than 12 million children under 18 have lost one or both parents due to AIDS. HIV prevalence varies considerably from one country to another, ranging from less than 1 percent in Senegal to nearly 40

percent in Swaziland. In Botswana, Lesotho, South Africa and Swaziland, more than 20 percent of young pregnant women are infected.

In *Asia and the Pacific*, an estimated 7.4 million people are believed to be living with HIV. Major epidemics exist in Cambodia, Myanmar and Thailand, largely fuelled by risk behaviours relating to commercial sex work and injecting drug use. In China, home to a fifth of the world's population, concentrated epidemics have emerged in several provinces and there is a concern that epidemics are poised to take off in several others. India is home to the world's second-largest HIV-positive population.

In *the Caribbean and Latin America*, risk behaviours related to sex between men appear to be a major driving factor in HIV epidemics in many countries in the region. A large proportion of these men also have unprotected sex with women. Prevalence levels are highest in Haiti, Trinidad and Tobago and the Bahamas.

Central and Eastern Europe and Central Asia has the fastest-growing epidemic in the world. Risk behaviours related to injecting drug use are driving the epidemic. Because many injecting drug users are young and sexually active, HIV is increasingly spreading to their sexual partners and into the wider population. According to the Ministry of Health in the Russian Federation, the number of teenage injecting drug users has grown 18 times over since 1991.

In *the Middle East and North Africa*, nearly half a million people are living with HIV/AIDS. Available data point to increasing HIV prevalence rates, with about 75,000 new infections in 2003. Injecting drug use is a growing problem in some countries in the region.

BUT ALL YOUNG PEOPLE ARE NOT THE SAME

Individual characteristics, such as age, gender, marital status, and the geographical, economic, social and environmental context in which young people live, influence their behaviour and vulnerability to HIV infection. Young women, for example, may be particularly vulnerable for biological reasons and for social reasons, including lack of economic resources and negotiating power. In some countries, young men may face tremendous social pressure to be sexually active and are, therefore, less likely to seek information about how to protect themselves and their partners for fear of appearing inexperienced.

Both young men and women are vulnerable when they have limited access to information, knowledge, services and care. Those who are caught up in armed conflict or forced to live on the social and economic margins of society are at especially high

risk for contracting HIV. If they are already living with HIV, they can suffer even worse stigma and discrimination and often have little access to care or drugs when they fall ill.

Recognizing both the similarities and differences between young people can be a starting point when formulating policy and designing programmes. Ultimately, young people should have the biggest say in defining what their needs are what should be done to address them.

WHAT YOUNG PEOPLE ARE SAYING

YOUNG PEOPLE NEED ACCESS TO INFORMATION, KNOWLEDGE AND LIFE SKILLS

Many young people know they lack critical information to protect themselves from HIV/AIDS. Nearly all adolescents have heard of HIV/AIDS, but many still have no idea how HIV/AIDS is transmitted or how to protect themselves from the disease. Girls are especially vulnerable because religion and social convention often restrict them from obtaining information about sexual matters. The consultation in Thailand revealed that the majority of young people still believe they can tell if a person has been infected with HIV by their appearance. Most young people participating in the consultation in Egypt believed that the time from infection with HIV until death ranged from a few days to a maximum of 12 months. Surprisingly, even some young people living with HIV/AIDS were not aware of the progress of the infection/disease or what to expect in regards to symptoms and/or complications.

In Ukraine, 99 percent of adolescents had heard of AIDS, but only 9 percent could correctly identify the three primary ways of avoiding sexual transmission. In Indonesia, only 32 percent of females aged 15-24 knew that a healthy looking person can be infected with HIV. That figure was just 8 percent in Tajikistan.

Many young people continue to have serious misconceptions about HIV/AIDS. Young people who took part in the consultations say that they receive the majority of their information on sexual/reproductive health and HIV/AIDS from friends and mass media, but that much of the information from peers is often inaccurate and confusing, leading to major misconceptions. These misconceptions vary from one culture to another, and specific rumours gain credibility in some populations, both on how HIV is spread and on how it can be avoided. An adolescent girl who participated in the consultation in Egypt stated, "Anything mentioned within religion is safe and healthy, so sex within marriage is always safe."

Some misconceptions about HIV/AIDS:

- Sex with a virgin has curative powers and masturbation can damage health, particularly the brain. (Cambodia)
- Local charms can provide protection from HIV. (Malawi)

Public service announcements and information campaigns are often not clear and do not reach the most vulnerable members of society. Young people in many countries feel that messages that focus on the dangers of HIV instead of on how young people can protect themselves are not effective. Participants in the consultation in Thailand indicated that information is only in Thai language, thereby excluding some groups, such as cross-border migrant labourers who cannot read or speak Thai. In some countries, advertising campaigns link the disease to men travelling abroad, portraying AIDS as a disease of the "West" that is only transmitted by foreigners. Advertisements that portray illicit sexual encounters as the main method of transmission distract attention from other possible transmission routes. In most countries, the issue of sex between males is hardly ever approached.

Young people feel embarrassed or uncomfortable raising certain issues, such as correct condom use or discussing unprotected sex. These are regarded as the domain of adults and married people. (Bangladesh)

Adolescents are concerned that they lack the skills needed to protect themselves from HIV/AIDS. As a result, many of them, especially girls, both in and out of school, are not able to say no to risky situations, and lack the skills to negotiate abstinence or condom use. In many countries, where culture and religion discourage open discussions about sex, young people may be fearful or embarrassed to talk about sex. In some countries, such as Cameroon and Indonesia, peer pressure plays an important role in influencing sexual behaviour.

Many adolescents feel that classes in school on reproductive health are not effective. They say that such classes tend to be theoretical, provide little information on protection and skills, and are usually taught by teachers who are uncomfortable speaking about sexuality and sex. They also say that some administrators prohibit discussions on specific topics, such as masturbation and homosexuality because they are afraid of scandalizing the school.

We don't dare ask for information related to HIV/AIDS because many people in this society blame us for spreading HIV. It needs to be better communicated that HIV can be spread by anyone to anyone.

Adolescents have little knowledge about condoms and many of them do not use condoms. In some countries, adults do not support the promotion of condoms, and social policies, especially for schools, prohibit condom use. Adolescent boys at the consultation in Egypt did not know anyone who used condoms. They all agreed that they would feel extremely uncomfortable buying them from a pharmacy and carrying them around.

Young sex workers, transgender and gay youth. (Thailand)

Many young people are concerned that their peers at high risk for contracting HIV are not reached, especially children and adolescents living on the street, in detention centers, sex workers, injecting drug users, migrant youth, gay, lesbian and transgender youth. They say that many of these young people are denied access to prevention and care services and employment opportunities, while at the same time facing other forms of discrimination. Children and young people living in rural areas and small towns lack access to information, skills and services for prevention and care.

LAO PDR

What factors put young people at risk for HIV/AIDS?

- Desire for experimentation
- Lack of information on prevention
- Intoxication (leads to irrational decision-making)
- Drug use
- Increases in use of commercial sex
- Living away from family
- Having large sums of money (students sometimes spend it on drinking and partying; labourers in bars and on commercial sex workers)

YOUNG PEOPLE NEED ACCESS TO SERVICES, TESTING AND TREATMENT

Overall, adolescents participating in the country consultations feel that services for prevention are generally unavailable, and where they do exist, they are difficult to access. This is especially true in rural communities and areas affected by conflict. They say that condoms and counselling or advice services on HIV/AIDS, sexuality and reproductive health are still not easily available, especially to vulnerable young people. The services that do exist are generally expensive and unaffordable. There is a perception among young people that services are not available to them unless they are married (Indonesia) and that the family health service provides condoms only to married couples (Sri Lanka). In many countries, "harm reduction" activities (strategies that minimize the consequences of

Adolescent girls in Egypt expressed their need for clinics where they could get access to information as well as services. Ideally, clinics would be:

- Segregated by gender
- In places accessible to youth, such as clubs and universities to avoid stigma
- Confidential

unsafe behaviour) to prevent HIV transmission among injecting drug users and sex workers, is not promoted or available.

Many adolescents who took part in the consultations say that adult-staffed and adult-managed services are often unfriendly and ineffective. They believe that many health personnel, including some physicians, have limited and inaccurate knowledge about HIV/AIDS and, as a result, promote conflicting messages that are confusing and increase young people's risk. In some countries, service providers promote stereotypes and taboos rather than knowledge and skills. Most adults are unfamiliar with youth culture and language, tend to be judgmental when dispensing information and are thoroughly unequipped to provide counselling and care.

Adolescents say that treatment for sexually transmitted infections (STIs) is inadequate and often inaccessible. When treatment is available, it is seldom free or anonymous. Young people, in some countries, indicated that persons who are diagnosed with an STI are only treated with medication and receive no counselling or advice on how to avoid future infections.

Adolescents are concerned that voluntary and confidential counselling and testing is often not available, especially to their peers who are engaged in high-risk behaviour, including injecting drug use and commercial sex work. Even when testing is accessible, there is a fear that information will not remain confidential or that sensitive information is sometimes given to social institutions, including schools and police. In some countries where injecting drug use is the main mode of transmission, young people said that health workers inform police of the name and address of people who test HIV positive. This sharing of confidential information can cause great harm, especially to children and adolescents living in small communities.

Whether or not parental consent should be required for testing was the subject of lively debate at the Summit on Young People and HIV/AIDS in the Caribbean. Participants were concerned that youth may not be able to "handle the results of a test, especially if positive" (Barbados), and so would benefit from their parents' support and guidance. However, it was suggested that parental consent can deter young people from getting tested, particularly in the Caribbean where "parents don't even know their kids are sexually active" and "don't spend time with their children so it becomes hard to even go to the parents". (Trinidad)

Younger adolescents must go to paediatric health services. Older adolescents have to seek adult services. There's no place to discuss problems particular to adolescents.
(Sri Lanka)

Let us not pay lip service. If I may ask, how many youth in the different countries take part in dialogues with the policy makers? If something is for youth, they need to take part in designing it!

Stephen, 21 years old, Uganda.
(From Voices of Youth)

CAMBODIA

What is the most important reason why young people do not choose to get tested for HIV?

- Afraid of facing the truth
- Shyness to face counselor, doctors and others people at the medical consultation
- Lack of money
- Fear of discrimination and judgment
- Lack of counseling and testing centres
- Lack of information about testing and counselling
- In case of the person tested is found HIV+, fear of having to keep a secret
- In case of the person tested is found HIV+, decrease of self esteem
- Ignorance about counseling and testing on HIV/AIDS
- No confidence in the counselor and the medical services
- Peer pressure to not have a blood test

Young people at the consultations were concerned that care and support services for people living with HIV/AIDS are inadequate and coverage is limited. They say that young people, especially those living in remote areas, have difficulty accessing antiretrovirals (ARVs) due to the cost of drugs, lack of availability, attitudes of health personnel, and distance. Many HIV- positive young people participating in consultations stated they are reluctant to use the limited services available, fearing they will get "locked up" or face stigma and discrimination. The consultations revealed that many

Instead of sitting young people down in rows and lecturing them until they are all asleep, adults should give young people a chance to participate so that they can contribute to social advancement.
(Lao PDR)

young people, including HIV-positive youth, know very little about ARVs or any monitoring tests required to support their use.

YOUNG PEOPLE NEED A SAFE AND SUPPORTIVE ENVIRONMENT

Young people living with HIV/AIDS feel that community attitudes are still very negative in many areas, with many reporting being stigmatized and discriminated against. Young people from some countries in Eastern Europe said that HIV-positive children are being abandoned. Some are also rejected by orphanages, forcing them to live in the infectious disease departments of hospitals. During the consultations, a number of participants who were living with HIV stated that they had previously been refused medical services by health workers.

Especially vulnerable young people involved in risky behaviours (e.g. injecting drug users, and commercial sex workers) or risky situations (e.g. children on the street and migrant youth) feel they face a great deal of discrimination. In some countries, young people said that risky behaviours linked to HIV infection are often addressed only by law enforcement. Many young people engaging in risky behaviours and those who don't have proof of citizenship or identification cards said they were unable to access information and services. Participants in Thailand (cross-border migrant youth) said that their illegal status as labourers made it impossible for them to seek health services.

Many young people who attended the consultations feel they had few opportunities to gain relevant employment experience that prepares them for the workforce and provides hope for the future. Poverty and unemployment are routinely identified as major problems faced by young people living with HIV/AIDS, as well as those from families affected by HIV/AIDS.

NEPAL

What don't you know about people living with HIV/AIDS?

- What happens to a person living with HIV/AIDS
- Whether people die once they are infected with HIV/AIDS
- Whether there is any medicine for HIV-positive people
- What people living with HIV/AIDS can do for a living

Overall, young people who participated in the consultations felt that they have little opportunity to contribute to the establishment of HIV/AIDS policies and programmes that affect their lives. They felt that they need to be involved in all levels of programming, from planning to implementation. Young people living with HIV should "be given the chance to be actors in their own development." (Cambodia) Young people's involvement "is critical in creating concepts, policies and services that are youth-friendly." (Indonesia)

MAIN RECOMMENDATIONS FROM THE YOUTH CONSULTATIONS

ACCESS TO INFORMATION, KNOWLEDGE AND LIFE SKILLS

- Develop, reactivate or redesign a national communication strategy to ensure messages about HIV/AIDS are consistent, delivered through multiple channels and reach large numbers of adolescents. Messages used in advertising and communication campaigns must be more than empty slogans. They must be clear, direct and truthful. They should not focus on the threat of HIV/AIDS but rather on specific ways to prevent the spread of the epidemic. They should also focus on eliminating popular misconceptions. Finally, they should include details on where additional information can be obtained.
- Expand the number and type of locations where information about HIV/AIDS is available, paying special attention to rural areas and small towns. Use public transportation, youth magazines and other publications, cinemas and shops. Place information on merchandise which reaches young people, such as milk cartons and shopping bags. Use theatre, song, dance and testimonials by young people

A discussion on the messages of ABC (Abstinence, Be faithful to one partner and Condom use) revealed that relying on B was a good way to NOT stay safe. Due to a significant lack of trust between partners, for many young people, staying faithful seemed a good way to become infected, rather than a means of protection. As soon as partners try to uphold the appearance of a mutually faithful relationship without living up to it, the concept becomes harmful.

When you're in a relationship, after three months or so, you stop using condoms. But one partner may go out and have an affair. Then he can't come back and say: "Let's use condoms again," because his partner will ask why now? Did you sleep around?

Female out-of-school youth in Namibia
(From *Right to Know*, 2003)

living with or affected by HIV/AIDS. Encourage popular nationally famous musicians, actors and athletes to participate in HIV/AIDS information campaigns.

- Educate young people not only on HIV/AIDS, but also on STIs, the dangers of drug use, their human rights and on the Convention on the Rights of the Child.
- Develop and promote peer education programmes to train young people to work as peer educators and counsellors.
- Don't forget young people engaged in risky behaviour! Customize messages and create special handouts to reach children who live on the street, young people who inject drugs, young people in detention centres, out of school youth, gay, lesbian and transgender youth and those who are involved in commercial sex work. Make sure they also have opportunities to develop skills to reduce their risk for contracting HIV.
- Oblige schools to provide compulsory lessons on promoting healthy behaviour and building life skills, beginning in primary school. Classes should cover basic human reproductive anatomy, reproductive health, gender issues, drugs and substance abuse, HIV/AIDS, sexually transmitted infections and other health problems relevant to young people. Teachers, counsellors and social workers need to be empowered with knowledge and information as well as adequate communication skills to not only provide adolescents with correct information but also to "connect" with the students. Essay competitions can encourage young people to conduct further research. School libraries should include information on HIV/AIDS.

ACCESS TO SERVICES, TESTING AND TREATMENT

- Increase coverage of youth-friendly services by establishing new ones or reforming existing services to meet the needs of young people. Start by reviewing existing health policies and developing and implementing Youth Friendly Services policy that addresses the health needs of young people. Services should be free or low cost, equipped with appropriately trained staff who are supportive, non-judgmental and well-educated in HIV/STI prevention and care. Staff must be trained in counselling and must maintain confidentiality. Services should also provide voluntary and confidential HIV testing services. These services must be available to gay, lesbian and transgender youth. They must be available in remote areas.
- Create designated areas in healthcare institutions where young people can anonymously access HIV/AIDS prevention information and condoms.
- Where possible, establish toll-free confidential HIV/AIDS information telephone lines, especially in rural areas and small towns. This will reduce the embarrassment of

getting information and accessing services from adults. Train youth volunteers to work the phones.

- For high-risk behaviour, including injecting drug use and commercial sex work, promote services that reduce the harm of risky behaviour by such measures as providing clean needles and condoms. These services can also be provided through mobile information centres.
- Participants from most countries believed that condoms should be promoted and available to all young people, although some felt that condoms should be promoted only to children living on the streets and among young people engaged in high-risk behaviour, such as injecting drug use and commercial sex work. It was felt that this would be less likely to be condemned by adults and other authorities. Many young people suggested providing free condoms to young people and some suggested installing condom vending machines in rural areas and in bars, nightclubs and discos.
- Improve health services, especially in rural areas. Ensure that healthcare institutions and pharmacies are youth friendly and supply clean syringes. Oblige all rural areas to employ a qualified doctor and provide anonymous consultations free of charge. Improve the education of medical personnel, especially in small towns, and their ability to offer quality care, counselling and confidentiality. Health workers should treat young people as they treat regular clients and apply the standard protocol for the treatment and care of STIs, including HIV/AIDS.
- Reduce the cost of antiretroviral treatment, especially for young people who are either unemployed or underemployed.
- Increase opportunities for sport and physical recreation for youth both in and out of school.

I think that a lot of support needs to be given to AIDS orphans like myself. I know that I need

- *Emotional support, in the process of grieving as well as accepting my mothers HIV status at the point of death.*
- *Legal advice., My mother did not write a will even though she knew her HIV status and there is now a feud over her estate. I know I have to look after my sibling and provide for their needs. We are all still at school but I have had to move my siblings from expensive good schools to the cheaper schools.*
- *Financial advice and support. I now have to deal with the family finances and I could use some advice.*

Mufaro, 19 years old, Zimbabwe
(From Voices of Youth)

CREATING A SAFE AND SUPPORTIVE ENVIRONMENT

- Increase participation of all young people, including especially vulnerable young people and people living with HIV/AIDS, in creating HIV/AIDS policy and in programme planning, designing, implementation and monitoring.
- Establish a single national HIV/AIDS prevention strategy to coordinate communication messages in schools and health and social services at all levels. Ensure that especially vulnerable youth, including out-of-school youth are targeted. Develop strategies to prevent mother-to-child transmission and for care of people living with HIV/AIDS.
- Review existing laws and develop new HIV/AIDS legislation to meet international standards. Laws should combat discrimination against people living with HIV/AIDS at all levels, including at school and in the workplace.
- Hold people criminally liable if they knowingly or involuntarily infect someone with HIV/AIDS. Pay special attention to medical personnel and employees of tattoo and beauty salons. Compel such establishments and intuitions to meet hygienic standards that protect against HIV/AIDS transmission. Consider establishing administrative proceedings or other penalties against teachers and social workers who leak the identity of an HIV-positive child.
- Promote empathy, loving care and support for people living with and affected by HIV/AIDS. Establish social welfare assistance for people living with HIV/AIDS and those affected and provide occupational support for people living with HIV/AIDS. Establish foster families to care for HIV-infected children.
- Encourage communities to accept and have compassion for especially vulnerable children and adolescents, including gay and lesbian youth and transgender youth. Ensure that their rights are not violated.
- Create opportunities for both male and female adolescents to develop livelihood skills. This includes opportunities for technical and vocational education.
- Engage young people living with HIV/AIDS in the fight against the disease. Their personal experiences can play an important role in educating young people as well as reducing stigma and discrimination.
- Educate law enforcement about human rights so that young people engaged in

Though still there are people around us who believe that AIDS is a myth, it is our duty to correct them and educate them about HIV/AIDS....Just don't complain saying that many people are dying and yet you are not doing anything to help in the eradication of HIV/AIDS.
Linda, 18 years old, Kenya
(From Voices of Youth)

We are claiming our right to participation in the fight against AIDS.
(Burkina Faso)

risky behaviour are not singled out and discriminated against. This will also ensure that their rights are protected while in custody.

- In countries where injecting drug use is a problem, create programmes for drug abuse prevention and recovery.
- Educate parents and families about HIV/AIDS so that they can counsel and support their children.
- Get religious leaders involved so that they can provide guidance to young people, help reduce stigma and discrimination against people affected by HIV/AIDS, and help provide care for children and adolescents affected by the disease.
- Ensure that education is provided to all children and adolescents. Reduce or eliminate school fees and provide education grants for children and adolescents who might otherwise not be able to afford education.
- Create, support and promote youth networking groups in communities and countries.
- Support national research programmes and national production of antiretroviral drugs.

We commit to encourage our peers to make safe and healthy lifestyle choices to reduce the spread of HIV/AIDS.
(Caribbean Summit for Children on HIV/AIDS)

KEY MESSAGES

- Our greatest problem is not HIV/AIDS, but that we don't have knowledge to protect ourselves. All people around the world should have access to information on the HIV/AIDS epidemic. It should not focus only on the threat of AIDS, but rather on truthful information that can prevent infection. A bad media message may cause misconceptions that will require much time and effort to correct.
- Every citizen, regardless of sex, age or income level should have equal access to information, skills and services to protect him or herself from HIV.
- Partnerships between young people and adults, including parents, teachers, counsellors, social workers and religious leaders are vital. Working together can help everyone gain skills and knowledge and change attitudes.
- No person living with HIV/AIDS, especially children, should experience discrimination. Everyone should have a genuine possibility to obtain medication, normal living conditions and the understanding of their peers.
- We are committed to fighting against AIDS. We have innovative ideas. We have the energy, the drive and the commitment to make them happen.

ANNEX: Recommendations from country consultation reports

BANGALDESH

Key recommendations for information gaps

- Eradicate cultural taboos regarding sexuality, and HIV/AIDS in prevention messages
Train duty bearers or gate-keepers to increase knowledge about HIV/AIDS, raise awareness of the potential impact of HIV/AIDS, and build skills for better communication with children
- Create more mass media coverage (including traditional media), advocacy, and campaigns
- Develop child-friendly HIV prevention messages
- Provide recognition to those working in HIV/AIDS
- Develop platform for dialogue exchange between children and gate-keepers

Key recommendations for skill gaps

- Provide Life Skills education for adolescents and young people
- Develop good trainers to provide skills
- Increase number of trainers
- Increase number of peer educators
- Provide appropriate means to eradicate embarrassment and discomfort with sensitive issues
- Introduce HIV/AIDS related issues to school curriculum
- Arrange innovative ways to teach skills (life skills)
- Encourage self-awareness and self-control
- Ensure security, especially for females, to take part in training

Key recommendations for service gaps

- Introduce supportive policy for mandatory blood transfusion and re-use of syringes, and condom outlets in various places
- Provide training on HIV/AIDS for all health providers and social workers

Key recommendations for creating a safe and supportive environment

- Involve adolescents and young people in HIV prevention activities
- Introduce supportive policies for HIV and AIDS prevention
- Raise awareness on stigma and discrimination associated with HIV and AIDS
- Take necessary steps (policy and law enforcement) to control drugs
- Stop any anti-social acts that fuel risky behaviour

CARIBBEAN YOUTH DECLARATION ON HIV/AIDS

I. PREAMBLE

We, the representatives of young people and young people's organizations participating in the First Caribbean Summit for Young People on HIV/AIDS from the Twenty First to Twenty Third of March, in Barbados, make this declaration to affirm our concern about the spread of HIV/AIDS amongst young people in the Caribbean and confirm our responsibility towards stopping the spread of HIV/AIDS and working to end the stigma and discrimination faced by individuals living with and affected by HIV/AIDS.

AIDS is becoming the leading cause of death among 15-44 year olds in the English and Dutch speaking Caribbean. An estimated 2.3 per cent of the Caribbean population is living with HIV/AIDS. Of the 60,000 individuals who became infected in the region in 2000, half were young people between the age of 10 to 25.

II. DECLARATIONS

With all youth in mind we urge governments to:

- 2.1 allocate special funds in their budgets for HIV/AIDS programmes to ensure the involvement of children and young people. Governments must ensure children and young people's needs and their participation while preparing budgets.
- 2.2 create mechanisms by which young people's concerns can be voiced and heard in decision making fora, and that young people be included in the design, planning and implementation of programs and policies concerning HIV/AIDS.
- 2.3 recognise the specific ways HIV/AIDS impacts young people specific to the social norms and values surrounding *inter alia* gender, race/ethnicity, class, sexual orientation, children with disabilities and location.
- 2.4 ensure a protective environment that minimizes the circumstances by which young people are exposed to increased risk to HIV, *inter alia*, incest, sexual violence, commercial sexual exploitation and violence in the home.
- 2.5 support the establishment of representative youth HIV/AIDS ambassadors on the national and regional level.
- 2.6 support peer education programs and develop the capacity of young people to speak to other young people about HIV/AIDS.

- 2.7 work to increase young people's access to confidential and high quality youth - friendly health services including to deal with HIV/AIDS and sexually transmitted infections (STI) and access to contraceptives.
- 2.8 integrate research, prevention, treatment, care and support for those living with and affected by HIV/AIDS into comprehensive approaches inclusive of the views and needs of young people.
- 2.9 ensure that correct and complete information is provided to young people early enough in their lives to enable them to make informed decisions about behaviours that pose HIV and AIDS risk.
- 2.10 establish and provide support for local programmes for young people living with and affected by HIV/AIDS.
- 2.11 introduce laws and policies against discrimination and stigma faced by young people living with and affected by HIV/AIDS.
- 2.12 provide free HIV voluntary confidential counselling and testing as well as follow up support services for young people. Consent laws should take into consideration the special concerns and gender needs of young people with regards to testing for HIV and STI, and provide the services necessary.
- 2.13 introduce formal programmes which sensitise members of the health care community on HIV/AIDS and related issues.
- 2.14 provide mobile health services in communities where youth cannot easily access quality, confidential services.
- 2.15 ensure that health care providers and hospitals have the appropriate supplies and information necessary to best ensure high quality care for people living with HIV/AIDS.
- 2.16 ensure that all services provided must incorporate a gender perspective.
- 2.17 ensure that feedback given by youth in regards services received is integrated in future planning and implementation of health services.
- 2.18 pay attention to those young people with disabilities ensuring that appropriate services are designed to cater to their individual needs. In addition, materials should be created which can be accessed by children with disabilities including materials *inter alia* those who are visually and hearing impaired.
- 2.19 give special consideration to young people in correctional institutions and ensure access to quality education, care, and treatment.
- 2.20 ensure that appropriate support mechanisms, including training, are in place for parents, guardians, adults in order for them to provide the highest quality education and support to young people.
- 2.21 support faith based organizations in supporting those people living with and affected by HIV/AIDS.
- 2.22 support the training and sensitization of faith based organizations around HIV/AIDS.
- 2.23 empower young people living with and affected by HIV/AIDS through school based and out of school based programmes and increase access to quality Health and Family Life Education (HFLE) for all young people.
- 2.24 allocate specific time and space in schools to address issues around HIV/AIDS, particularly through supporting HIV/AIDS awareness and peer education programs.
- 2.25 support the access to and availability of condoms.
- 2.26 ensure that teachers, administrators and guidance counsellors are trained to assist young people on issues around sexual and reproductive health and specifically around HIV/AIDS.
- 2.27 encourage a creative approach to educate young people on HIV/AIDS and reproductive health in schools.
- 2.28 fulfil every child's right to an education, specifically those children and young people living with HIV/AIDS.
- 2.29 ensure the developing new, creative education materials for young people using latest technology available such as the internet.
- 2.30 create and sponsor space with media (TV, radio, internet) that is driven by young people and for young people to communicate dialogue and interact in their own language. Also, ensure that such programmes also integrate the voices of those individuals living with and affected by HIV/AIDS.
- 2.31 create anonymous hotlines with counsellors specifically trained with skills for dealing with the social and other impact of HIV/AIDS on lives of young people.
- 2.32 ensure that all children both in and out of school receive life skills education to equip them with the knowledge and skills needed to help them protect themselves. Teenage mothers should be given specific support around their needs.

III. COMMITMENTS

- 3.1 We commit to encourage our peers to make safe and healthy lifestyle choices to reduce the spread of HIV.
- 3.2 We commit to educating our peers and organizations about HIV/AIDS in order to prevent the transmission of HIV and sexually transmitted infections (STIs).
- 3.3 We commit to supporting programmes which work towards ending stigma and discrimination against people living with and affected by HIV/AIDS and to do our part as individuals to provide support and care.
- 3.4 We commit to protecting ourselves from contracting HIV through appropriate individual behaviours and actions.
- 3.5 We commit to encourage and educate our families and communities about HIV/AIDS in efforts to stop the further spread of HIV and other STIs.
- 3.6 We commit to continue building on the networks and relationships established at the Summit for Children on HIV/AIDS to assist in the implementation of this declaration.
- 3.7 We commit to fully utilizing those structures in place through the “chaperone” system upon returning to our country to liaise with government and NGO bodies.

IV. REQUEST

NATIONAL, REGIONAL and INTERNATIONAL LEVEL

- 4.1 Request and encourage national and local governments and international, regional and national non governmental organizations to support the implementation of programs on sexual and reproductive health including HIV/AIDS and to assist young people and youth groups in the realization of the declaration.
- 4.2 Request regional inter-governmental organizations (CARICOM and OECS) to disseminate and support the implementation of our declaration.

Caribbean Summit for Children on HIV/AIDS
Bridgetown, Barbados
23 March 2004

BURKINA FASO

Priority actions to be undertaken at the national and regional levels

- Conduct a country situation analysis of HIV/AIDS among youth
- Increase the geographical coverage of outreach communication activities for youth, using the peer-to-peer approach
- Increase the geographical coverage of youth-friendly and clinical services
- Integrate the minimum package of activities (MPA) of adolescent and youth reproductive health in health facilities
- Ensure access to comprehensive care (medical, psychosocial and socio-economic) for young people living with HIV
- Put in place mechanisms to value the expertise and experience of youth
- Integrate the livelihoods component in youth-oriented programmes
- Undertake advocacy for the development and implementation of a plan of action to combat discrimination against people living with HIV/AIDS at all levels (school, workplace)
- Undertake advocacy for the creation of expression spaces for youth in the media.

CAMEROON

Recommendations

A] Access to Information

- i) Sensitize youth to be motivated to know their status
- ii) Bring to scale Youth-Friendly Animation Centers for information and education
- iii) Organize concerts and teaching sessions at places or communities where national TV and radio “do not reach” and also where the people are illiterate
- iv) Organize seminars/conferences in rural areas, especially remote ones
- v) Obtain testimonies from the young and disseminate the messages so-received
- vi) Carry out sensitization tour and/or missions or rural theatre, with emphasis on song, dance, sketch, etc. and testimonies by young persons living with or affected by HIV/AIDS

B] Access to Skills

- i) Intensify peer education and transform peer educators into peer counselors
- ii) Bring to scale life skills education. The government should implement a national law to institute life skills education throughout the school system, beginning at the primary level.
- iii) Transform national education into a skilled-based system.
- iv) Provide services that train youth beyond preventive and supportive skills; provide services to develop for **Livelihood Skills**
 - Create opportunities for youth to learn trades at affordable cost
 - Place emphasis on technical/vocational education in order to curtail massive youth unemployment
 - Create rehabilitation centers and rehabilitate all street children
 - Design a national policy on job placement for the young
 - Formulate a national policy on work experience for the young
 - Provide youth-friendly sex and reproductive health education and services
 - Provide appropriate recreational and sporting facilities for young people
 - Create opportunities for non-partisan civic youth engagement
- v) Recognize hard work and competence by awarding prizes to deserving youth
- vi) Create literacy centers for illiterate citizens

C] Access to Services [HIV Prevention]

- i) Sensitize youth to endeavor to know their HIV-status
- ii) Create friendly centers for voluntary HIV-testing
- iii) Empower the young through life skills education
- iv) Clear controversies on issues such as the origin of AIDS, condom use, etc.
- v) Direly needed: the authoritative voice of the National AIDS Commission on a common national platform in order to stop conflicting strategies and confusing or antagonistic messages

D] Access to Services [AIDS Prevention]

- i) Promote empathy and loving care and support of the infected and affected persons. As much as possible, integrate them into every activity and intensify educational activities to them.
- ii) Further reduce the cost of retroviral treatment, especially for young people, most of whom are either unemployed or underemployed
- iii) Reinforce or reform existing youth services or create new youth-friendly ones Equip and furnish service agencies appropriately and adequately
- iv) Given that HIV/AIDS is more of a behavioral and social science problem than a strictly biomedical one, it is essential to train health care workers, especially medical doctors who are at the helm of all HIV/AIDS efforts and projects in the country, in social and behavioral knowledge and counseling strategies.
- v) Health care workers need strong grounding in the value as well as the process and practice of confidentiality the sensitive nature of HIV/AIDS engenders.
- vi) Implement a national public education program on HIV/AIDS prevention.
- vii) Organize a national workshop on human services psychology and work ethics.

CAMBODIA

Summary of priority actions

Access to information

1. AIDS law should be disseminated
2. Self responsibility should be encouraged values promoted among youth
3. Condoms should be promoted at all youth networks

Access to skills

1. Encourage counseling and testing and reduce fears related to it
2. Provide life skills education to young people (negotiating skills, assertiveness)
3. Promote openness about sexuality issues among youth

Access to services (HIV Prevention)

1. Expand counseling and testing services targeting young people in rural and remote areas
2. Create youth networks at community level in cooperation with existing structures (NGOs, government bodies, etc.)
3. Include HIV/AIDS education at all level of the education system as well as for out of school youth

Access to services (AIDS prevention)

1. Give the chance to young people living with AIDS to participate in social activities related to HIV/AIDS and to be the actors of their own development
2. Promote non-discrimination
3. Provide access to treatment

DOMINICAN REPUBLIC

AREAS FOR ACTION

- Create educational campaigns to reach young people, teachers, and health authorities. Make sure publicity campaigns reflect the real life of young people
- Encourage the creation of user-friendly health centers that are reliable and provide quality guidance and care.
- Fight for sexual and reproductive education to improve communications within families and between young people and adults. Create presentations, workshops, discussions between young people and adults from different social groups. Bring together different institutions such as schools, parents associations, churches, and universities, community and young people's groups.
- Promote an environment of justice and equality. Fight stigma and discrimination by promoting Law 55-93. Persuade the public not to discriminate against people living with HIV/AIDS
- Review, monitor and evaluate the effects of promotional activities to fight HIV/AIDS. Carry out surveys and coordinate activities among institutions.
- Secure resources to support action plans and for programmes that focus on changing behaviour. Empower young people to participate in the process.
- Establish young people's cells to disseminate information to their peers.

EGYPT

Key Recommendations

1. There is great need to standardize a protocol for the treatment and care of sexually transmitted infections (STI), including HIV/AIDS among health personnel. This should include prevention and control methods as well as counseling and the mental / psychological care of the patient.
2. Street children need to be reached with a more comprehensive package that not only includes information and health care services but also an entire life skills package. This group could benefit greatly from a more specialized health care institution that could deal with issues like voluntary counseling and testing of all forms of STIs as well as provide them with basic information and treatment.
3. Promote condom use and “safe sex” practices among high-risk groups like street children and refugees, where high-risk behavior is prominent and where promotion of condom use is less likely to be condemned.
4. Building capacities of school teachers and support staff (social workers/counselors) within schools is vital to provide youth with constructive and correct sources of information. Parents need to be involved to support these efforts.
5. Religious leaders have proven to be a very valuable resource for most controversial topics in the region. Not surprisingly, they are respected and listened to by the majority of youth. Methods on how to best integrate religious leaders into prevention and control programs must be identified and adapted.
6. Since most children and youth (including street children) get the majority of their information from other children around them, a group of child leaders can be identified and trained to work as peer counselors.

INDONESIA

Summary of Key points to be taken at National and Sub-National Levels

- Young people need reproductive health and HIV/AIDS information and education at all levels. At the moment, access to information is very limited for young people, and trainings that target young people are also still very limited. What needs to be included in these materials are: sex education that covers basics of human reproductive anatomy, reproductive health and gender issues; drugs and substance abuse, and HIV/AIDS and other health problems relevant to young people. Life Skills must also be part of this educational programme.
- HIV/AIDS is closely linked to the problem with drugs that is currently affecting the young people in Indonesia, and it is not wise to talk about HIV without giving attention to drug use and abuse since the number one cause of HIV infection is injecting drugs. Yet, problems regarding drug use and abuse must also be addressed separately. At the moment, the only excuse to talk about drugs is when it is linked to HIV/AIDS and there are no programme funds available just to address the drug problem and, specifically, recovery. While the problem of Injecting Drug Use (IDU) is still an urban phenomenon, it is pertinent that a national programme be launched to address the problem of HIV/AIDS and drug use among young people.
- Access to support groups, to counselling and service provision is limited for youth. For the most part, young people don't really know where to go to for assistance. It is important to review the current policy that limits reproductive health services for young unmarried people. Young people do not have access to HIV tests not because of the unavailability of testing labs, but because of fear and because most don't have enough information to know they are at risk.
- There is a need for a national campaign that is targeted to young people, along with information, education and communication materials that cover a wide range of issues and problems relevant to young people. The majority of young people do not know much about Antiretrovirals, CD4 tests or any monitoring tests that is required to support ARV use. Those who do understand are mostly addicts who are also positive themselves.
- Young people do not have information on regulations or policies. This would mean that young people would need to be informed about current policies. It also shows that young people are still not part of HIV/AIDS advocacy process so far. Their involvement would be critical in creating concepts, policies, and also services that are youth friendly.

ISLAMIC REPUBLIC OF IRAN

Summary of Priority Actions to be undertaken at national & sub-national levels

- Main action points are:
- Operationalize national HIV/AIDS prevention strategies for adolescents and young people, including information dissemination (through different channels) and life skill education
- Develop partnerships among different government and non government sectors, and focus the attention to young people and their vulnerability to HIV
- Mobilize resources for a comprehensive approach to HIV prevention and care among young people

LAO PDR

RECOMMENDATIONS

These were largely couched in terms of their own role and participation to solve the problems of HIV/AIDS. However, the young people identified constraints as being lack of budget and resources. The implicit recommendation was that they be given money and resources to participate. Another constraint they acknowledged was the fact that they themselves were not used to participating in ‘development work’ and that society has not yet accepted their role in solving social problems.

Young people feel they have a lot to offer society and welcome the opportunity to participate in solving social problems. In terms of HIV/AIDS their suggestions on how youth could participate - including community awareness raising through provision of basic transmission information, being a friend to people with HIV and peer education reflected their experience with current youth and community interventions. This confirmed a trend in the earlier consultations where ‘the majority of participants had either heard of or been part of a peer education activity or project. They expressed great interest in this approach.

The earlier consultation on child trafficking also explored the benefits of youth participation and strategies and ways to promote them in more detail. The consultation with Vientiane Urban Village Youth came up with a long list of suggestions as to the benefits of youth participation and what could be done to promote youth participation by both youth and adults. (See recommendations on the next page.)

NATIONAL PLAN OF ACTION AGAINST THE COMMERCIAL SEXUAL
EXPLOITATION OF CHILDREN YOUTH CONSULTATION
RECOMMENDATIONS

UNICEF, Vientiane, November 26th - December 11th 2003 pp14-15

Vientiane Urban Village Youth Consultations

Participation of Young People

A major theme in the Vientiane urban village youth consultations emphasized young people's participation as an essential and beneficial component in efforts to combat Commercial Sexual Exploitation of Children (CSEC).

The participants outlined their ideas about the benefits of youth participation:

- Build our skills and capacities in being able to prevent and protect others against CSEC
- Enhance our skills in expressing and presenting our ideas, knowledge and opinion to a variety of people
- Able to develop realistic strategies to solve problems
- Receive advice and direction
- Strengthen trust, unity and commitment between adults and young people
- To be able to gather as many different suggestions as possible

Next the participants made suggestions about what adults can do to promote children and young people's participation:

- They should provide more opportunities for young people to express themselves
- Ask young people and children for their opinions
- Create activities to involve young people such as community clean ups, sports, theatre and arts, meetings that have young people attend, to exchange ideas (about issues affecting young people, the negative consequences of drug abuse, and so on)
- Competitions
- Disseminating information and awareness raising campaigns
- Singing and dancing
- Studying groups

Finally participants presented their ideas about what young people and children can do to ask for more participation:

- Raise awareness amongst young people and children about what they can participate in
- Develop their skills in peer education so that they feel confident in expressing themselves and able to provide others with information and motivate their peers
- Help them to learn about issues such as CSEC, drugs and so on and the negative consequences of trafficking in women and children

- Conduct workshops for village youth
- Children and young people can be good role models for each other (road safety, not drink driving, studying well, not doing drugs)

The group concluded that everyone has the right to participate and in as many creative ways as possible.

SRI LANKA

Key recommendations

- Expand educational programmes to many areas and use electronic media
- Involve popular personalities for the AIDS awareness programmes through media.
- Make more printed material available for self learning
- Use peer approach and make the subject of AIDS an open one.
- Conduct more participatory workshops with young people
- Create new legislation to eradicate stigma and discrimination
- Approach the high-risk groups in the community by using appropriate strategies and techniques
- Involve the HIV positives in AIDS education programmes
- Develop adult education programmes: traditional adults were recognized as barriers in AIDS education
- Strengthen the school curriculum and train teachers on adolescence friendly teaching methods
- Commence programmes to educate parents and the family members

INFORMATION:

- Advocate decision makers and policy makers and parents on the issue
- Strengthen school curriculum as 50% of the school going people are adolescents
- Use the media effectively to educate all the young people in the country
- Conduct more community-based programmes to reach vulnerable young people in rural areas.

SKILLS

- Use peer approach. There ought to be educated peers who young people can go to for information
- Train teachers and NGOs who are working on HIV related issues do develop skills among young people to develop HIV and AIDS prevention.
- Provide facilities in the community for young people to participate more actively in the processes.

SERVICES

- Services should be adolescent-friendly. Those community centers be established with young service providers providing such services
- Recognize the need for an adolescent-friendly health service.
- Develop a mechanism whereby young people can obtain condoms confidentially whenever they needed them.
- Involve young people actively in services on HIV/AIDS prevention.

Summary of priority actions to be undertaken at national and sub national levels

- Strengthen AIDS education in the school curriculum in a strong, effective and practical manner.
- Make available more youth-friendly, self-learning material on AIDS.
- Make teledramas, which hold Sri Lankans mesmerized during peak television times, on moving themes involving HIV and AIDS.
- Pass on AIDS information via the national and private radio stations at peak office times and use printed media to reach out the youth in the rural areas.
- Include AIDS information into the traditional schools of the country.
- AIDS and HIV should be open urgent topics. Promote active participation of young people in awareness activities. Organize essay competitions in schools that will send children to look for AIDS information and thus create awareness.
- Educate groups of teachers about HIV and AIDS via seminars and workshops so that they can disseminate this information to the students.
- Provide school libraries with books and literature about AIDS and HIV perhaps use colorful printing to attract students.

TAJKISTAN

Key recommendations

- Increase access by youth to adequate information related to HIV/AIDS, sexually transmitted infections, drug use, human rights and the Convention on the Rights of the Child.
- Increase participation of young people including extremely vulnerable young people (EVYP) in decision-making process.
- Develop programs for young people/EVYP related to HIV/AIDS prevention, human rights, life skills based education on formal and non formal education settings with active involving of young people themselves in project implementation (peer education).
- Develop and introduce Youth Friendly Service policy and strategy in Tajikistan.
- Develop and introduce life skills based education into formal and non-formal education. Facilities.
- Raise government, community and young people's awareness about stigma and discrimination.
- Develop strategies for care of people living with HIV/AIDS including the prevention of mother-to-child transmission and introduce them at country level.
- Build capacity of service providers in quality care, counseling and confidentiality
- Raise awareness and knowledge among law enforcement authorities about human rights.
- To strengthening partnerships between government, NGOs and International agencies and UN in coordination of programs on youth and HIV/AIDS prevention.
- To develop effective communication strategies for behavior change among young people.
- To review and develop new HIV/AIDS legislation according to International standards.
- To attract donors to fund and provide technical support to efforts of government, NGOs in programs related to youth and HIV/AIDS prevention.

There is an urgent need to address the pressing issues facing young people and to promote their healthy development through services that are appropriate, accessible, sustainable and comprehensively respond to their needs. It includes the access to quality health services, voluntary and confidential counseling and testing, information and peer education, life skills and opportunities for their active participation. Youth Friendly Services integrate all of the above components and are based on the fundamental principles of the Convention on the Rights of the Child.

THAILAND

Summary of Recommendations for Action

Recommendations on prevention

- Increase the Role of Religion
 - Support an increased role for leaders of all religions in HIV/AIDS activities
 - Support for young people in reaching the fundamental teachings of each religion
 - In regard to the role of the Buddhist Sangha in caring for people living with HIV/AIDS, assistance should be given to some churches which help people living with HIV through moral support and financial assistance
- Increase Participation of Young People
 - Promote the participation of young people in community activities. This shouldn't just consist of sports, but should include policies affecting young people
 - Groups and organizations should be established which reach young people in remote areas, those who are outside the system, and novice monks
 - Urge community level organizations to organize activities for young people
 - Most young people want to see an increase in budget allocation to support on-going activities for young people
- Support for Strengthening of the Family Institution and Society
 - Support strengthening of families
 - Increase the understanding of young people in using their spare time during school breaks to advantage, for example through training in moral precepts
 - Support participation of young people in community level activities of all types, with assistance from adults
- Increase access to information and services
 - Increase service centres for provision of counselling and advice on HIV/AIDS and sexuality, including knowledge and skills for prevention of AIDS, skills in refusal and negotiation
 - Produce media the content of which is clear and creates awareness for prevention
 - Organize mobile services to provide advice and disseminate information to the community
 - Support the use of condoms in remote communities, including free distribution as well as dispensing machines
 - Encourage blood testing for HIV before marriage

Recommendations for Care and Treatment and Social Support

- Support access to antiretrovirals (ARVs) and inclusion in the 30 Baht Scheme. In order to increase access to ARVs, the service should be extended to community health centre (sathani anamai) level
- Establish social welfare assistance for people living with HIV/AIDS and those affected and provide occupational support for people living with HIV/AIDS
- People living with HIV/AIDS should have rights to free health care, with acceptance of hospitals, as they are poor

- Promote health care of people living with HIV/AIDS (including living together and role of young people in provision of care)
- The government should increase the number of agencies involved in HIV/AIDS work and increase the budget for HIV/AIDS work

Reduction of Social Stigma and Discrimination

- Young people who are transgender, sex workers, or gay and lesbian youth, want acceptance and understanding from society, especially in regard to not having a negative attitude towards same gender sexual relations, and not being a risk occupation and a vector for the spread of HIV
- There should be attention to actions to make the lives of people of the third gender easier, for example through unisex toilets, provision of counselling services, and equal rights, for example use of forms of address and marriage to persons of the same sex

Recommendations for Government Policy

- Free distribution of condoms by government
- Registration of foreign labour to enable access to services
- Policy regarding child labour should be enforced, not just left alone allowing child labour to occur
- In regard to safety and security of young people, agencies such as the police should be honest and not make life difficult for young people. There should be increased access to rights and basic services. Street youth want the same care and support as the rest of the population, in regard to homes, electricity, water, streets and access to education services. Young people in detention want juvenile courts in every province, so that they don't have to go before adult courts.
- Young people who use drugs want the introduction of Harm Reduction approaches, for example allowing drug users to carry or buy needles. Marijuana should be legalized, because its effects are less potent than those of alcohol.
- Young people from the Hilltribe ethnic minority groups want support for education, for example education grants, and opportunities to access and participate in services and activities provided by the government and private sector, and groups.
- Reduce the cost of education, or introduce free education including senior secondary school.
- Reassess the social order policy in view of its impact on young people who need to work for a living and of the rights of young people in general. Many young people don't agree with the government's social order policy (restricting movement of young people at night).

UKRAINE RECOMMENDATIONS

Access to information

1. Use social advertising that will focus not on the threat of being infected with HIV, but on ways to prevent this disease from spreading and on where to find additional information
2. Expand the number and type of locations where one is exposed to social advertising or public service announcements on the epidemic: public transport, youth magazines and other publications, cinemas, shops, merchandisers. Distribute social advertising materials to small towns and rural areas
3. Train and support volunteer movements that work with homeless children about safe and responsible behaviour
4. Train and support volunteer movements that work with sex-industry workers, disseminating information about HIV/AIDS as well as other STD and possible precautions
5. Train and support volunteer movements that work with children in small towns and rural areas about safe and responsible behaviour
6. Give support to NGOs working within the sphere of HIV/AIDS problems, as a medium through which the information will reach the community
7. Disseminate information about the possibility to institute criminal proceedings against individuals who purposely or involuntary infect another individual with HIV
8. Introduce the possibility of imposing administrative proceedings or other penalties against teachers and social workers who leak confidential information about the identity of an HIV positive child
9. Encourage the establishment of toll-free telephone lines addressing the problem of HIV/AIDS in small towns and rural areas
10. Prohibit all visual advertisement of tobacco and alcohol
11. Develop special handouts for children vulnerable to HIV/AIDS so that they could understand all of the information covered in them
12. Control beauty shops, tattoo-salons other establishments where someone may be exposed to HIV. Oblige them to provide their customers with information on hygiene standards
13. Increase the number of information centres for intravenous drug users
14. Encourage celebrities and other popular personalities, including pop stars to participate in concerts and other events promoting HIV/AIDS awareness in small towns
15. Organize training sessions, where children from different social backgrounds can study together
16. Encourage the mass media to provide truthful and positive information about HIV/AIDS,

Access to skills to prevent HIV/AIDS

1. Introduce compulsory versatile lessons on healthy lifestyle choices in all classes of public school (junior-middle-high)

2. Create anonymous cabinets in healthcare institutions that will dispense information on skills concerning HIV/AIDS and STD
3. Organize mobile centres for intravenous drug users where they will be given certain useful skills concerning HIV/AIDS
4. Organize centres for people involved in the sex-industry where they will be given certain useful skills concerning HIV/AIDS

Access to HIV preventive measures

1. Ensure all healthcare institutions maintain sufficient supplies of clean syringes
2. Educate medical personnel in small towns and villages about the importance of ensuring that they do not accidentally infect someone
3. Install condom-vending machines in bars, nightclubs, and discos
4. Support harm reduction approaches, including those focusing on syringe exchange and condom distribution programmes

Access to AIDS prevention services

1. Stimulate national research programmes on ARV drugs
2. Support national producers of ARV drugs
3. Increase the number of medical and healthcare institutions in small towns and villages where HIV/AIDS related examinations and treatment will be available
4. Encourage the creation of foster families where HIV positive orphans would be able to live instead of hospitals