

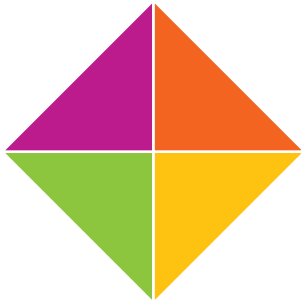
Post 2015 Advocacy Briefs

A series for the post 2015 intergovernmental negotiations



Developed by The PACT

The PACT is a coalition of youth organizations, with a vision to create solidarity across youth organizations to work strategically and collaboratively in the HIV response towards ensuring the health, wellbeing and human rights of all young people.



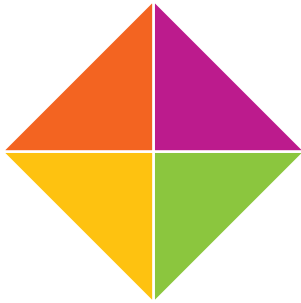
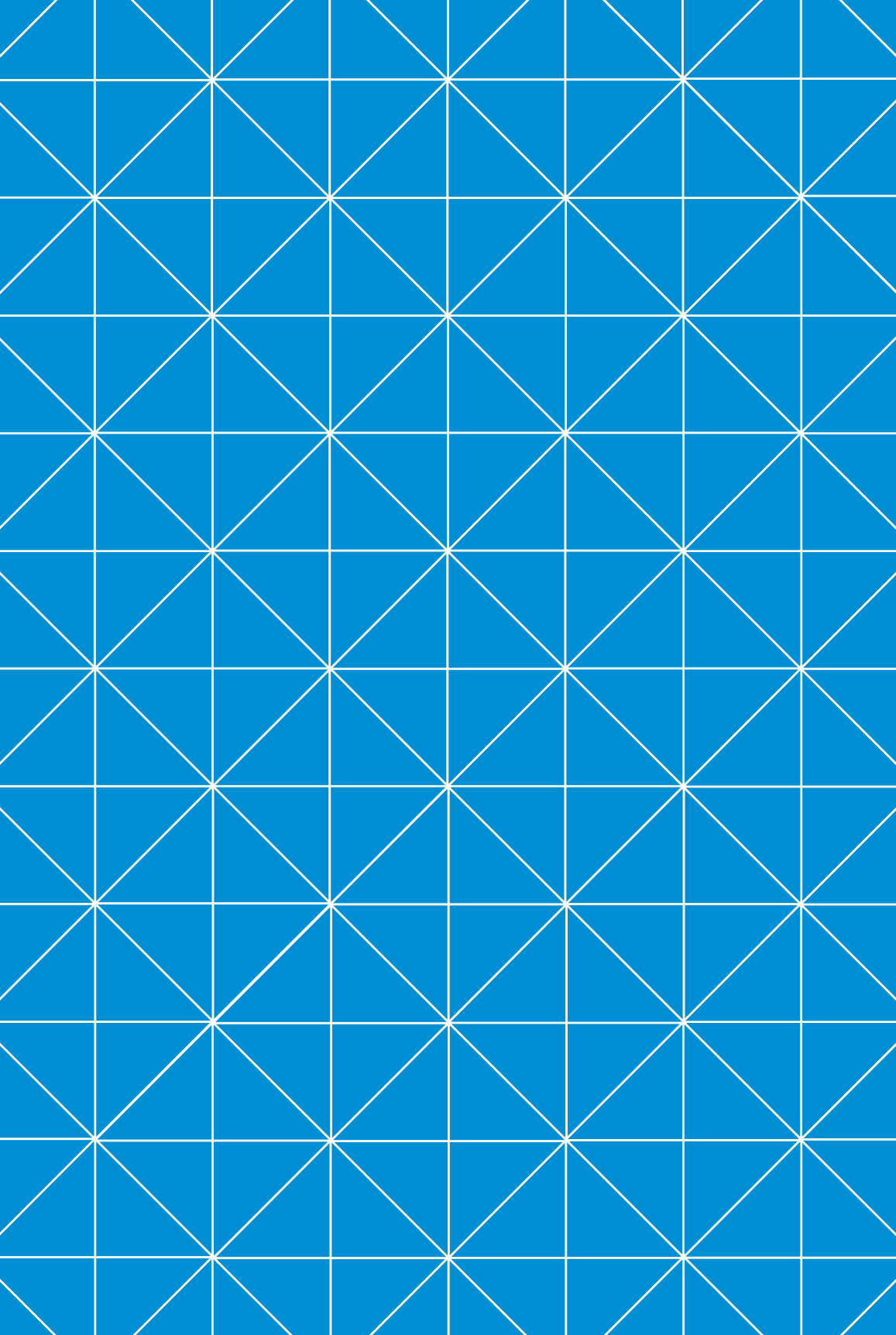


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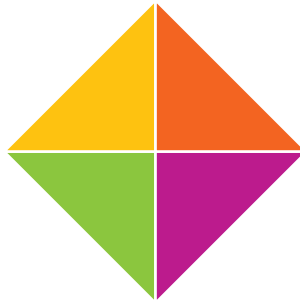


The international development community and United Nations (UN) member states are currently debating the future of the next 15 years of development. The goals, targets and indicators ultimately agreed to in the post-2015 development framework will drive national policy priorities and resources allocation until 2030.

As key milestones, the outcome document of the Open Working Group on Sustainable Development Goals (OWG) was agreed on July 19th, 2014, the UN Secretary General's Report was released on December 4th, 2014 as well as the Financing for Development report on Accountability Mechanisms and Youth (date TBC). The post-2015 process will culminate in the adoption of the new developed agenda (September 25-27 2015) in New York, convened as a High-level Plenary meeting of the General Assembly, September 2015.

To ensure youth-responsive targets and indicators it is essential to build a movement of young people to influence national post-2015 positions that can shift political will and inspire action. A youth-responsive agenda must include youth friendly services in universal health coverage, sexual and reproductive health and rights and sustainment of the momentum to end the AIDS epidemic, especially amongst adolescents and young people.

Post-2015 Negotiation Briefs #1: Comprehensive Sexuality Education



Introduction

Sexuality Education is the process of acquiring information and forming attitudes, beliefs and values regarding interpersonal relationships, affection, intimacy, body image and gender roles.¹ Having a 'comprehensive' sexuality education is important because it empowers and equips young people with knowledge, skills and tools to determine and enjoy their sexuality, physically and emotionally.²

Comprehensive Sexuality Education (CSE) should ideally be implemented in schools but it can also be implemented in informal settings for out-of-school children and youth. Several studies have demonstrated that CSE is helpful for:

- × Decreasing the number of unwanted teenage pregnancies
- × Contributing to prevent HIV and other sexually transmitted infections
- × Delaying age of sexual debut³
- × Improving attitudes of respect towards women and girls and towards people of diverse sexual orientations and genders
- × Decreasing dating violence and sexual violence.

For these reasons, including CSE in the development agenda is very important for the goals related to health as well as those related to education, gender equality and peaceful societies.

One of the main goals of the post-2015 framework is to “*finish the unfinished business of the MDGs*”. Comprehensive Sexuality Education has not seen enough progress since 2000. Despite, the third indicator of Target 6-A of the MDGs (Have halted by 2015 and begun to reverse the spread of HIV/AIDS) being “*Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS*”, in 2011, only 32% of youth in sub-Saharan Africa had correct knowledge. Thus in the region most affected by HIV, less than 1 in 3 young people have the knowledge they need.⁴ It is evident that access to information about HIV and other issues related to sexual and reproductive health and rights must be scaled up and implemented with a scientific and non-discriminatory approach.

Comprehensive Sexuality Education in UN and Regional Agreements

The term ‘comprehensive sexuality education’ has not been mentioned in legally binding conventions or declarations, but several UN entities such as UNESCO, UNFPA and UNAIDS refer to it in official documents. Also, several publications developed by the UN and other international NGOs have mentioned in some form the importance of providing children and young people with information and skills for a healthy life, including CSE.

Article 24 of the Convention on the Rights of the Child mentions in paragraph F:

“State parties (...) shall take appropriate measures: To develop preventive health care, guidance for parents, and family planning education and services”.

The article 29, paragraph D says, regarding to education:

“State parties agree that the education of the child shall be directed to (...): The preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes and friendship among all peoples”.⁵

A more recent document, the Resolution 2012/1 of the UN-ECOSOC’s Commission on Population and Development titled “Adolescents and youth” says in paragraph 26:

“Calls upon Governments, with the full involvement of young people and with the support from the international community, to give full attention to meeting the reproductive health-service information and education needs of young people, with full respect for their privacy

and confidentiality, free of discrimination, and to provide them with evidence-based comprehensive education on human sexuality, sexual and reproductive health, human rights and gender equality, to enable them to deal in a positive and responsible way with their sexuality".⁶

The Montevideo Consensus, created in the context of the UN-ECLAC meeting in 2013⁷ does mention CSE in paragraph B-11:

"Ensure the effective implementation from early childhood of comprehensive sexuality education programs, recognizing the emotional dimension of human relationships with respect for the evolving capacity of boys and girls and the informed decisions of adolescents and young people regarding their sexuality, from a participatory, intercultural, gender-sensitive and human rights perspective".

The Eastern and Southern African (ESA) Ministerial Commitment created in 2013, in the context of a meeting organized by UNAIDS and UNESCO mentions in paragraph 2.2.1:

"Investment in quality education that includes comprehensive, life-skills based sexuality education fulfills the right to education whilst also contributing to well-being and future quality of life".

Those are just examples of the multiple documents that call out for making sure that information and capacity building related to sexual and reproductive health and rights reaches all children and young people.

Comprehensive Sexuality Education in Post-2015 Negotiations

Diverse movements and Major Groups that have been part of the post-2015 process have been actively advocating for the inclusion of CSE in all the documents that have been developed within the UN and also in alternative spaces. For example, the Major Group on Children and Youth, the official youth constituency for after post-2015 with the participation of thousands of activists and organizations around the world, has mentioned that is crucial to *"increase the amount of young people with access to integrated sexual and reproductive health information and services"*.⁸

CSE was highlighted as a priority in the WorldWeWant consultations, a global process that generated the priorities of the world's people for the future. It was

noted that *“The integration in the curriculum of comprehensive sexual and reproductive health education is part of quality education”*.⁹

The Sustainable Development Goal (SDG) 4 proposed by the OWG about inclusive and equitable quality education says in Target 4.7

*“By 2030, ensure all learners acquire knowledge and skills needed to promote sustainable development, including among others through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence. Global citizenship and appreciation of cultural diversity (...)”*¹⁰

CSE is important not only for achieving good health outcomes but also in supporting human rights and gender equality, which are issues mentioned in Target 4.7 proposed by the OWG. Ideally, CSE should be mentioned explicitly so all countries can see they have the obligation to create strategies such as developing a national curriculum for schools, training teachers and peer educators, and implementing CSE with children and youth in-and-out of school.

Youth Positions on Comprehensive Sexuality Education

Phase 1 of ACT!2015, a global mobilization initiative led by The PACT,¹¹ consisted of 199 community dialogues globally. An analysis of the reports of the consultations highlighted CSE as a top priority for young people:

“Transform social norms about gender and sexuality for young people’s access to youth friendly SRH information and comprehensive sexuality education”.

The Bali Declaration, developed in the context of the ICPD Global Youth Forum, says in paragraph 3.10:

“Governments should ensure that every young person, including LGBTQI young people, have equal access to the full range of evidence- and rights-based, youth-friendly sexual and reproductive health services and comprehensive sexuality education, that is respectful of young people’s right to informed consent”.

The document *Investing in Youth and Adolescents is Central to Sustainable Development* that summarizes another set of priorities for youth organizations is also clear about CSE being one of the thirteen points: Comprehensive sexuality

education and Non-formal education must be part of the post-2015 agenda in the context of health but also, in the context of the education goals.¹²

According to youth organizations working on Sexual and Reproductive Health and Rights (SRHR), CSE must be free of prejudices, based in scientific evidence and must address, in a holistic way all issues of sexuality beyond the biological aspects. These include family expectations, relationships, peer pressure and violence among other topics.¹³

Alternative language to CSE has been used in different documents including 'sexual and reproductive health education', 'sex education' or 'reproductive health information'. Nevertheless, those terms do not refer to the comprehensive approach that this type of education should include and tends to narrow the concept to talk about reproduction instead of sexuality in a broader concept that includes rights, pleasure and diversity. Therefore it is essential that governments commit fully to 'Comprehensive Sexuality Education' and not a derivative form of the concept.

Resources

- × *Eastern and Southern Africa Ministerial Commitment: Young people today*, UNAIDS/UNESCO. www.unesco.org/new/en/hiv-and-aids/our-priorities-in-hiv/sexuality-education/east-and-southern-africa-commitment
- × *International Technical Guidelines on Sexuality Education*, UNESCO/UNAIDS. www.unesco.org/new/en/hiv-and-aids/our-priorities-in-hiv/sexuality-education/international-technical-guidance-on-sexuality-education
- × *It's All ONE Curriculum: A Unified Approach*, IWHC/IPPF/Pop Council. iwhc.org/resource/all-one-curriculum-sexuality-education
- × *Monitoring and Evaluation Guidance for School Health Programs*, UNESCO/Save the Children/EDC. hivhealthclearinghouse.unesco.org/sites/default/files/resources/FRESH_M%26E_CORE_INDICATORS.pdf
- × Summary of the Education Global Thematic Consultation - *The World We Want*, 2015. www.worldwewant2015.org/node/365352

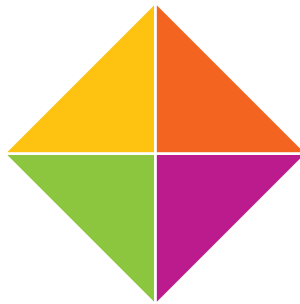
Acknowledgements

This briefing was authored by Ricardo Baruch. Thanks to The PACT and UNAIDS colleagues for feedback and editing support.

Footnotes

1. Sexuality education Q & A. SIECUS, 2011.
2. Framework for sexuality education. IPPF, 2006.
3. International Guidelines on Sexuality Education. UNESCO, 2009.
4. The Millennium Development Goals Report. UNDP, 2013.
5. Convention on the rights of the child. UN, 1989
6. Resolution 2012/1, "Adolescents and youth", Commission on Population and Development, 2012.
7. Montevideo consensus on population and development. ECLAC, 2013.
8. Thematic Proposals for the Post-2015 framework. Major Group on Children and Youth, 2013.
9. Envisioning education in the Post-2015 development agenda. The World We Want, UNICEF/UNESCO. 2013.
10. Proposal of the Open Working Group for Sustainable Development Goals, 2014.
11. The PACT is a coalition of 26 youth-led and youth-serving organizations with a vision to create solidarity to work strategically and collaboratively in the HIV response towards ensuring the health, well-being and human rights of all young people.
12. PMNCH/IFMSA/YPEER. Investing in youth and adolescents is central for sustainable development. PMNCH/IFMSA/YPEER, 2014.
13. Youth Coalition for Sexual and Reproductive Rights. The linkages between MDGs and CSE for young people. Youth Coalition for Sexual and Reproductive Rights, 2010.

Post-2015 Negotiation Briefs #2: Drug Related Harm Reduction



Prevalence of Drug Use and Addiction and the Global Burden of Disease (GBD)

Estimates calculate that amongst 3.6 and 6.9% of the world's population habitually uses illicit drugs.^{1,2} In 2011, it was projected that between 167 and 315 million people aged 15–64 had used an illicit substance the year before.³ This represents an 18% increase from the same measure in 2008,⁴ which is a reflection of both an increase in the global population and an increase in the prevalence of illicit drug use. From this, it is expected that between 30 and 40% are young people.^{5,6}

Out of this usage, UNODC estimates that 12% develop dependence or addiction every year.^{7,8} However, not enough data is collected on frequency and quantity of use, which is basic to estimate increased health risks. For instance, people who use drugs only once or twice have, at most, a very small increase in mortality, which is difficult to detect in epidemiological studies. On the other hand, problematic drug use most clearly harms the health of users. Because of this, no global estimates of the prevalence of specific forms of drug dependence exist.⁹

While it is difficult to accurately measure the burden of disease attributable to illicit drug use, some indicators suggest that global illicit drug consumption (and its related burden) has significantly increased since 1990.¹⁰ Injecting drug use,

for example, is now reported in more countries,¹¹ and HIV amongst Injectable Drug Users (IDU) is more prevalent in Eastern Europe, and Asia.¹² In 2002, a comparative risk assessment exercise estimated that the median number of deaths attributed to illicit drugs was about 200,000.¹³

In all, current policies have been unsuccessful in deterring drug use, and prevalence of illicit drug use continues to grow today, particularly amongst young people. In fact, the WHO estimates amphetamine, cocaine, or opioid use in 2004 accounted for 0.9% of global DALYs,¹⁴ varying widely across regions.¹⁵ Drug dependence (excluding cannabis) was the largest of the four causes of global illicit drug burden assessed (68%), followed by HIV/AIDS (18%).¹⁶

According to Degenhardt, these estimates indicate that illicit drug use is a substantial global cause of premature mortality and morbidity.¹⁷ Even more, these are acknowledged to be underestimates, as they do not include cannabis and MDMA, or the burden attributable to hepatitis B, hepatitis C, or drug-related violence.¹⁸

To respond to the harms associated to drug use, health professionals came up with the concept of 'harm reduction', defined as the *"policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption"*.¹⁹ These interventions include:

1. Needle and syringe programmes (NSPs)
2. Opioid substitution therapy (OST) and other drug dependence treatment
3. HIV testing and counselling (T&C)
4. Antiretroviral therapy (ART)
5. Prevention and treatment of sexually transmitted infections (STIs)
6. Condom programmes for IDUs and their sexual partners
7. Targeted information, education and communication (IEC) for IDUs and their sexual partners
8. Vaccination, diagnosis and treatment of viral hepatitis
9. Prevention, diagnosis and treatment of tuberculosis (TB).

Health professionals are not alone in recognize the necessity for harm reduction, the UN General Assembly has also endorsed harm reduction as an essential HIV prevention measure in its Declaration of Commitment on AIDS in 2001 and in the Political Declaration on AIDS in 2006.

Drug Use in the Post-2015 Agenda

If the world is to achieve our universal target of ending the AIDS epidemic by 2030, explicit mention of drug-related harm reduction services is required in the post 2015 framework. More importantly, drug use must be understood from a public health approach where the objective is to lessen health-harms and maximise health interventions.

From the output document of the OWG, we know there is one established Goal²⁰ relevant to the subject: **“Goal 3. Ensure healthy lives and promote well-being for all at all ages”**.

Within Goal 3, there are three relevant targets currently suggested:

- 3.4** by 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing;
- 3.5** strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol, and
- 3.a** strengthen implementation of the Framework Convention on Tobacco Control in all countries as appropriate.

To help collect additional input about post-2015 global goals from people working to end the HIV epidemic, International Civil Society Support (ICSS)²¹ sponsored a webinar series, a global e-survey, and an in-person meeting during December 2012 and January 2013. Six webinars were held with over 100 participants. From the output document it was identified that:²²

“The fight against HIV, tuberculosis, and malaria is a driver of improved health systems, including scale up of quality maternal and child healthcare, sexual and reproductive health, harm reduction services, management of chronic health issues, and affordable treatment access and treatment adherence. [...]

“Global goals should focus on the leading causes of premature death and disability. These should include specific time-bound targets against HIV, tuberculosis and malaria and also targets against other diseases (including NCDs and vaccine-preventable infections) and for indicators of sexual and reproductive health, maternal and child health, mental health, harm reduction and prevention of deaths and disability due to substance use.”

Target 3.5: Room for Improvement According to Science

Within the language currently used under Goal 3, we urge member States to substitute target 3.5 for the following: “**3.5** Reduce by $x\%$ the burden of health harm and premature death associated with unhealthy foods and alcohol, tobacco and other drugs”. This language suggestion responds to the following concerns:

1. The current wording is lacking in clarity as it mixes definitions that are not clear (e.g. ‘Substance abuse’, ‘harmful use of’ and ‘narcotic drug abuse’). Language should aim to be consistent with definitions of the ICD (e.g. ‘Harmful use’ and ‘dependence’) and avoid ill-defined concepts such as ‘substance abuse’.
2. The language used at the moment is not a target, and allows a lot of room for interpretation. The focus should be on the health issues to be addressed, not on (ill-defined) interventions. The suggested wording focuses on health harm and acknowledges the variety of approaches for addressing them.
3. A lot of ineffective ‘prevention and treatment’ happens today, and to call for it to be strengthened without any note as to its quality is not helpful.
4. Tobacco is missing from the current wording, and while there is language on FCTC in **3.a**, that does not fit as it is not a target. The focus should be on reducing health-harms, so the target should relate to that. Our suggested wording achieves this.

Resources

- × *Taking Control: Pathways to Drug Policies that Work*, Global Commission on Drug Policy. www.gcdpsummary2014.com/#foreword-from-the-chair
- × *The Vienna Declaration: We Cannot End AIDS Until We End The War on Drugs*. www.viennadeclaration.com
- × ‘Count the costs of the war on drugs’ Global Campaign. www.countthecosts.org
- × Speech by Michel Kazatchkine, UN Special Envoy for HIV/AIDS in Eastern Europe and Central Asia: *Arresting Drug Users Increases HIV*. www.youtube.com/watch?v=-e4nrF18gQo

Acknowledgements

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Footnotes

1. UNODC / WHO. "Principles of Drug Dependence Treatment". UNODC / WHO. 2008. www.unodc.org/documents/drug-treatment/UNODC-WHO-Principles-of-Drug-Dependence-Treatment-March08.pdf
2. This calculation includes all non-medical use of a variety of drugs that are prohibited by international law. Because of data uncertainty mentioned earlier, the UN and UNODC in particular tend to show wide ranges of prevalence.
3. UNODC. "World Drug Report 2013". UNODC. 2013. www.unodc.org/unodc/secured/wdr/wdr2013/World_Drug_Report_2013.pdf
4. UNODC. "World Drug Report 2008". UNODC. 2008. www.unodc.org/documents/wdr/WDR_2008/WDR_2008_eng_web.pdf
5. There is no disaggregated data available at a global level, partly because many countries do not disaggregate age groups when reporting to the UNODC. However, based on national surveys from Australia, the United States, Greece, Nigeria and Seychelles, a range was drawn. See more: Lynskey, M., White, V., Hill, D., Letcher, T. and Hall, W. (1999), "Prevalence of illicit drug use among youth: results from the Australian School Students" Alcohol and Drugs Survey. *Australian and New Zealand Journal of Public Health*, 23: 519–524; Vega, W. A., Alderete, E., Kolody, B. and Aguilar-Gaxiola, S. (1998), "Illicit drug use among Mexicans and Mexican Americans in California: the effects of gender and acculturation". *Addiction*, 93: 1839–1850.; D Kandel, E Single, and R C Kessler. "The epidemiology of drug use among New York State high school students: Distribution, trends, and change in rates of use." *American Journal of Public Health* 1976 66, 1, 43-53; A Kokkevi and C Stefanis. "The epidemiology of licit and illicit substance use among high school students in Greece." *American Journal of Public Health* 1991 81, 1, 48-52; OY Oshodi, OF Aina, AT Onajole. "Substance use among secondary school students in an urban setting in Nigeria: prevalence and associated factors". Vol 13, No 1 (2010). *African Journal of Psychiatry*; David Faeh, Bharathi Viswanathan, Arnaud Chiolerio, Wick Warren and Pascal Bovet. "Clustering of smoking, alcohol drinking and cannabis use in adolescents in a rapidly developing country". *BMC Public Health* 2006, 6:169.
6. It is expected that most surveys under-report prevalence of use. Barbara S. Mensch and Denise B. Kandel. "Undereporting of substance abuse in national longitudinal youth cohort: Individual and interviewer effects". *Public Opinion Quarterly* (1988) 52 (1): 100-124
7. *Op. Cit.* UNODC / WHO, 2008.
8. The International Classification of Diseases defines addiction as "harmful use [...] a pattern of psychoactive substance use that is causing damage to health" and "dependence [...] a cluster of behavioural, cognitive, and physiological

phenomena that develop after repeated substance use". In: World Health Organization. "International Classification of Diseases". 10th revision. apps.who.int/classifications/icd10/browse/2015/en#/F17.2

9. Drug dependence (combined for all illicit drugs and illicit pharmaceutical use) was assessed in WHO's World Mental Health household surveys in 27 countries in five WHO regions. More in: Kessler R, Üstün T. "The WHO World Mental Health Surveys: global perspectives on the epidemiology of mental disorders." Cambridge: Cambridge University Press, 2008.

10. Degenhardt, Louisa and W. Hall, "Extent of illicit drug use and dependence, and their contribution to the global burden of disease". *The Lancet*, Volume 379, Issue 9810, 7–13 January 2012, Pages 55-70.

11. Mathers B, Degenhardt L, Phillips B, et al. "Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review." *Lancet* 2008; 372: 1733–45.

12. *Ibid.*

13. Degenhardt L., Hall W., Lynskey M., Warner-Smith M. "Illicit drug use". In: Ezzati M, Lopez AD, Rodgers A, Murray R, eds. "Comparative quantification of health risks: global and regional burden of disease attributable to selected major risk factors". 2nd edn. Geneva: World Health Organization, 2004: 1109–76.

14. The disability-adjusted life year (DALY) is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death.

15. WHO. "The global burden of disease: 2004 update". Geneva: World Health Organization, 2008.

16. Four broad types of adverse health effects of illicit drug use exist: the acute toxic effects, including overdose; the acute effects of intoxication, such as accidental injury and violence; development of dependence; and adverse health effects of sustained chronic, regular use, such as chronic disease (eg, cardiovascular disease and cirrhosis), blood-borne bacterial and viral infections, and mental disorders. In: Babor TF, Caulkins J, Edwards G, et al. "Drug policy and the public good". Oxford: Oxford University Press, 2010.

17. *Op. Cit.* Degenhardt, Louisa and W. Hall, 2012.

18. *Ibid.*

19. Definition by Harm Reduction International. www.ihra.net/what-is-harm-reduction

20. Open Working Group. "Open Working Group proposal for Sustainable Development Goals". United Nations Department of Economic and Social Affairs. sustainabledevelopment.un.org/focussdgs.html

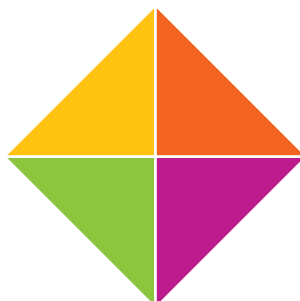
21. These ICSS activities were organized with the collaboration and support

of International Council of AIDS Service Organizations (ICASO), STOP AIDS Alliance (SAA), UNAIDS, World Health Organisation (WHO), the HIV Young Leaders Fund (HYLF), Global Action for Trans Equality (GATE), Global Forum on MSM & HIV (MSMGF), Global Network of People Living with HIV/AIDS (GNP+), International Community of Women Living with HIV/AIDS (ICW), Network of People Who Use Drugs (INPUD), and Network of Sex Work Projects (NSWP).

22. Consultation of HIV Advocates about Post-2015 Global Development Goals. Available online: www.worldwewant2015.org/file/311569/download/338668

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Post-2015 Negotiation Briefs #3: Youth and HIV



Introduction

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

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

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

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

HIV in UN and Regional Agreements

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

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

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

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

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

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

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

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

Article 16 of the 2006 African Youth Charter states:

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

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

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

HIV in Post-2015 Negotiations

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

SDG Goal 3 proposed by the OWG includes Target 3.3:

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

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

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

Youth Positions on HIV

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

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

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

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

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

Resources

- × *AIDS Response in The Post-2015 Development Agenda*, UNAIDS/PCB. www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/pcb/2013/pcb32/agendaitems/20130528PCB%20discussion%20paper_AIDS%20in%20post%202015_27%20May_Final%2019H30.pdf
- × *Health in The Post-2015 Development Framework: How To Meet The Needs of The Most Marginalized and Excluded*, International HIV/AIDS Alliance. www.aidsalliance.org/assets/000/000/819/Health__in_the_post-2015_Development_Framework_original.pdf?1407230086
- × *Girl Power: The Impact of Girl's Education on HIV and Sexual Behaviour*, Action Aid International. www.actionaid.org.uk/sites/default/files/doc_lib/girl_power_2006.pdf

- × *Women, Girls, Gender Equality and HIV*, UNAIDS. www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/factsheet/2012/20120217_FS_WomenGirls_en.pdf

Acknowledgements

This briefing was authored by Lorraine Anyango with input from Mimi Melles, Kelly Thompson and Kat Watson. Thanks to The PACT and UNAIDS colleagues for feedback and editing support.

Footnotes

1. Global Health Observatory. WHO
2. UNAIDS. *Global Report: UNAIDS Report in the Global AIDS Epidemic 2013*. UNAIDS, 2013.
3. Joint United Nations Programme on HIV/AIDS (UNAIDS). *Global Report*. Geneva: UNAIDS, 2010.
4. Priscilla Idele, PhD, Amaya Gillespie, PhD, et al., *Epidemiology of HIV and AIDS Among Adolescents: Current Status, Inequalities and Data Gaps*, JAIDS, 2014.
5. Antonio C. David and Carmen A. Li. *Exploring the Links between HIV/AIDS, Social Capital, and Development*. The World Bank, 2008.
6. *We Can End Poverty. Millennium Development Goals and Beyond 2015 Factsheet*, UN, 2013.
7. *Op. Cit.*, Priscilla Idele, PhD, Amaya Gillespie, PhD, et al., 2014.
8. UNAIDS Programme Coordinating Board. *Thematic Segment: HIV, adolescents, and youth*, 2013.
9. *Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS*. UNAIDS, 2011.
10. *International Conference on Population and Development*, 1994.
11. African Youth Charter. 2006.
12. *Political Declaration on HIV/AIDS*, UNGASS, 2006.
13. *The Future We Want*, 2012.
14. *Proposal of the Open Working Group for Sustainable Development Goals*, 2014.
15. *The Road to Dignity by 2030: Ending Poverty, Transforming All Lives and Protecting the Planet*, 2014.
16. The PACT is a coalition of 26 youth-led and youth-serving organizations with a vision to create solidarity to work strategically and collaboratively in the

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

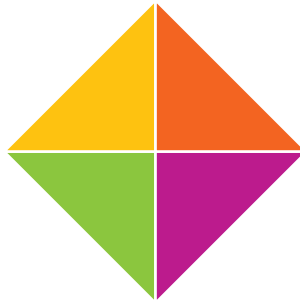
17. PMNCH/IFMSA/YPEER. *Investing in Youth and Adolescents is Central for Sustainable Development*. PMNCH/IFMSA/YPEER, 2014.

18. *The Global Youth Call*, 2014.

19. Youth Coalition for Sexual Reproductive Health and Rights. *Linkages between SRR, post-2015, and HIV*. Youth Coalition for Sexual and Reproductive Rights, 2014.

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Post-2015 Negotiation Briefs #4: Mental Health



Introduction

The World Health Organization defines mental health as *“a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”*. It is recognized that mental health is an essential component of overall health and well-being not only of individuals but also of communities and societies.

While mental health is multifactorial, there is an intrinsic link between development and mental health with clear evidence that indicators of poverty have adverse outcomes on mental health.¹ In discussing the link between mental health and development, it is vital to recognize the importance of addressing the mental health needs of adolescents and young people as many mental health disorders of adulthood begin in childhood or adolescence.² Adolescence and young adulthood are the crucial space to identify mental health issues and to provide the necessary support to ensure a healthy and productive future life.

When it comes to mental health, adolescents and young adulthood can not be ignored:

- × One in five children and adolescents experience mental disorders globally³
- × 50% of all mental illnesses begin by the age of 14 and 75% by mid-20s⁴

- × Suicide is the leading cause of death for 15-19 year olds in South-East Asia and was the 3rd leading cause of death amongst adolescents globally in 2012
- × Unipolar depressive disorders is the number one cause of years lost to disability in adolescents aged 10-19 globally
- × Adolescents self-identified mental health problems as their most important health problem.⁵

Poor mental health outcomes of adolescents have add on effects to other aspects of their health and well-being and social development. In particular, there is documented evidence that poorer mental health outcomes for young people directly affects their sexual and reproductive health. Adolescents who experience mental health disorders are more likely to experience:

- × higher alcohol, tobacco and illicit substances use
- × adolescent pregnancy
- × school dropout
- × delinquent behaviours.⁶

Young people experiencing poorer mental health are:

- × twice as likely to be sexually active
- × more than twice as likely to not use condoms
- × more likely to have a history of sexually transmitted infections
- × twice as likely to use intravenous drugs.

Participation in these behaviors perpetuates an individual's risk of HIV transmission.⁷ There is additional evidence that young people living with HIV are more likely to experience adverse mental health outcomes, as they are more likely to experience emotional and behavioural problems, including psychiatric disorders. These adverse outcomes are related to a broad range of factors such as stigma and ostracization, medication side effects and the sequelae of the advancement of HIV to AIDS.⁸ Further links between sexual and reproductive health and rights and mental health are seen in key populations experiencing diversity in sexual orientation and gender identity. Adolescents with diverse gender and sexual orientations are more likely to report higher rates of anxiety and depression, self-harm, suicide, substance abuse, homelessness and eating disorders. It is recommended by the American Psychological Association that school-level programming that creates a positive environment for self-exploration and that reduces bullying and harassment should be implemented to reduce adverse mental health outcomes and to improve adolescent sexual and reproductive health.⁹

Despite the overwhelming evidence of the need for youth friendly mental health services, adolescents and young people are not receiving the care they need. For example, recent evidence has shown that less than half of children with mental health issues have access to the treatment or services that they need.¹⁰ Therefore it is essential for governments to commit to the development of affordable and accessible youth friendly mental health services and programming.

Mental Health in UN and Regional Agreements

Member states at the United Nations have long agreed to the importance of mental health. In 1991, member states set out fundamental rights and freedoms for all people in UN General Assembly Resolution A/RES/46/119 entitled *The Protection of Persons with Mental Illness and the Improvement of Mental Health Care*. These basic rights include:

Principle 1.1 All persons have the right to the best available mental health care, which shall be part of the health and social care system.

Principle 8.1 Every patient shall have the right to receive such health and social care as is appropriate to his or her health needs, and is entitled to care and treatment in accordance with the same standards as other ill persons.

In 2003, member states again confirmed “*The right of everyone to the enjoyment of the highest attainable standard of physical and mental health*” in UN Resolution A/C.3/58/L.53. The resolution also connected issues of gender and sexual and reproductive health with mental health:

Para7 Also calls upon States to place a gender perspective at the centre of all policies and programmes affecting women’s health;

Para8 Further calls upon States to protect and promote sexual and reproductive health as integral elements of the right to everyone to the enjoyment of the highest attainable standard of physical and mental health;

This was not the first time governments had recognized the link between mental health and reproductive health. In 1994, when setting out the definition for Reproductive Health in the Conference on Population and Development’s Plan of Action, member states identified that mental health is a key component of reproductive health:

Para 7.2 Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or

infirmity, in all matters relating to the reproductive system and to its functions and processes.

Mental Health in Post-2015 Negotiations

Mental Health is currently included in the Post2015 Negotiations as target 3.4 under the health goal. The language of the target is as follows:

3.4 by 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing

Despite, the evidence that many mental health issues first present in adolescence and young adulthood and youth friendly interventions for mental health are key to ensuring mental health wellbeing there is currently no specific language on youth or adolescent mental health or mental health well being in the negotiations.

Youth Positions on Mental Health

Youth statements on post-2015 have consistently recognized that mental health is a key component of overall health and wellbeing, and as such it should be ensured that young people have access to mental health services as part of health services.

The Bali Global Youth Forum Declaration called for mental healthcare as a key component of youth-friendly health services:

Governments must provide, monitor and evaluate universal access to a basic package of youth-friendly health services (including mental healthcare and sexual and reproductive health services) that are high quality, integrated, equitable, comprehensive, affordable, needs and rights based, accessible, acceptable, confidential and free of stigma and discrimination for all young people.

The Children and Youth Major Group's Vision and Priorities for the Sustainable Development Goals and the Post-2015 Development Agenda (2014) also asked for youth-specific mental health services:

Ensure coverage for mental health and substance misuse disorders, which predominantly affect this age group.

Resources

- × WHO. *Mental health: strengthening our response*. 2014.
www.who.int/mediacentre/factsheets/fs220/en
- × Act for Youth. *Mental Health for Adolescents*, Act for Youth. 2013.
- × Centre for Disease Control and Prevention. *Children and Adolescent's Mental Health*, 2013.
- × World Health Organization. *Child and Adolescent Mental Health*, 2013.
- × World Health Organization. *Health for the World's Adolescents: A Second Chance in the Second Decade*, 2014.
- × World Health Organization. *Adolescents and Mental Health*. www.who.int/maternal_child_adolescent/topics/adolescence/mental_health/en
- × Geri R. Donenberg, Ph. D. and Maryland Pao, M.D. *Youths and HIV/AIDS: Psychiatry's Role in a Changing Epidemic*. www.ncbi.nlm.nih.gov/pmc/articles/PMC1634829
- × "Understanding the Mental Health of Youth Living with Perinatal HIV Infection: Lessons Learned and Current Challenges", *Journal of International AIDS Society*, Claude A. Mellins and Kathleen M. Malee, 2012.
- × American Psychological Association. *Resolution on Gender and Sexual Orientation Diversity in Children and Adolescents in Schools*. 2014.
www.apa.org/about/policy/orientation-diversity.aspx
- × American Psychological Association. *Strengthening the Child and Adolescent Mental Health Workforce*. 2013.

Acknowledgements

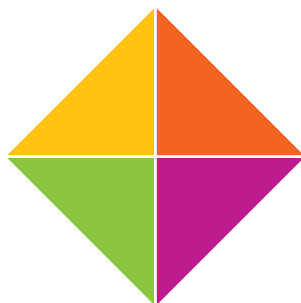
This briefing was authored by Kelly Thompson with input from Josko Mise. Thanks to The PACT and UNAIDS colleagues for feedback and editing support.

Footnotes

1. WHO. *Mental health: strengthening our response*. 2014.
www.who.int/mediacentre/factsheets/fs220/en
2. Act for Youth. *Mental Health for Adolescents*, Act for Youth. 2013.
3. Centre for Disease Control and Prevention. *Children and Adolescent's Mental Health*, 2013.
4. World Health Organization. *Child and Adolescent Mental Health*, 2013.

5. World Health Organization. *Health for the World's Adolescents: A Second Chance in the Second Decade*, 2014.
6. World Health Organization. *Adolescents and Mental Health*. www.who.int/maternal_child_adolescent/topics/adolescence/mental_health/en
7. Geri R. Donenberg, Ph. D. and Maryland Pao, M.D. *Youths and HIV/AIDS: Psychiatry's Role in a Changing Epidemic*. www.ncbi.nlm.nih.gov/pmc/articles/PMC1634829
8. "Understanding the Mental Health of Youth Living with Perinatal HIV Infection: Lessons Learned and Current Challenges", *Journal of International AIDS Society*, Claude A. Mellins and Kathleen M. Malee, 2012.
9. American Psychological Association. *Resolution on Gender and Sexual Orientation Diversity in Children and Adolescents in Schools*. 2014. www.apa.org/about/policy/orientation-diversity.aspx
10. American Psychological Association. *Strengthening the Child and Adolescent Mental Health Workforce*. 2013.

Post-2015 Negotiation Briefs #5: Sexual and Reproductive Health and Rights



Introduction

"(...) sexual and reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents and rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, the right to attain the highest standard of sexual and reproductive health, the right to make decisions concerning reproduction free of discrimination, coercion and violence, and the right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence;" as already recognized at the Asian and Pacific Ministerial Declaration on Population and Development from 2013.

Sexual and reproductive health is an essential component of the universal right to the highest attainable standard of physical and mental health, enshrined in the Universal Declaration of Human Rights and in other international human rights conventions, declarations and consensus agreements.¹

SRHR must be respected, protected, promoted, and fulfilled in order to have a high quality of life and to ensure that people are able to live their lives without fear, discrimination, and coercion. While SRHR are important throughout each individual's lifecycle, there is a particular need for access to SRHR, as well as

specific barriers that exist, during adolescents and youth. SRHR are intrinsically linked to sustainable development, as it unlocks access to other fundamental rights such as the right to education, to employment, to a life free and equal among other crucial rights to achieve a sustainable development.

The full range of SRHR were neglected in the original version of the MDGs. Only in 2007, after strong lobbying from civil society the target 5b (Achieve by 2015, universal access to reproductive health) was added to MDG 5 (Improve Maternal Health). However, the implementation of MDG 5 has been one with the least progress. Because MDG 5b did not encompass the comprehensive scope of SRHR, only focusing on reducing maternal mortality, this meant that young peoples' needs and rights were left behind, even though pregnancy and child-birth related complications were the leading cause of death among young women 15-19.²

Sexual and Reproductive Health and Rights in UN and Regional Agreements

The Programme of Action of the International Conference on Population and Development (PoA of ICPD) in 1994 was the first fora to recognize sexual and reproductive health as an important pillar of human rights within international development. As is stated in paragraph 7.2:

“(...) reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant”.

The Beijing Platform for Action in 1995 also recognizes the importance of sexual and reproductive health and reproductive rights as part of human rights. Paragraph 223 states:

“(...) the Fourth World Conference on Women reaffirms that reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number,

spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents”.

Even though those agreements specifically recognize sexual and reproductive health and reproductive rights, more recent language also recognizes that access to sexual rights is crucial for the well-being and full exercise of human rights. One example is the Montevideo Consensus, which is the Latin-American and The Caribbean declaration of the Operational Review of the ICPD PoA, which clearly determines sexual rights and its importance to sexual and reproductive health in its paragraph 33:

“Promote policies that enable persons to exercise their sexual rights, which embrace the right to a safe and full sex life, as well as the right to take free, informed, voluntary and responsible decisions on their sexuality, sexual orientation and gender identity, without coercion, discrimination or violence, and that guarantee the right to information and the means necessary for their sexual health and reproductive health”.

Although sexual and reproductive health and rights have been addressed in many UN agreements it has been one of the most neglected topics in its implementation. Its importance at the implementation level has been put behind in trades for investments on economic growth leaving behind the rights of people of all ages, particularly young people.

Sexual and Reproductive Health and Rights in Post- 2015 Negotiations

SRHR issues in the process of the post-2015 has started in a place of challenge with the background of the MDGs creational process and the Rio+20 declaration *The World We Want* that did not capture its important role in advancing human rights in the development framework. SRHR was mentioned at various stages of the Open Working Group negotiation process, particularly for young people as the outcomes of the Open Working Group 6 and 8 shows. However, its reflection in the final draft SDGs was relatively weak despite the strong efforts of diverse organizations working in the Major Group of Children and Youth and the Women’s Major group, being addressed only in the point

3.7 under the goal to Ensure healthy lives and promote well-being for all at all ages:

“By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes”.

And in the point 5.6 under the goal to Achieve gender equality and empower all women and girls:

“Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences”.

This way the SDGs leave behind an important part of human rights - the sexual rights - which include the rights of LGBTQI people, and women’s human rights, which can guarantee their ability to live free from coercion, fear, discrimination in a healthy, safe and informed manner particularly in regards to their sexual lives.

Youth positions on Sexual and reproductive health and rights

The operational review process of the ICPD Programme of Action brought together over 3000 young people in site and online from all over the world that elaborate the Bali Youth Declaration. This consultation yielded one of the strongest and most comprehensive calls for sexual and reproductive rights, not only recognizing the importance of sexual and reproductive rights of young people but calling governments to change laws to protect YPLWH and LGBTQI youth, to provide comprehensive health services and to recognize the rights of all families, including the LGBTQI ones. It also recognizes the women’s human rights, which include their right to bodily autonomy, access to safe and legal abortion and women’s sexual rights.

The ACT!2015, which is an initiative of The PACT, identifies SRHR as the most common and key topic in the HIV community dialogues:

1. Ensure universal access sexual and reproductive health rights and services, including massive scale up of HIV testing, counseling and condoms and access to treatment”.

This shows the importance of addressing SRHR in the response to HIV globally, particularly related to young people as a key affected population and in response to the fact that 40% of all new infections occur among young people 15-24.³ *Investing in Young People and Adolescents is Central to Sustainable Development* report from IFMSA in partnership with PMNCH, Youth Coalition for Sexual and Reproductive Rights, EVA and YPEER, which is a compilation of 13 youth statements and consultations, states once more the importance of addressing SRHR in the post-2015 outcome. Among their action points is:

SRHR: fulfillment of sexual and reproductive health and rights: access to contraception, safe and legal abortion services.

All these consultations are in great discrepancy from the proposed SDGs, which leave behind young people's rights, particularly those from marginalized groups, increasing the violations of their human rights around the world.

Resources

- × *Including Youth in the Post-2015 Agenda: Youth Sexual and Reproductive Rights and Health.* www.youthcoalition.org/publication/including-youth-post-2015-development-agenda
- × *Post-2015 Made it Simple: Shaping the Future of Sexual and Reproductive Health and Rights.* www.ippf.org/sites/default/files/pp_ippf_post2015madesimple_web.pdf
- × *Briefing Cards: Sexual and Reproductive Health and Rights and the Post-2015 Development Agenda.* 31u5ac2nrwj6247cya153vw93o.wpengine.netdna-cdn.com/wp-content/uploads/2014/09/UAP-SRHR-post-2015-briefing-cards.pdf
- × *WHO Factsheet on adolescent pregnancy N° 364.* www.who.int/mediacentre/factsheets/fs364/en/

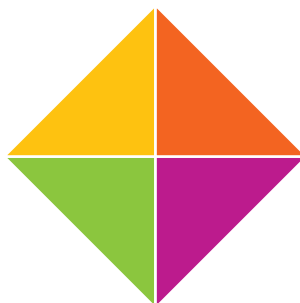
Acknowledgements

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Footnotes

1. Amnesty International USA. *Amnesty International Sexual and Reproductive Health and Rights*. Amnesty International USA. www.amnestyusa.org/pdfs/SexualReproductiveRightsFactSheet.pdf
2. WHO. *Adolescent pregnancy*. 2014.
3. UNAIDS. *Global Report, UNAIDS Report on the Global AIDS Epidemic I 2010*. UNAIDS 2010.

Post-2015 Negotiation Briefs #6: Social Determinants of Health



Introduction

Health is central in the MDGs and they must continue being a core part of the development agenda, but not just as an isolated issue. Many times people's understanding of health and wellbeing is limited only to the biological aspects of diseases and the health system, but there are a number of situations such as where do people live, what kind of work they do, what do they eat and how they socialize that have a significant impact on the health conditions of the population. These conditions are called Social Determinants of Health (SDoH).¹

As such, sexual and reproductive health of young people, like other age groups, may be determined by the neighborhood where they live, the traditions and the dominant religion in their community, the access to education, among other factors that may seem disconnected but in reality, play a very important role.

Improving public health (prevent disease, promote health, prolong life) in order to create a better quality of life for everyone includes strengthening the health system but also, implementing cross-cutting strategies that may improve the economy, the social services, and of course, the sustainable development.² The World Health Organization has recognized the effect that climate change, trade agreements, discrimination against vulnerable populations and other social problems, contribute on the global burden of disease.³

Global health is more important than ever due to the dynamics that the world is experiencing.⁴ If the world wants to reach health equity for all young people, all the different goals of the post-2015 development agenda must be created taking into consideration how they will impact the health and wellbeing of the population.

Social Determinants of Health in UN and Regional Agreements

Several international agreements include SDoH even if they are not explicitly mentioned. Article 12 of the International Covenant on Economic, Social and Cultural Rights (1966) was dedicated to the right of health and talks about environmental and occupational issues among other topics:

- × Improve environmental and industrial hygiene
- × Prevent, treat and control epidemic, endemic, occupational and other diseases
- × Create conditions to ensure access to health care for all.⁵

Two key documents for the public health sector, the Declaration of Alma-Ata on Primary Health Care (1978) and the Ottawa Charter for Health Promotion (1986) also include 'social measures' that go beyond the health system to improve wellbeing of the population:

- × Public health is influenced by many factors and the participation of different sectors is required
- × Governments have the obligation to care about their population's health through the provision of adequate health and social measures⁶
- × Health is not only responsibility of health system, it is also of other sectors as health is influenced by social determinants including education, employment, sanitation, gender equality among others
- × It is crucial to support community action.⁷

The Declaration of Commitment on HIV/AIDS created at the UN General Assembly in 2001 is clear about the linkages between SDoH and the pandemic. It says, in paragraph 11:

"Poverty, underdevelopment and illiteracy are among the main contributing factors to the spread of HIV/AIDS. (...) HIV/AIDS is reversing and impeding development, therefore should be addressed in an integrated manner. Armed conflicts and natural disasters also exacerbate the spread of the epidemic".⁸

In 2011, WHO organized the World Conference on Social Determinants of Health, where the Rio Political Declaration on SDoH was created. The call for global action of the Declaration says:

“We, Head of Government, Ministers and government representatives, solemnly reaffirm our resolve to take action on social determinants of health to create vibrant, inclusive, equitable, economically productive and healthy societies, and to overcome national, regional challenges to sustainable development”.⁹

The ICPD Program of Action and the CPD Resolution 2012/1 also makes the point on how sexual and reproductive health of young people, including HIV prevention and care, is linked to many SDoH including access to quality education, decent employment, access to water and sanitation, gender equality, prevention of child marriage, and respect for diversity.

Social Determinants of Health in Post 2015 Negotiations

The UN Platform on Social Determinants of Health developed a statement called *Health in the Post-2015 Agenda: Need for a Social Determinants of Health Approach* in which makes the case for the inclusion of SDoH in the new development framework:

“Health policy generally, and health equity in particular, to a large extent depend on decisions made in sectors other than health, and are fundamentally linked to several interrelated issues such as governance, environment, education, employment, social security, food, housing, water, transport and energy. It means that health outcomes cannot be achieved by taking action in the health sector alone, and that actions in other sectors are critical”.¹⁰

Goal 3 proposed by the OWG, “Ensure healthy lives and promote well-being for all” addresses different issues of health, including HIV and sexual and reproductive health but does not talk about SDoH specifically.

Nevertheless, other SDGs proposed by the OWG encompass SDoH and could potentially have an impact on public health: Ending poverty, empowering girls and women, providing quality education, ensuring food security, sanitation, sustainable growth, access to decent jobs, peacekeeping, reducing inequalities, good governance and protected environments may provide the population the capability to maintain their health and, should they lose it, to have access to effective institutions in order to retrieve it.

Youth Positions on Social Determinants of Health

Health is one of the topics that has been present in almost entirely all documents created by youth organizations in the last couple of years in the post-2015 process, particularly sexual and reproductive health that is certainly the most relevant concern for young people around the world. Even though there are no specific mentions of SDoH, it is clear that young activists want health issues to be addressed with a comprehensive and cross-cutting approach.

The Global Youth Call *Prioritizing Youth in the Post-2015 Development Agenda* based on the priorities of the MyWorld2015 survey and input from different stakeholders included a call to:

“Improve the physical, social and mental health of adolescents and youth, promote healthy behaviors for reducing the risk of Non-Communicable Diseases and substance abuse, and increase access to affordable, acceptable and quality-assured adolescent- and youth-friendly health services and information”.¹¹

Social and mental health issues have been neglected from many post-2015 discussions but young people included them in their document. The brief *Investing in Youth and Adolescents is Central to Sustainable Development* developed by several youth organizations says:

“Recognize the impact of social, environmental and political determinants on the health of young people - by addressing access to secondary education, employment, climate change, food security, peace and security, social exclusion, including income inequality, sexual diversity, gender dynamics, as a way to ensure all social policy, including social protection, contribute to the health and well-being of adolescents and young people”.¹²

The cited paragraph shows that young people are in line with what the UN Platform on Social Determinants of Health is demanding: health should not be seen as an isolated development issue. Health and well-being must be pillars but also outcomes of all the other SDGs.

Resources

- × *Health Equity Through Action on the Social Determinants of Health*, WHO, 2008. www.who.int/social_determinants/thecommission/finalreport/en
- × *Health in the Post-2015 Development Agenda: Need for a Social Determinant of Health Approach*, UN Platform on Social Determinants of Health, 2013. www.worldwewant2015.org/es/node/300184
- × *Rio Political Declaration on Social Determinants of Health*, WHO, 2011. www.who.int/SDoHconference/declaration/en
- × *Universal Health Coverage and Social Determinants of Health*, Marmot M. *The Lancet*, 382, 2012. [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)61791-2/fulltext?_eventId=login](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)61791-2/fulltext?_eventId=login)

Acknowledgements

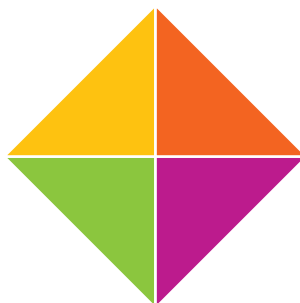
This briefing was authored by Ricardo Baruch. Thanks to The PACT and UNAIDS colleagues for feedback and editing support.

Footnotes

1. Wilkins R, Marmot M. "The solid facts: social determinants of health". WHO Europe, 2003. www.euro.who.int/__data/assets/pdf_file/0005/98438/e81384.pdf
2. WHO. *Public Health*. WHO. Geneve. www.who.int/trade/glossary/story076/en
3. Commission on Social Determinants of Health – *Final report*. WHO, 2008. www.who.int/social_determinants/thecommission/finalreport/en
4. Blouin C., Chopra M., Van der Hoeven, R. Trade and social determinants of health. *The Lancet* - 7 February 2009 (Vol. 373, Issue 9662, Pages 502-507). www.globalbrigades.org/media/Global_Health_Towards_a_Common_Definition.pdf
5. WHO. *The right to health*. WHO, 2013. www.who.int/mediacentre/factsheets/fs323/en
6. *Declaration of Alma-Ata International Conference on Primary Health Care*. WHO, 1978. www.who.int/publications/almaata_declaration_en.pdf
7. *Ottawa Charter for Health Promotion*. WHO, 1986. www.euro.who.int/__data/assets/pdf_file/0004/129532/Ottawa_Charter.pdf?ua=1
8. *Declaration of Commitment on HIV/AIDS*. UN General Assembly, 2001. www.unaids.org/sites/default/files/sub_landing/files/aidsdeclaration_en_0.pdf

9. *Rio Political Declaration on Social Determinants of Health*, 2011. www.who.int/sdhconference/declaration/Rio_political_declaration.pdf?ua=1
10. *Health in the post-2015 development agenda: need for a social determinants of health approach*. UN Platform on Social Determinants of Health, 2013. www.worldwewant2015.org/es/node/300184
11. *Global Youth Call*. UN IANYD/MyWorld2015/ICMYO, 2014. www.un.org/youthenvoy/wp-content/uploads/2014/09/The-Global-Call-on-Youth_3-June-2014.pdf
12. PMNCH/IFMSA/YPEER. *Investing in youth and adolescents is central for sustainable development*. PMNCH/IFMSA/YPEER, 2014.

Post-2015 Negotiation Briefs #7: Youth Engagement and Accountability Mechanisms



Introduction

This policy brief will introduce language from different documents both formal UN documents and informal such as youth statements and declarations,¹ that provide strong language and highlights the importance of youth engagement and furthermore provides specific accountability mechanisms.

Taking into account that today, more than 2.9 billion people —nearly half the world's population— are under the age of 25,² youth engagement through meaningful and sustainable mechanisms is crucial for the youth development of each country. According to the Open Society Foundation,³ meaningful and sustainable youth participation means the inclusion of young people in the decision-making through different transparent and inclusive platforms at all levels. Young people are informed and consulted on programmes and policies that directly affect their lives. In addition to the fact that young people have the fundamental right to express their voices, there are several clear advantages of young people's involvement: If they are consulted and their voice heard, programs and policies can become more effective and can be adapted to the actual needs of young people.

Today, we face a context where the post-2015 development agenda is being developed on an inclusive foundation, with parallel processes among different stakeholders such as Civil Society Organizations (CSOs) and young people.

The role of youth in these processes can not be ignored. For example, in The WorldWeWant consultation, 75% of the seven million respondents were young people under the age of 30. According to the survey young people indicated health and education as top two priorities globally. The successes of the MDGs in health and education have highlighted the complexities of these issues and a large amount of work is still left to be completed in these areas, and a new global agenda will need to address this if the new goals are to meet the aspirations of the people.⁴

What is Youth Engagement?

The involvement of young people (aged 15-24) on decision-making is commonly referred to as youth engagement. It also includes the following but not limited to:

- × Involve youth in all decisions that affect their lives.
- × Create opportunities for young people to work in partnership with adults on social problems and issues such as health, education, and sustainable development.
- × Promote youth leadership by encouraging young people to plan and facilitate initiatives and activities.
- × Assist young people in developing skills that will allow them to better advocate on their own behalf and create programs and activities that will engage other youth
- × Adults should recognize young people as valuable and equal partners in the planning, implementation and monitoring of policies and programs that affects young people's fundamental rights.

Why is it Important that Young People to Be Engaged Through Accountability Mechanisms?

According to the Centre of Excellence for Youth Engagement (USA), youth engagement is a central principle of youth development.⁵ Through youth engagement, communities can do a better job of creating the services, opportunities, and support that young people need to develop in healthy ways. From a political point of view, youth engagement is important because young people need the right⁶ to represent their own voices and to meet their specific needs. (Zeldin, 2000)⁷

Internationally, young people have been recognized as an important stakeholder that needs to be fully included in the future development agenda. Thus, in

2012 the UN Secretary General Ban-Ki-moon in his Five-Year Action Agenda⁸ stated to *“Address the needs of the largest generation of young people the world has ever known by deepening the youth focus of existing programmes on employment, entrepreneurship, political inclusion, citizenship and protection of rights, and education, including on reproductive health”*.

Accountability Mechanisms and Youth Engagement in UN and Regional Agreements

In the analysis of statements and outcomes documents (including but not limited to the ones mentioned above)⁹ that have been adopted by different CSOs, and with the involvement of young people and UN agencies, youth participation is recognized to play an important role for ensuring sustainable development of each nation. However, providing key, consistent, meaningful, and effective mechanisms for youth engagement is still lacking within UN and regional agreements.

The UN 3rd Committee for Social, Humanitarian and Cultural Affairs has adopted an UN Resolution on Policies and programmes involving youth in 2013 (A/RES/68/130) where the member states countries have agreed on recognizing the youth participation as a key to development and that they will work to secure effective, structured and sustainable participation of young people and youth-organizations in relevant decision-making processes.

Furthermore member states were urged to consider including a youth representative as part of the national delegation at international level.

Adopted by the General Assembly in 1995, the Programme of Action recommends that the United Nations Youth Fund support activities that encourage the participation of Youth in devising and carrying out projects whose short time frames often make it difficult to obtain needed support from conventional budgeting processes. The Action Programme further invites Governments, NGOs and the private sector to support the Fund’s activities on a predictable and sustained basis.

This Youth Fund is an example of a mechanism that can ensure accountability mechanisms for youth participation. There was a call addressing donors including Member States¹⁰ and intergovernmental and non-governmental organizations, to actively contribute to the United Nations Youth Fund in order to facilitate the participation of youth representatives from developing countries in the activities

of the United Nations. However, there is lack of recognition of and investment in the Fund by donors and member states.

Another success for young people in the UN Secretary General's 5-year Action Plan is the UN System Wide Action Plan on Youth (UN Youth-SWAP) developed with the inclusion of young people and youth organizations to highlight the political inclusion of young people. One of the 5 priorities of the UN Youth-SWAP is political participation through accountability mechanisms. Furthermore the Youth-SWAP provides indicators for measuring youth participation in the decision making processes. More efforts need to be dedicated to obtain the necessary funding to fully implement the Youth-SWAP at all levels (international, regional and national).

The Beijing Declaration and Platform for Action recognizes that we face the world's biggest population of youth, highlighting that special measure for involving young women in the decision making are needed. The declaration is a landmark that provides strong language on youth participation and tackle issues related to the sexual and reproductive health and right of young people.¹¹

Programme of Action, International Conference on Population and Development, 1994. Action 6.15:

"Youth should be actively involved in the planning, implementation and evaluation of development activities that have a direct impact on their daily lives. This is especially important with respect to information, education and communication activities and services concerning reproductive and sexual health, including the prevention of early pregnancies, sex education and the prevention of HIV/AIDS and other sexually transmitted diseases".¹²

Accountability Mechanisms and Youth in Post-2015 Negotiations

"Without young people's ideas we, the Panel, would be missing the best hope for a successful set of goals. Bring us your ideas".

UN High Level Panelist Graca Machel, London, November 2012

"Youth participation is fundamental for the post-2015 agenda. They are the ones that will have to do the heavy lifting in its implementation".¹³

Special Adviser to the Secretary-General in post-2015 Development Planning
Amina J. Mohammed

In December The UN Secretary General has introduced its Synthesis Report called *The Road to Dignity by 2030: Ending Poverty, Transforming All Lives and Protecting the Planet* which compiled all processes related to the post-2015 agenda that happened on different levels both UN and not-UN. Although the role of the youth in the next development agenda has been recognized within the Synthesis Report as “*torch bearers of the next sustainable development agenda through 2030*”. It failed to suggest specific accountable mechanisms for ensuring meaningful youth engagement. Mostly the language on young people is linked to ensuring access to quality education and better job opportunities.¹⁴

Youth Positions on Accountability Mechanisms and Youth

Although young people have been addressed in various documents and platforms, they are still not well presented and their voices are not being heard. An example of that is the research undertaken by the International Federation of Medical Students’ Associations called *Investing in Youth and Adolescents is Central to Sustainable Development* that analyzed key youth voices and compare them with member states’ statements. One of the top youth priority is: “*Support MEANINGFUL YOUTH ENGAGEMENT: include youth in the designing and implementation of health programs and policies*”.¹⁵

If we compare the development of the MDGs and the current processes of the revision of the ICPD and the future adoption of the next development agenda youth engagement is even more crucial than before. Key priorities young people identified to be represented within the post-2015 development agenda:

- × Participatory and inclusive approaches must be prioritized in order to collect the voices of those who are marginalized from global decision making processes.
- × The new development framework must be transformative for all young people, guaranteeing their equal status and opportunities no matter what their background.
- × Young people must be partners in the design and implementation of these new strategies.¹⁶

Another milestone document that addresses youth engagement is the crowdsourcing exercise that was championed by the UN Secretary General’s Envoy on Youth together with the involvement of more than 1700 youth organizations. As an outcome was the development of a Global Youth Call *Prioritizing Youth in the Post-2015 Development Agenda* that was recognized by the member states, it stated: “*Support and promote increased and equitable*

access to open, timely, reliable, accessible and quality information, including through ICTs to enable stronger accountability mechanisms and greater youth participation in decision making".¹⁷

In May of 2014, the World Conference on Youth took place where member states, UN agencies, young people and CSOs put together the *Colombo Declaration*. The main section of the outcome document is entitled *Inclusive Youth Participation* and involves language on accountability mechanisms for youth engagement: "*Call on the Secretary-General of the United Nations to establish a permanent forum no youth, for youth and governments to facilitate a sustained dialogue including on the post-2015 Development Agenda*".¹⁸

However, comparing some of the above mentioned youth positions with internationally agreed language adopted by member states, it could be highlighted that there is clear absence of mentioning specific accountability mechanisms on youth engagement and ways of involvement in the decision making process.

Resources

- × United Nations Department on Economic and Social Affairs – Youth. undesadspd.org/Youth/ResourcesandPublications/Youthresolutions.aspx
- × Sustainable Development Network Solutions. sustainabledevelopment.un.org/index.html
- × Sustainable Development Knowledge Platform. sustainabledevelopment.un.org
- × Main UN website on Beyond 2015. docs.google.com/document/d/1fRG2zopmGbWO7eAzcxIQ3P_lIBArcDe1V-Sd9ihkCzU/edit?pli=1
- × Major Group on Children and Youth. childrenyouth.org

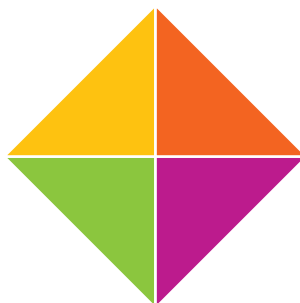
Acknowledgements

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FOOTNOTES

1. By “formal” and non-formal is meant United Nations adopted documents and other documents adopted by CSOs etc.
2. World Bank. *The Challenge: Reducing Poverty*, World Bank, 2014. www.worldbank.org/progress/reducing_poverty.html
3. www.youthpolicy.org/symposia/files/2011/08/London-Youth-Policy-Symposium-report.pdf
4. My World. *United Nations Millennium Campaign*, 2014. myworld2015.files.wordpress.com/2014/12/wethepeoples-7million.pdf
5. Petrokubi, J. “Strengthening communities through youth participation”, University of Wisconsin, 2009.
6. *World Youth Report, 2003*. www.un.org/esa/socdev/unyin/documents/ch10.pdf
7. Zeldin, S., “Youth in decision making – a case study”, University of Wisconsin, 2000.
8. *Working with and for Women and Young People*, UN, 2014. www.un.org/sg/priorities/women_youth.shtml
9. Refer to page 2.
10. *United Nations Youth Fund Supports 50 Projects*. UN. www.un.org/events/youth98/backinfo/yfund.htm
11. *Beijing Declaration and Platform of Action*, 1995. www.un.org/womenwatch/daw/beijing/pdf/BDPfA%20E.pdf
12. *International Conference on Population and Development, Programme of Action*, 1994.
13. Ammina, M. “The new development agenda: six priorities from Amina J Mohammed”, *The Guardian*, 2014. www.theguardian.com/global-development-professionals-network/2014/nov/25/amina-j-mohammed-lessons-for-post-2015-change?CMP=share_btn_fb
14. *The Road to Dignity by 2030: Ending Poverty, Transforming All Lives and Protecting the Planet, Synthesis Report of the Secretary-General On the Post-2015 Agenda*. UN, 2014.
15. PMNCH/IFMSA/YPEER. *Investing in youth and adolescents is central for sustainable development*. PMNCH/IFMSA/YPEER, 2014.
16. *Youth Voices in Post-2015 Agenda*. DFID / CSO Youth Working Group. www.youthpost2015.org/wordpress/report/youthvoices.pdf
17. *ECOSOC Global Youth Call*, 2014.
18. *Colombo Declaration on Youth*. 2014.

Post-2015 Negotiation Briefs #8: Youth Friendly Services in Universal Health Coverage



Introduction

Universal Health Coverage (UHC) is seen as a key contributor to ensuring a healthy population and, in turn, helping to advance development. The World Health Organization defines UHC as Universal *“ensuring that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship”*. It is agreed that UHC should ensure a whole continuum of access: promotion of health, prevention of ill health, treatment, rehabilitation and palliation. One of the most important aspects of UHC is to ensure financial risk protection in order to prevent poverty from the cost of health care services.¹

Youth Friendly Services are seen as essential to ensure the health of adolescents and young people and Universal Health Coverage can not be truly universal if it is not accessible or affordable to all people through all ages. The World Health Organization has developed tools to enable governments to understand how to make their health services adolescent friendly. They identified the following as essential components of this service:

1. **Equitable:** All adolescents, not just some groups of adolescents, are able to obtain the health services that are available.
2. **Accessible:** Adolescents are able to obtain the health services that are available

3. **Acceptable:** Adolescents are willing to obtain the health services that are available.
4. **Appropriate:** the right health services (i.e. the ones they need) are provided to them.
5. **Effective:** the right health services are provided in the right way, and make a positive contribution to their health.²

Young people are seen as healthy and vibrant members of society, and as such they are hesitant to present to health services unless there is an acute issue or need. Young people are even less likely to present to a health service if it is not designed for their needs and in a way that promotes youth uptake. Young people face many barriers in accessing health services:

- × Staff are unfriendly or are not trained in how to work with young people
- × The hours are inconvenient, *i.e.* the clinic is only open during school hours
- × The location is not easily accessible or in areas frequented by young people
- × The services provided are not confidential or private
- × The services are too expensive or young people fear a lack of confidentiality because the services are covered under their parents' health coverage.³

Despite a move for equitable access to health for all, stemming from the 1978 Alma Ata Declaration, adolescents and young people have been left behind. For this need to be met health systems need to be adolescent and youth responsive and young people; health systems need to address both existing health issues and concerns in adolescent populations, as well as taking a life course approach in recognizing that ensuring optimal health in adolescents will lead to improved health outcomes later in life. If the outcomes of the post-2015 agenda want to be truly transformative and sustainable the needs of adolescents can no longer be ignored by national health systems.⁴ More information on how to make health systems more adolescent responsive can be found [here](#).

Youth Friendly Services in UN and Regional Agreements

Language on Youth Friendly Services has appeared in United Nations resolutions and agreements as they relate to Sexual and Reproductive Health and HIV.

Paragraph 26 of the *UN High Level Meeting on HIV/AIDS Declaration* in 2006:

Commit to address 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.[13]

While the 2011 *Declaration of the UN High Level Meeting on HIV/AIDS* failed to include youth-specific targets, it did include the following general commitments to young people:

Ensure access of both girls and boys to primary and secondary education, including HIV/AIDS in curricula for adolescents and expand good-quality youth friendly information and sexual health education and counseling services.

There are several agreements in the African region where member states have signed on to the development of youth-friendly services. Article 16. 2c of *The African Union African Youth Charter (2006)*:

Provide access to youth friendly reproductive health services including contraceptives, antenatal and post-natal services

Intro paragraph 5 of *Plan of Action on Sexual and Reproductive Health and Rights (Maputo Plan of Action)*, The African Union (2006):

Nine action areas: integration of sexual and reproductive health (SRHO services into PHC, repositioning family planning, developing and promoting youth-friendly services, unsafe abortion, quality safe motherhood, resource mobilization, commodity security and monitoring and evaluation.

African Youth Decade 2009-2018 Plan of Action: Accelerating Youth Empowerment for Sustainable Development, Road Map towards the Implementation of the African youth Charter (May 2011) for AU 2.2 pg 9:

Enhancing the capacity of health system to deliver rights-based youth friendly information and services.

Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern Africa, December 2013:

Commit ourselves to strengthening HIV prevention, treatment, care and support, and sexual and reproductive health and rights (SRHR) efforts in Eastern and Southern Africa by ensuring access to good quality, comprehensive, life skills-based HIV and sexuality education (CSE) and youth-friendly sexual and reproductive health services for all adolescents and young people, recognizing each country's socio-cultural context.

In the Eastern European and Central Asian region, member states recognized the importance of youth friendly services at the *Ministerial Meeting on Urgent Response to the HIV/AIDS epidemics in Commonwealth of Independent States*:

At Great Risk of HIV/AIDS: Young People in Eastern Europe and Central Asia Interventions through services: accessible and confidential youth-friendly health services, offering a core package of interventions (information and counseling, risk reduction through condoms and harm reduction for injecting drug users; and testing and treatment for sexually transmitted infections and HIV) through existing health infrastructures.

Member states in Latin America and the Caribbean affirmed youth friendly services as a priority during their regional meeting on ICPD in 2014:

Paragraph 13 of *Montevideo Consensus on Population and Development*: Implement comprehensive, timely, good-quality sexual health and reproductive health programmes for adolescents and young people, including youth-friendly sexual health and reproductive health services with a gender, human rights, intergenerational and intercultural perspective, which guarantee access to safe and effective modern contraceptive methods, respecting the principles of confidentiality and privacy, to enable adolescents and young people to exercise their sexual rights and reproductive rights, to have a responsible, pleasurable and healthy sex life, avoid early and unwanted pregnancies, the transmission of HIV and other sexually transmitted infections, and to take free, informed and responsible decisions regarding their sexual and reproductive life and the exercise of their sexual orientation.

Member states in the Arab States also used the ICPD consultations as a space to affirm their commitment to youth friendly services. Paragraph 49 of the Cairo Declaration *Development Challenges and Population Dynamics in a Changing Arab World – Regional Conference on Population and Development in the Arab States*:

Enable accessibility of young people to high quality affordable, youth-friendly health services including age appropriate sexual and reproductive health services and information, as appropriate to their age, taking into account privacy and confidentiality, that is especially tailored to their needs free of all forms of discrimination and stigma.

These are just some examples of the support member states have pledged at the global and regional level to Youth Friendly Services, and their recognition that the health of the young people in their countries should be a priority.

Universal Health Coverage in UN and Regional Agreements

Universal Health Coverage has emerged as a key part of the discussion of health in the post 2015 development agenda. It is currently featured in the *Open Working Group Outcome Document*. Universal Health Coverage is also the main feature of *UN Resolution A/67/L.36 Global Health and Foreign Policy*. The document outlines a large amount of agreements amongst member states on UHC, but the following paragraph emphasizes its connection with HIV:

Paragraph 12: Also recognizes that the provision of universal health coverage is mutually reinforcing with the implementation of the Political Declaration on the Prevention and Control of Non-communicable Diseases and the Political Declaration on HIV and AIDS.

Universal Health Coverage and Youth Friendly Services in Post-2015 Negotiations

In the Open Working Group proposal for Sustainable Development Goals, the targets that directly address the needs of youth are missing. In particular, the health goal contains no direct targets related to youth or youth-friendly services. The goal does include a target on Universal Health Coverage:

Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Earlier in the post-2015 negotiations, the *High Level Dialogue on Health in the Post-2015 Development* held in Gaborone, Botswana highlighted the importance of the health of adolescents in Paragraph 2 of their report:

... adolescents are the next generation of adults and will have major influence on the achievement of the post 2015 agenda. Empowering adolescents in their health development, including healthy sexual and reproductive health practices and avoidance of risks for NCDs, means they will enter adulthood with stronger overall capabilities and abilities to make informed choices for themselves and their communities.

Additionally the *Report of the Global Thematic Consultation on Health* highlighted youth-friendly services as an essential component of achieving health and well being:

In order to adopt a multi-dimensional approach to improved health and well being that focuses on interrelated and core economic, social and

environmental root causes, many indicators in the post2015 framework will need to be crosscutting. For example, in the case of sexual and reproductive health and rights, youth-friendly services, sexuality education, access to a range of modern contraceptives and postnatal and antenatal care all require not only indicators relating to the health system (number of skilled workers, sufficient and effective drugs, etc.) but also elements linked to the education system, access to nutrition and water, stigmatization and discrimination, and so forth. (pgs. 60-61)

Youth Positions on Youth Friendly Services and UHC

Young people have consistently indicated that they believe youth friendly services are one of their priorities. A key way to achieve the needs of young people is by ensuring a responsive health system with universal health coverage that provides specific programming and resources to adolescent and youth health. Highlighted below are the calls from two major youth meetings feeding into the post-2015 process.

In 2014, led by the Office of the UN Secretary-General's Envoy on Youth, a crowd-sourcing initiative was undertaken to identify and consolidate the priorities of young people in the post-2015 agenda. This document entitled *The Global Youth Call: Prioritizing Youth in the Post-2015 Development Agenda* identified the following youth priority:

Ensure universal access to affordable, acceptable and quality adolescent-and-youth friendly health services and information, including integrated sexual and reproductive health and HIV services, and modern methods of contraceptives.

In May 2014, young people from around the world met and negotiated with Ministers and government representatives on the youth in the post-2015 agenda during the World Conference on Youth in Sri Lanka. The outcome document from the meeting, *The Colombo Declaration on Youth: Mainstreaming Youth in the post-2015 Development Agenda*, highlighted the following:

Paragraph 17: Promote healthy lifestyles and take steps towards a sustainable framework for health financing, to make adolescent and youth friendly services that are accessible and affordable and ensure the quality of universal health coverage including but not limited to maternal health, HIV/AIDS, non-communicable diseases, mental health, injuries and drug and substance abuse including alcohol.

Young people have also recognized the importance of securing UHC as a tool to achieve the highest attainable health. The Major Group on Children and Youth including the following in their position paper entitled *The Children and Youth Major Group's Vision and Priorities for the Sustainable Development Goals and the Post-2015 Development Agenda* from March 2014:

Take a health systems approach by focusing on achieving universal health coverage that incorporates prevention, promotion, treatment, rehabilitation and palliation.

Resources

- × WHO. *What is Universal Health Coverage?*. WHO, 2014. www.who.int/features/qa/universal_health_coverage/en
- × Department of Maternal, Newborn, Child and Adolescent Health. *Making health services adolescent friendly*. WHO, 2012. apps.who.int/iris/bitstream/10665/75217/1/9789241503594_eng.pdf
- × Youth-friendly services. *Interagency Youth Working Group*. www.iywg.org/topics/youth-friendly-services
- × WHO. *Towards adolescent-responsive health systems*. WHO, 2014 apps.who.int/adolescent/second-decade/section6
- × *Affirming the rights of young people at United Nations World Summits and Conferences* - Tara Thomas and Tara Nesvaderani. www.advocatesforyouth.org/publications/publications-a-z/462-affirming-the-rights-of-young-people-at-united-nations-world-summits-and-conferences
- × *Keys to youth friendly services* – IPPF. www.ippf.org/resources/publications/Keys-youth-friendly-services
- × *Youth-friendly services* – Enderger Health. www.endergerhealth.org/files/pubs/gender/yfs/yfs.pdf

Acknowledgements

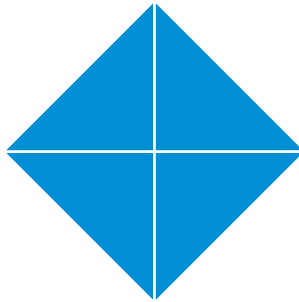
This briefing was authored by Kelly Thompson with input from Mimi Melles and Kat Watson. Thanks to The PACT and UNAIDS colleagues for feedback and editing support.

Footnotes

1. WHO. *What is Universal Health Coverage?*. WHO, 2014. www.who.int/features/qa/universal_health_coverage/en
2. Department of Maternal, Newborn, Child and Adolescent Health. *Making health services adolescent friendly*. WHO, 2012. apps.who.int/iris/bitstream/10665/75217/1/9789241503594_eng.pdf
3. Youth-friendly services. *Interagency Youth Working Group*. www.iywg.org/topics/youth-friendly-services
4. WHO. *Towards adolescent-responsive health systems*. WHO, 2014 apps.who.int/adolescent/second-decade/section6

Addendum #1

The PACT Youth Post-2015 Negotiation Briefs:
A Proposal for a Youth Responsive Agenda



Following on from the development of The PACT Negotiation Briefs, The PACT has also proposed an amended version of the current text of the Sustainable Development Goals and proposed indicators for a more youth-responsive framework. The indicators are undergoing a final technical review, and as such The PACT will be continuously updating this document to ensure a relevant and useful proposal:

Goal 1. End poverty in all its forms everywhere

Goal 2. End hunger, achieve food security and improved nutrition, and promote sustainable agriculture

Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.1 by 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.2 by 2030 end preventable deaths of newborns and under-five children

3.3 by 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases

Proposed Indicator 1: HIV incidence per 100 susceptible person years (adults, key populations, children, adolescents)

Proposed Indicator 2: HIV/AIDS deaths per 100,000 population

Other helpful youth specific indicators include:

× Condom availability for young people

- × HIV testing behaviour among young people
- × Young people's participation in HIV prevention programmes

3.4 by 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing

Proposed Indicator 1: Reduce by x% the number of adolescents aged 10-19 who have attempted or succeeded in committing suicide

Proposed Indicator 2: Reduce by x% the number of adolescents aged 10-19 who have experienced a major depressive episode

3.5 Reduce by x% the burden of health harm and premature death associated with unhealthy foods and alcohol, tobacco and other drugs

Proposed Indicator 1: Coverage of opioid substitution therapy among opioid-dependent drug users.

Proposed Indicator 2: Coverage of interventions for the prevention of harmful use of drugs (disaggregate data by age).

Proposed Indicator 3: Alcohol per capita consumption (prevalence of heavy episodic drinking).

Proposed Indicator 4: Coverage of needle and syringe programs among injecting drug users.

3.7 by 2030 ensure universal access to sexual and reproductive rights and health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

Proposed Indicator 1: Adolescent birth rate (10-14, 15-19)

Proposed Indicator 2: Demand satisfied with modern contraceptives

3.8 achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all

Proposed Global Indicator 1: 90% of adolescents (aged 10-19) and youth (aged 15-24) are able to access affordable high quality youth friendly services through their national health system

Proposed National Indicator 1: National youth strategies and/or national sexual and reproductive health strategies to contain clear language on youth access to sexual and reproductive health services

Goal 4. Ensure inclusive and equitable quality education and promote life-long learning opportunities for all

4.1 by 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes

4.2 by 2030 ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education

4.3 by 2030 ensure equal access for all women and men to affordable quality technical, vocational and tertiary education, including university

4.4 by 2030, increase by x% the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship

4.5 by 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples, and children in vulnerable situations

4.6 by 2030 ensure that all youth and at least x% of adults, both men and women, achieve literacy and numeracy

4.7 by 2030 ensure all learners acquire knowledge and skills needed to promote sustainable development, including among others through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship, and appreciation of cultural diversity and of culture's contribution to sustainable development

- **4.a** build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all
- **4.b** by 2020 expand by x% globally the number of scholarships for developing countries in particular LDCs, SIDS and African countries to enrol in higher education, including vocational training, ICT, technical, engineering and scientific programmes in developed countries and other developing countries
- **4.c** by 2030 increase by x% the supply of qualified teachers, including through international cooperation for teacher training in developing countries, especially LDCs and SIDS

Goal 5. Achieve gender equality and empower all women and girls

5.6 ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences

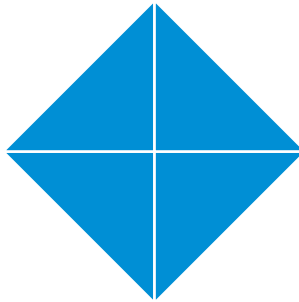
Proposed Indicator 1: Percentage of women and girls who make decisions about their own sexual and reproductive health and reproductive rights by age, location, income, disability and other characteristics relevant to each country

Proposed Indicator 2: Existence of laws and regulations that guarantee all women and adolescents informed choices regarding their sexual and reproductive health and reproductive rights regardless of marital status.

- Goal 6.** Ensure availability and sustainable management of water and sanitation for all
- Goal 7.** Ensure access to affordable, reliable, sustainable, and modern energy for all
- Goal 8.** Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
- Goal 9.** Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
- Goal 10.** Reduce inequality within and among countries
- Goal 11.** Make cities and human settlements inclusive, safe, resilient and sustainable
- Goal 12.** Ensure sustainable consumption and production patterns
- Goal 13.** Take urgent action to combat climate change and its impacts
- Goal 14.** Conserve and sustainably use the oceans, seas and marine resources for sustainable development
- Goal 15.** Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
- Goal 16.** Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
- Goal 17.** Strengthen the means of implementation and revitalize the global partnership for sustainable development

Addendum #2

What should we say if we're asked about indicators?



On the Our Issues in the Framework

- × As it currently stands the framework is lacking in youth-responsiveness, particularly in the area of health
- × Proposed indicators that take into account the special needs of adolescents and young people should be retained
 - **3.7.1** adolescent birth rate (10-14, 15-19)
 - **3.3.1** HIV incidence per 100 susceptible person years (adults, key populations, children, adolescents)
 - **5.6.2** Existence of laws and regulations that guarantee all women and adolescents informed choices regarding their sexual and reproductive health and reproductive rights regardless of marital status.
- × Further indicators are needed on comprehensive sexuality education, social determinants of health, drug-related harm reduction, mental health, youth friendly services and youth engagement.

On the Process of Development of the Indicator Framework

- × The identification of indicators should not be politically negotiated in detail amongst UN member states. This should rather be left with experts.

- × Civil society should be invited to input into the process of the development of indicators, including in identifying, developing, reviewing and monitoring indicators for the coming years.

On the principles for the indicator framework:

- × Focus should be on identifying the right indicators that comprehensively reflect the objectives of each of the targets of the post-2015 framework, rather than on developing a specific number of indicators. While the post-2015 indicator framework must capitalize on existing measurement systems and make effective use of existing data, new indicators will be needed.
- × There is no “end” to data collection and development of indicators. The constantly evolving data landscape must be taken into account and the process of developing indicators should be seen as ongoing rather than ending at a particular finite point.
- × The collection of disaggregated data across all indicators should be a priority. At a minimum, data should be disaggregated on the basis of: gender, sex, age (including 10 to 14), geographic location and income.
- × Investments in the capacity of national statistics offices must be a priority for the new indicator framework.
- × The important role that civil society plays in collecting data and analyzing data must be recognized. Making data freely accessible, transparent and user-friendly will be essential for implementers and national and local levels.

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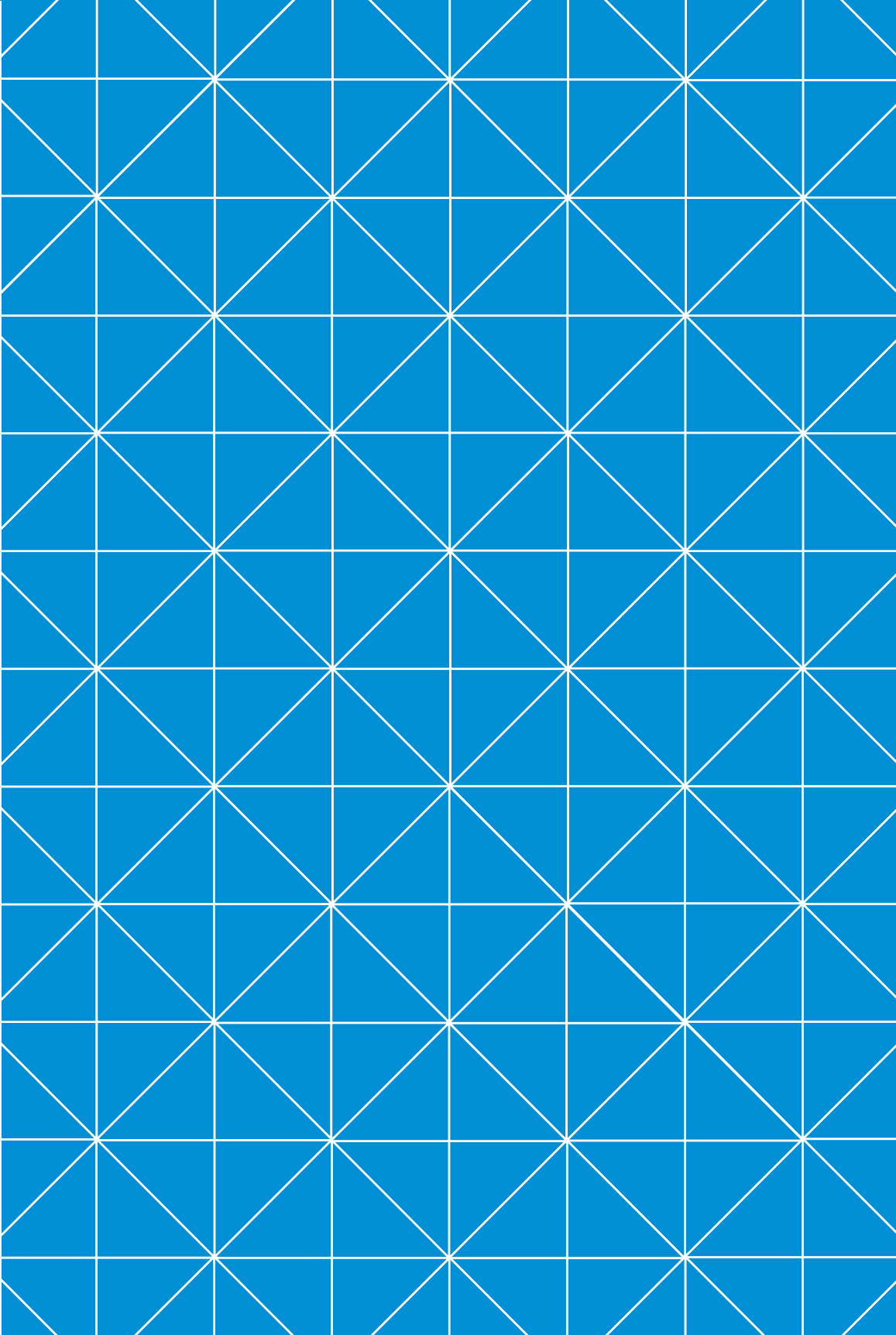
ACT!2015 is a movement building initiative that aims to secure commitments to SRHR, harm reduction services and ending the AIDS epidemic. It is implemented in collaboration between the PACT for social transformation in the AIDS response and UNAIDS.

The PACT – is a coalition of 26 youth organizations that aims to create solidarity across youth organizations to work strategically and collaboratively in the HIV response towards ensuring the health, well-being and human rights of all young people. The coalition collectively organizes more than 1 million young people.

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