



**Final Summary**  
**Toronto YouthForce Advocacy E-Consultation**

**I. Introduction**

Toronto will host the XVI International AIDS Conference (AIDS 2006) from August 13<sup>th</sup> -18<sup>th</sup>, 2006. AIDS 2006 is expected to be the largest conference on a single health issue, with 20,000 researchers, government leaders, community workers, activists, and people living with HIV/AIDS expected. The Toronto YouthForce (TYF), a continuation of previous YouthForces at the International AIDS Conference in Barcelona (2002) and Bangkok (2004), is a coalition of organizations and individuals that empower youth attendees before, during and after the conference.

Young people - especially young women - are disproportionately affected by HIV/AIDS, representing over 50% of new HIV infections occurring annually, or 6,000 infections daily. However, young people are often excluded and marginalized in the global response; despite international commitments such as the UNGASS Declaration of Commitment on HIV/AIDS which explicitly state the importance of young people's right to participate. It is crucial that young people, leaders of today and the future, have opportunities to participate meaningfully in international processes not only as attendees, but as legitimate actors who provide value-added information and experience to the dialogue.

TYF is organizing a capacity-building Pre-Conference for three days preceding the Conference, where advocacy training will be a priority. With skills gained from the Pre-Conference, young leaders (600 have already registered) will advocate to decision-makers to scale up HIV/AIDS interventions for and with youth. For more information on the Youth Programme, please visit <http://youth.aids2006.org> after May 8<sup>th</sup>.

From April 3<sup>rd</sup> - 21<sup>st</sup>, 2006, the TYF's Advocacy Taskforce organized an E-consultation to brainstorm and discuss advocacy messages and strategy to be implemented during the Conference in order to scale up HIV/AIDS interventions for and with youth. Through the E-consultation, participants received different questions each week with the responsibility of responding and discussing with their peers from around the world. In fact, over 218 young people from 36 countries participated, including youth in:

Armenia	Democratic Republic of	Jamaica
Australia	Congo	Kenya
Bangladesh	Egypt	Malawi
Benin	Eritrea	Morocco
Brazil	Gambia	Nepal
Cameroon	Ghana	Nigeria
Canada	Guyana	Pakistan
China	India	Papua New Guinea
Cyprus	Indonesia	Republic of Congo

Rwanda  
Sierra Leone  
Singapore  
South Africa

Tanzania  
Uganda  
United Kingdom  
United States

Vietnam  
Zambia  
Zimbabwe

In developing and facilitating the E-Consultation, Advocacy Taskforce members of the Toronto YouthForce hoped to gain a wide scope of opinions and ideas from young people around the world who are not able to regularly participate in Taskforce meetings.

## II. Process and Outcomes

Three questions, in English and French, were posed to the participants each week by two facilitators and short summaries were posted at the end of each week.

In the first week, the E-consultation focused on identifying core issues related to youth and HIV that youth activists hoped to bring to the conference. Respondents decided that the need **for access to comprehensive sexual health education** was one of the most important demands of young people faced with the HIV/AIDS pandemic. In addition, participants agreed that **many health services do not target young people or provide all the necessary options for young people to make accurate and informed decisions about their sexual health. Youth need evidence-based prevention methods, voluntary and confidential counseling, testing and treatment and accurate information that is easily assessable to all those that seek it out.** Participants also believe that it is important for the topic of sex and sexuality to be discussed in a public manner, free of stigma and judgment.

During week two, participants discussed what it would take for services to become more youth-friendly, and for young people to be incorporated in every aspect of service delivery and decision making. They acknowledged other challenges, within the theme of access for youth, such as gender inequality and disparities between rural and urban areas. Respondents also identified the media as a valuable tool in achieving their goals.

During the third and final week, participants discussed tools and tactics that could be used during the Toronto International AIDS Conference to get the youth message across. Participants suggested a wide range of advocacy activities, from t-shirts and banners to written statements and asking delegates to sign commitments to youth. They agreed that the next steps should focus on ensuring meaningful youth participation in the critical decisions that impact young people.

### A. Week One

#### **Question 1: What are the most important needs of young people in the HIV/AIDS pandemic today?**

A majority of the respondents identified the need for access to comprehensive sexual health education as one of the most important needs of young people in the HIV/AIDS pandemic. Many services do not target young adults and those that do do not provide all the options for one to make an accurate or informed decision. Evidence-based prevention methods, condoms, voluntary and confidential counseling, testing and treatment, and accurate information should all be easily assessable to all

young people. Many believe it is important for the topic of sex to be discussed in a public manner which is free of stigma and judgment, especially by health care providers.

Other respondents believe that youth friendly services which include VCCT (Voluntary and Confidential Counseling and Testing) services are highly important. According to respondents, in their communities there are clinics that promote stigma and do not take the unique needs of youths into consideration. Hence, it is necessary to sensitize those that provide such services to the needs of young people. Another important need of young people is to be looked upon as “active agents” and partners while working on the HIV/AIDS pandemic.

According to one respondent, “involvement of youth can and will reduce new HIV infections and will achieve a further significant reduction in youth vulnerability.” Participants argued that having youth involvement in the design, production, and delivery of education materials will increase the effectiveness of making youth aware of HIV/AIDS. Lastly, respondents from developing countries mentioned the need for economic opportunities which will allow youth to be involved in meaningful activities which will decrease their idle time. The increase of poverty and economic hardship breeds situations where youth involve themselves in risky behavior in order to make ends meet. Thus, the active removal of economic barriers and the creation of jobs are of great importance.

**2: In your country (please state your country), are young people and youth service providers consulted with and included in addressing youth vulnerability and forming youth-specific HIV/AIDS policy? If so, describe their involvement (are the youth in positions of power, do they get to provide feedback or write legislation, etc).**

An overwhelming amount of respondents acknowledged that young people are not consulted or involved as much as needed in regards to forming youth-specific HIV/AIDS policy. Although there have been some progress made in such countries as India, Vietnam and Guyana, where the youth and youth service providers have been consulted in forming youth-specific HIV/AIDS policy, other young people in countries such as Canada, United States, South Africa, Sierra Leone, and Nigeria all feel as though their involvement in projects and programs may be an act of tokenism to satiate donors’ priorities. Young people’s involvement is often limited to evaluation after a project has already been implemented.

A respondent from South Africa acknowledged that youth are being involved in forming youth-specific HIV/AIDS policies; however, she questions the impact they are having. There are some respondents such as those in Kenya and Nigeria whom expressed that young people are completely left behind, and are hardly ever consulted on matters. As a respondent in Vietnam who praised Vietnam’s efforts (but mentioned some limitations) mentioned, “young people are included in forming youth specific HIV/AIDS policy. We have Youth Union, and our voice has certain impact, but chances to take part in forming policy is limited within policy makers.”

**3: What kind of steps should the government take to prevent the spread of HIV among young people in your country that they are not taking already?**

A majority of respondents believe that governments need to do much more in terms of preventing the spread of HIV among young people. Participants believe the first step is the promotion of comprehensive, evidence-based sex education courses within school systems. Some respondents touched upon budget constraints which have led to a cut in sex education course within their school systems.. According to a Canadian respondent, “there must be a commitment to funding and

delivering youth health promotion in school so that young people have relatively equal access to education and services across the country.”

A wide range of respondents believe it is highly important for the government to recognize the importance of basic life skills education at the primary school level and make it mandatory within the school system. This information should not be restricted based on personal beliefs or ideologies of the administration, but rather should be comprehensive in nature, evidenced-based, promote the use of condoms and safer sex negotiations etc. According to a respondent, “Comprehensive sexual education is crucial in preventing HIV infection rates and I think it is severely irresponsible of the government to restrict the information given to youth which could allow them to take care of their own health and well being.”

Many respondents addressed the need of the government to implement a multi-sectoral, community-based response to the HIV pandemic. Community ownership means involving primary stakeholders in project design, implementation, and evaluation. However, the government must also play an important role by providing technical support to stakeholders and those on the grassroots level. As a respondent from Kenya stated, “Let young people lead campaigns against the disease other than old men who do not really face the problem.”

#### **Recommendations:**

- Youth friendly clinics which are free of judgment/stigma and include youth educators.
- Voluntary and Confidential Counseling and Testing centers in both rural and urban communities.
- Involvement of young people in creating youth-related policies.
- Wide circulation and sustainable access to antiretroviral medication (ARVs).
- Promotion of behavioral change through public campaigns geared toward everyone.
- Creation of jobs so young people have a future of employment and options, rather than engaging in high risk behaviors.
- Increase funding to health organizations and AIDS service organizations which work to educate the school and community. These organizations can form social networks and develop a wide range of education, outreach, and prevention materials. Progress in prevention can only be made if youth are targeted with the key information and prevention skills, through mediums that they engage with and respond to.

#### **B. Week 2**

##### **1: What are some specific concerns and subpoints that we can group under the issues of access to youth-friendly comprehensive HIV services and access to evidence based prevention education and information? (the key issues from week one)**

Most respondents indicated that for services to be more youth-friendly, young people have to be incorporated in every aspect of service delivery and decision making. Youth participants felt that generally information received from people in the same peer group will be most effective. In addition, some people felt that youth dialogue on HIV is missing in many countries and that stigma and discrimination which exists around HIV/AIDS and sexuality in general makes this dialogue difficult. Respondents felt that the training of young people and of health professionals who work with youth and on youth issues could help to reduce these barriers. One respondent also mentioned the rural/urban divide in access to services and resources needs to be addressed.

Participants recognized that the media play a significant role in the attitudes and information on HIV that young people receive. One respondent suggested that the media be used for more aggressive and innovative campaigns. Also, the media should be used to highlight young people across the world who voice their opinions and experiences with HIV/AIDS.

Participants noted the need for a gender perspective to be incorporated in all conversations on access, and access to antiretroviral treatment is essential. The issues of affordability and universal access to treatment were discussed. Youth participants also brought up specific concerns around drug use and unemployment. In addition, support for programs need to be consistent and long-term.

Respondents also felt strongly that youth living with HIV/AIDS should be included in all discussions on youth-oriented HIV/AIDS programming and policy.

## **2: What are some ways that these concerns can be met and how can governments and/or civil society address them?**

E-consultation participants felt that governments should acknowledge the involvement of youth at the local, national and international levels by creating opportunities for their involvement and by partnering with youth initiatives. Governments and civil society should acknowledge that youth are more vulnerable to HIV infection and create avenues for young peoples involvement at all stages, including policy development. By funding more youth organizations governments can show its support of youth run initiatives. Youth should be more than consultants and tokens called in at the final stages of program development. Additionally, young people should be given opportunities to participate in international conferences and within grassroots organizations. Respondent noted that money, capacity-building, and resources for HIV/AIDS programs should be directed at those working locally so that they can be directly channeled into these programs and have greatest impact.

These programs and campaigns should not only be directed just at young people, but they should also include their families. This can help to encourage intergenerational dialogue on HIV/AIDS and sexuality in general.

Civil society also needs to continue its participation by educating leaders and having multidisciplinary conversations on HIV/AIDS between people in medical and non-medical fields. Governments should introduce reproductive and sexual health education programs in schools which will be comprehensive and inclusive of health needs. In fact, governments need to go beyond creating policies, but also ensure that they provide the necessary funding and manpower for policies to be implemented.

In reflecting on the first week, it was recognized that issues of global poverty need to be addressed along with HIV/AIDS. Participants from the third week felt that international aid should play a role in financing programs and upholding government commitments. Information about international aid and how governments allocate aid received should also be made public.

## **3: Please rank the following suggested topics for an advocacy session from 1 to 5 with 1 being the most important and 5 being the least important. Feel free to add your own in the blank option.**

A number of people felt that all the topics were important. However a priority sequence is listed below:

1. How to create an advocacy plan
2. How to ensure policy change and hold governments accountable
3. How to talk to and negotiate with high-level government officials
4. An overview of advocacy techniques and tactics

Other participants' suggestion:

How to manage volunteer teams for advocacy campaigns and projects.

### C. Week 3

#### **1: What are some peaceful forms of highlighting the importance of this issue at the conference?**

In response to this question, participants provided many interesting and creative suggestions. These included:

- Peaceful walks or march as a way to state the YouthForce advocacy messages and attract the attention of the conference delegates.
- Organize a rally.
- Post all the important youth messages at the venue entrance through inside the hall in a sequential manner with basic information about the problem at the beginning, then subsequently the information should build up and ultimately define the problem/main message.
- One participant reminded us that the targets on youth in the UNGASS Declaration of Commitment (DoC) on HIV/AIDS have not been met. That fact generated an idea about, "having visibility materials at Toronto that would have a picture of the foreign leader in power in 2001 who signed the DoC, with text superimposed on it that would state the goal (reduce infection rates among youth by 25% by 2005) and the reality."
- A participant from Kenya suggested having a presentation and a hard copy of the summary document that will come out as a result of this e-consultation that will be widely disseminated before and during the Conference. Most of the participants agreed on this idea and added that it should be clearly stated that the advocacy messages have been created by a large group of young people coming from all around the world.
- Most of the respondents agreed that the presence of young people at the Conference should be utilized as much as possible and as someone said, "I think if the youth attendees planned to all go to sessions related to access to services and comprehensive education and spoke out about our views regarding these issues towards young people, that would be good."
- Other suggestion that encompasses the ideas of couple of respondents is that we should ask for a "verbal or written commitment that should be made before one gets a TYF button or sticker" or even establish a "Commitments Desk where delegates can come and submit a commitment on a youth-related issue that they promise to be accountable for and after the conference follow-up with them to see progress."
- In addition to this, there was an idea of "making some identifier (a sticker or a certificate) those organizations that support young people's access to comprehensive prevention and services can post on their booths. It would give us an opportunity to systematically speak with every booth at the conference."
- Holding interactive sessions, group discussions, presentations, talk shows, debates.
- Inserting flyers, brochures, pamphlets into delegates' folders or have them available where will be easily accessible.

- Having a big banner at the venue entrance. In addition, having all youth delegates have sign their names and messages on it was an idea by a participant from Nigeria.

Some of the suggestions for the actual advocacy messages include:

1. Ask me what I need to stay healthy!
2. Comprehensive, youth-friendly prevention: meeting youth where they're at
3. Time to Deliver! Youth Access! (building on the Conference theme)
4. Young people have sex. Now what?
5. I deserve answers.
6. Abstinence-only ignores me!
7. Abstinence does not equal Empowerment.
8. Over a billion on the planet: young people count!
9. 'Incentives for Health Workers!' (in regards to the phenomenon of "brain-drain" especially by health workers. )

Other ideas about ways to peacefully highlight the importance of youth issues were not all included here. However, they will certainly be taken into consideration when making the final decision. These ideas will be taken into account by the TYF Task Forces designing the Youth Pavilion (part of the AIDS 2006 Global Village which is open to the public for free) and the Reception planned for Saturday, August 12<sup>th</sup>.

**2: Imagine that you are at the conference. What kind of tools, actions or events do you think would serve the purpose of visibility around the advocacy message? (e.g. t-shirts, rallies, pins, posters, stickers, etc) Keep in mind that there is a limit on the budget for materials and events.**

Some of ideas were mentioned above. However, most of participants agreed upon having T-shirts, posters, flyers, pins, caps, diary book, and stickers with developed advocacy messages written on them. Some of the concerns were raised in regards to the cost of printing posters, T-shirts, or a diary book, in comparison with the much cheaper options, such as, stickers, pins, and flyers that can be easily distributed to large numbers of conference delegates.

There was a well supported idea to have a banner hung in a highly visible venue during the Conference, which would state for example "our platform regarding comprehensive prevention and treatment, which we ask high-profile people at the conference to sign - during the question and answer sessions of briefings and panels" or "catchy messages on youth issues." In terms of cost-effectiveness having hand made posters or a cloth with all messages written on them was another idea.

In addition, alongside with all the materials that will be used, it was felt that the message should be more personal. One participant suggested, "using the people themselves, their bodies, their voices and their actions are ways that show (very publicly) that people are concerned and want something done."

A respondent from Kenya also suggested there should be, "youth outreach outside the conference venue dubbed around the advocacy message." A respondents from Uganda and Kenya recommended use of a large dummy dressed in TYF t-shirt.

Another idea came from a respondent from Vietnam about the use of developing, “our own products like handicrafts, which are made by widows and PLWHA (in short merchandise items), which will help raise some funds as well.”

**3: When advocating using this message at the conference, what could you suggest to your decision-makers as practical and realistic next steps they can take to implement your ideas?**

Significantly, most respondents stated that ensuring meaningful youth participation and establishing greater and true youth-adult partnership should be the focus of the next steps. Decision-makers should implement the ideas that were developed during the previous two weeks. In particular, greater involvement in project design, planning, implementation, and monitoring and evaluation of the young people who are affected or infected with HIV should become one of the priorities.

A respondent from Canada emphasized the importance of having comprehensive school curricula based on evidence and statistics which will address youth reproductive health issues and HIV/AIDS/STIs prevention and prepare young people to “make good decisions in the future.” A respondent from the USA added the concrete example from her country, “Texas, where there is barely any (practically none) comprehensive education, has the fourth largest population of PLWHA and gets a lot of funding for abstinence-only education.”

In order to make our effort more realistic, some respondents suggested adopting a “guideline for the decision-makers action after the conference.” It was stated as important that all actions should be taken urgently. In addition, a respondent from Nigeria emphasized the importance of religious leaders and their involvement since most of the young people are visiting churches and mosques and that can be a powerful place to “present sexuality messages to youth in a way that they can understand and identify with.”

**Conclusion**

Young people who are leaders in HIV/AIDS in their communities, from 36 countries diverse in terms of geographical location, religion, and culture agreed that comprehensive education and services and meaningful youth involvement are the most important steps to be taken to reduce HIV infection among those most vulnerable in the world. The Toronto Youth Force will build its advocacy campaign and materials around this agreed-upon message and invites the participation of adult allies in these efforts, which are part of a larger effort to hold governments and decision-makers accountable to the international commitments they have made on HIV/AIDS and young people.

Adults can contribute by facilitating sessions for the Pre-Conference, sponsoring young leaders to attend the Pre-Conference and Main Conference, by creating opportunities for youth involvement in their work as legitimate actors, and by partnering with youth initiatives in their communities.

For more information about the Youth Programme please visit:

<http://youth.aids2006.org>

Or contact [youth@aids2006.org](mailto:youth@aids2006.org).