

Commonwealth head of Government Meeting
Youth Forum
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I must first say how pleased I am to be here with you today.

This is my first visit to Uganda, and it is a real honour to sit on the panel with Dr Kihumuro Apuuli of the Uganda AIDS Commission, and with Johnah Josiah of Kenya and Mobafa Baker of Trinidad.

As we have heard, Uganda was a real trail-blazer back in the early days of the AIDS epidemic. It was one of the very first countries to admit that AIDS was a problem, and to launch a major HIV prevention programme. This programme, as we've heard today, had a massive impact – reducing infection rates from 18 per cent to 6 per cent in just ten years. A key element of that success was that the programme targeted the right people: young people.

If more countries had followed Uganda's example early on in the epidemic, the story of AIDS might have been very different.

As it is, in just a quarter of a century, HIV has spread to every country of the world – affecting men, women and children - rich and poor alike.

Families, communities, entire societies have felt its impact. As my boss Peter Piot puts it: "AIDS has become one of the make or break issues of our time – a global issue in the same league as climate change."

But perhaps the group it affects most is young people. Let's get this clear:

Definitions of young people vary enormously! When I talk about young people I refer to people aged 15 to 24 – because that's the age range for which countries collect information about HIV.

Almost half of all new HIV infections occur among people in this age group. That means that three thousand or so young people become infected with HIV every day. This group also has the highest rates (more than half a million a day) of other sexually transmitted infections. Are we surprised at this? No. I don't have to tell you that this is the age at which people start to have sex, and when, if they're going to experiment with drugs, they're most likely to. That's why it's so important to ensure that young people are able to have safe sex, and that that they don't resort to sharing needles if they are using drugs

Whether or not you become infected with HIV depends who you are, where you live, what you know about HIV, and to what extent you are able to use knowledge to protect yourself. This varies hugely from country to country, and between different groups within countries. It is often simply a matter of being in the wrong place at the wrong time.

What do you do, for example, if you're one of many girls who get married before the age of 18? Even if you think your new husband might be infected with HIV or another sexually transmitted infection, can you ask him if he's been tested? Dare you ask him to use a condom? Would he hit you if you did? And if he agrees, where do you go to get condoms?

Worldwide, young women are more than one and a half times as likely as young men to be HIV positive!

Today I will talk about the ways the world is – and isn't – responding to young people's needs when it comes to HIV, and some of the challenges we face. I hope that these will provide food for thought and discussion in the sessions later on today.

So first, how are we responding? Obviously prevention is key. It is notoriously difficult to assess the impact of HIV prevention programmes, but in some countries that assess sexual behaviour trends, there are signs that young people are opting for safer sexual behaviours.

It'll be interesting to hear what Johnah and Mobafa and all of you think about this. But it seems that in a number of countries for example Kenya, young people waiting longer to have sex, using condoms more, and with a lower rate of HIV. Similar patterns are emerging in a number of other African countries, including Malawi, Tanzania, and Zambia as well as parts of the Caribbean.

There are signs that some of this is also due to targeted education and information programmes specially designed for young people.

The Global Campaign for Education maintains that if every child received a complete primary education, at least 7 million new cases of HIV could be prevented in a decade. Kenya, Uganda, and other countries that have made primary education free for everyone are setting a tremendous example.

At the same time, we need to make sure students learn about HIV in school. Time and again we see that providing young people with information about sex leads not to more sex but safer sex.

And we must ensure that schools are safe places to be. This doesn't just mean having separate bathrooms and well-lit passages: it means building environments in which students can feel confident and secure enough to say no to sex and to talk about their HIV status.

But we also need less formal ways of providing information. For example, there have been a number of successful programmes designed and delivered by young gay men for young gay men which have reinforced a commitment to safe sex and helped combat stigma.

The challenge with all education programmes, though, whether formal or informal, is that they need to be reinforced as every new generation becomes sexually active. We've seen this in parts of my own home country, Canada, for example, and in the UK, where a reduction in focus on AIDS has led to complacency and ignorance. As a result, we're seeing a resurgence of HIV among young gay men.

The other challenge is to make sure that messages get through. I'm sure all of you have examples of messages about sex and HIV that simply don't work.

That's why UNAIDS works so closely with the MTV Staying Alive programme. We figure that people listen to messages when they are relevant, when they are understandable, and when they come from a trusted and respected source. MTV seemed to us to fit the bill – and to have far better outreach than we could ourselves!

I've been fascinated here in Uganda to hear about the Straight Talk Foundation. This uses radio and print media – backed up with face to face encounters - to provide sexual and reproductive health to adolescents. Critically, Straight Talk also targets parents and teachers.

But education and communication will not solve everything. AIDS is such a complex issue that no single approach will work on its own.

Let's look at some of the challenges.

The first relates to data. Relatively few countries track information on young people's sexual behaviour. This, coupled with the general dearth of information about HIV prevalence trends among young people, makes it extremely hard to assess precisely what and where the problems are, and how to deal with them.

The problem is compounded by the fact that, as I mentioned earlier, we tend to bunch young people together, between the age of 15 and 24. But there's a huge difference between how you think and act when you're 15 and when you're 24. And this shows! Let's look at some information from Lesotho. Six per cent of girls between the age of 15 and 17 are HIV positive. That's bad. But among 18 and 19-year-olds, it's even higher: 11 per cent. What's happened? By the age of 18, a lot of girls will have got married and a lot more will be having sex. So there's an urgent need to get more sophisticated about the ways we set about gathering data and designing AIDS strategies for young people.

The second challenge is to use this data to design and implement programmes that address the specific needs of adolescents and young people, and to allocate adequate funds to support them.

When we do this, we must recognize that what works in Antigua is likely to be quite inappropriate in New Zealand and that what works in Pakistan probably won't have much impact in Zimbabwe. To be effective, we believe programmes must be nationally owned and nationally driven. But how do we make sure they take account of the differences between boys and girls, young men and young women, and take steps to eliminate the inequalities that make girls and young women so much more susceptible to HIV? And that they factor in religious beliefs and customs, socio-economic realities, and cultural traditions.

A third challenge is to identify and address the needs of young people who are at particularly high risk – especially those who are or who feel marginalized by mainstream society – such as young men who have sex with men, young injecting drug users, and young sex workers. How do we ensure that all young people – including members of these groups – have access to non-judgmental, “youth friendly” HIV prevention, testing and counseling, and treatment and support? All too often, young people can't even attend reproductive health clinics – the only place where they might be able to obtain some practical advice and services. Generally speaking, the first time a young woman enters such a clinic is because she is pregnant, by which time she may already be infected with HIV.

A fourth challenge is how do we encourage communities and leaders to accept that harm reduction programmes – such as providing young injecting drug users with clean needles and methadone substitution therapy – really do work? A number of countries in the Commonwealth have shown that well-run harm reduction initiatives can have a win-win effect, both in terms of reducing HIV infections and drug addiction.

Fifth, do we do deal with the issue of stigma and discrimination to secure the rights of all young people - to information, education, health, non-discrimination, social security, an appropriate standard of living, to be protected from violence.

Sixth and last, but most fundamental of all – how do we increase the meaningful involvement of young people most especially young people living with HIV in designing and implementing AIDS strategies? Although a number of National AIDS Councils do make a point of including young people as members, it is very difficult for those young people to make their voices heard. As a result, their participation may end up being little more than tokenism – highlighting the critical need for young people to be treated with genuine respect.

Against this challenging backdrop, governments have made a series of promises to do more to minimize young people's risk and vulnerability to HIV, and to mitigate its impact.

For example, the Millennium Development Goals and the Declaration of Commitment made at the 2001 United Nations General Assembly Special Session on HIV/AIDS both highlight the critical need to prevent HIV infection in young people.

The Declaration of Commitment calls for HIV infection rates in persons 15 to 24 years of age be reduced by 25 percent in the most-affected countries by 2005, and by 25 percent globally by 2010. It goes on to say that by 2010 at least 95 percent of young men and women aged 15 to 24 years should have access to information, education and services necessary to develop the life skills required to protect themselves from HIV infection.

And in June 2006, the UN General Assembly Political Declaration on HIV/AIDS stated its aim to ensure an "HIV-free future generation", as part of the global scale up towards Universal Access to HIV prevention, treatment, care and support by 2010. Countries agreed to set national targets towards universal access by the end of the year.

Since then, 70 per cent of low and middle income countries have set at least one general HIV-prevention-related target. Some 16 per cent have set a target to reduce the number of young people having sex before the age of 15. Nearly half have set targets to increase the proportion of young people (or in some cases other particularly at risk groups) who know how to prevent the sexual transmission of HIV.

Next year, governments report back to the UN General Assembly on progress towards meeting these and other Universal Access targets – and the MDGs.

It will be important for young people to be part of that reporting process and to advocate for accelerated action to meet the six challenges I just outlined.

AIDS is very much an activists' issue. If it hadn't been for the leadership shown by gay rights groups in the US in the early 1980s and groups like Uganda's Treatment and Support Organisation, there would never have been the progress there has been on AIDS. So it is heartening to see that all over the world, young people are coming together to call for action, and to lead peer education programmes, and to provide care and support.

Hundreds of young people attended the Youth Forum at the International AIDS Conference in Toronto last year. A similar turn-out is expected in Mexico next summer. In addition, many global membership organizations like the World YWCA and the World Association of Girl Guides and Girl Scouts have identified AIDS as one of their prime concerns for the coming years. National Red Cross organizations, which often have sizeable youth elements, have been active on AIDS for years.

This new wave of AIDS activism is tremendously exciting – and vital to the future of the response. You are the first generation of young people to have grown up in a world with AIDS. Sadly, you will not be the last. But if we are to ensure that future generations of young people can live healthy lives in the era of AIDS, regardless of who they are and where they live, we need the brightest minds of our time. You are those minds today and for the world of tomorrow.

You have a chance here today to come up with ideas and recommendations that can make a difference to young people all over the Commonwealth. You speak for millions of others, and have an opportunity to get their voices heard more clearly.

Thank you.