



Mexico YouthForce Advocacy E-Consultation

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I. Introduction

As the largest international gathering on a health-related issue, the International AIDS Conference (IAC) serves as a landmark event for the AIDS community. It is a unique environment where researchers, policy makers, activists, educators, and people living with HIV link with like-minded people in other countries and meet to hear about scientific discoveries and effective HIV prevention and treatment policies and programs. It is also an event at which a variety of constituencies compete for limited resources and time to highlight their issues. At the XVII International AIDS Conference, taking place in Mexico City in August 2008, a coordinated approach is critical to highlighting youth issues and influencing international, national, and local level commitments.

The Mexico YouthForce is a coalition of youth-led and youth-serving HIV/AIDS organizations that are working to empower young delegates and promote youth participation around HIV/AIDS before, during and after the XVII Mexico City International AIDS Conference. It is coordinated by Ave de México, Advocates for Youth, Global Youth Coalition on HIV/AIDS, TakingITGlobal, and Youth Coalition. The YouthForce is organized into six subcommittees comprised of 75 members representing a diverse array of youth-focused HIV/AIDS organizations and networks. The sub-committees are focused on: 1) the main conference; 2) the youth pavilion; 3) the youth reception; 4) advocacy; 5) the pre-conference; and 6) media and communications.

The YouthForce Advocacy Subcommittee is charged with creating an advocacy campaign and visibility materials that convey specific key messages on youth HIV and sexual and reproductive health issues of importance. To achieve these goals, the Advocacy Subcommittee coordinated a month-long e-consultation with young people active in the global AIDS response to foster a dialogue about the most significant goals, needs, and challenges they see within their work.

An e-consultation was first used to determine the YouthForce’s advocacy strategy and messages during the Toronto International AIDS Conference in 2006.¹ The YouthForce messages and visibility campaign were so effective that the Executive Director of UNAIDS, Peter Piot, remarked, “I know more about the YouthForce than anything else at this

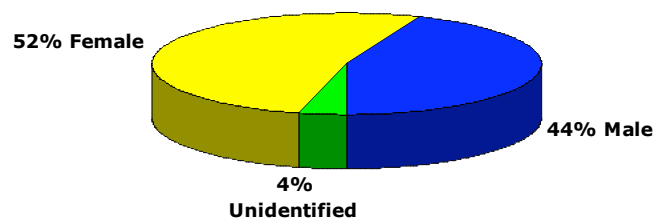
conference.” This year, the Mexico YouthForce is building upon the successes of Toronto to create a cohesive advocacy platform that prioritizes substantive issues, including access to information and services; reality-based programming; recognition of the specific needs and rights of sub-groups of youth such as injection drugs users, men who have sex with men, and HIV positive youth; greater inclusion and involvement of youth in policies and programmes; government accountability and human rights obligations; and reducing stigma and discrimination. The advocacy messages are meant to encourage leaders to commit to greater investment in youth sexual and reproductive health issues, and to identify current gaps and challenges. Thus, this report focuses on the needs and ‘asks’ of young leaders, recognizing that young people are legitimate actors who must contribute to the AIDS response, and not remain solely beneficiaries.

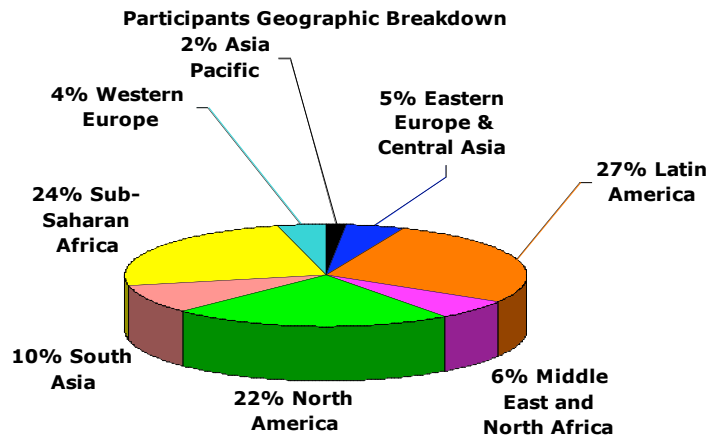
II. About the Participants

In developing and facilitating the e-Consultation, the Mexico YouthForce Advocacy Subcommittee members hoped to gain a wide scope of opinions and ideas from young people around the world, with particular attention to ensuring participation of Latin American youth. The Subcommittee recruited participants by disseminating information about the e-consultation through friends, email listservs, YouthForce partners’ websites and other sources. Participants included leaders who are active in their communities delivering HIV and AIDS services, educating their peers, advocating for treatment access, developing innovative campaigns using media, drama, music and art, and more.

There were 125 young participants in the e-consultation, from 46 countries. Of these participants, 65 were female, 56 were male, and 4 did not self-identify.

Participants - Gender





III. Process

The entire e-consultation was conducted in Spanish and English, from the invitation and instructions, to the questions and weekly summaries. The facilitators and translators were members of the Advocacy Subcommittee. Participants signed up for the e-consultation, which took place on an e-group designed by YouthForce partner TakingITGlobalⁱⁱ, an online community that connects youth to find inspiration, access information, get involved, and take action in their local and global communities.

The consultation took place over a 4 week period. Each week, facilitators posted 3 or 4 questions in English and Spanish to which participants responded. The following week, facilitators posted a weekly summary of responses in both languages, and questions for the next week.

During the first week, the e-consultation focused on identifying the current needs of youth in the HIV pandemic, the status of youth involvement in the participants' home countries, and explored what governments could do to prevent the spread of HIV. During the second week, participants delved further into these issues, grouped together themes, and then moved into recommendations for the conference and YouthForce's advocacy strategy. Finally, the third and fourth week's discussions focused on possibilities for peaceful initiatives, specific advocacy tools, resources, events and activities, and ways to appeal to decision-makers. Participants were also able to add additional thoughts or topics that may have been missed in the previous weeks.

This report summarizes the discussions that took place over the course of the e-consultation. The overall content that emerged from the e-consultation will be woven into 4-5 key advocacy messages and an advocacy strategy for the YouthForce during the AIDS2008 conference. The messages will appear on a wide variety of large posters, banners, t-shirts, stickers, post-cards, and other materials.

IV. E-consultation Results

The following sections highlight the responses, thoughts, and recommendations of the e-consultation's 125 participants. The responses are grouped by week and under the heading of the question being answered. Participants were encouraged to discuss and respond to each other's posts, thus simulating a dialogue. Direct quotes and attempts at minimal paraphrasing ensure that the intent of the participants is captured in their own words.

WEEK ONE

1. What are the most important needs of young people in the HIV/AIDS pandemic today?

Access to information and services

Resoundingly, participants responded that young people need access to information, treatment, and care. Participants elaborated by stating that access to comprehensive, integrated, evidence-based sex education and HIV prevention programs that are youth-friendly is imperative to the fight against HIV/AIDS. Furthermore, sexual and reproductive health knowledge gives young people the tools they need to make educated decisions regarding their own sexual health and to prevent HIV infection. HIV/AIDS should be something discussed from a young age so young people grow into adolescence with an understanding of the virus. Young people must also have access to youth-friendly services for testing, treatment, and care. As one participant stated, "When as a young person I walk into a hospital seeking testing, prevention information and/or tools, or actual treatment/care, I must feel welcomed and safe."

Recognise our realities

Participants asserted that the realities of young people's lives must be taken into account in program development and implementation. Many young people live in poverty, which greatly limits their ability to practice safe sexual behaviour, even though they may have acquired sexual health knowledge. Young people's experiences are diverse and many find themselves in circumstances that put them at increased risk of HIV transmission. Gender inequality, homophobia and transphobiaⁱⁱⁱ, racial and ethnic discrimination, poverty, education inequality, homelessness, substance abuse, transactional sex, coerced sex, and sexual violence must be addressed as real issues for young people around the world. As a result of these structural and lived realities, programs that do not acknowledge that young people are sexually active are completely ineffective. Young people need more than HIV prevention education and services to avoid infections in today's HIV/AIDS pandemic. They also need a supportive and enabling environment with social norms that reinforce positive behaviors across the generations.

Injection drug users and men who have sex with men

The imperative of addressing the specific needs of marginalized groups such as injection drug users (IDUs) and men who have sex with men (MSM) was particularly emphasized. As one participant from Canada stated, "Many young IDUs, from every region of the world, are completely stigmatized, excluded, criminalized and/or forgotten. Their substance use is not treated as a health concern, and in many countries there are no services or very few, to help reduce HIV infection between injection drug users, and to increase their health."

Young people living with HIV

Young people living with HIV need access to anti-retroviral treatment, non-discriminatory health services, and complete health education with respect to HIV/AIDS so they are able to manage opportunistic infections and maintain their personal wellbeing. They also need

greater access to decision-making processes and employment opportunities that do not discriminate based on seropositive status.

Include us

To better address the needs of young people, the young people most affected (who are also sometimes the most marginalized) should be involved in the design, implementation, and evaluation of HIV/AIDS programs, and should have access to capacity building opportunities. This particularly includes young IDUs, MSMs and Young People Living with HIV/AIDS (YPLHIV). Young people also need to be empowered with skills to spread the information they have gained to their peers.

2. In your country (please state your country), are young people 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).

The participants' experiences in their countries were quite varied. Some participants reported that their countries are making an effort to consult young people and include their views in the development of policies. However, these efforts are often limited and do not take into account the views of those working on the grassroots level. Others stated that in their countries, young people are not consulted and do not seem to be acknowledged as a constituency with something to contribute.

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?

The answers to this question were largely framed within the context of human rights obligations that governments have towards youth. The primary recommendation, which was echoed across all regions, was the need for governments to implement comprehensive, evidence-based sexuality education curricula in schools^{iv}. As the arbiter of education, the state has a responsibility to provide young people with the information they need to prevent HIV and other sexually transmitted infections, as well as unwanted pregnancies^v.

Governments must also honour and implement all international treaties on young people's rights. As such, governments need to work to reduce poverty, provide greater social support, guarantee equal access to education, and follow through on their commitments to reduce discrimination based on race, ethnicity, sexual orientation, and gender^{vi}. Governments should tackle social biases that lead to social exclusion and marginalization of different groups and ensure that young people are able to access their rights^{vii}, particularly as related to education, health services, and the basic needs of food, shelter, and transportation. Furthermore, there is an increasing need for governments to review existing laws, in an inclusive manner, and re-evaluate the elements that still discriminate towards some community members, particularly women, those who identify as lesbian, gay, bisexual, or transgender, and people living with HIV/AIDS^{viii}.

Governments must engage young people in constructive and appropriate life and capacity building programmes that can provide them with opportunities not only to take personal responsibility for HIV prevention but to also make informed choices about their lives^{ix}. A participant from Tanzania emphasized the need to create HIV prevention policies and programs that include culturally specific issues to best address the needs of young people within their own social context.

Two participants from sub-Saharan Africa also called for their governments to make information and communications technology (ICT) more accessible for young people across

geographic regions and socioeconomic classes. In communities where parents and other authority figures are unable or unwilling to inform young people about HIV/AIDS and sexual and reproductive health, they must have access to other means of information.

WEEK TWO

4. What are some specific concerns that we can group under the issues that came up in week one?

Access to information and **youth-friendly services** were key concerns raised in many participants' responses. There is a great need for HIV prevention programs that address the needs of young people and take into account their everyday realities. There was also a repeated call for comprehensive, evidence-based sexuality education for young people. Lack of access to condoms and harm reduction services for youth injection drug users were other issues identified as extremely problematic.

Stigma and vulnerability were recurrent concerns; these issues were pointed out as key barriers to obtaining support and services. This concern applies to all marginalized populations (including sexual minorities, MSM, IDU and YPLHIV) which have been listed in detail in Question 1.

Also, the need to protect the **rights** of those **young people living with HIV** came up repeatedly. It is necessary to ensure the existence of non-discriminatory health services and health education programs for those young people who are already HIV positive.

Furthermore, participants highlighted more generally the **social determinants of health** and **government obligations** necessary to fostering an environment that is both conducive to the healthy development of young people and fulfills their human rights.

5. What are some ways that these concerns can be met and how can governments and/or civil society address them?

A priority issue addressed by participants was the need for greater youth involvement within all levels of government and civil society. Many participants also expressed the need for integration between government efforts and those of civil society (NGOs, youth networks, and community based organizations).

Specific measures that should be taken by the government and/or civil society include:

- Policies and programs directly involving their target groups in the development and implementation.
- The institution of comprehensive, evidence-based sexuality education curricula in schools.
- Policies and programs to fight stigma and discrimination.
- Sufficient funding allocated for HIV/AIDS prevention and treatment programs.
- Medications and ARVs available at little or no cost.
- Civil society facilitation of capacity building for young people.
- Government and civil society support for peer education programs as one of the most effective ways to reach young people.

6. If you have been to an International AIDS Conference before, what do you think we could do differently (in terms of advocacy) as the YouthForce this time? If you haven't been before, what are some examples of good or bad advocacy tactics from campaigns you know of that could help us in developing our campaign?

Respondents who had previously participated in International AIDS Conferences recommended that there should be more youth representation in the main forums and presentations in the conference. They felt that youth should be provided with more opportunities to present outside of the Youth Pavilion and that youth issues should not always be relegated to youth-specific venues or activities. Recommendations for activities to increase youth visibility were also made, along with the suggestion to create print materials such as a newsletter, to highlight youth participation.

Many of the suggestions related directly to the Toronto YouthForce advocacy campaign, reinforcing strategies that were implemented and worked well, and identifying areas for expansion. Participants made the following recommendations for the Mexico YouthForce advocacy campaign:

- Creating clear, positive, and powerful messages for the advocacy campaign and finding effective methods to spread these messages.
- Finding a creative “hook” increases media visibility, whether it is a theme, prop, slogan, etc.
- Using sustainable campaign materials such as t-shirts, buttons and stickers is effective because many months later, these materials will continue to have an impact.
- Wearing t-shirts increases visibility. They can also be used over an extended period of time locally and internationally.
- Utilizing new technologies, including the use of mobile phones, could be helpful for the advocacy campaign as young people are likely to use these technologies.
- Identifying opportunities for action, spanning from basic to advanced tactics. For instance, from writing a letter to a decision maker, to organizing a rally or press conference.
- Designing materials or approaches that can later be replicated in participants’ home countries and regions.

7. Please rank the following suggested topics for an advocacy skills-building session from 1 to 4, with 1 being the most important and 4 being the least important. Feel free to add your own suggestions.

The participants prioritized the following topics, in order of importance:

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

WEEKS THREE AND FOUR

8. What are some peaceful and innovative ways of highlighting the importance of these issues at the conference?

Participants offered many suggestions of peaceful and innovative ways to convey youth advocacy messages. The answers fell into the following categories.

Cohesive messaging and advocacy techniques:

Participants recommended that the advocacy messages be omnipresent throughout the conference and that the YouthForce’s branding, messages and colours be unique and visible. Furthermore, the messages should be echoed and explained by speakers during the plenary sessions and workshops. Another suggestion was to implement advocacy activities outside the conference venue to draw greater attention to the messages.

Several more specific suggestions included:

- Wearing red t-shirts and creating a giant human red ribbon somewhere near the conference venue. The message could be "The Youth of the World Unite against AIDS." To mirror this visual, youth could create red ribbons out of paper with the messages in white lettering to display around the conference venue.
- Having a sit in where the young people participating are silent and still, holding small posters with the central messages of the advocacy campaign in different languages. The silence would draw attention to the diversity of cultures, languages, and physical appearances present among collectivized "young people." Another group of young people could stand on the periphery and explain the action and the meanings of the messages to on-lookers.

Using technology:

Participants recommended utilizing text message technology so that young people can submit their views and opinions about the conference and the issues affecting them to the YouthForce which could then be displayed on electronic message boards within the conference venue and on the YouthForce website. This service could also serve as a feedback mechanism for young people who are not at the conference.

During the conference, blogging stations for the YouthForce website blog could be set up for young people to be able to share their experience. Youth could also submit blogs to other websites committed to the issues of HIV/AIDS and sexual and reproductive health. Youth could also be trained to use audio-visual equipment so that youth advocates can conduct interviews, make short documentaries and webcasts.

Using creativity:

There were many suggestions of using music, theatre and the arts to present issues in thought-provoking and interactive ways. Many participants felt that messages communicated through artistic mediums may "stay with" participants longer and will show that conferences can also be a platform for expression.

A suggestion drawn from Mexican cultural tradition was to create a display using piñatas,^x which could represent myths or misinformation about HIV/AIDS or about young people. The piñatas could contain candy and condoms that would be released when the piñatas are broken open.

9. 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.

The participants felt that the following tools and resources would be useful:

- Posters, stickers, banners, booklets, postcards, bracelets, and colourful pins. They are all easy to distribute and/or display and they are quite visible in crowded areas.
- T-shirts with messages. They are effective because they can be worn later.
- Possible t-shirt message—"I commit to youth." Many people including youth, celebrities, and decision-makers would wear a t-shirt with that statement.
- Print messages on rucksacks.

Participants suggested activities such as:

- Filming a trailer where young people address important advocacy issues to policy-makers. The trailer could be broadcast as a social advertisement on TV and on plasma monitors during the conference
- Organizing a candlelight vigil.

- Involving celebrities.
- Holding a press conference so that the issues can be highlighted in the media.
- Recreating the Youth-Adult Commitment Desk that was successful at AIDS2006.

10. When advocating for these messages at the conference, what could you suggest to your decision-makers as practical and realistic next steps they can take to implement your ideas?

Most participants stated that ensuring the meaningful participation of young people and the creation of broader youth-adult partnerships were the most significant next steps to be taken. It is imperative for decision-makers to work together with young people as partners. Young people should be included as part of the team, not simply as the recipients of policies and programs. One participant from Nigeria emphasized the importance of mainstreaming youth participation—decision-makers need to trust the experience that young people have in relation to HIV/AIDS and allow young people’s opinions to be listened to, respected, and incorporated in the creation and implementation of policies and programs. As youth gain more ownership over programs, these programs eventually become more successful.

One participant from China asserted that decision-makers should also implement policies at the country level to facilitate young peoples’ access to the information and services they need. She also suggested that a monitoring and evaluation system be put in place to ensure the implementation of these policies. A participant from Pakistan echoed this request and added that decision-makers must also commit to appropriate funding levels and provide needed health and education services to their people.

V. Conclusion

Young people who are leaders in HIV/AIDS in their communities, from 46 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. Additional themes include reality-based programming, recognition of the specific needs and rights of sub-groups of youth such as injection drugs users, men who have sex with men, and HIV positive youth, government accountability and human rights obligations, and reducing stigma and discrimination. The Mexico YouthForce will build its advocacy campaign and materials around these agreed-upon messages and invite 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; creating opportunities for youth involvement in their work as legitimate actors; and partnering with youth initiatives in their communities.

For more information about the YouthForce please visit:

<http://www.youthaids2008.org>

Or contact youth@aids2008.org.

Annex I: Facilitators and Translators

The Mexico YouthForce would like to thank the following members of the Advocacy Subcommittee for their assistance facilitating and translating the e-consultation. Most of all we would like to thank all 125 participants for their insightful contributions and dialogue.

Facilitators:

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ⁱ To view the AIDS2006 YouthForce and Youth Programme visibility materials, please visit the site of the young Iranian designer Ghazaleh Etezal from TakingITGlobal:

<http://www.ghazalehdesign.com/aids2006.html>

ⁱⁱ <http://www.takingITglobal.org>

ⁱⁱⁱ Transphobia (or less commonly, transprejudice) refers to discrimination against transsexuality and transsexual or transgender people, based on the expression of their internal gender identity.

^{iv} See Article 28 & 29 CRC. And General Comments from the Committee on the Rights of the Child on HIV/AIDS

[http://www.unhchr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/309e8c3807aa8cb7c1256d2d0038caaa/\\$FILE/G0340816.pdf](http://www.unhchr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/309e8c3807aa8cb7c1256d2d0038caaa/$FILE/G0340816.pdf) "The Committee wishes to emphasize that effective HIV/AIDS prevention requires States to refrain from censoring, withholding or intentionally misrepresenting health-related information, including sexual education and information, and that, consistent with their obligations to ensure the right to life, survival and development of the child (art. 6), States parties must ensure that children have the ability to acquire the knowledge and skills to protect themselves and others as they begin to express their sexuality." Additionally, on adolescent health [http://www.unhchr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/504f2a64b22940d4c1256e1c0042dd4a/\\$FILE/G0342724.pdf](http://www.unhchr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/504f2a64b22940d4c1256e1c0042dd4a/$FILE/G0342724.pdf) "Adolescents, both girls and boys, are at risk of being infected with and affected by STDs, including HIV/AIDS. States should ensure that appropriate goods, services and information for the prevention and treatment of STDs, including HIV/AIDS, are available and accessible."

^v See CRC general comment on adolescent health again, "Adolescent girls should have access to information on the harm that early marriage and early pregnancy can cause, and those who become pregnant should have access to health services that are sensitive to their rights and particular needs." See also General Comment No 14 from the Committee on Economic Social and Cultural rights on the right to health.

<http://daccessdds.un.org/doc/UNDOC/GEN/G00/439/34/PDF/G0043934.pdf?OpenElement> on the right to information as a key aspect or an "underlying determinant of health" and the obligation on states to provide the information for people to make informed choices about their health.

^{vi} On sexual orientation, see the case of Toonen v Australia at the Human rights Committee where sex discrimination was held to include sexual orientation and that Australia violated art 2 of the ICCPR as

sexual acts were criminal offences between men in Tasmania. See also the general comments of the CRC linked above on young people's sexuality.

^{vii} See General Comment No 5 of the CRC – general measures of implementation.

[http://www.unhchr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/3bba808e47bf25a8c1256db400308b9e/\\$FILE/G0345514.pdf](http://www.unhchr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/3bba808e47bf25a8c1256db400308b9e/$FILE/G0345514.pdf). See also the Human Rights Committee's General Comment on non-discrimination, especially paragraph 10 which talks about the need to address conditions that perpetuate discrimination.

[http://www.unhchr.ch/tbs/doc.nsf/\(Symbol\)/3888b0541f8501c9c12563ed004b8d0e?Opendocument](http://www.unhchr.ch/tbs/doc.nsf/(Symbol)/3888b0541f8501c9c12563ed004b8d0e?Opendocument)

^{viii} Anti-discrimination legislation must address vulnerable groups. In relation to HIV prevention, for example, UNAIDS has stated that any laws enacted to prevent discrimination against people living with HIV 'should also protect groups made more vulnerable to HIV/AIDS due to the discrimination they face' UNAIDS/IPU, 'Handbook for Legislators on HIV/AIDS, Law and Human Rights', UNAIDS/99.48E, 1999, 127.

^{ix} See articles 5 (evolving capacities) and 12 (participation) of the CRC and the general comments of the CRC linked above.

^x A piñata is a figure, usually made from a clay pot covered with paper mache and decorated in bright colours, with candy, fruit or toys inside. At parties piñatas are suspended from a rope and children, usually blind-folded, take turns hitting it with a stick until it breaks and the candy falls out. Common at Mexican birthdays and other celebrations.