Linkages between SRR, Post-2015 and HIV

Comprehensive Sexuality Education (CSE)
Lack of recognition of young people’s sexuality and sexual rights is one of the main barriers that limit young people’s access to information that can help prevent HIV. One of the indicators of success for MDG 6 – to Combat HIV/AIDS, Malaria and Other Diseases – is: the proportion of the population between 15-24 years with comprehensive correct knowledge of HIV/AIDS. The new development agenda should go beyond access to HIV information and must be taken seriously.

Sexual and Reproductive Rights (SRR) of Young People Living with HIV
The sexual and reproductive rights of young people living with HIV have been violated since the onset of the epidemic: the right to privacy, the right to pleasure, the right to live free from discrimination, the right to decide freely the number, spacing, and timing of children and to the information and means to do so, are examples of the human rights of young people living with HIV that are routinely violated. These rights must be globally recognized and upheld in the Post-2015 development agenda.

Youth is a period of transition from the dependence of childhood to the independence of adulthood, which comes with responsibilities and challenges to earn one’s own livelihood and live one’s own sexual and reproductive life. While the United Nations defines youth as persons between the age of 15 and 24, youth is more of a fluid concept than a fixed age group. It is important to recognize that youth are not homogenous and that all youth, irrespective of their differences, have an increasing capacity to deal with the challenges to live their life on their own terms.

Youth People, Gender Equality & HIV
It is evident that the issues of HIV and AIDS are related to gender equality. Several studies showcase the correlation between sexual and gender based violence with HIV infection—the exposure to violence increases the risk to be infected (Fustos, par. 3). Furthermore, people with diverse sexual orientation and gender identity, including LGBTIQ people, often face multiple forms of discrimination that impede access to HIV-related information, testing, treatment, and support (Haiklis).

Criminalization
Criminalization of same-sex relationships, sex work, drug use and HIV infection represents a significant barrier against the prevention, testing and treatment of HIV and AIDS. Several countries continue to criminalize HIV transmission and almost 30 countries in the world continue to impose travel restrictions on people living with HIV (ICASO). Punitive laws, including laws that criminalize people’s HIV status, are seldom taken into consideration in the development field but often have significant human rights implications and must be taken seriously.
Strengthening national health systems is key for improving the health of populations but governments must also address the social determinants related to health. As the new development agenda is crafted, there are many social determinants of the HIV epidemic that need to be taken into consideration, such as access to economic resources, decent employment, education, stigma and discrimination, gender dynamics and substantive equality. Foreign assistance also needs to support and align with national health systems that recognize social determinants.

Respecting the human rights of all young people, especially their sexual and reproductive rights, regardless of their HIV status, sexual orientation or gender identity needs to be central to the Post-2015 development framework. Inequalities that negatively affect young people’s lives must be addressed by the new development agenda, including those related to HIV status.

Funding must continue for HIV-specific projects and projects that are designed, implemented, and evaluated by young people. Donors must prioritize evidence-based, effective interventions that recognize and respect the human rights of all young people. Supporting the Global Fund to fight against AIDS, Tuberculosis and Malaria (GFATM), for example, is crucial for continuing the commitments made in 2000 and for reaching what was supposed to have been achieved by 2015.

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New technologies to prevent and treat HIV must be available and accessible for all young people, regardless of whether they live in developed or developing countries, or in urban or rural areas. These technologies must respond to the unique biological realities of young people and the development of these technologies must include young people while respecting and protecting their human rights.

Politicians and decision-makers must ensure political will to address the HIV epidemic based on existing scientific evidence. HIV must continue to be a central part of the new development agenda.

Community systems must be strengthened in order to continue responding to the HIV epidemic from different fronts. Civil society organizations and community-based organizations should continue having a voice in decision-making and the implementation of strategies.

References for Further Reading & Bibliography

Bibliography


Recommended Reading


1 Sexual rights has been adopted as UN agreed language. It has been included within the outcome of the Global Youth Forum (2012) and the UNECLAC and UNESCAP Regional Population Conferences on ICPD (2013), all which have been part of the ICPD+20 Operational Review.