CARIBBEAN REGIONAL YOUTH ADVOCACY FRAMEWORK ON SEXUAL & REPRODUCTIVE HEALTH AND RIGHTS

Angela L. Davis

Consultant

LIST OF ACRONMYNS

AIDS	Acquired Immune Deficiency Syndrome
CARICOM	Caribbean Community
CFPA	Caribbean Family Planning Affiliation
CRSF	Caribbean Regional Strategic Framework on HIV and AIDS
CRC	United Nations Convention on the Rights of the Child
CSE	Comprehensive Sexuality Education
CVC	Caribbean Vulnerable Communities Coalition
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HFLE	Health and Family Life Education
HIV	Human Immunodeficiency Virus
IPPF	International Planned Parenthood Affiliation
MSM	Men who have sex with men
PAHO	Pan American Health Organization
PANCAP	Pan Caribbean Partnership Against HIV and AIDS
PEPFAR	The United States President's Emergency Fund for AIDS Relief
PLHIV	People living with HIV
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender-based Violence
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections
SW	Sex workers
UNAIDS	United Nations Joint Program on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Fund for Children

EXECUTIVE SUMMARY

Recognizing the continued vulnerability of young persons within the Caribbean region to the threat posed by the HIV/AIDS epidemic, the Pan Caribbean Partnership Against HIV and AIDS (PANCAP) sought to mobilize resources to aid in mitigating this risk. Guided by the regionally endorsed vision, articulated through the Caribbean Regional Strategic Framework on HIV and AIDS (CRSF 2014-2018), PANCAP has undertaken an effort to bring strategic focus and needed resources, to address the issues which enhance the vulnerability of young persons, as a key population in this region, relative to HIV infection. PANCAP is committed to working in partnership with other stakeholders to provide opportunities for meaningful engagement with the young people of the region. Opportunities which will serve to integrally involve and support young people, by: fostering an environment for the enhancement of their knowledge and skills to advocate on behalf of their constituents; for the observance and protection of their rights; to increase their access to high quality information, education and services which cater specifically to their needs; and to validate their right to make informed, independent decisions, pertinent to their sexual and reproductive health. Through the development of a regional platform of youth leaders working to implement ***The Caribbean Regional Youth Advocacy Framework on Sexual and Reproductive Health and Rights***, PANCAP's intended objective is to further the remit of the CRSF on HIV and AIDS under Strategic Priority Areas **(1): *An Enabling Environment*** and ***(3) Prevention*** as well as to support the ***Justice for All Roadmap***. By facilitating the representation and advocacy efforts of the region's young people to the highest levels of regional leadership, it is hoped that these interventions will influence positive changes in existing policy and legislation, which currently impede access to sexual and reproductive rights and services, and as a consequence, increase their vulnerability to HIV infection.

PART I

INTRODUCTION

In 2015, an estimated 29 adolescents acquired HIV every hour.

The world over there have been tremendous strides made to better understand and program, to respond to the complexities of providing comprehensive and effective HIV/AIDS prevention, diagnosis, treatment care and support services. However, there remain segments of the population, whom for complex and varying reasons, are unable to actualize the optimum benefit of these advancements. Young persons, as defined by WHO and others[1] to be between the ages of 10-24 years old, represent an overlapping age band of individuals, whose stages of physical, emotional and pyscho-social development, are often compounded by a multitude of factors which place them at potential risk. This cohort of individuals, straddling the developmental stages of childhood, adolescence and young adulthood, for a myriad of reasons, can be considered critically vulnerable in relation to HIV/AIDS. This vulnerability is further compounded as these young persons begin to explore and express their sexuality, either freely or through coercion, which is sadly very common in this region, especially for girls[2]. Young people whose sexual behaviours and risks place them within the definitions of key population groups, namely: men who have sex with men (MSM); sex workers (SW); transgender males and females; and persons living with HIV (PLHIV), are considered to be the most vulnerable of all. It is also not uncommon for these populations to overlap, which further exacerbates their risk of HIV infection.

The issues related to the sexual and reproductive health and rights (SRHR) of this segment of the population are vast and complex. Young people are not a homogeneous group of individuals. Often the challenges faced as they seek to navigate through this second decade of life and transition from childhood to adulthood, can have long term implications for the remainder of their lives. The literature exploring these dynamics is vast and multifaceted, and must be reviewed and applied within the environmental context of social, cultural, legislative, religious and other realities. However, there is virtually no dispute within the current global landscape, that young people must be empowered and afforded every possible opportunity to exercise the full spectrum of their rights. All countries in this region are signatories to the *UN Convention on the Rights of*

1 United Nations Children's Fund (UNICEF) / World Health Organization (WHO) / United Nations Population Fund (UNFPA) all define 'young person' as those falling between the ages of 10-24 years of age

2 www.unaids.org/sites/default/files/media_asset/ending-AIDS-epidemic-adolescents_en.pdf

the Child, which articulates the fundamental rights of children and adolescents, including their right to be healthy. Therefore, they have a right to obtain the information and health services they need to survive, grow, and develop to their full individual potential[3]. Efforts to understand and program to address the dynamics that either present barriers, or which enhance access to critical health and social services attending to the needs to this group of individuals, is considered a regional and global priority.

The World Health Organization (WHO), Pan American Health Organization (PAHO), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Joint Program on HIV/AIDS (UNAIDS), International Planned Parenthood Federation (IPPF) and other entities, have all been researching, developing and providing critical technical and programmatic guidance and expertise to bear on the challenges of adolescent sexual and reproductive health and rights (ASRHR). The 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs), have provided a globally accepted framework and targets, for shaping development towards sustainable improvements in all facets of life. While all of the goals and targets are interconnected on many levels, included is ***Goal 3: Ensuring healthy lives and promote well-being for all, at all ages,*** by addressing HIV, malaria and other diseases. The other strategic guidance documents that have been reviewed and which will be referenced throughout this document, all aim to work in support of attaining the targets set by the SDGs.

Within the Caribbean region, PANCAP, using the CRSF on HIV and AIDS, as its strategic vision for mitigating the impact of HIV/AIDS, has been a leader in mobilizing much needed resources and for focusing attention to the needs of key populations and specifically young people, and their vulnerability within our HIV/AIDS epidemic. The Strategic Priority Areas **(1)** ***An Enabling Environment*** and ***(3) Prevention,*** of the CRSF on HIV and AIDS, both support activities in this regard which are aligned with the current Global Fund grant and the activities supported therein.

3 UNFPA: http://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_EWEC_Report_EN_WEB.pdf

BACKGROUND & DEMOGRAPHIC INFORMATION

Over the past two decades, significant attention has been paid to exploring the realities of adolescent health and bringing to light the dynamics and challenges therein. Globally, the current population of young people is estimated at 1.8 billion[4], the largest generation of this age cohort in history. Given the scale and magnitude of this population, adolescents have featured prominently in all of the new public health agendas and strategies. Investments in adolescent health are required, not only to ensure a safe developmental passage into adulthood, but they are also critical for ensuring the preservation of healthy societies for future generations to come, through the adoption of positive lifestyle choices and behaviours.

> Among the world population of approximately 7.3 billion, there are about 1.8 billion young people (between the ages of 10 and 24).

Throughout the literature, it is well understood that the physiological, behavioural, emotional, sexual and social development and experiences which occur during this pivotal stage of development, are arguably the most profound and far reaching in their implications for future health and social outcomes. These issues themselves make young people vulnerable to threats to their sexual and reproductive health and the inalienable rights therein. Poor access to essential health services, information and education and the concomitant fall out, such as unintended pregnancy, risk of sexual and gender-based violence (SGBV), vulnerability to sexually transmitted infections (STIs) and HIV/AIDS, all become a harsh reality for our young people as they explore their sexuality within societies which present insufficient supporting mechanisms and services to attend to the rights and needs of this population. Evidence of early sexual debut, transactional sex, intergenerational sex, multiple concurrent partnerships, and legal restrictions, all further compound the dangers to the SRHR of young people.

Even though there remains a paucity of data, which adequately captures and reflects the dynamics within this cohort, the limited evidence would suggest that there are sufficient reasons to be alarmed and for there to be concerted attention paid to the risks being posed by HIV/AIDS. Globally, HIV/AIDS ranks as the leading cause of death amongst the adolescent population[5]. Within the Caribbean, it is the second leading cause of death for this age group[6]. Further, this cohort is also the only segment of the population where the

4 http://www.unaids.org/sites/default/files/media_asset/ending-AIDS-epidemic-adolescents_en.pdf

5 http://www.who.int/life-course/partners/global-strategy/ewec-globalstrategyreport-200915.pdf?ua=1

6 PAHO (2013) Reaching Poor Adolescents in Situations of Vulnerability with Sexual and Reproductive Health.

rate of new HIV infections is not showing evidence of decline and in fact, is continuing to rise[7]. UNAIDS estimates suggest that there has been a 45% increase in AIDS-related deaths among adolescents 15–19 between 2005 and 2015[8] . These statistics are significant at a time when the global trend in practically all other demographics, has been showing progress towards slowing the tide of the HIV/AIDS pandemic. The Prevention Gap Report[9] indicates that in addition to men who have sex with men, adolescents within key populations appear to be disproportionately vulnerable to the risks of HIV infection. Increased vulnerability has also been evident amongst transgender females and adolescent girls. Poor or inadequate access to and uptake of services; early sexual debut (most often through assault or coercion); disparities between the age of consent and the age for legally accessing medical services independent of an adult; multiple concurrent partnerships; inconsistent condom use and intergenerational sex; are consistently cited as critical factors contributing to this increased risk. A 2004 WHO literature review[10] and a more recent 2013 PAHO[11] review, both concluded that the factors which result in placing young people at risk for and protect them from compromising sexual health behaviours, are complex and multifaceted.

YOUNG GIRLS VS YOUNG BOYS

Globally, young girls are disproportionally affected by HIV/AIDS and there has been an effort to direct resources and invest significant attention to understanding and programming to addressing their specific needs and vulnerabilities. At the same time, there is significant evidence to indicate that young men from within key populations, such as MSM, appear to be significantly more at risk of infection than their older counterparts, as previously noted. What is apparent is that interventions to reduce the risk of infection of young people need to be tailored to their specific stage of development and to the factors which impact on their ability to reduce their risk of infection and harm in general.

Young girls and boys in the region face some similar challenges as they transition into adulthood, however, there are also different factors which contribute to their vulnerability to HIV infection. These issues are documented in the existing literature despite the

7 UNAIDS http://www.unaids.org/sites/default/files/media_asset/ending-AIDS-epidemic-adolescents_en.pdf

8 http://www.unaids.org/sites/default/files/media_asset/global-AIDS-update-2016_en.pdf

9 http://www.unaids.org/sites/default/files/media_asset/2016-prevention-gap-report_en.pdf

10 PAHO (2013) Reaching Poor Adolescents in Situations of Vulnerability with Sexual and Reproductive Health.

11 PAHO (2013), Allen Situation Analysis of Adolescent Sexual and Reproductive Health and HIV in the Caribbean.

limitations of the data. While the disparities in infection rates may not be as wide as in other parts of the world, factors which relate to gender inequalities, early sexual exploitation, economic need, social and cultural norms, as well as inherent physiological vulnerabilities, impact on their respective risk of HIV infection. The extent of risk also varies according to age, with boys and girls experiencing different peak periods of vulnerability and subsequent increases in infection rates. However, both young girls and boys during this period of development, require social protections and access to SRH services to protect them from adverse health, emotional and psychological outcomes. These social protections need to work in concert with their ability to access essential services, and need to be designed to attend to the complexities which may present from early sexual exploitation, sexual assault, and exposure to a myriad of sexual and other risk taking behaviours.

MAKING THE CONNECTIONS

90-90-90 targets by 2020- must be addressed along with key structural and social issues that deter people from accessing services.

Several strategic frameworks currently exist, linking global, regional and national commitments to enhancing positive health outcomes and mitigating the impact of HIV/AIDS amongst the population of young persons. While the world at large focuses on the better known UNAIDS Fast Track agenda with its 90:90:90 targets[12], there are two lesser known targets which specifically reflect on this population:

- Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV.
- Ensure 90% of young people in need have access to sexual and reproductive health services and combination HIV prevention options by 2020[13].

An understanding and strengthening of the continuum of HIV prevention, testing, treatment and care services, has significantly enhanced the ability to design and implement specifically tailored strategies and interventions for all vulnerable segments of the population. However, there will need to be concerted efforts made to address the nuanced needs of this young population, which often present risk factors representative of multiple coexisting vulnerabilities. Existing structural issues including prohibitive laws and legislative disparities, religion, gender and social norms and other socio-cultural

12 By 2020, 90% of people living with HIV know their HIV status, 90% of people who know their HIV-positive status are accessing treatment, and 90% of people on treatment have suppressed viral loads

13 http://www.unaids.org/sites/default/files/media_asset/Get-on-the-Fast-Track_en.pdf

factors, perpetuate barriers to access and ultimately infringe upon the rights of those in need, increasing their vulnerability to HIV infection and other poor health outcomes and life changing dynamics.

While the current scientific and empirical evidence provide a blue-print for better programming towards ending the global threat presented by HIV/AIDS, all of these issues need to be examined within the respective country contexts, as there is no “one size fits all” approach. It is, however, agreed that young people need to be empowered to exercise their SRHR and to have access to comprehensive sexual health education, inclusive of information related to sexual diversity, relationships, gender, power dynamics and values. It is also generally widely accepted, that the approach to services need to attend to individuals in a holistic way, as their needs are not compartmentalized and well served through the vertical delivery of services. Structural shifts also need to occur to ensure that programmatic advancements are adequately supported by the appropriate policies and legislative measures which will safeguard their systematic compliance, particularly at the level of service delivery.

PART II

BARRIERS TO ACCESSING SEXUAL AND REPRODUCTIVE HEALTH SERVICES

Young people as a whole, and specifically young people from key populations, are disproportionally at risk for HIV infection, STIs and other sexual and reproductive health problems. These individuals are at greater risk than their older peers and face numerous barriers impeding their access to sexual and reproductive health services and commodities. The population at risk is not homogeneous, nor are the risks being faced.

Vulnerability to HIV infection for the region's young people is being influenced by an array of social, cultural, religious and political determinants which impact on their ability to recognize and address their needs as well as their perception of risk. Years of programming has demonstrated that a framework of combination prevention is best utilized to effect a comprehensive scope of interventions, addressing the spectrum of structural, biomedical and behavioural issues which impact outcomes across the continuum of HIV prevention, diagnosis, care, treatment and support.

STRUCTURAL BARRIERS

Legislation

There are several issues that have been identified as presenting significant obstacles to young people under the age of 18 from seeking to access sexual and reproductive health care services and also infringe upon their right to informed and independent decision making. Most of the countries within the Caribbean have existing structural barriers in the form of laws or policies which impede the availability and accessibility to effective HIV prevention, testing, care, treatment and support services for young people, MSM and sex workers. As summarized in the PANCAP Global Fund Concept Note[14],

> *"The Caribbean Regional Dialogue of the Global Commission on HIV and the Law Report 2014 [15] and other research such as a global report by the Harvard School of Public Health found that many of the laws, policies and regulations in Caribbean countries present obstacles to effective HIV prevention, treatment and care for MSM, sex workers and*

14 PANCAP (2016). Regional Global Fund Grant Concept Note.

15 UNDP 2011. Global Commission on HIV and the Law (2011), Report of the Caribbean Regional Dialogue of the Global Commission on HIV and the Law, Port of Spain, Trinidad and Tobago, 12-13 April 2011 (2012), op. cit

youth.[16] *Stigmatizing and discriminatory legal and policy measures common in the regional legal and health systems prevent people from being tested, disclosing their HIV status and accessing HIV and other sexual health services."* [17,18,19]

The existing disparity which exists in the majority of countries across the region, between the age where one can legally consent to sexual relations and the age where individuals can seek medical attention without the presence and consent of an adult, remains one of the most notable barriers to accessing health care for young people. This results in limited access to confidential, non-discriminatory services related to HIV prevention, HIV testing and counselling, and all other sexual and reproductive health needs for a population at risk. Countries like Guyana and Trinidad have successfully raised the age of consent in recent years, in an effort to protect young women from sexual exploitation and abuse. However, in a region where early sexual initiation is common, the threat posed by uninformed and risky sexual behaviours continues to have devastating and long term effects.

Given the heightened vulnerability faced by gay men and other men who have sex with men in the Caribbean, there continues to be debate regarding the existence of laws related to "buggery". Throughout the region the MSM population remains at the core of HIV transmission, accounting for 30% of new HIV infections in 2014[20], and young MSM experiencing higher rates of infection than their older counterparts[21]. In Jamaica, the HIV prevalence rate amongst MSM is estimated to be as high as 33.6%[22]. The literature suggests that the danger for young MSM is not only restricted to their health, but that they are also

Available epidemiological data suggest that young men who have sex with men have greater HIV risk than both heterosexual young people and older men who have sex with

16 L. Gruskin and S. Ferguson (2008). Ensuring an Effective HIV Response for Vulnerable Populations: Assessing national legal and policy environments. Harvard School of Public Health, Boston.

17 See report A/HRC/27/L.27/Rev.1 of the United Nations Human Rights Council "Human Rights, sexual orientation and gender identity", available at: http://ap.ohchr.org/documents/alldocs.aspx?doc_id=24000

18 G. Alleyne and R-M. Belle Antoine (eds.) (2013). HIV and Human Rights: Legal and Policy Perspectives on HIV and Human Rights in the Caribbean; PANCAP (2012). Perspective on Human Rights; and The Global Commission on HIV and Law (2012). Final Report; as quoted in PANCAP (2013), op. cit.

19 Regional Issue Brief prepared for the Caribbean Regional Dialogue of the Global Commission on HIV and the Law, April 2011.

20 http://www.unaids.org/sites/default/files/media_asset/global-AIDS-update-2016_en.pdf

21 UNAIDS http://www.unaids.org/sites/default/files/media_asset/Get-on-the-Fast-Track_en.pdf

22 Caribbean Technical Expert Group meeting on HIV Prevention and Gender October 2004 report. Strengthening the Caribbean Regional Response to the HIV Epidemic. UNAIDS document; 2004.

at greater risk due to the stigma and discrimination faced owing to wide spread homophobia, the threat of criminalization and self-stigma, which may result in self-harming behaviours, including alcohol and illegal drug use. Better understanding of the link between these issues and the high rates of suicide, which ranks as the third leading cause of death amongst young people[23], would be instructive as this issue is further examined.

Throughout the region there is a notable and thriving illegal sex work industry. Young people constitute a significant proportion of those engaged in selling sex or suffering sexual exploitation[24]. In 2016 UNAIDS reported that 23% of all new HIV infections were attributable to clients of sex workers (SWs) and other sexual partners of key populations, with 6% of new infections attributed to SWs themselves[25]. Given the illegal nature of the trade and the mobility of SWs, these individuals experience a range of issues which force them to operate under constant threat. It has been noted in the literature, "[I]n the Caribbean in particular, and across the region, SWs experience a range of human rights violations and social injustices, including the denial of access to healthcare, poor working conditions, violence and harassment by law enforcement. SWs are also frequently marginalized by social and religious institutions and subject to discrimination. For these reasons, many people who engage in sex work do so covertly"[26]. These issues create barriers for SWs to seek and access effective services and commodities related to SRH and HIV prevention, care, treatment and support.

It is also important to note, that early sexual debut in the region contributes to increased risk for both young girls and boys, who may find themselves engaging in transactional sex, organized sex work or may be victims of trafficking for the purposes of sex work. These children are at tremendous immediate and long term risk, and require social and legal protection as the UN Convention on the Rights of the Child (CRC), indicates that children and adolescents under the age of 18 who exchange sex for money, goods or favours are "sexually exploited" and cannot be defined as sex workers[27].

23 PAHO (2013). Reaching Poor Adolescents in Situations of Vulnerability with Sexual and Reproductive Health.

24 www.unaids.org/sites/default/files/media_asset/ending-AIDS-epidemic-adolescents_en.pdf

25 https://www.avert.org/professionals/hiv-around-world/latin-america/overview

26 Ibid.

27 PAHO (2013). Reaching Poor Adolescents in Situations of Vulnerability with Sexual and Reproductive Health.

This evidence and its implications for the further control of the epidemic, have resulted in increased attention being paid to the role that these structural barriers play. The ongoing clash between an evidence-based, public health response, grounded in a rights-based argument for the provision of life saving essential services, continues to be pit against political and religious opposition. As countries grapple with the social, economic and ethical dynamics being threatened by the perpetuation of the HIV/AIDS epidemic, there is also growing recognition that efforts need to be made to examine the existing legislation and the barriers which it creates for individuals to have access to much needed SRH services.

BIOMEDICAL BARRIERS

Access to SRH Services and Commodities

In addition to the noted legal constraints, other issues limit access to necessary medical services and commodities for those at risk. Often there are few options which provide comprehensive, non-discriminatory SRH services and where they do exist, they are often not focused on the specific health needs of young people. Recognition of the validity of adolescent medicine as a nuanced sub-specialty of medicine is only beginning to emerge within the region. More often than not, young people accessing medical services are seen by a general practitioner and in some instances a pediatrician, neither necessarily adequately versed on the sexual health dynamics faced by key populations.

Young people with disabilities are often overlooked with respect to their SRHR. Many of them face the same challenges as their peers, however, their issues are compounded by even greater barriers to accessing relevant information, education and services to meet their diverse needs. These young people are also increasingly vulnerable to sexual abuse and exploitation and few programs or interventions have been crafted to respond to their complex challenges. The limitations of the available data do not provide useful information on how significant an issue exists in relation to their HIV vulnerability. It would be fair to extrapolate from what is known, to determine that there is a need for attention to be paid to addressing the needs of this population, with appropriate interventions. The requisite training of health care providers and other care givers to improve their level of information, sensitization and understanding of this vulnerability, would be critical. Efforts would also need to be made to ensure that where services were available, that they were actually accessible to the disabled community. Further, strategies would also need to be employed to provide necessary social protections that would keep these young people from the exploitation and abuse of others.

Traditional family planning services are generally seen as one of the most supportive and appropriate places to access SRH services by young people and members of other key populations. These traditional outlets have been gradually expanding their scope, beyond the traditional female-centered family planning profile, and now offer HIV related prevention, testing and counselling services along with services tailored to the needs of men. However, these services are not always available or accessible. They are not found in every country and where they exist, they are usually centralized, underfunded and unable to adequately service the expanding needs of this population. Despite the limitations, sex workers and members of the transgender community will often access services at these providers. Further sensitization and training for health care providers in transgender health, is essential to facilitate the specific needs of the increasingly visible transgender community, including those who are victims of gender-based violence.

Sexual and Reproductive Health & HIV/AIDS Linkages

Since the beginning of the HIV/AIDS epidemic there has been on-going discussion regarding the natural synergies which exist between the wider spectrum of SRH issues and HIV/AIDS, as a multi-faceted sub-component of that spectrum. While the connection seems obvious given the cross-cutting issues including, but not limited to: populations of interest; the physiological and medical dynamics; the behavioural risk factors; the socio-cultural issues; and gender dynamics which contribute to increased risk, the relationship has not translated into a smooth amalgamation of resources, or programmatic interventions. Efforts continue to enhance the understanding and strategic thinking of these linkages at the level of policy, and the implications for the health system more broadly, while integration efforts are beginning to also occur that the level of service delivery.

WHO defines SRHR/HIV linkages as bi-directional synergies in policy, programmes, and service delivery that support comprehensive sexual and reproductive health needs and rights of all people, including people living with HIV, within a framework of gender equality and human rights.

These linkages are most evident in family planning providers, which translates into an insufficient scale of services, relative to the needs. Greater evidence of these linkages need to be systematically incorporated into the public and private sector health delivery systems. Reduced donor resources for HIV/AIDS programs also necessitate an increase in government expenditure and a shift from vertical HIV/AIDS programs, which are now known to not be the most effective or sustainable model for a comprehensive HIV/AIDS response. Further, there has also been a significant reduction in resources to support the non-profit family planning affiliates in their efforts. This more comprehensive and holistic approach to SRHR is already

IPPF states that CSE includes the following elements: gender| SRHR| prevention (including information about services and clinics)| sexual rights| citizenship| pleasure| violence prevention| diversity| relationships.

demonstrating favourable outcomes as reported by WHO which states, "[R]esearch shows that SRHR and HIV linkages results in: better HIV testing outcomes; more consistent condom use; improved quality of care; better use of scarce human resources for health; reduced HIV-related stigma and discrimination; improved coverage, access to, and uptake of both SRHR and HIV services for at risk/vulnerable and key populations, including people living with HIV"[28].

BEHAVIOURAL BARRIERS

Access to Effective Sexual and Reproductive Health Education

Over the past few decades, there has been an extensive effort to establish Health and Family Life Education (HFLE) within the school systems across the region. HFLE has been a substantial investment in the health and social development of the region's children. Robust efforts have been undertaken in curriculum development and teacher training across the areas of: (1) appropriate eating and fitness; (2) sex and sexuality; (3) self and interpersonal relationships; and (4) managing the environment. However, in spite of this, dedicated effort towards a comprehensive, life- cycle approach to the development of necessary life skills, HFLE has been met with its share of opponents and has had mixed reviews and results. While there will always be the voice of those who feel that discourse on sex and sexuality have no place in schools, there is an extensive body of evidence which demonstrates the value of formal, structured education on these issues. However, generally, it is felt that HFLE is insufficient to meet the more complex challenges facing young people today, especially those out of school and from within key populations.

There is strong evidence that comprehensive sexuality education (CSE) improves HIV knowledge and self-efficacy related to refusing sex or condom use, and contributes to delayed sexual debut and increased condom use, thus reducing sexually transmitted infections, HIV transmission and unintended pregnancy[29]. The International Planned Parenthood Federation (IPPF) and the regional Caribbean Family Planning Affiliation (CFPA) have embraced an approach to the education of young people about sexual and reproductive health that is grounded in gender transformative and human rights

28 http://www.who.int/reproductivehealth/topics/linkages/srhr-hiv/en/

29 Ibid.

approaches and empowerment[30]. In addition it, "...promotes the fundamental principles of a young person's right to education about their bodies, relationships and sexuality"[31]. CSE emphasizes, "...the full range of information, skills and values needed for young people to exercise their sexual and reproductive rights, and to make decisions about their health and sexuality"[32] and is intended to address the needs of those both in and out of school.

CSE has also undertaken an evolution of thought and understanding based on years of development and implementation. CSE has evolved over time, "...to encompass a continual, building block approach that develops the knowledge and skills of young people necessary for fostering gender-equitable relationships and societies, promoting and protecting human rights, and generating values of equality, non-discrimination and civil participation"[33]. To date, it provides a seemingly more well-rounded and comprehensive scope for educating young people on matters related to their SRHR. Given the primary outlets for the work of IPPF and CFPA, the major drawback to the potential of a CSE approach may be the access to young people themselves. This approach can be more flexible and adaptable to young persons in informal settings and in response to their specific needs. However, a very large catchment of young people within the school environments may be lost without active engagement and partnership between the family planning associations and the education and health sectors. The value of CSE cannot be underscored as it also has demonstrated its utility in contributing to a reduction in sexual and gender-based violence and has shown to enhance more equitable relationship between boys and girls which, "...leads to a reduction in risky behaviour (including increased use of condoms and contraception), delayed initiation of sex and fewer sexual partners"[34].

The UNFPA, UNESCO, UNICEF and PAHO/WHO have all provided support through resources and technical assistance to enhance the development and delivery of evidence and rights-based, comprehensive sexual health education for young people within the region. There still remain substantial gaps in access to this level of education, and there

30 http://caribbeanfamilyplanning.com/files/2016/10/ippf_cse_report_eng_web.pdf

31 Ibid.

32 Ibid.

33 Ibid.

34 Ibid.

are ongoing calls for better training of appropriate practitioners to deliver this instruction; for it to be more representative of the wider spectrum of issues facing today's young people; and for parents and guardians to be more involved as participants in the process and to gain a better understanding themselves of the issues.

THE PREVENTION GAP

HIV prevention remains one of the most critical components of any effective HIV/AIDS strategy. While great emphasis is being placed on providing effective life-saving care and treatment to individuals in need, the rate of new infections has not shown sufficient decline across all population groups in all contexts. Unfortunately, HIV prevention, especially for key populations, is largely underfunded both through national level funding and also external support. With donor funding for HIV/AIDS on the decline and the considerable cost associated with life-long treatment, care and support, it is imperative that greater, targeted and sustained efforts continue to be placed on primary prevention measures, especially for those at greater risk. In 2016 UNAIDS signaled a warning that this prevention gap was a significant threat to continued progress towards the end of AIDS[35].

UNAIDS comprehensibly articulates the challenges which remain in HIV prevention in its 2016 Prevention Gap Report, which convincingly makes the case for continued scale up of targeted, context specific, combination prevention approaches to tackle this issue. Recognition is given to the role which key populations continue to manifest, accounting for 36% of new infections globally in 2015[36]. The report states that globally, young women (15-24 yrs. old) account for 20% of new infections with the risk of HIV infection being 10 times higher in SW, 24 times higher in MSM and transgender women being 49 times more likely to be living with HIV[37] [38].

Limited access to critical information and services, primarily due to structural constraints perpetuated by restrictive punitive and discriminatory legislation and policies, gender

35 UNAIDS (2016). Prevention Gap Report.

36 Ibid.

37 https://www.avert.org/professionals/hiv-around-world/latin-america/overview

38 UNAIDS (2016). Prevention Gap Report.

inequalities and homophobia, remain the greatest barriers for key populations. Young people are continually compromised, as two thirds of them are denied access to comprehensive knowledge and information about HIV, as well as the ability to make informed decisions regarding their sexual and reproductive health[39]. The report also makes the case for better linkages across HIV prevention, testing and treatment services and greater access to Pre- exposure prophylaxis (PrEP) which are needed to further reduce new HIV infections[40].

Primary HIV prevention efforts must allow for active community engagement and must support the empowerment of key populations to engage and be actively involved in these efforts. Social and legal restrictions and condemnations, force key populations underground and often beyond the reach of traditional health services. Partnerships with the populations themselves, provide opportunities for interventions to be better targeted and for greater access to the populations. Improved access to critical commodities such as condoms and lubricants and the introduction of new medical interventions such as the use of Pre Exposure Prophylaxis (PrEP), can prove to be critical game changers in prevention. Continued research on the development of effective microbicides will enhance prevention options for women and girls, who globally account for 20% of all new infections within the 15-24 yr. old age group while representing only 11% of the total population[41].

39 Ibid.

40 Ibid.

41 Ibid.

PART III

ADVOCACY FRAMEWORKS

There are numerous global strategic frameworks which have invested in applying the vast body of literature, including the latest scientific and empirical evidence, to formulate approaches for focused interventions to address the complex needs of young persons in relation to their HIV risk and vulnerability. WHO, UNAIDS, UNICEF, UNFPA, UNESCO, PAHO, the United States President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and IPPF have perhaps lead the way in this regard, but they represent only a subset of entities that have recognized the potential danger posed to the future of our societies if the needs, including the SRHR needs relative to this critical population demographic, are not urgently addressed.

One such pivotal framework for action and collaboration is "***All In! To #EndAdolescentAIDS***", which has been designed to "inspire a social movement to drive better results with and for adolescents through critical changes in programmes and policy"[42]. This strategic platform is intended to complement the Fast-Track initiative to accelerate service delivery and treatment targets toward attaining the 90:90:90 targets by 2030 and is referred to as the Fast-Track for adolescents[43]. This framework seeks to work with and in support of adolescents, towards the achievement of these goals. It further seeks to focus attention on adolescents at higher risk of HIV infection or AIDS related

> ***All In!*** is a rallying cry to take urgent action with and for adolescents, a population clearly left behind in the AIDS response. ***All In!*** forms a platform for action to inspire a social movement to drive better results with and for adolescents through critical changes in programmes and policy. It aims to unite actors to collaborate across sectors to accelerate reductions in AIDS- related deaths and new HIV infections among adolescents by 2020, towards ending the AIDS epidemic by 2030. (UNAIDS, 2016)

[42] http://www.unaids.org/sites/default/files/media_asset/20150217_ALL_IN_brochure.pdf

[43] Ibid.

death, namely adolescents living with HIV and those from within key populations at greater risk of exposure to HIV infection[44].

The regional efforts being undertaken by PANCAP, the Caribbean Vulnerable Communities Coalition (CVC) in collaboration with others to improve the focus and action related to the HIV risk and vulnerability of our young people, are in concert with this global platform. ***All In!*** focuses on four overarching principles:

1. Engage, mobilize and support adolescents as leaders and agents of social change;
2. Sharpen adolescent-specific elements of national AIDS programmes by improving data collection and analysis and use to drive programming and results;
3. Foster innovation in approaches that improve the reach of services for adolescents and increase the impact of prevention, treatment and care programmes;
4. Advocate and communicate at the global, regional and country level to generate political will to invest in adolescent HIV and mobilize resources. [45]

These principles cut across the three programmatic areas of social and programmatic enablers, HIV testing, treatment and care, and combination HIV prevention[46], all of which are critical elements of effective programming for young people in order to ensure that they are not left behind in this epidemic. Active effort is needed to encourage national and regional movement towards making this a living reality within the Caribbean context. The opportunity to build upon this platform of action can only enhance the ability of the countries within this region to meet their commitments toward reaching the 90:90:90 targets and the SDGs, both imperative for eliminating the threat of HIV/AIDS and sustaining development.

The CRSF on HIV/AIDS gives cognizance to the elements outlined in this platform for young people, recognizing both their vulnerability to HIV/AIDS and also the need for young people to be engaged and instructive in determining the solutions to addressing

[44] Ibid.

45 Ibid.

46 Ibid.

their vulnerability. By supporting the cultivation of a strong regional body of young advocates, in partnership with the CVC, PAHO and others, PANCAP is seeking to ensure that the region's young people are active participants in determining a positive course for not only their future, but the future of generations to come. This action, which seeks to influence policy and improve access to key SRH services for young people, can prove to be a critical component of the broader strategy towards the 90:90:90 Fast Track for Adolescents as outlined in **UNAIDS-*All In!*** strategy.

In support of this, the activities under the current PANCAP Global Fund grant make provision for the following principles: (1) **Engage, mobilize and support adolescents as leaders and agents of social change;** and **(2) Advocate and communicate at the global, regional and country level to generate political will to invest in adolescent HIV and mobilize resources.** Opportunities have already been sought to commence the process of meaningful engagement with regional youth leaders to develop a cadre of knowledgeable and committed advocates empowered to make this platform a reality in the Caribbean. This incremental process will set the stage for building a regional network to facilitate opportunities for advocacy and influencing social and policy level changes over the course of the next two years. Despite the fact that in the Caribbean, advocacy efforts have been limited in their scope, strategic focus and effectiveness,[47] PANCAP and CVC will collaborate and leverage their respective strengths in the areas of advocacy, policy, law reform and community systems strengthening, to enhance regional advocacy with young people in support of key populations and SRHR. Specifically:

- PANCAP will facilitate access to high-level politicians and governance organs, enabling key populations to represent their own interests in these for advocacy;
- CVC/COIN's work to build capacity of KP networks will be a critical input to the effectiveness of KP-led high-level advocacy.[48]

The success of this initiative will be a significant step in helping PANCAP to redress some of the deficiencies and gaps which currently exist throughout the region and in the implementation of the CRSF on HIV/AIDS. A general inadequate level of political will for legislative reform, PANCAP's previously limited engagement with young people and the fact that, "...[K]ey population voices are absent at the highest levels of regional advocacy efforts, both as a result of lack of access and because of the need to develop

47 PANCAP Concept Note for The Global Fund to Fight AIDS, Tuberculosis and Malaria

48 Ibid.

advocacy skills and capacity among regional and national KP leaders"[49], create an opportunity for new innovative approaches for change in the region. Further, PANCAP's concurrent investments in other initiatives such as ***Justice For All***, help to prime the regional social and cultural space for this level of policy dialogue and engagement. While it may prove to be a challenge to differentiate which initiative was responsible for motivating a particular change, the attributions from all investments will together hopefully result in achieving the desired goals of the CRSF on HIV and AIDS and contributing to the desired goals and targets under the higher level SDGs and the Fast Track 90:90:90.

49 Ibid.

PART IV

CARIBBEAN REGIONAL YOUTH ADVOCACY FRAMEWORK ON SEXUAL & REPRODUCTIVE HEALTH AND RIGHTS

The literature indicates that there are several different types of advocacy which can be undertaken to influence and promote social change. In the context of a strategy for youth leaders across the region, the focus will be on political advocacy, in an effort to effect social and policy changes through active engagement with regional political leaders. PANCAP is seeking to capitalize on its placement within the CARICOM Secretariat and its access to the high level political leadership of CARICOM. Political advocacy can include lobbying and making representation to specific target groups and is aimed towards the advancement of particular viewpoints at a political level on behalf of a group of individuals. The CARICOM Youth Ambassadors and key population youth leaders will have the support of PANCAP, CVC, other regional partners, stakeholders and the wider CARICOM machinery, to facilitate meaningful engagement with regional leaders and policy makers in the hope of influencing change with respect to their SRHR.

Various global strategies have illustrated roadmaps for formulating advocacy platforms to move the respective development agendas forward towards achieving the desired goals and targets. Each of these seeks to adopt models that would be applicable for any level of representation and organizational capacity, from grass-roots, civil society organizations to more formal representational structures. ***The Caribbean Regional Youth Advocacy Framework on Sexual and Reproductive Health and Rights*** will be influenced by guidance derived primarily from: ***The Sustainable Development Goals Advocacy Tool Kit; the ACT 2015- Advocacy Strategy Toolkit; and the UNAIDS- All In! Fast Track Strategy To End Adolescent AIDS***, and adapted for the Caribbean regional context. Consistently, the core elements of these advocacy platforms seek to chart the course for actionable, incremental steps towards influencing change. In addition to understanding the context within which the advocacy is set to occur, and seeking consensus on the priorities, the platform needs to address the following key questions:

- ***WHO?*:** Who needs to be influenced? Who will help advocate for change?
- ***WHAT?*:** What are the key messages you need to communicate? What changes are you hoping for? What are the best ways to communicate those messages?

- ***WHEN?*:** When are the best opportunities to advocate for change?
- ***WHERE?*:** Where are the best places to influence and promote change?
- ***HOW?*:** How will you bring about change and garner support for your efforts? How will you communicate key messages – what settings will be used to communicate key messages?

ROADMAP

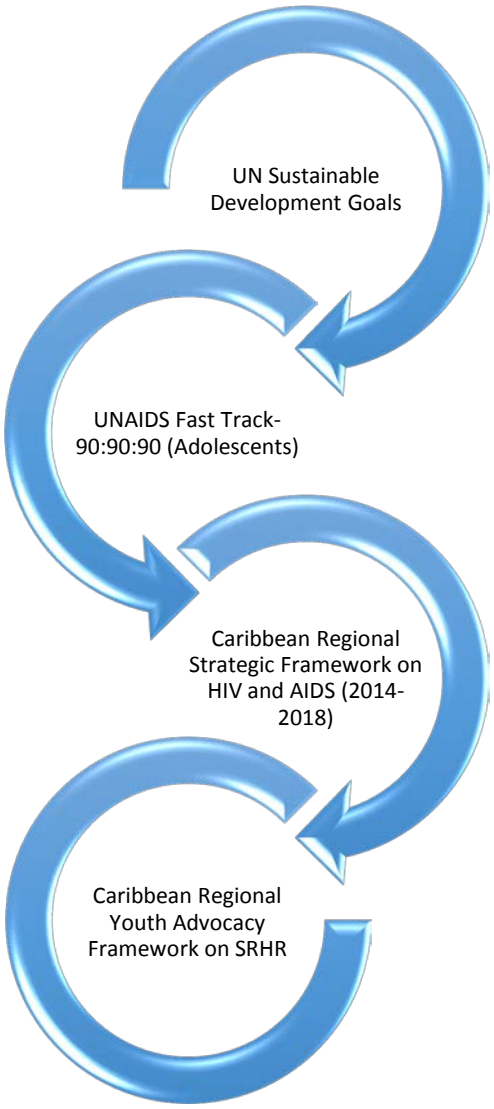
The evidence suggests that the best way to effectively address issues facing young people is by motivating, encouraging, empowering and working in partnership with them. By ensuring that young people are equip with the knowledge, skills, tools and resources to actively engage and find solutions that work within the context of their reality, they remain integral to the process. Young people need to be a part of the dialogue in understanding the issues and executing strategies aimed at workable solutions. To facilitate this process, PANCAP sought to utilize the resources already vested in supporting the CARICOM Youth Ambassadors Programme (CYAP), a regional network of Caribbean young people, already engaged and contributing to ensuring that the voices of our region's youth are represented in important matters facing the region. However, while the CYAP may serve as an entry point, it has been recognized that this structure was not truly representative of the diversity of young people across the region, specifically those at the core of vulnerability in relation to the HIV/AIDS epidemic. Young people from within key populations are critical to the discourse around HIV/AIDS and need to be represented in all of their diversity, in any advocacy efforts related to their needs. This cohort is pivotal to the HIV/AIDS dynamic within the region. Their input and contributions are also critical to efforts to curb the current epidemiologic trends and reduce their vulnerability and risk of infection.

The Caribbean Regional Youth Advocacy Framework on SRHR will form the roadmap for the regional advocacy efforts to be embarked upon by the regional youth leaders pertaining to HIV/AIDS and SRHR. The framework will be supported by further education and training on the issues related to HIV/AIDS and SRHR for youth and vulnerable key populations, and on the tools required for effective targeted communication and representation of the critical issues. The specific advocacy messages and materials will be developed through subsequent trainings, duly informed from the review of the current policies, practices and laws which impact the vulnerability of young persons within the region, in addition to the information obtained through the initial meeting of Regional Youth Leaders. However, it is hoped that this will be a dynamic and

evolving process, as new scientific developments continue to emerge to support more effective outcomes across the continuum of HIV prevention, care, treatment and support.

To facilitate a more comprehensive understanding of the issues, the regional context, the anticipated role, and to come to a consensus on the prioritization of the key issues, PANCAP, PAHO and CVC, brought together a cross section of youth leaders for a two-day meeting. This forum sought to broaden the engagement and to ensure that the voices of youth from key populations were adequately represented, giving careful consideration to preserving the integrity of the process, and to further ensure that the issues articulated reflected their reality.

During this meeting, Dr. Edward Greene, United Nations Secretary-General's Special Envoy for HIV in the Caribbean, helped to frame this endeavor within the context of the current global strategies, namely the UN Sustainable Development Goals, the UN High Level Meeting Declaration (2016), at the global level and the ***PANCAP Justice for All Roadmap*** and the ***Every Caribbean Woman, Every Caribbean Child: First Ladies Network*** at the regional level and illustrated how these initiatives all supported efforts towards the achievement of a common objective.



- Goal #3:
- Ensuring healthy lives and promote well-being for all, at all ages

- TARGETS:
- Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV;
- Ensure 90% of young people in need have access to sexual and reproductive health services and combination HIV prevention options by 2020.

- Strategic Priority Areas & Objectives:
- #1- An Enabling Environment- Promote the development and acceptance of positive social norms and behaviours that support healthy and equitable societies;
- #3 Prevention of HIV- Expand access to high quality evidence-based and appropriately targeted packages of prevention services (combination prevention).

- Objectives:
- Engage, mobilize and support adolescents as leaders and agents of social change;
- Advocate and communicate at the global, regional and country level to generate political will to invest in adolescent HIV and mobilize resources.

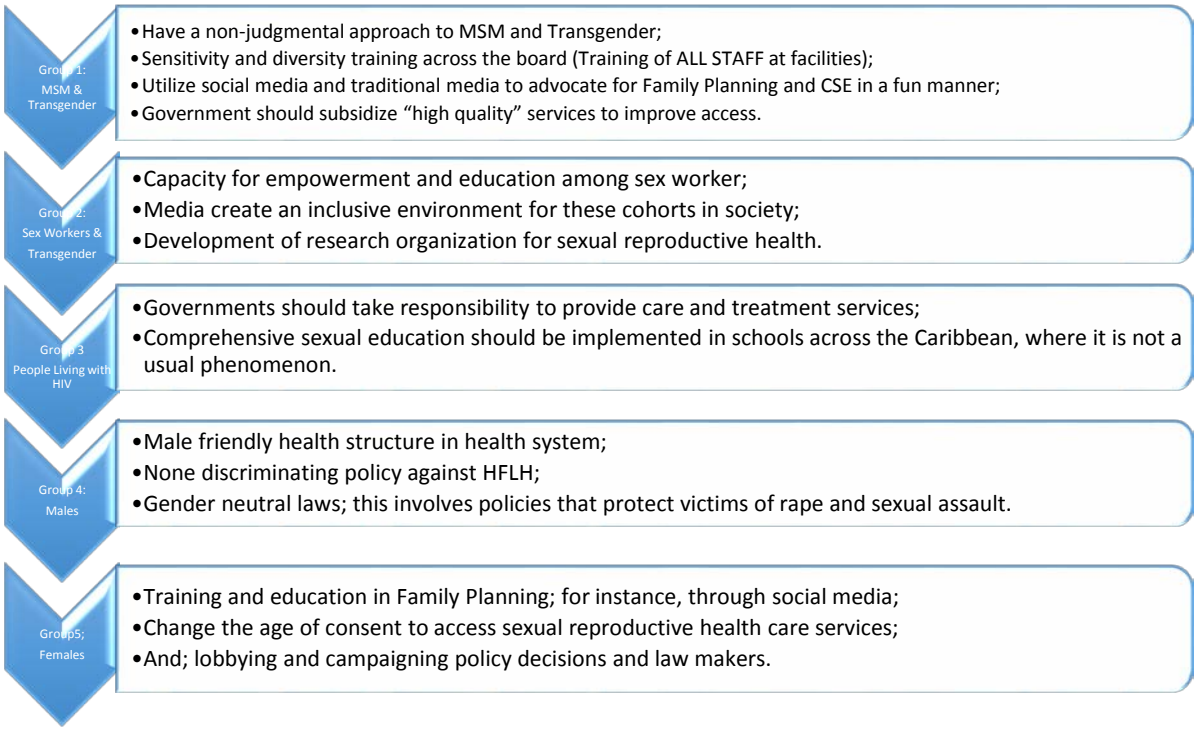
Dr. Greene further shared recommendations for facilitating opportunities for advocacy in ending AIDS in the Caribbean. Specifically, Dr. Greene noted the following recommendations, which include support for the Caribbean Regional Youth Advocacy Framework on SRHR:

i. Establish a Regional Network of Caribbean Youth with a Coordinating Group, meeting virtually once per quarter with aims and targeted outcomes and plans for follow up activities, bearing in mind the constraints of funding;
ii. Agree to convene National Youth Caucus with broad based representatives to discuss the recommendations from the Consultation and agree on national priorities of SRHR;

iii. Agree on the development of an Information and communication strategy including a dedicated website and use of social media for exchange and dissemination information;
iv. Foster connections through respectful dialogue with other stakeholders FBOs, CSOs, Parliamentarians and the private sector focusing on what youth can contribute toward achieving the commitment in the 2016 UN HLM to Fast track the end of AIDS and the phased implementation of JFA Roadmap at national level;
v. Support the revival of PANCAP's Champions for Change designed as a catalyst for accelerating the AIDS response including the priorities from the Regional Youth Network.

Through a participatory process, the participants of the meeting identified several important issues which they agreed needed to be addressed in order to increase access to high quality, comprehensive HIV/AIDS and other sexual and reproductive health services for young persons in the Caribbean region.

Group Recommendations:



Following a period of deliberation and discussion, the participants voted to determine their prioritization of the issues. Three issues emerged as the most critical priorities for the next two years, and these will be the focus of their advocacy efforts:

TOP THREE PRIORITY ISSUES:

1. **Change the age of consent to access sexual and reproductive health care services;**
2. **Comprehensive sex education should be implemented in schools across the Caribbean, where it is not a usual phenomenon;**
3. **Gender neutral laws: this involves policies that protect victims of sexual assault.**

The participants noted that the other issues were also considered to be significant and would warrant the attention by the region's leadership over time. Cross cutting issues such as the need for increased parental engagement and support, and continued efforts to address stigma and discrimination were critical to the overall success of the advocacy efforts.

STEPS TOWARDS ADVOCACY…

STEP 1
Desired impact and objectives: What is the vision of success?

VISION: Caribbean youth leaders mobilized to advocate for substantive policy changes across the region in support of reducing their vulnerability to HIV infection by improving access to HIV combination prevention, care, treatment and support services, in recognition of their sexual and reproductive health and rights.[Proposed]

CARICOM will provide the highest-level access to regional leadership. However, it is important to note that like other regional pubic goods which may be supported at the regional level in principle, these advocacy efforts will need to be further tailored to the respective national level jurisdiction taking into account the social, political, religious and

cultural context which create increased vulnerability for young people. Specific policy or legislative changes would require national level endorsement and ratification. It is therefore critical for the youth leaders to: (1) identify the relevant partners and forge collaborations at the national, regional and international levels; (2) build on other complementary initiatives; and (3) tailor the messaging as appropriate to the respective context.

POTENTIAL PARTNERS/COLLABORATORS

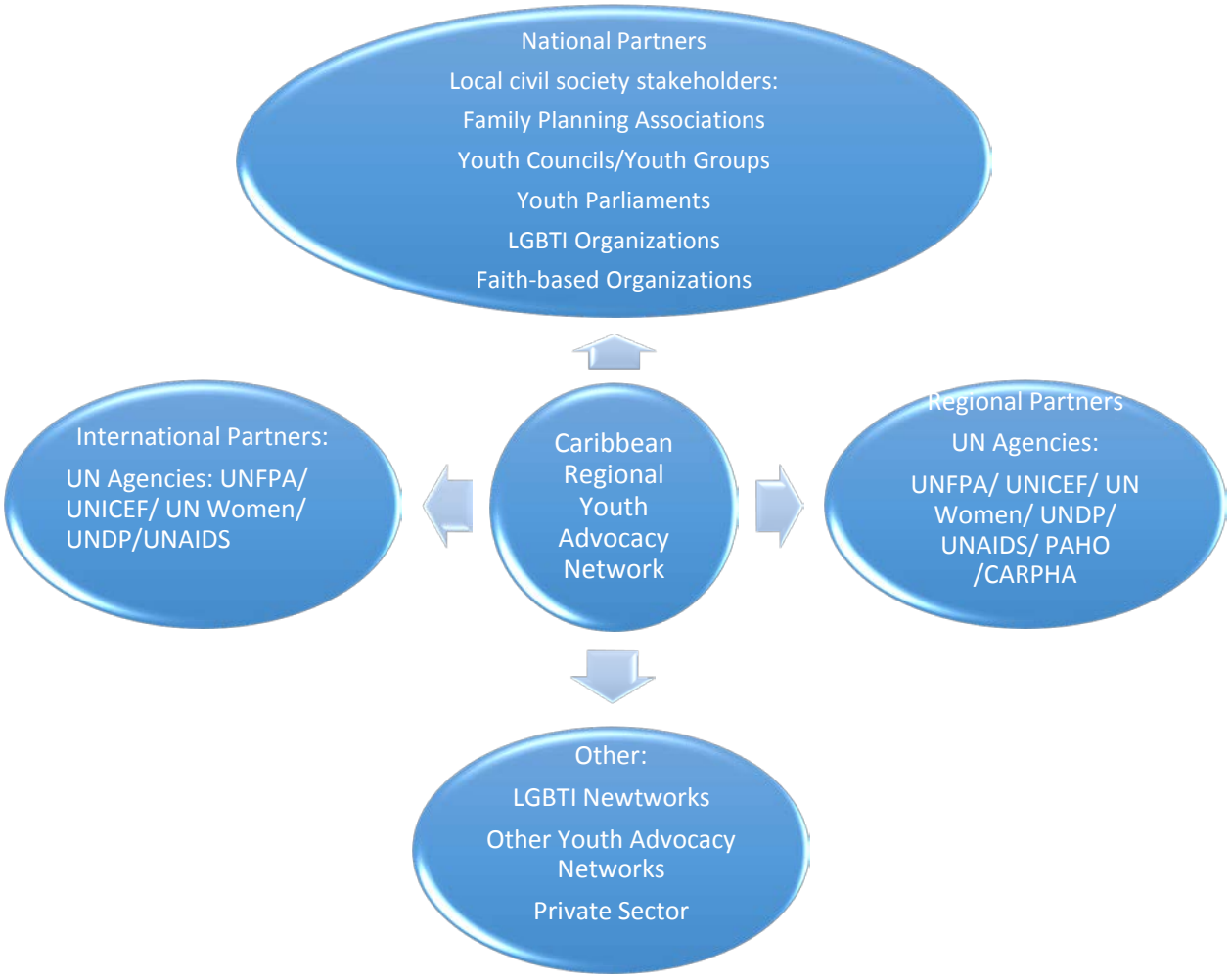
STEP 2
WHO?- Who needs to be influenced? -TARGET AUDIENCE

Primary Targets: *Those who have the power to facilitate change.*

- Regional leaders and policy makers in the health, education and social sectors; Ministers of Government- Council for Human and Social Development (COHSOD)

Secondary Targets: *Those who can be influenced and who may in turn help to influence the primary targets.*

- Faith-based leaders;
- Family Planning Associations;
- Other civil society partners.



STEP 3

WHAT?- What are the key* MESSAGES *to be communicated? What changes are you hoping for? What are the best ways to communicate those messages?

The key messages will be based on the three identified priority issues. During subsequent training, the capacity of the youth leaders will be enhanced to formulate appropriate communication strategies for the intended target audiences. These messages will need to be crafted to capitalize on the appropriate mediums (social media, formal policy briefs etc.) for facilitating a bi-directional flow of information between the constituents of young persons across the region and the high level regional leaders. The messages should be crafted to effectively illustrate the **CHALLENGE**, the **ACTION** and the intended **RESULT**.

Priority issues for messaging:

- *Change the age of consent to access sexual and reproductive health care services-**The age of consent needs to be aligned to permit access to appropriate, targeted and necessary services to address the sexual and reproductive health care needs of young people, in recognition of their SRHR. These services need to be consistent with efforts to support universal access and the adoption of a combination prevention strategy to include adequate access to HIV prevention services (inclusive of risk perception and reduction interventions); access to condoms and lubricant; HIV testing; contraception and other family planning services; HIV care and treatment services**;*
- *Comprehensive sex education should be implemented in schools across the Caribbean, where it is not a usual phenomenon- **Education regarding sexual and reproductive health should be more available and comprehensively constructed and instructed to address the growing understanding of sexual diversity, for both in and out of school young persons**;*
- *Gender neutral laws: this involves policies that protect victims of sexual assault- **Structural changes are urgently needed to ensure that they adequately support the diversity of our societies and do not perpetuate further discrimination and stigmatization of individuals based on gender, sexual orientation or identify**.*

STEPS 4 & 5
WHEN? – When are the best opportunities to advocate for change?/WHERE? – Where are the best places to influence and promote change?

NATIONAL LEVEL:

- National Parliamentary meetings;
- Youth Parliament;
- Ministry of Health fora;
- Civil Society fora;
- Youth Groups;
- Faith Groups;

- Town Hall meetings.

REGIONAL LEVEL:

- PANCAP will facilitate the engagement of the regional youth leaders with formal fora through CARICOM, namely;
    - Annual Meeting of COHSOD – Health, Education, Youth;
    - Annual Meeting of Chief Medical Officers
    - Annual Meeting of National AIDS Program Managers;
    - Meetings of the Policy and Strategy Working Group on Stigma and Discrimination;
    - Meetings of key regional partners i.e. Caribbean Family Planning Affiliation;
    - Meetings hosted by regional United Nations agencies i.e. The Pan American Health Organization, United Nation Population Fund, United Nations Children's Fund;
    - Meetings hosted by the University of the West Indies.

These regional meetings present existing opportunities for the young leaders to engage with primary and secondary targets, in the hope of representing their case for policy changes to facilitate greater access to essential services for addressing the sexual and reproductive health care needs of young persons.

INTERNATIONAL LEVEL:

- United Nations General Assembly Special Sessions on HIV/AIDS;
- Other potential opportunities which may present i.e. the International AIDS Conference.

Additional opportunities may emerge which present natural or advantageous intervention points for advocacy and should be capitalized upon when possible. This may be at the national, regional or the international levels.

STEP 6
HOW?- How will you bring about change and garner support for your efforts? How will you communicate key messages- what settings will be used to communicate key messages?

The Youth Advocates will be supported by the PANCAP Coordinating Unit (PCU) through the provision of:

- Further training on HIV/AIDS, navigating through the CARICOM machinery, development of policy briefs and appropriate protocol for representation in high level fora;
- Technical oversight for the development of advocacy messaging and approaches, including the potential use of the art of Storytelling as a vehicle for communication;
- An online presence via the revamped PANCAP website with a page dedicated to YOUTH. This page can facilitate the communication of messages and general materials for young people across the region, as well as a "blog" related to the advocacy efforts, SRHR issues as well as HIV/AIDS related information of key populations. In addition, this medium provides an opportunity by which to facilitate the bi-directional flow of information between the youth leaders to the wider constituency of youth across the region;
- Support for an enhanced social media presence to ensure real-time information sharing and engagement with young people across the region;
- Opportunities will also be sought to capitalize on the other online and broadcast media presence of partners within PANCAP such as potentially, Populations Services International (PSI), CVC-COIN, and the Caribbean Broadcast Media Partnership (CBMP).

STEP 7
Indicators for progress: Measures of progress and success.

Benchmarks of success will be tied to the relevant indicators articulated within the CSRF on HIV and AIDS and the Global Fund grant. These are in turn used as measures to gauge progress towards the achievement of commitments made in relation to the SDGs and the 90:90:90 Fast Track targets. PANCAP will draw upon the technical expertise of the Caribbean Public Health Agency (CARPHA) to assist in the determination and capture of the most relevant metrics to measure the progress and success of this initiative.

OVERSIGHT

The overall oversight for the network of regional youth leaders and their execution of the Caribbean Regional Youth Advocacy Framework on Sexual and Reproductive Health &

Rights, will be managed by the Regional Youth Leaders Steering Committee for Implementation of the Framework with support from the PANCAP Coordination Unit and its relevant instruments.

NEXT STEPS

1. Acceptance and approval of the Roadmap for the Caribbean Regional Youth Advocacy Framework on Sexual and Reproductive Health & Rights;

2. Further education and training on:
    a. HIV/AIDS;
    b. Issues related to youth and HIV vulnerability;
    c. Communication tools and construction of advocacy messaging;
    d. Protocol for high level representation;
    e. Effective use of advocacy tools- social media and others;

3. Development of a Calendar of Engagements- for national, regional and international advocacy;

4. With the facilitation of PANCAP Coordination Unit and CARPHA, determine the appropriate benchmarks of success for these efforts.

REFERENCES

1. UNAIDS (2015). On the Fast–Track to end AIDS by 2030: Focus on location and population. Geneva. http://www.unaids.org/sites/default/files/media_asset/Get-on-the-Fast-Track_en.pdf

2. UNAIDS (2016). Ending the AIDS Epidemic in Adolescents. www.unaids.org/sites/default/files/media_asset/ending-AIDS-epidemic-adolescents_en.pdf

3. UNFPA (2017). Every Woman, Every Child- Technical Guidance for Prioritizing Adolescent Health. http://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_EWEC_Report_EN_WEB.pdf

4. UNAIDS (2016). Ending the AIDS Epidemic in Adolescents. http://www.unaids.org/sites/default/files/media_asset/ending-AIDS-epidemic-adolescents_en.pdf

5. WHO. The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030). http://www.who.int/life-course/partners/global-strategy/ewec-globalstrategyreport-200915.pdf?ua=1

6. PAHO (2013). *Reaching Poor Adolescents in Situations of Vulnerability with Sexual and Reproductive Health*. Washington, DC.

7. UNAIDS (2016). Ending the AIDS Epidemic in Adolescents (2016) http://www.unaids.org/sites/default/files/media_asset/ending-AIDS-epidemic-adolescents_en.pdf

8. UNAIDS (2016). Global AIDS Update 2016. http://www.unaids.org/sites/default/files/media_asset/global-AIDS-update-2016_en.pdf

9. UNAIDS (2016). Prevention Gap Report. http://www.unaids.org/sites/default/files/media_asset/2016-prevention-gap-report_en.pdf

10. PAHO (2013). *Reaching Poor Adolescents in Situations of Vulnerability with Sexual and Reproductive Health*. Washington, DC.

11. Allen, Caroline (2013). Situation Analysis of Adolescent Sexual and Reproductive Health and HIV in the Caribbean. Pan American Health Organization.

12. By 2020, 90% of people living with HIV know their HIV status, 90% of people who know their HIV-positive status are accessing treatment, and 90% of people on treatment have suppressed viral loads.

13. UNAIDS (2015). On the Fast–Track to end AIDS by 2030: Focus on location and population. Geneva. http://www.unaids.org/sites/default/files/media_asset/Get-on-the-Fast-Track_en.pdf

14. PANCAP (2016). Regional Global Fund to Fight AIDS, Tuberculosis and Malaria, Concept Note.

15. UNDP (2011). Global Commission on HIV and the Law (2011), Report of the Caribbean Regional Dialogue of the Global Commission on HIV and the Law, Port of Spain, Trinidad and Tobago, 12-13 April 2011 (2012), op. cit. **As quoted in PANCAP (2016).*

16. L. Gruskin and S. Ferguson (2008). Ensuring an Effective HIV Response for Vulnerable Populations: Assessing national legal and policy environments. Harvard School of Public Health, Boston**.** **As quoted in PANCAP (2016).*

17. See report A/HRC/27/L.27/Rev.1 of the United Nations Human Rights Council "Human Rights, sexual orientation and gender identity", available at: http://ap.ohchr.org/documents/alldocs.aspx?doc_id=24000 **As quoted in PANCAP (2016).*

18. G. Alleyne and R-M. Belle Antoine (eds.) (2013). *HIV and Human Rights: Legal and Policy Perspectives on HIV and Human Rights in the Caribbean*; PANCAP (2012). *Perspective on Human Rights;* and The Global Commission on HIV and Law (2012). *Final Report*; as quoted in PANCAP (2013), *op. cit.* As quoted in PANCAP (2016). **As quoted in PANCAP (2016).*

19. *Regional Issue Brief* prepared for the Caribbean Regional Dialogue of the Global Commission on HIV and the Law, April 2011. **As quoted in PANCAP (2016).*

20. UNAIDS (2016). Global AIDS Update 2016. http://www.unaids.org/sites/default/files/media_asset/global-AIDS-update-2016_en.pdf

21. UNAIDS (2015). On the Fast–Track to end AIDS by 2030: Focus on location and population. Geneva. http://www.unaids.org/sites/default/files/media_asset/Get-on-the-Fast-Track_en.pdf

22. UNAIDS (2004). Caribbean Technical Expert Group meeting on HIV Prevention and Gender October 2004 report. Strengthening the Caribbean Regional Response to the HIV Epidemic.

23. UNAIDS (2015). On the Fast–Track to end AIDS by 2030: Focus on location and population. Geneva. http://www.unaids.org/sites/default/files/media_asset/Get-on-the-Fast-Track_en.pdf

24. PAHO (2013). *Reaching Poor Adolescents in Situations of Vulnerability with Sexual and Reproductive Health*. Washington, DC.

25. UNAIDS (2016). Ending the AIDS Epidemic in Adolescents. http://www.unaids.org/sites/default/files/media_asset/ending-AIDS-epidemic-adolescents_en.pdf

26. Averting HIV/AIDS (2016). https://www.avert.org/professionals/hiv-around-world/latin-america/overview

27. Ibid.

28. PAHO (2013). *Reaching Poor Adolescents in Situations of Vulnerability with Sexual and Reproductive Health*. Washington, DC.

29. WHO (2017). http://www.who.int/reproductivehealth/topics/linkages/srhr-hiv/en/

30. Ibid.

31. Caribbean Family Planning Affiliation (2017). http://caribbeanfamilyplanning.com/files/2016/10/ippf_cse_report_eng_web.pdf

32. Ibid.

33. Ibid.

34. Ibid.

35. Ibid.

36. UNAIDS (2016). Prevention Gap Report. http://www.unaids.org/sites/default/files/media_asset/2016-prevention-gap-report_en.pdf

37. Ibid.

38. Ibid.

39. Ibid.

40. UNAIDS (2016). All in to End Adolescent AIDS. http://www.unaids.org/sites/default/files/media_asset/20150217_ALL_IN_brochure.pdf

41. Ibid.

42. Ibid.

43. Ibid.

44. Ibid.