

UNFINISHED BUSINESS ADDRESSING AIDS AT ICPD25

Every day, 460 adolescent girls contract HIV. In eastern and southern Africa, 79% of new HIV infections in 10-19 year olds occur among girls. Worldwide, an estimated 50 adolescent girls die from AIDS-related illnesses daily.¹ This heavy weight of morbidity and mortality on young women is damning evidence that the ICPD agenda has stalled.

The ICPD Programme of Action was innovative in urging countries to adopt HIV and AIDS strategies that explicitly addressed the reproductive health and rights of adolescents. ICPD+ 20 raised the alarm on very high HIV prevalence rates among adolescent girls and young women. But five years on, the disproportionate burden of HIV on this group has worsened. Accelerated and targeted action is now needed.

The 25th anniversary of the International Conference on Population and Development (ICPD25) provides a critical opportunity to tackle this unfinished business. It's a crucial moment to demand that governments and donors accelerate the HIV response for adolescent girls and young women. It is also high time to uphold the sexual and reproductive health and rights (SRHR) of the most marginalised.

¹ UNAIDS Data 2018. https://www.unaids.org/sites/default/files/media_asset/unaids-data-2018_en.pdf.

ICPD25 GLOBAL COMMITMENTS

At the ICPD25 Summit taking place in Nairobi from 12-14 November, governments will endorse a set of 12 Global Commitments. Frontline AIDS calls on governments and all stakeholders attending the Nairobi Summit to take specific note of the seven Global Commitments closely linked to HIV and AIDS, and commit to the following actions, in order to meet the Sustainable Development Goal promise to end AIDS by 2030.



COMMITMENT 4

Ensuring access to comprehensive and age-appropriate information and comprehensive adolescent-friendly services.

- Ensure comprehensive sexuality education is integrated into school curriculums. This is to provide all young people with the knowledge and opportunity to engage in discussions on sex, gender, rights, sexuality and sexual orientation. It's also to support them to be able to make responsible choices.
- Increase access to youth friendly services to meet adolescents' needs for HIV testing, prevention, care, treatment, and support services including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).

COMMITMENT 5

Zero sexual and gender-based violence.

- Adopt evidence-based approaches to reduce gender-based violence among adolescents most affected by HIV. Sexual health education, social empowerment and economic strengthening programmes all need to be taken into account. So too does self-defence for girls, and educating young people about gender equality and harmful gender norms.
- Address the disproportionate impact of gender-based violenceⁱ on women and girls living with HIV, sex workers, transgender women, and women who use drugs who face intersecting forms of discrimination.

COMMITMENT 2

Zero unmet need for family planning information and services, and universal availability of quality, affordable and safe modern contraceptives.

- Increase options for prevention of both HIV and unwanted pregnancies, including providing male and female condoms for dual protection.
- Ensure all women, especially adolescent girls and young women, have the agency to decide if and when to have sex and become pregnant.
- Improve access to a full range of contraceptive choice, integrated with comprehensive HIV services, for women living with and most affected by HIV.
- Support the development and introduction of new antiretroviral-based technologies such as a combination dapivirine-contraceptive ring.

**ACTION
REQUIRED**

COMMITMENT 6 & 7

Financing these priorities and fully funding the ICPD Programme of Action.

- Increase the percentage of official development aid earmarked for SRHR and HIV, in particular for marginalised populations including adolescent girls and young women.
- Reverse the trend of declining domestic financing of HIV services and increase targeted funding for HIV prevention, particularly for the most marginalised.ⁱⁱⁱ

COMMITMENT 3

Zero preventable maternal deaths, and maternal morbidities.

- Provide the high impact, cost-effective maternal health and HIV interventions recommended by the World Health Organisation.
- Reduce the barriers which women living with HIV and women from marginalised populations, including adolescent girls and young women, face in accessing comprehensive SRHR and HIV services, for example age restrictions.
- Resist the Global Gag Rule which thwarts access to safe abortion and disrupts the delivery of integrated SRHR-HIV services.ⁱ

COMMITMENT 11

Meaningful involvement of young people, in all decision-making that affects their lives, including their sexual and reproductive health and well-being.

- Promote the meaningful participation of all young people to become actively involved in every stage of planning, delivering and monitoring SRHR programmes.^{iv}
- Ensure the engagement of people living with HIV, following the Greater Involvement of People Living with HIV/AIDS principle. This includes marginalised and criminalised people so that the HIV response continues to have "nothing about us, without us" at its heart.

ⁱ <https://frontlineaids.org/resources/the-mexico-city-policy-early-warning-signs/>

ⁱⁱ <https://frontlineaids.org/resources/what-works-preventing-gender-based-violence-among-young-people-living-with-or-affected-by-hiv/>

ⁱⁱⁱ <https://frontlineaids.org/resources/universal-health-coverage-how-to-finance-it/>

^{iv} <https://frontlineaids.org/resources/good-practice-guide-adolescent-hiv-programming/>



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