Accountability

Holding the Global Fund to account

BY CHINMAY MODI, PROGRAMME ASSISTANT, Y+

The Global Fund is a powerful body that works with governments around the world and helps people living with HIV access the treatment they need to stay alive. But how do we know what young people want? Globally and at the national level, they often don’t.

That’s why the Count Me In project, led by Youth LEAD, Y+ and Youth RISE, is helping young people living with and affected by HIV to get involved in Global Fund processes. Across Asia and the Pacific, Africa and Eastern Europe, we are training and supporting young people and youth networks so they can work with the Global Fund. And we’re not the only ones. The Swaziland Network of Young Positives (SNYP+) – supported by Her Majesty’s Government, the Global Fund and the UN Programme on HIV/AIDS – is bringing young people into the Global Fund process.

The Global Fund used to feel too big for me – but now I’m part of the Global Fund Coordinating Mechanism. “It’s a big step,” I say, “to be equal members and partners in the Country Coordinating Mechanism. Futhi Shongwe, Programme Manager, Voice – are learning about the Global Fund, and other young people to find a connection and influence decision-makers of their promises to improve our health and wellbeing. When they fail to act, it’s about reminding decision-makers that they have power to account, to making it available. But will young women really be offered DTG? We will see and we will hold the government to account. Say it, do it!

Gladys, Zimbabwe

Universal health coverage

BY TINASHE RUFURWADZO, GLOBAL NETWORK OF YOUNG PEOPLE LIVING WITH HIV (Y+)

Universal health coverage (UHC) is a hot topic. It means everyone has access to the healthcare they need, no matter where they live, whether young or old, rich or poor, in a city or rural area. If you can’t afford health services, you can still receive the care you need. That makes sense. But it feels far from reality – can everyone really get healthcare? Can our health systems cope? And can they continue to cater for those of us with specific HIV needs? These are the discussions taking place around UHC right now.

In March, Cédric Nininahazwe (from Y+) and I travelled to Kigali, Rwanda to take part in the Africa Health Agenda International Conference. Here’s our blog. And in April, READY youth advocates were at UHC civil society meetings in New York. Education as a Vaccine (EVA) Nigeria are also working with young people to advocate for UHC. Olabukunola Williams, Executive Director, said, “UHC means adolescents and young people, including those who are marginalised and criminalised, can access the health services they need without fear of rights violations.”

As young people living with HIV, we must make sure that we:

- Take part in discussions around UHC at the global level.
- Are trained so we can join in discussions at country level around health financing and UHC, and what this means for the services we need.
- Push for a strong community workforce to deliver UHC, including peer supporters like Community Adolescent Treatment Supporters (CATS), who every day are helping to make the dream of UHC a reality.

#READY4UHC

Doing it for ourselves

BY NICHOLAS NIWAGABA, EXECUTIVE DIRECTOR, UGANDA NETWORK OF YOUNG PEOPLE LIVING WITH HIV (UNYPA)

Over 400 people – mainly young people living with HIV – took part in the three-day Y+ Summit in March 2019. The aim was to hone our advocacy, financial literacy and life skills so we could become powerful advocates for our own health: independent and in control of our lives.

We invited decision-makers so they could hear our views and act on our needs and wishes. We had representatives from the Ministries of Health and Education, Centers for Disease Control and Prevention, UN agencies, MenEngage Alliance and banks. This is because they believe in the power of young people to bring about change and they stand with us.

What changes do we want to see? We want meaningful youth participation in the district AIDS committees and oversight committees of the Global Fund Country Coordinating Mechanism. We also want comprehensive sexuality education in schools. And finally, the rollout of a national HIV trust fund, paid for by government, to advance universal health coverage in Uganda.

If we want to see change, as young people, we need to create advocacy spaces. We need to seize every opportunity to bring policymakers and decision-makers into these spaces so they can hear our messages, be inspired and act.

Download the Y+ resource, READY to advocate: a guide for young people living with HIV: http://www.yplusnetwork.org/resource/ready-to-advocate/
Our fight for DTG

BY AUDREY NOSENGA, READY+ FOCAL POINT, ZIMBABWE YOUNG POSITIVES (ZY+)

We want dolatregravir (DTG) – a powerful antiretroviral drug – to be rolled out as a first-line treatment option, including for women of reproductive age who are using any form of contraception in Zimbabwe and globally. After a study in Botswana, WHO developed guidelines expressing concern about the use of DTG by women of childbearing age. The study showed a small (under 1%) but increased risk of birth defects compared to the risk in women who aren’t using DTG or living with HIV. I feel strongly that these guidelines are being taken so seriously at country level. We want to make our own informed choices about whether to take DTG or not.

Civil society advocacy, including by ZY+, has led to updated Zimbabwe treatment guidelines, stating that DTG should be made available to adolescent girls and young women. DTG is meant to be rolled out in health facilities next month to everyone. This must include women of reproductive age. We are watching closely and we’ll draw inspiration from Kenya and Uganda where the battle has been won.

Young women at HIV R4P with the Visible Panty Line

What young women want: choice!

BY MAXIMINA JOKONYA, PEER MENTOR, AFRICAID

At the last HIV Prevention for Research (R4P) conference, we heard a lot about young women but too little from young men. It’s essential to include the faces, voices and the stories of young women but too little from young men.

We want to shake things up. We want new HIV prevention choices that are tailor-made for us, as young women. Currently, the options are limited. We have female and male condoms, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and treatment as prevention. These must be available and accessible to all of us, all the time.

In addition, we want more options that reflect our different lifestyles. We want research that takes into account the experiences of young women. Participating in the HIV R4P conference was important because researchers heard our voices and our calls for increased choice. Our governments need to hear that message too so that when new tools become available, they’re ready to invest.

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Ethical youth engagement

BY CEDRIC NININAHAZWE

Over the years, there has been a commitment to get more young people involved in shaping the global HIV response, especially for projects targeting adolescents and young people. But often young people feel exploited or like the token young person, and there’s a lack of logistical and financial support for those travelling to conferences.

Last year, a group of youth activists came together in London, where they discussed ethical guidelines for the engagement of young people in activism and advocacy. As Bakita Kasadha, Chair, Y+ Board, said in her blog, “Ethics underpins whether your voice is being used in a representative or tokenistic way.” For the guidelines to be successful, they must be led by young people with the support and guidance of international HIV experts and organisations, to ensure they’re youth-centred and that there’s buy-in at all levels.

The Y+ Board agreed to draw up the guidelines, aimed at youth-led and HIV organisations, governments, donors, service providers and researchers that work with young people. The guidelines will cover the ethical engagement of young people at all levels of HIV service delivery, research, policy development and implementation, and at events, conferences and workshops. They’ll outline evidence-based recommendations and offer practical advice on roles and responsibilities in relation to Y+’s key areas, including recruitment/induction; logistical, financial and emotional support; training; evaluation; consultation; and self-reflection. It’s all about young people living with HIV feeling safe, respected and valued.

Thank you!

Y+ and Frontline Aids would like to thank our READY partners: Africaid, Aidsfonds, Alliance Burundaise contre le SIDA (ABIS), Community Health Alliance Uganda (CHAU), Community Organisation of Youth against HIV Uganda (COYAA), Coordinating Assembly of Non-Governmental Organisations (CANGOC), Global Network of People Living with HIV (GN+), Marie Stopes International Uganda, M&C Saatchi World Services, Network of Young People Living with HIV and AIDS in Tanzania (NYP+), Nakasera Initiative for Adult Education and Development (NIAID), Organisation for Social Services, Health and Development (OSSHD), PATA, Peer to Peer Uganda (PEERU), Regional Psychosocial Support Initiative (REPSI), REJUSIDA Mozambique, Réseau des Jeunes vivant avec le VIH au Burundi (RN+), SPIDER, Stop AIDS Alliance, SNYP+, Tanzania Council for Social Development (TACOSODE), UNYPA, Youth Lead, Youth RISE and ZY+.

We would like to thank the Dutch Ministry of Foreign Affairs, the Swedish International Development Cooperation Agency, Comic Relief, the MAC AIDS Fund and SPIDER for their support for READY.

The scorecard also revealed important improvements that need to be made:

- Young people want providers to reduce the number of clinic visits and they want a range of services to be available (only 44% reported this always/mostly occurs).
- Young people don’t want to take on providers’ stress (45% said this always/mostly happens).
- Young people want providers to behave appropriately by not flirting, gossiping or insult clients. Only 30% said this never occurs.

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