

Call for Action

Fast - Track HIV responses
for young MSM and
young Transgender people

November 2015

“States Parties [...] recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

The steps to be taken [...] to achieve the full realization of this right shall include:

[...]

c. The prevention, treatment and control of the epidemic [...]

- **Article 12 (1) and (2)(c), International Covenant on Economic, Social, and Cultural Rights (ICESCR)**¹

“States Parties recognize the right of the child² to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.”

- **Article 24 (1), Convention on the Rights of the Child**³

We are the **Youth Voices Count (YVC)**, a regional network of young men who have sex with men (MSM) and young Transgender people in Asia and the Pacific.

We, the young MSM and young transgender people, call for policy inclusions to accommodate focused HIV interventions towards an **AIDS free world by 2030**.

With a concentrated epidemic, we have become largely vulnerable to HIV in Asia and the Pacific within the larger MSM and transgender community. Hence, ending AIDS by 2030 must underscore on a focused intervention to address our specific and unique needs.

Countries in Asia and the Pacific where uptake of HIV testing amongst our population needs a vigorous approach to create HIV health services which are friendly and sensitive to our persons and gender. The ultimate goal of this intervention is to scale up HIV testing amongst us. YVC discussion paper on young MSM and young transgender friendly health services, *Jumping Hurdles*, recognizes that despite the availability of HIV health services at our countries, these facilities are not poised to create a welcoming environment for us to voluntarily access the services.

In response to the rising epidemic, UNAIDS 90-90-90⁴ Strategy⁵, specifically discusses the importance of taking specific steps to increase HIV testing among young people, expand treatment options for adolescents, adapt health services to adolescents' needs, mobilize social support, and empower young people. The game changers introduced for Asia and Pacific in the strategy includes scaling up prevention programmes for men who have sex with men and transgender people, including condoms and PrEP, especially for us – the younger generation. The World Health Organization (WHO), in its 2015 Guidelines⁶ on HIV Testing, posited that engagement with adolescents (young people aged 10-19) require specific strategies, i.e., services must be based on adolescent-friendly principles to ensure that their psychological and physical needs are addressed. Current available data in a 2013 estimate reveals that uptake of testing among adolescents remain to be low. For young people who know their status remains to face challenges including disclosure, stigma and discrimination and lack of support⁷.

- o An estimated total of 717 million young people aged 15 to 24 live in the Asia-Pacific region, comprising 60 per cent of the world's youth.
- o In Asia and Pacific, HIV epidemics are concentrated within the MSM and transgender communities, and younger counterparts of these communities are more vulnerable.
- o 95 percent of all new infections among young people occur among the most at risk adolescent populations.
- o According to UNAIDS Data Hub, in 2013, 610,000 young people (15-24) are living with HIV in Asia-Pacific.

Call for Action

As young MSM and young transgender people in Asia and the Pacific who are affected by and living with HIV, we call for the following;

1 Generate disaggregated epidemiological and behavioral data on young MSM and young transgender persons including adolescents;

The HIV epidemic among our cohort, the young MSM, is not well defined. There is a lack of global data on the number of young MSM, the levels of risk for HIV and protective behaviors⁸. Little data are available on the HIV burden among young transgender people⁹. AIDS Data Hub – Asia and Pacific specifically mentions that surveys have to include enough of young key populations to yield meaningful results and reports of surveys have to include the age disaggregated data and results in order to understand how HIV affects our populations¹⁰. Such data is indispensable to develop and design contextualized targeted interventions for us.

2 Transform existing HIV health services to be friendly and sensitive to young MSM and young transgender people;

YVC discussion paper, Jumping Hurdles, recognizes that many of us do not access HIV health services despite the availability since they are not friendly. The existing services are not poised to provide welcoming and encouraging services to us in order to retain our access¹¹. The UNAIDS 90.90.90 strategy also mentions that the AIDS response can only be Fast-Tracked by promoting the right of all people to access high-quality HIV services without discrimination. Young MSM and young transgender sensitive HIV health services will be the key to increase the uptake of HIV testing within these communities.

3 Invest in regional and local young MSM and young transgender-led and -serving networks and organizations to facilitate a collaborative process and adapt desired recommendations on young MSM and young transgender friendly services by young MSM and young transgender community at the country level.

The youth caucus statement at the Inter Governmental Meeting on HIV in Asia and Pacific 2015 called to invest in engaging young key populations in the development of guidelines and indicators for a wide range of high-quality youth friendly HIV and sexual and reproductive health rights services and to commit to allocating dedicated budgets for youth friendly HIV and social protection services¹². Such interventions cannot be achieved until investments are strategically geared to build the capacity of young MSM and young transgender individuals, local-regional organizations and networks that are young MSM and young transgender lead and serving. We, young MSM and young transgender people, need to be in the forefront both locally and regionally for purposes of leading the process and creating young MSM and young transgender friendly HIV services.

4 Engage young MSM and young transgender persons and incorporate their opinions in design and implementation of HIV testing, prevention, treatment, care and support services and related projects that target them.

Meaningful partnership is enshrined in ESCAP resolution 67/9 and in UNESCAP 2012 Report Item 32. We must be central in the HIV response, and meaningfully engaged in planning and decision-making, implementation and management, and monitoring and evaluation. Civil society plays numerous roles in the AIDS response with mounting evidence of its positive impacts¹³. We, young MSM and young transgender people, face challenges in accessing HIV health services and hence we are best equipped to provide inputs that work for us.

5 Invest in new prevention strategies, such as PrEP, for young MSM and young transgender both at regional and country levels.

As young MSM and young transgender people, we are more likely to be the early adopters of new HIV preventions strategies such as PrEP. The current PrEP rollout programs reveal that young MSM consist a significant proportion of early PrEP users. Hence, young MSM and young transgender people need to be targeted in rolling out new HIV prevention strategies including their meaningful participation in designing and implementation.

As this generation welcomes technology, and our cohorts have become mobile, our population has been more vulnerable to HIV. We dream that by 2030, the legacy we pass on to the next generation is AIDS free. We share this goal. This would not be a reality unless and until we are specifically aimed with tailored and targeted interventions, which are developed with us, led by us, and for us.

As we aim for this goal, we call that the august forbearers of this advocacy, especially the technical facilities, to invest strategically and build our capacity including the local and regional organizations and networks that lead and serve us. We are the future.

To establish a world that is AIDS free by 2030, we must be meaningfully involved today.

There is no one who has better understanding of young MSM and young transgender issues than us. We have the network to make the unity and have creative ways to expand the effectiveness of interventions in our community.

Qui, MSM, 23, Vietnam

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I'm from the community; I understand the problems and issues of my community very well. I am young, I am the future, and so I know how to change the future!"

Daina, Transgender, 20, India

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It is us who face barriers in accessing services; it is us who suffer as a result. Therefore it is us who need to be leading the interventions because we know what we want!

Erky, Transman, 23, Indonesia

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¹ Adopted and opened for signature, ratification and accession by General Assembly resolution 2200A (XXI) of 16 December 1966. Entered into force 03 January 1976, in accordance with Article 27;

² [...] a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier. Article 1, CRC;

³ Adopted and open for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989. Entered into force 02 September 1990, in accordance with Article 49.

⁴ By 2020, 90% of all people living with HIV know their status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, 90% of all people receiving antiretroviral therapy will have viral suppression;

⁵ UNAIDS (2014), 90-90-90: An ambitious treatment target to help end the AIDS epidemic;

⁶ World Health Organization (2015), Consolidated Guidelines on HIV Testing Services;

⁷ UNICEF (2015). All In. #EndAdolescentAIDS;

⁸ HIV and young men who have sex with men: A technical brief

⁹ HIV and young transgender people: A technical brief

¹⁰ AIDS Data Hub- Asia Pacific – young key populations May 2015

¹¹ Jumping Hurdles, Access to health services for young men who have sex with men and young transgender people in Asia and Pacific

¹² Young people from key populations Asia and Pacific call: Do not Leave us behind, 26 January 2015

¹³ UNAIDS (2014), 90-90-90: An ambitious treatment target to help end the AIDS epidemic;