

National Youth Shadow Report

Progress Made on the UNGASS Declaration
of Commitment on HIV/AIDS



DEMOCRATIC REPUBLIC OF CONGO



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The Global Youth Coalition on HIV/AIDS (GYCA) is a youth-led, UNAIDS and UNFPA-supported alliance of 1,600 youth leaders and adult allies working on HIV/AIDS worldwide. The Coalition, based at a North Secretariat in New York City and a South Secretariat in Port Harcourt, Nigeria, prioritizes capacity building and technical assistance, networking and sharing of best practices, advocacy training, and preparation for international conferences.

GYCA aims to empower youth with the skills, knowledge, resources, opportunities, and credibility they need to scale up HIV/AIDS interventions for young people, who make up over 50% of the 5 million people infected with HIV each year. Our members are working at the local, national, regional, and international levels to ensure that young people are actively involved in policies and programmes to halt the spread of the deadly pandemic.

For more information about GYCA or to join, please visit www.youthaidscoalition.org or write to info@youthaidscoalition.org.

The views and findings in this report are those of the authors alone.

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"If the time came for the young people to enter full feet to the heart of the fight against HIV/AIDS, we think that our thoughts will be taken into account and then it will not be the point of more thought".

Declaration of Congolese Youth at the National Forum

Table of Contents

- Acronyms** 4
- Preface** 5
- Background** 6
- Why focus on young people?** 7
- I. Introduction** 7
- a. Country Youth HIV/AIDS Situation** 7
- b. Methodology used** 8
- c. Key findings and recommendations** 8
- II. Results** 8
- a. Political commitment** 8
- b. Financial commitment** 10
- c. Access to information and services** 11
- d. Youth participation** 12
- III. Summary of Major Achievements and Gaps:** 14
- IV. Summary of Major recommendation for action:** 14
- V. Bibliography** 15

Acronyms

AIDS:	.....	Acquired Immune Deficiency Syndrome
CNMLS :	.....	Comité National Multisectorielle de Lutte contre le VIH/SIDA
HIV:	.....	Human Immunodeficiency Virus
IEC:	.....	Information, education, and communication
MAP:	.....	Muti Country AIDS Programme
PNMLS:	.....	Programme National Multisectoriel de Lutte contre le VIH/SIDA
SRH:	.....	Sexual and Reproductive Health
STI:	.....	Sexually Transmitted Infection
UNAIDS	.....	Joint United Nations Programme on HIV/AIDS
UNFPA:	.....	United Nations Population Fund
UNGASS:	.....	United Nations General Assembly Special Session on HIV/AIDS
UNICEF:	.....	United Nations Children Fund

Preface¹

On 25–27 June 2001, heads of State and government representatives met for the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), which resulted in the issuance of the Declaration of Commitment on HIV/AIDS (DoC). The DoC outlines what governments have pledged to achieve– through international, regional and country-level partnerships and with the support of civil society– to halt and begin to reverse the spread of the HIV/AIDS pandemic. The DoC is not a legally binding document; however, it is a clear statement by governments concerning what should be done to fight the spread of HIV/AIDS and what countries have committed to doing, with specific time-bound targets².

The DoC is unique because it recognized the **specific vulnerability of young people** to HIV and AIDS and established time-bound targets for action:

- (Paragraph 37) By 2003, ensure the development and implementation of multi-sectoral national strategies and financing plans for combating HIV/AIDS that (...) involve partnerships with civil society and the business sector and the full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people (...)
- (Paragraph 47) By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal: to reduce, by, 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent.
 - To reduce, by 2010, HIV prevalence among young men and women aged 15-24 globally.
 - To intensify efforts to achieve these targets as well as to challenge gender stereotypes, attitudes, and inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys.
- (Paragraph 53) By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV/AIDS education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, families, educators and health-care providers.
- (Paragraph 63) By 2003, develop and/or strengthen strategies, policies and programmes:
 - Which recognize the importance of the family in reducing vulnerability, in educating and guiding children and take account of cultural, religious and ethical factors,
 - To reduce the vulnerability of children and young people by ensuring access of both girls and boys to primary and secondary education, including HIV/AIDS in curricula for adolescents;
 - Ensuring safe and secure environments, especially for young girls;
 - Expanding good-quality, youth-friendly information and sexual health education and counseling services;
 - Strengthening reproductive and sexual health programmes; and
 - Involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible.

¹ Adapted from the Global Youth Coalition on HIV/AIDS and Global Youth Partners, “Our Voice, Our Future: Young People Report on Progress Made on the UNGASS Declaration of Commitment on HIV/AIDS.” UNFPA, 2004. <http://www.youthaidscoalition.org/resources.html>

² DoC on HIV/AIDS. Resolution adopted by the UN General Assembly, A/RES/S-26/2. August 2001

As part of the monitoring process of the DoC, progress made towards attaining the targets will be reviewed at the UN General Assembly in New York on May 31- June 2, 2006. The participation of young people in this review process is critical and this report strives to ensure their voices are heard.

Background

To ensure that the voices and concerns of young people are included in the monitoring process of the UNGASS DoC in its five year review, young people from around the world reported on the progress made towards achieving the UNGASS targets related to young people in their countries. Their participation is crucial to ensure that resulting policies and programmes take the needs and priorities of young people into consideration, and that young people are involved in their design, implementation and evaluation. To this end, young GYCA members have been selected to be part of their national delegations in Japan, México, Ghana, Democratic Republic of Congo, Nigeria, Zambia, and the Netherlands. GYCA has been lobbying country missions actively to ensure that young people's issues are incorporated into country statements at the high level meetings and into the negotiations on the final outcome document. At the Review meetings, young participants will use their knowledge of their national response to advocate to decision-makers on how best to scale up and improve current efforts.

To ensure that all of the country reports addressed the same issues, a guide was developed by young people with the technical assistance of adult allies to assist youth researchers in gathering information and reporting on their country's progress.³ A number of questions, based on the indicators suggested by the UNAIDS *National AIDS Programmes - A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programmes for young people*,⁴ were suggested to guide their research. Members of the Global Youth Partners Initiative⁵ actively contributed to the development of the research tool in 2004 through an interactive e-discussion. Data collection and analysis focused on four main indicators:

- 1) Political Commitment
- 2) Financial Commitment
- 3) Access to Information Services
- 4) Youth Participation

Young people used a range of methods to conduct their research and collect relevant information. They gathered inputs from young people, including young people living with HIV and AIDS (YLWHA) in their countries through focus group discussions, in-depth interviews and workshops. Young people were asked to make recommendations for strategies to ensure that their country would achieve the UNGASS targets for young people. This qualitative information was supplemented by reviews of national policies, laws and documents, as well as academic

³ The research guide is available upon request.

⁴ National AIDS Programmes - A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programmes for young people. UNAIDS, 2004.

⁵ Global Youth Partners (GYP) is a UNFPA youth-adult partnership initiative, and aims to rally partners and stakeholders to increase investment and strengthen commitments for preventing HIV infections among young people, especially among under-served youth. GYP is building capacity of GYP team members, learning lessons from successful advocacy campaigns and building partnerships and collaborative networks with other youth initiatives, including youth-adult partnerships. In the foreground of the initiative stands the development, implementation and monitoring of national strategic advocacy action plans in seven countries.

literature. Young people also consulted representatives from national and local governments and national AIDS programmes, as well as various stakeholders such as service providers, representatives from NGOs, international and bilateral organisations. The final reports were reviewed and edited by GYCA staff, preserving original content.

Why focus on young people?

Over half of all new infections worldwide each year are among young people between the ages of 15 and 24. Every day, more than 6,000 young people become infected with HIV – almost five every minute. Yet the needs of the world’s over one billion young people are often ignored when strategies on HIV/AIDS are drafted, policies developed, and budgets allocated. This is especially tragic as young people are more likely than adults to adopt and maintain safe behaviours.⁶ Young people are vulnerable to HIV infection because they lack the crucial information, education, and services to protect themselves.

The 2001 United Nations General Assembly Special Session on HIV/AIDS noted, “poverty, under-development and illiteracy are among the principal contributing factors to the spread of HIV/AIDS”. These factors are particularly poignant for young people who are so often voiceless and powerless in society. Young people are in a transitional phase between childhood and adulthood, and are rarely taken into account in official statistics, policies, and programmes.

This year, 2006, marks five years since the DoC was put into effect. The author and 60 young leaders in HIV/AIDS will participate in the Five Year AIDS 2006 Review at the United Nations Secretariat to advocate to decision-makers to scale-up comprehensive, evidence-based interventions on HIV/AIDS for and with young people.

I. Introduction

a. Country Youth HIV/AIDS Situation

The Congolese population is estimated to be 60 million of inhabitants, of which 60% is made up young people under 20, and 45% between 15 and 49.⁷ The country is characterized by a long period of conflict with recurring tension, sexual violence, internal displacement, and poverty. More than 76% of Congolese people are living under \$0.20 USD per day (UPPE-SRP).⁸

There is a generalized epidemic in the whole country. The prevalence rate of people aged 15 – 49 is about 4.5% with extremities varying between 1.7% and 7%. This prevalence rate varies from 1.8% to 6.7% in rural areas and from 3.1% to 7% in urban areas. The average prevalence rate of young people between 15 and 24 is estimated to 3.6%. However, this prevalence rate varies according to location between rural areas or urban areas and the specific age group. In towns, the

⁶ Young People and HIV/AIDS, Opportunity in Crisis. UNICEF, UNAIDS & WHO, 2004.

⁷ National Institute of Statistics (Institut National de Statistique – INS) 2005

⁸ Human Development Report for DRC, UNDP, 2005. And International Monetary Fund, “Interim Poverty Reduction Strategy Paper.” <http://www.imf.org/external/np/prsp/2002/cod/01/033102.pdf>, page 7.

prevalence rate is about 4.6% whereas in the rural areas, it is about 3.8% and it is higher between the age group of 20 – 24 with 4.1% than the age group of 15 – 19 with 3.7%.⁹

b. Methodology used

To ensure that the results of our report are relevant and appropriate, we have used several methods to gather information, among which are: the review of existing documents such as reports of surveys, activities and different case studies, direct and indirect interviews with those responsible for HIV/AIDS programming within UNICEF, UNFPA and other stakeholders. We have distributed a number of questionnaires, based on the indicators suggested by the UNAIDS “National AIDS Programmes – A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programmes for young people.”¹⁰ We held informal discussions with groups of youth in order to obtain their viewpoints. Finally, the small research team members met to examine the gathered information in order to identify major achievements and gaps, and thus formulated some recommendations.

c. Key findings and recommendations

- The country possesses a non-updated national HIV/AIDS strategic plan and sexually transmissible infections (STI) 1999 – 2008 and a national multi-sectoral program to prevent HIV/AIDS
- There is no multi-sectoral approach to HIV prevention among youth proposed in the national HIV/AIDS strategic plan
- Only 2% of young people between 15 and 24 years have satisfactory knowledge about preventing the risk of sexual transmission of HIV/AIDS.¹¹
- The national education system does not include HIV education or sexual and reproductive health; there is no life skills-based education
- There is a lack of essential services on HIV/AIDS among youth such as testing and education
- Young people mobilise themselves against the HIV/AIDS pandemic within their community
- There is need to accelerate HIV/AIDS Prevention among young people.

II. Results

a. Political commitment

Description and analysis of the existing policies relating to HIV and young people:

⁹ Data from sentinel prenatal serosurveillance sites (Rapport Annuel PNLS, 2004)

¹⁰ National AIDS Programmes - A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programmes for young people. UNAIDS, 2004

¹¹ Country indicators from UNGASS report to evaluate UNGASS DoC at the end of 2005

The Democratic Republic of Congo has had a national HIV/AIDS and Sexually Transmitted Infections (STI) Strategic Plan since 1999 for a nine years period (1999 – 2008). The plan focuses on:¹²

- 1) Mobilisation of communities and specific groups
- 2) The improvement of access to preventive and self-supportive services in favour of persons living with HIV and those affected by it
- 3) Building capacity of all actors involved in the fight against HIV/AIDS.

This plan has been partially implemented and translated into operational plan called the Temporary Plan 2002 – 2004. Its main role was to strengthen the existing one and to prepare the update of strategic plan with the improvement of the socio-political context of the country.

Since March 2004, the envisaged multi-sectoral fight has been placed under the high authority of His Excellency the Head of State. A national multi-sectoral plan on HIV/AIDS has been implemented in order to make concrete success; however it does not include young people, despite their high prevalence and infection rates. It was only in May 2005 young people met in a National Forum to create a consensus on different elements of a national HIV strategic plan to prevent HIV/AIDS infection among young people.

As for the prevalence rate, there is a national policy of prevention that takes into account the following elements:

1. Social mobilization in the framework of HIV information, education and communication (IEC) and behaviour change communication (BCC) for young people, populations at high risk (especially sex workers, refugees, displaced people, street children, etc.) and global population
2. Access to main services related to counselling, voluntary and confidential testing, social marketing of condoms, and prevention within the care structures.

Major achievements and gaps

Achievements: the National HIV Multi-sectoral Program make concrete the national commitment at higher level in favour of fighting HIV/AIDS and the efforts are geared in the direction of implementation of the 3 Ones coordination to fight against HIV/AIDS at the national level namely in the field of follow up, monitoring and partnership.

Weakness: the absence of an updated national strategic plan and the lack of anti stigmatisation and discrimination law protecting vulnerable groups including youth.

Recommendations at national level:

- Benefit from the commitment opportunity offered by a variety of partners willing to work collectively to initiate the process of revising/updating the national strategic plan in order to improve the strategic and operational coordination
- Finalize the national youth policy as well as the national strategic plan against HIV/AIDS in favour of youth and make it operational

¹² National Strategic Plan on HIV/AIDS in DRC

« Nothing of tangible will be done without a firm commitment of the government. The political willingness must clearly be displayed. » Declaration of Congolese youth gathered at the National Forum.

b. Financial commitment

Description and analysis of the allocation of funds made at the national level for the HIV prevention in young people:

The amount of funds the government of the DRC has tied up into the fight against HIV/AIDS in 2005 was about US dollars 3,621,653.17 split as follows: Expenses for health issues related to HIV/AIDS: USD 3, 388, 084.03; training and support: USD 218, 218.03; investment in personal and real estate: USD 15, 351.11¹³.

Referring to that amount, we can say that the contributions from the government to efforts of HIV/AIDS prevention including life skills-based education in schools, IEC campaigns targeting youth, and programs for youth are merely non-existent which does not justify the declaration according to which, young people constitute a priority target in the fight against the HIV/AIDS in the DRC.

Moreover, the budget allocated in favour of youth is about 0.04% of the national budget. Most of the HIV/AIDS programs in favour of youth are funded by international organizations and NGOs working in DRC.

Major achievements and gaps

Achievement: The government has nevertheless allocated a significant amount to fight against HIV/AIDS; unfortunately the great question we could ask ourselves is to know if these funds are really used for the purpose of what they are intended because we do not see the first hand actions carried out in the field.

The international community renewed his interest for the DRC by supporting the fight against HIV/AIDS with the World Bank - the first action partner against HIV/AIDS in DRC through the Multi-Country AIDS Programme (MAP).

Weakness: Lack of alignment and harmonization of funding and interventions (national, bilateral and multilateral).

Recommendations:

- Agencies of bilateral and multilateral cooperation should facilitate youth organisations' access to resources for execution of activities related to their programs
- Development of fundraising strategies to support programs and institutional growth of national organizations, especially the youth led organisations

¹³ Source : Ministry of Budget and Health, 2005

- Allocate sufficient resources in favour of youth programs against HIV/AIDS and encourage international organizations to build youth capacity and institutional growth of youth organizations.

c. Access to information and services

Description and analysis of information and services provided for young people

The recent study¹⁴ reveals that, although the great majority of young people surveyed had already heard about HIV/AIDS, only the half of them knew the three main methods of prevention (use of condoms, sexual abstinence and faithfulness to one uninfected sexual partner).

Worse again, among the surveyed groups, namely the soldiers, sex worker, lorry drivers, street children, young people within households, this last group is the one having a weak level of holistic HIV/AIDS awareness (awareness of the three main methods of prevention and lack of three frequent and wrong awareness namely the transmission of HIV/AIDS by witchcraft, prick of mosquito, and the perception according to a person apparently in good health can be infected by HIV/AIDS).

Only 2% of young people aged 15 - 24 know exactly the ways to prevent the sexual transmission of HIV/AIDS. They also reject wrong ideas concerning the transmission of the virus¹⁵.

The life skills-based education is almost not existing and not included into the school curriculum owing to lack of teaching material and tools. Lots of young people we have investigated had never heard about it. They do not know what it exactly means as well.

Youth have limited to have access to health centers. There are very few well-equipped health centers across the country. Those centers are located in towns and rural people hardly reach them.

It is certain these health centers include reproductive health services, provision of condoms, counselling, voluntary testing and diagnosis, but several studies¹⁶ show that young people do not have access to health services due to various reasons like unfriendliness and lack of collaboration with young people from health service providers. Other factors that do not contribute to make the existing health structures accessible to young people include the rigidity of timetables, the absence of confidentiality, the fact that there are adults who do not understand that young people can have healthy needs, namely in the sexual health and reproductive health issues.

¹⁴ Inquiries into surveillance and seroprevalence data in DRC, Synthesized Report from National Multi-sectoral Programme on HIV/AIDS , 30 August 2005, page 28

¹⁵ Country indicators from UNGASS report to evaluate UNGASS DoC at the end of 2005

¹⁶ Final Report from the National Youth Forum on HIV/AIDS, DRC; Mai 2005, page 23

Moreover, in our visiting in different HIV/AIDS centres, we have noticed that more young boys often go to health centers than young girls, it seems because as the young girls are usually busy by household work and so on.

Achievements and gaps

Achievement: Young people often mobilize themselves for the fight against HIV/AIDS and become sensitizers of their peers. They are proactive in the mobilisation of their peers.

Weakness: Young people within their households who are not particularly targeted have a weaker level of awareness than among those targeted.

Recommendations:

- Reinforce social mobilisation through information and teaching materials
- Encourage young people to know their HIV status for effective prevention, treatment, care and support
- Get all the ministries (Health, Youth, Social affairs, Education, etc.) involved into the processes in order to make the services provided more coordinated and effective
- Do not build new structures but rehabilitate and equip the existing ones to make them conducive in favour of adolescents and young people.

d. Youth participation

Description and analysis of formalized structures for young people's participation in HIV prevention programmes, policies and plans

The involvement of youth, especially those living with HIV/AIDS is very weak in the planning, execution and evaluation of the prevention of HIV/AIDS, care and supportive services. Adults that are the experienced design and implement programs for youth and young people remain as simple beneficiaries of programs.

Today, a youth delegate is invited to attend the meeting of the National Multi-sectoral Council against HIV/AIDS but on mere tokenism as the young person's concerns are not taken into consideration.

Achievements and gaps

There is nevertheless a will of the authorities to involve more and more young people at all levels in the fight against HIV/AIDS and they try to involve youth in all the meetings they organize locally. Unfortunately we feel there is a real reticence of the authorities when it is an international conference, seminar in relation to the participation of youth.

The National Youth Forum on HIV/AIDS held in May 2005 was a great opportunity for mobilization and commitment of youth and social partners (national and international) to place youth in the heart of the fight against HIV/AIDS. It was a good occasion to gather principal development partners.

Principal opportunities of the forum:

One of the first opportunities was the dynamism and mobilization without flaw of young people. According to them, they have started to become responsible in front of problems they face.

Another opportunity heavily lies on the interest of the Ministry of youth, sports and leisure, especially the General Secretariat of youth in relation to HIV/AIDS issues.

Finally, the forum have had as fortunate consequence the mobilization of all the actors (young people and all development partners, public decision-makers, religious leaders, parents, etc.) in the first row to discuss youth issues in general, and in particular the youth and HIV/AIDS issues.

Lessons learnt:

Contrary to a spread thought, the young people hold to themselves, the means of bringing about radical changes when involved in development is when they are put in confidence. Their contribution determined the success of the Forum, which was theirs.

Weaknesses:

- The development of the governmental programs seldom makes calls for the participation of the young people, even less when it is a matter of making decisions within the families.
- The young people do not have necessary competencies and skills, which should enable them to take an active part in all level, due to the lack of education and necessary training.
- There is always a certain mistrust of the authorities towards young people.

Recommendations:

- To promote permanently the recruitment of young leaders who will be supported by the adults in the actions in favour of the young people
- Keep awake to the disappearance of all which are negative in the messages targeting to youth in order to reduce wrong perception that some adults have about youth
- To provide sure and reliable information to young people, to accept on the one hand their views and on the other hand they can undertake actions by themselves through trainings
- To strengthen the skills of young people in the field of leadership and to support the institutional development of youth organizations
- To intensify advocacy in favour of National Multi Sectoral Leadership that is inclusive and efficient:

"A good participation of the young people could not thrive if the adults are not open and do not accompany them in this process" (Declaration of Congolese youth gathered at the National Forum)

III. Summary of Major Achievements and Gaps:

The fight against HIV/AIDS was remained since very a long time a medical preoccupation (an affair of Health Ministry) but since 2004, it became multi-sectoral with the recent creation of the National Program Multi-sectoral to fight against the HIV/AIDS (PNMLS) that translates the will of government to fight against the HIV/AIDS. The one of the objectives of the PNMLS is the improvement of the knowledge on the HIV/AIDS for a better management of the fight.

It is necessary to note that in spite of this will, the indicators in the report with the monitoring of the UNGASS at the end of 2005 reveals to us that the exact knowledge of the young people aged between 15 to 24 years on HIV/AIDS is at 2% only.¹⁷

This clearly shows that the danger of HIV/AIDS is considerable and that this situation will remain a serious problem for the country if firm commitments are not taken.

IV. Summary of Major recommendation for action:

We recommend:

- To finalize as soon as possible the national youth policy as well as the national strategic plan of the fight against the HIV/AIDS among young people and make it operational
- To integrate psychosocial competencies in education programs
- To allocate considerable funds to support the programs of HIV/AIDS among young people
- To increase access to comprehensive, youth-friendly, evidence-based prevention information and services
- To intensify the participation of the young people in the design, the implementation, the follow-up and the monitoring of the policies and programs related to them, particularly in the fight against the HIV/AIDS

¹⁷ Country indicators from UNGASS report to evaluate UNGASS DoC at the end of 2005

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