**The PACT**

**SUBMISSION TO THE REPORT OF THE HUMAN RIGHTS COUNCIL ON HUMAN RIGHTS IN THE CONTEXT OF HIV AND AIDS (HUMAN RIGHTS COUNCIL RESOLUTION 47/17)**

The PACT, in collaboration with several youth-led, grassroots, civil society organizations, has developed this submission to inform the forthcoming report to the Human Rights Council on human rights in the context of HIV and AIDS. In collaboration with members of the Zimbabwe Health Interventions, Wonder Mum Kenya, Improved Sexual Health and Rights Advocacy Initiative, She Leads, Coalition of Associations for Leadership, Peace, and Development, Chikka Federation of India, PINK Center, YLabs, Connak Foundation, Hi Voices, and more, we submit the following evidence to OHCHR, focusing on the human rights of young people in the context of HIV/AIDS.

**What action is being taken by civil society to contribute to Human Rights Council resolution 47/17?**

Youth actors and youth-led civil society organizations continue to play an essential role in closing HIV and AIDS care delivery gaps. Youth-led groups work diligently to improve the health and well-being of sexually diverse youth and young people living with HIV/AIDS. We provide young people with secure, accessible, and alternative options to peer education, health and community care, and access to resources. Because of our intersections and contextual considerations, such as age and lived experiences, youth-led civil society organizations combat stigma and discrimination against young people living with HIV and AIDS by improving access to health care and information about rights and liberties.

It is equally critical to recognize that youth-led civil society organizations provide care for people living with HIV and AIDS and strengthen young people's capacities in various other life areas including youth leadership, political advocacy, and human rights monitoring. Whether shelter, legal aid, economic empowerment, vocational skills, or psychosocial support, youth-led organizations and their service provisions are often understated. The holistic focus of youth-led organisations contributes to young people living with and affected by HIV being able to enjoy their human rights.

**What areas of the resolution can be strengthened?**

While the resolution recognizes that there should be complete and unimpeded access for all persons living with or presumed to be living with HIV, however, this can be expanded upon, as there is a significant need for Member States to develop policies to promote sustainable health financing mechanisms, especially for medical coverage, and in particular, the need for universal health coverage, as it relates to people living with HIV and AIDS.

The resolution can also be strengthened by more consistent reference and acknowledging the vulnerability of adolescents, particularly young girls.

Economic strengthening is increasingly being undertaken alongside HIV programs to mitigate the pandemic's disproportionate impact on income. Disparities have grown as a result of the COVID-19 pandemic, having disproportionate impacts on young people's employment and education due to the pandemic. The evidence base on economic strengthening for HIV outcomes is continuously growing. Financial means, or lack thereof, pose barriers to HIV testing services and routine access to care and treatment services for those living with HIV and AIDS, which compromises the health and survival of people living with HIV and AIDS. Further and more explicit references to economic well-being as a social determinant of health are central to the well-being of young people in all their diversity.

More emphasis should be placed on comprehensive sexuality education as an essential aspect of HIV prevention and explicit references to gender equality and women's empowerment. The positive impacts that CSE has on the lives of young people living with and affected by HIV allows them to better enjoy their human rights and recognise when their rights are being abused.

Additional thoughts on harm reduction are required, as provisions in the resolution frame the global drug problem without defining it or providing real and tangible advice on educating and supporting young people using a harm reduction strategy. Harm reduction is a key aspect of recognising the human rights and bodily autonomy of young people who use drugs, in particular supporting the right to health, as it provides an evidence-based approach to reducing the negative impacts of drug use on a person’s health.

Young people, particularly young people living with HIV and AIDS, hold critical leadership within the HIV response by ensuring that relevant, global, regional, and global networks by including affected communities in decision-making. Co-leadership, co-authorship, and participatory frameworks in monitoring and evaluation are needed to ensure that the realities of people living with HIV and AIDS are effectively reflected in the programmes and policies intended to serve them. Through youth-led monitoring, human rights violations can be flagged by those most impacted by them and addressed through the co-creation of solutions.

**What are the societal enablers that can support the adoption of the resolution within the youth context?**

There are a plethora of societal enablers who can promote the resolution's adoption. It is critical to address restrictive laws, regulations, and unfavorable social norms, stigma, and attitudes for young key populations, including the criminalisation of sex work, age of consent to access HIV series, and laws that target LGBTQI+ people. This can be addressed at the local and regional levels, as well as through grassroots programs and community mobilization. Addressing societal enablers at the governmental level is crucial, as is empowering grassroots community organizations to establish inclusive, peer-led methods. However, a recurring issue for many organizations is a lack of funds. As a result, calls for grassroots action through sustainable funding channels would be a critical enabler for the resolution's passage.

Furthermore, the engagement of key community actors was mentioned multiple times as a significant enabler. It is critical to include parents, teachers, health providers, civil society organizations, and others in order to modify negative views toward key populations.

**What are the remaining gaps within the resolution? What is missing?**

In the context of HIV and AIDS, social determinants of health may be enhanced across all regions, whether through quality education, community-led research, or equitable and participatory funding approaches.

Another modification that can be made is a separate clause that describes actions for youth. There are phrases that call on youth groups more loosely, but there are no specific or clear actionables that youth organizations can focus on to enhance their capacity. Young people have unique and critical needs that cannot be addressed within broader, sweeping actions. The need to address young people specifically is particularly paramount, especially due to the ongoing discrimination of young key populations, lack of access to safe or supportive health services, and ongoing issues in accessing adequate and informative education on HIV and AIDS.

The clauses described in the Human Rights Council resolution are not inherently novel; nonetheless, one area that is constantly overlooked is the impact on direct beneficiaries, including those living with HIV. While the resolution outlines the rights of people living with HIV, it does not emphasize the importance of knowing one's rights. As a result, the resolution employs a top-down strategy. Additional considerations are required to account for bottom-up approaches to grassroots organization and interagency engagement.

Finally, because research reveals that queer populations are disproportionately impacted by HIV and AIDS, more inclusive terminology about the LGBTQI+ community can be incorporated. The lack of explicit remarks on how sexual orientation or gender identity-based discrimination makes members of the LGBTQI+ community more vulnerable in these settings is a key gap in the resolution.

To summarize, youth are uniquely placed to relate the specifics of their lived experiences in regard to the resolution. As educators, organizers, providers, and critical demographics, we believe we are an important stakeholder, and that our recommendations will not only address disproportionate injustices for youth, but will also address intergenerational inequities. Education, long-term funding, economic empowerment, a focus on grassroots activism, meaningful community participation, and increased recognition of the social determinants of health are all parts of the resolution that may be built on to ensure that youth and their communities are prioritized.

