













2 - 3 DECEMBER 2019 **BANGKOK, THAILAND** 

# ASIA **PACIFIC** YOUTH **FORUM**

YOUTH AT THE FRONT OF THE HIV RESPONSE: **ENGAGING IN MEANINGFUL PARTNERSHIPS** TO MEET THE 90-90-90 TARGETS IN THE REGION

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## **List of Acronyms**

AIDS acquired immunodeficiency syndrome

AYKP adolescent and young key populations

CSO civil society organization

CSE comprehensive sexuality education

HIV human immunodeficiency virus

LGBTIQ lesbian, gay bisexual, transgender, intersex, or queer

MSM men who have sex with men

PLHIV people living with HIV

PrEP pre-exposure prophylaxis

SRHR sexual and reproductive health and rights

TG transgender

VCT voluntary counseling and testing

YKP young key populations

### Introduction

The countries of the Asia Pacific region are home to serious HIV epidemics that pose special challenges to societal and human development. Globally, the region accounts for the second-highest number of world-wide AIDS-related deaths, the second-highest number of new infections, and the second-highest number of people living with HIV (PLHIV).

Young people (aged 15-24 years) accounted for approximately one quarter of new HIV infections in the region in 2018. Young people are not a homogenous group, and interventions often fail to affirm that young people in all their diversity have the right to access comprehensive and evidence-based information to make autonomous decision regarding their own health, including their sexual and reproductive health, free from coercion and violence. Differentiated services in the context of HIV should consider age, evolving capacities of children to exercise rights on their own behalf, and the importance of social determinants of health among young people associated with key population groups. This includes young people who may still be understanding their sexuality and gender identity, or those who are exploring transactional sex and experimenting with drug use.

The government of Thailand together with UNAIDS, UNICEF, UNDP, UNFPA, UN Women, Youth LEAD, APCASO and the ASEAN Secretariat convened the Asia Pacific Forum titled "Youth at the front of the HIV response: Engaging in meaningful partnerships to meet the 90-90-90 targets in the region" for World AIDS Day in 2019. This youth forum brought together approximately 150 participants with the main aim of providing an opportunity for youth leaders and health professionals, HIV specialists and representatives from the related ministries to share experiences of implementing interventions that provide young people with the skills, knowledge and means to prevent HIV and other sexually transmitted infections and improve their overall health and well-being. The lessons learned from these experiences and sessions have informed a set of recommendations to guide future efforts to prevent and treat HIV and other sexually transmitted infections in an enabling environment for adolescents and young people.

The following report summarizes the presentations and discussions of the Asia Pacific Youth Forum, outlining the joint set of recommendations on how governments and youth can work together in scaling up accelerated action on combination HIV prevention interventions towards reaching the 90-90-90 targets for adolescents and young people in the region.

### **Key Challenges**

The discussions held during the Asia Pacific Youth Forum on HIV led to the identification of the following key challenges in the regional HIV response for young populations:

- Despite early successes in preventing the spread of the HIV epidemic in the Asia-Pacific region, young people aged 15 to 24 years accounted for one of four new HIV infections in the region in 2018.
- The Philippines (69 per cent), Myanmar (54 per cent), Indonesia (50 per cent) and Thailand (47 per cent) had the highest proportions of young people among new HIV infections in the region, well above the regional average. Key populations of youth in the region are at greater risk along with their sexual partners.
- > Despite increasing numbers of countries adopting policies supporting sexuality education, our data show that in many countries in Asia and the Pacific two thirds of young people do not have correct and comprehensive knowledge about HIV and its prevention.
- At least 13 countries have laws that impose the need for parental consent for adolescents and young people below 18 years to access HIV testing. 1 in 3 young people from key populations do not know their HIV status.
- > Stigma and discrimination including from health workers, teachers or family prevent young people from accessing HIV prevention, HIV testing, HIV and sexually transmitted infection treatment and broader sexual and reproductive health services. There is a general absence of adolescent and youth friendly HIV programmes, and policies and services within broader health-care programmes are not always adapted to the needs of youth.
- When we look at meaningful participation of young key populations, including LGBTI, in the HIV response, too often young people perceive that they are excluded from important decision-making spaces.
- > Funding for youth-led initiatives and organizations are not prioritized leading to the depletion of youth-led organizations and their critical role.

### **Key Recommendations**

The lessons learned from the Asia Pacific Youth Forum on HIV have informed a set of recommendations to guide future efforts to promote partnerships between governments and youth, to advance Sexual and Reproductive Health and Rights (SRHR), HIV prevention, and broader health and well-being for adolescents and youth:

- Effective, contextualized access to education, parental and peer support, communications and access to quality health service delivery and mental health support for adolescents and youths at risk of HIV infection in Asia and the Pacific are needed to end the HIV epidemic as a public health threat by 2030.
- HIV prevention initiatives must address the root social and structural drivers of HIV and sexual and reproductive health risks among young people. HIV prevention programmes need to be scaled up, including preexposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and HIV self-testing.
- > Remove legal, policy and social barriers that jeopardize the access to HIV and sexual and reproductive health services for adolescents and young people.
- Collection of data disaggregated by sex, age and key populations (national and sub-national) is needed to support strategic planning and effective programme design, implementation and resource allocation in the HIV response.
- There is a greater need for training of teachers, parents and peer-educators in accurate and up-to-date comprehensive sexuality education (CSE), as well as funding and resources to be able to do so. Peer-programmes have proven successful in schools and universities, providing a more approachable service to young people for SRHR, education and counselling.
- Discussions on SRHR and HIV prevention should be initiated in other spaces other than the education system, such as through churches/temples/mosques, families and community groups.
- Improve awareness strategies to reach out to young people in the virtual space. Online platforms have been very effective in raising awareness about SRH and HIV through various social media channels and other innovative applications. However, there should be more focus on ensuring that the information being shared is accurate and based on evidence.
- Meaningfully engage adolescents and at-risk youth (urban and rural) in designing and delivering effective, gender-responsive HIV programmes.
- > Increase the investment for youth-led initiatives and organizations by governments and donors.
- > Strengthen advocacy for investments in adolescents' and young people's skills that are required to succeed in today's world including health and wellness literacy.
- Promote and resource multi-sectoral partnerships between youth, community organizations, governments and the private sector to design, develop and sustain youth-friendly policies and programmes. These partnerships should be leveraged to design, develop, and sustain youth-friendly policies and programmes to support the overall well-being of adolescents and youth.
- > Promote South-to-South collaboration to share and promote promising practices, exchange of knowledge and lessons learnt among the youth, government, civil society and other stakeholders in the HIV response.

### **Proceedings**

1. Summary of opening presentations, December 2, 2019, King Chulalongkorn Memorial Hospital,



The opening session consisted of a series of presentations by four keynote speakers. Ms. Anudari Anar, a youth representative from Youth Lead, Mongolia, introduced the session and emphasized the need to see action in the region, as well as the importance of including young people in decision making processes. Dr. Ann Natalia Umar, Vice Chair of ASEAN Health Ministers Meeting, presented an overview of the situation of HIV/AIDS in the ASEAN region and discussed the role of the ASEAN Health Cluster in coordinating and responding to health priorities within the region. An overview of the current status of HIV in the region was provided by Mr. Eamonn Murphy, UNAIDS Regional Director for Asia and the Pacific, who highlighted that despite early successes in preventing the spread of the HIV epidemic in the Asia Pacific region, young people aged 15 to 24 years accounted for one in four of new HIV infections in 2018. Key populations of youth in the region face disproportionate risk, along with their sexual partners, including transgender people and young men who have sex with men. Mr. Eamonn Murphy expressed his thanks to the youth whose creativity, courage and passion are paramount to helping end the AIDS epidemic. The forum was officially declared open by Mr. Satit Pitu-techa, Deputy Minister of Public Health Thailand, who presented an overview of Thailand's commitment to the HIV/AIDS response and highlighted the invaluable involvement of HRH Princess Soamsawali Krom Muen Suddhanarinatha in PMTCT programmes in Thailand. All speakers emphasized the need for greater inclusion of young people in decision-making processes to deliver a relevant HIV response in the Asia Pacific region and thanked the Government of Thailand for hosting the event.

2. Plenary Session – Youth at the forefront: meaningful youth engagement towards ending AIDS as a public health threat



The plenary session was moderated by Ms. Kamma Blair from UNFPA and consisted of four presentations on country-specific examples of meaningful youth engagement towards ending AIDS as a public health threat.

The session was introduced with an overview of the HIV epidemic among young people in the Asia Pacific region by Dr. Ye Yu Shwe from UNAIDS Data Hub. Of particular note, were key statistics showing a rising number of new HIV infections among young men who have sex with men (MSM), HIV incidence rates which are four times higher among young people using geosocial networking apps and the fact that only one in four young people have comprehensive knowledge of HIV prevention.

UNAIDS Region Goodwill Ambassador for Asia-Pacific, H.E. Ratu Epeli, discussed what the Government of Fiji has been doing to support adolescents and young people as leaders and beneficiaries in the HIV response. He emphasized the importance of acknowledging the role of communities in providing love and compassion and the success of community led interventions in the Fijian context. He highlighted that Fiji has

recently developed laws and policies in line with the HIV/AIDS response to decriminalize male-to-male sex, in addition to removing parental consent for HIV testing. H.E. Ratu Epeli proposed that in order for Fiji to achieve the 90-90-90 targets, it must vastly improve the timeliness and reliability of ART drug supplies, regularly inform the population of the current status of the HIV response, and to improve the inclusiveness of HIV/AIDS health services as well as information sources.

Ms. Bina Kafle, YKP Lead Nepal provided an insight into the work of Youth Lead in Nepal and discussed the ways in which young key populations are being engaged in planning, monitoring and service delivery.

Dr. Shahdattul Dewi Nur Khairitza bt Taib, HIV/AODS State Officer for Pahang State Health Department, Malaysia spoke about the development of an updated HIV training programme known as PROSTAR 2.0, which focuses on HIV prevention, as well as other aspects of sexual reproductive health. The programme was designed for youth, by youth and is a school based programme where teachers act as programme facilitators and peers are recruited based on their youth leadership and communication skills. The programme imparts a mathematical model: addition (add knowledge), subtraction (reduce high risk activities), division (dividing responsibility), multiplication (doubling the efforts), equal (optimum health status).

An overview of the application of online and offline models to reach students in China and increase uptake of HIV services, was provided by Ms. Leyi Zhong, representative from Lingnan Partners Community Support and Service Centre in Guangzhou, China. In order to tackle stigmatization surrounding HIV testing and safe sex practices, the programme consisted of two models, both of which employed peer-based approaches. The first model introduced a VCT network, allowing students to make online appointments and the second model offered a self-testing service and support from online counsellors.

All speakers in the plenary session highlighted that regional commitment to achieving the 90-90-90 targets should put youth at the forefront, as well as emphasizing the importance of community-led responses that provide supportive environments for adolescents and young people to be both leaders and beneficiaries in the HIV response. It was noted that youth groups across the region have been implementing innovative ways to reach out to and engage young people, including the use of online platforms and peer-to-peer educators. However, during the discussion that followed these presentations, the importance of adult education was also highlighted as a means of ensuring that parents and teachers also possess vital and accurate knowledge of sexual and reproductive health and rights (SRHR).

3. Launch of Joint Formative Assessment of the needs for adolescents and youth at risk of HIV in East Asia and the Pacific: Case studies of the Philippines, Indonesia, Vietnam, and Thailand



The joint formative assessment presents the experiences of adolescents and young people including those from key populations and the perspectives of experts working with young people in the four domains: education, parental and peer support, communication and mental health – in relation to HIV risk and prevention, and broader sexual reproductive health rights. The assessment highlights some promising practices and includes policy and programme recommendations.

Ms. Shirley Mark Prabhu, Regional HIV and AIDS Specialist, UNICEF EAPRO and Mr. Jeffrey Acaba, Programme Officer, APCASO introduced the joint formative assessment and reported on the key recommendations (please refer to Annex 3), which was followed by a presentation and discussion session on these findings by four panelists.

The first panelist, Mr. Huong Thai Anh, Chair of the Viet Nam Young Key Populations Network, discussed the challenges associated with delivering sex and reproductive health education in contexts where social values regard topics of sex and sexuality as taboo. He advocated for the use of social media and audiovisual media as platforms for delivering HIV prevention education, providing examples such as short videos where love stories have been used to disseminate HIV information.

From the Philippines perspective, Mr. Ramil Anton M. Villafranca, Planning Officer, Council for the Welfare of Children, discussed how a new HIV law has contributed to the HIV response. The new law which was enacted

in the Philippines, lowers the age of testing for HIV to 15 years old and parental consent is no longer needed and it was young people themselves who provided inputs into the programmes to develop and implement the new law. Mr. Villafranca also highlighted the creation of standardized educational messages which have been developed through the lens of comprehensive sexuality education (CSE).

Mr. Kritthanan Ditthabanjong, Representative of the Youth Council of Thailand, discussed the challenges faced by young people living with HIV in Thailand. Discrimination was noted as one of the biggest challenges for young people living with HIV, especially in terms of employment and educational opportunities, as compulsory and unregulated blood testing during recruitment processes often denies young people living with HIV of valuable opportunities. Stigmatization and discrimination by health workforce were also highlighted as significant barriers to accessing sexual and reproductive health services and information, especially among young key populations who often experience maltreatment from nurses and doctors.

Mrs. Krittayawan Boonto, UNAIDS Country Director for Indonesia, highlighted that Indonesia has experienced all of the challenges reported in the formative assessment, but also identified the additional challenges in Indonesia due to the rising conservatism and reticence towards LGBTIQ populations. She emphasized the importance of setting concrete targets where community engagement, private sector and media are also included and held accountable.

Panelists highlighted that conservative social values and increasing reticence towards adolescent and young key populations (AYKP) pose a significant barrier to discussions around sex and sexuality, reinforcing stigma and discrimination towards young people living with HIV (PLHIV) in the Asia Pacific region. In this regard, it was noted that young people living with HIV in Asia Pacific are often prevented from seeking employment and educational opportunities, and that young LGBTIQ populations experience disproportionate discrimination and sometimes violence from health service providers. As such, there is a pressing need for comprehensive sex education (CSE) that incorporates intersectionality and for changes in laws and regulations that continue to discriminate against young people and especially young PLHIV.

#### Points of discussion:

- It is vital for young people to feel that the legal and policy environment is accessible to them and that they are equipped with the knowledge and resources to participate in making changes to the law.
- Interventions to address mental health issues among young people living with HIV must be integrated and there should be increased investment in data on mental health.

Visit from HRH Princess Soamsawali Krom Muen Suddhanarinatha, UNAIDS Goodwill Ambassador for HIV Prevention for Asia and the Pacific and HRH Princess Bajrakitiyabha Narendira Debyavati

HRH Princess Soamsawali Krom Muen Suddhanarinatha has been at the forefront of Thailand's HIV response and is well known for the Princess PrEP programme which was the first community-based PrEP distribution model in Thailand. HRH Princess Soamsawali Krom Muen Suddhanarinatha acknowledged the Asia Pacific Youth Forum and committed to continue her vision to ensure that the HIV response remains relevant and grounded, keeping people at the centre. Please see Annex 4 for the Royal Ceremony agenda.

# 4. Symposium Session: ASEAN cities getting to Zero, December 3, 2019, Tawana Hotel



The ASEAN socio-cultural community (ASCC) is committed to improving the quality of life of populations living in the region, by putting their welfare and well-being at the heart of its activities and as such, the ASEAN Post-2015 Health Development Agenda for 2016 to 2020 includes 14 HIV initiatives. The 'ASEAN cities Getting to Zero Project' which aims to achieve zero new infections, zero discrimination and zero AIDS-related deaths in the region is being implemented in 50 cities across eight ASEAN countries.

The presenters in this session provided an insight into youth participation activities in ASEAN countries as part of the 'ASEAN Cities Getting to Zero Project'. The speakers highlighted the importance of training and utilizing peer-to-peer educators for disseminating knowledge about HIV prevention in schools and university settings, as well as ensuring that health education programmes are integrated with other services. For example, as one of three core strategies of the fast track approach to end HIV and AIDS, the Youth Programme in Bangkok is encouraging the development of tailored CSE for high risk youth and adolescents, which focuses not only on HIV but also tackles STIs, TB and HCV. It is also vital that programmes are adapted to the needs of young key population groups. For example, the YM2M online health service that was initiated in Bangkok; a real-time counselling and referral service tailored for young men who have sex with men (MSM) and transgender women (TG).

A common challenge noted by most presenters in this session was the discrimination and stigma often experienced by young LGBTIQ persons, who as a result of conservative societal values may face several legal challenges in accessing information and resources for HIV prevention and treatment. Promotion of safe sex and loyalty between partners among university students were noted as HIV prevention strategies within more conservative societies.

#### Points of discussion:

- Innovative re-branding of CSE may help to overcome sensitivity issues related to sexual and reproductive health and rights education (i.e. disease prevention programme; health education).
- There is a low level of knowledge of PrEP (Pre-exposure Prophylaxis) among young people in the region, which is often provided free of charge at health centres in some countries.
- Ensuring that young people living with HIV do not face discrimination in higher education institutions as it has been noted that there have been instances of young PLHIV being excluded from university on account of their HIV status.



#### 5. Market Place, 3 December 2019



During this session, youth participants were organized into four thematic groups to discuss country-level experiences of activities related to the HIV response for youth and to exchange ideas for future recommendations.

### 1) Innovative HIV prevention strategies and creative use of combination HIV prevention interventions.

There were several case studies discussed in this group where social media or online applications had been successfully utilized as tools for distributing e-Education on HIV prevention strategies and treatment, or for delivering youth friendly health services. In Pakistan, e-Education in the form of YouTube videos have been used as tools to communicate HIV prevention information and promote self-testing. One of the main challenges that were noted from the Pakistan context was the misconception that condoms could only be utilized by men who have sex with women and not men who have sex with men. Examples of innovative HIV prevention strategies from China included the innovative application of online platforms such as Alipay or WeChat as a form of communicating the results of HIV testing to reduce some of the stigma surrounding HIV screening. It was also emphasized in this discussion that in response to the increasing trend of chemsex,

support groups should be established to ensure that youth are participating in these activities in a safe manner and within a safe environment.

It was noted that implementing these innovative HIV prevention strategies may be challenging for countries where there is a lack of resources of infrastructure – for example, in PNG where there is limited internet access and children leave school at the average age of 14 years.



#### 2) Supportive legal and policy environment for adolescents and youths/young people

Discussants in this group emphasized the importance of collaborating with CSOs, NGOs and national governments to advocate for specific youth policy, as well as a need for grassroots organizations to move away from urbancentric projects and to increase focus on rural areas which are often neglected, especially with regards to the legal and policy environment. There was significant discussion in this group on how to hold those responsible for making decisions to account, and it was suggested that for every youth event, at least one government representative be invited to help ensure accountability.

The #Uproot Scorecard initiative by Youth PACT involved the designing of report cards to assess how well countries are doing in achieving their commitments to adolescents and young people included in the Political Declaration on HIV/AIDS. These report cards were developed through

consultation with youth groups and have so far been implemented in 5 countries: Myanmar, Cambodia, Sri Lanka, Laos and India. It was also mentioned that Youth Voices Count (Ignite Empowerment grants<sup>1</sup>) have small grants available for young people wishing to establish youth programmes focusing on SRHR and HIV/AIDS in their own countries.

#### 3) Youth leadership, engagement and advocacy

This group highlighted the value of collaboration among youth groups within the region, to enable youth to be decision makers of their own countries, but also a part of the of the solution to the many challenges that are faced by countries in the region in relation to the HIV response.

An example of this was APEER Ilocos Sur which is an organization of youth volunteers and leaders promoting peer to peer education, established in July 2017 with 76 youth members in 2018, 48 of which were trained as dedicated youth leaders. These young people help to create safe spaces among the youth in the province and the organization advocates for adolescent sexual and reproductive health and rights (ASRHR) and mental health awareness through peer to peer educational approaches.



<sup>&</sup>lt;sup>1</sup> https://yvc-asiapacific.org/youth-voice-count-ignite-empowerment-grants/

### 4) Fostering multisectoral collaboration to reduce new HIV infections, AIDS related deaths and address stigma and discrimination (Integrated SRH/HIV including mental health service delivery)

Youth organizations play an essential role in supporting young populations to design and advocate for new legislation when there is a lack of support from national governments, through establishing their own networks and finding allies within the government. However, there is still an unmet need for cooperation and collaboration at the national level, which allows for the voices of youth to be heard.

An example of good practice was the AIDS Society of the Philippines which is a leading association of individuals from the government and non-governmental agencies, as well as the private sector, with a common unifying interest in preventing the spread of HIV and AIDS. As a membership organization, it counts among its members; experts and professionals from diverse fields such as health and development, infectious diseases, public health, business, and media and communications.

This session was formally closed by Dr. Suwanachai Wattanayingcharoen, Director General of Thailand's Department of Disease Control who noted the similar challenges faced by countries in the Asia Pacific region in the response to HIV and the importance of engaging young people as agents of change. He emphasized that this forum has reignited hope as we hear and see the fantastic work that young people are involved with and the support of governments in the prevention of HIV. However, in order to achieve the 90-90-90 targets and based on these experiences, young people cannot work in isolation; they need the support of stakeholders and decision-makers to continue being agents for change, addressing stigma and discrimination.



#### 6. Youth Consultation, 3 December 2019, Novotel Siam Square



The youth consultation session provided an opportunity for youth representatives to reflect on the recommendations proposed by the Joint Formative Assessment with peers from approximate sub-regional groupings.

#### South Asia (Pakistan, Nepal and Sri Lanka)

- It was highlighted that new HIV programmes and initiatives should be integrated into other existing programmes for young people.
- There needs to be a more intersectional approach to CSE interventions and programmes reaching
  young key populations, which are also sensitive to the needs of all youth including those from YKP.
  One aspect of this is to sensitize medical and social workforce on gender stereotypes.
- Universities and schools should protect their students, ensuring that policies are in place that prohibit discrimination based on health, HIV status or gender.
- Participants also emphasized the importance of tailoring mental health services to adolescents and young people, especially those living with HIV and that there should be a greater focus on life skills for young people living with HIV so that no young person is left behind in reaching their full potential.
- It was agreed by participants that although social media has served as an efficient means for disseminating knowledge on HIV prevention and treatment, the spread of fake news and

inaccurate information remains a significant hurdle. In response, there is an identified need for young people to be trained as moderators to evaluate the content being shared through these channels

- In hard-to-each areas, there should be increased support for legal aid and action avoiding only urban-centric approaches.
- It was noted that young health workers and volunteers working on the HIV response also require care and that counselling and therapy is a necessary requirement for people working in this area.
- Substance use strategies should implement a more intersectional approach, providing programmes and initiatives that focus on consumption reduction, rather than abstinence.

#### South Asia (Group 2)

- There is a need to train more young people as leaders to implement CSE at early ages.
- Train not only parents, but also other relevant actors in society such as leaders and officers of municipalities.
- Provide and inform young leaders about reliable information sources.
- There is a pressing need for reliable data to inform policies and evaluate the current status of mental health, especially the collection of data on community-level challenges.

#### **East and Central Asia**

- In Mongolia, SRHR is usually taught by a PE teacher who is neither approachable or possesses an adequate level of CSE knowledge. Therefore, educational institutions should invest in peer educators for students as a sustainable way of sharing knowledge.
- Youth participation should be included in already existing systems and mechanisms to ensure sustainable solutions.
- There is a need to grow international and national networks to strengthen information sharing and capacity building.
- Ensure that governments understand the importance of providing funds for youth engagement and CSE.

#### **Pacific**

- Interventions that aim to tackle negative parental attitudes towards HIV and SRH should be implemented at the interpersonal level, beginning within communities and It was suggested that in contexts such as the Pacific where religion holds great importance, places of worship may represent key places to initiate discussions on SRHR.
- Including women in decision-making process is key due to their influential role within the household.
- There is a particular need for laws and policies to reduce violence, increase and promote the importance of human rights. Although grassroots movements are imperative, there also needs to be action at the government level.
- Advocacy and communication material such as stickers should be places in visible places to inform youth about HIV prevention.
- Highlighted the importance of youth-friendly hotlines in the Pacific especially in Fiji to provide youth with mental health support.



#### Southeast Asia (Myanmar and Cambodia)

- There is a need for standardized guidelines and manuals for teachers and young leaders to deliver CSF
- HIV prevention messages may be delivered through sports.
- Youth friendly hotlines to provide counselling for mental health is needed.

#### Southeast Asia (The Philippines, Indonesia, Malaysia and Viet Nam)

- Highlighted the importance of providing not only teachers with comprehensive training on CSE, but also social workers and young leaders.
- There is a need for more consideration of young people without parents and the role that a social worker may play in providing essential SRHR education.
- Creating a registered and reliable website or source of information, to provide people with reliable
  content which is free of fake news. In the same sense, social media pages should be officially
  registered to avoid the dissemination of fake news.
- There should be more consideration for young people without access to a cell phone or social media.
- Increase funding for NGOs and youth organizations, in order to increase the impact of their programmes.



#### Points for discussion:

- The need for more reliable data which can be disaggregated by age, sex and key population groups
  was a sentiment echoed amongst many participants, to facilitate monitoring of the current status
  of the HIV response among young populations and further inform policy.
- The development of standardized international guidelines for teaching CSE was advocated as a useful resource for teachers.
- As most of the educational recommendations focus on young people within the education system, there was some discussion on how to reach youth who are out of school or without parents, where social workers may play a significant role in providing essential SRHR education.

The forum was officially closed by Mr. Eddy Rudram from Youth Lead who remarked on the unique nature of this event that brought together so many youth from across the Asia Pacific Region and he expressed his hope that this forum would be an important stepping stone in putting youth at the forefront of the HIV response.

### **ANNEXES**

### Annex 1: Meeting Agenda

Date/Time	Session Outline	Speaker		
2 December 2019 Bhumisiri Mangkhalanusorn Building, King Chulalongkorn Memorial Hospital, 12 <sup>th</sup> Floor				
08:30 - 09:00	Registration			
09:00 - 09:30	Opening Session	Presenters:  1) Ms. Anudari Anar, Youth Representative fro Youth Lead, Mongolia 2) Dr Ann Natalia Umar, Vice Chair of ASEAN Health Ministers Meeting, Lead Country for ASEAN Cities Getting to Zeros, ASEAN representative 3) Mr. Eamonn Murphy, UNAIDS Regional Director 4) Mr. Satit Pitu-techa, Deputy Minister of Public Health, Thailand		
	Photo session			
09:45 - 10:45	Plenary Session  Youth at the forefront: meaningful youth engagement towards ending AIDS as a public health threat	Moderator: Ms. Kamma Blair, Programme Adviser, UNFPA APRO  Regional overview of the HIV epidemic among young people in Asia Pacific region, key highlights: Dr Ye Yu Shwe, Regional Adviser, UNAIDS Data Hub.		
		Presenters:  1) H.E. Ratu Epeli, the Fiji Parliament and UNAIDS Regional Goodwill Ambassador for Asia-Pacific,  What is the Government of Fiji doing to support adolescents and young people as leaders and		

		beneficiaries in the HIV response.
		Dericylolatics in the rily response.
		2) Ms. Bina Kafle, YKP Lead Nepal Developing effective programmes for YKP, ensuring their engagement in planning, monitoring and service delivery.
		<ol> <li>Dr Shahdattul Dewi Nur Khairitza bt Taib HIV/AIDS State Officer Pahang State Health Department, Malaysia</li> </ol>
		"PROSTAR 2.0 – Alignment of HIV training for youth".
		4) Ms. Leyi Zhong, Lingnan Partners Community Support and Service Center, Guangzhou China Online and offline models to reach out to students to increase the uptake of HIV services.
		Q&A – 20 minutes
10:45 - 11:15		Morning Tea-Break
10:45 - 11:15 11:15 - 12:30	Launch of Joint Formative Assessment of the needs for adolescents and youth at risk of HIV in East Asia and the Pacific: Case Studies of the Philippines Indonesia	Morning Tea-Break  Moderators: Ms. Shirley Mark Prabhu, Regional HIV and AIDS Specialist, UNICEF East Asia and Pacific Regional Office, and Mr. Jeffrey Acaba, Programme Officer, APCASO
	Assessment of the needs for adolescents and youth at risk of HIV in East Asia and the	Moderators: Ms. Shirley Mark Prabhu, Regional HIV and AIDS Specialist, UNICEF East Asia and Pacific Regional Office, and Mr. Jeffrey Acaba, Programme
	Assessment of the needs for adolescents and youth at risk of HIV in East Asia and the Pacific: Case Studies of the Philippines, Indonesia,	Moderators: Ms. Shirley Mark Prabhu, Regional HIV and AIDS Specialist, UNICEF East Asia and Pacific Regional Office, and Mr. Jeffrey Acaba, Programme Officer, APCASO  Key recommendations from the document will be
	Assessment of the needs for adolescents and youth at risk of HIV in East Asia and the Pacific: Case Studies of the Philippines, Indonesia, Vietnam, and Thailand	Moderators: Ms. Shirley Mark Prabhu, Regional HIV and AIDS Specialist, UNICEF East Asia and Pacific Regional Office, and Mr. Jeffrey Acaba, Programme Officer, APCASO  Key recommendations from the document will be presented by the moderators in one ppt slide.

	T		
		Assessm	more of the 4 areas covered by the Formative ent that are education, mental health, support and communication.
		How are	Mr. Kritthanan Ditthabanjong, Representative of the Youth Council of Thailand young people addressing stigma and nation in the society, at school, among peers eir communities.
		Mobilizir	Mrs. Krittayawan Boonto, UNAIDS Country Director for Indonesia og partnerships in the HIV response looking out escents and young people.
		Q&A	
12:30 – 14.00			Lunch
14.00 -16.00	Preparation for the arrival of HRH Princess Soamsawali Krom Muen Suddhanarinatha, UNAIDS Goodwill Ambassador for HIV Prevention for Asia and the Pacific, and HRH Princess Bajrakitiyabha Narendira Debyavati.		
	Protocol briefing by the Royal 1	「hai Gover	nment
16:00 – 17.00	Mr. Anutin Charnvirakul Deputy Prime Minister of Thailand and Minister of Public health reports on the background of the Youth Forum.		HRH Princess Soamsawali Krom Muen Suddhanarinatha, UNAIDS Goodwill Ambassador for HIV Prevention for Asia and the Pacific, and HRH Princess Bajrakitiyabha Narendira Debyavati
	Mr. Eamonn Murphy, UNAIDS I Director for Asia and the Pacific reports on the recommendatio resulting from the Youth Forun to move towards the 90-90-90	ns n on how	
	Honey Lyster, member of IATT hands out two reports (Format Assessment on YKP, UNICEF an and Power to People, UNAIDS)	ive d IATT	

	Presenting souvenirs for Head of Delegates.  Visit to the booth exhibition.	Young people presenting posters at booth exhibition: Reaska Rom, Cambodia, Sangeet Kayastha, Nepal Viengxay Keokhamsome, Laos Amal Awais Chughtai, Pakistan	
17:00 – 18:00	For youth delegates: Vans provided by UNAIDS leave for Novotel Hotel at 17:00 and depart to Siam Niramitr at 18:00.  For government delegates: Vans provided by the government leave either from Chulalongkorn Hospital or from Tawana Hotel to Dinner Venue		
19.00 -21.00	Dinner and Cultural show at Siam Niramitr, Praram9 Rd, Bangkok		
	3 December 2019, Tawana Hotel		
8:30 – 9:00	Registration		
09.00-10.30	Symposium Session: ASEAN cities getting to Zero	Dr. Ann Natalia Umar  Chief of HIV & STI, Directorate of Communicable Disease Prevention and Control, Directorate General of Disease Prevention and Control, Ministry of Health	
	Introduction of ASEAN Cities Getting to Zeros	Prevention and Control, Ministry of Health	

	Programme Siswa Sehat (PROSIS)/Healthy Student Programme — AIDS response in University Malaysia Pahang (UMP)  Youth Programme in Bangkok	President of PROSIS, University Malaysia Pahang  3) Dr. Thitisan Palakawong Na Ayuthaya, Division of AIDS, TB and STIs, BMA, Thailand
10:30 – 10:45	Coffee Break	
10:45 - 11:30	Market Place  Themes:  a) Innovative HIV prevention strategies and creative use of combination HIV prevention interventions. b) Supportive Legal and Policy Environment for adolescents/young people. c) Youth leadership, engagement and advocacy. d) Fostering multisectoral collaboration to reduce new HIV infections, AIDS related deaths and address stigma and discrimination (Integrated SRH/HIV including mental health service delivery).	Moderated by Eddy Rudram (Youth Lead), Honey Lyster (UNDP), Michela Polesana (UNAIDS), Mika Yamai (UNFPA APRO)
11:30 – 12:00	Closing Remarks	-Dr Suwanachai Wattanayingcharoen, Director General of Thailand's Department of Disease Control - Pinlada Sriphot, TNY+, Thailand
12.00-13.30	Lunch	
14.00 -16.00	Community Site Visit	14th Health center of Bangkok Metropolitan and Lumpini Community
	Youth Consultation	Novotel Hotel, Siam Square

### Annex 2: Participant List

No	Name	Position/Organization	Country		
	UNITED NATIONS				
1	Mr. Eamonn Murphy	UNAIDS Regional Director for Asia and the Pacific	Thailand		
2	Taoufik Bakkali	UNAIDS Regional Office Strategic Information Adviser	Thailand		
3	Ye Yu Shwe	UNAIDS Data Hub	Thailand		
4	Kamma Blair	Programme Adviser, UNFPA APRO	Thailand		
5	Renata Ram	UNAIDS Country Director, Fiji	Fiji		
6	Stela Sacaliuc	Executive Officer, UNAIDS	Thailand		
7	Xinyi Zhai	Youth Focal Point, China UCO, UNAIDS	China		
8	Abigail Brown	Human Rights Officer (UNV), PNG UCO, UNAIDS	PNG		
9	Tina Boonto	Country Director, Indonesia, UNAIDS	Indonesia		
10	Maki Akiyama	Programme Analyst, Adolescence and Youth, UNICF APRO	Thailand		
11	Quinten Lataire	UNAIDS Human Rights Adviser	Thailand		
12	Wenuyan Yin	UNAIDS Fast Track Adviser	Thailand		
13	Jo Sauvarin	Adviser on Adolescents and Youth, UNFPA APRO	Thailand		
14	Rajnish Prasad	Programme Specialist, HIV/AIDS, UNWOMEN	Thailand		
15	Kunihiko Chris Hirabayashi	Regional Adviser - Health/HIV Section, UNICEF EAPRO	Thailand		
16	Roshini Basu	Regional Adviser - Adolescent Development and Participation UNICEF EAPRO	Thailand		
17	Siri Luther	Communications Consultant , UNICEF EAPRO	Thailand		
18	Sirirath Chunnasart	Adolescents and HIV/AIDS Officer , UNICEF TH	Thailand		
19	Chloe Harvey	Consultant - Data and Research , UNICEF EAPRO	Thailand		
20	Pachara Benjarattanaporn	UNAIDS Country Director, Thailand, UNAIDS	Thailand		
21	Katri Kivioja	Programme Specialist, Programme Manager a.i., UNDP	Thailand		
22	Renaud Meyer	Resident Representative, Thailand, UNDP	Thailand		
23	Lovita Ramguttee	Deputy Resident Representative, Thailand, UNDP	Thailand		
24	Beniam Gebrezghi	Program Specialist Civil Society & Youth, UNDP BRH	Thailand		
25	Kittikun Saksung	Junior National Consultant, UNDP Thailand	Thailand		
26	Nitchakan Daramatat	Youth Engagement Consultant, UNDP Thailand	Thailand		
27	Suparnee Pongruengphant	Program Specialist Civil Society & Youth, UNDP Thailand	Thailand		
28	Hakan Bjorkman	Regional Health & Development Advisor, UNDP	Thailand		
29	Ke (Linka) Lin	Consultant - Youth Co:lab, UNDP	Thailand		
		CIVIL SOCIETY			
30	Jeremy Tan	Programme Officer - FRHAM	Malaysia		
31	Huong Thai Anh	G3VN Community-based organization and member of VYKAP	Viet Nam		
32	Duong Tu Anh	Vice Chair of VYKAP	Viet Nam		
33	Norielle Cabanatan	AIDS Society of the Philippines	Philippine s		
34	Franz Louie Galacio	Chairperson of APEER Ilocos Sur	Philippine s		

35	Noval Auliady	YVC Focal Point and member of Youth Advisory Panel of UNFPA	Indonesia
36	Missael Hotman	Inti Muda	Indonesia
37	Viengxay Keokhamsome	LaoPha	Lao PRD
38	Chansouda Boudlakhone	Vientiane Women and Youth Center for Health and Development (VYC)	Lao PRD
39	Chhoeurn Sophea	Volunteer at Reproductive Health Association of Cambodia (RHAC)	Cambodia
40	Reaska Rom	RHAC	Cambodia
41	Aung Phyu Htut	Senior Operations Officer of Myanmar Youth Star	Myanmar
42	Myat Paing Phyo	Executive Committee at Myanmar Youth Star	Myanmar
43	Mirza Ammad Baig	Project Officer - Wasaib Sanwaro	Pakistan
44	Fernando Carvalho Gama	Coordinator of the Díli Model UN Alumni in Timor-Leste	Limor- Leste
45	Gu Xiao	Kunming Parallel Health Support Development Centre	China
46	Leyi Zhong	Lignan Partners Community Support and Service Center in Guangzhou	China
47	Zolzaya Gantogtokh	National Human Rights Commission of Mongolia	Mongolia
48	Anudari Anar	Youth LEAD Mongolia	Mongolia
49	Alanieta Rose Atama	FIJI	Fiji
50	Henry Kokia	KP Consortium	PNG
51	Sadam Hanjabam	Founder - Ya All	India
52	Archana Mathur	Naz Foundation	India
53	Amal Awais Chughtai	Have Only Positive Expectations (HOPE)	Pakistan
54	Haseeb Rathore	Have Only Positive Expectations (HOPE)	Pakistan
55	Kaushalya Ranasinghe	Youth Mobiliser - Diversity and Solidarity Trust	Sri Lanka
56	Wijeratne Arachchige Imasha Perera	National Transgender Network	Sri Lanka
57	Bina Kafle	Member (YKP-Lead Nepal) and CCM member	Nepal
58	Parashar Bikram Adhikari	Board Member (YKP-Lead Nepal)	Nepal
59	Sara Thapa Magar		Nepal
60	Gillian Rose Bryant Hernaez	FRHAM, President for PROSIS in Universiti Malaysia Pahang	Malaysia
61	Sangeet Kayastha	Coordinator at Y-PEER Asia Pacific Centre	Nepal
62	Nounvan Suwanviwatana	Finance Officer, Youth LEAD	Thailand
63	Gaj Gurung	Regional Coordinator, Youth LEAD	Nepal
64	Justin Francis Bionat	Regional Coordinator, Youth Voices Count	Philippine s
65	Jeffrey Acaba	Programme Officer at APCASO	Philippine s
66	Gabriela Romero	Rapporteur	Colombia
67	Nok Wirat	Finance Officer, APN+	Thailand
68	Nopparuch Muenkaew	TNY+	Thailand
69	Khampan Silivay		Lao PDR
70	Kritthanan Ditthabanjong	Representative of the Youth Council of Thailand	Thailand
71	Pinlada Sriphot	TNY+	Thailand
72	Pimpaka Payakmai	TNY+	Thailand
73	Wichai Noithai	TNY+	Thailand
74	Ryan Figueiredo	Equal AF	Thailand
75	Vanessa Monley	Programme Officer	Thailand

76	I Made Wahyu Widyatmika	Youth Representative Badung, Bali	Thailand
		ORGANIZING COMMITTEE	
77	Shirley Mark Prabhu	Regional HIV and AIDS Specialist, UNICEF EAPRO	Thailand
78	Edward (Eddy) Rudram	Communications Officer, Youth LEAD	Thailand
79	Jawying (Honey) Lyster	Programme Management and M&E Consultant, UNDP	Thailand
80	Michela Polesana	Advocacy Adviser, UNAIDS RST	Thailand
81	Earn Boonyatharokul	Communications Assistant, UNAIDS RST	Thailand
82	Surasak Thanaisawanyangkoo	Chief, International Collaboration Development Section, MoPH	Thailand
		MINISTRY AND GOVERNMENT	
83	Ratu Epeli	H.E. Speaker of the Parliament	Fiji
84	H.E Kung Phoak	Deputy Secretary General for ASCC	ASEAN
85	Ramil Anton M. Villafranca	Council for the Welfare of Children, the Philippines	Philippine s
86	Mayor Joy Belmonte	Quezon City	Philippine s
87	I Gde Bagus Arya Theda Subrata	AIDS Commission Badung City, Bali (guardian for youth Rep)	Indonesia
88	Dr. Ann Nathalia Umar	Vice Chair of ASEAN Health Ministers Meeting, Lead Country for ASEAN Cities Getting to Zeros, ASEAN representative	Indonesia
89	Dr Shahdattul Dewi Nur Khairitza bt Taib	HIV/AIDS State Officer	Malaysia
90	Dr. Nabila Soomro	AIDS Control Program	Pakistan
91	Undersecretary Mary Mitzi Cajayon-uy	Executive Director V	Philippine s
92	Reynaldo Enriquez	Assistant to the undersecretary	Philippine s
93	Undersecretary Ryan Enriquez	Chairperson and Chief Executive Officer	Philippine s
94	Hon. Francisco T. Duque III	Secretary, Department of Health	Philippine s
95	Dr. Phengphet Phetvixay		Lao PDR
96	Alautiah Miftahayati Rahmunanda		ASEAN Sec
97	Dr. Siri Phonexay		ASEAN Sec
98	Laurence Anthony Diestro		Philippine s
99	Dr Shahdattul Dewi Nur Khairitza bt Taib		Malaysia
100	Sefanaia Tudono	Ratu Epeli's Exectuive Assistant	Fiji

#### Annex 3: Key findings and recommendations from the Joint Formative Assessment

1) <u>Education</u>: CSE education is largely absent or limited in schools and teachers are mostly unprepared and under-resourced to offer CSE, including lack of SRHR and HIV information and curricula.

Recommendation: Capacitate teachers and schools to provide fact-based, fun and non-stigmatizing SRH and HIV prevention education which is also age appropriate.

2) <u>Parental and peer support</u>: Adolescents and young key populations experience disproportionate familial rejection, stigma, marginalization and homelessness. Parents are unprepared, lacking in information and skills to discuss SRHR.

Recommendation: Expand and intensify parenting interventions designed for parents and families in the workplace and community. Capacitate and resource peer-outreach and support programmes. Design and approach whole-school anti-bullying programmes and policies.

3) <u>Communication:</u> Social media platforms, including YouTube, Facebook and various apps emerged across countries as primary sources of SRHR information. However, some information is outdated or fake news/myths and other information is unreliable or not designed with young people in mind.

Recommendation: Leverage extensive social media penetration in AP through fun and through engaging trainings for young people, enable critical evaluation of information received online and its sources and promote safety. Establish government hotlines/web based apps to enable young people to seek counselling.

4) <u>Mental health:</u> Programmes and services tailored for adolescents and young people are extremely limited. Baseline data on adolescent mental health is lacking.

Recommendation: Invest in collection of quality data on adolescent and youth mental health at national and sub-national levels, including sex and age disaggregated data. Introduce and integrate curricula on gender responsive youth friendly mental health into the training of health care providers and regular on the job training and job aids to support competencies.

#### Annex 4: Royal Ceremony agenda

#### Programme

Her Royal Highness Princess Soamsawali Krom Muen Suddhanarinatha, UNAIDS Goodwill

Ambassador for HIV Prevention for Asia and the Pacific, and Her Royal Highness Princess

Bajrakitiyabha Narendira Debyavati

#### proceed to

Asia - Pacific Youth Forum: Youth at the front of the HIV response Monday, December 2, 2019 at 16:00 hrs.

At 13<sup>th</sup> floor, Multipurpose room, Bhumisirimangkalanusorn Building, King Chulalongkorn Memorial Hospital, the Thai Red Cross Society

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16:00 hrs.

Her Royal Highness Princess Soamsawali Krom Muen Suddhanarinatha, UNAIDS Goodwill Ambassador for HIV Prevention for Asia and the Pacific, and Her Royal Highness Princess Bajrakitiyabha Narendira Debyavati arrive at the Multipurpose Room (13<sup>th</sup> Floor)

#### Received upon arrival by

Mr. Anutin Charnvirakul, Deputy Prime minister of Thailand and Minister of Ministry of Public Health

Dr. Sukhum Karnchanapimai, M.D, Permanent Secretary of Ministry of Public Health

Dr. Suwannachai Wattanayingcharoenchai, M.D, Director- Gerneral of Department of Disease Control

Professor Suttipong Wacharasindhu, M.D, Director of King Chulalongkorn Memorial Hospital, the Thai Red Cross Society.

Mr Eamonn Murphy, UNAIDS Regional Director for Asia and the Pacific

Dr. Monthinee Vasantiuppapokakorn, M.D, Deputy Director of AIDS and sexual transmitted disease division and

Ms. Michela Polesana, Advocacy Adviser, UNAIDS, Regional Support Team for Asia and the Pacific present the garland to Her Royal Highness Princess Soamsawali Krom Muen

Suddhanarinatha and Her Royal Highness Princess Bajrakitiyabha Narendira Debyavati.

Inside the Multipurpose Room

- Mr. Anutin Charnvirakul Deputy Prime minister of Thailand and Minister of Public health reports on the background of the Youth Forum.

- Mr. Eamonn Murphy, Director of the UNAIDS Regional Support Team for Asia and the Pacific, reports on the recommendations resulting from the Youth Forum.

- Ms. Honey Lyster, member of the IATT on YKP, presents to Her Royal Highness Princess Soamsawali Krom Muen Suddhanarinatha and Her Royal Highness Princess Bajrakitiyabha Narendira Debyavati two reports:

1) Looking out for adolescents and youth from key populations: formative assessment on the needs of adolescents and youth at the risk of HIV, UNICEF and IATT on YKP; 2) Power to the People, UNAIDS.

-Dr. Suwannachai Wattanayingcharoenchai, M.D, Director - General of the Department of Disease Control asks for permission to invite 5 youth speakers representatives to accept souvenirs.

- Her Royal Highness Princess Soamsawali Krom Muen Suddhanarinatha and Her Royal Highness Princess Bajrakitiyabha Narendira Debyavati visit poster exhibition.

- Her Royal Highness Princess Soamsawali Krom Muen Suddhanarinatha and Her Royal Highness Princess Bajrakitiyabha Narendira Debyavati departs

#### Attire:

1) Government officers: White Uniform

2) Delegates:

Option A: Business Attire (Entire outfit should not be all black). Female: Skirt or dress, length covering the knee shoulders need to be covered (sleeves/jacket/blazer). Closed-toe shoes. Male: Formal men's suit (blazer and necktie) and trousers (no jeans) with formal black shoes. Option B: National/traditional dress.

Option C: Official student uniform (for female students: knee-length skirt and black brogue shoes).