

# Young People with Disabilities & HIV



## Background

While young people with disabilities are not classed as a key population within the context of the AIDS response, they nonetheless face many barriers to HIV-related service access, bodily autonomy, and routinely have their human rights abused and violated.

Despite not being a key population, it is recognised within the 2021 PD that young people with disabilities faced increased risk of HIV acquisition. When advocating for the rights, meaningful engagement, and leadership of young people with disabilities

in the context of HIV/AIDS, there are a few different commitments that you could use to hold governments accountable to actions and services for young people with disabilities.



## Key Demands and Priority Actions for Young People



Young people demanded that as a population, young people are not homogenised and recognised in all our diversity. This included specifically ensuring that young people with disabilities (in all their diversity and recognising the intersectionality that sits within this group) are recognised and have specific provisions within the HIV response.

## Getting a Baseline



Before embarking on an advocacy campaign that is based on the targets included in the 2021 Political Declaration (or indeed, any advocacy campaign), it is important to get a baseline of the current situation to see how much change is needed. This could include working with young people with disabilities around your country to explore the different issues in these contexts:

→ Accessing HIV and SRHR services, including harm reduction

- CSE provision for people with disabilities
- Anti-discrimination laws for young people with disabilities
- Bodily autonomy for young people with disabilities

Once as a network you know the starting situation, you can plan your advocacy campaign.

## Contextualising the Targets



Depending on your situation, these targets may be closer or further away from being achieved. Based on your baseline, set some intermediary targets that are contextual to your setting that are achievable in

a reasonable timeframe that will support with the reaching of the relevant 2025 targets. You don't need to shoot straight for them, set some more achievable outcomes if needed.

## Relevant Commitments in the 2021 Political Declaration



### 58

Commit to reinforce global, regional, national and subnational HIV responses through enhanced engagement with a broad range of stakeholders, including regional and subregional organisations and initiatives, people living with, at risk of and affected by HIV, key populations, indigenous peoples, local communities, women and men, girls and boys, including adolescents, young people and older persons, in diverse situations and conditions, refugees, migrants, internally displaced persons, political and community leaders, parliamentarians, judges and courts, communities, families, faith-based organisations, religious leaders, scientists, health professionals, donors, the philanthropic community, the workforce, including migrant workers, the private sector, media and civil society, and community-led organisations, women's organisations, feminist groups, persons with disabilities and their representative organisations, youth-led organisations, national human rights institutions, where they exist, and human rights defenders, and relevant United Nations entities and other key international partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria

This paragraph specifically references people with disabilities as a group that requires specific attention in the HIV response. It commits to engaging people with disabilities within the different mechanisms of the global, regional, national, and subnational HIV response. This could be a strategic entry point for pushing for greater representation of young people with disabilities in civil society engagement mechanisms where they exist. If they do not exist this could be used to advocate for formal civil society engagement in national and subnational HIV mechanisms.

This could also be used as an accountability mechanisms to ensure disability representation within civil society engagement mechanisms.

### 69(d)

Accelerating efforts to collect, use and share granular data that are disaggregated by income, sex, mode of transmission, age, race, ethnicity, migratory status disability, marital status, geographic location and other characteristics relevant in national contexts in a manner that fully respects confidentiality and the human rights of people living with, at risk of and affected by HIV and other beneficiaries, and strengthen national capacity to collect, use and analyse such data, including through technical, financial and capacity-building support to developing countries, including to least developed countries, landlocked developing countries and small island developing States to further strengthen the capacity of national statistical authorities and bureaux

While this paragraph does not make direct reference to young people with disabilities, it could be used as an entry point to advocate for improved engagement of young people with disabilities. Collecting data is important in ensuring resources are allocated appropriately for the HIV response. Young people with disabilities are routinely left out of/excluded from the HIV response, so utilising these as entry points could be a way to ensure greater representation within relevant spaces in your context.

There are many other paragraphs and commitments that may be relevant to your advocacy, including commitments on meaningful youth engagement, HIV services access, and human rights. We have other fact sheets on human rights, meaningful youth engagement, and youth leadership, that you can use to further advocate for the rights and leadership of young people with disabilities, amending and co-opting the messages to your context.

Furthermore, the wording in other commitments can be interpreted to your favour. For example, paragraph 60 refers to "...all epidemiologically relevant groups" -

advocate in your country to ensure that young people with disabilities are included in this. 60d reinforces this: "... these populations may include women and adolescent girls and their male partners, young people, children, persons with disabilities..."

Commitments such as 60a (...full access to comprehensive information and education...) can be used to advocate for greater accessibility of information and education, including in alternative formats. This also fits in with para 57 ("pledge to end all inequalities..."). Youth with disabilities are more likely to experience discrimination by HIV testing

and treatment healthcare service providers due to providers refusing to provide services or because of a lack of knowledge on how to appropriately accommodate people with disabilities, for example

in some public health care centres nurses tend to think that people with disabilities are not supposed to engage in sexual activities therefore making it difficult to assist them as if they have no right to the services.

## Conclusion



Young people with disabilities continue to be marginalised in the HIV response, despite facing a context that increases their risk of acquisition and risk to other factors that increase acquisition such as GBV, sexual violence, and lack of access to services. The commitments within the 2021 Political Declaration could be used to hold decision makers accountable as well as act as an entry point for greater engagement of young people with disabilities within the HIV response.

This advocacy guide would not have been possible without the contributions of the following (in alphabetical order)

- African Network of Adolescents and Young Persons Development
- Sinayo Mukume
- The PACT
- Y+ Global
- Youth Coalition for Sexual and Reproductive Rights
- Youth LEAD
- Youth RISE
- Youth Voices Count

These youth networks and young activists have been critical in providing insight into how the 2021 Political Declaration can be used to hold decision-makers accountable to their commitments to young people to end AIDS as a public health threat by 2030.

