GLOBAL NETWORK OF YOUNG PEOPLE LIVING WITH HIV

Youth Statement for the 2023 United Nations High-Level Meeting on Universal Health Coverage

Background

We, the young people in our diversity from 18 countries[1] across the world, came together as a diverse but unified force for change to define our priorities for UHC and make recommendations on advancing UHC for young people globally. We reviewed the draft **Political Declaration of the High-Level Meeting on Universal Health Coverage** and identified gaps that must be addressed to promote self-care and universal health coverage for all young people.

We **recognise** that **the world continues to change rapidly** and that country-level approaches to achieve UHC for young people require constant innovation to keep pace with their changing needs, as well as changing political priorities. To achieve UHC, young people should not depend on health workers' availability or accessibility of physical healthcare facilities.

We **recall** the **devastating impact of COVID-19** on young people's lives worldwide and its exposure to weaknesses within national and global health systems[2]. Young people experienced limited access to SRHR services, disruption in maternity care, and increased child marriage and intimate partner violence[3]. During the pandemic, under-investment in health infrastructure, human resources and commodity security led to the marginalisation of young people from health services and surfaced the urgent need for a more inclusive and robust approach to achieving UHC for young people[4].

We **acknowledge** that **self-care is a relatively new concept but essential in building inclusive health systems**. It increases young people's autonomy, choice and power concerning their health. Digital health innovations for self-care help empower young people to practice self-care and potentially reduce the burden on public health infrastructure.

1 Eswatini, Mozambique, Zambia, Botswana, Zimbabwe, Kenya, Tanzania, Malawi, Namibia, Lesotho, Burundi, Cameroon, Uganda, Ecuador, Rwanda, Nigeria, Pakistan and South Africa

2 https://www.afro.who.int/sites/default/files/2021-04/CONTINUITY%20OF%20ESSENTIAL%20SRHR%20SERVICES%20LEOrevised2.pdf

3 https://www.mdpi.com/1660-4601/18/24/13221

4 https://www.frontiersin.org/articles/10.3389/frph.2022.794477/full

Barriers and Gaps in Access to Services

We are **concerned** that **young people continue to face barriers that limit their access to health services, especially young key populations and youth living in rural areas**, including due to poverty, gender-based violence, stigma, discrimination, and other factors. Young people have limited access to information and youth-friendly services, contributing to high adolescent pregnancy rates, STIs, HIV transmission and gender-based violence.

- **Legal barriers** impede young people's ability to access and navigate health services. Age of consent and criminalisation laws put essential SRH services out of reach for young people;
- **Harmful cultural practices, social norms and religious laws** restrict young people's access to SRH information and services, as well as expose them to increased health risks through child, early and forced marriage and adolescent pregnancies;
- **Inadequate health service provision** persists due to limited provision of Comprehensive Sexuality Education (CSE) in schools, limited access to information on health services, negative service provider attitudes, inefficient referral systems, and lack of adaptation to the needs of young people with disabilities. Stock-outs of self-care and other essential health commodities remain common, whilst young people in rural areas still have disproportionately low levels of access to services;
- **Unaffordable health services** increase the unmet need for SRH services in young people through exorbitant out-of-pocket expenses and health insurance fees. Many young people cannot afford to purchase the SRH commodities and services they need;
- **Stigma and discrimination** make it difficult for young people to access SRH services openly or freely seek SRHR information. It is negatively affecting treatment adherence in young people living with HIV as they fear being judged at health facilities;
- **Inadequate support from parents and caregivers** curtails young people's access to SRHR services in cases where parental or guardian approval is required for young people to access services;
- **Inequalities affecting girls and young women** increase their susceptibility to experiencing adverse health outcomes and impede their ability to generate the income needed to afford health services and health insurance.

Limitations in Global Health Leadership

We are **further concerned** that leadership deficiencies in global health will undermine efforts to advance UHC for young people. We are apprehensive about the following issues:

- There is **limited availability of age- and sex-disaggregated data** and a lack of transparency in reporting on SRHR and UHC;
- There are reported **declines in domestic financing for SRHR**, resulting in inadequate health infrastructure and commodities and human resource shortages, especially in rural areas. Governments in some countries still need to **meet agreed targets for health financing** and have become heavily reliant on external funding for health programmes. These declines in domestic

financing have reduced the sustainability of health programmes;

- **There needs to be a faster roll-out of financing mechanisms** for UHC and implementation of policies on self-care. The pace of progress on self-care and UHC has been slowed as a result;
- **Young people have been largely excluded from local** decision-making on UHC and self-care, which has affected the quality of decision-making on young people's SRHR. This has made it difficult for issues directly affecting young people to be heard and addressed;
- **The self-care guidelines are not being domesticated** at country-level, which reflects a lack of prioritisation of self-care by governments;
- Conflicts in approaches adopted by private and public sector partners have led to **siloed approaches and unsustainable interventions** that fail to make a positive and lasting impact on the health status of young people.

Emerging Opportunities to Advance Self-Care

We are **encouraged** by emerging opportunities and good practices in advancing UHC among young people in different contexts. There **are new opportunities to increase access to SRHR services** through HIV self-testing, self-sampling for STIs and digital health information. This includes introducing digital vending machines that dispense self-care commodities and tools.

We are **further encouraged that young people are ready to lead** SRHR programmes targeting them. Youth networks and movements are currently working as a force for good in leading advocacy for young people's SRHR at national, regional, and global levels.

Gaps in the Draft Political Declaration of the HLM on UHC

We are **concerned** about the **gaps** in the current draft **Political Declaration of the High-Level Meeting on Universal Health Coverage** and the implications of these omissions in advancing UHC for young people globally. We note the absence of substantive commitments on the following issues:

- **Providing adolescent-friendly health services**, including for adolescent boys;
- Addressing **cultural practices** that impede young people's health outcomes;
- Including **self-care, menstrual health**, and **care and support for young people living with HIV** as part of an essential package of services for UHC;
- Including **programming for intersex persons**, especially ending childhood surgeries for children with intersex variations;
- Addressing **high unemployment rates in young people**, which fuel poverty and reduce available income for the purchase of self-care health services and commodities;
- Supporting **youth leadership** in advancing self-care and UHC;
- Preventing **sexual and gender-based violence** targeting children, adolescents, and young people.

A Call to Action

We, the young people in our diversity from 18 countries[1] across the world, call on governments and parliamentarians at the UN High-Level Meeting on Universal Health Coverage to ensure that

The **term and approach of self-care are socialised** in advancing UHC. To achieve this:

- Ministries of Health must prioritise specific self-care strategies, including HIV self-testing, self-sampling for STIs and the provision of digital health information;
- Ministries of Health, Education and Youth must consider investing in the use of technology in innovative ways to help young people access health information and self-care.

Laws and policies are changed to enable young people's access to SRH services and to guarantee their sexual and reproductive rights. To achieve this:

- Members of Parliament must challenge restrictive customary and religious laws and policies on the age of consent for access to services, criminalisation of same-sex sexual relations and access to abortion;
- Members of Parliament must craft laws that guarantee the rights and freedoms of young people, particularly regarding sexual and reproductive health and rights.

Domestic resourcing for health is improved, with a reduced reliance on external funding from development partners. **Human resource gaps** must be addressed, especially regarding health service provision in rural areas. To achieve this:

- Ministries of Finance must allocate at least 15% of the national budget to health, with specific allocations made to SRHR programmes;
- Ministries of Health must allocate adequate health worker staff across the country to cater to young people's health needs in rural areas.

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Youth leadership is invested in facilitating young people's involvement in decision-making on UHC. To achieve this:

- Ministries of Health and Ministries of Youth must introduce community SRHR and self-care champions who work alongside trained health personnel to promote decentralised access to self-care;
- Ministries of Youth and Ministries of Health must establish youth advisory platforms on UHC and self-care to strengthen accountability to youth so that young people can be involved in making linkages between SRHR, HIV and UHC and how self-care can effectively strengthen health systems.

Implementation of UHC-related policies and accountability for the same is strengthened. To achieve this:

- Ministries of Health must address gaps in data and harmonise data concerning gender-based violence reporting;
- Governments must improve transparency on the allocation and utilisation of funding for health.

Harmful social norms and cultural practices are challenged through the engagement of community and faith leaders. To achieve this:

- Governments must take the lead in combating stigma and discrimination at the community level and raising awareness of the HIV response in rural and remote areas;
- Governments must uphold and promote the rights and freedoms of young people and protect them from interference by stakeholders who weaponise religion, culture and tradition to hinder the realisation of SRHR for young people;
- Members of Parliament and Ministries of Health should adopt inclusive and rights-based language in laws and policies at the country level and in communication material at the service delivery level.

Underlying factors increasing young people's vulnerability to health challenges are addressed. To achieve this:

- Ministries responsible for children, Ministries of Youth and Ministries of Health must meet the nutritional needs of adolescent girls with anaemia and commit to reducing poverty rates among young people;
- Ministries of Health must introduce an essential health coverage benefit plan for young people in their country to ensure that all young people have access to affordable primary health care;
- Ministries of Health must address the needs of young people in rural and remote areas who face hardships in accessing health services.

Youth-friendly health services are delivered, including CSE programmes in schools and communities and the provision of self-care commodities. To achieve this:

- Ministries of Health must ensure that services are sufficiently decentralised and made affordable for all young people to be able to access them, which includes the delivery of mobile health services;
- Ministries of Health must ensure that healthcare providers are trained and retrained on the delivery of youth-friendly health services;
- Ministries of Health and Ministries on Youth must ensure that youth-friendly services are better coordinated, including through the regulation of health helplines;
- Ministries of Health must Increase community leadership in SRHR service delivery by upskilling community-based health workers.

Youth Commitment

We **acknowledge** our power as young people in advancing universal health coverage and self-care for young people. We are a growing force for good and will continue to ensure that nothing that is done for us is done without us.

We **commit** to scaling up our efforts to activate youth leadership in advancing self-care and SRHR and to achieve universal health coverage for young people through advocacy in the context of the HIV response.

We **urge** young leaders, youth-led organisations and movements to advance youth leadership in UHC through the following actions:

- **Understanding Universal Health Coverage (UHC):** Before advocating for UHC, ensure that the organisation and its members have a clear understanding of what UHC means;
- **Aligning with global and national commitments:** Familiarize yourself with international and national commitments related to UHC and the HIV response;

- **Raising awareness on UHC and youth SRHR interlinkages:** Create awareness campaigns and educational materials that explain the importance of UHC in the context of HIV prevention, treatment, and care;
- **Building coalitions:** Collaborate with young people, youth-led and youth-serving organisations, advocacy groups, and stakeholders working in the field of HIV and healthcare;
- **Engaging in evidence-based advocacy:** Use data and evidence to engage decision-makers for advocacy, including data on how limited access to healthcare impacts young people living with or at risk of HIV;
- **Using Multimedia:** Utilize multimedia tools such as videos, infographics, and visual presentations to convey your messages, using personal stories and testimonies from young people affected by HIV and the lack of access to healthcare;
- **Engaging gatekeepers and community leaders:** Work with gatekeepers in communities to counter stigma and discrimination and create an environment where young people's sexual and reproductive health and rights are respected, protected and promoted.

We **acknowledge** that advocacy is an ongoing process, and building support for UHC in the context of the HIV response may take time. We will demonstrate persistence and collaboration in achieving our goals.

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