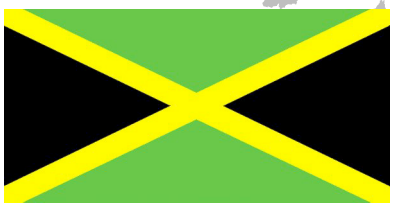
2008 National Youth Shadow Report

Progress Made on the 2001 UNGASS
Declaration of Commitment on HIV/AIDS

JAMAICA



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Preface[1]

In just two years, the world will evaluate ten years of work toward "Universal Access by 2010" to HIV and AIDS prevention, care and treatment. While progress has been made in several areas of the AIDS response, the targets laid out so ambitiously for youth in the 2001 Declaration of Commitment on HIV/AIDS (DoC) will be unmet by drastic margins; indeed, 7 years later, few governments even bother to collect data specifically on youth.

Globally, 1.7 billion young people aged 10-24 make up one quarter of the world's population. Approximately 40% of all new HIV infections occur among young people between 15-24 years of age,[2] and there are 5.4 million young people living with HIV.[3] Young people are the face of HIV. We are at higher risk of HIV infection because we lack access to the crucial information, education, and services to protect ourselves. However, our needs are often ignored when data is collected and strategies on HIV and AIDS are drafted, policies developed, and budgets allocated. Successful programs often lose funding as interests shift toward other, less controversial topics, or young leaders "age out" and others with similar potential are not empowered. This is especially tragic, because we, as young people, are statistically more likely than adults to adopt and maintain safe behaviors.[4]

Ignoring us in policies, programs, and resource allocation is a main contributing reason to the further spread of the HIV epidemic. Our particular vulnerability to HIV infection draws attention to societal inequities that few want to speak of, let alone address, such as sexual violence, injecting drug use, same-sex relationships, and sex work. Evidence clearly displays that the longer governments, stakeholders and health care providers continue to ignore the unpleasant realities faced by many young people, the more our peers and siblings will be infected with HIV.

In June 2001, heads of State and government representatives convened for the United Nations General Assembly Special Session on HIV/AIDS (UNGASS). At the first UNGASS on HIV/AIDS, 189 countries signed the Declaration of Commitments (DoC) as a pledge to halt and begin to reverse the spread of the AIDS epidemic through international, regional and country–level partnerships and with the support of civil society. Progress is measured through intermittent reviews.

Despite DoC commitments to work in full partnership with youth, governments still treat us as beneficiaries of programmes and services rather than crucial stakeholders and key actors in achieving the DoC targets and goals.[5] The impact of this exclusionary attitude will manifest shortly in a lack of leadership and an even greater shortage of health care workers. As we come of age to adulthood, we must be trained and empowered today as a cadre of young leaders.

The DoC states that by 2005, at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 will have access to the information, education, skills and services to protect themselves from HIV infection. **However, as of 2007, only 40% of young men**

Notably, the DoC recognizes young people's higher risk to HIV infection 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.
  - Expanding good-quality, youth-friendly information and sexual health education and counseling services;
  - Strengthening reproductive and sexual health programs; and
  - Involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programs.

[1] Adapted from GYCA and Global Youth Partners, "Our Voice, Our Future: Young People Report on Progress Made on the UNGASS Declaration of Commitment on HIV/AIDS." UNFPA, 2005. http://www.youthaidscoalition.org/resources.html
[2] UNAIDS (2007) AIDS epidemic update: Core slides: Global Summary of the HIV and AIDS epidemic. UNAIDS, Geneva. http://www.unaids.org/en/KnowledgeCentre/HIVData/Epidemiology/epi_slides.asp
[3] UNAIDS (2007) AIDS Epidemic Update
[4] UNICEF/UNAIDS/WHO (2004) Young People and HIV/AIDS, Opportunity in Crisis. UNICEF, UNAIDS & WHO, 2004.

and 36% of young women had accurate HIV knowledge on transmission and prevention.[6]

The needs of young people are not homogenous or universal. Young people are mothers, students and sex workers. They are injection drug users and prison inmates. Young people have varying sexualities, lifestyles and definitions of the family. Young people living with HIV are studying, working, having sex and planning families. Young advocates are best positioned to design policies and programs that are most relevant and effective at addressing our varying needs.

Methodology

With only two years left to achieve the UNGASS goals and targets, young people are actively participating in the tracking and reporting of UNGASS commitments. In 2008, these young people have produced 10 UNGASS Youth Shadow Reports to present at the UNGASS, in its seven-year review. Young researchers from Egypt, Jamaica, Viet Nam, Nepal, India, Kenya, Zimbabwe, Senegal, Nigeria and the United States of America tracked and monitored progress on the UNGASS commitments to young people in their own countries and made recommendations for moving forward. Their research, findings and analysis will set the tone for needs and priorities that must be taken into account during the high level meetings. On 10-11 June 2008, 30 young leaders will advocate to decision-makers by sharing knowledge of their country's national response and identifying major gaps and barriers to success.

Since 2005 GYCA has facilitated the production of 34 UNGASS National Youth Shadow Reports.[7] GYCA members from 17 countries volunteered to research and produce shadow reports, and assembled national teams of young people from various networks to take part. For several of researchers, this report was the first of such an undertaking. Seven reports address findings at the community level, and will be available shortly on GYCA's website. Researchers 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 (YPLHIV) 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 meet the UNGASS targets for young people. This qualitative information was supplemented by reviews of national policies, laws and documents, as well as academic literature. Young people also consulted representatives from national and local governments and national AIDS programs when available, as well as various stakeholders such as service providers, representatives from NGOs, international and bilateral organizations. The final reports were reviewed and edited by GYCA staff, preserving original content, tone, and perspectives as much as possible.

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.[8] A number of questions, based on the indicators suggested by the UNAIDS National AIDS Programs - A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programs for young people,"[9] were suggested to guide their research. Data collection and analysis focused on four main areas:

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

Country's progress on collecting youth-specific, disaggregated data was also evaluated. This report details the findings of the young researchers, and their recommendations and vision for the way to move forward.

[6] UNGASS (2008). Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: midway to Millenium Development Goal.
[7] The first twelve reports were compiled into GYCA & GYP's "Our Voice, Our Future", UNFPA 2005. In 2006, six independent reports were produced, and in 2008, this report is one of 17- 10 national reports and 7 community level reports.
[8] The research guide is available upon request, and is loosely based on UNDESA's 2004 "Making Commitments Matter: A toolkit for young people to evaluate national youth policy."
[9] UNAIDS (2004) National AIDS Programs - A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programs for young people.

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Vanessa Ford, 23, is GYCA's 2008 NFP for Jamaica. A graduate from the University of Toronto and the National University of Singapore, Vanessa has been a youth advocate for HIV and AIDS and sexual reproductive health rights for over five years. She has worked with several humanitarian organizations, notably SNAP (Swaziland's National HIV/AIDS Program), Dignitas International, ICA Canada, Rotaract, AMODEFA (Mozambique), UNGASS and UNAIDS. She has presented several papers on a local and international level, specifically UNAIDS local country offices as well as the XVI International AIDS Conference in Toronto 2006. Her most recent work includes co-producing a documentary profiling the lives of orphans with HIV. Her future plans include attending grad school and starting her own non-governmental organization.

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About the Global Youth Coalition on HIV/AIDS (GYCA

GYCA is a youth-led global network of over 4,000 young leaders and adult allies fighting the spread of HIV and AIDS in over 150 countries worldwide. GYCA, supported by UNFPA and UNAIDS, was established in 2004 and is based in New York and Accra, Ghana. GYCA empowers young leaders with the knowledge, skills, opportunities and resources they need to be effective agents of change in their communities. For more information please visit http://www.youthaidscoalition.org, or write to info@youthaidscoalition.org.

Portrait of Jamaica in Numbers		
Total Population	2.7 million	UNAIDS (2006)
GNP per capita	US $2,900.00	Population Reference Bureau (2007)[10]
Percentage of population in urban area	52%	Population Reference Bureau (2007)
HIV prevalence among population 15-49	1.3%	UNGASS Country Progress Report (2008)
Percentage of young women and men aged 15-24 infected with HIV	1.5% (2005 sentinel surveillance of ANC clients) 1.3% (2007 sentinel surveillance of ANC clients,	UNGASS Country Report (2008)
Percentage of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.	Females 46.7%, Males 22.8% (2004 KABP) Women: 59.8% (urban), 57.9% (rural) (2005 MICS)	UNGASS Country Report (2008)
Number of physician for every 100,000 people	85	UNDP (2008)[11]
Average age at first sex	Female: 17.2, 15.7 Males (2004 KABP)	UNGASS Country progress report (2008)
Percentage of young women and men aged 15–24 who have had sexual intercourse before the age of 15	Men: 47.7% Women: 15.2% (2004 KABP)	UNGASS Country progress report (2008)

I. Introduction

Youth and HIV

The Caribbean islands are home to the fastest growing rates of HIV in the world.[12] In Jamaica, those most severely impacted by this burgeoning epidemic are young people. According to UNICEF, in 2004 AIDS-related illnesses were the second leading cause of death among Jamaican youth ages 10-24.[13] It is estimated that two thirds of those infected are unaware of their status.[14] Moreover, young people are disproportionately affected by sexually transmitted infections. In particular, young LGBTQ individuals, IDUs, sex workers, girls and young women face a number of barriers to accessing programmes and services.

Poverty, urbanization and unequal gender relations exacerbate young Jamaicans' vulnerability to HIV infection. High rates of sexual violence, rape, alcohol and drug use among young people fuel increasing transmission rates. At the same time, there have been some successful efforts in

[10] Population Reference Bureau (2007)
http://www.prb.org/Datafinder/Geography/Summary.aspx?region=91&region_type=2
[11] UNDP Human Development Report. (2008) Jamaica Data Sheet. New York.
[12] UNAIDS. Caribbean. http://www.unaids.org/en/CountryResponses/Regions/Caribbean.asp
[13] UNICEF (2008). "The Bashy Bus Kru educates youth about HIV."
http://www.unicef.org/infobycountry/jamaica_42345.html
[14] 2008 UNGASS Jamaica Country Progress Report
UNGASS.http://data.unaids.org/pub/Report/2008/jamaica_2008_country_progress_report_en.pdf

halting prevalence rates, notable in the declining mother to child transmission rates, from 39% in 2003 to 95% in 2006.[15]

As of 2007, 25,000 people were living with HIV.[16] HIV prevalence stands at 9% among sex workers and an estimated 25% to 30% among MSM.[17] There are indications that more Jamaicans are protecting themselves against HIV infection,[18] and indications that it may be declining in the hot-spots of St. Ann and St. James parishes.

Data on Young People

Unfortunately, most of the current statistics lump the youth population in with the general adult population (15-49). Combined with a lack of epidemiological data on youth, it is extremely difficult to accurately understand the scope of the epidemic. For other indicators, however, such as knowledge and behavior related change, the country has done a better job collecting data. It was reported in 2007 that among 15-24 year-old men and women, 38.1% correctly identified ways of preventing the sexual transmission of HIV. However these rates are far below Jamaica's 2001 UNGASS target aiming that by 2010, 95% of young people could correctly identify ways of preventing HIV infection and reject misconceptions around transmission.

Sex Work

The international reputation of Jamaica's easy-going island culture has fueled a growing sexual tourism industry; however societal prejudice against sex workers severely inhibits the provision of outreach and services to them. NGOs such as Jamaica AIDS Support have organized to provide condoms and HIV and AIDS education to sex workers. However, their efforts are often curtailed by police officers eager to arrest sex workers, causing these individuals to engage in more covert, underground behavior. A coordinated, partnership-based approach between police and outreach teams is needed for this population to receive the treatment and services they deserve.

Drug Use

HIV prevalence among injecting drug users (IDUs) is 3.3%[19], and IDUs face tremendous barriers in accessing services. Although by law persons referred to the drug court in Jamaica are eligible for appropriate treatment, preventative programmes such as needle exchanges are rare. Specific outreach efforts to IDUs focused on clean-needle exchange and other HIV prevention techniques are direly needed.. Crack/cocaine use is another risk factor in HIV transmission in Jamaica, with an HIV prevalence of 5% among users. [20]

Young Women

Girls and young women face many factors that make them particularly at risk to HIV transmission. For example, coercive sexual activity is common. 9% of boys and 24% of girls reported that their first experience was forced.[21] Girls are also two and half times more likely to contract HIV than males of the same age group. Many young girls and women have sex with much older men, often for financial and material benefits. Overall, this indicates a heightened need for gender-sensitive and inclusive policies and programmes that target issues of sexual violence through behavior change communication.

According to Advocates for Youth, "the adolescent fertility rate in Jamaica is the highest among nations in the English-speaking Caribbean at 112 births per 1,000 women ages 15 to 19. More than three out of four pregnancies are still unplanned among women 15 to 24 years old." Approximately 40 percent of Jamaican women have given birth at least once before they reach

[15] Ibid
[16] Ibid
[17] Ibid
[18] UNAIDS (2006) Report on the Global AIDS Epidemic.
http://data.unaids.org/pub/GlobalReport/2006/2006_GR_CH02_en.pdf
[19] 2008 UNGASS Jamaica Country Progress Report
[20] Ibid
[21] Ibid

the age of twenty.[22]

Hate Crimes

Homophobia is highly visible in Jamaica, and echoed through the calls of "Battyman fi dead" (Gay men must die) in popular music.[23] Severe stigma and frequent violence occurs against lesbian, gay, bisexual and transgender and queer (LGBTQ) individuals. According to Amnesty International, "gay men and lesbian women have been beaten, cut, burned, raped and shot on account of their sexuality" and gays and lesbians constitute one of the "most marginalized and persecuted communities in Jamaica".[24] The government does not collect official statistics on the number of hate crimes and murders of gay Jamaicans; however, J-FLAG, the Jamaica Forum for Lesbians, All-Sexuals and Gays, report that they know of 30 gay men murdered in Jamaica between 1997 and 2004.[25]

As a result, young LGBTQ Jamaicans are reluctant to access HIV prevention services, and outreach workers have difficulty reaching vulnerable populations. The governments' criminalization of sodomy, or "buggery," renders condom distribution to men who have sex with men (MSM) extremely difficult and often dangerous. It is clear that decriminalization of sex work and sodomy will greatly improve the ability of outreach workers to provide HIV prevention, treatment and care to those most at risk for HIV infection in Jamaica. Gay PLHIV face tremendous barriers accessing treatment, in addition to the alienation and isolation experienced when coming out

Alarmingly, people living with HIV (PLHIV) also face numerous human rights violations in Jamaica. A 2004 report by Human Rights Watch has called for vast reforms in law enforcement, government, international donor practices and nongovernmental organizations in order to eliminate physical abuse and promote non-discriminatory treatment.[26]

> *We haven't had any reports about violence against homosexuals. Most of the violence against homosexuals is internal. We never have any cases of gay men being beaten up. I know that there is a sort of revulsion against homosexuals, lesbians, but evidence does not substantiate that there is any level of violence perpetrated against them.*
> — K.K. Knight, senior superintendent of police, Kingston, June 18, 2004

About this Report

Information gathering for this report primarily relied on secondary sources in an effort to encapsulate the existing work on HIV/AIDS service delivery. Among the methods used were reviews of official documents and published statistics; public ministry papers and documents; case studies; publications from the UN agencies such as UNAIDS, UNFPA and UNICEF. As well, we conducted interviews with Country Representatives from UNAIDS, as well as other representative of UNFPA and a senior official from the Ministry of Health.

Key findings and recommendations

- In conjunction with young advocates, the Jamaican government should immediately develop and implement a National HIV Policy for Youth;

[22] Advocates for Youth (2006) "Youth Reproductive and Sexual Health in Jamaica." http://www.advocatesforyouth.org/PUBLICATIONS/factsheet/fsjamaica.pdf
[23] Ibid
[24] Amnesty International, May 17, 2004. "Battybwoys affi dead ("Faggots have to die"): Action against Homophobia in Jamaica." http://www2.amnesty.se/hbt.nsf/actjamaica?OpenPage
[25] Guardian, UK. (ugust 2, 2004). "If You're Gay in Jamaica, You're Dead" http://www.guardian.co.uk/g2/story/0,,1274067,00.html
[26] Human Rights Watch (2004). "Jamaica: Hated to Death." http://www.hrw.org/reports/2004/jamaica1104/

- Leaders in both the public and private sector must be sensitized on issues of HIV prevention and treatment, and serve as advocates for evidence-based prevention and treatment for young people;
- Jamaica must collect data on young people disaggregated by age and gender in order to fully understand the trends and behaviors that fuel youth vulnerability to HIV infection and to know where to best allocate resources;
- Age-specific interventions that include life skills-based education— including HIV prevention, and sexual and reproductive health information must be incorporated into the national educational system
- Age-specific HIV media campaigns aimed at increasing young people's knowledge of the disease and reducing stigma should be implemented;
- The lack of Youth- Friendly Services for young populations is a significant barrier to effective prevention and treatment; must be scaled up to ensure young people receive treatment for STIs, Voluntary Counseling and Testing, counseling on safe sex behaviors, and so on;
- There is a heightened need for gender-sensitive and inclusive policies and programmes that target issues of sexual violence through behavior change communication.
- Vulnerable populations such as LGBTQ individuals, IDUs and sex workers must be engaged in the collective response to HIV/AIDS;
- Jamaica must create meaningful leadership and capacity building opportunities for young leaders who are part of the AIDS response to ensure the relevance and effectiveness of interventions targeting youth;
- Policies and programmes need to create a safer, more supportive environment for young people living with HIV (YPLHIV) that addresses their needs and respects their rights to lead full and healthy lives free from violence or discrimination.

I. Political Commitment

Prevention and Control Programme, an integrated disease prevention and health promotion programme directed towards behavioural change. In 2002, this commitment was reinforced by the development of the second National Strategic Plan on HIV/AIDS/STIs (2002 – 2006). In 2005, Jamaica adopted a National HIV/AIDS Policy. In 2006, Jamaica's first private sector-led Business Coalition on HIV was established, with 20 of the country's largest companies as members.[27]

These commitments are further outlined by the thematic discussions below:

- Prevention: To address how underlying factors influence risk-taking or appropriate behavior, what strategies are most effective in changing behavior, and the best way to replicate successful strategies.
- Care and Support: To continue developing and implementing an extensive healthcare system focused on HIV and AIDS, including screening and diagnostic services, voluntary counseling and testing (VCT) centers, psychological and social support, increased access to ARVs, and provision of specialized clinical care.
- Human Rights and Safe Environment: To create an enabling environment whereby all Jamaicans regardless of their HIV status can be facilitated by policies, programmes and supportive legislation to reduce their risk of infection or re-infection and to access treatment care and support.
- Social Empowerment and Governance: To promote a greater commitment from community leaders in the national response to HIV, thereby integrating HIV prevention and control strategies into existing social development programmes.

[27] UNGASS Country Progress Report (2008)

The plan has recognized in its situational assessment that specific attention should be placed on the concerns of young people, especially in the areas of prevention and universal access to anti-retroviral medication. In addition to a strong emphasis on a multi-sectoral response, young people are identified as both a vulnerable group and stakeholders in the fight against HIV, with emphasis placed on education and prevention services.

In collaboration with the GOJ, UNICEF and its partners have led the most comprehensive programme to address the specific needs of youth in Jamaica, and to help acheive the objectives of the National Strategic Plan on HIV/AIDS. UNICEF developed a country programme aimed at strengthening family, community, and national capacities to prevent the spread of the epidemic and addressing the needs of young people through care for children and adolescents affected by HIV and AIDS. UNICEF has also supported the development of age-specific IEC materials to increase access to information about HIV and AIDS in schools. Examples of these materials include a resource package providing sexual and reproductive health information for young people with disabilities, a CD on HIV prevention titled “Protect Prepare,” and an educational music video by Artistes Against AIDS.

Moreover, the promotion of life-skills-based education, the production & distribution of pamphlets and best practices guide as well as the training of over 800 adolescent as peer educators were all supported by UNICEF Jamaica. UNICEF Jamaica also developed a National Plan of Action for Orphans and Children made Vulnerable by HIV/AIDS (OVC), providing both technical and financial support for conducting rapid assessments, pamphlets and public service announcements.

Jamaica’s Ambassador to the United Nations, Raymond Wolfe, demonstrated his commitment to the issues of Youth Living with HIV when he hosted a delegates briefing, co-organized by UNFPA, UNAIDS, and GYCA, on the issues of youth living with HIV as part of the efforts toward Universal Access. The event, on May 21, 2008, created a space for young people to highlight the unmet needs and rights of YPLHIV, and preceded the 2008 UNGASS High Level Meetings in June.

Achievements

- A national policy has formalized the framework to respond to HIV with an emphasis on universal access for young people.
- Some data on young people is disaggregated with emphasis on homeless and sex worker youth
- A youth-led HIV policy program in the National AIDS Program has been established.

Gaps and Weaknesses

- The national policy plan has identified very general steps to improve youth involvement in HIV and AIDS programming, with a lack of specific targets and approaches.
- No specific mention is made of young people living with HIV and AIDS, young men who have sex with men and other specific services for marginalized young people.
- Young people are still viewed as one homogenous population without consideration as to the great diversity within the demographic and the services that are needed to meet the UNGASS goals.

III. Financial Commitment

The national HIV program continues to expand its programming by involving numerous private partners well as regional, national and international donors. According to the 2008 National HIV Program Country Progress Report, the current National Strategic Plan for the period of 2008-2012 is estimated at a cost of USD $207.4 million, although current funding available reflects USD$49.5 million of support from the Government of Jamaica, World Bank, USAID, UNICEF, Global Fund and other donors.

These resources are used for mass media campaigns to the wider population, procurement of condoms, interventions targeted at vulnerable populations including the Priorities for Local AIDS Control Efforts (PLACE) as well as key activities such as Safer Sex Week and World AIDS Day activities. Other areas funded include drug procurement, test kits inclusive of PCR and Viral Load components, supplies for medical equipment as well as administration equipment such as computer hardware and software components.[28]

Major achievements

- The Jamaican government has been able to support the National AIDS Program through significant contributions of external donors as well as matching some funds from national expenditure.
- Funds have been directed to key areas such as public education and contraception distribution, which is lauded by young people who are involved in this process.

Gaps and weaknesses

- There is no data available to assess how much funding is directed specifically for young people as opposed to the general population.
- It is difficult to assess the overall committed financial resources for youth HIV and AIDS programming especially in key areas such as childcare and pediatric services, orphans and vulnerable children (OVC's) and to young girls.
- While there is a youth program that is youth led and developed, there was no data available to measure the financial resources of the special committee.

IV. Access to information and services

Young people are not adequately served in terms of AIDS programmes in Jamaica; currently there exist few services committed solely towards young people. While there have been other targeted interventions directed at young people through civil society mechanisms, the national response to youth-specific needs is at best inefficient.

Young people are still unaware of ways to prevent HIV transmission.[29] Jamaica is far from reaching the UNGASS goal of having 95% of young people HIV-free by 2010. These gaps extend to include the lack of age appropriate information and services, youth specific health services, comprehensive HIV/AIDS programming for all young persons including YPLHIV, the homogenization of young people in HIV/AIDS programming (?) and the lack of holistic life-skills programming and follow up procedures for young people. According to the Youth Resiliency survey of 3000 adolescents attending schools, among the 10-14 year-old demographic 12% were sexually active and of that number over 48% percent had reported no condom use at last sexual activity.[30] This, as well as similar data, highlights the current lack of holistic HIV/AIDS programming for young people.

Achievements

- The government continues to commit funds to the national program which has strengthened the program's independence as well as provided a national budgetary framework ensuring the continuation of the program and its activities.
- The establishment of strong monitoring and evaluative components has served to strengthen accountability to donors as well as to achieve a model for international best practices.

[28] Advocates for Youth (2006)
[29] Preventing HIV/AIDS In Young People : A Systematic of the Evidence from Developing Countries 2006
[30] National Youth Resiliency Survey (2005)

Gaps and Recommendations

- The lack of disaggregated funds to youth-specific programming reflects poorly on the national commitment to youth. Moreover, this presents a challenge when estimating projected spending for future interventions for young people.
- Additionally, factors such as illiteracy, gender dynamics, disability, and out-of-school youth need particular attention in youth-specific interventions.
- There is a clear need for another KABP Country Survey to conduct an assessment of the current perceptions of the population towards the epidemic.

V. Youth Participation

The involvement of youth in HIV and AIDS programming remains very weak; further compounded by the lack of participation of young people living with HIV. Young people are rarely consulted in the development and rolling out of AIDS programmes. Furthermore, there are very few existing frameworks to support youth involvement especially in more meaningful, sustainable and impactful ways. Nonetheless, the National Program has given some visibility to youth issues within the epidemic and continues to lead a response to HIV and AIDS, some of which are youth-led.

There has been some attempt at youth-directed involvement, such as youth consultations in the developing stages of the national strategic plan. These few opportunities remain as short-lived experiences without sustainability and results. In most cases, rural youth are greatly underrepresented; this has severe consequences as the variables of class and other income greatly affect the vulnerability among this group.

VI. Conclusion and Recommendations

The Government of Jamaica should be applauded for its continued commitment to battle AIDS through its financial support to HIV/AIDS programming as well as support in the development of a national policy framework. Notably these achievements can be seen in the current National HIV/AIDS Policy, National Policy for HIV/AIDS Management in Schools as well as the National AIDS Committee.. However, whether these advances will translate into shifts in programming that address the real needs of young people remains to be seen.

To address the challenges faced by young people, we need to see the following changes in policy, programming and funding:

- Jamaica must collect epidemiological data disaggregated by age and gender on the indicators related to you, in partnership with young people;
- Psychosocial components must be integrated into the national program;
- Initiatives must also strive to capture youth disaggregated data based on further variables of gender, location (rural and urban), education and as well as other socio-economic/development indicators. Youth living with HIV, young men who have sex with men and young sex workers must be actively involved and represented in data collection process as well as within the data itself.
- Governments must strive to capture youth disaggregated data based on further variables of gender and
- Generate stronger commitment for more financial resources for youth programmes in the national plan;
- Create a stronger legal framework for the protection of young rights inclusive of their sexual and reproductive rights;
- Greater access of youth appropriate information and the creation of youth specific resources.

- Establish stigma-free, discrimination-free services for young people with trained health care providers;
- Demand youth-led participation and visibility in the national response.
- Special consideration given to young people living with HIV and AIDS as well as other vulnerable groups such as young people living with disabilities, young men who have sex with men, homeless children and young people and young girls who are victims of sexual violence.