

A speech Presented by LUM MESLINE NJI before Stakeholders/Decision Markers

An Advocacy for Adolescent Girls and Young Women (AGYW) Living With or at –risk of HIV based on Analysis of the 2018 – 2022 National Strategic Plan on HIV/AIDS and STIs



My humble greetings as I acknowledge the presence of dignitaries.

The ministry of public health,
HIV/ADIS Stakeholders
the ministry of education,
our dear parliamentarians,
our dear MINPROFF.
HIV/ADIS Stakeholders

I am most honored and immensely grateful for this opportunity granted on to me to represent adolescent girls and young women living with HIV or at risk of HIV. I am an HIV ambassador and I plead for your undivided attention as I delve into my speech.

"Vision, the propelling force of action, the yielder of positive results". The global vision, which is "to end the global threat of HIV and STIs infection by 2030". We appreciate the National Strategic Plan for the year 2018-2022 and the action plans, that is, the strategies that were put in place and has yielded pleasant fruits and amounted to our present results so far. Nevertheless, we are going to experience more fruitful and better results as we deliberate on and hopefully trash out some lapses and short comings that have limited the efficiency and the output rate of the 2018-2022 strategic plan, as well as inculcate the necessary changes that need to be put in place for better results.

I thereby plead for your utmost patience as we delve into some of these shortcomings and lapses i will love to advocate on.

According to **Article 10** of the National HIV Strategy, the concept of "combination and implementation". I will love to point out the fact that based on our educational system there has been some short comings which is based on the lack of implementation of some vital concepts. This includes no standard curriculum on HIV and STIs, with well trained and specialized teachers, which has been made available for university students amongst the university courses. Citing from the 2021 experience, where thousands of university students were tested reactive to the HIV virus and probably other STIs. I believe if there was a standard course with more often resounding lectures offered in this direction, i know it would have helped to created to an extend some level of awareness, because the rate at which one gets conscious towards something is dependent on how often that thing is brought to his or her notice. This course will incorporate topics like proper use of condoms, which many adolescent girls and young women are still very ignorant base on my field work. I have had cases like, "I still got pregnant even when i used a condom". That might be because it was not properly used or measures were not properly taken to properly check its validity. Also, things like PEP(Post Exposure Prophylaxis) in rape cases and PrEP (Pre-Exposure Prophylaxis),for cases where one of the partners is reactive to this Virus. All this information will go a long way in curbing more the transmission rate of HIV and STIs in schools. Why is it better lectured is because from experience most student don't like listening to radio stations were they could get one or two helpful information, most especially the adolescent girls don't like this and are the most vulnerable group of persons, and as such should not be given same preferences compared to the male gender. This brings me to my second observed short coming we will be seeing in my subsequent writing as we proceed.

To add to this, not only within the four corners of the classroom but social programs and competitions that will get the attention of students and make them learn even while having fun, should be incorporated into the school curriculum. With this truth being displayed, I stand and advocate for the fact that HIV and STDs be inculcated into our school program with all form of urgency and effectiveness in the new strategic plan.

Further, the 2018-2022 strategy faced a shortcoming as it places the adolescent girls and young women on same level in the strategy. It is not being fair if adolescent girls and young women are given same attention as the male gender, not disputing the fact that they need attention as well but preferences should be considered and taken note of, based on how vulnerable adolescent girls are as compared to the male gender. Judging from my experience on field work, I will tell you with all due respect and politeness that it is most difficult convincing a female about screening and taking of medications than a male and the adolescent girls and young women are the most vulnerable. It will therefore be unfair to offer same priorities for this two group of persons, as the adolescent girls and young women need more attention and orientation. To add to this, it is easier and more rampant for an adolescent girl to be sexually abused even by family which is rarely so for a male gender. Backing up this fact, I know of a confirmed story of father who forcefully had sexual intercourse with her adolescent daughter, infected her in that act with the HIV virus and probably other STIs infections, took his own daughter as a concubine and the little girl could not even speak out, due to depression and bitterness. With this how can we place an adolescent girl and young women on same preferential level. With this painful truth, I strongly and without any doubts stand and advocate for the fact that Adolescent and Young women should be given preferential treatment as compared to the male gender not because they are less important but because adolescent girls and young women are more vulnerable to the harsh treatment of the society.

With all this truths placed before you, I am certain and advocate that it is of utmost importance that the shortcomings mentioned above and their corresponding suggested solutions are incorporated into the next strategic plan of action.

Thank you for Listening