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**Implementation of the Declaration of Commitment on
HIV/AIDS and the Political Declaration on HIV/AIDS****Letter dated 15 August 2008 from the Chargé d'affaires a.i. of the
Permanent Mission of Mexico to the United Nations addressed to
the Secretary-General**

I have the honour to transmit herewith the ministerial declaration entitled "Prevention through education" adopted at the first meeting of Ministers of Health and Education to stop HIV/AIDS and sexually transmitted infections in Latin America and the Caribbean, held in Mexico City on 1 August 2008 and attended by representatives of 31 Latin American and Caribbean countries (see annex).

I should be grateful if you would have this letter and its annex circulated as documents of the General Assembly at its sixty-third session, under item 44 of the provisional agenda.

(Signed) Socorro **Rovirosa**
Ambassador
Chargé d'affaires a.i.

Deputy Permanent Representative of Mexico to the United Nations

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**Annex to the letter dated 15 August 2008 from the
Chargé d'affaires a.i. of the Permanent Mission of Mexico
to the United Nations addressed to the Secretary-General**

[Original: English and Spanish]

**First Meeting of Ministers of Health and Education to Stop HIV
and STIs in Latin America and the Caribbean**

Preventing through education

1. Preamble

Gathered in Mexico City, in the context of the XVII International AIDS Conference, with the objective of strengthening the response to the HIV epidemic in formal and non-formal educational settings, we, the Ministers of Health and Education of Latin America and the Caribbean:

1.1 Affirm our commitment to the right to the highest possible level of health, education, non-discrimination and well-being of current and future generations.

1.2 Reiterate our conviction that the education and health sectors, when they join forces, act synergistically to prevent the spread of HIV and other sexually transmitted infections (STI). Education and health are mutually reinforcing, and together enable human development.

1.3 Recognize the responsibility of the State to promote human development, including education and health, as well as to implement effective strategies to educate and protect children, adolescents and youth from infection, and to combat all forms of discrimination.

1.4 Ratify our commitment to guarantee the rights to health and other related human rights as established in international human rights documents, in particular access to quality education for all children, adolescents and youth in our countries in an environment free from violence, stigma and discrimination. This requires increasing and strengthening efforts to guarantee access and continued school attendance for students directly affected by HIV.

1.5 Renew the commitments that our governments have previously made related to human rights, HIV and AIDS, sexual and reproductive health and the well-being of children, adolescents and youth (see Enclosure, sect. A).

1.6 Recognize the decisive role that families play in the development of our present and future generations, as well as the need to ensure that HIV and STI prevention efforts include all relevant actors in society.

1.7 We acknowledge the existence of documents, developed and published by agencies of the United Nations, which summarize, to a large degree, the consensus among experts of the available scientific evidence (see Enclosure, sect. B).

2. Whereas

2.1 HIV is an epidemic that demands a multi-sectoral, coordinated response that is both immediate and sustained.

2.2 In Latin America and the Caribbean, HIV is primarily transmitted via unprotected sex. For this reason, diverse expressions of sexuality and the various contexts that heighten vulnerability to HIV should be taken into account.

2.3 Sexuality is an essential part of being human and it is expressed throughout one's lifetime. Childhood and adolescence are important periods for the development of people and their countries and, for this reason, it is necessary to provide quality education that includes comprehensive education on sexuality both as a human right, as well as one that contributes to present and future quality of life.

2.4 Unequal relationships between the sexes and among age groups socio-economic and cultural differences, and diversity in sexual orientation and identities, when associated with risk factors, create situations of increased vulnerability to HIV/STI infection.

2.5 A considerable percentage of young people engage in their first sexual encounter at an early age, and, in most of these encounters, young people do not use any form of protection to prevent sexually transmitted infections.

2.6 Comprehensive sexuality education starting in early childhood favours the gradual acquisition of information and knowledge necessary to develop the skills and attitudes needed for a full and healthy life as well as to reduce sexual and reproductive health risks.

2.7 Scientific evidence demonstrates that comprehensive sexuality education, including HIV/STI prevention methods — such as the correct and consistent use of male and female condoms, access to HIV/STI diagnostic tests and comprehensive clinical care for STI, and the reduction in number of sexual partners — neither accelerates sexual debut, nor increases the frequency of sexual relations.

2.8 Among those who have not yet initiated sexual activity, the scientific evidence shows that comprehensive sexuality education, which includes information on different prevention methods and fosters self-protection, promotes individual autonomy and thus youth's capacity to decide when to initiate sexual activity.

2.9 A response to the epidemic that is effective over the long term will only be possible if prevention strategies are successful. The only way to fulfil the global commitment to providing universal access to treatment for people with HIV is by strengthening prevention efforts to reduce the expansion of the epidemic and the future demand for treatment.

3. Based on the above considerations, we, the Ministers of Health and Education, agree to:

3.1 Implement and/or strengthen multi-sectoral strategies of comprehensive sexuality education and promotion of sexual health, including HIV/STI prevention. Our efforts must be complementary, with our respective Ministries contributing according to their responsibilities and expertise. To ensure that these efforts are affordable and sustainable, we will strengthen cooperation between the two Ministries, establishing formal mechanisms for joint planning, implementation, monitoring, evaluation and follow-up, as well as work in collaboration with other sectors.

3.2 Comprehensive sexuality education will have a broad perspective that is based on human rights and respects the values of a democratic, pluralistic society where

families and communities thrive. It will include ethical, biological, emotional, social, cultural, and gender aspects as well as topics related to the diversity of sexual orientations and identities, in accordance with the legal framework of each country, to promote respect for differences, reject any form of discrimination, and foster responsible and informed decision-making among youth regarding their sexual debut.

3.3 Evaluate our current educational programmes during 2009 and 2010 to identify to what extent comprehensive sexuality education is incorporated in the curriculum at all educational levels and modalities and to what degree it is implemented in schools under the jurisdiction of the Ministries of Education.

3.4 Before the end of the year 2010, the Ministries of Education will update the contents and didactic methods of their curricula to include comprehensive sexuality education, in collaboration with the Ministries of Health. This update will be guided by the best scientific evidence available, recognized by the relevant international organizations, in consultation with experts, and taking into account the views of civil society and communities, including children, adolescents, youth, teachers, and parents.

3.5 Review, update and reinforce the training of educational personnel, from teaching colleges to in-service training for existing teachers. By the 2015, all teacher-training programmes under the jurisdiction of the Ministries of Education, for both formal and non-formal education will include the new comprehensive sexuality education curricula.

3.6 Ensure that the design of health promotion programmes includes ample participation by the community and families, including adolescents and youth, in order to recognize their needs and aspirations regarding sexual and reproductive health, as well as HIV/STI prevention, and to encourage their involvement in developing and implementing appropriate responses.

3.7 Ensure that health services are youth friendly and delivered with full respect for human dignity. And, with each country's legal framework, that they take into account the specific needs and demands of sexual and reproductive health of adolescents and young people, considering the diversity of sexual orientation and identity, and establishing suitable referral procedures within the health sector.

3.8 Ensure that health services provide effective access to: counselling and testing for HIV and STI; comprehensive clinical care for STI; condoms and education in their correct and consistent use; counselling about reproductive decisions, including for people with HIV; and counselling and treatment for drug and alcohol abuse, for everyone, especially for adolescents and young people.

3.9 Promote outreach efforts with the mass media and civil society in order to improve the quality of the information and messages disseminated and to make them more consistent with the Ministries' comprehensive sexuality education and promotion of sexual health.

3.10 Work with the executive and legislative branches of government, in countries where relevant, to guarantee an appropriate legal framework and the necessary budget for the implementation of comprehensive sexuality education and promotion of sexual health.

3.11 Ensure the existence of a formal mechanism for reporting discrimination in public and private education health services, and work proactively to identify and correct discriminatory actions in government institutions and in society, in collaboration with national bodies for the defence of human rights and civil society.

3.12 Designate and/or mobilize resources in each of our countries for the rigorous impact evaluation of five or more strategies for comprehensive sexuality education, sexual health promotion, or HIV/STI prevention in adolescents and young people by the year 2015.

3.13 Recommend the inclusion in these agreements for discussion in the XVII Ibero-American Summit of Heads of State in San Salvador, El Salvador, in October 2008; in the V Summit of the Americas in Port of Spain, Trinidad and Tobago, in April 2009; in the VI CONCASIDA Conference in San Jose, Costa Rica, in October 2009; and in the Latin American and Caribbean Forum on HIV/AIDS and STDs in Lima, Peru, in May 2009.

3.14 Recognize the need for technical and financial support from multilateral agencies and international funding sources to achieve the commitments subscribed in this Declaration.

3.15 In order to comply with these agreements, we hereby establish an Inter-sectoral Working Group that will follow up on the commitments subscribed in this Declaration and request that UNAIDS and its co-sponsors participate in said Working Group.

4. To accomplish these goals we will seek to reach the following targets:

4.1 By the year 2015, we will have reduced by 75 per cent the number of schools that do not provide comprehensive sexuality education, of schools administered by the Ministries of Education.

4.2 By the year 2015, we will reduce by 50 per cent the number of adolescents and young people who are not covered by health services that appropriately attend to their sexual and reproductive health needs.

With the conviction that these actions reflect our solidarity with the children, adolescents and young people of Latin America and the Caribbean, with our fellow countries, and with the worldwide community, and that they reflect our commitment to do our share of the global effort to confront the HIV pandemic, we approve this Declaration committing us to its agreements on the 1st of August of 2008, in Mexico City.

Enclosure

A. Commitments of States on human rights, sexual and reproductive health and HIV/AIDS

- The United Nations Universal Declaration of Human Rights (1949)¹
- The WHO Constitution²
- The United Nations Millennium Declaration, of 8 September 2000³
- The Declaration of Commitment on HIV/AIDS (UNGASS 2001)⁴
- The World Summit for Social Development: Copenhagen Declaration on Social Development (1995)⁵
- The political declaration and further action and initiatives to implement the Beijing Declaration and Platform for Action, of 10 June 2000⁶
- Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development, of 2 July 1999⁷
- The Declaration of the Tenth Ibero-American Summit of Heads of State, of 18 November 2000⁸
- Caribbean Partnership Commitment — A Declaration of Commitment to the Pan-Caribbean Partnership against HIV/AIDS, of 14 February 2001⁹
- The Declaration of the Ministers of Education, Buenos Aires, 30 March 2007¹⁰
- American Convention on Human Rights “Pact of San Jose, Costa Rica”¹¹
- The Andean Letter of Human Rights¹²
- The United Nations Convention on the Rights of the Child¹³
- The United Nations Convention on the Elimination of All Forms of Discrimination against Women¹⁴
- International Covenant on Civil and Political Rights, 16 December 1966¹⁵

¹ <http://www.unhcr.ch/udhr/lang/eng.htm>.

² <http://www.who.int/governance/eb/constitution/en/index.html>.

³ <http://www.un.org/millennium/declaration/ares552e.htm>.

⁴ http://data.unaids.org/publications/irc-pub03/aidsdeclaration_en.pdf.

⁵ <http://www.un.org/esa/socdev/wssd/agreements/decparta.htm>.

⁶ <http://www.unescap.org/esid/GAD/Events/BeijingPlatform1999/recommendation.pdf>.

⁷ <http://www.un.org/popin/unpopcorn/32ndsess/gass/215a1e.pdf>.

⁸ <http://www.sre.gob.mx/dgomra/cibero/Documentos/xcumbre.htm>.

⁹ <http://www.pancap.org/doc.php?id=1>.

¹⁰ http://www.unesco.cl/medios/biblioteca/documentos/declaracion_de_buenos_aires_perlac_2_ingles.pdf.

¹¹ <http://www.oas.org/juridico/English/treaties/b-32.html>.

¹² <http://www.uasb.edu.ec/padh/revista19/documentos/Cartaandinaparalapromocionyprotecciondelosderechoshumanos.pdf>.

¹³ <http://untreaty.un.org/English/TreatyEvent2001/pdf/03e.pdf>.

¹⁴ <http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm>.

¹⁵ http://www.unhcr.ch/html/menu3/b/treaty5_asp.htm.

- International Covenant on Economic, Social and Cultural Rights, 16 December 1966¹⁶
- NGO Declaration on Education for All, Dakar, Senegal, 25 April 2000¹⁷
- World Education Forum, Dakar Framework for Action, Dakar, Senegal, 26-28 April 2000¹⁸

¹⁶ http://www.unhchr.ch/html/menu3/b/treaty4_asp.htm.

¹⁷ http://portal.unesco.org/education/en/files/47105/11806987065WEF2000_NGO_EN.pdf/WEF2000_NGO_EN.pdf.

¹⁸ <http://unesdoc.unesco.org/images/0012/001211/121147e.pdf>.

B. Expert consensus documents

- Sexually transmitted infections among adolescents: The need for adequate health services (WHO)¹⁹
 - Global consultation on the health services' response to the prevention and care of HIV/AIDS among young people: achieving the global goals-access to services (WHO)²⁰
 - Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries (UNAIDS Inter-agency Task Team on Young People)²¹
- Impact of HIV and sexual health education on sexual behaviour of young people: a review update (UNAIDS)²²
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¹⁹ http://www.who.int/reproductive-health/publications/stis_among_adolescents/index.html.

²⁰ http://www.who.int/child_adolescent_health/documents/9241591323/en/index.html.

²¹ http://www.who.int/child_adolescent_health/documents/trs_938/en/index.html.

²² http://data.unaids.org/Publications/IRC-pub01/JC010-ImpactYoungPeople_en.pdf.