

2008 National Youth Shadow Report

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



SENEGAL



North Secretariat:
307 West 38th Street, Suite 1805
New York, NY 10018 USA
Phone: +1 212 661 6111
Fax: +1 212 661 1933

South Secretariat:
P.O. Box OS 982
Osu, Accra GHANA
Phone/Fax: (+233) 21241244

info@youthaidscoalition.org
www.youthaidscoalition.org

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United Nations Population Fund
220 east 42ND Street
New York, NY 10017
USA
www.unfpa.org

Preface¹

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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About the Authors

Eric Dombou, 25 years old, has been an active member of civil society in Senegal for many years now. Eric is the National Focal Point of GYCA. He is also an 'Action partner' of Oxfam International Youth Partnerships and participated in the event "Kaleidoscope" in Sydney on October 2007. Eric is one of the founders coordinators of RJJS (Youth for Social Justice), a coalition of youth organizations gathering people of 15 nationalities. Based in Senegal, RJJS fights against all forms of injustice and useless sufferings. The fight against the spread of HIV and AIDS is one of the main concerns of this youth-led organization. In addition, Eric is a member of the National Support Team of AIESEC –Senegal, an international platform that enables young people to discover and explore their potential. He has been the coordinator of a project in the fight against AIDS for the past year.

Binetou Diagne, 25 years old, holds a Masters degree in International Marketing from Weller International business school of Paris. Besides her specialization in the marketing field, she has studied relevant subjects such as humanitarian international law, sustainable development, and NGO management. Binetou has professional experience in fair trade, ecology and in the organic field. Indeed, she was a project junior manager for www.femininbio.com, a French website dedicated to ecology related issues and sustainable development. She has recently joined both GYCA and RJJS (Youth for Social Justice) in order to contribute meaningfully to development in her community.

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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.



Senegal: A Portrait in Numbers

Total Population	12,400,000	Population Reference Bureau (2007) ¹⁰
Population of Young People 10-24	4.1 million	Population Reference Bureau (2006) ¹¹
Prevalence of HIV (15-49)	50,000 (0.7% prevalence)	UNAIDS (2006/2007 update) ¹²
Prevalence of HIV (15-24)	0.7% male, 0.9% female	UNFPA Senegal Country Profile
Secondary school enrollment rate	16% female, 22% male	UNFPA (2005) ¹³
Percentage of young people who can identify ways of prevention and reject misconceptions of transmission	22.7%	2008 UNGASS Report (p.23)
Percentage of young people (15-24) who had sex before 15 years	9.4% of females, 12.4% of males.	2008 UNGASS Report
Percentage of young women and men aged 15-24 reporting the use of a condom the last time they had sex with a non-marital, non-cohabitating sexual partner.	15-19 year olds: 39%, 20-24 year olds: 51.2%	2008 UNGASS Report
Physicians per 100,000 people	6	UNDP (2007/2008) ¹⁴

I. Introduction

Senegal is often regarded as a model in HIV prevention. Experts claim that HIV prevalence remains under 1 percent in adults partially due to the country's early legalization of sex work, advocacy on HIV prevention from religious leaders and universal male circumcision.¹⁵ However, concentrated rates of infection amongst marginalized populations such as sex workers (30% prevalence), women (1.7%), and men who have sex with men (21.5%) (MSM) continue to rise.¹⁶ Many of these people are Senegal's youth; 55.6% of Senegal's total population is under the age of 20.¹⁷

Accurate knowledge of HIV transmission is very low among Senegalese young people, at 22.7%, far from the UNGASS target of 90% by 2005 and 95% by 2010. This is largely due to the extremely low rates of secondary school attendance by young people, primarily due to unaffordable school fees.

In Senegal, young people are still barely visible in programming and policy making, either as beneficiaries of services, or as active contributors. In addition, strides to promote safe sex among sex workers have failed to recognize the prevalence of illegal underage sex workers, whose covert lifestyles bar them from accessing to sexual and reproductive health services and information. To

¹⁰ Population Reference Bureau (2007). World Population Data Sheet. <http://www.hivinsight.com/global?page=cr09-sg-00>

¹¹ Population Reference Bureau (2006) World Youth Data Sheet <http://www.prb.org/pdf06/WorldsYouth2006DataSheet.pdf>

¹² UNAIDS (2006) 'Report on Global AIDS Epidemic.'

<http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/Default.asp>

¹³ UNFPA (2005) Country Profile : Senegal <http://www.unfpa.org/worldwide/indicator.do?filter=getIndicatorValues>

¹⁴ UNDP (2007/08) Human Development Report. <http://hdrstats.undp.org/indicators/58.html>

¹⁵ Mamadou Mika Lom (2001) "Senegal's Recipe for Success." Africa Recovery (Vol 15)

<http://www.un.org/ecosocdev/geninfo/afrec/vol15no1/151aid11.htm>

¹⁶ 2008 UNGASS Country Report

¹⁷ 2008 UNGASS Country Report

that end, broad youth participation is needed and demanded, with the specific inclusion of women, sex workers and MSM.

Moreover, condom promotion in Senegal does not take into account the socioeconomic and cultural reality of gender inequality. For instance, only about 5 percent of young women between the ages of 15 to 24 indicated that they used a condom with a regular partner, compared to approximately 50 percent of young men in the same age group.¹⁸ According to a recent OSI report in 2007, a group of HIV-positive women in a self-support group confirmed that being in a monogamous relationship was a risk factor for HIV infection for women when their male partners were frequently unfaithful; the majority of the members had been infected by their husbands. One member added, "Sex workers are more protected than married women because they can better negotiate condom use."¹⁹

About this Report

The authors conducted a literature review of relevant policies, publications and reports, including activities and cases studies on youth interventions, interviews with national and international NGO workers, as well as policymakers involved in the fight against HIV and AIDS. Questionnaires were prepared on the basis of the indicators suggested by UNAIDS in the document "Guideline on Construction of Core indicators."²⁰

Key findings

- Senegal has a national policy on HIV and AIDS to guide a multisectoral country response
- Only 22% of young people had accurate comprehensive knowledge on HIV, Far below the UNGASS target of 95% by 2010.²¹
- Youth participation in policy and programme formulation, implementation or design is almost nonexistent.
- A large population of adolescents and young people is out of school and very difficult to reach with information, education and services.

Key recommendations

- An incentive policy for voluntary testing services should be instated to attract young people to get tested.
- Public structures such as the National Centre of Blood Transfusion (CNTS) should contribute to the efforts of testing and provide advice, sensitization and training with youth.
- The government should increase the visibility of and access to HIV awareness programs, specifically for the young sex workers, out of school youth and young people living with HIV (YPLHIV).
- It is necessary to employ more young people in the decision making process by granting them positions of leadership.

II. Political commitment

Political commitment is visible in the highest levels of the government. In accordance with recommendations from the UNGASS Declaration of Commitments in 2001, the Senegalese government has scaled up its response. The creation of a National Multi-Sectoral HIV and AIDS Council under the authority of the Prime Minister rather than the Health Minister, clearly shows that the Senegalese government has prioritized its response centrally by involving all sectors of government rather than restricting HIV issues to the health sector alone.²²

¹⁸ Senegal Demographic and Health Survey (2005). http://www.measuredhs.com/pubs/pub_details.cfm?ID=583&SrvyTp=country&ctry_id=36

¹⁹ Open Society Institute. (OSI)(2007) Civil Society Perspectives on HIV/AIDS. http://www.soros.org/initiatives/health/focus/phw/articles_publications/publications/perspectives_20070626/civilsociety_20070626.pdf

²⁰ UNAIDS (2006) Monitoring the declaration of commitment on HIV/AIDS – Guideline on construction of core indicators. www.data.unaids.org/publications/irc-pub06/jc1126-constrcoreindic-ungass_en.pdf

²¹ Senegal 2008 UNGASS Country Report http://data.unaids.org/pub/Report/2008/senegal_2008_country_progress_report_fr.pdf

²² Interviews of the spokesperson of the CNLS

Senegal has a triennial national plan (2007 - 2011) inspired from the previous plan that mainly targets:²³

- Marginalized populations, particularly sex workers (SW), men who have sex with men (MSM), women and youth
- People living with HIV (PLHIV)
- Orphans and vulnerable children (OVC)

Political commitment towards young people is noted through public awareness events such as the “Youth Week” chaired by the Minister for Youth and through the creation of the health centers with stigma-free, discrimination free services for young people.²⁴ Moreover, thanks to political lobbying by the National Committee to Fight HIV/AIDS (CNLS), a bill is on its way to being submitted to the National Assembly on issues related to HIV among young people and children and insists on the respect of the rights for people living with HIV (PLHIV).

Major Gaps and Recommendations

While the government has centralized funding, there has been a concurrent decentralization of the Council to Fight AIDS (CNLS) within the country. The government has placed emphasis on expanding branches of the CNLS so that youth from around the country are represented within the council.

- The bill in progress must be adopted as soon as possible by the National Assembly and signed by the President.
- MSM have also been largely ignored in Senegal’s prevention policy. The 2007–2011 National Strategic Plan on HIV/AIDS includes STI prevention among MSM, but implementation remains uncertain.²⁵

III. Financial commitment

Data concerning the funds allocated to AIDS related projects and programming is now available. USD \$19,788,430.27 was allocated for HIV and AIDS spending in 2007 and young people ages 15-24 are listed as key target beneficiaries.²⁶ However, according to the 2008 UNGASS country progress report it is unclear as to how much is specifically designated to young people.

The World Bank and Global Fund provided 52% of Senegal’s 2007 AIDS budget. The government continues to track and monitor HIV related projects with assistance from USAID and other development agencies and NGOs.²⁷

Gaps and Recommendations

Several government ministries receive budgetary allocations in order to implement projects responding to HIV. However these ministries often target the same populations. For example, the Ministry for Youth, the Ministry of Education, and the Ministry of Health all include young people in their programs. This overlap can lead to confusion and mismanagement of funds if the roles and responsibilities of each Ministry are not clearly designated. Ministries must allow for more transparent and collaborative processes to determine who is doing what for and with young people.

IV. Access to information and services

In interviews, many young people acknowledged the existence of youth friendly HIV services. Moreover, at most clinics, there are the reading rooms and some documents are distributed for free.²⁸ Senegal boasts an extensive school-based sex education programme, in part due to

²³ UNDAF (2007). Plan stratégique 2007 – 2011. <http://www.undp.org/sn/new/upas/UNDAF%202007%202011.pdf>

²⁴ Ministry of Youth (2008). <http://www.jeunesse.gouv.sn/actualites2.php?id=5>

²⁵ OSI (2007)

²⁶ 2008 UNGASS Country Report

²⁷ 2008 UGASS Report

²⁸ Based on interviews

cooperation between the government, Senegalese NGOs dedicated to population issues, and UNFPA, the United Nations Population Fund.

But these programmes neglect to educate the large numbers of out of school Senegalese teenagers, forced to drop out order to support their families, or those children whose parents cannot afford to send them to school.²⁹ The sex comprehensive sex education curriculum can be commended for maintaining awareness among students; however, with only 16% of young women and 22% of young men enrolled in school,³⁰ the government must design programming that reaches the most isolated of young people.

Young people in Senegal have a mixed level of understanding of HIV transmission. Data show that 88% of the young people understand that being faithful to one partner who is HIV negative can reduce the risk of HIV transmission, and 71.1% of them think that the condoms are an appropriate alternative.³¹ Statistics show that young people ages 15-19 are less likely to use a condom than 20-24 year olds.³²

However, there are still false beliefs among young people. Indeed, 62.8% of young people believe that mosquito bites can transmit the HIV virus. Out of all Senegalese, young men (41.7%) and young women (37.4%) are most likely to have misinformation about HIV.³³ 35.4% of Senegalese youth believe that witchcraft or supernatural means are the root of HIV infection. 0.7% of Senegalese 15-19 year old have undergone an HIV test, 0.8% of 20-24 year olds, and 1.4% of 25-49 year olds. 80% of those tested received their results.³⁴

Notably, the government provides health care—such as treatment for sexually transmitted infections (STIs)—for legal sex workers as part of its HIV prevention efforts. Legal sex workers are required to get routine medical exams and report results to the government. However, unregistered sex workers, who account for nearly 80 percent of all sex workers, are ignored by government programs. Unregistered sex workers are often arrested and harassed by law enforcement, which makes it more difficult to target them with prevention, care, and support activities. In addition, many NGOs and community groups are reluctant to reach out to unregistered sex workers; currently, only one organization—Enda Santé—targets unregistered sex workers with HIV testing and counselling services.³⁵

In addition, men who have sex with men are often reluctant to go for HIV testing due discrimination amongst health care providers and society. Social workers admit that existing prevention services for the general population must be adapted to meet the needs of men who have sex with men by offering mobile testing sites with flexible hours and placing greater emphasis on psychosocial support.³⁶

Recommendations

- Out of school youth must be a central target in all youth-centered interventions. Programs must determine innovative ways to engage out of school youth as more than recipients of services and campaigns.
- Misconceptions around transmission must be further challenged through comprehensive sex education inside and outside of school.
- Young MSM must be consulted and included in designing services that can reach the population. Trainings should be required for all health care providers on the needs of young MSM.
- Special programs must be designed to reach illegal sex workers.

V. Youth participation

²⁹ UNFPA (2008) Protecting Their Own: Youth Volunteers in Senegal. <http://www.unfpa.org/news/news.cfm?ID=1018>

³⁰ UNFPA (2005)

³¹ Senegal Country report, UNGASS 2008

³² Ibid

³³ Ibid

³⁴ Ibid

³⁵ Open Society Institute. (OSI)(2007) Civil Society Perspectives on HIV/AIDS.

³⁶ (OSI) 2007

Young people's involvement leads to more relevant and effective programs, and peer education is often far more effective than more top-down approaches by teachers, parents or school curricula. Unfortunately, the involvement of youth, particularly YPLHIV in programming and implementing has barely occurred in Senegal. There is a lack of involvement of young people within the National AIDS Council (CNLS) and the Ministry of Youth.

However, some organizations such as the Association for Family Welfare (ASBEF), say that in compliance with the recommendations from their donors, 25% of their staff are young people. Within the CNLS, young people are also represented through the National Youth Council (CNJ).³⁷ There are a few examples of active participation of young people at local events such as "World Against AIDS", voluntary testing campaigns, and "Anti SIDA week". Unfortunately, YPLHIV are not sufficiently mobilized and are rarely visible in government decision-making and events.

Gaps and Recommendations

- Leadership positions and capacity building should be given to young people so they can contribute in the development of the programs and the policies.
- The structure of the CNLS should be re-examined so as to include young people as active participants with meaningful roles in leadership rather than liabilities or simply to fill the status quo.

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³⁷ Based on interview (2007)