Ref:--0242/ADR/J06/APPA


Theme: New Youths Leadership Approach to HIV-AIDS and STIs

Experience Sharing Forum

VENUE: KING DAVID’S HOTEL MUEA-BUEA

DURATION : 3 DAYS

SPONSORS :
Synergies Africaines Contre le SIDA et les Souffrances
IRESCO
ACMS
Planet Jeunes
AMWE Foundation
NAYD

INTRODUCTION:
Theme
Location date and venue
Sponsors
Organisers
AGENDA/ ACTIVITIES

Day one
Arrival / Registration of participants
Planning Committee workshop
Adoption of seminar agenda
Interaction of various organisations present

Day two
Opening speeches
Presentations
Questions/ Answer sessions
Lunch
Family picture
Presentation continuous

Day Three
Arrival
Rehearsals of day one’s work
Questions and answer session
Group work sharing of experience
Deliberation of resolution and answers
Adoption of SGAC Plan of Action
Handing of certificates

AIM: Bringing the various stake holders to interact with the students/leaders and to cause a new approach to HIV /AIDS issues affecting this age group in particular and community in general. This was effected through paper presentation and interactions amongst the groups present.

WHY THE TOPIC:
This youth empowerment theme came up owing to the fact that Cameroon and the world youths are heavily affected by the disease and given the fact that the various set of opinions have been advanced over the years on the topic, experience sharing therefore the best.
The need to tackle the fight at this level will guarantee a healthy and productive future generations.

SCOPE:
Various organisations, participants and stakeholders were present at the conference namely;
-Millennium Outreach Medical Association (MOMA)
-Association of Orphans and the Disable (ASODI)
-The University of Buea Health Club
- Global Youths Coalition on HIV/AIDS (GYCA)
- The University of Yaoundé 1
- International Assistance for Community Development
- Association for sustainable Development and Gender Empowerment
- ASSA
- International Centre for Conflict and Human Rights Analysis Cameroon (ICCHRA-Cameroon)
- Environmental Right Solidarity Team (ENRIST)
- Government High School Atielah
- Bamenda University of Science and Technology (BUST)
## PROGRAM OF EVENTS

<table>
<thead>
<tr>
<th>DAY</th>
<th>TIME</th>
<th>EVENTS</th>
<th>RESOURCE PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday 14th March</td>
<td>5:00-7:00 PM</td>
<td>Arrival / Registration</td>
<td>Meeting Staff</td>
</tr>
<tr>
<td></td>
<td>7:30-9:00 PM</td>
<td>Refreshment / Networking</td>
<td>Meeting Staff</td>
</tr>
<tr>
<td></td>
<td>7:35 – 8:00 AM</td>
<td>Address by Chief Host</td>
<td>H.R.H Chief of Muea, VC UNIBU / H.E. Lord Mayor SWP</td>
</tr>
<tr>
<td></td>
<td>8:05 – 8:35 AM</td>
<td>Opening address by the Foundation President</td>
<td>Ntiokam Divine</td>
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<tr>
<td></td>
<td>8:40 – 9:00 AM</td>
<td>The Social Demography Factors Hindering The Effectiveness Of The Rural change</td>
<td>Berinyuy Eric</td>
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<tr>
<td></td>
<td>9:00 – 9:20 AM</td>
<td>Communication (BCC) for HIV/AIDS Preventing Messages</td>
<td>Prince Frank Ngwesse</td>
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<tr>
<td></td>
<td>9:20 – 09:40 AM</td>
<td>Infected And Uninfected Persons Relationship</td>
<td>Anyang H./Ekalle (ASDEGE)</td>
</tr>
<tr>
<td></td>
<td>9:40 – 10:00 AM</td>
<td>Sexual and Reproductive Health Transitions For Young People</td>
<td>Meeting Staff</td>
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<tr>
<td></td>
<td>10:10 – 10:40AM</td>
<td>Coffee Break</td>
<td>Wirba John (Bsc Mental Health Studies), Professor (Dr.) Egbe (Chad)</td>
</tr>
<tr>
<td></td>
<td>10:40 – 11:10AM</td>
<td>Organization of HIV/AIDS Prevention Clubs in Colleges</td>
<td>Pochi Tamba (CEO NAYD)</td>
</tr>
<tr>
<td>Saturday 15th March</td>
<td>11:10 – 12:10PM</td>
<td>How AIDS affects our villages and why/how youths should take personal/concrete actions</td>
<td>Matiafa Emmanuel T.</td>
</tr>
<tr>
<td></td>
<td>12:10 – 1:00 PM</td>
<td>HIV/AIDS and Sports</td>
<td>Nahbila Paquita(West African FPT GYCA)</td>
</tr>
<tr>
<td></td>
<td>1:00 – 1:25 PM</td>
<td>HIV Vaccine Development: Process, Challenges and Advances</td>
<td>Anyang H./Ekalle (ASDEGE)</td>
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<tr>
<td>Time</td>
<td>Session</td>
<td>Meeting Staff</td>
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<tr>
<td></td>
<td>HIV/AIDS and Prevalence in Cameroon</td>
<td>Ngehnevu E. Che</td>
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<tr>
<td>2:45 – 3:20PM</td>
<td>Facing Challenges to Combat HIV/AIDS and STIs and the A.B.C approach to New Youth Leadership</td>
<td>Flavy Cyrille</td>
<td></td>
</tr>
<tr>
<td>3:20 – 3:50PM</td>
<td>Poverty Reduction and Unemployment Amongst Youths</td>
<td>Simon Efueichanga (President SGAC BUST)</td>
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<tr>
<td>3:50 – 4:20PM</td>
<td>La problématique de l Accès aux Soins de Santé au Cameroun</td>
<td>Njang nee Metuge Catherine (ATIELA BAMENDA)</td>
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<tr>
<td>4:20 – 4:50PM</td>
<td>SPECIAL POPULATION AT RISK</td>
<td>Agbor Eric (Education Adviser INACOD Buea)</td>
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<tr>
<td>4:50 – 5:20PM</td>
<td>THE STATUE OF HIV/AIDS VACCINE DEVELOPMENT</td>
<td>Bijeck Marc-Eugene(ASSA)</td>
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<td></td>
<td>Closing Remarks by Master of Ceremony</td>
<td>Balingwe Nelson (Health Club University, Buea)</td>
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<td>5:20 – 5:40PM</td>
<td></td>
<td>DR. Weleji Patrick Patrick(BSc, MSc(hons), MBBch BAU FRCS</td>
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<td>5:40 – 6:00PM</td>
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<td>M.C / Rapporteur</td>
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<tr>
<td>Time</td>
<td>Event</td>
<td>Presenter/Person</td>
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<tr>
<td>8:00 – 8:30 AM</td>
<td>SGAC Brief history</td>
<td>Ntiokam Divine</td>
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<tr>
<td>8:30 – 8:55 AM</td>
<td>Ten Basic Things to know on child's right and AIDS</td>
<td>Prince Ngwesse</td>
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<tr>
<td>8:55 – 9:25 AM</td>
<td>Poverty Reduction as Youth Empowerment</td>
<td>Anyang H./Ekalle M.(ASDEGE)</td>
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<tr>
<td>9:25 – 10:00 AM</td>
<td>Coffee Break</td>
<td>Meeting Staff</td>
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<tr>
<td>10:00 – 10:45 AM</td>
<td>Handing Of Certificates</td>
<td>SGAC Steering Committee</td>
<td></td>
</tr>
<tr>
<td>10:45 – 11:15 AM</td>
<td>Closing remarks by SGAC Founder President and Guest Speaker</td>
<td>Dr. Weledji P,Ntiokam D, Pochi T, Nahbila P, Wirba J, Felix C. J, Matiafa E. T,</td>
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<tr>
<td>11:15-11:45AM</td>
<td>Group Photographs</td>
<td>SGAC Photographers</td>
<td></td>
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<tr>
<td>11:45-12:00 PM</td>
<td>Departure</td>
<td>Delegates</td>
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<tr>
<td>12:00 – 1:00 PM</td>
<td>SGACers Meeting</td>
<td>Steering Committee</td>
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</table>
SIGNING AND APPROVED BY SGAC CAMEROON STEERING COMMITTEE

DAY I:
Following the planning meeting held in Bamenda by SGAC project committee on the 10th of February at 10a.m for conference formalities and briefing meeting in Buea postponing the initial date of the conference from the 1-3 March to March 14-16,2008 due to the strike action in Cameroon.

Composition of Steering Committee (still to be approved)
- Founding President: NTIOKAM DIVINE
- NATIONAL COORDINATOR: BERINYUY NYUYKI ERIC
- SECRETARY GENERAL: PRINCE FRANK NGWESSE
- TECHNICAL OFFICER: OTO’O ONDO FLAVY CYRILLE
- PROJECT COORDINATOR: WIRBA JOHN BOSCO
- FACILITATOR: BONGKISHIY CHARLES
- RAPORTEUR: NDI LAURENCE NDAM
- ATHLETIC COORDINATOR: MATIAFA EMMANUEL

CONFERENCE PROPER
- Arrival /Registration of participants
- Registration of participants
- Planning Committee workshop
- Adoption of Conference agenda
- Interaction of various organisations present
- Refine

DAY TWO
- Arrival and installation of participants
- Singing of the Cameroon National Anthem
- Welcome speech by the Paramount Chief of Muea
- Welcome speech by the Vice Chancellor of the University of Buea Representative by Dr. Weledji Patrick
- Keynote speech by the SGAC Founding President

PRESENTATIONS/TOPICS
All the presentations were done in planning with the accompanying detailed handouts given to all participants. Only highlight have been handled and for details, see attachments. These summaries were handled thus:
1) Topic relation with conference theme
2) Deliberation and reactions

Community Participatory Approach on HIV/AIDS
By Ambanibe Jerome Akeneck (ASODI)
HIV/AIDS being a disease affecting everyone, community approach to the fight should be participatory. Awareness creation and the handling of people living with the pandemic should be done through a systematic methods involving all facets of the society so that she can come to reality with the fight and the consequence. The communities are mapped out identifying all structures that enhance vulnerability in the population, such includes: cultural habits, poverty, pornographic and youth fashion quest that live the into such ills. He handled the HIV/AIDS problem very effectively and encourage the SGACers to adopt this method in their SGAC approach for positive results. Questions by the Paramount Chief of Muea, Chief David Molingue and Dr. Weledji Patrick on the Cultural Habits were Addressed.

**Youths Empowerment, Organisation And Sustainability Of HIV/AIDS Prevention In Clubs In Colleges**

**BY, WIRBA JOHN BOSCO(MOMA)**

The topic explores how the vulnerable teenagers fuel the AIDS pandemic. It seeks to raise awareness and help to address the many issues affecting youth around HIV/AIDS. Equally, it handles gender inequality problems and the lack of youth capacity building in the fight against the HIV/AIDS pandemic. Demographic and health surveys shows a higher prevalence rate of 6.7% amongst women, whereas men stands at 4.1% giving an average national rate of 5.4%

Questions in relation to the experience and achievement of MOMA activities including her income generating approaches to HIV/AIDS fight through pervert alleviation were addressed adequately.

**Infected And Uninfected Persons Relationship**

**By Ekalle Mbome**

The empowerment and capacity building of infected people is an integral part of the fight against the pandemic. Their experience and activities for PLWA and their dependence came as a resource to complement SGAC activities. Reinstatement of some dropped workers due to HIV was equally mentioned by the French presenter.

**The Social Demographic Factors Hindering The Effectiveness of Behavioural Change Communications (BCCs) For HIV/AIDS Preventive Messages**

**By: Berinyuy Nyuyki Eric**

**BACKGROUND**

The rate of HIV/AIDS infection in Cameroon is very high with a prevalence of 5.5% by the year 2003. The behaviour change theories are applied in order to explain humans as social beings, their behaviours in relation to their environment, the role of social demographic factors hindering the effectiveness of the Behavioural Change Communication (BCCs) for HIV/AIDS and its role in changing people’s behaviours.
HYPOTHESIS/FINDINGS
The purpose of this thesis therefore, is to review literature on the various HIV/AIDS prevention messages in different settings in Europe, America and sub-saharan Africa and propose a study protocol to discuss the social demographic factors hindering the effectiveness of BCC for HIV/AIDS preventive messages in the Northwest province of Cameroon, the case of Mezam division which has the highest HIV prevalence nationwide. It is also important to note that Mezam division has social, cultural and traditional beliefs that are so strong making it difficult in changing people’s behaviours and therefore being a hindrance to HIV/AIDS prevention.

METHODOLOGY
A qualitative method will be employed to determine the social demographic factors hindering the effectiveness of BCC for HIV/AIDS prevention messages through interviews, questionnaires of household members and a quantitative study will be used to quantify these factors.

PROGRAM
It is expected that results of the proposed study will help to identify the various social demographic factors hindering BCC for HIV/AIDS prevention in the Mezam division so that necessary measures will be developed to improve prevention messages for HIV/AIDS.

HIV/AIDS AND SPORTS
BY MATIAFA EMMANUEL T.
Physical exercise help in boosting the moral of depressed patients. HIV/AIDS patients were encourage to embark on the muscle building exercise which in turn check the problem of weight. He equally hi-lighted the importance of breathing exercise to enhance lungs capacity. The presentation was accompanied by a video show on the subject.

Presentation On Objectives, Goals, Membership And Benefits Of Gyca
BY NAHBILA PAQUITA
Interaction with youths groups as stakeholders in the fight against HIV/AIDS STI’s. In view of Global Youth Coalition on HIV/AIDS(GYAC)Universal structure and her United Nation consultation status and further considering her experience in the field of youths and HIV, SGAC conference was privilege to have Miss Nahbila Paquita talk on their activities in the African Sub-region and how she could come collaboration with SGAC.

Hiv/Aids And Prevalence In Cameroon
BY SIMON EFUELANCHA (BUST)
HIV/AIDS prevalence rate in Cameroon is on an increasing rate with an average increase of 8.7%. It has been reported that HIV/AIDS is reducing the active population in Cameroon.
Several methods have been known to transmit the virus namely
-Blood transfusion
-Using unspecialized equipments
-Unprotected sex etc.
Different ways of preventing the disease do exist, such as
-Abstinence
-Using condoms
-using sterilized equipments etc
HIV has been known to be treated using Anti-retroviral drugs. Hence many are
now used in Cameroon.Synsithyzation has been a new approach to talk to people
about these pandemic disease. This and other methods are been employed to
reduce these pandemic.

Family And The True Friend
BY FLAVY CYRILLE OTO’O
Human beings being psychomatic (having two dimensions that is the spirit and the
body) which depend on each other are used in practicing physical education we
can have a pure dichotomy spirit -body instead of body spirit is generally fatal.
Considering that spirit involves all what is moral psychological or mental.
HIV/AIDS should be perceived in this same concept of dimension where body
and spirit are generally concerned and should be considered like any other
situation. That is we should not leave HIV/AIDS affect us because it is in the

FUNDAMENTAL SOLUTION
The personal solidarity between body and spirit should be personalized so that it
can be a personal challenge of domination, survey reprogrammation of life.
Human environment (friends, partners and family or relatives) is called to adopt a
subsequent behavior. One should know that human being’s as changing lead us
inevitably to behaviour as:
-you have money today
-you have problems
-your body has a disfunction
Different human being’s environmental will have different levels than before.
The notion of accommodation was then a specific way and it results from this two
kinds of solidarities, the one which is concerned by oneself and the one that is
offered by another person.
Family’s involvements as immediately human’s environment has an important role
in the same that it can make us change.
For example: A smoker will never stop smoking because it is said that he will die
but because his lovely wife says that he has to choose between her and the cigarette.
So the point here is we have to give the priority to the family in the prevention against HIV/AIDS because it knows what is good for one of their member intend of assistance or help.

**FRIENDS IN NEED**

In the prevention against HIV/AIDS. Every human being is constantly in need of advices. It is said that ‘A friend in need is a friend indeed’ so it is the one who gives you good advices against HIV/AIDS and not only good food and drinks. A parent who talks about HIV/AIDS to the children and encourages them to protect themselves during sexual contact and gives you these condoms is really a good parent, and vice-versa.

**CONCLUSION**

Solidarity is at two levels as we said above, so we have to put ourselves in others place or situation in order to evaluate it. And so, we have to help injected people to cope with the situation by giving them advices, also, we have to help non-injected people in order to help them avoiding HIV/AIDS.

*Facing Challenges To Combat HIV/AIDS And STIs And The A,B,C Approach To New Youth Leadership*

**By, Metuge Catherine (G.B.H.S Atiel Bamenda)**

Obstacles and strategies on the control of the pandemic at the level of schools and family were highlighted such as:
- poverty
- poor moral upbringing
- Problem of stigmatization
- some cultural practices
- denial syndrome
- Lack of information education and communication to the masses
- Some control measures included:
  - Christian perspective on the fight against HIV/AIDS and STI’s
  - Abstinence
  - Fidelity

Concluding sensitization campaigns in communities, schools etc.

**DAY III**

Animal and installation of participants.

Presentation Continues.

*Poverty Reduction as Youth Empowerment*

**By Anyang H Ekalle (ASDEGE)**

The high rate of HIV/AIDS Prevalence amongst youths in Cameroon to this presentation was to this presenter, a consequence of unemployment. Youths get involve into prostitution and crime due to sustainability. Empower a future resource in development is lost. The HIV/AIDS fight could be squarely addressed
by Youth Capacity Building (YCB), job provision and adequate youth orientation towards professionalism within the school milieu to avoid the situation to high of high unemployment and the resultant high prevalence rate. The two are interrelated as they as they will drop respectively if addressed by policy makers and stakeholders.

La Problematique De L’acces Aux Soin De Sante Au Cameroon.
BY NGANKAT JEAN (ASSA)
The difficulties Cameroonian face in knowing the adequate facilities at their disposal is directly linked with lack of information flow on the subject HIV/AIDS patients must be consulted in adequate health structures available here in Cameroon. Cameroonians are poor and look for treatment desperately. Mutual health prosperous were recommended as community base information and health assurance.
Responsibilities that cause foreign donors to support such local trusted endeavours. Some examples of such in the Littoral may, examine and blamed on corruption, lack of commitment and trust. SGAC was encourage to do something to the Youths in this domain.

Special Population At Risk
BY BALINGWE NELSON
This paper gives information on the population at risk (HIV/AIDS population at risk)
-Women who are more at risk than men and the underlying explanation why women are more at risk (in terms of sex)
-Population at risk by prevalence rate of HIV/AIDS than mobile workers, farmers and destabilized populations
-Population at risk in terms of race/ethnicity and -population at risk by transmission category,
The presenter addresses the measures that if implemented will go a long way to reduce the high prevalence of HIV/AIDS in these population as low as possible. It also recommends certain basic ideas on reducing vulnerability in women and orphaned children.
The participants are by this presentation called upon to spread the information to as many as they can since information is powerful in creating awareness on HIV/AIDS.

The Statue Of HIV/AIDS Vaccine Development
BY DR.WELEJI PATRICK
Handling the HIV/AIDS vaccine Issue, the Surgeon, Brainstorm on the advances already made as well as the huddles encountered in its development. He further substantiated on the various categories of vaccine in general such as
-Therapeutic Vaccine: use to prevent cross infection. Cited the example of Pro. Victor Anuma Ngo who has been carrying out research work this form of
vaccine in the management of AISS patient Yaoundé. He is also the author of Vanivax.

- Prophylactic Vaccines: mostly employed in the prevention of complication in the disease process.

The development of vaccine is done in stages

1. Animal traits
2. Safety stage of vaccine in humans involving a safety group of about 10-30 persons
3. The immunogenecity study based on accessing the Immune response of the test group compromising of a 100-200 persons.
4. Efficacy field trial. These are trials on high risk groups such as prostitute and homosexual involving thousands.

He concluded by mentioning some of the ways virus can be destroyed such as

- Effects of neutralising antibodies
- Antibody mediated cytotoxic response
- Effects of natural killer cells (Macrophages) engulfing parasite
- CD4, etc.

The WHO has called for all countries to sequence their virus strands so that a profile be made of them and vaccines consequently be developed per region.

POVERTY REDUCTION AND UNEMPLOYMENT AMONGST YOUTHS
BY AGBOR ERIC (INACOD)

They lobby and advocate for avenues for employment for the youths. In the health domain, they create mutual health structure in the health domain and follow up for drug accessibility and availability to the patients.

ADOPTION OF RESOLUTIONS

The participants were shared into 4 work groups charged with the development of resolution and recommendations as well as the SGAC Action Plan as follows:

GROUP IV
TERMS OF REFERENCE

RESOLUTION/RECOMMENDATIONS OF THE CONFERENCE

1. Encourage parental Christian upbringing of children regarding decent dressing, culture, privacy, sex education, premarital counselling. Old rich men should avoid corruption of the youths, as well as embark on information education and communication on HIV/AIDS amongst secondary schools and university students (youths) and the community at large.

2. Government should put in place a more professionalized system of education, liberalisation of taxes, efficient allocation of developmental grant; in other to attract industrialisation which curbs down unemployment and alleviate poverty.

3. Capacity building and amongst the youths, develop a partnership strategy involving ministries, NGO’s donor agencies, civil societies, foundations, religious group, CIGs, in the fight against HIV/AIDS and STI’s.
GROUP III
RESOLUTIONS
1. Intensifying sensitization in schools by students for students promising scholarship at high school to infected students
2. Form an association leaving with HIV/AIDS help them through mutual Health organisation, employment
3. Youth empowerment through vocational training e.g school clubs.

GROUP II
RESOLUTIONS
1. Since it has been projected even in the Bible in the Old testament that there will come to be a disease, we think that this is the time so we should turn to God for he is the Almighty and has a solution to all.
2. Parents should take a responsibility of educating their children about the ills of HIV/AIDS and sexuality and clubs should be created in schools were student will participate and may be contributively the little they have, that can be used to assist the infected persons in our society. Issues of the stigmatisation should completely be eradicate.
3. We think traditional medicine is used for curative measures and thus should be given a chance. Traditional medicine remains part of our culture and should thus not be documented because doing that we will be taking modern medicine approach.

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<thead>
<tr>
<th>ACTIVITY</th>
<th>STARTING DATE</th>
<th>COMPLETION DATE</th>
<th>ORGANISATION INCHARGE</th>
<th>EVALUATION/OUTCOME</th>
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<tbody>
<tr>
<td>Making an inventory of schools for sensitization</td>
<td>From 1st April</td>
<td>To April 14th</td>
<td>SGAC/PARTNERS</td>
<td>To know the number of schools so that a proper sensitization will be done</td>
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<tr>
<td>Awareness</td>
<td>APRIL 1ST</td>
<td>APRIL 14TH</td>
<td>SGAC/PARTNERS</td>
<td>By this time all the schools would know the nature of sensitizations</td>
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<tr>
<td>Sensitisation proper</td>
<td>APRIL DURING UNIVERSITY GAMES -MAY</td>
<td>APRIL AFTER UNIVERSITY GAMES-JUNE</td>
<td>SGAC/PARTNERS</td>
<td>By the end of June all the targeted schools in Cameroon would have been sensitize and students would know the prevention HIV/AIDS. SGACers work together with already existing health clubs in institutions to continue sensitisation together with Peer Educators</td>
</tr>
<tr>
<td>Financial Material to support SGAC</td>
<td>JULY 1ST</td>
<td>JULY 14TH</td>
<td>SGAC/PARTNERS</td>
<td>By the end of 2weeks all the SGACers and coordinator would put in place would have been empowered.</td>
</tr>
<tr>
<td>Voluntary Testing and Counselling</td>
<td>1ST AUGUST</td>
<td>SEPTEMBER 30TH</td>
<td>SGAC/PARTNERS</td>
<td>By the end of these time the HIV/AIDS patients would have been identified</td>
</tr>
<tr>
<td>Support HIV/AIDS</td>
<td>1ST OCTOBER</td>
<td>31ST OCTOBER</td>
<td>SGAC/PARTNERS</td>
<td>By the end of these time the</td>
</tr>
<tr>
<td>Insertion/operation of a multipurpose Vocational Training Centre</td>
<td>1ST MAY</td>
<td>JUNE 1ST</td>
<td>SGAC/PARTNERS</td>
<td>Some 51000 Orphans and 3100 disable with Numerous children or street youth would benefit from these training centre in Bamenda ,the most Vulnerable town For HIV/AIDS in Cameroon with high prevalence and the orphans being the most affected</td>
</tr>
<tr>
<td>Insertion and operation of an Athletic Complex in Buea and Yaounde</td>
<td>MAY-FEASIBILITY STUDY</td>
<td>JUNE 1ST</td>
<td>SGAC/PARTNERS</td>
<td>Some 60000 young athletes would benefit from these resources</td>
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<tr>
<td>Sponsoring some SGACers to countries that have managed HIV/AIDS patient well in Africa(like Uganda And South Africa) And Asia</td>
<td>NOVEMBER 1ST</td>
<td>PERPETUTITY</td>
<td>SGAC/PARTNERS</td>
<td>10 members would have empowered with the management skills of people leaving with hiv/aids concrete method of handling stigmatisation etc</td>
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**CONCLUSION**

-Distribution of certificates and Association packages by the SGAC Founder President
-Group photographs.

Conclusively Ntiokam Divine thanked everyone for their participation in the conference. He further express the fact that the resolution taken and action plan will be forwarded to the sponsors.

He commended that, working together with the donors will go a long way to ameliorate the status of HIV/AIDS and STI’s in Cameroon and the world at large since SGAC is Global Student Network.

The participant in turn appreciated SGAC laudable effort for bringing all the stakeholders to address the issues of HIV/AIDS and youths

-Closing prayers were said calling on the Lord almighty for all participants and the Founding President intervention in the AIDS pandemic.