



## UNAIDS PROGRAMME COORDINATING BOARD

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### **THIRTY-SECOND MEETING**

**Date:** 25-27 June 2013

**Venue:** Executive Board Room, WHO, Geneva

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**Agenda item 3**

**AIDS response in the Post-2015 Development Agenda**

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**Additional documents for this item:** *none*

**Action required at this meeting - the Programme Coordinating Board is invited to welcome this paper and in particular:**

- i. In the context of the unfinished MDG agenda, *call* for targets towards the end of AIDS under an overarching health goal, as well as under other goals that emerge, for example, education, inequality and gender, so as to reflect the multi-sectoral nature of the response as well as its synergies with broader health development efforts.
- ii. *Ensure* that the critical elements in the AIDS response are reflected and reinforced in the post-2015 development agenda, including: renewed emphasis on strategic investment approaches (both reduced unit costs as well as enhanced evidence-informed and rights-based programmatic focus on people most affected and at risk of HIV); expanded political space for affected communities to be meaningfully engaged in planning, implementing, monitoring and reporting on progress; continued multi-sectoral responses which are increasingly integrated with other health and development efforts, and; enhanced diversification of sustainable financing.
- iii. *Call* on the Joint Programme to continue technical work and consensus building on defining the end of AIDS, and associated targets, including through the UNAIDS and Lancet Commission: From AIDS to Sustainable Health.
- iv. *Call* on the Joint Programme to strengthen leadership and advocacy on the role of the AIDS response in the post-2015 development agenda, including outside of the health sector in areas such as inequality and gender, education and governance.
- v. *Call* on Member States and UNAIDS to build on and leverage the lessons learned from the AIDS response (e.g. community and multi-sectoral participation, accountability, political commitment, rights-based approaches, gender equality and inclusion of the most marginalized and affected) in the response to other complex health and development challenges in the post-2015 era.
- vi. *Promote*, based on the positive experience of UNAIDS and “Delivering as One”, a multisectoral joint programme approach to unite and strengthen UN, Member State and civil society efforts to tackle other complex global development challenges in the post-2015 era.
- vii. Based on the lessons learned from HIV, *call* on Member State representatives in the Open Working Group on Sustainable Development Goals to ensure appropriate attention to HIV and the contribution of the HIV response to health, human rights and gender equality in the sustainable development goals, in line with a holistic and integrated approach to the three dimensions of sustainable development.

**“Just as the water is about to boil, it is foolish to turn off the heat” Nelson Mandela**

## **I. INTRODUCTION**

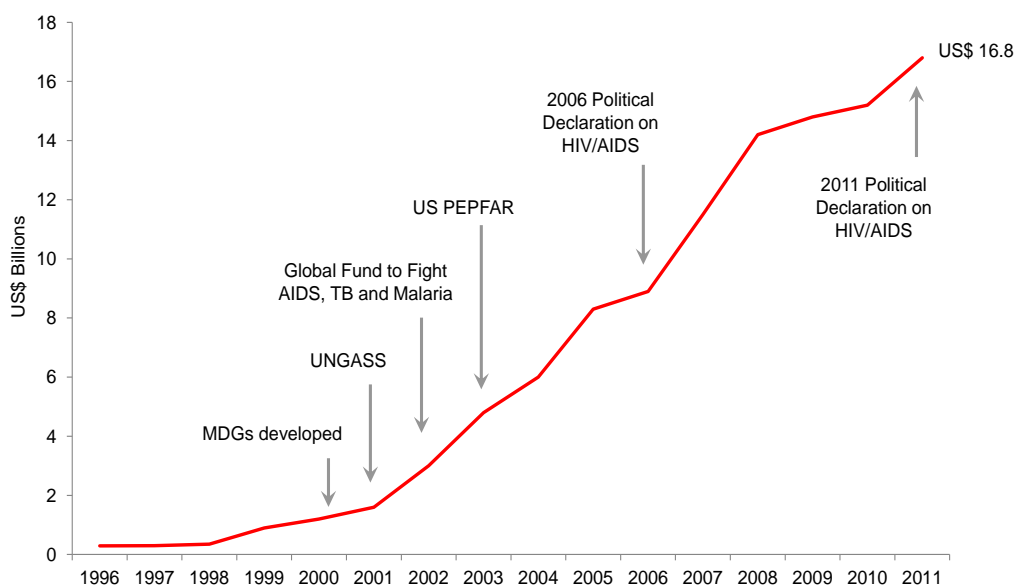
1. Three years ago, the UNAIDS Programme Coordinating Board (PCB) united around a bold vision of **zero new HIV infections, zero discrimination, zero AIDS-related deaths**. It has since become the vision of the AIDS movement. The vision inspired hope, changing the discourse on what was possible in the response, and also inspired renewed action and results. Through the full application of recent innovations, taking core interventions to scale and investing in programmes that overcome structural barriers to access and uptake (critical enablers), realizing our vision and “ending” AIDS is possible in the decades to come. Hence, the PCB and the wider response are now presented with the opportunity to build on this vision and promote its translation into actionable goals, targets and strategies in the context of the post-2015 development agenda.
2. The PCB is meeting in the midst of an ambitious consultative process under the UN Development Group (UNDG) umbrella and at the beginning of negotiations among Member States to determine the next global development agenda to succeed the Millennium Development Goals (MDGs). A broad range of perspectives, aspirations, needs and priorities have been tabled – including more than 150 proposed sustainable development goals. These goals are advocated in the context of a rapidly changing global geo-political, social, economic and technological landscape. At this critical juncture, it is imperative that the PCB presents a united voice on the future of the AIDS response.
3. This background paper was developed in response to the request by the PCB for a discussion on the AIDS response in the post-2015 development agenda, following deliberations at its 30th and 31st meetings. The paper aims to stimulate and guide a debate in the PCB towards:
  - i. A common position on how the AIDS response should be carried forward and measured in the post-2015 sustainable development agenda and accountability framework;
  - ii. A common position on the role of the Joint Programme in generating momentum for and securing a bold and feasible plan for the AIDS response in the post-2015 era; and
  - iii. An advocacy and engagement approach to take the common position forward in negotiations at different levels, particularly with the Open Working Group (OWG).
4. UNAIDS convened a PCB working group to guide the development of this paper. The composition (see Annex III) and terms of reference for the working group as well as the timeline for the development of the paper were agreed by the UNAIDS PCB Bureau. The PCB working group held two meetings with broad participation from all PCB constituencies including experts from capitals and representatives of the PCB NGO Delegation as well as UNAIDS Cosponsors. This paper and its annexes are largely derived from the discussion and inputs of that PCB working group.

## II. AIDS: AN UNFINISHED MDG, YET PROGRESS INSPIRES VISION OF THE “END OF AIDS”

### Major gains in the response since the establishment of the MDGs

5. The Millennium Declaration and the MDGs recognize that reversing the global HIV epidemic is a key indicator of, and instrumental to, progress in development. Building on the strength of the AIDS movement, MDG 6 fuelled the scaling up of national AIDS responses.
6. Since then, the number of people newly infected with HIV each year has been reduced by 20% (from 2001), owing to the implementation of a combination of biomedical, behavioural and structural prevention strategies. Access to antiretroviral therapy has been extended to more than 8 million people—more than half the people in low- and middle-income countries who are eligible for it and 20 times greater than the number on treatment in 2003. TB-related deaths among people living with HIV have fallen 25% since 2004. Driving much of this progress has been the unprecedented scale up in resources mobilized for AIDS responses in low- and middle-income countries: a more than 10-fold increase since 2001 (Fig.1).

**Figure 1. The MDGs and rapid scale up in resources for the AIDS response**



7. Such rapid progress was not foreseen when the MDG targets were set. A growing confidence in the potential for the international community to realize even more ambitious HIV-related goals is emboldened by scientific developments and the accelerating pace of progress. Increments of achievement that once stretched over many years are now being reached in far less time. In 2011, 60% more people accessed HIV treatment than just two years earlier. Between 2009 and 2011, 24% fewer children acquired HIV. Scientific advances also show that both male circumcision and antiretroviral therapy significantly reduce the risk of transmitting HIV, adding them to the established prevention toolkit.

### Box 1. Innovations of the AIDS response

The significant results achieved over the last ten years can be largely attributed to the scientific, programmatic and governance innovations of the AIDS response:

- **Coalitions:** Demand for action driven by a novel coalition of people living with HIV, civil society, governments, the scientific community, the private sector and development partners. This global coalition made the call for universal access to life-saving HIV prevention, treatment, care and support that has resonated throughout the world, and drove action to address the urgency, magnitude and complexity of the call.
- **Mobilization:** Broad-based social movements, fuelled by grassroots activism, fostered and, coupled with international political commitment resulted in unprecedented resource mobilisation and HIV treatment access.
- **Governance:** Unique arrangements were established to engage affected communities in meaningful ways. These include multi-sectoral National AIDS Councils and Country Coordinating Mechanisms at the country level and at the global level a dedicated funding instrument (The Global Fund to Fight AIDS, TB and Malaria) and the unique Joint Programme of the UN.
- **Science:** Demand for treatment, as well as significant public and private investments, drove scientific advancements, including new medicines and technologies and streamlining and fast tracking medicines registration to expedite roll-out.
- **Social justice:** Pragmatic responses to overcoming stigma, discrimination, and social inequality, including gender-related, to ensure access to services in the context of human rights and dignity. These responses addressed the social, structural and biomedical complexities of HIV. Much of the success of the UNAIDS Joint Programme has been its ability to engage in the full breadth of the issues relevant to the AIDS response through the comparative advantages of each of the Cosponsors and civil society partners across the gender, human rights, social, economic and political dimensions of the epidemic.

8. Underpinning much of this progress are improvements in the legal and social environment, and the establishment of human rights-based frameworks and approaches that protect the health, dignity, participation and inclusion of people living with and at risk for HIV. People living with HIV and members of key populations are demanding their right to participate, be included, be heard, and be able to hold governments accountable for their commitments. Human rights-based approaches have transformed the AIDS response, with implications for broader health and development, by demanding recognition that the voice and concerns of those most affected are indispensable to progress.
9. Courts in countries such as South Africa and Venezuela have guaranteed access to life-saving treatments. Since 2010, nine countries have lifted their HIV-related restrictions on entry, stay and residence: Armenia, China, Fiji, Mongolia, Namibia, Republic of Korea, Republic of Moldova, Ukraine and the United States of America. Such reforms represent concrete wins for the dignity of people living with HIV and advance the vision of “zero discrimination”.

10. Country leadership and ownership for a more sustainable AIDS response is on the rise, as demonstrated by the major scale-up in domestic investments: from 2006-2011, 81 countries increased domestic resources for AIDS by at least 50%. For the first time in the AIDS response, the proportion of domestic investments is greater than international investments.
11. The mobilization of resources for the AIDS response and the increasingly integrated and holistic approach of the response in many countries have also served as a platform to drive progress across health systems. HIV investments and innovations have strengthened health systems through, inter alia: improved and expedited access to affordable medicines and commodities; stronger maternal and child health services, especially by massively scaling up services to prevent children from becoming infected and to keep their mothers alive; scaling up and improving chronic care systems for HIV and NCDs; reinforcing health information and reporting systems, and; building the capacity of human resources, especially by training health and community workers.
12. The AIDS response continues to serve as a dynamic force and pathfinder in health, development, peace and human rights. For example, the African Union endorsed its Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria in 2012 signalling a new paradigm of development cooperation. The AIDS response also drove commitment at the highest political level – in the 2011 UN Security Council Resolution 1983 – to align efforts to prevent HIV and end sexual violence in conflict and post conflict settings. The People Living with HIV Stigma Index, rolled out in approximately 70 countries, empowers people living with HIV to know and claim their rights—for access to health and HIV services—and to participate fully in improving and maintaining their own health and well-being, with dignity.

*Despite progress, considerable challenges and gaps remain*

13. While the significant achievements in the AIDS response are encouraging, the epidemic is far from over and entrenched challenges remain. Globally, HIV is the sixth leading cause of adult mortality and the largest killer among women aged 15–49 years.<sup>1</sup> Despite the overall decline in the number of people newly infected with HIV, 2.5 million people acquired HIV in 2011, including 890 000 young people (aged 15-24). While eight million people living with HIV were receiving treatment in 2011, roughly the same number of people were eligible for treatment but unable to access it. The majority of people on HIV treatment will need to move to second- and third-line regimens in the coming years, further driving the need to ensure access to newer, simpler and less toxic medicines. The low proportion of people living with HIV who are able to access diagnostic services and know their status also remains a severe obstacle to scaling up prevention and treatment services.
14. Health systems in many low- and middle-income countries remain fragile, and unable to provide necessary HIV-related health services. Evidence suggests that the influx of AIDS investments has improved not only the delivery of HIV-related services but strengthened health systems in many countries. At the same time, much more must be done to ensure that vertical programmes are integrated and synergistic, rather than in competition, with health services particularly around sexual and reproductive health and maternal and child health.

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<sup>1</sup> Murray CJL, Ezzatti M, Flaxman A, Lim S, Lozano R, Michaud C, Naghavi M, Salomon J, Shibuya K, Vos T, Wikler D, Lopez AD. GBD 2010: design, definitions, and metrics. Lancet 2012;380:2063-2066

15. The AIDS epidemic is driven by and interacts with a range of social determinants. Closer partnerships must be forged with parliamentarians, the justice system and the police to ensure that the human rights of people living with and at higher risk of HIV are protected. Countries and their partners must also work to ensure HIV-sensitive social protection as a holistic framework for promoting capacity and access to health, social, educational and economic resources.
16. Increasingly it will be necessary to serve the hardest to reach populations affected by HIV: those marginalized and criminalized, including sex workers, people who inject drugs, men who have sex with men and transgender people, as well as mobile populations and people living in poverty and in remote areas. “Zero discrimination” remains an elusive and difficult goal to achieve, and greater investment and energy is needed to support proven approaches to fostering equality and inclusion.
17. Global and regional statistics mask the differences between and within countries in HIV incidence and prevalence as well as access to HIV services. For example:
- Although the numbers of new HIV infections and AIDS-related deaths are declining in most regions, they are rising in Eastern Europe and Central Asia and the Middle East and North Africa.
  - Globally, young women (aged 15–24), have HIV infection rates twice as high as in young men, and account for 22% of all new HIV infections and 31% of new infections in sub-Saharan Africa.
  - Expanding access to services has lagged for adolescent girls (age 10–19) and young women, slowed by factors ranging from inadequate sex education and health information and inequity in power relations to legal requirements for parental or spousal consent.
  - HIV treatment coverage continues to lag for children, at 28% compared to 56% for adults.
  - Coverage of HIV prevention and treatment remains inadequate for key populations at higher risk, and especially for young people in these groups. Female sex workers, men who have sex with men and people who inject drugs are estimated to be 13, 19 and 22 times more likely to be living with HIV than the general population, respectively. In 2010–2011, however, domestic funding accounted for less than 10% of total spending on HIV programmes for sex workers, men who have sex with men and people who inject drugs reflecting a lack of political will to provide services where they are most urgently required.
18. The sustainability of the response is also challenged by the slowdown in international investments, which have stalled since 2008, raising concerns about the ability of the international community to reach the target set in the 2011 Political Declaration to close the resource gap by 2015. While domestic investments are on the rise, many countries still rely heavily on international assistance. Sixty-one countries receive more than half their HIV funding from abroad and 38 rely on international sources for 75% or more.

### III. DEBATE UPDATE: BRIEF ANALYSIS OF AIDS IN THE POST-2015 CONSULTATIONS<sup>2</sup>

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<sup>2</sup> A brief overview of the UN consultation process can be found in Annex 1.

### Emerging themes and points of convergence with relevance to AIDS

19. Based on an analysis of the proceedings and outcome documents of the various consultations, several themes appear to be emerging with relevance to the AIDS response in the eventual post-2015 agenda. Outputs for analysis were drawn particularly from the global thematic high level meetings which sought to establish common ground and consolidate recommendations as well as the latest report on initial findings from consultations, *The Global Conversation Begins*<sup>3</sup>. These include calls for a transformative development agenda, and particularly that:

- The international community maintains its political and financial commitment to the MDGs – across consultations there is consensus that the unfinished MDGs should be central to the next development agenda.
- Global goals to be reinforced with more regional, national or subnational targets, to account for the varying levels of progress and development across countries and regions.
- New goals are universal, measurable, time-bound, limited in number and compelling.
- New goals measure key issues neglected by the MDGs, particularly: promotion of human rights; equality (among and within countries); a comprehensive and sustainable view of economic prosperity, social justice and environmental protection; shift from quantity to quality, and; focus on young people.

### AIDS in the post-2015 debate<sup>4</sup>

20. The future of the AIDS response has been addressed in varying degrees across a range of thematic, national, regional and global consultations. A summary is provided below.

21. *Regional consultations and common positions:*

- Africa: The African Union common position<sup>5</sup> reviews and notes the progress made on MDG 6 in Africa and re-commits Member States to the 2001 Abuja Call for universal access. The position calls for universal and equitable access to quality healthcare and to reduce the incidence of communicable diseases including HIV.
- Pacific Islands (hosted by UNDP, ADB, ESCAP): The outcome document<sup>6</sup> highlights HIV in three paragraphs, particularly in relation to child health and prevention. The document also mentions countries' commitment to 'Zero new HIV infections' by 2015.

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<sup>3</sup> *The Global Conversation Begins*. USA, UNDG, 2013.

(<http://www.undp.org/content/dam/undp/library/MDG/english/global-conversation-begins-web.pdf>)

<sup>4</sup> Country consultation reports were available only in May and could not be reviewed for this report.

<sup>5</sup> *Report of the Commission on the Post 2015 Development Agenda: Towards an African common position and modalities for establishment of a committee of heads of state and government on the post 2015 development agenda*. 19-23 May, Addis Ababa, African Union, 2013.

<sup>6</sup> *Post-2015 Pacific Consultation: Outcome Document*. New York, Regional Commissions, 2013.

([http://www.regionalcommissions.org/AP\\_MDGs\\_Nadi\\_Consultation\\_Pacific\\_Final%20Outcomes%20Doc.pdf](http://www.regionalcommissions.org/AP_MDGs_Nadi_Consultation_Pacific_Final%20Outcomes%20Doc.pdf))



- European Commission: The Commission's communication ("A decent life for all"<sup>7</sup>) recognizes that while significant progress has been made in reducing global infections and scaling up treatment access, seven million people living with HIV in need of treatment are still unable to access it.
- Arab Development Forum (hosted by UNDG for MENA/Arab States): The outcome document mentions HIV in its call to address inequalities, the role of civil society organisations in working with sexual minorities, the need to address the exclusion of groups such as people living with HIV, the vulnerability of women to HIV and violence during conflict, the special needs of orphans and children living with HIV in education settings and the urgent need to scale up the health sector response to address the treatment gaps.

## 22. Youth consultations:

- Young people have used multiple channels to influence the post-2015 consultations, including through the national consultations and direct dialogue with the High Level Panel on the Post-2015 Development Agenda. Specific youth consultations have also taken place in 12 countries<sup>8</sup> supported by the youth-led development agency Restless Development and partners.
- Health has emerged as a central theme, with young people calling for both increased access to healthcare with a particular attention to marginalized populations as well as increased quality of the services. Sexual and reproductive health and rights, with an emphasis on addressing HIV, has been a particular priority. HIV was the only specific health condition referred to in the country youth consultations, stressing the need for increased funding to ensure young people's access to HIV treatment and testing.
- HIV was also identified at the Youth Multistakeholder Meeting in Bali<sup>9</sup>, in March 2013 as one of seven key themes. The meeting communiqué called for universal access to affordable, quality healthcare and youth-friendly services that are sensitive to young people's sexual and reproductive health and rights, especially those living with HIV.

23. *Civil Society consultation:* The input provided by Beyond2015 – the largest CSO network engaged in the post-2015 process – to the High Level Panel includes reference to AIDS under the unfinished agenda and identifies people living with HIV as a marginalized group in need of special attention.

## 24. Global thematic consultations:

- Inequality (hosted by Denmark and Ghana): Discrimination based on HIV status was recognized in the outcome document<sup>10</sup> as closely linked the

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<sup>7</sup> *A Decent Life For All: Ending Poverty And Giving The World A Sustainable Future*. Brussels, European Commission, 2013. ([http://ec.europa.eu/europeaid/documents/2013-02-22\\_communication\\_a\\_decent\\_life\\_for\\_all\\_post\\_2015\\_en.pdf](http://ec.europa.eu/europeaid/documents/2013-02-22_communication_a_decent_life_for_all_post_2015_en.pdf))

<sup>8</sup> Colombia, Croatia, Ghana, India, Kenya, Kyrgyzstan, Nepal, the Philippines, Romania, Sierra Leone, Tanzania and UK.

<sup>9</sup> *Youth Multistakeholder Meeting Communique: Putting Youth at the Heart of Development*. Bali, Indonesian Future Leaders, 2013. (<http://www.post2015hlp.org/wp-content/uploads/2013/04/Youth-Multistakeholder-Forum-Bali-Communique.pdf>)

<sup>10</sup> *Synthesis Report on the Global Thematic Consultation on Addressing Inequalities*. USA, World We Want, 2013. (<http://www.worldwewant2015.org/node/299198>)

lack of access to a range of human rights. It recommended that the new development agenda ensure action and accountability for universal access to quality, comprehensive, integrated sexual and reproductive health services. At the consultation, young people called for the amendment or repeal of laws that prevent them from accessing sexual and reproductive health services.

- Population dynamics (hosted by Bangladesh and Switzerland): The Dhaka Declaration<sup>11</sup> includes the recommendation: “Ensure sexual and reproductive health and reproductive rights, in line with ICPD (1994), and provide universal access to reproductive health services, including voluntary family planning, maternal health care as well as HIV/AIDS prevention, treatment, care and support.” The more extensive outcome report<sup>12</sup> includes references to HIV in the context of ageing; young people; family planning; early detection and treatment.
- Education: The draft summary highlights the call by young partners for stronger focus on comprehensive sexuality education, and indicated emerging consensus on the need for such education particularly to reduce girls’ vulnerability to pregnancy and sexual violence.
- Health (hosted by Botswana and Sweden): The final summary document<sup>13</sup> insisted that human rights, equity and gender-equality be “hard-wired” throughout the emerging development agenda and proposed a framework on future health goals to include:
  - Sustainable well-being for all (addressing among other things the structural determinants of well-being).
  - Maximizing health at all stages in life including by: 1) accelerating progress on MDGs 4, 5, and 6 (including achieving an AIDS-free generation); and 2) reducing the burden of non-communicable diseases (NCDs) and other emerging health issues.
  - Accessible and affordable health services (i.e., universal health coverage).

#### **IV. STRATEGY OF UNAIDS JOINT PROGRAMME TO PROMOTE THE AIDS RESPONSE IN THE POST-2015 DEBATE<sup>14</sup>**

##### Five overarching messages

25. Through several high level engagements, publications and advocacy materials, UNAIDS has shaped and promoted a position framed around the generational opportunity of ending AIDS and how the experience of the AIDS response can be a source of inspiration for and inform a new development agenda. This position can be articulated through five overarching messages:

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<sup>11</sup> *Dhaka Declaration of the global leadership meeting on population dynamics in the context of the post-2015 development agenda*, 13 March 2013. (<http://www.worldwewant2015.org/population>)

<sup>12</sup> *Population dynamics in the post-2015 development agenda: Report of the Global Thematic consultation on population dynamics*, UNFPA, UNDESA, UN-Habitat, IOM, 2013.; *A Call to Integrate Population Dynamics into the Post-2015 Development Agenda Recommendations of the Global Thematic Consultation on Population Dynamics and the Post-2015 Development Agenda*, USA, World We Want, 2013. (<http://www.worldwewant2015.org/population>)

<sup>13</sup> *High Level Dialogue on Health in the Post-2015 Development Agenda Gaborone, Meeting report, 4-6 March 2013*. (<http://www.worldwewant2015.org/health>)

<sup>14</sup> Additional engagements and outreach efforts of the Joint Programme to promote the AIDS response in the post-2015 consultations can be found in Annex II.

- *AIDS is and will be an unfinished MDG.* Priority is to ensure HIV is prominently positioned in the post-2015 agenda, including ambitious, measurable targets towards the end of AIDS.
- *End of AIDS is possible.* This will require political commitment, community mobilization, adequate funding, a strengthened accountability framework, rights-based approaches to reach the most marginalized and addressing social determinants.
- *Invest in health.* Health drives development – as demonstrated by the AIDS response, health reduces inequality; health mobilizes people for building democratic accountability; health cooperation can be a tool for diplomacy; health offers an entry point for broader human rights issues.
- *Transforming health and development.* Approaches from the AIDS response, including inclusive, people-centred, participatory rights-based, multi-sectoral action, can be applied to transforming the way countries and their partners approach health and development.
- *AIDS is a global priority.* The AIDS agenda is relevant to, and should be promoted by, all countries – as a public health priority in high-burden countries and as an entry point for inclusive, rights-based development in all countries.

### UNAIDS and Lancet Commission: From AIDS to Sustainable Health

26. The UNAIDS and Lancet Commission aims to inspire and inform the debate on post-2015 and ensure the continued commitment to the AIDS response of the international community in the eventual agenda. The Commission represents a major political opportunity for UNAIDS, with the expectation that it will have the legitimacy and influence to raise the salience of AIDS and contribute to realizing a more sustainable approach to health and human security – based on the pioneering experience of the AIDS response.

27. Through a dynamic programme, the Commission will provide:

- space for systematic analysis of evidence;
- sharp critique of current AIDS and health approaches; and
- robust recommendations.

28. The Commission will be co-chaired by H.E. Joyce Banda, President, Republic of Malawi, Dr Nkosazana Dlamini Zuma, Chairperson of the African Union Commission and Dr Peter Piot, Director of the London School of Hygiene and Tropical Medicine. It will bring together some 30 global leaders in development, AIDS, health, governance, business and the environment, including people living with HIV, youth leaders, UN Heads of Agencies and the UN Secretary-General's Special Envoys for AIDS.

29. The Commission has been tasked with addressing the three following questions:

- What will it take to bring about the end of AIDS?
- How can the experience of the AIDS response serve as a transformative force in approaches to global health?
- If we imagine a more equitable, effective, rights-based and sustainable global health paradigm, how must the national and global AIDS architecture be similarly modernized?

30. The first meeting of the Commission will be held in Lilongwe, Malawi on 28-29 June 2013. A second meeting will be convened at the end of 2013 or early 2014. The findings and recommendations of the Commission will be presented in a special issue of *The Lancet* in early 2014 as well as promoted through social media.

## V. TOWARDS A COMMON POSITION ON AIDS IN THE POST-2015 DEVELOPMENT AGENDA AND ACCOUNTABILITY FRAMEWORK

31. This paper seeks to inform and guide a debate in the PCB with the objective of coming to a common position on AIDS in the post-2015 agenda. Building on the five overarching messages, potential elements of such a common position are proposed below:

### *AIDS response in the post-2015 development era*

32. The first element of the common position should be the acknowledgement that in order to accelerate progress towards the global AIDS targets set for 2015, as well as move towards a more effective and sustainable response in the post-2015 era, some elements of the response need to be reinforced and some enhancements supported. These include:

- Apply strategic investment approaches to planning, resource allocation and programming, ensuring that: investments are focused on evidence-informed combination prevention for the populations in which new HIV infections are occurring; unit costs for testing and quality-assured treatment are as low as possible; and critical enablers and development synergies are sufficiently resourced to enable access, uptake and effectiveness of basic programmes.
- In addition to reducing per-person treatment costs through improved programme management, reductions in the cost of antiretrovirals are also needed. Countries should be supported to take full advantage of TRIPS flexibilities and ensure that trade agreements do not undermine access to affordable, quality pharmaceuticals.
- Focus on responding to the needs of people living with HIV, young people, women and girls, sex workers, people who inject drugs, men who have sex with men, transgender people, prisoners, refugees and migrants, with particular attention to the social and economic drivers of vulnerability to HIV transmission and disparities in burden.
- Programmatic and scientific innovation, hallmarks of the AIDS response, should continue to be nurtured and supported so as to ensure more integrated and people-centred approaches as well as to accelerate progress toward the post-2015 targets.
- Move towards more diversified sources and sustainable approaches to generating AIDS investments, ensuring that international partners continue to scale up investments in the AIDS response, countries continue to increase domestic investments, emerging economies become more closely engaged, and innovative financing mechanisms are implemented.
- Strengthen alliances with human rights and gender equality movements, among others, to advocate for access to justice; the elimination of discrimination, violence and exclusion; and inclusive development.
- Broaden the political space afforded to the AIDS movement at national, regional and global levels, ensuring that communities, civil society, people living with HIV and advocates are supported by policy and investments to continue to generate demand, leadership and ownership for a more effective, equitable and sustainable AIDS response.

- Continually support stronger coherence within the Joint Programme to address the multi-sectoral dimensions and determinants of HIV.

*Potential risks if the visibility of AIDS is weakened in the post-2015 agenda*

33. The second aspect of the common position should be to emphasize what is at stake if the commitment to the AIDS response is weakened in the post-2015 agenda.

These risks include:

- Reversal of results to date, including the millions of people on treatment and infections averted each year (which has implications for related health concerns including TB, maternal and child health, NCDs and other development issues, e.g. productivity, education)
- Stagnation in progress to fulfil the unfinished MDG 6 agenda, as millions of people continue to be newly infected with HIV and die of AIDS-related illnesses each year.
- Weakened visibility of AIDS in the post-2015 agenda will also have detrimental effects on reaching other unfinished MDGs, particularly related to sexual and reproductive health, maternal and child health and TB.
- Loss of the unique elements of the AIDS response, and the social movement that has propelled it (Box 1, pg 5), and the potential contribution of these elements to a more effective, equitable and sustainable approach to achieve broader health and development goals.

*Positioning and monitoring the AIDS response in the post-2015 accountability Framework*

34. The final aspect of the common position should be a proposal on how progress in the AIDS response and related health, human rights and development challenges in the post-2015 era should be monitored and how the Global AIDS Response Progress Reporting (GARPR) should be similarly updated. This may include more measurable and meaningful indicators on shared responsibility and global solidarity, engagement of young people and communities, systems integration, access to innovation and human rights and gender equality. This proposal could be framed around the following:

- Near- and medium-term targets should be linked to an overarching health goal in the accountability framework that reflect a global commitment to the end of AIDS (see Box 2).
- Given the broad, multi-sectoral nature of the HIV epidemic and the AIDS response, targets and indicators should also be defined to catalyse and measure progress on several other sustainable development goals (e.g. inequalities, gender, rule of law, education, governance and young people).
- Critical governance, sustainable investment, and social and programmatic elements of the AIDS response should be captured as indicators in the post-2015 accountability framework.

## **Box 2. Defining the “end of AIDS”**

### ***Prompting a discussion on “end of AIDS” targets for post-2015***

There appears to be significant support by the AIDS and broader health community for an AIDS-related target(s) in the post-2015 framework. Defining this target may be best informed by the approach to the MDG 6 targets on AIDS:

- Have halted by 2015 and begun to reverse the spread of HIV/AIDS
- Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it.

This paper supports the proposal that the post-2015 AIDS-related targets lend themselves to advocacy and mobilization around the end of AIDS. The following is an example of a possible approach:

- Overarching target: End HIV transmission, related deaths and discrimination in all countries.
  - Sub-target A: By 2030, reduce AIDS-related deaths by at least X% compared to 2012
  - Sub-target B: By 2030, reduce new HIV infections by at least X% compared to 2012
  - Sub-target C: By 2030, ensure that no one is denied health care due to their HIV status

In order to incentivise a more rights-based and equitable response, measurement against these targets could be disaggregated by key populations as well as gender and age.

### ***Considerations***

Concerns have been raised about the potential risks associated with promoting the “end of AIDS” as an organizing framework, including:

- It opens a distracting and premature discussion;
- Risk that it may lead to complacency – in that “end of AIDS” may be misinterpreted by stakeholders to imply that AIDS is already a finished business;
- Conflation between the end of AIDS (as a disease) and the end of HIV (the existence of the virus within human populations); while
- Enduring challenges in the response lead some to question feasibility of “ending AIDS” within the post-2015 agenda timeframe.

These concerns are valid and should continue to shape the end of AIDS discussion. The debate gained momentum after the Washington AIDS conference in 2012 – particularly buoyed by calls for an AIDS-free generation. It is important that the global AIDS community define what is meant by this term. Rather than lead to complacency, the end of AIDS discussion could inspire hope and renewed commitment, if consistently framed as a triumph contingent on maintaining the response as a development priority.

Concerns about the end of AIDS contradicting efforts to support people living positively with HIV can be addressed through clear definitions, targets and indicators. Finally, concerns about feasibility may be addressed through taking a measured, step-wise approach to defining “endpoints”, as laid out below.

### ***Taking a step-wise approach for future AIDS-specific accountability mechanisms***

The debate on defining the “end of AIDS” extends much beyond the process to set targets for the post-2015 agenda, and may be particularly relevant for any future efforts to renew the expanded set of targets and indicators for AIDS-specific global progress

reporting (i.e. a next GARPR).

Presently, a range of understandings of the “end of AIDS”, with different endpoints and varying policy implications, are circulating.

One strand of the debate is in the realm of epidemiology. *Elimination* is defined as the reduction of new infections or disease to zero in a defined geographic region (e.g. malaria or polio in many parts of the world). *Eradication* means the permanent reduction to zero of the worldwide incidence of infection (e.g. smallpox). Given the nature of HIV as a lifelong infection, and that HIV is established in all regions of the world, eradication as an epidemiological goal cannot be achieved within the generations to come without an effective vaccine or a cure that is accessible to all.

Virtual elimination, however, may well be within reach in the next few decades, if the current tools are applied effectively where needed. In line with this understanding, the PCB has, since the launch of the *Global Plan on elimination of new HIV infections among children and keeping their mothers alive*, closely followed progress on virtual elimination, defined as achieving a 90% reduction in new HIV infections among children between 2009 and 2015.

Consensus on the definition and feasibility of virtual elimination of new HIV infections in children could therefore be understood as laying the ground to defining the “end of AIDS” as a **step-wise process**, with varying milestones that differ by timeline, geography and population. These milestones – each in themselves “endpoints” can deliver progress and the energy of success necessary to chart a path to the overall end of AIDS. Making progress to the end of AIDS may therefore require organizing around a series of specific endpoints, for example, the virtual elimination of new infections in a city, or among people who inject drugs in particular settings.

The debate around the end of AIDS is however more than the application of epidemiological definitions linked to the transmission of a virus. The UNAIDS Strategy (2011-2015) and the 2011 Political Declaration on HIV and AIDS include a number of concrete goals that touch on multiple dimensions and social determinants of HIV, including gender, human rights and travel restrictions. “End of AIDS” milestones may relate to these dimensions, for example the elimination of restrictions on entry, stay and residence or the end of stigma and discrimination or the health and quality of life for people living with HIV. In this sense, the end of AIDS may be defined by some from the perspective of reducing AIDS as a social injustice, such as reducing the disparity in disease burden among communities and countries.

It is clear that more discussion is required. To encourage and broker the debate, UNAIDS is leading a discussion to arrive at an evidence-informed consensus on the meaning of the “end of AIDS”. Such a consensus can serve to set a common vision of the goal to which AIDS responses are directed, while ensuring that the international community does not lose sight of the magnitude and urgency of the challenge in getting there.

*Definitions:* <http://www.who.int/bulletin/volumes/84/2/editorial10206html/en/>;  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/su48a7.htm>

## VI. STRENGTHENING ADVOCACY EFFORTS IN PROMOTING THE AIDS RESPONSE IN THE POST-2015 DEBATE

35. In today’s crowded and complex development landscape, champions of the AIDS response and global health stakeholders must be strategic in their engagement to ensure that their interests are protected, gaps are addressed and that the life-saving



gains made are not reversed – and that the contributions of the AIDS response to broader health and development continue to be reinforced. Increasingly, this may involve seeking areas of common interest with other issue-specific causes, such as in relation to NCDs, gender equality or nutrition. Given the range of intersections between HIV and other health and development issues, it is critical that PCB Members are mobilized around a common position to ensure the prominence of the AIDS response in the post-2015 development agenda. All Member States should also seek to ensure coherence among various arms of government engaged in the post-2015 negotiations in support of the end of AIDS.

[Annexes follow]

## **Annex I. Overview of the official UN consultation process on post-2015**

The 2010 High-level Plenary Meeting of the General Assembly on the MDGs requested the Secretary-General (SG) to initiate thinking on a post-2015 development agenda and include recommendations in his annual report on efforts to accelerate MDG progress. In response, the SG established the UN System Task Team on Post-2015 (UNTT), which outlined major considerations for a new development agenda in its report *Realizing the Future We Want for All*. The SG also convened a High Level Panel of Eminent Persons to prepare a report on global development priorities which will serve as a key input to the SG's report to the General Assembly.

Concurrently, UNDG initiated in January 2012 an unprecedented series of global, regional and national consultations around the world to seek people's views on the new development agenda. The aim is to generate a discussion from the bottom-up on global development priorities and link those to various intergovernmental debates on post-2015. Eleven global thematic consultations – one of which is one health – have taken place virtually and in person, led by one or more UN agencies and member states.<sup>15</sup> Eighty-seven national and numerous regional consultations have taken place or are planned. Face-to-face meetings have been complemented by an extensive online conversation on [worldwewant2015.org](http://worldwewant2015.org) as well as the MyWorld website, the UN's global survey on development priorities. As of April 28th, 360 000 people had voted for their six develop priorities for the post-2015 development agenda through MyWorld. The latest results indicate that “a good education,” “better healthcare” and “responsive government” are voters' first, second and third priorities, respectively.<sup>16</sup>

The outcomes of the consultations to date have been synthesized in the UNDG's first report *The Global Conversation Begins*<sup>17</sup> in which a variety of AIDS-related issues and stories feature, with clear links to the broader development agenda and national ownership thereof. This report along with subsequent related reports will inform multiple processes, including the High Level Panel and the OWG.

The OWG, composed of some 70 UN Member States filling 30 seats, was established as one of the main outcomes of the 2012 UN Conference on Sustainable Development (Rio+20). The Group is mandated to define the sustainable development goals that should address in a balanced way all three dimensions of sustainable development and are coherent with and integrated into the post-2015 agenda.

By the time of the 32nd PCB, the UN-supported consultations will have largely concluded their first round of consultations, which are encouraged to continue until the post 2015 agenda is agreed. The outcome report will have been submitted to the High Level Panel. In turn, the High Level Panel will have delivered its final report to the SG (31 May 2013) and the OWG will have held four sessions.

Informed by the report of the High Level Panel and the UNDG report on the consultations, the UN Secretary-General will present a report on post-2015 to the UN General Assembly in September 2013. The OWG will also deliver its first report to the General Assembly this year. The General Assembly as a whole will then begin to debate and discuss the format and contents of the post-2015 development agenda, including reconciling the list of sustainable development goals produced by the OWG with the results of the various country, regional and thematic consultations, as well as reports from the High Level Panel and others.

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<sup>15</sup> The 11 thematic consultations are as follows: conflict, violence and disaster; education; energy; environmental sustainability; food security and nutrition; governance; growth and employment; health; addressing inequalities; population dynamics; and water

<sup>16</sup> *The United Nations Global Survey for a Better World- Summary of Results: March 2013*, Bali, My World, 2013. (<http://post2015.files.wordpress.com/2013/03/my-world-results-report-of-bali-2.pdf>)

<sup>17</sup> <http://www.undp.org/content/undp/en/home/librarypage/mdg/global-conversation-begins/>

## **Annex II. UNAIDS Joint Programme engagement in post-2015 consultations**

Over the last several months, the Joint Programme has worked closely to develop a common strategy and coordinated messaging on the AIDS response for engagement in the post-2015 consultations. At its meeting in April, 2013, one of the Committee of Cosponsoring Organisations' (CCO) primary agenda items was the position of the AIDS response in the post-2015 agenda. Several points of consensus emerged including:

- As an unfinished MDG, the AIDS response must be prominently positioned in the post-2015 agenda.
- UNAIDS has been a trailblazer in multi-sectoral and multi-stakeholder work and rights-based approaches, and it will be important to ensure that this experience and learning shapes and informs the SDGs.
- The Joint Programme should focus on defining select AIDS targets and indicators that measure key aspects of multi-sectoral aspects of the response, e.g. links with health, education, equality and governance.
- The UNAIDS family should consolidate its agenda and outreach efforts to engage as strategically as possible with the Opening Working Group.

The Joint Programme has engaged directly in the global thematic consultations. Commitment to taking the AIDS response forward was included in the final outcome documents for population dynamics, inequalities and health.

UNAIDS Country Offices also work with partners and country consultation hosts to ensure space for civil society, where possible. Many country consultations included discussion of the AIDS response and included AIDS in preliminary outcome documents.

UNAIDS hosted a two-week e-consultation to engage the public in a conversation about the future of the AIDS response. This e-discussion generated more than 5,500 page views and 200 comments. Based on the discussion, a final report was drafted by the e-consultations' eight Moderators and UNAIDS collaboratively. The report proposed five recommendations:

- Protect ambitious, disease-specific targets.
- Invest in communities to design, implement and monitor HIV, health and development programmes tailored to their needs.
- Repeal punitive laws that stigmatize and discriminate against people living with HIV and vulnerable groups such as gay men and other men who have sex with men, sex workers, people who inject drugs and transgender people.
- Fulfil the rights of all people, including young people, to have accurate information on HIV, sexual and reproductive health, and human rights.
- Persevere to achieve universal access to HIV prevention, treatment, care and support through shared responsibility and global solidarity.

Additional examples of UNAIDS-supported consultations and products include:

- The Joint Programme submitted a paper to the health thematic in January 2013 entitled *AIDS, health and human rights: Towards the end of AIDS in the post-2015 development era*.
- In January, HIV, TB and malaria activists met to discuss the post-2015 health agenda and called for continued priority to the three diseases in the next framework. One representative from this consultation attended the high level consultation on health in Botswana to take forward the calls of the consultation.

- The High Level Consultation on Zero Tolerance for Gender Based Violence through HIV responses, which brought together ministers of gender, civil society leaders and the UN system at the 57th Commission on the Status of Women to build a leadership platform on the interlinked issues of gender based violence and HIV in the context of setting post-2015 development priorities.
- Discussion paper prepared by the PCB NGO Delegation on gender equality and HIV in the post-2015 agenda which aims to facilitate civil society mobilisation and advocacy on gender equality and HIV.

## **Annex III. Composition of the PCB Working Group on AIDS in the post-2015 development agenda**

### **Member States**

#### **Australia**

Dr Timothy Poletti  
Health Adviser (Development Cooperation)

#### **China**

Dr Xia Gang  
Division Director, Dept. of Disease Control

Ms Jingwei YANG  
Program Officer

#### **Congo**

Mme Fernande Mvila  
Conseillère

#### **Egypt**

Mr Mokhtar Warida  
First Secretary

#### **Germany**

Mr Franz J. Bindert  
Deputy Director General for Disease Control and Health Protection

#### **India**

Mr Lov Verma  
Secretary and Director General

Ms Aradhana Johri  
Additional Secretary

Dr Rajesh Ranjan  
First Secretary

#### **Japan**

Ms Tomoko Onoda  
First Secretary

#### **Mexico**

Mr Miguel Ángel Toscano Velasco  
Minister

#### **Poland**

Ms Joanna Glazewska  
Specialist, International Cooperation Department

Mr Adam Adamus  
Junior specialist

#### **Zimbabwe**

Ms Paidamoyo Muyambo  
Counsellor

### **Cosponsoring Organizations & UNAIDS Secretariat**

#### **United Nations Children's Fund (UNICEF)**

Mr Craig McClure  
Chief, HIV/AIDS Section

Ms Natalie Amar  
Programme Specialist

#### **World Food Programme (WFP)**

Mr Martin Bloem  
Chief, Nutrition and HIV/AIDS Policy

Ms Fatiha Terki  
Senior Policy and Liaison Officer

#### **United Nations Development Programme (UNDP)**

Mr Ludo Bok  
Policy Specialist - UNAIDS Partnership, Bureau for Development Policy

Mr Doug Webb  
UNDP Cluster Leader on Mainstreaming, Gender and MDGs

#### **United Nations Population Fund (UNFPA)**

Ms Elizabeth Benomar  
Global Coordinator a.i. and Officer in Charge, HIV/AIDS Branch, Technical Division

Ms Mona Kaidbey  
Deputy Director, Technical Division

#### **World Health Organization (WHO)**

Dr Gottfried Hirnschall  
Director, HIV Department

Ms Kerry Kutch  
Partnership Advisor, HIV Department

#### **UNAIDS Secretariat**

Dr Kent Buse  
Senior Adviser, Political Affairs and Strategy (PAF)

Ms Sonja Tanaka  
Policy and Strategy Officer, PAF

Mr Edward Mishaud  
Executive Officer, Office of Deputy Executive Director, MER (DXM)

Ms Anne Claire Guichard  
Programme Officer, PRO

Mr Morten Ussing  
Chief, Governance and Multilateral  
Affairs (GMA)

Ms Samia Lounnas Belacel  
Governance Adviser, GMA

Mr. Ruben Mayorga  
Senior Governance Adviser, GMA

## **Representatives of Nongovernmental Organizations/People Living with HIV**

### **Latin America**

Dr Mabel Bianco  
President, Fundación para Estudio e  
Investigación de la Mujer

Ms Alessandra Nilo  
Executive Director, GESTOS- Soropositivity,  
Communication and Gender Issue

### **Asia/Pacific**

Ms Jane Bruning  
National Coordinator of Positive Women Inc.,  
Asia Network of Positive People

### **North America**

Ms Ebony Johnson  
North America Community Liaison International  
Community of Women Living with HIV/AIDS

Mr Charles King  
President and Chief Executive Officer, Housing  
Works

## **Other**

### ***Africa Group***

### **South Africa**

Dr. Lindiwe E. Makubalo  
Health Attaché, Permanent Mission of South  
Africa to the United Nations Office at Geneva  
and other international organizations in  
Switzerland

## Acronyms

ADB	Asian Development Bank
AFDB	African Development Bank
AUC	African Union Commission
CCO	Committee of Cosponsoring Organisations
CSO	Civil Society Organizations
ESCAP	Economic and Social Commission for Asia and the Pacific
GARPR	Global AIDS Response Progress Reporting
ICPD	International Conference on Population and Development
MDGs	Millennium Development Goals
NCDs	Non-Communicable Diseases
OWG	Open Working Group
TB	Tuberculosis
UNDG	United Nations Development Group
UNECA	United Nations Economic Commission for Africa
UNGASS	United Nations General Assembly Special Session
UNTT	UN System Task Team

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