



Defeating **AIDS**
Advancing global health

THE UNAIDS AND LANCET COMMISSION

MEETING REPORT

*The UNAIDS and Lancet Commission:
Defeating AIDS – Advancing global health*

“An opportunity to make things new”

28–29 June 2013 | Lilongwe, Malawi

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BACKGROUND

The UNAIDS and Lancet Commission: Defeating AIDS – Advancing global health was launched in May 2013 and is co-chaired by President Joyce Banda, President of the Republic of Malawi, Nkosazana Dlamini Zuma, Chairperson of the African Union Commission and Peter Piot, Director of the London School of Hygiene & Tropical Medicine. Convened by UNAIDS and *The Lancet* and drawing from the pioneering experience of the global AIDS response, the Commission brings together Heads of State, civil society (including people living with HIV and young people), policy-makers, development experts and private-sector leaders. The Commission aims to catalyze expertise and political momentum to shape the debate on the future of health in the post-2015 development agenda and accelerate progress towards ending AIDS.

The Commission was established to answer three 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 our approach to global health?**
- **To imagine a more equitable, effective and sustainable global health paradigm, how must the global AIDS and health architecture be similarly modernized?**

In answering these questions, the Commission aims to consolidate evidence, raise awareness and mobilize action:

- **Consolidate the evidence.** By re-examining critical issues and consolidating the evidence base, the Commission will generate concrete action proposals towards ending AIDS and leveraging HIV investments for sustainable development.
- **Raise awareness.** The Commission will build awareness among key opinion leaders of further transformations of the AIDS response and of the contributions of the response to broader development outcomes and the rationale for prominently positioning HIV in the post-2015 development agenda and accountability framework.

- **Mobilize action.** The Commission aims to raise the level of commitment to action on the part of individuals, civil society, business and governments and drive a movement for transformation in global health through public dialogue and political mobilization.

The Commission will present its conclusions in a special issue of *The Lancet* in early 2014 and will leverage its findings to influence the negotiations on the post-2015 agenda thereafter. Although the meeting was conducted under Chatham House Rule, all quotations contained herein have been approved by participants.

THE COMMISSION'S FIRST MEETING

The meeting, hosted by President Banda in Lilongwe, Malawi on 28–29 June 2013, discussed a range of strategic challenges for the future of the AIDS response and global health. Given the shifting international context, models established to govern, finance and deliver global health appear to be increasingly outdated. The recent call from the global health community for an even broader and more ambitious global health agenda post-2015, including an AIDS-free generation, suggests that it is time to transform our approaches to global health. The strategic challenges and opportunities associated with such a transformation formed the basis of three round-table discussions during the meeting.

The meeting was moderated by international journalist Riz Khan, who led the lively debate among the Commissioners, their representatives, the United Nations Secretary-General's Special Envoys for HIV/AIDS and representatives of UNAIDS' Cosponsors (see participants list in Annex 1).

**“ WE ARE AT A CRUCIAL POINT
AND MUST SEIZE
THE OPPORTUNITY BEFORE US.
WE MUST TAKE ACTION NOW.”**

H.E. MRS JOYCE BANDA

OPENING CEREMONY

The opening ceremony set the tone, attended by Commissioners, representatives from Malawi's government and civil society community.

The speakers included Shyreen Mvula and Edith Namaraka, both young people living with HIV; First Lady Jeannette Kagame, First Lady of the Republic of Rwanda; First Lady Sylvia Bongo Ondimba, First Lady of Gabon; Michel Sidibé, Executive Director of UNAIDS and Co-Convener of the Commission; and President Banda, Co-Chair of the Commission and host of the first meeting.



Participants of the first meeting of *The UNAIDS and Lancet Commission*, Lilongwe, June 2013

"We are here to shape the future of global health," began Mrs Kagame. She emphasized the role of community engagement and local ownership in past successes of the AIDS response and the wisdom that local cultures can offer. She argued that the world is at a critical juncture—while great progress has been made, HIV remains a real threat. The First Lady challenged the Commissioners to ask themselves difficult questions regarding what can be done to end AIDS. She called on the Commission to ensure that **"we get the science right"** and that we consider AIDS as an entry point for improving the entire health system.

Mrs Bongo Ondimba urged for action on inequality and injustice, on poverty and against cultural barriers and exclusion. She called on the Commission to act boldly and decisively to provide innovative and sustainable solutions. She asserted that the results of the changes today can be historic, **"a frank and clear victory for our communities, for our country, for our Continent"**.

Ms Namaraka made her expectations clear, **“For us young people living with HIV, we see ourselves becoming doctors and lawyers, but this can only happen if we ensure zero new HIV infections, zero AIDS-related deaths and zero discrimination now and beyond 2015.”**

President Banda stressed that health is central to sustainable development and committed to ensuring that the Commission helps build on the lessons learnt in the AIDS response in order to promote sustainable global health. The President enumerated several lessons, including the importance of political will and leadership; appropriate programming; the mobilization of resources; the roles of civil society and the private sector; and the greater and meaningful involvement of people living with HIV. President Banda called for a **“global approach to a global challenge”** and argued that the successes seen during the past decade were the result of partnerships, **“Alone we can do so little; together we can do so much”**. She called on the Commission to establish a roadmap which will define how the global community can work together to overcome **“one of the greatest challenges of our time”**. **“Today we have the tools we need to confront and overcome AIDS and confine it to the history books where it belongs,”** declared the Malawian President.

Mr Sidibé urged Commissioners to seize this historic opportunity. With young people demanding equity, social justice, human rights and accountability, he argued that this Commission can build a new era without exclusion, with no one left behind. He praised Malawi’s 750% improvement in the prevention of mother-to-child HIV transmission—progress that serves as a **“model that shows us how we will be able, one day, to end the AIDS epidemic”**. In congratulating President Banda on Malawi’s success, Mr Sidibé highlighted the importance of political leadership and urged those present, **“Do not fear the future but shape it.”** This sentiment and challenge was aptly summarized by Shyreen Mvula who, in the final words of her speech, offered a fitting legacy for the Commission, **“to make things new”**.

MEETING INTRODUCTION

Peter Piot launched the discussion with an overview of the state of the global AIDS epidemic, reflecting on the challenges and opportunities for the future of global health. He argued that the AIDS response can be proud of its many achievements: fewer people are dying and new HIV infections are down. The response has been led by inclusive, participatory and transparent partnerships that have had unprecedented success in increasing political commitment, financial resources, public awareness and research and development and in dramatically lowering the cost of medicines.

Among the points raised by Dr Piot were the following:

- **Cautioned against complacency.** Achievements are fragile and there is much that remains to be done. 12.5 million⁽¹⁾ people are eligible for HIV treatment and among some vulnerable groups, new HIV infection rates are on the rise. Stigma, discrimination, prejudice and punitive laws remain far too prevalent. Since drug resistance is inevitable, new drugs will be needed: if treatment fails, the costs will be enormous.
- **Warned of placing false hope in “silver bullets”.** Dr Piot cautioned that, in his view, a vaccine or cure is unlikely any time soon. Nevertheless, he indicated that eliminating AIDS-related mortality is theoretically possible and that the tools exist to reduce the pandemic to low endemic levels worldwide. Such an end to the AIDS epidemic would require a sustained multi-sectoral approach that combines structural, public health and human rights interventions.
- **Called for the application of available tools to achieve low endemic HIV levels.** Such a toolset should include better data, including data disaggregated by age; commitment and action from more Heads of State, especially in sub-Saharan Africa; increased levels of funding; more accountable leadership; independent media; an active civil society; and engaged communities with empowered and involved citizens, particularly young people.
- **Underlined that the AIDS response must be grounded in global solidarity.** Furthermore, it must be rooted in the principles of social justice and human rights, and committed to policy informed by scientific evidence.

(1) This figure was correct at the time of the first meeting on 28–29 June 2013. The WHO 2013 Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection, published on 30 June 2013, recommend earlier treatment and raise the threshold for starting antiretrovirals from a CD4 count of 350 cells/mm³ to 500 cells/mm³, enlarging the pool of people eligible for and in need of antiretroviral therapy to 26 million people in low- and middle- income countries.

**“DESPITE SOME REAL
PROGRESS, AIDS IS NOT
OVER, AND THE END OF
THE AIDS EPIDEMIC IS NOT
NEAR BY ANY MEANS.”**

PETER PIOT

**“HUMAN RIGHTS
ARE OUR FRIEND
IN THE BATTLE TO DEAL
WITH AIDS. THEY ARE NOT
OUR ENEMY.”**

EDWIN CAMERON

In the discussion that followed, Commissioners stated their expectations and aspirations for the Commission. Concerns were raised about health becoming marginalized in the discussion on the post-2015 agenda—including in the report of the United Nations Secretary-General’s High-level Panel of Eminent Persons on the Post-2015 Development Agenda. Agreement was reached that the Commission provides an opportunity to secure a central place for health, including AIDS, in the post-2015 development agenda.

The Commission was called on to:

- Circulate for adoption an urgent draft resolution calling for revision of the proposals of the High-level Panel, as the Panel largely overlooked the issues of HIV and the right to health in its recommendations to replace the Millennium Development Goals;
- Change its name from *The UNAIDS and Lancet Commission: from AIDS to Sustainable Health* to *The UNAIDS and Lancet Commission: Defeating AIDS – Advancing global health*, to reflect its galvanizing and transformative ambitions; and
- Set out actions to step up efforts to strengthen the AIDS response and improve health and well-being.

ROUND-TABLE 1

BEYOND OFFICIAL DEVELOPMENT ASSISTANCE: HARNESSING SHIFTING GLOBAL AND DOMESTIC RESOURCE FLOWS FOR HEALTH

“IT IS BECOMING INCREASINGLY CLEAR THAT HEALTH POLICIES CANNOT BE SEEN IN ISOLATION FROM SOCIAL SECURITY, ACCESS TO WORK, AND CHANGES IN LIFESTYLE AND ENVIRONMENT.”

LUIZ INÁCIO LULA DA SILVA,
THE FORMER PRESIDENT OF BRAZIL

“WHERE WE AFRICANS HAVE FAILED IS WORKING TOGETHER ... I THINK THAT WE MUST HAVE THE WILL, EVEN IF WE DON'T HAVE THE RESOURCES.”

FESTUS MOGAE, THE FORMER PRESIDENT
OF BOTSWANA

“POLITICAL WILL IS CRITICAL. IT MUST START FROM THE VERY TOP, AND AS THE PERSON SITTING IN THE STATE-HOUSE, YOU MUST TAKE YOUR ROLE VERY SERIOUSLY IN FIGHTING AIDS.”

H.E. MRS JOYCE BANDA

“WE NEED TO BE REALISTIC—HEALTH CARE HAS A COST. ONE WAY TO BREAK THE FINANCIAL BARRIER IS TO PROVIDE UNIVERSAL ACCESS THROUGH HEALTH INSURANCE. IN RWANDA, WE MANAGED TO INSURE 98% OF THE POPULATION FOR THE COST OF THREE LOCAL BEERS (WHICH IS ABOUT \$5) PER CAPITA, PER ANNUM.”

H.E. MRS JEANNETTE KAGAME

The former President of Brazil, Luiz Inácio Lula da Silva, opened the round-table by proposing a debate on three challenges facing the financing of the AIDS response and global health:

- Political commitment is critically important to the economic policy that empowers the poor and underprivileged by recognising and guaranteeing their rights—to work, education, food and basic health services. Investing in these rights and entitlements benefits individuals, strengthens society and leads to economic growth.
- International trade barriers and intellectual property protection play an important role in raising the costs of social programmes, including health. In the AIDS response, these act as barriers to producing and distributing medicines in low- and middle-income countries. More governments need to resist signing free-trade agreements that prevent them from taking advantage of flexibilities under the Agreement on Trade-related Aspects of Intellectual Property Rights (TRIPS) by curtailing their ability to issue compulsory licenses in order to increase access to affordable essential drugs.
- Ending AIDS and alleviating poverty must be pursued hand in hand.

The ensuing discussion raised several additional perspectives on and imperatives regarding financing the AIDS response and global health beyond the confines of traditional development financing:

- **Country ownership, responsibility and accountability.** More than 50% of funding for the AIDS response is now generated domestically, a clear demonstration of country ownership which should help to maintain and attract additional external resources. The extent to which countries lead and coordinate their AIDS responses will determine the extent to which AIDS and health programmes become sustainable. The international community is called on to support country leadership, among other things by increasing contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and other financing mechanisms. The Commission needs to facilitate a shift from a humanitarian mindset to more sustainable approaches; it can lead a transformation from “donor” versus “country” models of development to a paradigm of “co-investment”.

- **Continental and regional collaboration.** Greater progress on both the leadership and financing agendas would be possible with stronger collaboration and by speaking with a unified voice at the regional level and sub-regional level, especially in sub-Saharan Africa.
- **Health spending as an investment.** A healthy nation is a wealthy nation. HIV and health should be positioned together as an investment. Ten years ago the HIV epidemic impacted the workforce. Heavily-affected families, communities and societies were put at risk. Decades of progress and development were in jeopardy of being rolled back. The Commission must make the case that investing in global health means investing in global public goods and that governments need to invest considerably more.
- **Smarter spending.** The need for greater value for money was raised and efforts to ensure better targeting were called for. Africa’s fiscal expansion allows for institutional capacity that is sustainable. There is capacity both in communities and governments, and this capacity should be linked up and leveraged.
- **Innovative financing.** AIDS and global health financing should be seen as part of broader development financing—tapping into financial transaction taxes, risk-pooling mechanisms and other social protection mechanisms, including safety nets. The Commission should look at recent evidence of the potential of conditional cash transfers—especially those targeting women and girls.

“THERE ARE A RANGE OF CAPACITIES IN COMMUNITIES. GOVERNMENT AND COMMUNITY CAPACITIES SHOULD MUTUALLY REINFORCE ONE ANOTHER’S. THIS PRODUCES GREAT RESULTS.”

BEKELE GELETA

“WE NEED TO INVEST IN THE FIGHT AGAINST AIDS, BECAUSE THE FIGHT AGAINST AIDS IS THE FIGHT AGAINST POVERTY.”

DOROTHÉE KINDE-GAZARD

“IF HIV ALLOWS US TO BRING SERVICES TO THE HARD TO REACH, IT ALLOWS US TO BRING DEVELOPMENT TO THOSE WHO HAVE BEEN EXCLUDED.”

FENTON FERGUSON

“IT’S NOT A MATTER OF HIV OR HEALTH; IT’S HIV AND HEALTH. HIV INVESTMENTS HAVE STRENGTHENED SERVICE DELIVERY PLATFORMS, WHICH CAN NOW BE LEVERAGED FOR BROADER HEALTH IMPACT.”

DEBORAH VON ZINKERNAGEL

“ THE COMMISSION NEEDS TO RETHINK THE AIDS RESPONSE AS PART OF A BROADER DEVELOPMENT OF SAFETY NETS, CONDITIONAL CASH TRANSFERS –AND UNIVERSAL ACCESS TO HEALTH INSURANCE COVERAGE.”

AGNES SOUCAT

“ WHEN GOVERNMENT SHOWED FULL COMMITMENT AND PROVIDED FUNDS AND OTHER RESOURCES AND PROMOTED DE-STIGMATIZATION, WE ENCOURAGED THE CORPORATE SECTOR AND CIVIL SOCIETY TO DO THE SAME AS AN EXERCISE IN CORPORATE SOCIAL RESPONSIBILITY.”

PAUL V. OBENG

“ THE AIDS MOVEMENT AND THE ANTI-POVERTY MOVEMENT NEED TO JOIN FORCES, POOL THEIR RESOURCES, SO THAT WE CAN PROVIDE THE SOCIAL SUPPORT AND ADDRESS THE SOCIAL DRIVERS THAT WILL ALLOW US TO ELIMINATE BOTH THE EPIDEMIC AND POVERTY.”

CHARLES KING

The Commission was called on to:

- Establish reliable estimates of global AIDS and health investment needs and link these needs to attractive political targets for post-2015;
- Explore a range of AIDS and health financing options and put forward a framework for sustainable financing based on shared responsibility and global solidarity;
- Link the financing of the AIDS response and global health to social protection, including social health insurance and protection mechanisms, such as cash transfers;
- Identify what has not worked in terms of effective spending and how to better focus AIDS and health investment; and
- Learn lessons from and scale up successful corporate practices: for example, apply to new contexts the operating profit reinvestment model pioneered by GlaxoSmithKline, in which 20% of the company's profit accrued in each of the world's poorest 60 countries is invested in health care infrastructure.

ROUND-TABLE 2

TRADE, INNOVATION AND COMMODITY SECURITY

Sir Andrew Witty, CEO of GlaxoSmithKline, opened the second round-table by asking the Commission to reflect on the unprecedented and rapid progress made in the discovery and development of medicines to treat HIV. The present pipeline includes a pill that could be taken monthly or quarterly, which has the potential to dramatically improve patient convenience and which presents the only real remaining way to bring down costs. Sir Andrew's intervention focused on research and development's greatest challenge: striking a balance between securing innovation and ensuring access. On the question of patents, Sir Andrew urged the Commission to consider a variety of customized, tailored and flexible alternatives and complements but warned that any transition to a new approach take care not to curb innovation.

On the question of delivery innovations, Sir Andrew cited a number of initiatives and called on the Commission to focus attention on: (1) mechanisms to ensure greater integration of delivery channels from national procurement systems to community health workers; (2) knowledge-pooling arrangements—beyond patent pools; (3) pan-African approaches to enhancing regulatory harmonization and developing indigenous pharmacovigilance capability (given that the next generation of medicines will be developed exclusively for Africa); and (4) enhanced partnerships involving governments, implementers, the United Nations family and, critically, the private sector.

In the subsequent debate, five delivery-related innovations in the AIDS response were proposed that should be championed by the Commission to strengthen the AIDS response and transform global health:

- **Chronic care management.** The AIDS response has demonstrated that chronic care management is possible in low-income settings. We must build on and broaden this approach, for example, to address the major burden of cervical cancer.
- **Chronic prevention.** HIV prevention requires a life-cycle approach, and age-specific cohorts require differentiated approaches. This is not unique to HIV.

“WE HAVE A SIMPLE CORPORATE STRATEGY, WHICH IS TWO WORDS: INNOVATION AND ACCESS.”

SIR ANDREW WITTY

“WE MUST BUILD ON THE LESSONS FROM HIV/AIDS TO NOW TACKLE OTHER HEALTH PROBLEMS AND RISKS FROM A MULTI-SECTORAL PERSPECTIVE AND BUILD STRONG NATIONAL HEALTH SYSTEMS FOCUSING ON HEALTHY PEOPLE, NOT ONLY THE HEALTH SECTOR.”

ANDERS NORDSTRÖM

- **Epidemiology.** Improve and use epidemiology more strategically to target and focus interventions and resources on hotspots.
- **Reconnect health systems to community systems.** Use the experience gained from the AIDS response to leverage and energize local systems to educate people, and to destigmatize medical conditions such as breast cancer and cervical cancer.
- **Foster links between enhancing health and improving well-being.** Examples include through education and through advancing gender equality.

The role of competition, provided by the generic pharmaceuticals industry in reducing the cost of antiretroviral medicines, as well as the use of TRIPS flexibilities, were acknowledged to have been critical to the survival of millions of people living with HIV, but serious concerns were raised about the current intellectual property regime, including the following:

- Inefficiency and capacity constraints prevent the full use of TRIPS flexibilities and result in huge reliance on one producer country—India—while simultaneously causing a failure to develop capacity in other countries.

**“ IT IS THE PEOPLE
ON THE GROUND WHO ARE
INNOVATING EVERY DAY...
FIGURING OUT SOLUTIONS...
AND THEY ARE OFTEN
DECADES AHEAD OF
THE GLOBAL CONVERSATION.”**

MARK DYBUL

**“ IF WE HOPE TO TRANSFORM
THE PLAYING FIELD FOR GIRLS
AROUND THE WORLD,
WE HAVE TO INCLUDE
THE OTHER HALF OF
THE GENERATION—THE BOYS.
IT’S A GENERATION WE ARE
TRYING TO CHANGE AND
THAT INCLUDES BOTH
BOYS AND GIRLS.”**

CRISTINA JADE PEÑA

- Pharma-emergency countries: countries with high burdens of disease are increasingly those with middle-income status, meaning they are not prioritized by development partners, they cannot access tiered pricing from industry and they are not eligible for TRIPS waivers.
- Low standards of patentability have permitted the patenting of too many “me-too” drugs presenting market entry barriers.

The Commission was called on to:

- Develop concrete proposals that spur innovation while ensuring access—including alternatives and complementary initiatives to the prevailing patent regime;
- Advance recommendations to strengthen incentives and capacity for South-generated innovation in research and development;
- Make evidence-based recommendations on innovations in service delivery;
- Articulate pathways to ensure better regional markets for medicines through regulatory harmonization, pharmacovigilance and other policy levers; and
- Advance the use of modern technology to share in more systematic ways the real innovations that are being pioneered in the field.

“THE PATENT FRAMEWORK IN ITS CURRENT FORM NEEDS TO BE RE-THOUGHT... IF WE BREAK THE LINK BETWEEN INNOVATION AND MONOPOLIES THEN WE GET INNOVATION AND ACCESS.”

ATTAPON ED NGOSKIN

“MOBILE BROADBAND CAN NOW BE USED IN HOUSEHOLDS, EVEN IN REMOTE VILLAGES ACROSS AFRICA, TO TOTALLY TRANSFORM HOW WE DELIVER HEALTH INNOVATIONS.”

JOANNA RUBINSTEIN

ROUND-TABLE 3

DEMOCRATIZATION OF GLOBAL HEALTH: REDISTRIBUTING OPPORTUNITY THROUGH RIGHTS, GENDER EQUALITY AND FOCUS ON YOUTH

“IT’S VERY HARD TO BE EMPOWERED AND TO HAVE A VOICE IF LAW AND SOCIAL NORMS MARGINALIZE YOU.”

HELEN CLARK

“I WANT TO UNDERLINE THAT PEOPLE LIVING WITH HIV AND THE MOST AT RISK POPULATIONS—PEOPLE USING DRUGS, WOMEN AND GIRLS, THE LGBT COMMUNITY, PRISONERS AND SEX WORKERS—MUST BE IN THE CENTRE OF THE AIDS RESPONSE.”

SVITLANA MOROZ

“WE ALL KNOW THAT YOUTH UNEMPLOYMENT IS A MAJOR PROBLEM ALL OVER AFRICA ... WE NEED TO ENABLE YOUNG PEOPLE TO DEVELOP SKILLS AND CREATE JOBS.”

CHII AKPORJI

“WE BELIEVE THAT CHANGE BEGINS WITH US YOUNG PEOPLE LIVING WITH HIV.”

JACQUELYNE ALESI

Helen Clark, Administrator, United Nations Development Programme, began the third round-table by recalling that the success of the AIDS response can be traced to its inclusive and rights-based approach through which people have been empowered to challenge discrimination and demand access to services. Helen Clark argued that democratizing health will require similarly supportive legal and social environments. She drew on the experience of New Zealand, where the AIDS response served as a pathfinder for legal reform, including changes to legislation on equality. For example, AIDS triggered the decriminalization of same-sex sexual relations and sex work. Ms Clark noted the challenges that remain in ensuring equality for women and girls but also the huge opportunities offered by social media to bring about these changes, and the critical role that young people will play in harnessing such opportunities—as they did in crowdsourcing the recent young people’s global AIDS strategy.

The lively discussion that followed underscored the fact that health is a fundamental human right and central to development and highlighted several areas in which the Commission could make a difference.

- **Citizen-led accountability systems.** Experience of community engagement in monitoring service quality empowers citizens and facilitates accountability. These should be taken to scale. Accountable national institutions and strong civil society are paramount to a healthy democracy.
- **Zero discrimination in health care settings.** Further progress on the AIDS response will require zero discrimination in all aspects of life including in health service settings and alternative delivery models for people living with HIV and key populations—models that shift ownership from governments to communities.
- **Young people.** There has been a general failure to meet the needs and aspirations of young people, including the need for sexual and reproductive rights. The world has yet to fully involve them in accordance with the ‘Denver Principles’ (the greater involvement of people living with HIV), to empower them as agents of change, to create safe spaces for them, to support peer-to-peer networks and to acknowledge their heterogeneous, differentiated and, at times, intersecting vulnerabilities and interests—including those of both girls and boys.

" I HOPE THAT WE COMMISSIONERS CAN START A NEW SOCIAL MEDIA NETWORK."
MICHELLE YEOH

" THERE ARE CELL PHONES EVERYWHERE. AND THE BEAUTY IS THAT THEY CAN OVERCOME ISSUES OF CONFIDENTIALITY AND JUDGEMENT."
LORRIE FAIR

" COUNTRIES SUCH AS BRAZIL, INDIA AND SOUTH AFRICA COULD PROVIDE LEADERSHIP AS WE MOVE TO IDENTIFYING NEW PARTNERSHIPS FOR AIDS AND GLOBAL HEALTH TO IMPLEMENT THE POST-2015 DEVELOPMENT AGENDA."
EDWARD GREENE

" OUR COMMISSION NEEDS TO BE COURAGEOUS ... TO ENABLE YOUNG PEOPLE TO BE AGENTS OF CHANGE, TO DEMOCRATIZE PROBLEM-SOLVING, TO CONFRONT OUTDATED LAWS AND DELIVER SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS."
MICHEL SIDIBÉ

" THROUGH THE CONCEPT OF 'JUSTICE FOR ALL' WE SEE FAITH COMMUNITIES PLAYING A SIGNIFICANT ROLE IN ENSURING AN END TO STIGMA AND DISCRIMINATION AND THE EMPOWERMENT OF WOMEN."
ISABEL APAWO PHIRI

" CITIZEN-LED ACCOUNTABILITY SYSTEMS ARE VERY IMPORTANT TO TRACK THE EFFECTIVE USE OF GOVERNMENT RESOURCES."
GEETA RAO GUPTA

" THE INTERNATIONAL RESPONSE TO AIDS WAS AN UNPRECEDENTED SUCCESS IN PUBLIC AWARENESS-RAISING."
MARTIN DAHINDEN

- **Gender equality.** The AIDS epidemic has taught the world much about overturning the social, legal and cultural norms that entrench gender inequality and violence against women, as well as about the empowerment of women that could be applied more broadly to global health and development. Conditional cash transfers for girls and women have proven to be a particularly effective equalizer, as has gender-based budgeting.

The Commission was called on to:

- Focus on leaving no one behind and taking everyone forward in relation to access to services in the post-2015 development agenda;
- Build on the recommendations of the Global Commission on HIV and the Law (www.hivlawcommission.org/index.php/report)—including in relation to dismantling punitive laws;
- Develop a more sophisticated understanding of the different needs of young people and develop recommendations to leverage opportunities for youth-focused approaches, which could include developing financial mechanisms to ensure that more young people can be meaningfully engaged in policy-making and by innovating beyond the formal health care and education sectors;
- Explore common themes and opportunities for building bridges between movements advancing the cause of AIDS, maternal and child health, women, gender, young people, disability etc. to secure wider support for rights-based development post-2015; and
- Make recommendations that facilitate greater demand-led development in which better citizen-led accountability systems are secured—including through better modern information systems.

COMING TOGETHER

DISTILLING KEY MESSAGES TO FRAME THE COMMISSION'S REPORT AND GUIDE NEXT STEPS

The final session provided an opportunity for Commissioners to reflect on additional strategic challenges and opportunities that ought to be considered in the work of the Commission and the eventual framing of the Commission's report. Among them:

" I CALL UPON MY FELLOW LEADERS IN AFRICA, AND INDEED IN THE WORLD, TO UNITE AND TO WORK TOGETHER SO AS TO REALIZE OUR GOAL FROM AIDS TO SUSTAINABLE HEALTH."

H.E. MRS JOYCE BANDA

" SO HOW DO WE GET THIS LEADERSHIP? ACTUAL LEADERSHIP, NOT JUST WORDS: LEADERSHIP BEYOND WORDS. THIS IS A CRITICAL QUESTION FOR THIS COMMISSION."

MICHAEL KIRBY

" THE COMMISSION SHOULD ADVANCE ALTERNATIVE DELIVERY MODELS—SHIFTING FROM GOVERNMENT TO COMMUNITY OWNERSHIP."

PRASADA RAO

- **Global health depends on the availability of global public goods.**
There have been some spectacular advances in the development and delivery of such goods, including through public-private partnerships. The Commission needs to advance new approaches to global and regional public goods.
- **The Commission should not focus solely on protecting the gains.**
Instead, the Commission should emphasize leveraging the AIDS response for the transformation of global health and development—under the rubric of AIDS-Plus.
- **The Commission should consider the linkages** between effective medical interventions and the broader social, structural and legal determinants of well-being, calling for more holistic approaches to the future of global health. One striking example concerns the need to complement antiretroviral therapy with nutritional support to ensure that treatment is effective even among the poorest and most marginalized populations living with HIV.

Prasada Rao, the United Nations Secretary-General's Special Envoy for HIV/AIDS in Asia and the Pacific, stressed the importance of Commissioners finding ways to influence the intergovernmental processes leading to the negotiation of the post-2015 development agenda. Commissioners discussed the development of a high-level roadmap of engagement in public dialogue and political action to ensure that AIDS features prominently in the agenda and that the transformative potential of the AIDS response for global health, human rights and development is recognized. Mr Rao laid out a series of potential entry points for Commissioners to influence the debate, both as individuals and as a Commission—these ranged from the UN General Assembly Special Session on Millennium Development Goals and establishing the path to the post-2015 development agenda in September 2013, to the meetings of the World Economic Forum in February 2014. Commissioners drew attention to related on-going processes in which it will be critical to ensure Commission engagement—such as the Open Working Group on Sustainable Development Goals.

Selina Lo of *The Lancet* argued that the processes of developing and disseminating the Commission's report are as important as the publication itself. She stressed the need for extensive consultation, rigorous peer review and an innovative post-launch strategy. The UNAIDS Secretariat was asked to produce a timeline of the political processes related to post-2015.

Taking on board the discussion during the meeting, Working Groups, comprising Commissioners and external experts, will be established to address each of the Commission's three questions. The groups will draft discussion papers for the Commission, which will be subject to review and consultation with the broadest representation of stakeholders in each region of the world. Many Commissioners stressed the need for extensive consultation—and urged that specific efforts be made to engage with young people and the most marginalized people. The next face-to-face meeting of the Commission will debate the findings and recommendations of the Working Groups and incorporate these into the Commission's report.

Michael Kirby, Former Justice of the High Court of Australia, provided a substantive summation of the meeting's proceedings. He stressed the need for all Commissioners to be activists—mobilizing action among political leaders and at the grassroots level. He reiterated calls to ensure that the Commission serves the special needs of women and girls and other groups who are marginalized or discriminated against. He argued that the Commission must advance public health evidence in the context of dignity and universal human rights. He concluded that, for the Commission to be worthy of its title, it will have to respond to the demands and expectations of young people, to reinforce and take forward the historical legacy of the AIDS response, to apply the lessons of the AIDS paradigm to health—and **"to make things new"**.

"THOUGH ANTIRETROVIRALS WERE CONSIDERED VERY HELPFUL IN THE TREATMENT OF HIV/AIDS, APPROPRIATE FOOD FOR THE MOST VULNERABLE WAS VERY USEFUL INDEED AND SHOULD NOT BE FORGOTTEN WHEN ADVOCATING FOR BETTER TREATMENT."

MUSTAPHA DARBOE

"YOU CANNOT BE TOUCHED BY HIV WITHOUT BEING A BIT OF AN ACTIVIST AND WITHOUT OCCASIONALLY BANGING THE TABLE. THAT IS WHAT WE HAVE JOINED THE COMMISSION TO DO."

MICHAEL KIRBY

Annex 1 | List of Participants, first meeting of *The UNAIDS and Lancet Commission: Defeating AIDS – Advancing global health*

CHAIRPERSONS

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PETER PIOT

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DIRECTOR, LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE

CONVENOR

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FORMER PRESIDENT OF BOTSWANA
FIRST LADY, GABON
FIRST LADY, RWANDA
CONSTITUTIONAL COURT JUSTICE, SOUTH AFRICA
ADMINISTRATOR, UNITED NATIONS DEVELOPMENT PROGRAMME
EXECUTIVE DIRECTOR, GLOBAL FUND TO FIGHT AIDS, TB AND MALARIA
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KEY POPULATIONS OFFICER, GNP+
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WORLD COUNCIL OF CHURCHES

CEO, GLAXOSMITHKLINE
ACTRESS, ACTIVIST

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REPRESENTATIVES**

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DOROTHÉE KINDE-GAZARD
CHII AKPORJI
MARTIN DAHINDEN

LORRIE FAIR

SELINA LO
ANDERS NORDSTRÖM

PAUL V. OBENG

JOANNA RUBINSTEIN

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MINISTER OF HEALTH, BENIN | REPRESENTING H.E. PRESIDENT BONI YAYI
SENIOR SPECIAL ASSISTANT TO THE MINISTER OF FINANCE, NIGERIA
SECRETARY OF STATE, SWITZERLAND | REPRESENTING DIDIER BURKHALTER,
MINISTER OF FOREIGN AFFAIRS, SWITZERLAND

AMBASSADOR FOR AFRICA OUTREACH PROJECT | REPRESENTING CHARLIZE THERON,
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AMBASSADOR FOR GLOBAL HEALTH, SWEDEN | REPRESENTING
GUNILLA CARLSSON, MINISTER FOR INTERNATIONAL DEVELOPMENT COOPERATION,
SWEDEN

SENIOR PRESIDENTIAL ADVISER, GHANA | REPRESENTING H.E. PRESIDENT
JOHN DRAMANI MAHAMA

ASSISTANT DIRECTOR FOR INTERNATIONAL PROGRAMS, EARTH INSTITUTE
REPRESENTING JEFFREY SACHS, SPECIAL ADVISER TO UNITED NATIONS SECRETARY-
GENERAL ON THE MILLENNIUM DEVELOPMENT GOALS

COMMISSIONERS REPRESENTATIVES

AGNES SOUCAT

DEBORAH VON ZINKERNAGEL

SPECIAL ADVISERS

AGNES BINAGWAHO

JACQUELYNE ALESI

TRACY CARSON

SIDDARTH CHATTERJEE

CHARLES KING

JEREMY KNIGHT

JOSEPH KUTCHUKOV

ADAM LAGERSTEDT

HELENA LEGIDO-QUIGLEY

PAULO OKAMOTTO

ALASAN SENGHORE

CHARLES SOSSA

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EDWARD GREENE

PRASADA RAO

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MUSTAPHA DARBOE

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SPECIAL ENVOY OF THE UN SECRETARY-GENERAL ON HIV/AIDS IN ASIA-PACIFIC

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REPRESENTING LAKSHMI PURI, ACTING EXECUTIVE DIRECTOR, UN WOMEN

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