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## Update on the AIDS response in the post-2015 development agenda

### UNAIDS-Lancet Commission: Synthesis report of consultations

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

## **Stakeholder views:** A synthesis of feedback from consultations on draft papers of Commission Working Groups

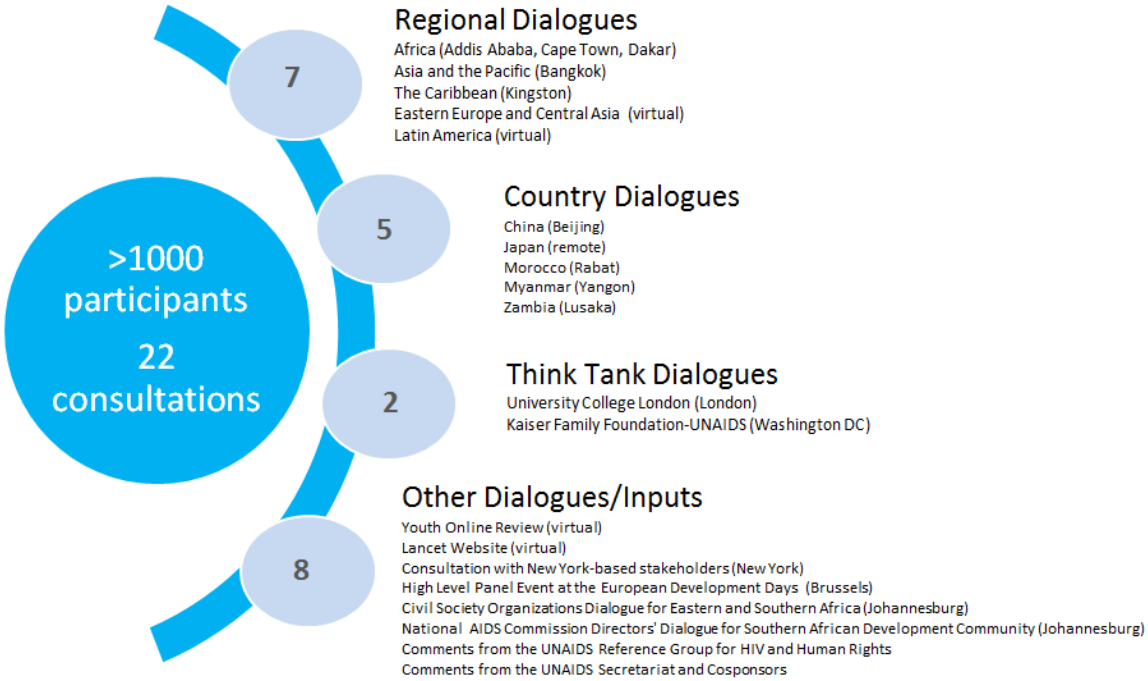
## Background & process

Launched in May 2013, *The UNAIDS and Lancet Commission: Defeating AIDS – Advancing global health* aims to ensure the effective positioning of AIDS in the post-2015 development agenda and to generate high profile advocacy for a global commitment to ending AIDS. The Commission brings together a diverse group of HIV, health and development experts, young people, people living with HIV and affected communities, activists and political leaders. The Commission is expected to conclude in 2014 with three outcomes: evidence, in the form of a special report in *The Lancet* to present the Commission's findings; mobilization through a higher level of commitment to action on the part of individuals, civil society, businesses, institutes, and governments; and awareness among thought-leaders of the contributions of the AIDS response to broader global health and sustainable development outcomes.
The Commission seeks to influence the post-2015 debate through deliberations framed against the following three overarching questions:

- **What will it take to end AIDS?**
- **How can the experience of the AIDS response serve as a transformative force in global health and development?**
- **How should the global health and AIDS architecture be modernized for the post-2015 development agenda?**

Three Working Groups, convened by Commissioners, drafted discussion papers that unpack and analyse each of the Commission's three framing questions. To stimulate participation and debate on these papers, a consultative process was launched to engage and solicit inputs from stakeholders in all regions of the world. This consisted of country, regional, civil society and think tank dialogues, a youth online review and a public call for comments through *The Lancet*'s website (for a full list of consultations, see Annex 1).

The consultations took a variety of forms – from half-day and full-day events dedicated to one or all of the papers, to online consultations over weeks. In turn, the detail and focus of the comments varied greatly between consultations. The aim was to add participants' voices to the inputs to be considered by Commissioners at the Commission's second and final meeting in London, in February 2014.




This report summarizes the findings of the consultations, both in terms of priority issues raised under each of the three themes, and also with regard to the critiques provided on each paper – what was considered over-, under- or mis-represented, poorly framed or missing. In addition to this synthesis, all comments have been shared with the Working Group Chairs for their consideration in revisions/finalisation.

This synthesis report will be shared with Commissioners and distributed to participants involved in each of the consultations.

## Key recommendations to the Commission

The consultations were unified in their demonstrating the interest of people all over the world in the questions posed by this Commission, and their conviction that securing a strong position for AIDS in the post-2015 development agenda is imperative for the future of the AIDS response. Rich exchanges took place during the consultation process on the meaning of 'the end of AIDS', the future global health architecture, and the unique strengths the AIDS response brings to global health and development. Figure 1 shows some of the issues most frequently raised by respondents[1].

[1] This word cloud was created using all comments received from the consultations. The size of the word corresponds to the frequency with which it was raised – 'health' was mentioned the most frequently (923 times) with 'HIV' and 'AIDS' 760 and 713 times respectively. All words on the cloud were mentioned at least 65 times. 'Development', 'rights' and 'community' were all mentioned around 250 times, while stigma and discrimination were each mentioned around 80 times.


**Figure 1 – Issues raised most frequently by respondents, UNAIDS-Lancet Commission consultations**

The following recommendations emerged regarding how to best improve the three Working Group papers:

- **The term 'the end of AIDS' must be precisely defined** and carefully discussed in the Commission report as it can be misleading and risk losing momentum in the AIDS response.

- **HIV must be framed not only as a health issue but also as an issue of human rights and social development**. Over-emphasising biomedical solutions downplays the structural factors at play.

- **The meaningful involvement of communities, key populations and youth should be further explored in the papers.**

- **The best way to keep AIDS on the development agenda post-2015 is to leverage the transformative potential of the AIDS response to advance social justice.**

- The papers need more discussion of how **the unprecedented shared responsibility and global solidarity demonstrated in the AIDS response can be continued and expanded to ensure sustainability of funding for global health.**

- **Consider local (country and regional) contexts for maximum relevance and impact.**

# Working Group 1: What will it take to end AIDS?

Discussing the prospect of the 'end of AIDS' proved to be a controversial and sometimes divisive topic that provoked strong reactions from respondents. Respondents pointed to the need to better link to and integrate AIDS with broader development issues and showed concern regarding the paper's biomedical focus – highlighting the lack of attention given to structural factors, human rights and prevention vis-à-vis treatment. In the Youth Online Review, this paper received more comments than the other two combined. Respondents' reactions varied according to region and population group questioned. Some respondents welcomed the prospect of the 'end of AIDS' as a powerful vision to mobilise around, while others argued that it is too early to talk about an end to AIDS, on the grounds that it could mislead decision-makers into thinking that AIDS is no longer a problem and that the response in place is sufficient – in turn disincentivising continued investment in the AIDS response. The paper provoked a strong response from activist groups against sexual exploitation who were deeply concerned over language concerning the decriminalisation of sex work and advocated for the decriminalisation of those selling sex but not those buying it.

# Key messages for the Commission

### i. AIDS isn't over yet

*"This may not be the right time to talk about the end of AIDS as the epidemic still has the face of women, young persons and indigenous populations."*
Participant at the Regional Dialogue for Latin America

Some respondents argued that it is not yet appropriate to talk about the end of AIDS, given the state of the epidemic in their region. For example, participants in Eastern Europe and Central Asia as well as those in the Middle East and North Africa region pointed to the barriers to access which persist in their regions and the need to focus the response on key populations and specific areas, before the end of AIDS can come into sight. Civil Society in both Eastern and Southern Africa and New York called for the paper to include reference to the vast inequities which characterise the current epidemic – including inequities in access between the global north and south, within rural and urban areas, between genders and between population groups according to sexual orientation, gender identity, race, class and other forms of privilege. As participants in West and Central Africa highlighted, tailored responses need to be developed in current and post-conflict zones. Young people argued that the term 'ending AIDS' has sparked complacency from political leaders, while commenters through *The Lancet* webpage highlighted the danger of talking about the end of AIDS when funding levels remain inadequate and barriers to access to medicines persist, in particular those related to drug licencing laws. Respondents cautioned that, if AIDS is framed as an epidemic that is already coming under control, this could undermine efforts to keep HIV prominent on the post-2015 agenda.

Specific recommendations include:

- Provide a very clear definition of what is meant by 'the end of AIDS', highlighting that the end of AIDS does not mean the end of HIV. This definition should be clearly defined, both in terms of disease burden and timeframe, to ensure that essential services are maintained for those in need, as long as they need them.

- The end of AIDS framework and efforts should place people and communities at the centre, including explicit focus on key populations.

- Emphasize that AIDS cannot end unless all who are marginalized are freed from the threats of stigma, discrimination and criminalization so they are willing and able to access the prevention and treatment resources capable of preserving their health while stopping viral spread.

### ii. Ending AIDS is possible but how to get there and how long it will take will vary by region

Many respondents were of the opinion that it is timely to talk about the end of AIDS, given recent scientific advances which mean that, technically and biomedically, ending AIDS is possible. Further, they highlighted the great progress in the AIDS response in recent years which mean we are at a critical point in the response where to lose momentum would risk regression and resurgence. Respondents in southern Africa argued that the definition of and approaches to ending AIDS provided in the paper are 'too homogenous', not speaking to the differences within and between HIV epidemics. They gave the example of the different efforts which would be required to end AIDS in Eastern and Southern Africa versus North Africa to indicate the regional differences in what is meant by and what it will take to reach 'the end of AIDS'. Respondents from China argued that defining the end of AIDS requires a timeframe (suggesting 2031), as did those in Myanmar, indicating the need for a realistic timeline given the 'catching up' Myanmar has to do in terms of developing basic infrastructure, strengthening health systems and human resource constraints.

> *"Without addressing the underlying social drivers of the epidemic, there is no hope of reaching zero new HIV infections in Myanmar*"
> Participant at the Country Dialogue for Myanmar

Specific recommendations include:

- Detail how achieving the end of AIDS must remain a major and explicit priority, with much hard work ahead, notably in the arena of human rights. Therefore, it needs to feature prominently in the post-2015 agenda, with time-bound targets.

- Emphasize the need for continued political and financial commitment, including serious investment in political leadership and programmes that deal with stigma, discrimination and punitive approaches as well as investment in the research, development and delivery of new or improved biomedical tools for HIV prevention, diagnosis and treatment, and continued investment in developing a vaccine and cure.

- Highlight, in addition to political and financial commitment, other key issues required to end AIDS, including programmes to tackle violence against women and girls, the treatment crisis tied to looming intellectual property issues, treatment access across the socio-economic spectrum, revitalizing prevention, and the urgent need to properly resource civil society.

- Give greater prominence to the role of prevention in ending AIDS – including innovative prevention mechanisms such as cash transfers and treatment as prevention.

- Make more sophisticated distinctions in the description of regional epidemics and how they can be tackled.

### iii. HIV is not just a health issue, it is a question of human rights

*"What do we need to do to capture the imagination of the mainstream development crowd? The rights of one are the rights of all, if you're not successfully preventing and treating AIDS that has an impact in all of society."*
Participant at the Regional Dialogue for Asia and the Pacific

A key message that emerged from the consultations was the need to position AIDS as a human rights and development issue, not a standalone health issue. This paper was frequently criticised for being too focused on biomedical interventions such as prevention of mother-to-child transmission, antiretroviral therapy and HIV testing. NAC Directors in southern Africa and respondents in Latin America, among many others, held the view that the paper does not adequately discuss addressing the social, cultural, economic and structural drivers of the epidemic which have stymied progress in coverage for marginalized and rural populations, pointing to the fact that only one of the seven 'countdown points' deals with structural barriers. Respondents would like to see more coverage of how the critical enablers and structural changes required can be achieved – particularly addressing significant barriers (e.g. stigma, discrimination and criminalisation) which prevent key populations from exercising their right to health, including attempts to access HIV prevention, care and treatment services. Key to this is fighting stigma, discrimination and punitive laws. There was a strong message from respondents that a rights-based approach should be reflected more in the paper, and that regional variations are inadequately reflected. They made the case that complex epidemics demand more nuanced descriptions and better-informed strategic responses.

Specific recommendations include:

- Begin the paper by stating that ending AIDS is biomedically possible, then launch into all barriers which exist to reaching it - counterbalancing the heavy focus on bio-medical interventions and metrics with more coverage of the structural drivers which pose a major challenge to the AIDS response (e.g. human rights violations, gender inequality, violence, discrimination, legal barriers to access and inequality).

- Emphasize that health and human rights are inextricably linked and that denying key populations human rights/social justice undermines both individual and collective public health.

- Shift the focus of the paper to place people and communities at the centre of the end of AIDS framework. Focus the paper on leaving no one behind.

- Include more discussion of the dignity and human rights of people living with HIV and the need to combat stigma, discrimination and punitive laws.

- Address gender issues which are totally absent from the paper.

- Call for a common UN policy against the normalisation and institutionalisation of sex trafficking which highlights the need to punish sex buyers and provide functioning exit programmes for women involved in sex work.

### iv. Reach the right people, involve those most affected

*"Unequal access to treatment is more than purely an economic or service delivery issue; it is also a social issue. Vulnerable and stigmatized populations…are less likely to seek out testing due to fear and violence."*
Participant at the Regional Dialogue for West and Central Africa

Respondents repeatedly emphasised that reaching key populations and vulnerable groups must be a priority. As well as men who have sex with men, sex workers, people who inject drugs and transgender people, respondents made the case that this should include women, migrants, prisoners, people who are geographically isolated and, in particular, young people and children. It was argued that 'the end of AIDS' should be defined in a way that ensures HIV does not become a disease of poverty or marginalization. This means tackling stigma and discrimination, providing comprehensive sexuality education and guaranteeing the meaningful participation and involvement of people living with HIV and young people in all aspects of decision-making. Civil society representatives in New York pointed out that specific attention needs to be given to the sensitive topic of young people in key populations. Young people who are living with HIV, young people who sell sex, young people who inject drugs and young men who have sex with men are often struggling because of their age to access services targeted at key populations.

As commenters through *The Lancet* highlighted, mainstream institutions (major funders, implementers and governments) increasingly recognise the importance of involving communities in their work to address HIV. However, it was asserted that many have evolved ways of appearing to involve communities without doing so in a meaningful or productive way (for example, communities being used to rubberstamp pre-determined agendas or given other tokenistic roles). Youth reviewers echoed these sentiments. As well as comprising a large proportion of many key population groups, it was argued that young people are a key population in their own right. As such, they have specific issues and vulnerabilities that impact their sexual and reproductive health, HIV testing treatment access (especially adherence) and care. These deserve focused attention – for example issues surrounding the transition from paediatric to adult care, including psychosocial support; treatment adherence challenges; and the need for comprehensive health services including mental health and support in particular for young key populations facing structural vulnerabilities.

Specific recommendations include:

- Reinforce the commitment to ensuring that people living with HIV and civil society organizations are at the centre of the response - staying true to the spirit of 'nothing for us without us'. The involvement of marginalized communities and young people has to move beyond lip-service towards transparent and systematic mechanisms which ensure meaningful participation of communities in research agendas, investment, accountability and strategic priority-setting.

- Emphasize that countries need to accept that there is a proportion of citizens who are key populations.

- Highlight the need to make young people a key focus of treatment and prevention programmes and the need for comprehensive sexuality education and other initiatives that specifically address young people, making full use of information and communications technology to reach them. Add more information about the role of education to empower young people as advocates for, for example, affordable drugs.

- Include reflection on the importance of investing in interventions targeted at children.

## v. Engage traditional and religious leaders

*"There is a glimmer of hope in Pope Francis who has taken a totally different approach to social issues."*

Participant at the Regional Dialogue for the Caribbean

Respondents highlighted how faith-based organizations at the heart of geographic communities can play an integral role in the AIDS response. Participants gave examples of how ministers of religion are often frontline mental health caregivers, partly because there is no stigma attached to seeking mental health care from the church. It was argued that there is a need for greater dialogue and exchange between religious groups and communities affected by HIV. Faith-based representatives in the regional dialogue for the Caribbean posited that this is an opportune moment to address the situation with the Roman Catholic Church, given the recent change of leadership, while participants in Morocco pointed to the success of mobilising religious institutions, as demonstrated by action from the religious organisation *Rabit Mohammadia des Oulemas*. It was highlighted that, to engender dialogue, language must be carefully employed. Participants gave the example that, while the language of 'human rights' may seem abstract to religious leaders in Africa and Asia, talking about the 'dignity of all people in all societies' resonates strongly.

Specific recommendations include:

- Engage faith-based organizations as partners in ending AIDS. Safe platforms for decision makers and traditional, religious and political leaders need to be created to facilitate open discussion and dialogue, especially around taboo issues.

- Give more coverage of the role of religious and traditional leaders as champions of change in the fight against stigma and discrimination.

- Promote investment in supporting traditional leaders and faith-based organizations to ensure that rural, hard-to-reach and key populations continue to access services.

# Working Group 2: How can the experience of the AIDS response serve as a transformative force in global health and development?

This paper was discussed in depth at many consultations and exclusively at a think tank dialogue co-hosted by UNAIDS and The Kaiser Foundation in Washington DC. The themes of the paper provided a useful platform for introducing AIDS into broader conversations on global health and development – for example during the Regional Dialogue for Africa held in Addis Ababa on the sidelines of the Africa Regional Consultative Meeting on the Sustainable Development Goals, or during a panel discussion at the European Development Days in Brussels. In both instances, the themes of the paper drew participants' attention to how AIDS can serve as a catalyst for achieving sustainable development – including through inclusive governance models and pioneering human-rights based approaches to development. In terms of respondents' critiques of the paper, respondents called for the paper to better reflect the mistakes and failures of the AIDS response and asked for the inclusion of more detailed and geographically varied examples. Some respondents indicated that the themes provided in the paper did not sufficiently reflect the experiences of the AIDS response and suggested additional or altered themes – for example there were calls for human rights to be a stand-alone theme and for greater prominence to be given to the role of young people throughout. There were also calls to expand the definition of 'partnerships' beyond multilateral partnerships alone, and to use the term 'resources' in lieu of the narrower term 'money' (theme 6).

# Key messages for the Commission

### i. The central role of activism shows a new way forward for global health

> *"HIV gave people like me a platform to stand up and speak about the issues that matter to us."*
> Participant at the Regional Dialogue for Asia and the Pacific

Respondents highlighted how HIV has brought together groups that would otherwise have no contact with each other, and has given a voice to people who struggled to be heard. As participants at a think tank dialogue in Washington DC underlined, the power of the voices of affected people is profound: few fight harder or advocate better than those whose lives depend on the outcome of their engagement. Commenting through *The Lancet*, participants indicated areas not highlighted in the paper in which advocates drove change – for example in drug regulation and approval, funding for research and programming, and accountability systems. The need to place more emphasis on the multidimensional approach of the AIDS response was highlighted by participants at the country dialogue for Morocco. Despite the vibrant legacy of community activism in the AIDS response, respondents cautioned that its limitations must be recognised in order to avoid over-stating the transformative role it could play in tackling other health issues.

Specific recommendations include:

- Present a more compelling case for how AIDS has been a catalyst for addressing other development issues (especially in Africa), using case studies to illustrate this. Demonstrate that the AIDS response is not just a public health movement; it is also a social movement.

- Include more examples of what worked and what did not to reflect the diversity of experience to date in linking HIV not just to heath but also to human rights, law, development, inequality, inequity, exclusion and poverty.

- Give greater attention to the leadership of people living with HIV in the response and the role of young people – as powerful actors in developments taking place in societies and as engines of change.

- Change the title of theme 1 (activists and advocacy) to 'Community-driven advocacy'.

- Advocate for national advocacy strategies and plans at all levels.

### ii. AIDS has championed the role of political leadership and innovative partnerships in driving change

Respondents pointed to how AIDS succeeded in mobilising political leadership at the highest level, in a way unlike any other disease or health issue. On the one hand demonstrating the positive effects of political leadership in mobilizing unprecedented global resources, allowing the rapid roll-out of treatment and bringing taboo issues into the open, on the other hand, AIDS has demonstrated the failures of political leadership and the negative impact this has had on the HIV response. As a respondent commenting through *The Lancet* highlighted, lack of political leadership (often in the form of vehement political opposition) has been instrumental in denying key populations access to basic prevention and treatment services. Respondents in Myanmar argued that more should be done by political leaders to raise public awareness about targets and commitments, while more robust mechanisms need to be put in place to hold governments and other stakeholders including UN agencies to account on their commitments. Further, respondents in Washington DC highlighted that government, faith-based and legislative leaders must be willing to defend the health and human rights of people in key populations who are at risk for contracting HIV or living with it, arguing that refusal to address the psycho-social barriers that keep key populations from lifesaving care that simultaneously protects public health is irresponsible leadership. Respondents at the regional dialogue for Asia and the Pacific underscored the need to broker new partnerships in fresh ways – including tapping the expertise of the private sector regarding, for example, models for return on investment, monitoring and evaluation, service delivery and supply chains.

> *What about the anti-prostitution pledge? What about criminalization of homosexuality? What about government refusal to adopt needle-exchange programmers? These are all failures of political leadership that have had devastating effects on key populations"*
> Comment on *The Lancet* website.

Specific recommendations include:

- Better reflect the fact that virtually all world leaders, implementing or donor countries, got involved personally in the AIDS response: AIDS is probably the first disease ever to succeed in mobilizing political leadership at the highest level.

- Refer to how addressing the negative impact of the policy/legal environment on the HIV response has contributed to the success of the response. Review of national policies and punitive laws facilitated the success of the response while promoting accountability, good governance (including aid effectiveness and harmonization) and respect for human rights.

- Highlight regional and sub-regional frameworks such as political declarations from the African Union, East African Community, Southern Africa Development Community and Economic Community Of West African States.

- Do more to raise public awareness of global declarations, targets and commitment – perhaps through partnership with media. Provide more information to the public on whether governments and key stakeholders have fulfilled their obligations.

- Draw attention to mobilising youth as a vehicle for social innovation and the need to promote social entrepreneurship and youth initiatives with positive health and social outcomes, as well as to facilitate active participation of youth in politics at local and national levels.

### iii. Community-led solutions pioneered by HIV can serve as a model for chronic care and prevention

There was wide agreement that the AIDS response has demonstrated the role communities can and should play in health system reform and, as such, how dealing with HIV can have a multiplier effect and be a catalyst for dealing with other health and development issues. It was stressed that communities have been a cornerstone of HIV programmes from the beginning of the epidemic – in particular in the area of care and support (playing a key role in the scale up of HIV and TB treatment and ensuring adherence to treatment regimens). The role of community-based organisations as intermediaries between formal health services and affected populations was also noted. It was argued that the communities the most vulnerable to acquiring HIV, as well as people living with HIV, must be recognized as the primary movers to address the epidemic. As respondents in Japan and elsewhere emphasized, this model could be expanded to include other diseases requiring chronic care, particularly non-communicable diseases. At the same time, the limitations of community activism must be recognized, to avoid over-stating the transformative role that it could play in tackling other health issues. In parallel with this, the combination of population ageing and more effective antiretroviral drugs will create a challenging epidemiological transition. Health systems will have to be transformed to provide care for elderly persons living with HIV.

Specific recommendations include:

- Highlight the holistic approach developed to respond to AIDS - including both medical and non-medical interventions such as psychosocial support, nutrition and poverty alleviation and income-generating activities.

- Emphasise the support structures which enable, support and strengthen community participation.

- Examine the interaction between health and social services in the area of HIV. Look at how AIDS activism could be re-engineered to serve as a transformative force in addressing health issues - i.e. by taking the response out of the biomedical field and generating robust ownership of problems.

- Open the dialogue to recognise mental health status as a co-factor in addressing HIV and other related chronic health concerns.

- Give more coverage to the challenges of retaining people in HIV care, and how those challenges differ for different sub-groups (e.g. young people).

- Analyze what linking HIV with other sectors will mean for community-based field workers.
- Promote a client-centred approach in which patients are active participants in treatment decisions, especially reaching vulnerable populations with chronic conditions.

- Include discussion of the limitations of transposing the success of AIDS activism and using AIDS as a model for chronic disease management for health conditions that impact on communities that are defined by poverty and social exclusion.

### iv. AIDS demonstrates the power of evidence and data

Respondents stressed that the AIDS response has shown how data can be used to provide evidence for action; and also that it has prompted a shorter period between the collection, processing and dissemination of information. They pointed to the instrumental role played by civil society in this. Data has been harnessed to show how AIDS programmes do not always target funds where the epidemic lies, especially where punitive and discriminatory laws exist which make reaching key populations difficult. Respondents in Myanmar highlighted the need to address data quality and accuracy, combined with improving the national monitoring and evaluation (M&E) system in order to avoid double counting and improve reporting. Participants in Japan pointed to the lessons AIDS has brought regarding the negative impact of collecting too many data in uncoordinated ways – lessons that should be used to contribute to the development of effective and efficient data management systems for other diseases. In the post-2015 framework, respondents insisted that data should be disaggregated to provide a truer reflection of the impact of HIV on marginalized and hard-to-reach communities, and that it should measure inequality within and between countries. The ‘data revolution’ should enable this measurement and allow data to be used in real-time to ensure that systems and processes are monitored and that health structures deliver positive change for all.

Specific recommendations include:

- Include reference to how addressing the negative impact of the policy/legal environment on the HIV response has contributed to the success of the response.

- Make a stronger case for the importance of solid evidence and disaggregated data (by age, gender, sexual orientation, geographic location (rural/urban), ethnicity and income level).

- Promote the use of technology (e.g. mHealth technology) to fuel a ‘data revolution’ to gather real-time data on sexual and other behaviours, especially among young people.

- Show how the monitoring and evaluation systems developed for the AIDS response could be applied to the wider health system.

- Emphasize the power of data and the need for better data in decision-making at all levels, and the need for more data on behaviour change.

### v. Sustainable financing and innovative service delivery models are needed for the future of the AIDS response

*"The HIV epidemic has forced humanity to take revolutionary approaches, such as the introduction of needle and syringe exchange programs for people injecting drugs, the distribution of condoms among MSM and sex workers, distributing replacement therapy. All this has given hope and a basis for confidence that a future without AIDS is possible".*
Participant at the Regional Dialogue for Eastern Europe and Central Asia

In discussions about AIDS exceptionalism, respondents argued that the balance between an exceptionalist and an integrated response should depend on the countries' situation (epidemiological, financial, managerial etc.) Many respondents indicated that the time has come for AIDS to move away from exceptionalism towards a more integrated approach and towards 'normalisation' as a chronic disease. Respondents pointed to evidence demonstrating how HIV programmes have increased access to and uptake of other important health services, such as childhood vaccinations, family planning, sexual and reproductive health (SRHR), malaria and TB case detection. The need to integrate responses to HIV/TB co-infection and the advantages (more cost-effective and more efficient) of integrated service delivery for HIV/SRHR were mentioned particularly frequently. Respondents emphasised the need to examine the role of national AIDS programmes and alternative means to monitor service delivery. As far as funding is concerned, respondents emphasised that, rather than looking for new funding models, the paper (and global efforts) should focus on sustainable financing for a sustainable response – namely through domestic investment and innovative financing.

Specific suggestions include:

- Promote the idea of integrating HIV prevention and treatment into broader health services and ensure linkages of all services – advocate for multi-service one-stop shop sites to reduce time and make comprehensive health care more accessible for key affected populations.

- Examine the role of national AIDS programmes, which are moribund in some countries and disappearing entirely in others, eliminating a vital means to monitor the status of the epidemic and provide timely prevention and treatment services.

- Address the important lessons learned by the AIDS response about mobilizing and coordinating resources, generating solidarity, building sustainability and allocating resources through a strategic investment approach.

- Make specific reference to the efforts and contribution of the BRICS countries, which are missing from the paper. Seize the opportunity for emerging and established countries to mutually shape each other's thinking with regard to the post-2015 financing architecture.

- Take a strong position on the Global Fund's new funding model and look at how its approaches may be applied to other diseases and health issues.

- Endorse increased domestic financing through tax revenue in low- and middle-income countries and a financial transaction tax at global level.

- Discuss both International Property Rights and trade agreements and how they will affect the future impact of the HIV response

- Change the theme 'Money' to 'Resources' and include discussion of human resources and technical capacity.

# Working Group 3: How should the global health and AIDS architecture be modernized for the post-2015 development agenda?

*"The details of the future health architecture are less important than the key characteristics which it will need to possess: strong country ownership and leadership; ability to set high normative standards and resource global health in a more efficient way"*
Participant at the Country Dialogue for China

Respondents in China pointed to the changing geopolitical and development funding landscape and its likely implications for the future agenda and architecture for AIDS and global health. They noted, for example, the likelihood that NCDs will take a larger role in the global health agenda in the next 15 years, while domestic financing will play a major role and shifts away from exceptionalism and activism will shape the future response to HIV. Respondents in Latin America pointed to the epidemiological transition as a major challenge for the future architecture for global health. The architecture question was the subject of a full day's debate at a think tank dialogue hosted by University College London (UCL) which interrogated lessons learnt from the AIDS response for global health governance and pathways to enhancing coherence of the architecture. Throughout the consultations, respondents pointed to the need to discuss the architecture question at both the global and the country level, criticising the paper for lack of focus on national-level structures. Respondents pointed to the potential of a Framework Convention on Global Health (FCGH) to contribute to the six critical functions of a future architecture identified in the paper, as well as the need to generate political will for such a convention. Respondents in Morocco requested that providing services to the most disadvantaged populations be added as a 'critical function' in the paper. They emphasised the need for more thinking on *how* to transform the current architecture founded on AIDS exceptionalism, to one where AIDS is integrated into health and development issues, as well as the need to link the future AIDS response to poverty alleviation programmes.

Acknowledging the highly political nature of reforming the current architecture, some respondents argued that simplification and streamlining of the architecture is required, while others insisted that a diverse set of actors is necessary and reflects the complexity with which we are dealing. Respondents argued that the future architecture for health should maintain the multi-sectoral character of the AIDS response, be underpinned by a human-rights based approach and ensure sustainable financing of the AIDS response.

# Key messages for the Commission

### i. The right to health must be enshrined in the future architecture

Respondents attested that the future global health architecture can learn from the AIDS response's focus on overcoming inequalities and employing a human rights-based approach. Respondents in Morocco pointed to the need to ensure that the right to health is firmly established as a foundation for any well-functioning health system – to ensure that universal health coverage reaches everyone: people living with HIV, sex workers, transgender women, MSM, women, people who use drugs, people in detention centres, prisons and so on. Building on the foundations of human rights, it was argued that HIV could be used as an entry point for developing social protection systems based on human rights – not only for people living with HIV but for all excluded, marginalized and vulnerable people. While acknowledging the difficulties in reaching political consensus on this issue, respondents advocated for a FCGH to serve as the basis for a multi-sectoral, rules-based global health system based on principles of the right to health, equity, gender-parity, accountability and rule of law.

Specific recommendations include:

- AIDS is not just a health problem. To ensure multi-sectorality and an overall rights-driven approach, integrating HIV and AIDS into 'inclusive health and development' must be accompanied by significant human rights based capacity building for development.

- Emphasize that structural drivers such as alcohol misuse, poverty, infrastructure weakness and lack of education which increase the risk of HIV for girls, women and key populations have to be addressed in a multi-sectoral manner. Recognise the need to combat machismo and racism as part of overcoming inequalities.

- Recognize and strengthen the critical role of information, education and communication for awareness-raising, community mobilization and capacity development.

- Call for the Commission and individual Commissioners to support the initiation of formal WHO and United Nations processes (through the General Assembly or Human Rights Council) to explore the possibilities of an FCGH and, specifically, towards establishing a FCGH in the post-2015 agenda.

- Seek analysis on how health systems strengthening is needed to ensure health systems are resilient and function optimally and should be integral to every disease-specific programme.

### ii. There are benefits – and pitfalls – to pluralism

Inquiry into the proliferation of actors engaged in AIDS and global health raised questions regarding the benefits, costs and viability of system plurality versus simplification. As participants at the UCL dialogue highlighted, the benefits of pluralism (innovation, risk-tasking, entrepreneurialism) are counterbalanced by widespread transaction costs as well as venue-shopping and agenda-setting by donors. Respondents noted existing fragmentation at the top (plurality of international health stewards) and bottom (among in-country CSOs), especially in terms of agenda-setting and competition over goals. Further, they noted that health-sector CSOs are often focused on issue-specific advocacy which can undermine coordination.

Specific recommendations include:

- Address the issue of fragmentation in the AIDS response, especially in terms of agenda-setting and competition over goals, among a plurality of international health stewards and in-country civil society organizations.

- Examine the idea that, while it is possible for other diseases to form similar coalitions to AIDS, it would be better if AIDS activism transforms itself to include other diseases and health conditions and become more 'broad' so as to contribute to the achievement of equity in health after 2015.

### iii. The unique features of the AIDS response should be protected in the future architecture

*"The HIV response has contributed significantly to the current architecture by including the human rights perspective on health, the strong engagement of civil society, the demand for accountability, and the multi-sectorial response."*
Participant at the UNAIDS-Lancet Commission Panel Session at the European Development Days

The multi-sectoral nature of the global response to AIDS and the institutions to support this were frequently pointed to as a unique strength of response which has set it apart from other diseases. Respondents argued that the distinctive features of the AIDS response such as civil society engagement, community systems, addressing the social determinants of health and connecting human rights and health, should be protected in the future architecture and expanded across health. Respondents called for UNAIDS' expertise in these areas, as well as in data, analysis and communications, to be developed across other health issues. During a regional dialogue held in Ethiopia, respondents highlighted African examples of multi-sectoral responses to AIDS that have bought together multiple ministries, civil society, the private sector and other stakeholders, which could be used to strengthen the paper. They pointed to the valuable experiences Africa can bring to argue strongly for a prominent position for AIDS in the post-2015 agenda.

Participants at the UCL dialogue called for WHO to overcome resistance by Member States to engage with a wider range of stakeholders, including CSOs, and to facilitate their participation in decision-making forums. Respondents highlighted the need to devise mechanisms integrated in National Health Strategies which ensure that HIV continues to receive adequate resources and priority. UCL participants highlighted that any acquisitions, mergers or abolition of existing global health structures for greater coherence, should be accompanied by safeguards to ensure that gains made in relation to AIDS governance and services are not lost. On the other hand, respondents highlighted the possible limitations of the 'emergency' logic of the AIDS response for global public policy on health more widely.

Specific recommendations include:

- Frame the AIDS response as a global public good, like action on climate change and education.
- Examine how the AIDS architecture can be used for other health outcomes, including the promotion of universal health coverage.
- Present more evidence of the benefits, as well as the pitfalls, of public-private partnerships.
- Emphasize that governments need governance options that they can adapt to country-specific needs.
- Ensure that local research institutions in each region find a space in global policy development.
- Reflect more strongly the importance of regional integration, particularly accountability for regional commitments.
- Scrutinize the role that mass media and corporations can play by including HIV- and health-related communication interventions within their corporate social responsibility programmes.

### iv. Community involvement and robust accountability are key for any future architecture

*"There are key issues and concerns relating to funding for civil society… and these issues require attention in the paper because funding will be key to ensuring meaningful civil society involvement and accountability in any new health or development framework or architecture."*
Participant at Regional Dialogue for Africa in Cape Town

Respondents highlighted that civil society organizations have served both as activist partners and also independent arbiters and watchdogs in holding to account key stakeholders in the AIDS response. This dual role should be preserved. It was argued that the AIDS response should focus more on strengthening both community systems and health systems. Further, respondents emphasised that the architecture of health systems also needs to shift: to help countries deliver integrated HIV, health and development solutions, more resources need to be put into health systems strengthening, to ensure that health systems are resilient and function optimally in collaboration with and complimentary to community systems. It was stressed that civil society has a vital role to play in mobilising a movement to end AIDS, while the private sector is likely to take a larger role in the future as a health service provider. Respondents at the UCL dialogue highlighted the lack of dedicated institutions in the current architecture which are capable of holding the private sector to account for health outcomes as a key deficit in the current architecture.

Specific recommendations include:

- Give greater coverage in the paper to community systems strengthening, in recognition of the critical importance of community involvement for harnessing the voice of the community, including examining issues relating to funding for civil society.

- Include more discussion of bottom-up approaches rather than concentrating exclusively on the global architecture. Focussing on the latter alone fails to capture how local movements can help shape the global architecture, ensure transparency and facilitate effective health responses.

- Foster the involvement in decision-making of affected young people and populations that are frequently overlooked in health policy decisions.

- Putting people at the centre of governance arrangement should inform the guiding principles of any future architecture, especially with a view to enhancing global accountability.

- Advocate for greater use of TRIPS flexibilities and be part of a global movement for expanded access to patents and low cost commodities.

- Promote accountability and transparency of CSOs and of governments to international commitments.

## v. Tomorrow's architecture needs to reflect the changing demographics of AIDS

*"We come together for a reason and for impact. We want to pace things up for the sake of having a better world. We demand to have a say on the development agenda."*
Participant at Regional Dialogue for Africa in Addis Ababa

It was continually emphasised that the AIDS response and global health in general, need to embrace community participation, in particular with young people, while also considering issues related to ageing. Respondents argued that embracing community participation includes nurturing a new generation of activists who build on the experience and technical knowledge of their predecessors and then move forward in their own way. As participants in the Caribbean and southern Africa highlighted, young people share a large proportion of the global burden of HIV. They emphasised that they therefore have to be a key focus of prevention and treatment programmes if we want to end AIDS – pointing to links between youth, vulnerability and comprehensive sex education. New York-based stakeholders pointed to the need for young people to have a strong say in the post-2015 agenda-setting process. In addition to addressing the needs of young people, respondents highlighted the need for the future global health and AIDS architecture to change to cope with the ageing population of people living with HIV.

Specific recommendations include:

- Encourage the participation of young people in decision-making at all levels and recognize the role of youth as a new generation of activists and leaders.

- Examine the inter-linkages between HIV and ageing, the complex effects this has on co-infection with non-communicable diseases and how this should be reflected in the future global health architecture and approaches to HIV.

# Considerations for positioning AIDS in the post-2015 agenda

*"The global health and development community will fail the SADC region if HIV is not given a prominent place in the global health and development agenda post-2015"*
Participant at NAC Directors Dialogue in the SADC region

AIDS faces much competition to secure a place in the post-2015 development agenda. Respondents pointed to the changing geopolitical context and policy framework within which AIDS must find a place. They pointed to the need to take into account the transition of countries from low- to middle-income status and the likely impact this will have in creating financial sustainability for the AIDS response; the need to address HIV in fragile states and war and conflict zones; the need to link health to non-health issues such as international trade; as well as the changing global disease burden and the increasing burden of NCDs in the global north and south alike.

During the consultations held, there was wide agreement that AIDS should be seen as a development issue, not simply a health issue. While respondents were unified in their wish to see AIDS secure a prominent place in the post-2015 agenda, there was no consensus on what form commitments on AIDS should take. For example, while some respondents supported the notion of a stand-alone goal for AIDS, others were more cautious as to whether this would be the best approach. Not ruling out the option of an AIDS goal, many respondents insisted that AIDS should be featured under multiple relevant goals to reflect the multidimensional nature of HIV – for example under possible goals on health, gender and inequalities.

There was overwhelming consensus that the future of the AIDS response must go beyond the biomedical to address the structural drivers that create vulnerability to HIV – through human rights based approaches which include effective social protection systems for vulnerable populations who are marginalized and criminalized. Further, respondents spoke loudly and clearly for the need to protect and promote the multi-sectoral AIDS response and expand this to other health issues.

The message was clear that securing a strong position for AIDS post-2015 is imperative if progress to date is to be accelerated and not regress.

# Acknowledgements

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# Annex 1 - List of consultations convened

| | |
|---|---|
| 3 November | **Regional Dialogue for Africa**, during Africa Regional Consultative Meeting on the Sustainable Development Goals, co-hosted by the **United Nations Economic Commission for Africa, the African Union Commission and the African Development Bank**, Addis Ababa |
| 19 November | **Regional Dialogue for Asia and the Pacific,** during the 11th **International Congress on AIDS in Asia and the Pacific**, Bangkok |
| 25 November | **Civil Society Organisations' Dialogue for Eastern and Southern Africa**, Johannesburg |
| 25 November-9 December | **Youth Online Review** |
| 26 November | **Southern African Development Community National AIDS Commission Directors meeting,** Johannesburg |
| 27 November | **High-level panel at the European Development Days**, Brussels |
| 27 November-31 December | **Papers available for public comment** through *The Lancet* website |
| 29 November | **Regional Dialogue for West and Central Africa,** Dakar |
| 2 December | **Think Tank Dialogue**, hosted by the Institute of Global Governance and the Institute of Global Health, University College London, London |
| 4 December | **Virtual Regional Dialogue for Latin America** |
| 4 December | **Regional Dialogue for the Caribbean**, Kingston |
| 7 December | **Regional Dialogue for Africa,** during the 17th International Conference on AIDS and STIs in Africa, Cape Town |
| 13 December | **Virtual Regional Dialogue for Eastern Europe and Central Asia** |
| 10 January | **Think Tank Dialogue**, hosted by the Kaiser Family Foundation, Washington DC |
| 28 January | **Consultation with New York-based stakeholders,** New York |

**Other feedback included in this report was received from:**

- UNAIDS Reference Group on HIV and Human rights
- UNAIDS Secretariat and Cosponsors

# Annex 2 – List of participants

The UNAIDS-Lancet Commission Secretariat would like to express its gratitude to the contributions of the panellists*, Working Group members and Commissioners** and numerous participants:

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## VIRTUAL CONSULTATIONS INCLUDING THE REGIONAL DIALOGUE FOR LATIN AMERICA, THE REGIONAL DIALOGUE FOR EASTERN EUROPE AND CENTRAL ASIA, THE YOUTH ONLINE REVIEW AND PUBLIC COMMENTS THROUGH *THE LANCET* WEBSITE.

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