



UNAIDS PROGRAMME COORDINATING BOARD

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THIRTY-SIXTH MEETING

Date: 30 June-2 July 2015

Venue: Executive Board room, WHO, Geneva

Agenda item 3

**Report on the consultative process to update and extend the
UNAIDS 2011-2015 Strategy through the fast track period
2016-2021**

Additional documents for this item:

- Conference room paper 1(UNAIDS/PCB (36)/CRP1): Discussion paper for global consultation on UNAIDS 2016-2021 Strategy
- Conference room paper 2 (UNAIDS/PCB (36)/CRP2): Multi-stakeholder Consultations, January through April 2015 Compilation of Discussion Notes

Action required at this meeting – the Programme Coordinating Board is invited to:

See decisions in below paragraphs

91. Welcome the Report on the multi-stakeholder consultative process to update and extend the UNAIDS 2011-2015 Strategy through the fast track period 2016-2021 and express appreciation for the consultative process undertaken so far;
92. Recall the decisions from the 35th Programme Coordinating Board, in particular:
 - a. Reaffirming the UNAIDS vision of the Three Zeros and the strategic directions in the current UNAIDS 2011-2015 Strategy;
 - b. Taking note of the new data and analysis in recent UNAIDS reports (the Gap report, Fast Track report and Cities report) which provide compelling evidence for accelerated investment and action in the next five years, based on regional variations, to enable countries to end the AIDS epidemic by 2030;
93. Note the draft outline of the UNAIDS 2016-2021 Strategy and look forward to the development of an updated and extended Strategy to be presented for adoption at the 37th Programme Coordinating Board.

INTRODUCTION

1. At its 35th meeting, the UNAIDS Programme Coordinating Board (PCB) requested: “the Executive Director to undertake a multi-stakeholder consultative process to update and extend the UNAIDS 2011-2015 Strategy through the fast track period 2016-2021 to align it with the resolution on the Quadrennial comprehensive policy review (QCPR) of operational activities for development (67/226), taking into account the 2011 Political Declaration on HIV and AIDS and ongoing discussions on the post-2015 Sustainable Development Goals, and report back on this process at the 36th Programme Coordinating Board, and to present on that basis an updated Strategy and UBRAF, for decision at the 37th Programme Coordinating Board.”
2. This request from the Programme Coordinating Board was made in the context of a reaffirmation of “the UNAIDS vision of the Three Zeros and the strategic directions in the current UNAIDS 2011-2015 Strategy”. Moreover, the PCB took note of “the new data and analysis in recent UNAIDS reports (the Gap report, Fast Track report and Cities report) which provide compelling evidence for accelerated investment and action in the next five years, based on regional variations, to enable countries to end the AIDS epidemic by 2030.”
3. This report responds to the request from the 35th PCB to report back on the multi-stakeholder consultative process to update and extend the UNAIDS 2011-2015 Strategy. It starts by exploring the broader context for the UNAIDS 2016-2021 Strategy, articulating why a new sustainable development agenda coupled with the imperative to Fast Track the response represent a defining moment for the AIDS response. The subsequent section focuses on the UNAIDS 2016-2021 Strategy consultation process. This includes an overview of the questions guiding the consultations, the strategic framework presented and key messages emerging from each of the consultations held to date. The report presents a summary of priority issues emerging from the consultative process for consideration as the UNAIDS 2016-2021 Strategy is updated and extended. Finally, the report sets out next steps as well as proposed decision points for consideration by the 36th PCB.
4. A draft outline of the UNAIDS 2016-2021 Strategy is attached as an annex to this Report.

BACKGROUND AND CONTEXT FOR THE UNAIDS 2016-2021 STRATEGY

A defining moment

5. The international community is on the brink of adopting the Sustainable Development Goals (SDGs) which will provide a broad and interrelated agenda that can be clustered into six “essential elements”: dignity, prosperity, justice, partnership, planet, and people.¹
6. The UNAIDS 2016-2021 Strategy will be presented for adoption shortly following the endorsement of the SDGs, providing an opportune moment to ensure synergy and alignment between the HIV response and the sustainable development agenda.
7. The SDGs reflect and respond to a range of risks, trends and challenges to sustainable development in the world today. An extensive analysis of this shifting development context can be found in the discussion paper prepared for the multi-stakeholder consultation process.² Many of the proposed SDGs address a number of fundamental challenges where progress will be critical to the AIDS response, and vice versa (as explored in the PCB paper entitled Update on the AIDS response in the post-2015 development agenda).
8. Overall, the SDGs present a complex and comprehensive agenda.³ The notion of health has expanded in the proposed SDGs, encompassing a more holistic vision than the Millennium Development Goals of ensuring healthy lives and promoting wellbeing for all at all ages. The commitment to ending the AIDS epidemic by 2030 is articulated among the targets under the health goal.
9. As ample experience has demonstrated, HIV is much more than a health issue. A range of SDGs and targets are relevant to the response including, for example tackling inequalities within and among countries, developing effective, accountable and transparent institutions at all levels, ensuring public access to information, reducing corruption, and promoting and enforcing non-discriminatory laws and policies.
10. Other SDGs and targets which are relevant to the AIDS response include ensuring universal access to sexual and reproductive health and reproductive rights and ending violence and discrimination against women and girls. Particular risks are faced by adolescent girls and young women, who on average acquire HIV five to seven years earlier than men in sub-Saharan Africa. Fear of violence and other manifestations of gender inequality undermine the ability of women and young girls to protect themselves from HIV infection.

¹ The road to dignity by 2030: ending poverty, transforming all lives and protecting the planet Synthesis report of the Secretary-General on the post-2015 sustainable development agenda, General Assembly report A/69/700 of 4 December 2014.

² Please refer to UNAIDS ‘Getting to Zero: How will we Fast-Track the AIDS response?’ Discussion paper for the global consultation on UNAIDS 2016-2021 Strategy for a more extensive analysis of the trends and challenges. Available as PCB Conference room paper.

³ Buse K, Hawkes S. “Health in the Sustainable Development Goals: Ready for a paradigm shift?” Globalization and Health 2015, 11:13 (<http://www.globalizationandhealth.com/content/11/1/13> accessed 1 June, 2015)

11. Equality is a central theme of the SDGs and includes reducing inequality within and among countries by, inter alia, progressively achieving and sustaining inclusive income growth in low-income groups. Income inequality is on the rise across regions and is closely linked to HIV prevalence. It is greatest among middle-income countries where three out of four poor people live today.⁴ By 2020, the vast majority of people affected by HIV will live in middle-income countries yet international development cooperation remains focused on low-income countries.⁵
12. Urbanization is a pertinent trend to the AIDS response and is captured by the SDG on cities and human settlements. Urban areas are particularly affected by HIV with just 200 cities accounting for more than a quarter of the world's 35 million people living with HIV. One billion people are living in urban slums, where basic rights to health, education and information are limited and vulnerability to HIV consequently higher.⁶
13. Conflict, displacement and insecurity also present severe challenges to accessing health services. Today, more than 50 million people worldwide are forcibly displaced, the highest number since the end of the Second World War. Roughly one fifth of the world's population is affected by some form of violence or insecurity. SDG 16 which aims at promoting peaceful and inclusive societies, reducing violence, and promoting the rule of law is long overdue.
14. The growing population of young people has major implications for the AIDS response, given that young people account for 40% of new HIV infections. Half of all people in Africa today are under the age of 18. With the support of modern technology, including social media, access to information has expanded particularly among young people. In many countries, however, freedom of information, expression and association is being stifled. As a result, the space of civil society organizations, including youth movements, has shrunk in many places.
15. Linked to the overarching concern for equality in the proposed SDGs is the imperative of ensuring priority focus on groups whose needs are not being effectively met. Marginalization of key populations remains widespread and prevention services continue to be lacking despite their proven effectiveness.⁷ As set out in the UNAIDS Gap report, the AIDS response similarly will need to shift to focus efforts on

⁴ Chandy L, Gertz G. Two trends in global poverty. Brookings, 2011. (<http://www.brookings.edu/research/opinions/2011/05/17-global-poverty-trends-chandy>, accessed 1 June 2015)

⁵ Increasing access to HIV treatment in middle-income countries Key data on prices, regulatory status, tariffs and the intellectual property situation, WHO, 2014 (http://www.who.int/phi/publications/WHO_Increasing_access_to_HIV_treatment.pdf) accessed 1 June 2015)

⁶ Madise N, et al. Are slum dwellers at heightened risk of HIV infection than other urban residents? Evidence from population-based HIV prevalence surveys in Kenya. Health Place. 2012;18:1144–1152. (<http://www.ncbi.nlm.nih.gov/pubmed/22591621> accessed 1 June 2015)

⁷ As defined in the UNAIDS 2011-2015 Strategy 'Getting to Zero', footnote n. 41: 'Key populations, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context'.

populations being left behind. Such efforts will need to be broader than HIV services so as to ensure, for example, social protection and human rights.

16. The SDGs represent a significant opportunity for the AIDS response. The UNAIDS 2016-2021 Strategy should seek to capitalize on this opportunity and provide a platform to forge new alliances to address a wide range of economic, cultural, political and social determinants of HIV, further boosting the AIDS response. UNAIDS, and the broader AIDS response, can conversely offer important lessons that can strengthen and sustain global health and development efforts, more generally.

A fragile window of opportunity: the imperative to Fast Track

17. The notion of “ending the AIDS epidemic as a public health threat” was provisionally defined by the PCB, at its 34th meeting, as “the rapid reduction of new HIV infections, stigma and discrimination experienced by people living with HIV and vulnerable and key populations, and AIDS-related deaths by 90% of 2010 levels, through evidence based interventions to include universal access to HIV prevention, treatment, care, and support, such that AIDS no longer represents a major threat to any population or country.”
18. This commitment to ending AIDS by 2030 is ambitious yet realistic. Recent modelling has demonstrated that it is possible through the focus on high-impact interventions in the geographic areas and populations where the need is the greatest and with quickening the pace of implementation. This urgent and accelerated application of a strategic, granular approach is referred to as “Fast Track”. By Fast-Tracking the response over the next five years, bringing about the end of the AIDS epidemic will be possible by 2030. Ending the epidemic by 2030 will usher in significant gains:
 - New adult HIV infections in low- and middle-income countries would decrease from 2.1 million in 2010 to nearly 200 000 in 2030.
 - 28 million HIV infections would be averted between 2015 and 2030.
 - 21 million AIDS-related deaths would be averted between 2015 and 2030.
 - US\$ 24 billion of additional costs for HIV treatment would be avoided.
19. The Fast Track approach underscores that maintaining today’s response at the current pace is not sufficient to end the epidemic. While there has been significant progress, particularly in reducing new infections, the AIDS epidemic is far from over. AIDS remains the sixth cause of death globally, the leading cause of death in sub-Saharan Africa and the leading cause of death worldwide among women of reproductive age. Data analysis reveals the compelling need to focus on location and population, as per the Fast Track approach. Sub-Saharan Africa accounts for 71% of people living with HIV and 68% of new HIV infections in 2013, highlighting the need to focus from a regional perspective. To focus efforts through the Fast Track approach, the Joint Programme suggests prioritizing 28 low- and middle-income countries that account for nearly 90 per cent of all new HIV infections.

20. Key populations remain disproportionately affected by HIV. Globally, men who have sex with men are 19 times more likely to be living with HIV than the general population; HIV prevalence is almost 12 times higher among sex workers than among the population as a whole; transgender women are 49 times more likely to acquire HIV than all adults of reproductive age; and 13% of all people who inject drugs are living with HIV.
21. Fast tracking the response will rely on prioritizing cost-effective, evidence-informed interventions focused on the population groups being left behind, as set out in the UNAIDS Gap report. This requires not only scaling up services but also removing social, legal and other impediments to scale-up and access. Discriminatory practices which are prevalent in health care settings need to be tackled. Women and men living with HIV and members of other key populations often report rejection, judgmental attitudes and denial of health care.
22. As Fast Track modelling has demonstrated, there is a brief window of opportunity in which to significantly bend the curve of the epidemic (Fig. 1)

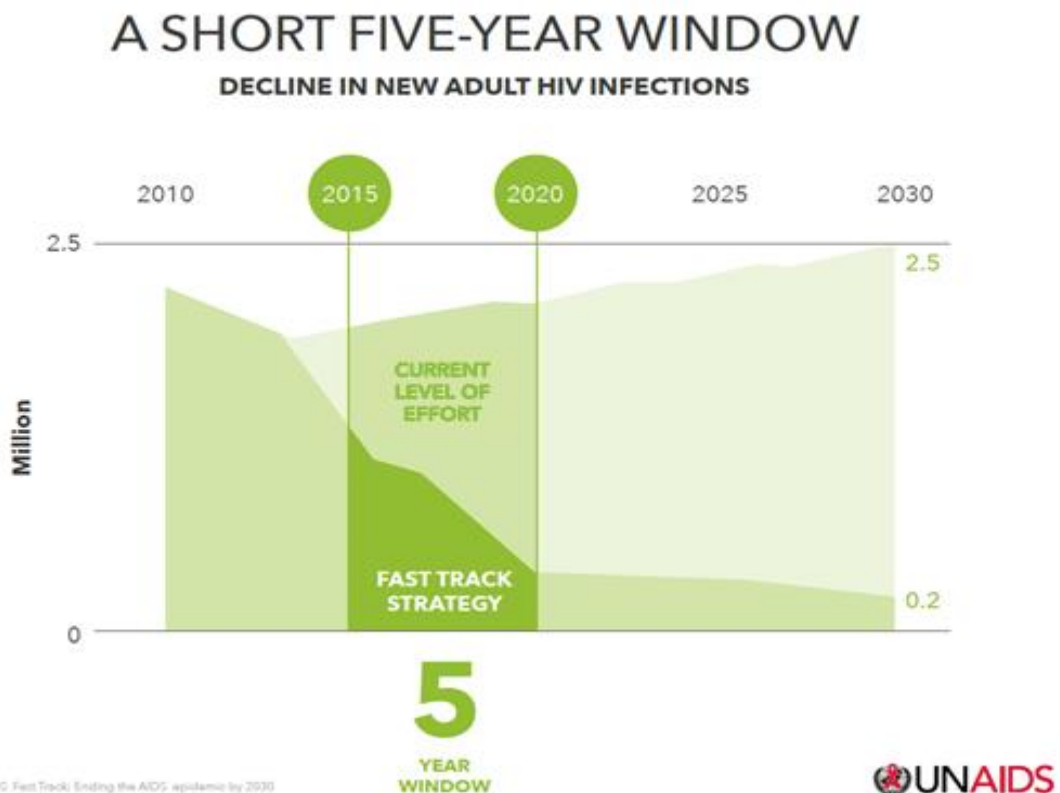


Fig. 1. Fast Tracking the AIDS response will enable ending the AIDS epidemic by 2030

23. Fast Track goals will help galvanize action across all three zeros, including zero discrimination and zero new infections, translating commitments into concrete milestones. In the area of treatment, the PCB has welcomed “the 90–90–90 treatment targets” (90% of all people living with HIV will know their HIV status; 90%

of all people with diagnosed HIV will receive sustained antiretroviral therapy; and 90% of all people receiving antiretroviral therapy will have viral suppression). At its 35th session, the PCB called on Member States to “take steps to implement the national HIV prevention and treatment targets, including accelerating access to HIV treatment while ensuring equity and human rights, and using WHO guidelines as a basis to reach the 90-90-90 treatment targets”. It also called on “UNAIDS to urgently specify its ‘Fast Track’ prevention, treatment, stigma and discrimination 2020 targets, along with its funding strategy for achieving these targets and a mechanism for tracking progress towards these targets”. UNAIDS is consulting with experts and partners to specify these Fast Track 2020 goals through a consultative process, drawing on existing data and indicators as far as possible. The Fast Track goals should underpin the 2016-2021 Strategy and help unite relevant stakeholders around a common agenda for the AIDS response.

Ensuring alignment among relevant stakeholders

24. The UNAIDS 2016-2021 Strategy can play an important role in galvanizing the global AIDS response as well as supporting other related agendas. In addition to the SDGs and the opportunities that they may present, the UNAIDS 2016-2021 Strategy ought to inform, inspire as well as align with the strategies, initiatives and priorities of many stakeholders.
25. Cosponsor strategies on HIV must be fully aligned with the UNAIDS updated Strategy. Synergies are being ensured with strategies under development including, for example, WHO’s upcoming 2016-2021 global health sector strategy on HIV. Global health sector strategies for 2016-2021 are also being developed by WHO for viral hepatitis and sexually transmitted infections. These strategies describe commonalities and linkages with HIV including: similar modes of transmission; the importance of strengthening prevention within a broader health service continuum; the need to focus on key populations, locations and settings; opportunities to strengthen health systems and communities; and, the need to address stigma and discrimination.
26. Tuberculosis remains the leading cause of death among people living with HIV. The “End TB” Strategy adopted by the World Health Assembly in May 2014 has ambitious targets and interim milestones for 2020, 2025, and 2030. “End TB” will help efforts to scale up the implementation of collaborative TB/HIV activities. The development of the Stop TB Global Plan 2016-20 provides an opportunity to ensure greater alignment between efforts of the Global Partnership and the global AIDS response. The Plan will provide a costed blue-print for how global TB efforts can become significantly more ambitious and effective over the next five years by dramatically changing the way TB programmes are run.
27. The upcoming UNDP strategy on HIV, health and development provides another important opportunity for synergy. It will address the social, cultural and economic determinants of HIV and health and focus on improving HIV and health outcomes by creating enabling legal environments and tackling gender inequality and gender-based violence; fostering human rights based approaches to health to reduce inequities and reach the most marginalized; and continuing partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) to support implementation of HIV, tuberculosis and malaria programmes in low and middle

income countries, facilitating access to essential resources by countries that face constraints in directly receiving or managing such funding.

28. The Global Fund is one of UNAIDS' principal strategic partners. At country and regional level, UNAIDS supports countries at all stages of the Global Fund grant cycle—from the collection and analysis of epidemiological data and strategic information; to the development of strong HIV investment cases, national strategic plans and funding requests; to grant signing, programme implementation and monitoring and evaluation. At headquarters level, UNAIDS is an active member of the Global Fund's most important governance and decision-making bodies.
29. In late 2014, UNAIDS and the Global Fund consolidated their close partnership with a renewed cooperation agreement. This aims to strengthen collaboration towards maximizing support to countries and optimizing investments and impact at country level. At its core is a determination to strengthen collaboration that will further enhance coordination mechanisms, information-sharing and mutual accountability. Improved cooperation includes strengthening strategic investments, jointly leveraging political commitment and supporting meaningful country dialogues with all stakeholders—including civil society and communities—to ensure that AIDS responses are inclusive and achieve their maximum impact. The agreement includes a focus on the collection and analysis of data and the identification of gaps, such as the country's enabling environment, equity in access to services, human rights, gender equality and key populations at higher risk. The new agreement draws on the strengths of both organizations to provide support to countries and coordinate that support throughout the grant cycle.
30. Another key partner is the United States President's Emergency Plan for AIDS Relief (PEPFAR) which also supports and aligns with the Fast Track approach including the "90/90/90" targets. The overriding objective of its strategy, PEPFAR 3.0, is to control the HIV epidemic to create and sustain an AIDS-free generation. The PEPFAR Strategy includes five action areas: impact, efficiency, sustainability, partnership and human rights. PEPFAR is investing resources strategically and geographically to support countries to reach populations at greatest risk with tailored and evidence-based programmes. UNAIDS and PEPFAR work closely to support countries to implement the investment approach in national planning processes.
31. As noted earlier, the updated UNAIDS 2016-2021 Strategy will maintain the three Strategic Directions of the current Strategy. For example, in relation to the third strategic direction on advancing human rights and gender equality, there are many ongoing efforts and initiatives across the UN system and beyond for which efforts are required to ensure reinforcement and alignment. In the area of human rights, for example, the Human Rights up Front initiative was launched by the UN Secretary-General in late 2013 to ensure early and effective action to prevent or respond to large-scale violations of human rights.
32. A range of actors and initiatives are engaging around the theme of gender equality including global public-private partnerships such as *Together for girls* focusing on sexual violence. In relation to adolescents, an initiative aimed at addressing the serious gaps in the AIDS response for adolescents is the "All in" agenda, led by UNICEF and the UNAIDS Secretariat, with the engagement of all Cosponsors.

33. Launched in September 2010 by the UN Secretary-General, the Global Strategy for Women's and Children's Health has contributed to significant progress worldwide for women's and children's survival and well-being. It is in the process of being updated through an inclusive consultation process. The new focus which includes adolescents and working across health-enhancing sectors on issues such as women's empowerment, education and nutrition is welcome as these issues are also of utmost importance to progress in the AIDS response.
34. Further opportunities for alignment are found at the regional level. Such opportunities include the African Union's "Abuja Call for Accelerated Action towards Universal Access to HIV and AIDS, TB and Malaria Services" which has been extended and expanded for the period 2015-2030 to enable further implementation of the commitments and to coincide with the target to end AIDS, TB and Malaria by 2030.⁸
35. Concerted efforts are also required to ensure synergy between the UNAIDS Strategy and efforts being led by civil society, including networks of people living with HIV and other key populations. Civil society has always been the driving force of the AIDS response. Efforts are thus required to ensure that the upcoming UNAIDS 2016-2021 Strategy aligns with strategies of key civil society organizations. PACT, a coalition of 26 youth-led organizations, is an example of an alliance that can help forge commitments and generate activism among the youth movement around specific priorities in alignment with the upcoming UNAIDS 2016-2021 Strategy.
36. The next section of this report, which sets out the multi-stakeholder consultation process, will elucidate how various stakeholders across different levels have been engaged in the process towards the development of the UNAIDS 2016-2021 Strategy. This engagement has helped to ensure that the Strategy will be positioned to lead as well as reinforce and support other related agendas.

THE UNAIDS 2016-2021 STRATEGY CONSULTATION PROCESS

Aim and methodology

37. The aim of the consultation process on the UNAIDS 2016-2021 Strategy was to collectively define what must be achieved by 2021 and what must be done differently to get there. To reach this shared understanding, global, regional, thematic and virtual consultations have been held. Central principles guiding the overall process of Strategy development are transparency and participation.
38. Efforts were made throughout the consultation process to reach out to and engage a diverse range of partners, including networks of people living with HIV, Member States, civil society including organizations representing young people, women and girls and key populations, faith based organizations, development partners and international and regional organisations. The Executive Heads of the Cosponsor organizations also contributed their perspectives.

⁸ Declaration of the special summit of African union on HIV/AIDS, Tuberculosis and Malaria "Abuja actions toward the elimination of HIV and AIDS, Tuberculosis and Malaria in Africa by 2030" Abuja, Nigeria 12–16 July 2013 (<http://sa.au.int/en/sites/default/files/2013%20Abuja%20Declaration.pdf> accessed 1 June 2015)

39. To support information sharing, a dedicated page on the UNAIDS.org site was created from the outset and is updated, periodically. A twitter hashtag and dedicated email address were created and used extensively.
40. Details of the consultations are available as a Conference Room Paper entitled Multi-stakeholder consultations on UNAIDS Strategy Update: Overview and Summaries of Consultations. This section provides a synopsis of the consultation process.
41. To support the overall consultation process, a discussion paper has served to provide background information and questions to guide and steer the dialogues.⁹ The questions were adapted, as required depending on the target audience, for each consultation. For the regional consultations, for instance, the questions focused on the regional context and for the virtual consultation, a specific question was addressed to youth. Broadly, the questions were as follows:
- a. How will developments – global and regional – impact the epidemic and response in countries and at the sub-national level over the coming years?
 - b. Who is being left behind and why? Where are the main challenges and gaps? What achievements in addressing challenges to date should be expanded and built upon?
 - c. In order to reach the Fast-Track targets, what should be the strategic priorities in the response?
 - d. What will need to change in support of those priorities? What are the “game-changers” – in terms of policy and law reform, funding, resource allocation, partnerships, service delivery, empowering civil society, science and innovation, and links with other health and development efforts?
 - e. How can the opportunity of the new Sustainable Development Goals be optimized in the Strategy – what linkages, policy coherence and collaborative action must be pursued?
 - f. What are the most critical ways in which the Joint Programme can support efforts to end AIDS as a public health threat by 2030?

Draft strategic framework

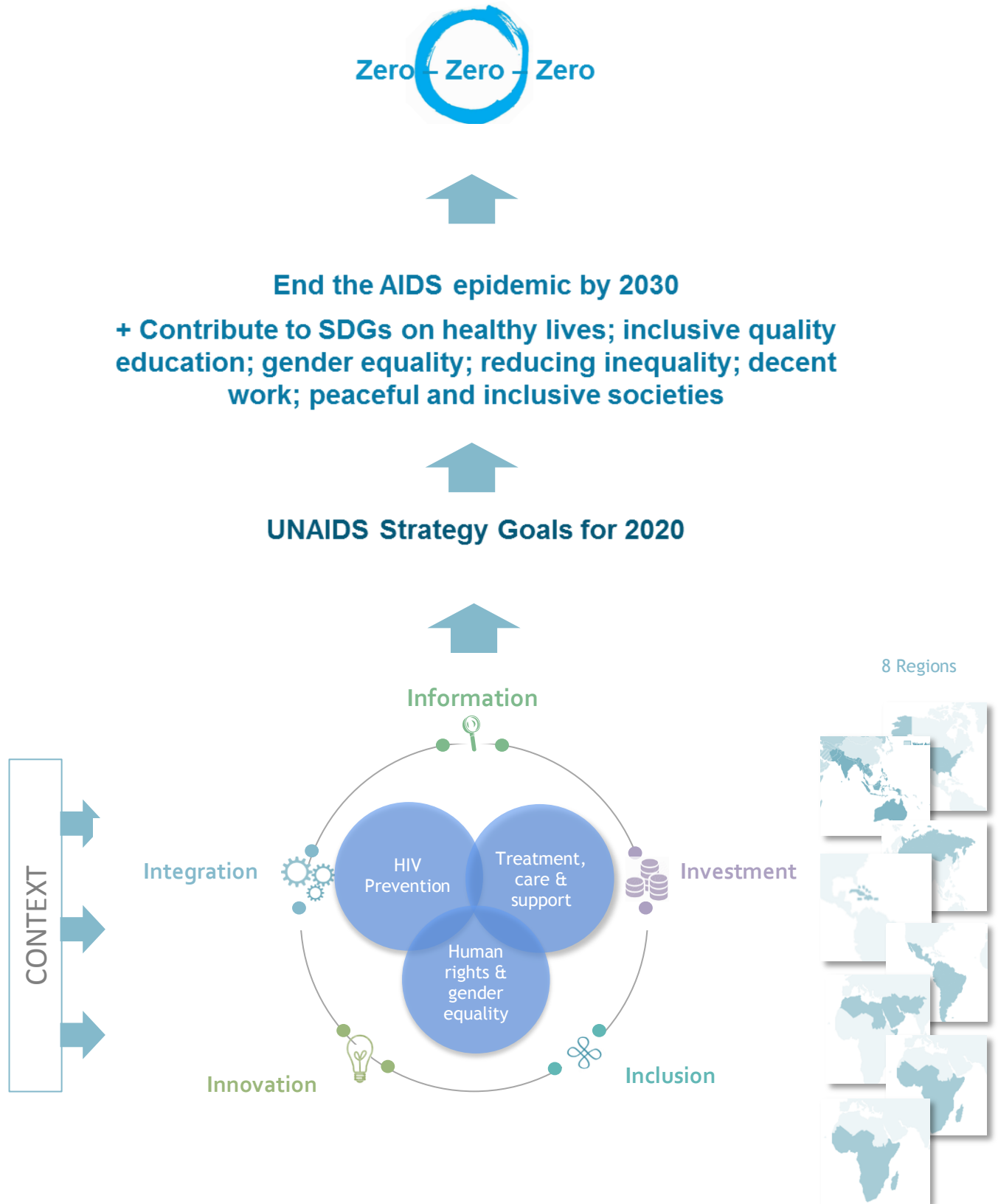
42. A draft strategic framework was presented at the consultations and in the discussion paper (Fig.2). This draft strategic framework reaffirms the vision of the Three Zeros: *zero new HIV infections, zero discrimination and zero AIDS-related deaths*. This vision is long-term and aspirational. The three strategic directions in the UNAIDS 2011-2015 Strategy, as directed by the 35th PCB are also reaffirmed as follows: 1: Revolutionize HIV prevention 2: Catalyse the next phase of treatment, care and support 3: Advance human rights and gender equality for the HIV response, are at the heart of the global AIDS response and directly linked to UNAIDS vision.
43. For the medium-term, 2030, efforts will be geared towards reaching the commitment to ending the AIDS epidemic as a public health threat as well as to support the

⁹ Please refer to ‘Getting to Zero: How will we Fast-Track the AIDS response?’ Discussion paper for the global consultation on UNADIS 2016-2021 Strategy for a more extensive analysis of the trends and challenges. Available as PCB Conference room paper.

realization of other relevant SDGs. The UNAIDS 2016-2021 Strategy period, which represents the fragile window of opportunity to Fast Track the response, will be supported by Fast Track goals. These goals will take 2020 as their end date and will span across the Three Zeros addressing prevention, discrimination and treatment.

44. In light of recent trends and developments, lessons learned and challenges remaining in the response, the draft strategic framework proposed cross-cutting elements to complement and reinforce the strategic directions: Information, Innovation, Integration, Investment and Inclusion. These areas respond directly to gaps in the present strategy in responding to the changing environment. They serve to capture critical functions that support progress on a number of goals, as well as cover new priority areas. Importantly, they can bridge the three strategic directions, breaking down the increasingly false dichotomies between prevention, treatment and human rights and gender equality. Furthermore, they can help take the Strategy beyond a “vision” to a more action-oriented agenda.
45. The draft strategic framework also illustrated the proposal of supplementing the global strategy with a regional dimension. Many countries across regions share similar epidemiological characteristics and implementation challenges, such as fragile service delivery capacity or complex procurement and supply chain challenges, gender norms that prevent women from making decisions on their own health, and punitive legal and social environments deterring access to services. In this context, while global goals are critical for advocacy and political commitment, regional priorities often generate greater ownership and can promote mutual accountability as well as ensure cooperation on issues requiring collective action (e.g. migration), leading to greater efficiencies and cost savings (e.g. potential for regional procurement). As such it has been proposed that the updated Strategy capture regional specificity of priorities, actions and game-changers.
46. Throughout the consultations, the proposal of including a regional dimension in the strategy garnered significant support, as has the addition of the five cross-cutting areas.

Fig. 2 Presented to consultations: Draft Strategic Framework



Committee of Cosponsoring Organizations

47. The Executive Heads of the Cosponsoring Organizations identified the following priorities for the UNAIDS 2016-2021 Strategy:

- Leverage the AIDS response for progress on **SDGs**
- Ensure stronger **evidence-informed advocacy**
- “Go granular” to identify and target high burden sub-national **populations and locations**
- Strengthen **strategic information** on discrimination, equity, integration
- **Diversify investments**
- Pursue **multisectoral interventions that address vulnerability** – particularly social protection
- Focus on 12 **populations being left behind** as set out in the Gap Report
- Focus on **empowering and addressing specific barriers** to services faced by adolescent and young women
- Promote **human rights & gender equality programming** throughout Strategy
- Adopt a **life-cycle approach**
- Ensure stronger **co-ordination** between national and local government, and greater **activity at sub-national level**
- Generate greater links between HIV and **critical enablers** such as community system strengthening, poverty reduction, gender based violence and social protection
- Engage **partners** more effectively, including faith-based communities in reducing stigma and the private sector at country, regional and global level
- Seek new ways of working with **Global Fund and PEPFAR** – support to new funding approaches while maintaining country leadership
- Clearly link Strategy to **UN initiatives**, e.g. All In!; Every Woman Every Child; Unite; and Cosponsor Strategies
- Ensure that **UNAIDS** continues to evolve to respond to the changing epidemic, leveraging the comparative advantages of its unique model

Regional consultations

48. UNAIDS Regional Support Teams have led consultations in the seven UNAIDS regions. In addition, consultations were organized for North America and Western Europe and other countries. While different consultation methods have been used across the regions, all have been guided by the questions outlined above. What follows is a synopsis of methodologies used and key findings from each of the regional consultations.

49. **Asia & Pacific:** To mobilize multi-stakeholder engagement in the regional consultation, the Asia and Pacific Regional Support Team utilized through several different methods and capitalized on various events held to garner input. Significantly, among these, was a side event to the Economic and Social Commission for Asia and the Pacific (ESCAP) on HIV/AIDS on January 30th in Bangkok, Thailand, which was attended by 160 participants from 32 ESCAP member and associate member countries, the Association of Southeast Asian Nations (ASEAN), the South Asian Association for Regional Cooperation (SAARC), UN

organizations, and NGO representatives of 79 civil society organizations. In addition, informal exchanges of views were organized as well as discussion sessions and a CSO-UNAIDS joint online survey. Key messages informing the UNAIDS Strategy 2016-2021 that emerged from the consultation process are as follows:

- Remain **ambitious, innovative**, while still having achievable targets and produce a practical roadmap, and accountability mechanisms for greater efficiency in implementation of the strategy
- **Maintain The Three Zeros** at the core of the strategy and build on **three strategic directions and goals**
- **Introduce innovative approaches** to put new evidence, science and knowledge in practice (community-based testing, early treatment initiation, PrEP for men who have sex with men and others)
- Reinforce relationship between **prevention, rights and treatment**, empower and engage and build partnership of **civil society organizations (CSOs), key populations and government**
- **Focus on high burden countries and cities:** Over 1.2 million people living with HIV live in 30 Asian cities, cities must be engines of progress, change and rapid scale up
- Promote an **investment approach and support countries to manage transition** from donor to domestic financing
- Support countries to strengthen **specification of priorities** and aspects for decentralized implementation, supported by evidence and strategic information based on disaggregated data for key populations
- Integrate HIV issues with **broader social and economic aspirations** of marginalised communities
- Engage with **regional political bodies** to promote accountability, south-south cooperation

50. **Latin America:** A series of regional, sub-regional and country consultations involving civil society, government representatives, cosponsors and others were held over a one month period (February 23rd-March 24th). In addition to face-to-face consultations, innovative communication technology was used to reach out widely through e.g. WebEx platform; UNAIDS regional office website; Social Media (Facebook and Twitter) and Livestream-webcast with multi country connection with open chat to the region. Key messages that emerged from the process are as follows:

- The UNAIDS Strategy should be aligned with the **post-2015 development agenda**
- **Sustainability** of the response will be key to achieve goals, in particular through increased allocation of domestic resources to prevention
- **Human rights and gender** must be at the heart of the HIV response
- **Latin America's leading role** in the HIV response needs to be visible and recognized. The region should further **develop and share knowledge** about the epidemic, its drivers and actors
- **Health and other social services need to be redesigned** to promote integration and synergy, rather than competition for resources, as well as to promote the role of civil society in service delivery

- **Stronger links are needed between HIV and other priorities** such as social and economic inclusion of indigenous populations, gender equality, gender-based violence, and drug abuse
- **Innovative prevention methods**, including combination prevention strategies, need to be adopted to reduce new HIV infections
- **New actors** such as local governments have to be brought on board in national HIV responses
- Quality of **strategic information** should be improved at all levels
- Persuasive arguments to secure **high level commitment** to the response

51. **Caribbean:** A regional strategy meeting was held 16th March, 2015 in Kingston, Jamaica. Nearly 50 participants convened from the Caribbean Community and Common Market (CARICOM) and the Organisation of Eastern Caribbean States (OECS) member states, government officials, civil society, HIV programme managers, clinicians, academics, advocates, cosponsors and development partners from 12 Caribbean countries. Key Messages on UNAIDS Strategy that emerged were as follows:

- **Community empowerment and involvement are critical.** In order to address stigma and discrimination, communities must be empowered to become more involved in responses and advocacy.
- There must be a **“laser focus” on who is being left behind.** This requires targeted research and responses, as well as the inclusion of groups that may not be consistently listed among “key populations” by international partners such as young people, adolescent girls, homeless children and orphans.
- **Strategic advocacy is required to change discriminatory and punitive laws** in the Caribbean. This process will likely have more than a six year arc for some of the more entrenched statutes such as those on homosexuality and sex work. Other laws relating, for example, to travel restrictions or child marriage, can be successfully amended in a shorter timeframe.
- The **financial sustainability of Caribbean HIV responses** is an urgent and fundamental concern and plans are needed to support the transition to increased and diversified domestic investments. It requires a combination of increased national efficiency, regional advocacy, engagement of the private sector and international partnerships.
- There is a **need to integrate HIV treatment into other branches of the primary healthcare** system to reduce both the stigma and discrimination and the inefficiencies associated with stand-alone HIV services. Health systems, including laboratory services, must be strengthened.
- **Gender-responsive approaches are needed.** These will strengthen prevention, testing, treatment and care interventions to ensure that no group—including men and transgender people—is left behind.
- The **Pan Caribbean Partnership against HIV and AIDS (PANCAP)** must be strengthened. PANCAP should re-strategise in order to better help Caribbean countries meet challenges surrounding policy-development, legal reform and social change.
- **HIV must find a strategic space among new global Sustainable Development Goals** and strategically align with key issues relating to health, human rights and gender.

52. **Eastern Europe & Central Asia:** UNAIDS in partnership with the Ministry of Health, and Foreign Affairs of the Republic of Belarus organized a regional consultation meeting in Minsk, Belarus on 9 April, 2015 to discuss and gather recommendations to update and extend the UNAIDS Strategy for the period from 2016 to 2021. The meeting served as a formal consultation on regional priorities for Eastern Europe & Central Asia (EECA) and overall what needs to be done differently in the AIDS response post-2015 to achieve our ambitious aims for 2021.
53. More than 50 representatives from 13 countries of the region attended, including from governments, civil society organizations (3 of whom are PCB NGO delegates) and networks of people living with HIV from across the region, as well as scientific experts, and representatives of the Joint Programme. Key messages that emerged from the consultation were as follows:
- **High-level political will** is key to achieving any breakthrough in the AIDS response across the region of EECA, including to fast-track HIV prevention, treatment and care, and to mobilize sustainable domestic financing.
 - In order to **create enabling legal environments for the AIDS response**, conservative / restrictive laws that create and punish vulnerability (e.g. bans on 'gay propaganda', criminalization of risky behaviour) must be reformed, legal barriers to services eliminated and stigma and discrimination addressed.
 - Given that the HIV epidemic in the region is concentrated among IDUs, it is considered urgent to **introduce and/or scale-up the coverage of harm reduction programs** (including needle exchange and opioid substitution therapy) that protect and promote human rights, based on a public health approach.
 - Significant progress has been made towards the elimination of new HIV infections among children in the EECA region; **HIV treatment must be dramatically scaled-up for everyone living with HIV**, however, with a focus on key populations, who continue to face significant barriers to access treatment. Reducing the cost of ARVs and decentralizing the provision of treatment will be critical to scale-up.
 - **Capacity of communities and civil society** must be strengthened to advocate for and partner in the delivery of HIV prevention, treatment, accountability, and help to ensure the scale-up and sustainability of services and programmes.
 - UNAIDS plays a **critical advocacy role** globally and regionally, and should redouble its efforts in the region to increase political will for rights-based, evidence-informed responses and an enabling legal environment, as well as enhance its provision of technical support for implementation.
54. **Middle East and North Africa:** The consultation process in the Middle East and North Africa (MENA) region was generated through a bottom-up approach with national consultations in eight countries followed by one regional virtual consultation and a final regional consultation held on March 11th in Cairo, Egypt. Overall, over 200 representatives of government and inter-governmental counterparts, civil society networks and organizations, national, regional and global development partners and financing agencies and cosponsors, were engaged.
55. A common thread among the consultations was the need to keep AIDS on the regional agenda, particularly in light of political and humanitarian crises in the region. The Arab AIDS Strategy was considered a welcome and important contribution to the

region's response; it will be essential to ensure that it encourages action around scaling up the response in Arab countries and mobilizes regional political will and resources. Availability of resources for fast-tracking the response is a concern among the middle-, low-income and fragile countries alike. Key messages that emerged from the consultation were as follows:

- **Sustainable and diversified mechanisms for** resource mobilization must support the ambitious goals for fast-tracking the response, with resources better targeted to key populations.
- The Strategy should build upon the **Arab AIDS Strategy**, including the commitments from all Ministers of Health, multisectorality and human rights-based approach of the Arab strategy.
- **Multisectoral programmes with multi-country partners** in the prevention of HIV among women and young people including sexual and reproductive health programmes with a focus on most affected, vulnerable and most-at-risk populations must be encouraged.
- **Rights-based approaches for key populations and the involvement of people living with HIV** in designing prevention, testing, treatment and other interventions must be at the heart of the Strategy.
- Further investments are needed in **strategic information** generation to guide effective and efficient HIV responses.

56. **Eastern and Southern Africa:** An extensive process of virtual and thematic consultations was followed by a high level consultation held in Johannesburg, South Africa, on 23 March with 117 participants from across the region; from governments, civil society, communities, academia, and the UN family. In addition a High Level Ministerial Panel deliberated throughout the day and presented a High Level Political Agenda. The consultation process reenergised interest in strengthening the partnership to "*Fast track the AIDS response to end AIDS by 2030*" bearing in mind that this is the region with the highest HIV burden. Key messages that emerged from the process include:

- Curbing **sexual transmission among young people**, particularly girls and young women, is vital: without this the epidemic will remain.
- **Expansion of treatment** has transformed how the epidemic manifests, is perceived and is responded to in the region.
- **Political commitment** for the hard choices, and for sustainability, remains essential; innovative ways must be identified to scale up investments and strategic information to better focus efforts on the populations and locations where the epidemic is concentrated.
- **Comprehensive sexuality education**, along with longer-term approaches to address cultural norms and factors underlying gender inequalities, is essential to **empower young people**.
- **Key populations** remain under-served, under-involved and under-represented. Risks are exacerbated by stigma and discrimination.
- **Communities and civil society** must be supported in key roles in expanding and sustaining prevention, treatment, empowerment, and accountability.

57. **Western and Central Africa:** A bottom up consultation process started from country level and was led by the UNAIDS Country Offices (UCOs) with support from the

Regional Support Team in Dakar, Senegal. The UCOs used existing national coordinating mechanisms, UN Country Teams (UNCTs), UN Joint Teams on AIDS, and Expanded Theme Groups to broadly engage multi-lateral and bi-lateral agencies, governments, civil society including youth organizations, networks of persons living with HIV, the private sector and representatives of people left behind. The RST leveraged the support of the expanded Joint United Nations Regional Team on AIDS (JURTA) to engage thematic group discussions. The results of these were then reviewed and synthesized during a JURTA retreat for consolidated feedback and input. Finally, a 2-day regional consultation was organized on the 1st and 2nd April, 2015 with a total of 60 participants from Government Ministers, heads of National AIDS Councils, Civil Society Organizations, youth groups and international NGOs.

58. Key messages emanating from these consultations are as follows:

- HIV prevention, treatment, care and support is still an “**unfinished business**” in the region. The positioning of HIV in the post-2015 agenda and the SDGs will be critical in mobilizing political and economic commitment to HIV.
- Evidence-based innovative programs and integrated service delivery models **for adolescents, young women and girls and key populations** that include social protection components are urgently needed - especially in Fast-Track countries in the region.
- Prevention of new HIV infections among children can be accelerated by **integrating PMTCT** into the minimum package of maternal and newborn child services.
- **Inclusion of community stakeholders** and all those left behind (children, sex workers, men who have sex with men, people who use drugs, people living with HIV, vulnerable women and girls, youth, prisoners) should be a top priority.
- **Health and community systems** must be strengthened – including through decentralization, task-shifting and integration of HIV services with other chronic diseases and sexual and reproductive health platforms.
- **HIV commodity security** is a critical concern – solutions must be found, including through south-south cooperation, to both scale up local production of medicines and significantly reduce the price of commodities.
- **Removal of punitive laws** against people living with HIV and other key populations and addressing structural barriers to reduce stigma, discrimination and gender-based violence is necessary to create an inclusive and enabling environment for the AIDS response.
- Strengthening the **generation of strategic information** to track HIV programme response is essential to guide evidence-based planning and policy making as well as ambitious target-setting.
- UNAIDS must reinforce **country leadership and ownership** – especially at subnational levels in the context of shared responsibility and global solidarity. The need to tilt the balance between domestic and international funding for HIV programmes in the region to ensure sustainability has become more important than ever.

59. **North America:** 1) In Washington DC, about 20 U.S. civil society partners were convened on 13th March, hosted by the Global AIDS Policy Partnership (GAPP).

Prior to the consultation, specific discussion questions on how to sustain U.S. commitment and investment in the response had been circulated to participants. Key messages that emerged at the consultation were as follows:

- Investment in **organizations and networks led by people living with HIV** must be scaled up. Social change and local commitment has always come through their leadership and mobilization.
- **Investment cases that drive domestic resourcing** of the response are critical to sustaining and leveraging U.S. commitment.
- **Criminalization and other punitive laws** and policies need continued attention as they increase vulnerability and stand in the way of HIV services. In many places, HIV is one of the few issues that enable political leverage and sway with officials on these sensitive subjects.
- U.S. partners view UNAIDS' **strategic information, political leadership and inclusion of civil society in governance and programme design** as its greatest strengths. These are areas where we can build on success to address emerging needs and challenges in the global response to the HIV epidemic, towards the goal of ending AIDS as a public health threat by 2030.

60. 2) New York: Around 20 New York-based stakeholders from civil society, academia, think tanks, UNAIDS Reference Group on HIV and Human Rights, and the private sector came together with the UNAIDS Secretariat and Cosponsors on 18 March, 2015, structuring the conversation around major themes. Participants concluded that the UNAIDS 2016-2021 Strategy can be effective and we can end the AIDS epidemic *only if we*:

- Tackle front and centre issues of **sexual rights, decriminalization, gender equality and human rights** including through supporting changes to legal environments. Strong leadership from UNAIDS on these issues including through political advocacy in intergovernmental processes will be critical.
- **Address the social determinants and drivers of the epidemic** through structural interventions including housing, employment, food security measures, social protection and ensuring care and support, which have a critical role in improving adherence rates, achieving viral suppression and generating co-benefits for AIDS and other SDGs.
- **Implement integration on multiple levels** – advocacy, policy, financing, service delivery and reaching out to other communities beyond traditional HIV and health actors.
- **Support activists and civil society** to effectively do their work.
- **Strengthen the Joint Programme's relationship with civil society.** Participants flagged that UNAIDS' partnerships with civil society could be improved. This should be addressed by UNAIDS and should be discussed with civil society partners.
- **Go beyond treatment.** Prevention, care and support are critical and must not be sidelined. Human rights are the prophylaxis and structural interventions are the cure.
- **Be realistic about levels of funding attainable** and ensure that funding is invested strategically to benefit the most vulnerable first and that these populations are not the first to get dropped in fiscal crunches.
- **Track adherence and viral load suppression** not just the number of people on treatment.

61. **Western Europe:** The consultation for the Western Europe region was hosted by the Government of Switzerland on 26-27 March in Montreux, Switzerland. The consultation brought together around 40 representatives of government, civil society and technical partners. Invitations were extended to all Geneva-based missions, requesting participation of governmental representatives. Civil society participants were selected through consultation with key population networks in the region, advice from the PCB NGO Delegation and with attention to ensure gender, population group, and regional balance. Key messages that emerged from this consultation:

- **Recognize that AIDS is not over in any region, anywhere, including in Western Europe** – Despite successes, worrying trends and gaps in responses are emerging.
- **Keep HIV high on the political agenda** – Communicating on risks of not investing in AIDS, combatting complacency and a new regional narrative are critical.
- **Realise shared responsibility and global solidarity** – Obligation to regional and global response. Shift from “expenditure” to “investment”. Enable new resource streams, including public private partnerships.
- **Address inequality and exclusion** – European strategies need to be flexible to address changing dynamics, e.g. inequality in MICs, migration and young people within high risk groups.
- **Comprehensive sexuality education** – remains often theoretical in the region, even though it offers a significant opportunity for stigma reduction, empowerment of young people and is essential for prevention.
- **Revive AIDS movement and invest in civil society** – Civil society and community networks need to be more central in the delivery of services, and in reaching out to constituents to inform, empower and link to care. Activism role should be funded as global public good.
- **Build on synergies** – Utilise potential of AIDS as entry point to deliver multiplier effects across development, equality and rights.
- **Expand partnerships** – Improve cross-sectoral mobilization and action across governments, European Union, European Commission, civil society, UN and other partners.
- **Strengthen data-driven planning** – Data needs to evolve to provide real-time information for population and geographical granularity and inform planning for services that are acceptable and accessible.
- **Utilise new tools** – Use of new technologies e.g. social media can expand targeted HIV prevention and outreach particularly among key pops and youth.

Virtual Consultations

62. In parallel with regional consultations, the first of two global virtual consultations was organized, 23 March-2 April. The overall aim was to encourage open and interactive discussion including with stakeholders who might otherwise not be reached. Active outreach through the use of various List serves relating to HIV and human rights, gender, governance, faith-based and youth, helped boost the number and breath of inputs. Moreover, UNAIDS regional offices and Headquarters staff informed networks with whom they collaborate and a communication was sent out to the Programme Coordinating Board List serve.

63. In addition social media was used with organised Twitter activity through UNAIDS staff led by the Executive Director and Deputy Executive Directors as well as UNAIDS Goodwill Ambassadors, raising the consultation's profile and reaching out further, including through the use of local languages. The hashtag #UNAIDSstrategy2021 was the main 'tag' used within the Twitter communications. Further outreach was achieved through the UNAIDS website and Facebook page, with the website running a webstory and a post being made on the UNAIDS Facebook page on March 25th.
64. The virtual consultation generated a lively debate with over 280 inputs received from 50 countries in 5 languages. The structure of the virtual consultation was centred around four themes, "Reinforcing achievements", "Closing the gaps", "Seizing the 'game changers'" and the "Youth Forum". Each discussion ran in parallel, and was overseen and evaluated on a twice-weekly basis by a moderator. Two of the principal successes of this consultation were the large scale, and frequently high-quality, youth inputs obtained, as well as the first-hand accounts from people living with HIV.
65. Key messages that emerged for updated UNAIDS Strategy were as follows:
- Accelerating **reduction in new infections** will rely on stronger strategic information on risk and vulnerability, scaled up combination prevention programmes focused on populations at high risk as well as innovation in science and service delivery.
 - Rapidly **scaling up HIV treatment access** will rely on community-based services, including point-of-care diagnostics and viral load monitoring, smart integration with health and social services to address holistic needs and national, regional and global collaboration to reduce the cost of ARVs.
 - In different settings, a range of **vulnerable populations continue to be left behind** – these include men who have sex with men, sex workers, people who inject drugs, transgender people, women and girls, adolescents and young people, children, older people, migrants, refugees, internally displaced people, people with disabilities, prisoners, ethnic minorities and indigenous populations. Focused efforts must be made to reach these populations and include them in the governance of the response.
 - **Stigma, including self-stigma, and discrimination** faced by people living with HIV must be addressed through a range of social, legal, political and community interventions in partnership with health professionals, faith-based leaders, the police and the media, among others.
 - **Young people demand better access to sexual health information and education** – and in the face of continued obstacles to school-based comprehensive sexuality education, support is needed for youth-led community and online platforms that provide information, support and advocacy strategies.
 - **Scaled-up and long-term support for civil society** is critical to rapidly expanding and sustaining the AIDS response. UNAIDS must more forcefully protect the role of NGOs in policy design, implementation, evaluation and activism – even in the face of opposition from governments.
 - **Sustainable and diversified investments** will be critical to scaling up the response and ensuring that essential programmes for key populations are adequately funded.

- **UNAIDS should strengthen its role** in mobilizing diversified and sustainable investments, focusing resources on high impact countries, ensuring national costed evidence-informed strategies, generating political pressure to implement those plans, and pursuing smart programmatic integration.

66. The second moderated virtual consultation will follow this PCB meeting and focus on the first draft of the Strategy.

Global Consultation

67. A multi-stakeholder global consultation on UNAIDS 2016-2021 Strategy took place in Geneva on 22-23 April 2015 chaired by H.E. Mr. Taonga Mushayavanhu, Ambassador of the Republic of Zimbabwe. With engagement from some 50 Member States, all Cosponsors and 4 PCB NGOs, the consultation brought together a wide-range of stakeholders for an interactive discussion on how to address challenges, define priorities, seize game-changers and accelerate action through the UNAIDS Strategy. Key messages that emerged from the consultation are summarized as follows:

- Further strengthen **UNAIDS recognized role** in building and sustaining strong leadership on AIDS.
- Seize the multiple **opportunities presented by the SDGs** to integrate AIDS both in the broader health system and across the development agenda, and guide more effective cross-sectoral action on the social determinants of vulnerability.
- **Prioritize inclusion.** People living with and affected by HIV should be engaged in all aspects of the response.
- **Ensure no one is left behind.** Men who have sex with men, people who inject drugs, prisoners, sex workers and transgender people – account for up to half of new HIV infections but experience substantial barriers to service access. Others whose needs have yet to be effectively addressed include children, adolescents, migrants, persons with disabilities, racial minorities, people affected by conflict or disaster and people over age 50.
- Intensify **focus on women and girls**, with particular attention to understanding and responding to social determinants of risk and vulnerability and investing in women-led networks and organizations.
- **Support fragile communities**, even in the most affluent countries. Scale up community resources and peer-based approaches which are associated with improved rates of treatment adherence and retention – community system strengthening will be critical to reaching 90-90-90.
- Strengthen **strategic information in partnership with communities** such as disaggregated data that reveals disparities along the lines of age, sex, race, legal status, key population, etc.
- **Fast-track the human rights response** by addressing discrimination in health care settings, while seeking solutions towards a more enabling and less punitive legal environment for people living with HIV and key populations. UNAIDS capacity for human rights programming must be strengthened at regional and country levels.
- Address the **ineligibility of middle-income countries** for international aid which threatens gains made to date and poses particular risks for programmes focused on key populations which are often supported by international resources.

- Promote **youth leadership** and provide support to adolescents including comprehensive sexual education and services.
- Increase the accessibility of antiretroviral medicines and diagnostics, including through intensified efforts to **overcome intellectual property barriers** and achieve **further price reductions**, while catalysing the development of affordable, less toxic second- and third-line antiretroviral regimens, as well as effective and affordable treatments for co-morbidities such as hepatitis B and C.
- Galvanize progress towards development of a **preventive vaccine and a cure** for HIV infection.
- Mobilize **essential investments** from all countries guided by principles of global solidarity and shared responsibility, as well as more effectively engaging the private sector, with a particular emphasis on front-loading of investments to reach fast-track targets.
- Align Strategy with the **strategic plans of partners** (e.g. the Global Fund to fight AIDS, Tuberculosis and Malaria).

68. The next section of this report sets out key messages that have emerged from the multi-stakeholder process outlined above. It suggests how the strategy consultation process has achieved its aim of arriving at a shared understanding of where we have succeeded and where challenges remain, allowing an actionable and holistic strategic framework to emerge.

MOVING TOWARDS AN ACTIONABLE AND HOLISTIC STRATEGIC FRAMEWORK

69. The consultation process on the UNAIDS 2016-2021 Strategy has been stimulating and rich, involving a diverse range of stakeholders. The active participation of civil society, including organizations representing young people and key populations, alongside Member States, Cosponsors and other relevant stakeholders, has been inspiring. High levels of engagement reveal that political commitment to AIDS remains strong despite many competing priorities. The consultations generated enthusiasm for Fast-Tracking the AIDS response and ending the epidemic as a public health threat in this generation.
70. In substantive terms, the process has produced significant insight in terms of who has been left behind, what works and what is needed in the coming years to accelerate progress. While a range of diverse issues surfaced throughout the consultation process, this section seeks to illustrate some of the key messages that emerged.
71. From the outset, participants recognized that the AIDS response is at a critical juncture and urged that the UNAIDS 2016-2021 Strategy set the stage for Fast Track in order to bend the trajectory of the epidemic. The many youth, and youth-led organizations, present were particularly vocal in expressing hope that this unique opportunity to develop a Strategy be seized as a moral and human imperative to guide the world to a future AIDS-free generation.
72. The current UNAIDS 2011-2015 Strategy constituted the starting point for the consultation process. In this regard, there was strong endorsement of the vision of *zero new HIV infections, zero discrimination, zero AIDS-related deaths*. It continues to inspire partners in the AIDS response and beyond. The vision catalyzes action across the three strategic directions and has helped garner attention to the importance of advancing human rights and gender equality. The UNAIDS 2011-2015 Strategy has served to coordinate efforts of the 11 Cosponsors and the Secretariat as well as to unite and guide the global AIDS response. Critical in doing so has been the focus around ten ambitious, results-oriented goals and commitments.
73. Participants in the consultations recognized that setting bold prevention, treatment and anti-discrimination goals for 2020 is imperative to success. The interrelatedness of goals across the “Three Zeros” was highlighted. For example, the proposed treatment goals (90-90-90) relate both to prevention as well as to the elimination of stigma and discrimination (ultimately suppressed viral loads are a prevention strategy and also support the reduction of stigma and discrimination). Many participants hope to see the 6-year Strategy positioned as the seminal reference for the High Level meeting on HIV and AIDS of the UN General Assembly in 2016.¹⁰
74. Another key ingredient identified for success was alignment across key partners, including PEPFAR and the Global Fund. Participants urged that the UNAIDS 2016-2021 Strategy build upon and reinforce initiatives and partnerships across the Joint Programme and beyond. Consultation participants were pleased to note increased

¹⁰ General Assembly decision dated 30 June 2014 to convene a high-level meeting on HIV/AIDS in 2016.

synergy among key partners and the wide embrace of the Fast-Track approach as a call to “leap-frog the AIDS response.”

75. Consultation participants found the data and analysis demonstrating how the AIDS epidemic can be ended by 2030 compelling. The analysis showed how accelerated investment and action in countries over the next five years, based on regional variations, can end the AIDS epidemic by 2030.
76. Participants called for a stronger focus on prevention, recognizing the continued role of primary prevention and the increasing evidence around structural interventions linked to social protection. In relation to the latter, far greater efforts were felt necessary to ensure that no one is left behind. The consultation process urged that the UNAIDS 2016-2021 Strategy shine the spotlight on the populations identified in the GAP report, region by region.
77. UNAIDS was asked to further amplify its voice on human rights. This includes advocacy and support to generate enabling legal and social environments along with a bold stance against punitive laws and policies including those which impede men who have sex with men, sex workers and their clients, people who inject drugs and migrants, among others, from accessing HIV programmes. Tackling barriers,- social, legal and economic-, will need to be central to Fast Track.
78. The strong focus on women and girls both within the SDGs and Fast Track was echoed throughout the consultation process urging UNAIDS to step up action in the updated Strategy to address harmful gender norms, to empower women and girls, and to end gender-based violence. It was considered unacceptable that AIDS remains the leading cause of death among women of reproductive age. The promotion and protection of sexual and reproductive health and rights was another call for action as well as the scaling up of comprehensive sexuality education.
79. Regions identified some common but also many different priorities and opportunities in light of regional epidemic patterns, recognizing that there is no global epidemic but rather regional and local ones. The regional consultations consistently called for a UNAIDS 2016-2021 Strategy that can be effectively operationalized at country level. They underscored the importance of supporting data collection at subnational level, district by district, and in cities, to identify areas of high incidence of HIV infection. Consequently, there were calls to ensure that the Strategy emphasize the need for increasingly well-targeted HIV services to be scaled up and saturate focus areas to meet community needs, thereby also increasing efficiency gains and reducing unit costs.
80. The critical role of the Joint Programme was identified in collecting and analysing data and strategic programme information. Ultimately, information and strategic analysis need to be readily available to local decision makers and communities. In addition to information, innovation was considered as cross-cutting a wide range of components integral to the AIDS response from scaling up testing through use of modern technology to finding new ways of working with and through community systems.

81. Addressing intellectual property barriers to innovation and access was considered crucial. At the same time, participants urged UNAIDS to consider new and alternative models to support innovation such as those which propose ways to delink financial incentives for pharmaceutical research and development from the prices of the end product, including diagnostics and medicines.
82. Overall, there was a strong call to front-load, scale-up and diversify investment (international, domestic and innovative), recognizing that significant increases in funding would be necessary to Fast-Track the response. Participants called on UNAIDS to lead the mobilization of resources including by brokering financial sustainability transition plans, supporting countries to identify new sources of funds, and drastically reduce inefficiencies in health spending as well as to take action and advocate for reducing commodity prices. Research and development, with an emphasis on continued search for a cure and vaccine, were considered a critical part of investment.
83. The role of community systems to connect people with health systems was universally seen as critical to accelerating progress. Participants urged greater support for community empowerment and leadership. This can ensure that the AIDS response remains people-centred, and responsive to changes, circumstances and events that may put traditional HIV programmes out of reach. Decentralized delivery of services can also contribute to reducing the stigma and discrimination faced by people living with and affected HIV.
84. Stakeholders emphasized that integration and sustainability need to be priorities for the Strategy. Integration can allow for cost-saving and efficiency gains across a range of elements including procurement practices and service delivery (e.g. TB, NCDs, STIs, SRHR). Beyond efficiency gains, integration is critical to ensure people-centered services. In relation to ageing, for example, people living with HIV encounter new and different health needs over the life-course.
85. Integration of HIV with ante-natal services will benefit efforts to eliminate mother-to-child transmission (eMTCT); many of the consultations recognized eMTCT as a key priority for the updated Strategy. Ultimately, the HIV response has to become a sustainable and integral part of health and other systems. The rallying cry around universal health coverage was seen as an opening to promote greater linkages to integrate HIV funding with financial risk protection for health.
86. Perhaps most critically, the consultation process stressed inclusion as a central principle. People living with, and affected by, HIV have been at the forefront from the beginning of the HIV response and must remain at the centre of the HIV response on the journey to ending the epidemic. The 35 million people living with HIV in the world today constitute the most powerful force of support to the HIV response and, potentially, for broader social transformation. UNAIDS was urged to strengthen its support to networks of people living with HIV and other civil society organizations, and mobilize significant increases in direct investments for them.
87. The consultation process recognized that the world is dramatically different from when the present Strategy was crafted. While punitive laws continue to act as obstacles to the AIDS response, a range of new and encouraging opportunities exist. The upcoming SDGs, with their broader and integrated approach, can allow for new

partnerships and alliances to be forged to leverage the AIDS response. The consultation process called for a UNAIDS 2016-2021 Strategy to set out a holistic approach to the AIDS response in line with the vision of the SDGs. The call for equality and the imperative of the AIDS response to ensure priority focus to population groups being left behind featured prominently. Fast track was endorsed as reaching populations in specific locations with scaled up interventions which are both gender transformative and human rights-based.

88. The role of the Joint Programme was explored with a view to identifying how it can best support efforts to end AIDS as a public health threat. UNAIDS was recognized among participants as uniquely able to take on, and build consensus around, politically difficult issues that others will not. In addition, UNAIDS can provide leadership for coordinated action with extensive experience in working across sectors and ensuring effective accountability systems. Participants also recognized the role of UNAIDS in empowering and creating space for civil society in the areas of governance, activism, service delivery, and demand creation. They urged that UNAIDS' voice be amplified in relation to high level political advocacy with leaders in all epidemic contexts. The generation of data and strategic information to guide policy, investment and programmatic decisions was also emphasized as key to providing strategic support, including to governments and service providers working at country and local levels. The role of the Joint Programme in convening and coordinating partnerships and providing strategic direction to partners was considered critically important along with the work aimed at fostering country ownership.
89. Stakeholders expect that the UNAIDS 2016-2021 Strategy will serve as a powerful and bold platform to catalyse action across the global response. The history of the AIDS epidemic has been remarkable in its success largely due to strong social participation and activism spurring political commitments and spawning breakthroughs in science and pricing of medicines. The journey onwards needs to be equally, if not even more, action-oriented and forceful. "Ending the AIDS epidemic as a public health threat" must be nothing less than a journey of social transformation.

NEXT STEPS AND SUGGESTED DECISION POINTS

90. We are at a defining moment in the AIDS response. While there is a political commitment to end the AIDS epidemic as a public health threat by 2030, the UNAIDS 2016-2021 Strategy must now consolidate, sustain and operationalize this commitment and guide rapid progress. The consultation process on the UNAIDS 2016-2021 Strategy so far has underscored that this fragile window of opportunity, 2016-2021, to Fast Track the AIDS response, must not be missed.
91. Taking into account the deliberations of the Programme Coordinating Board at its 36th meeting, the draft UNAIDS 2016-2021 Strategy will be made available in July for a virtual consultation. The final UNAIDS 2016-2021 Strategy will be submitted for adoption of the 37th PCB, 26–28 October, together with Unified Budget, Results and Accountability Framework.

Suggested decision points:

The Programme Coordinating Board is invited to:

92. Welcome the Report on the multi-stakeholder consultative process to update and extend the UNAIDS 2011-2015 Strategy through the fast track period 2016-2021 and express appreciation for the consultative process undertaken so far;
93. Recall the decisions from the 35th Programme Coordinating Board, in particular:
 - a. Reaffirming the UNAIDS vision of the Three Zeros and the strategic directions in the current UNAIDS 2011-2015 Strategy;
 - b. Taking note of the new data and analysis in recent UNAIDS reports (the Gap report, Fast Track report and Cities report) which provide compelling evidence for accelerated investment and action in the next five years, based on regional variations, to enable countries to end the AIDS epidemic by 2030;
94. Note the draft outline of the UNAIDS 2016-2021 Strategy and look forward to the development of an updated and extended Strategy to be presented for adoption at the 37th Programme Coordinating Board.

[Annex follow]

ANNEX: DRAFT OUTLINE OF THE UNAIDS 2016-2021 STRATEGY

- I. UNAIDS EXECUTIVE DIRECTOR FOREWORD
- II. STRATEGY AT A GLANCE & EXECUTIVE SUMMARY
- III. HIV POST-2015: BREAKTHROUGHS IN WHAT WE KNOW—TRANSFORMING WHAT WE DO

a) Epidemics revealed: Fast-Tracking the AIDS response through a people-centred and geo-smart strategy

Increasingly sophisticated, detailed understanding of the epidemic provides entirely new lens through which to view response and creates opportunity for key turning point. Fast-Tracking is not only necessary to end the AIDS epidemic as a public health threat by 2030, but for the first time, new information and tools make Fast-Tracking possible. Imperative to forge an updated global strategy to enable regional, national and local leadership, focus, efficiency and urgent scale-up.

- **To date, accelerating pace of progress – but not for everyone:** Unprecedented gains, but progress still fragile, and many locales and people left behind.
- **Location, population and prioritization:** Expanding sex- and age-disaggregated data collection and innovative methods to identify localized epidemics in need of service saturation, under-served, over-burdened populations, and gaps in community and health systems. Enables vivid understanding of HIV epidemic at district and sub-district levels and in turn a “geo-smart” strategy that guides targeted, responsive action in the places it is needed most. This section will present region-specific data on concentration of epidemics in high-impact countries, districts, cities and neighborhoods from Bamako to Baltimore.
- **Time to take the Fast-Track:** Urgent need to scale up in order to reach targets for 2020, and end of the AIDS epidemic as public health threat by 2030. Narrowing window of sustained political interest in AIDS. Fast-Tracking progress that leaves no one behind *is now possible* – with information to guide scale-up of focused, precise investment and programming.
- **The world cannot afford business as usual:** Without rapid progress in reducing the number of new HIV infections, the AIDS epidemic will continue to outrun the response, with a heavy human and financial toll of increasing demand for antiretroviral therapy and expanding costs for HIV prevention and treatment. With scale-up, massive returns on investment, infections averted and lives saved as response outpaces epidemic.
- **Shared responsibility and global solidarity for ending the AIDS epidemic:** Fast-Tracking the AIDS response will require a significant increase in investments over the coming years. Securing the necessary investments will require increasing and effectively using public finance, innovative means of mobilizing financing, including private finances, and an intensified strategic focus on efficiency gains. Low- and middle-income countries that are in the position to do so, will need to significantly ramp up domestic funding, while increased funding from development partners will be needed for several years. The rationale to mobilize these resources is

straightforward, as spending on accelerated scale-up will generate historic health benefits and vastly greater economic returns.

- **AIDS and the SDGs: Joint work, shared gains:** Ending the AIDS epidemic will not be possible without addressing the determinants of vulnerability and the holistic needs of people at risk and living with HIV. The multi-sector, multi-stakeholder approach of AIDS response will be key to achieving SDGs, including building resilient systems for health, gender equality, and education.
- **Regional epidemics, leadership and accountability:** Increasingly visible variation in regional burdens and epidemic dynamics, as well as the need to expand leadership in the response, demands regional leadership. In strategic partnership with international community, regional leadership must acknowledge where infections are occurring, among whom and why, and encourage resource mobilization and evidence-informed, rights-based regional responses. Regional strategies and peer-led accountability mechanisms can also play a central role in strengthening ownership and sustainability of the response.

b) **Scaling up innovation, embracing emerging opportunities**

Programmatic, partnership and policy innovations provide further opportunities for Fast-Tracking responses.

- **Game-changers and innovation** e.g. lessons learned in scaling up; treatment for prevention; diagnostic, prevention and treatment technology; social protection; global citizen-led accountability; mobile technology; power of communities to demand and deliver accessible, relevant, stigma-free services; new pediatric treatment regimens; whilst continuing to invest in interventions that are proven to be efficacious and cost-effective.
- Unprecedented alignment across **PEPAR/Global Fund/Joint Programme** at global and country level in terms of partnership and coordination on strategic information, priority setting, grant proposal development, and technical support – UNAIDS Strategy and its political and technical leadership needed to guide coordinated, focused scale-up.
- Building on what's working in the UN and being proactive in engaging with what works outside of the UN: Every Woman and Every Child, Unite, Rights Up Front; and closer linkages to what's new: All in!, FP2020, HeForShe, UN Trust Fund to End Violence Against Women.

Ending AIDS by 2030 is feasible and financially viable – question of political will to reform policies, mobilize resources and implement the right solutions for the specific context now.

IV. **ADAPTING THE AIDS RESPONSE TO AN EVER EVOLVING WORLD**

Demand for updated Strategy further driven by evolving context of a new global development agenda, shifting geography of poverty, wealth, political influence and alliances, role of development cooperation. Similar to context analysis in the previous strategy – which covers much of below. What is new includes discussion on growing inequality, on fragile states and fragile communities, domestic resources outweighing international, stricter funding eligibility - demanding more nuanced role for UN/UNAIDS in different country settings.

- Deepening inequality considered most significant trend – and a universal challenge. In countries of all income levels, the poorest half of the population often controls less than 10% of wealth. Leading to growing disenfranchisement, marginalization, vulnerability and insecurity.
- Gender inequality remains the most pervasive form of inequality; including the denial of the rights of women and girls to control their lives and bodies
- Under-performing countries and fragile communities, where situations of vulnerability cut across globe, requiring targeted support from new funding models
- More people than ever before – 314 million people in 2013 – affected by humanitarian emergencies (disasters or conflict), including more than 50 million people displaced due to conflict or persecution
- Mobility and migration increasingly central component of global population dynamics and key development enabler (eg. remittances in 2012 totaled three times ODA)
- Forced and undocumented migration however increasingly prevalent and linked to human rights abuses, exploitation and trafficking – major challenge for inclusive and universal development
- Growing role and leadership of cities/subnational entities in context of decentralization
- Changing demographics, on the one hand, youth bulge and imperative across health and development challenges to engage and empower youth and help countries to capitalise on the demographic dividend; on the other, aging population, including people living with HIV, in need of integrated HIV and NCD other health services
- Specific financial context of each country must be appreciated in mobilizing resources for AIDS; economic growth does not always equate to increasing fiscal space or willingness to pay (particularly for aspects of response that are not political priorities e.g. reaching key populations)
- Changing reality/role for the AIDS movement, civil society and its relations with states
- Expanded number of priorities in new development agenda intersect considerably and will demand joint leadership and effort.

V. BUILDING ON A STRONG FOUNDATION: UNAIDS 2011-2015 STRATEGY

On the contribution of the current UNAIDS strategy – which provides foundation for 2016-2021:

- Vision embraced by the global community – inspired and reflected unprecedented ambition
- Strategy, strategic directions and ten goals brought focus and clarity of purpose
- Goals adopted by 2011 UN Political Declaration
- Strategy triggered important debates and galvanized momentum around shared responsibility and global solidarity, a strategic investment approach, human rights, gender equality and the empowerment of women and girls, implementing a multisectoral approach, and promoted new ways of working as seen in the Global Plan
- Science, activism and political leadership changed the pace of implementation and results
- 2016-2021 Strategy updates and extends, with a focus on implementing actions towards ending the AIDS epidemic as a public health threat by 2030 and spurring progress on the sustainable development goals (SDGs).

Key Challenges for Fast-Tracking the Response in 2016-2021

Given accumulated experience in implementing UNAIDS Strategy over the last five years, coupled with understanding of new dynamics and opportunities, including on the one hand, growing inequality, migration and humanitarian emergencies, and on the other a more universal and synergistic development agenda, and a thorough analysis of those aspects of the response where progress has been too slow – key challenges emerge. Urgent action on these interconnected and interdependent priorities will change the entire trajectory of the epidemic; failure on any one will considerably delay ending the AIDS epidemic.

Scaling up bold, combination prevention (including primary and TasP, PMTCT, Comprehensive Sexuality Education, condoms, VMMC, PrEP, legal reform, SRHR, harm reduction, social protection, cash transfers) across societies in their evolving complexity and diversity, targeted at local epidemics and based on a new more accurate understanding of how people actually think and behave – and through new social media; while promoting more inclusive policy environments and social norms to ensure access to services, including for sex workers, men who have sex with men, transgender people and people who use drugs as well as other groups left behind

Achieving 90-90-90 through people-centred testing, viral load monitoring, transforming delivery systems, enhancing quality and efficiency, commodity security (including pricing, local manufacturing) and further taking the AIDS response out of isolation

Mobilizing, empowering and engaging people living with HIV, young and aging, and key populations left behind as a force for transformation in the governance, design and implementation of the response

Promoting the health of mothers and babies – sustaining elimination of mother to child transmission, closing the treatment gap for children and adolescents, meeting the specific needs of children of people living with HIV, and galvanizing action on ‘Every Woman; Every Child’ – the latter which is increasingly addressing adolescent health

Empowering women and girls – address gender norms that perpetuate gender-based violence, discrimination and inequality, while promoting inclusive acceptance of gender and sexual diversity; enable women, including young women, to control their bodies, economic and educational decisions, participate in decision-making at all levels; engage men and boys in prevention, improve male health-seeking behaviours and ending gender-negative masculinities

Ensuring human rights standards/obligations for HIV, health and development met or exceeded, and that those being left behind know and are able to claim their rights. Overcome inequality through global collective action to address the legal, social, economic and political determinants of HIV, ill-health and inequality and drive progress against stigma and discrimination and towards economic and social empowerment

Catalyzing science, innovation and technology, including research and development of simpler, longer-lasting drug formulations, diagnostics, prevention technologies, vaccine and cure; supporting eligible countries to take advantage of TRIPS flexibilities, and; leadership and support for new mechanisms which encourage and reward the kind of innovation that makes more effective commodities available to the poor

HIV and the SDGs: Joint Action, Shared Progress (under development)

Illustrative examples of how select SDGs (proposed by OWG) intersect with the HIV epidemic and response, and opportunities for cross-sectoral collaboration towards shared goals for 2030

Goal 1: End poverty

- Poverty increases vulnerability to HIV infection. Unequal socioeconomic status of women compromises their ability to prevent HIV or mitigate the impact of AIDS.
- Households affected by HIV are more vulnerable to falling into and remaining in poverty, undermining economies.
- Economic empowerment and social protection can reduce poverty and HIV vulnerability, and help keep people with HIV healthy.

Goal 2: End hunger

- Hunger can lead to risk-taking behaviour, undermine HIV treatment adherence and hasten progression to AIDS.
- Advanced HIV-related illness impairs nutritional status and undermines household food security by reducing productivity.
- Nutritional support to households and integrated systems to deliver nutritional support and HIV services can enhance health outcomes.

Goal 3: Ensure healthy lives

- Lack of UHC, including SRH services, restricts access to HIV prevention and treatment.
- Most HIV infections are transmitted through sex or from mother to infant at time of pregnancy, childbirth or breastfeeding.
- HIV-sensitive UHC can play a vital role in promoting health equity, while integration with SRHR, NCDs, TB and other health services can improve broad health outcomes.

Goal 4: Ensure quality education

- Globally, approximately 7 in every 10 adolescent girls and young women 15-24 do not have knowledge of HIV.
- HIV-related illness impedes school attendance and learning, as does stigma and discrimination in school settings.
- Quality education, including on sexual and reproductive health, empowers young people and provides life skills for responsible, informed SRHR decisions.

Goal 5: Achieve gender equality

- Gender inequalities, discrimination, violence, and harmful practices increase HIV risk and impact.
- HIV is the leading cause of death among women of reproductive age (15-44 years), while women living with HIV often face increased violence.
- Gender transformative HIV programmes can reduce violence and empower women, while the integration of HIV and SRHR services increases dual uptake and impact.

Goal 8: Promote economic growth and decent work

- Safe and secure working environments facilitate access to HIV services, especially for workers in precarious employment such as undocumented migrants and sex workers.
- People living with HIV experience unemployment rates three times higher than national unemployment rates.
- Addressing HIV in the world of work and protecting labour rights can help ensure that people living with and affected by HIV can enjoy full and productive employment.

Goal 10: Reduce inequality

- Income inequality is linked to higher HIV prevalence; HIV impacts excluded and disempowered communities hardest.
- Stigma and discrimination against key affected populations has been linked to lower access to healthcare and housing
- Protection against discrimination alongside legal services, rights literacy and access to justice can empower people to know and claim their rights and enhance access to HIV services.

Goal 11: Make cities safe and resilient

- Cities and urban areas are particularly affected by HIV, with just 200 cities accounting for more than 1/4 of the world's 35 million people living with HIV.
- With rapid urbanization, many cities must contend with growing HIV epidemics. Rates of new HIV infections are often higher in slums than the rest of the city.
- City-led local AIDS responses support positive social transformation by strengthening health and social systems to reach the most marginalised populations.

Goal 16: Promote peaceful and inclusive societies

- Exclusion, stigma, discrimination and violence fuel the HIV epidemic.
- The AIDS response, led by people living with and affected by HIV, has demanded access to justice and pioneered people-centred accountability mechanisms – providing lessons to build upon.
- Participatory governance – that includes community-led responses – can drive more relevant, rights-based programmes and stronger accountability for health and development.

Goal 17: Strengthen means of implementation

- Global collective action to improve access to affordable HIV commodities is critical to ending the epidemic.
- HIV movement has led advocacy for reform of patent laws and regulatory systems; full use of TRIPS flexibilities; monitoring FTA negotiations; and taking legal action.
- Efforts to secure affordable HIV commodities, including 2nd and 3rd line drugs, can benefit wider health and equity agendas including TB, Hep C, and NCDs.

VI. STRATEGIC LEADERSHIP AGENDA

a) Overview

Introduce cross cutting principles: Information, Investment, Integration, Innovation and Inclusion.

b) Mobilizing resources to Fast-Track the response for sustainable transition

On the need to address both the volume and source of financing in a world that will change considerably in coming years. Resource mobilization and sustainability transition compacts will vary by national context. Options for low- and middle-income countries to fast-track their investments, e.g. taxes, public private partnership and incentivizing private finance e.g. via loan guarantees, social protection floors. Continued imperative for global solidarity, including through debt relief and restructuring. Recognition that provisions needed to prevent de-funding of essential programmes for key populations in countries ineligible for international support. Leadership and role of private sector must be expanded – in resource mobilization as well as advocacy, technical support, marketing and outreach.

c) People-centred accountability

Narrative on the principles and practices of strengthening people-centred design, monitoring, evaluation and accountability and the need for more inclusive governance at all levels (local/municipal, national, regional and global) and use of new technologies (eg mHealth, social media). Importance of engaging men and women living with and affected by HIV must be underscored. Upcoming 2016 High Level Meeting on AIDS offers next opportunity to reinforce leadership and accountability mechanisms for ending the epidemic. Argument and concrete proposals for how to strengthen Global AIDS Response Progress Reporting (GARPR) and AIDS accountability generally by more strategically engaging existing human rights (e.g. Universal Periodic Review; CEDAW) and regional (e.g. African Peer Review Mechanism) bodies.

d) Zeroing in: Rapid acceleration of results through focus, efficiency and effectiveness

On enabling **high-impact countries, cities and districts**, to adopt an investment approach, focusing resources on the most effective programmes and on the populations and geographical settings where need is greatest, while recognizing that concentrated epidemics exist around the world and will need continued support. Ambitious targets demand expanded fiscal space as well as improved efficiency and effectiveness at all levels of response.

e) Joint action to implement the post-2015 development agenda

On the imperative to strengthen the evidence base on policy and programmatic interventions that address shared determinants of vulnerability, promote dignity and deliver gains across several Sustainable Development Goals, and to build political urgency and multi-sectoral coalitions around these interventions. This section will include graphic and narrative on linkages between AIDS response and selected SDG targets (including an info-graphic of some version of the table on Page 6).

VII. ACTION FRAMEWORK

a) Strategy Goals for 2020 and 2030

Within context of 3 zeros and SDG target on ending AIDS; In contribution to related SDGs on healthy lives; inclusive quality education; gender equality; reducing inequality; decent work; peaceful and inclusive societies, in the context of human dignity and security etc

High-level goals:

By 2020, reduce the number of new HIV infections to under 500 000 per year.

By 2020, everyone everywhere lives a life free from HIV-related discrimination.

By 2020, reduce the number of HIV-related deaths to under 500 000 per year.

b) Strategic Direction 1: HIV prevention (towards zero new HIV infections)

Objectives, progress, gaps, challenges, new opportunities and UNAIDS role and added value

c) Strategic Direction 2: Treatment, care and support (towards zero AIDS related deaths)

Objectives, progress, gaps, challenges, new opportunities and UNAIDS role and added value.

d) Strategic Direction 3: Human rights and gender equality (towards zero discrimination)

Objectives, progress, gaps, challenges, new opportunities and UNAIDS role and added value.

Where relevant, the Strategy will highlight specific gaps, opportunities and best practices to ensure prominence of the 12 populations of the Gap Report.

VIII. ENHANCING THE LEADERSHIP ROLE OF THE REGIONS (IN CONTEXT OF THE GLOBAL STRATEGY; 2 PAGE SPREADS EACH)

a) Overview

Chapeau on increasingly central role played by regional institutions and alliances in agenda setting and political and economic decision making. In this context need to address the realities of the different epidemic dynamics throughout the world, and need for a “geo-smart” strategy - differentiated strategies in cities, fragile communities and settings, middle-income countries, high-impact countries, under-performing countries.

b) Regional spreads

2 page spreads on epidemic trends (by sex, age and key populations, as available), resource needs (including split between global and domestic resources), populations being left behind, priorities and game changers as well as opportunities to engage regional institutions, strategies and accountability mechanisms in UNAIDS’ regions:

- Asia and the Pacific
- Caribbean
- Eastern Europe and Central Asia

- East and Southern Africa
- Latin America
- Middle East and North Africa
- West and Central Africa
- + Western Europe and North America

IX. HOW UNAIDS WILL DELIVER ON ITS GOALS

a) Optimizing the comparative advantages of the Joint Programme

Positive past external reviews and surveys on role and contribution of Joint Programme to global progress (and ECOSOC decisions) – as well as need for continual evolution of the role of the JP and UN, particularly in the ‘beyond aid’ and universal sustainable development paradigm. Recognition that the Joint Programme has played a leadership role in coordinating a multisectoral AIDS response, at global, regional and country levels, and in facilitating accountability. As recognized by ECOSOC, this model offers to the UN system a useful example for the implementation of the SDG agenda. The Joint Programme will need to continue to strengthen the way it works to meet the demands of new context, e.g. more forceful political advocacy and strategic policy leadership, implementation advocacy including on the intersections between AIDS and SDGs, protecting essential programmes for key populations in middle-income countries, ensuring civil society is adequately funded, identifying and meeting the needs of fragile communities, negotiating global public goods.

b) New ways of working and developing new partnerships

New context, new development agenda demands renewed Joint Programme approach to partnership – both in terms of reinforcing existing partnerships as well as establishing new strategic partnerships (e.g. in support of the . For example:

- Support to and coordination with multilateral and bilateral partners, including **Global Fund and PEPFAR**, to ensure sustainability of investments, strategic information and allocation to maximize impact, strong co-programming and alignment with national plans;
- With **Civil Society**, including organizations representing PLHIV, women and other key populations and faith-based: 1) being a more forceful advocate for strategic funding to NGOs to perform crucial roles; 2) Expanding support for informed participation in decision making; 3) Fully engage civil society in advocacy on Strategy implementation – particularly Fast Track, providing ongoing updates on progress, gaps in country responses, and key opportunities – towards building a Fast Track movement;
- With **emerging players** in the AIDS response, e.g. regional political bodies; BRICS countries; private sector; influencers across the SDG agenda, including movements of women, adolescents, NCDs, etc.

c) Results and accountability

- The **Unified Budget, Results and Accountability Framework (UBRAF)** is UNAIDS operational instrument to support the achievement UNAIDS vision and the goals in the updated and extended Strategy. The 2016-2021 UBRAF is being developed through a consultative process with member states, civil society and other partners, taking into account the findings and recommendations of the mid-term review of the

2012-2015 UBRAF, external feedback on the UBRAF, and expectations of member states and other partners.

- The 2016-2021 UBRAF will be developed based on the key requirements and principles of General Assembly Resolution (67/226) on the Quadrennial Comprehensive Policy Review of operational activities for development, including a focus on specific goals, results-based planning and budgeting, strengthened joint work and improved effectiveness and transparency to achieve results and 'deliver as one.'
- **A Division of Labour** underpins the work of the UN Joint Programme on AIDS – 12 UN system organizations brought together to leverage UN system and other capacities to Fast Track the response to AIDS. The Division of Labour defines the roles and responsibilities of UNAIDS Cosponsors and Secretariat based on the mandates and comparative advantages of each organization and joint action. Together, the UBRAF and Division of Labour ensure coherence in planning, coordination in implementation and accountability for results.

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