



## UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB (36)/15.4  
Issue date: 16 June 2015

### **THIRTY-SIXTH MEETING**

**Date:** 30 June-2 July 2015

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

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#### **Agenda item 2**

**Update on the AIDS response in the post 2015 development agenda**

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

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

*See decisions in below paragraphs*

85. *Take note* of the report;

86. *Reaffirm* the commitment to ending the AIDS epidemic as a public health threat by 2030, as agreed at the 34th meeting of the Programme Coordinating Board;

87. *Reaffirm* the 2015 ECOSOC resolution on the Joint United Nations Programme on HIV/AIDS (E/2015/L.5), in particular operative paragraph 8 on *the value of the lessons learned from the global AIDS response for the post-2015 development agenda, including those learned from the unique approach of the Joint Programme, and also reaffirms that the Joint Programme offers the United Nations system a useful example, to be considered, as appropriate, of enhanced strategic coherence, coordination, results-based focus, inclusive governance and country-level impact, based on national contexts and priorities.*

**Cost implications for decisions:** *none*

## INTRODUCTION

1. Since the Board last met, more than 8,000 lives have been lost, nearly 20,000 people injured and more than 10% of the countries homes were destroyed in two deadly earthquakes in Nepal; while too many lives have been lost by migrants attempting the crossing from Libya to Europe or left adrift in the Andaman Sea. Every twenty seconds someone dies of AIDS<sup>1</sup> and every minute a young woman is newly infected with HIV<sup>2</sup>. Meanwhile, as poignantly observed by Ban Ki-moon<sup>3</sup>, a series of 'silent crises' – including 'grinding poverty, hunger, inequality, discrimination and other threats to people's lives and dignity' continue to drive insecurity. In combination, this state of affairs serves as a constant reminder of the need for global collective action that fundamentally changes existing structures of inequality, including power relations, for a more inclusive and sustainable world.
2. Evidence reveals that inequality is worsening. The 80 richest people now have a wealth of US\$1.9 trillion – equal to the bottom 50% of the global population<sup>4</sup>. As the Intergovernmental Committee of Experts on Sustainable Development Financing (ICESDF) recognized in its 2014 [Report](#)<sup>5</sup>, while the financing demands to achieve a universal sustainable development agenda of the scope set out in the post-2015 framework are enormous, sufficient global public and private savings exist (US\$ 22 trillion in 2014)<sup>6</sup> to deliver the Sustainable Development Goals (SDGs) and more. Although official development assistance (ODA) only represents a fraction of the resources required to reach the SDGs, it can catalyse important change. Furthermore if all OECD-DAC countries were to fulfil their 0.7% GNI commitment for ODA, annual ODA levels would more than double<sup>7</sup>. The issue is not whether there are enough resources in the world to achieve the SDGs but whether and how we choose to invest them in reaching the SDGs – including how we use public resources to leverage private investment for sustainable outcomes.
3. The UN Secretary-General, Member States and others have repeatedly highlighted that 2015 presents a once-in-a-generation opportunity for the global community to set its vision for the future and how it seeks to achieve sustainable development and greater equity.
4. The year 2015 is punctuated by an exceptional series of events, with three major milestones. Earlier this year, the Third UN World Conference on Disaster Risk Reduction (WCDRR) took place in Sendai, Japan on 14-18 March 2015. A number of regional and thematic consultations took place in preparation for the 2016 World Humanitarian Summit. Upcoming events include the Third International Conference on Financing for Development (hereafter 'the Addis Conference'); the Summit for the adoption of the post-2015 development agenda (hereafter 'the post-2015 Summit'); and the 21st session of the Conference of the Parties to the UN Framework Convention on Climate Change (COP21). These milestones present an unprecedented opportunity to instigate change that is meaningful and sustainable.
5. The AIDS response in the post-2015 development agenda has been a standing agenda item at all Board meetings since June 2013. This paper is the fifth in a series of updates on the post-2015 development agenda as it relates to the AIDS response. Strong language was agreed by Member States at the 32nd meeting of the Board in June 2013, which '*Stress[ed] the importance of ensuring that HIV*

*and AIDS are central to the post-2015 UN development agenda and of advocating for the inclusion of targets under relevant goals towards achieving zero new HIV infections, zero AIDS-related deaths and zero discrimination*. This was further elaborated in July 2014 when the Board made a historic commitment to ending the AIDS epidemic as a public health threat by 2030 and to Fast Tracking the response in the coming five years to reach that end. Doing so will demand front-loading investments and collective action to expand access to prevention and treatment services and to address the social, economic and political drivers of HIV risk and ill-health.

6. The feasibility of ending the AIDS epidemic by 2030 has been endorsed by the scientific community, including by a Working Group of the UNAIDS Lancet Commission led by Professor Slim S. Abdool Karim, Chair of the UNAIDS Scientific Expert Panel. Scientific backing combined with the tremendous acceleration of progress in the AIDS response in recent years has led to language on ending AIDS being embraced by the international community more broadly, featuring in the Member State-agreed proposal of the Open Working Group on Sustainable Development Goals (OWG) under Target 3.3 as proposed in July 2014; in the Economic and Social Council (ECOSOC) Resolution E/RES/2015/2 (April 2015) in which Member States 'Recognize[d] that the HIV and AIDS epidemic is not over and that ending the epidemic as a public health threat by 2030 requires a fast-track response during the unprecedented window of opportunity provided by the next five years'; in a range of civil society positions; as well as in statements and reports by the UN Secretary-General including his 2015 report prepared for the 2015 General Assembly AIDS Review *Future of the AIDS response: building on past achievements and accelerating progress to end the AIDS epidemic by 2030*, in which he emphasizes that 'ending the AIDS epidemic as a public health threat is possible within the next 15 years' but that it 'demands a targeted, dynamic and sustainable response that leaves no one behind'<sup>8</sup>.
7. This paper comprises four substantive parts. The first aims to update the Board on relevant developments in the post-2015 debate and Financing for Development (FfD) track since the Board last met. The second offers an analysis of the implications of the post-2015 development agenda for UNAIDS 2016-2021 Strategy, including a section-by-section review of the post-2015 development agenda as it currently stands. In doing so the paper provides an analysis of the interlinkages between AIDS and a range of SDGs beyond health, demonstrating that success in the AIDS response is contingent upon significant improvements across the SDGs and that a robust AIDS response can catalyze action across the post-2015 agenda. The third section outlines UNAIDS' engagement in the post-2015 debate including support to civil society, UNAIDS-led strategic events, Secretariat engagement in global technical processes and UNAIDS involvement in UN fit-for-purpose discussions. The final section provides a roadmap of the months ahead – from the September Summit for the adoption of the post-2015 development agenda to the UN General Assembly High-level Meeting on AIDS in 2016.

## UPDATE ON THE POST-2015 PROCESS: CURRENT STATE OF THE DISCUSSION

8. The PCB last met immediately following the release of the UN Secretary-General's draft Synthesis Report on the post-2015 agenda, *The Road to Dignity by 2030: Ending Poverty, Transforming All Lives and Protecting the Planet*, which reiterates the importance of human rights and the unprecedented opportunity 2015 presents to bring together the social, economic and environmental pillars of sustainable development. Recognizing the valuable work of the Open Working Group (OWG,) the Secretary-General presented six essential and integrated elements for the SDGs: dignity; people; prosperity; justice; partnerships; and planet.
9. In the intervening period, intergovernmental negotiations on the post-2015 development agenda have begun in earnest under the leadership of co-facilitators Ambassadors Macharia Kamau (Kenya) and David Donoghue (Ireland). In parallel, discussions on the draft Outcome Document for the Addis Conference are well underway in the Financing for Development (FfD) track led by co-facilitators Ambassadors George Wilfred Talbot (Guyana) and Geir Pedersen (Norway). Work on the indicator framework guided by the UN Statistical Commission (UNSC) has gathered pace and a series of high-level debates and events convened by the President of the General Assembly have provided additional opportunities for debate on critical issues. At the Sendai Conference, the Declaration and post-2015 Framework for Disaster Risk Reduction 2015-2030 were adopted by 187 UN Member States – making it the first intergovernmental agreement of the UN post-2015 sustainable development era.
10. The post-2015 development agenda is continuing to attract attention in a range of intergovernmental and other processes, including plenary sessions and panel discussions at, for example, the 59th session of the Commission on the Status of Women (9-20 March 2015) and the 48th session of the Commission on Population and Development (13-17 April 2015). Sexual and reproductive health and rights, women's rights, gender equality and young people in the context of the post-2015 agenda received significant attention during side events at both.

### A. Intergovernmental negotiations on the post-2015 development agenda

11. As set out in the modalities<sup>9</sup> on the post-2015 process, the negotiations will include a minimum of eight sessions, each 3 to 5 days in length: Stocktaking (19-21 January); the Declaration (17-20 February); the Sustainable Development Goals and targets (23-27 March); Means of Implementation and Global Partnership for sustainable development (21-24 April); Follow-up and Review (18-22 May); and the Outcome Document (22-25 June, 20-24 July and 27-31 July).
12. At the time of writing, the first four of these sessions have taken place. The focus of Member States has shifted from designing goals and targets to their means of implementation and what monitoring and review mechanisms need to be in place to ensure accountability. Commitment to delivering an ambitious agenda remains high among Member States and other stakeholders but some contentious issues continue to fracture the debate.
13. These discussions have mainly focused on principles and issues that Member States wish to see reflected in the agenda as a whole with little discussion of

specific goals and targets. It is encouraging that many approaches critical to an effective AIDS response have been repeatedly highlighted by Member States. These include the desire to see a people-centred, inclusive and integrated agenda that puts the most vulnerable first and leaves no one behind. Member States have repeatedly referred to the importance of ensuring healthy lives and well-being for sustainability and the need to put gender equality and the empowerment of women and girls front and centre in this agenda (this is particularly important given the disproportionate burden of HIV faced by women and girls especially in sub-Saharan Africa). Accountability, the rule of law and the importance of partnerships – including with civil society – have also been highlighted by many. Statements and background papers for the sessions are available [here](#)<sup>10</sup>.

14. During the stocktaking session, Member States emphasized their strong commitment to an inspirational declaration and ambitious targets underpinned by diverse and innovative means of implementation and a robust review mechanism. They indicated their support for a coordinated approach to the FfD, climate and post-2015 tracks.
15. During the session on the draft Political Declaration, Member States discussed a 2-page '[discussion document for Declaration](#)'<sup>11</sup> which provided the contours of a draft Declaration and draft language proposed for inclusion.
16. During the session on the Sustainable Development Goals and targets, the co-facilitators proposed a 'technical tweaking' for 19 of the 169 targets in the OWG proposal with the aim of filling in the blanks when quantitative targets had been left undetermined and ensuring alignment between targets and previously internationally agreed text. The 19 identified targets did not include Target 3.3. on ending the AIDS epidemic.
17. Regarding the means of implementation and global partnership session, Member States have demonstrated their unanimous wish to work towards an Addis Conference whose outcome matches or surpasses the level of ambition of the SDGs. Efforts have been made by the co-facilitators of both the post-2015 and the Financing for Development processes to ensure coherence and complementarity of the FfD and post-2015 tracks. Proposals for a Technology Facilitation Mechanism were also discussed.
18. During the follow-up and review session, there was broad agreement that the monitoring framework (exact terminology is under discussion) should be universal, voluntary, evidence- and data-based, country-owned, multi-stakeholder, inclusive and transparent. There was broad agreement that reviews should take place at the national, regional and global levels and that regional mechanisms should facilitate mutual learning and the sharing of best practices. The High Level Political Forum was identified as a critical platform at the global level.
19. Member States asked for a mapping of what mechanisms already exist at the global level. The Technical Support team collated an overview of follow-up and review processes and platforms which features the Global AIDS Response Progress Reporting (GARPR).

## **B. Financing for Development**

18. As a continuation of the FfD process launched in Monterrey (2002) and continued in Doha (2008), intergovernmental drafting sessions to negotiate an Outcome Document (the 'Addis Ababa Accord') for the Addis conference are being held in New York prior to the July conference.
19. Building on their "[Elements Paper](#)", the FfD co-facilitators shared a [Zero Draft](#) of the Addis Ababa Accord on 16 March followed by a [Revised Draft](#) on 6 May. The Draft builds on foundations laid by the [Monterrey Consensus](#), the [Doha Declaration](#), the [report of the ICESDF](#) and also draws on the UN Secretary-General's [Synthesis Report](#). The Draft aims to 'provide a holistic and forward-looking framework' and 'agree concrete actions' to deliver the SDGs and it has been discussed in detail in the FfD track and has guided discussions on means of implementation in the post-2015 track.
20. Regional consultations and civil society hearings have also taken place to gather the views of a broad range of actors to shape the Addis outcome.

## **C. High-level events and thematic debates of the President of the General Assembly**

21. Further to those convened in 2014, the President of the General Assembly has convened a series of events on the post-2015 process. Those particularly relevant to UNAIDS include:

*High-level Thematic Debate on Means of Implementation for a Transformative Post-2015 Development Agenda, 9-10 February*

22. This debate explored: a renewed global partnership for implementation; infrastructure development; and the role of parliaments, cities and local authorities in implementation. The third area is one where the AIDS response can be a pathfinder – recognizing the value of global Mayor networks to accelerate action as exemplified through the Fast Track Cities initiative.

*High-level Thematic Debate on Advancing Gender equality and empowerment of Women in the Post-2015 development agenda, 6 March*

23. Held on Friday 6 March to mark International Women's Day and immediately preceding the 59<sup>th</sup> Commission on the Status of Women, a strong message emerged from this event that we will never achieve sustainable development without maximizing the potential of half of the world's population. Gender equality and women's empowerment were considered a 'smart' investment—boosting growth, prosperity and stability. A number of panelists, the Secretary-General and some Member States advocated for the importance of SRHR, while comprehensive sexuality education was also raised. Calls to end sexual violence were made repeatedly, as were calls for the UN to adopt a cross-cutting approach to gender equality throughout the post-2015 agenda.

#### **D. Indicator development**

27. During the intergovernmental negotiations on the goals and targets, Member States decided that the UN Statistical Commission (UNSC), comprising 24 countries elected by the ECOSOC, will continue its mandate to elaborate and review indicators for the post-2015 agenda. Delegates agreed that this should be a technical exercise that is Member State-owned and -led. An Interagency and Expert Group on the Sustainable Development Goal Indicators (IAEG) was created earlier this year to support the process. It comprises 28 representatives of national statistical offices, while representatives of regional commissions, regional and international agencies, academia and civil society, and non-member countries can participate as observers (they are able to make statements and provide technical inputs to the process). The IAEG met for the first time from 1-2 June in New York. The group is anticipated to adopt the indicator framework at the 47<sup>th</sup> session of the UNSC in March 2016.
28. It is understood that this framework should have a limited set of global indicators (somewhere between 100 and 200 indicators). The process of selecting these will include mapping the synergies between indicators, evaluating indicators based on their ability to measure key transformational outcomes from the agenda and the global capacity to produce high quality data frequently enough to report on progress. Ahead of the June 2015 meeting of the IAEG, a revised list of priority indicators was distributed to participating stakeholders. It includes one priority indicator per target with the exception of some composite targets such as Target 3.3 on AIDS, TB, malaria and other communicable diseases. The proposed HIV indicator included is "number of new HIV infections per 1,000 susceptible population (by age, sex, and key populations)".
29. Other indicators are also relevant to ending the AIDS epidemic, in particular those under proposed SDGs 3, 4, 5, 10 and 16. For instance, under Goal 5 on gender equality and the empowerment of women and girls, the suggested indicator for elimination of all forms of violence against women and girls ('proportion of ever-partnered women and girls (aged 15-49) subjected to physical and/or sexual violence by a current or former intimate partner, in the last 12 months') is in line with the indicator collected as part of the Global AIDS Response Progress Reporting (GARPR).
30. Each country will be responsible for developing more detailed indicator frameworks than the set of 'core' indicators agreed at the global level to monitor progress. It is therefore the responsibility of Member States to ensure that the indicator framework at national level measures progress in the AIDS response, including on additional SDGs targets relevant to HIV (see Annex 3 for illustrative interlinkages between HIV and select SDGs) to ensure that no one is left behind or left out.

#### **E. Other major processes**

- Commission on the Status of Women
31. Member States are discussing issues linked to the post-2015 agenda in other fora, including the International Conference on Population and Development and the Commission on the Status of Women (CSW). The debate in CSW for example has implications for Member States' positions on certain issues that are especially relevant for the AIDS response.



32. The 59<sup>th</sup> Commission on the Status of Women (CSW59), tasked with the promotion of gender equality and the empowerment of women, took place from 9 to 20 March 2015. The meeting saw the unanimous adoption of a Member State-negotiated [Political Declaration](#) reaffirming commitment to the outcome of the 1995 World Conference on Women, Beijing.
33. Member States drew the link to the post-2015 agenda, emphasizing that 'effective implementation of the Beijing Declaration and Platform for Action' would be essential for 'tackling the critical remaining challenges through a transformative and comprehensive approach in the post-2015 development agenda, including through the sustainable development goal on achieving gender equality and empowering all women and girls'. In line with the proposed SDG 5 on gender equality, Member States committed 'to strive for the full realization of gender equality and the empowerment of women by 2030.'
- Commission on Population and Development
34. On 13-17 April, the 48th session of the Commission on Population and Development took place in New York. The Commission was tasked with identifying ways to integrate population issues into the new sustainable development agenda.
35. On the final day, the Chair, the Ambassador of Belgium, produced what was considered by many civil society organizations as a well-balanced text reflective of the various positions staked by governments. However, given lack of consensus among Member States, the Chair decided to withdraw the resolution. This came as a surprise to a number of civil society organizations, as expressed in a joint letter signed by over 80 organizations<sup>12</sup>, which "committed to continuing to work at multiple levels to secure the sexual and reproductive health and rights agenda for the health, human rights, and well-being of all, together with governments, agencies, and civil society organizations". They felt that this was a "procedural anomaly" and that it would be critical that "governments continue to work together at CPD to reach agreement on how best to address gaps and challenges in implementing the Programme of Action".
- Sendai Conference on Disaster Risk Reduction
35. The high-level meeting, which took place from 14 to 18 March, was attended by UN Secretary-General Ban Ki-moon, several heads of state, more than 100 Ministers and a number of UN heads of agency and. Some 8000 delegates participated from government, civil society, the private sector and international organizations. A broad array of issues were debated, ranging from how to cope with emergency disasters, such as earthquakes, droughts and tsunamis, to reducing the risks of epidemics, such as Ebola, bird flu and HIV. Emphasis is being placed throughout on providing practical solutions to protect the most vulnerable. There was also a recognition that efforts to achieve key development, economic and health goals cannot succeed when disasters continue to erode progress and cost hundreds of billions of dollars a year globally.
36. Recognizing the increasing impact of disasters and their complexity in many parts of the world, the new accord seeks to achieve, over the next 15 years, "the substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses communities and countries." It contains seven targets, four

priorities and a set of guiding principles, underscoring that substantial reduction of disaster risk requires perseverance and persistence, “with a more explicit focus on people and their health and livelihoods, and regular follow up.”

- ECOSOC

37. A major process underway, in which UNAIDS is actively engaged, is the *ECOSOC Dialogue on the longer term positioning of the UN Development System in the context of the post-2015 agenda*. The ECOSOC Dialogue process has been mandated by member states through the 2012 QCPR (and the 2014 ECOSOC resolution on QCPR implementation), to ensure the UN development system is able to best support countries to deliver on sustainable development priorities in the post-2015 era. The process comprises a series of formal and informal events (discussions, briefings, workshops) organized for member states, with focus on the interlinkages between alignment of UN development system functions, funding practices, governance structures, organizational arrangements, capacity, impact and partnership approaches, to support delivery of the post-2015 agenda.

- Chief Executives’ Board (CEB)

38. Under the leadership of the UN Secretary-General, the UN Chief Executives’ Board (CEB) continues to engage in its system-wide effort to ensure that the UN system is fit-for-purpose to support the implementation of the post-2015 development agenda.

39. The objective is to optimize the comparative advantage of the system to leverage specialized knowledge and experience of organizations to deliver cutting edge, integrated policy advice and support across all country contexts. This requires strengthening the international civil service, rethinking business models, enhancing collaboration and accountability mechanisms, linking normative and operational functions, promoting cost-efficiency and addressing financial and governance implications.

40. Through the ECOSOC Dialogue process and the CEB-led interagency discussions, the need for multisectorality, broader partnerships including with the private sector and civil society, issue-based alliances, evidence and rights-based approaches and more inclusive governance have been recurring themes– all are areas where the Joint Programme has particularly relevant experience to bring to the table.

## **ANALYSIS OF THE POST-2015 DEVELOPMENT AGENDA IN RELATION TO THE UNAIDS 2016-2021 STRATEGY: INTERSECTIONS, ALIGNMENT AND OPPORTUNITIES**

41. This section analyses the four areas of the proposed post-2015 development agenda, as they stand at the time of writing, in relation to the UNAIDS 2016-2021 Strategy. The Strategy aims to provide the ‘how’ for Fast Tracking the AIDS response and to set the trajectory to end the AIDS epidemic by 2030. In so doing, it supports the implementation of the post-2015 development agenda.

## **A. The Declaration: Shared ambitions and principles for sustainable development and the AIDS response**

42. The Declaration of the post-2015 development agenda is expected to reflect the global community's political commitment to ending poverty and achieving sustainable development everywhere by 2030.
43. The draft discussion paper on the Declaration resonates strongly with many of the approaches at the core of the AIDS response and those which will likely form the bedrock of the UNAIDS 2016-2021 strategy. For example, the draft Declaration places emphasis on equality, including gender equality and the structural causes of poverty, as well as inclusive societies, ownership, universality, human rights, the rule of law and a commitment to leaving no one behind. The paper also refers to the vision of a 'just, equitable, tolerant, inclusive world' and 'global opportunities' such as 'technology, innovation, connectivity'. These principles and opportunities are critical to achieving Target 3.3 on ending the AIDS epidemic by 2030. It is encouraging that the draft Declaration:
- Emphasizes universality, ownership, shared responsibility and solidarity. The AIDS response is already operationalizing these principles through, for example, action to implement the African Union's Roadmap on AIDS, TB and malaria which shifts the conversation from donor-recipient to a paradigm of 'shared responsibility and global solidarity'.
  - Points to the 'uneven' progress on implementation of the MDGs and also the need to 'complete unfinished business' of the MDGs.
  - Refers to exclusion as a 'major challenge to sustainable development'. This resonates strongly with the AIDS movement given that those who are living with and most affected by HIV are often those people who are excluded and marginalized from society.
  - Underlines the importance of 'active engagement...from governments as well as civil society, the private sector and the UN system' to be able to address closely 'interlinked' challenges and to implement this agenda. Multi-stakeholder and multi-sector partnerships have been a driving force in the AIDS response and will continue to be so as integrated and holistic approaches become ever more critical for results.
  - Refers to 'a robust and transparent framework for follow-up and review of progress on implementation at all levels and for ensuring mutual accountability'. This is an area where UNAIDS and the AIDS response have valuable experiences to share to inform approaches to monitoring and accountability for global health and development post-2015.
44. During final rounds of negotiations, some elements of the draft text should be further strengthened to reflect approaches that are central to the AIDS response and which will be critical to the efficient implementation of the entire agenda.
- A commitment to global action: The draft identifies 'poverty eradication' as 'the greatest global challenge facing our world'. Many analysts are convinced that there are sufficient global savings to finance the SDGs. Therefore, it would be truly transformative were the Declaration to take this as its starting

point. Such an approach could be supported by changing the title of the document from 'a call for global action' to 'a commitment to global action'.

- **Dignity and social justice:** While a 'just' world is articulated as one aspect in the vision, it could be further strengthened with reference to social justice – a principle that has driven activism and progress in the AIDS response. Likewise, the document lacks reference to 'dignity' which is a value woven into the very DNA of the AIDS response and dear to the UN Secretary-General, who calls to do 'everything we can to [...] secure the well-being, dignity and rights of those still on the margins today, as well as of future generations'<sup>13</sup>.
- **Fragile communities:** The draft declaration places emphasis on addressing the needs of countries in special situations<sup>14</sup> as well as countries facing special challenges<sup>15</sup>. Yet, the experience of the AIDS response shows the need to go beyond categorizing countries to focus on fragile communities which exist in all countries in North and South alike and which transcend national borders. A 'fragile communities' perspective could help operationalize the universality of the post-2015 agenda and Member States' commitment to leaving no one behind, as well as driving progress on the UNAIDS 2016-21 strategy.
- **Empowerment of women and girls and young people:** More prominence could be given to gender equality and the empowerment of women and girls in the Declaration. Many Member States have emphasized the transformative nature of gender equality across the entire agenda and this should be recognized upfront as an urgent priority to make progress on all goals. Given the disproportionate impact of HIV on women and girls and the impact of harmful gender norms on risk and vulnerability, it is important to add 'girls' alongside the empowerment of women (as is done in the wording of SDG 5) and give more prominence to young people throughout. Effectively engaging young people as active change agents will be critical for implementing the SDGs and for ending the AIDS epidemic by 2030.

## **B. Sustainable Development Goals and targets: A robust AIDS response integral to progress across the SDGs**

45. As we move from the MDGs to the SDGs and the accompanying shift from 'development' for the poorest countries to sustainable development for all, the agenda has expanded in scope, size and complexity. This brings with it challenges for the AIDS response in terms of continuing to attract political attention and commitments. It also brings with it opportunities. For example, there is scope to invest synergistically in other SDG targets to hasten the end of AIDS. There is also the opportunity to apply the lessons from the AIDS response to accelerate action on other global challenges.
46. The post-2015 agenda provides a mandate for integration. The complexity and interconnection of the SDGs are such that achieving the goals will not be possible without action spanning multiple goals. The AIDS response has been fuelling progress across a wider set of issues for years - including on service delivery platforms, promoting universal health coverage, access to commodities and commodity security, the right to health, and social protection. The AIDS response has garnered significant experience in addressing entrenched social norms, social exclusion and legal blockages that are determinants of a range of

development challenges – including poverty and gender inequality. The AIDS response should see broader progress as core business rather than fortuitous by-products.

47. There are significant interlinkages between the AIDS response and a number of SDGs, beyond SDG 3 on health and target 3.3 on ending the AIDS epidemic, ranging from poverty eradication, to gender equality, food security, empowering women and girls, education, promoting and protecting human rights, including labour rights, promoting safe work environment, contributing to more sustainable cities, promoting access to justice, etc. Examples of such interlinkages and potential areas for joint work to achieve target 3.3. and drive progress on the agenda as a whole are presented in Annex 2. A broader range of interlinkages is illustrated in Annex 3.
48. These interlinkages suggest that a multi-sectoral partnership approach to the AIDS response and across the SDGs will be more critical than ever. The UNAIDS 2016-2021 strategy can identify specific opportunities to align partners around strategic joint actions.

### **C. Means of implementation and global partnership for sustainable development**

49. The Revised Draft of the Addis Outcome Document<sup>16</sup> broadly follows the precedent set by the Monterrey and Doha Declarations in terms of themes covered with the addition of sections on science, technology, innovation and capacity building and data, monitoring and follow-up. It departs from their precedent, however, in referring to ‘financing for sustainable development’ in lieu of ‘financing for development’, marking a critical shift in thinking from a poverty agenda for ‘developing’ countries to a universal and sustainable agenda.
50. Achieving the post-2015 development agenda isn’t merely a matter of ‘finding new sources of finance to replace or supplement aid’, it demands a “21st development policy” that is fundamentally different to what has gone before.<sup>17</sup>
51. In developing countries, such a policy may include ‘supporting peace-building, reforming the security sector, collecting taxes, designing social protection, managing public services, and promoting human rights and freedom.’<sup>18</sup> Internationally, it may involve ‘negotiating cooperative international frameworks on a wide range of issues, such as reducing tax avoidance by multinational corporations, protecting a fair and open trading system, controlling the proliferation of weapons and limiting climate change and building and sustaining effective international institutions.’<sup>19</sup>
52. The draft Addis Ababa Accord makes reference to many of these issues. Further, it:
  - Recognizes the special case of MICs as the low-income country (LIC) category is no longer the sole proxy for the poor. This is an issue of critical importance in the AIDS response, where countries often lose access to critical sources of finance to meet the needs of people living with and vulnerable to HIV as they graduate to MIC status despite being home to three out of four people living with HIV<sup>20</sup>.

- Underscores the importance of strengthening national health systems and underlines the need to increase capacity for early warning, risk reduction and management of national and global health risks, as well as for recruitment, development, training and retention of the health workforce. However, the document places insufficient emphasis on the need for coordinated national and international capacity and resources to respond to disasters, including disease outbreaks, in the future. The dangers of not investing in resilience were exposed with the Ebola epidemic in West Africa.
  - Places value on the research and development of vaccines and medicines for communicable and non-communicable diseases. Continued investment is needed in research and development for AIDS, including on diagnostics, simpler, longer lasting formulations of drug regimes, including 2<sup>nd</sup> and 3<sup>rd</sup> line ARVs, and a vaccine and cure.
  - Calls for WTO members to be supported to take advantage of the flexibilities in the WTO Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), which will be critical to providing access to affordable essential medicines and vaccines.
53. Looking forward, new approaches to incentivize R&D should also be considered, as suggested by several high level bodies. The Global Commission on HIV and the Law for instance emphasizes this need in order to overcome some of the issues that TRIPS has failed to address so far, such as “encouraging and rewarding the kind of innovation that makes more effective pharmaceutical products available to the poor, including for neglected diseases”<sup>21</sup>. New systems should be developed to serve this purpose, “including a new pharmaceutical R&D treaty and the promotion of open source discovery”<sup>22</sup>. Prize-based approaches can contribute to finding innovative solutions rapidly and in a cost efficient way, and foster innovation in various domains, ranging from science, technology to the broader development context<sup>23, 24</sup>. Other systems, such as non-patent based systems could also greatly foster R&D within the pharmaceutical sector.

#### **D. Follow-up and review**

54. The importance of effective monitoring and accountability to achieve the targets set out in the post-2015 agenda have been repeatedly highlighted by Member States throughout the intergovernmental negotiations. The proposal for the High Level Political Forum to form the apex of a web of existing mechanisms at global level including those in the ECOSOC has been met with wide support. As this discussion takes shape, the experience of the AIDS response reinforces the importance of surveillance, monitoring, data and programmatic gap analysis, multi-partner review and evaluation as well as the effectiveness of inclusive, multi-stakeholder approaches in all phases from data collection to oversight. Key approaches of the response could inform accountability mechanisms for global health and development more broadly.

Such mechanisms include:

55. The AIDS response boasts one of global health’s most rigorous reporting and accountability mechanisms. The Global AIDS Response Progress Reporting (GARPR, formerly UNGASS) system provides an example of best practice that could inform approaches to monitoring progress on other health and development

challenges. GARPR has been highly effective in galvanizing commitment, action, reporting compliance and, ultimately, accountability for results. In 2013, 171 countries reported on progress against commitments made to their AIDS responses. Engaging a diverse range of stakeholders in the GARPR process (including the stipulation that Part II of the NCPI is completed by non-state actors) has been crucial to ensuring that the interests of affected communities are represented at national and global levels, to forging a common sense of purpose for accelerated progress, and to significantly enhancing overall effectiveness and legitimacy.

56. The experience of the innovative National Commitments and Policy Instrument (NCPI)<sup>25</sup> can provide important lessons on gathering data on legal and policy aspects of the post-2015 agenda by both governments and non-state actors to enhance mutual accountability and improve programming. It also demonstrates the need to develop meaningful measures of political commitment and inclusive governance mechanisms.
57. Driven by the GIPA principle<sup>26</sup>, the AIDS response has continually created and protected critical space for civil society and affected communities to participate in decision-making, implementation and monitoring – including through inclusive country reporting, national AIDS committees and the governance of global bodies (e.g. UNAIDS and the Global Fund to Fight AIDS, TB and Malaria).
58. The People Living with HIV Stigma Index<sup>27</sup> provides another novel approach. There is potential to build on both its design (the tool is driven by people living with HIV and their networks to empower them to know and claim their rights) and what it measures (changing trends in the experience of stigma, discrimination and socioeconomic exclusion by vulnerable and marginalized populations). Given the recognition of ‘exclusion’ as one of the ‘major challenges to sustainable development’ in the draft Declaration for the post-2015 development agenda, this experience of involving affected communities in monitoring and accountability and of measuring exclusion could be instructive.
59. The Gender Assessments Tool was developed to use available quantitative and qualitative data to do an analysis of the national HIV situation and response from a gender perspective. Many countries still lack adequately disaggregated data or do not analyse the data available, masking inequalities and inequities. A major focus on proper disaggregation has been included in the SDGs, and will be essential to make populations that have been left out visible and ensure their inclusion in development policies and decision-making.
60. There is an urgent need to forge a transformative governance architecture that will serve people best by 2030. The results-oriented approach of the AIDS response—including equity, multi-stakeholder engagement and inclusive governance, mutual accountability, human rights and gender equality—may be considered as relevant as new mechanisms for monitoring and review are established to track progress on the implementation of the sustainable development agenda. Importantly, the approach includes equal attention to process, making sure that affected communities are involved from the outset in deciding priorities as well as in monitoring progress towards reaching them. As the SDGs shift towards a participatory and people-centered approach, lessons learnt on ensuring procedural fairness may be of particular interest and relevance.

## UNAIDS' ENGAGEMENT AND INITIATIVES IN THE POST-2015 DEBATE

61. This section provides the Board with an update of Secretariat engagement in the post-2015 debate in the last six months and key Secretariat-led initiatives to further concretize the agenda.

### A. Support to civil society

#### Supporting young people to mobilize around post-2015

62. UNAIDS continues to work closely with The PACT, a coalition of 25 youth organizations, and other partners to support youth advocacy and mobilization on the intersection of HIV, SRHR and other issues in the post-2015 context.
- o The PACT's flagship global youth-led initiative ACT!2015, run in collaboration with UNAIDS and UNFPA, is now in its third and final phase (January-September 2015). This round of grants aims to further implement advocacy roadmaps, as well as to increase visibility of national youth priorities during intergovernmental negotiations. Plans are underway to engage in the Financing for Development Conference in Addis Ababa in July and events around the General Debate of the UN General Assembly in September 2015.
  - o Youthpact.org serves as a hub for ACT!2015 and The PACT. Launched in February 2015, the online platform includes a learning centre to build capacity across the youth sector on advocacy as well as a map where youth activists can log their points of engagement with decision makers in the post-2015 process. It is hoped that by logging onto the platform, youth actors can build a critical mass and inspire others to join the movement.
  - o The coalition 'Have you seen my rights?'. Co-convened by Restless Development, International Women's Health Coalition, The PACT and UNAIDS, the coalition was formed to kick-start a global social action campaign for comprehensive sexuality education. Founded in Oslo in January 2015, the coalition now has 43 global, regional and national networks and partners including UNFPA, UNICEF and UNESCO. The campaign will culminate in a 'Day of Action' prior to the Summit for the adoption of the post-2015 development agenda.
  - o The PACT developed post-2015 negotiation briefs, with support from UNAIDS, on HIV, SRHR, harm reduction, youth engagement, universal health coverage, youth-friendly services, comprehensive sexuality education, gender equality and the social determinants of health. These briefs serve as a tool for youth advocates to utilize UN language to lobby for specific targets and indicators in the post-2015 development agenda.
  - o UNAIDS support to young people to engage in regional meetings:
    - At the High-level dialogue on ending AIDS by 2030, Addis Ababa, Ethiopia, 26 November 2014, The PACT raised the importance of access to treatment for adolescents in the post 2015 agenda.



- At the Meeting of the Latin American and Caribbean HIV-Positive Youth Network and the first regional young key populations meeting, Salvador de Bahia, Brazil, 27-29 November 2014, 75 young leaders living with HIV and from key populations gathered with the aim to articulate joint actions and deliverables and build capacities to influence the priority placed on HIV and SRHR in the SDGs.
- At the Adolescent sexuality pre-youth symposium, Lusaka, Zambia, 5-7 December 2014 173 youth delegates from 27 countries in sub-Saharan Africa attended a pre-youth symposium at which a panel was organized around ACT!2015.
- Organized by UNAIDS in collaboration with The PACT as part of ACT!2015, the Middle East and North Africa regional workshop on youth mobilization and advocacy for post-2015, Cairo, Egypt, 2-4 February 2015 aimed to advance a common agenda on SRHR and HIV by building the capacity of youth-led and youth-serving organizations to advocate for their priorities in the post-2015 agenda.

#### Support to women's organisations

63. The Global Coalition on Women and AIDS (GCWA), a worldwide alliance bringing together civil society groups working on HIV, women, girls and gender equality, shared their experiences and coordinated their engagement related to the post-2015 development agenda and UNAIDS strategy revision, promoting gender equality and women's empowerment. Using social media platforms, they have posted news and encouraged engagement in the ongoing discussions.
64. The International Coalition of Women living with HIV (ICW) ensures that the voice of women living with HIV is present in the final stages of the post-2015 discussions, with UNAIDS support. It has developed a position statement on the post-2015 development agenda to reflect the need to prioritize treatment, care and support for women living with HIV and support the sexual and reproductive health rights of women living with HIV. To support ICW members' engagement with country delegations, ICW has developed tools to facilitate dialogue so as to advance the ICW agenda.

#### **B. UNAIDS-led strategic events**

##### Strategy meeting: SRHR and HIV in the Sustainable Development Goals negotiations, New York, 22 January 2015

65. UNAIDS, New York-based Cosponsors and the Civil Society Working Group on AIDS in the Post-2015 Development Agenda (CSWG), organized a discussion with advocates from the HIV and SRHR communities to consider how best to continue to advance SRHR in the post-2015 agenda. A joint action plan was developed to do so.
66. The group will continue to engage with UNAIDS, UNFPA, UN Women and UNDP to explore opportunities for these agencies to support dialogue at the country level and capacity building of partners to influence the post-2015 process, in particular discussions on the means of implementation.

Sendai Conference on Disaster risk reduction – side events

67. UNAIDS co-organized, with WHO, UNFPA and UNISDR, a number of official events, including a day-long public forum on protecting people's health from disaster risks. A dominant theme across these events involves showcasing how risk reduction in the post-2015 development agenda can draw on the experience, lessons learned and successes of the AIDS response. The importance of mobilizing vulnerable communities, putting them at the centre of disaster prevention, preparedness, recovery and rehabilitation efforts, is being highlighted, along with the need to foster effective shared accountability. Mainstreaming health interventions across risk management programmes is also a prominent message.

**C. Engagement in discussions on the longer term positioning of the UN system in the post-2015 context and UN fit for purpose**

68. Within the ECOSOC Dialogue on the longer-term positioning of the UN development system process, the Joint Programme participated and contributed to related planning meetings and background documents.
69. On 8 April 2015, ECOSOC resolution E/RES/2015/2 was adopted by consensus. The resolution cites the Joint Programme as a *'useful example for the United Nations system of enhanced strategic coherence, coordination, results-based focus, inclusive governance and country-level impact'*. Subsequently, the Chair of the UNAIDS Programme Coordinating Board, Ambassador Mushayavanhu was invited to speak in the ECOSOC Dialogue Workshop on Governance. He presented UNAIDS governance model, emphasizing how UNAIDS governance and work methods are already reflecting greater inclusiveness and responsiveness and strong linkages between global, regional and country level activities and results—issues that many member states are exploring as part of post-2015 UN reform.
70. The Joint Programme's engagement across the ECOSOC Dialogue process has resulted in the inclusion of language within papers and discussions emphasizing the importance of multisectorality, integration, issues-based partnerships and joint programming, evidence and rights-based approaches and inclusive governance. Mention of the ECOSOC 2015 Resolution on UNAIDS has also been made, with the Joint Programme cited as a potential 'model' for future UN system development, particularly with regards to greater participation of non-state actors in programming and governance, as well as enhanced coherence and instilling an effective results-oriented culture.
71. The ECOSOC Dialogue activities series will continue after the September Summit, where member states will start to develop concrete recommendations for the future workings and positioning of the UN development system, and to inform the development of the next QCPR.
72. All organizations of the Joint Programme are also engaged in the fit-for-purpose deliberations through the CEB and its three high-level committees—the High-Level Committee on Programmes (HLCP), the High Level-Committee on Management (HLCM) and the United Nations Development Group (UNDG), and their subsidiary bodies. Within UN efforts to prepare the system to deliver in the post-2015 era, UNAIDS co-hosted in June 2015, with the UNDG, one of two

'Leadership Seminars' for Resident Coordinators and senior field leaders across agencies. Over 60 UN senior staff participated from across the system.

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

73. The final Report of *The UNAIDS and Lancet Commission: Defeating AIDS – Advancing global health* will be launched on 25 June 2015, in London, UK. Its findings and recommendations are under embargo by *The Lancet* until that time. Broadly speaking, the Report is concerned with the continued challenges posed by the AIDS epidemic and the impact of various scenarios on progress over the coming 15 years. The Report builds on existing work and offers new modelling on the epidemic and the benefits of investing and fresh perspectives on integrating HIV with efforts to advance global health.

#### **THE ROAD AHEAD**

74. The major milestones ahead in 2015 are:

- Ongoing intergovernmental negotiations on Outcome Documents of the post-2015 development agenda and the Financing for Development process;
- Ongoing workshops and retreats convened by ECOSOC for the longer-term positioning of the UN development system in the context of the post-2015 agenda (October, November 2015);
- The meeting of the High Level Political Forum in New York from 26 June-8 July (of which the Ministerial segment will take place from 6-8 July 2015) on the theme 'Strengthening integration, implementation and review – the HLPF after 2015';
- Anticipated adoption of the Addis Ababa Accord at the Third International Financing for Development Conference to be held in Addis Ababa, 13-16 July; and
- Expected adoption of the post-2015 development agenda at the Heads of States and Governments Summit on post-2015 development agenda, 25-27 September. The Summit will be convened as a high-level plenary meeting of the General Assembly and will be combined with six interactive sessions. At the time of writing, the themes proposed are: Ending poverty and hunger, and addressing humanitarian emergencies; Tackling inequalities and leaving no one behind; Fostering economic transformation and sustainable consumption and production; protecting our planet and tackling climate change; Strengthening governance for sustainable development; Delivering on a revitalized Global Partnership<sup>28</sup>. Discussion of AIDS will be important in a number of them.

75. The UNGA High Level Meeting on HIV and AIDS will be held in 2016. Further to the FfD outcome, the post-2015 development agenda and the UNAIDS 2016-2021 Strategy, this meeting will provide an opportunity for the international community to set consensus goals and objectives towards ending the AIDS epidemic as a public health threat by 2030. The Special Session of the United

Nations General Assembly on the World Drug Problem will also take place in 2016, preceded by a number of preparatory sessions this year. It will be an essential moment to reaffirm commitments toward the reduction of the transmission of HIV among people who use drugs and provide an opportunity to ensure more public health and rights-based approaches to the issue. The next UN QCPR will also be negotiated in the second half of 2016.

## CONCLUSION

76. The unprecedented gains in the AIDS response since the adoption of the MDGs in 2000 and the 2001 Special Session of the United Nations General Assembly on HIV/AIDS have inspired the world and set the stage for the push to end the epidemic once and for all.
77. Political leadership on AIDS, a critical ingredient of achievements to date, remains strong – as evidenced, for example, by the high-level side event that took place during the 69th United Nations General Assembly. Co-convened by John Dramani Mahama, President of Ghana and Didier Burkhalter, President of Switzerland, in collaboration with UNAIDS, the event was attended by UN Secretary-General Ban Ki-Moon, Jacob Zuma, President of South Africa and John Kerry, United States Secretary of State<sup>29</sup>.
78. The current momentum needs to be maintained and built upon. Not only must political commitment and community mobilization be reinvigorated, but domestic and international investments must continue to grow in order to rapidly scale up the response around the globe.
79. The international community has laid out an ambitious development agenda for the world, an agenda defined as people-centred while protecting the planet. Modelling indicates that the next five years offer a fragile window of opportunity to lay the foundation to end the AIDS epidemic by 2030, an objective embraced by Member States in SDG 3. Failing to take this opportunity threatens the gains made to date, including progress towards social justice and gender equality. The UNAIDS 2016-21 Strategy has a critical role to play in setting out how to get there.

## PROPOSED DECISION POINTS

Given the importance of updating the UNAIDS Strategy in alignment with the post-2015 development agenda, and recognizing the leadership role that the AIDS response can play in implementing the post-2015 development agenda, the Programme Coordinating Board is invited to:

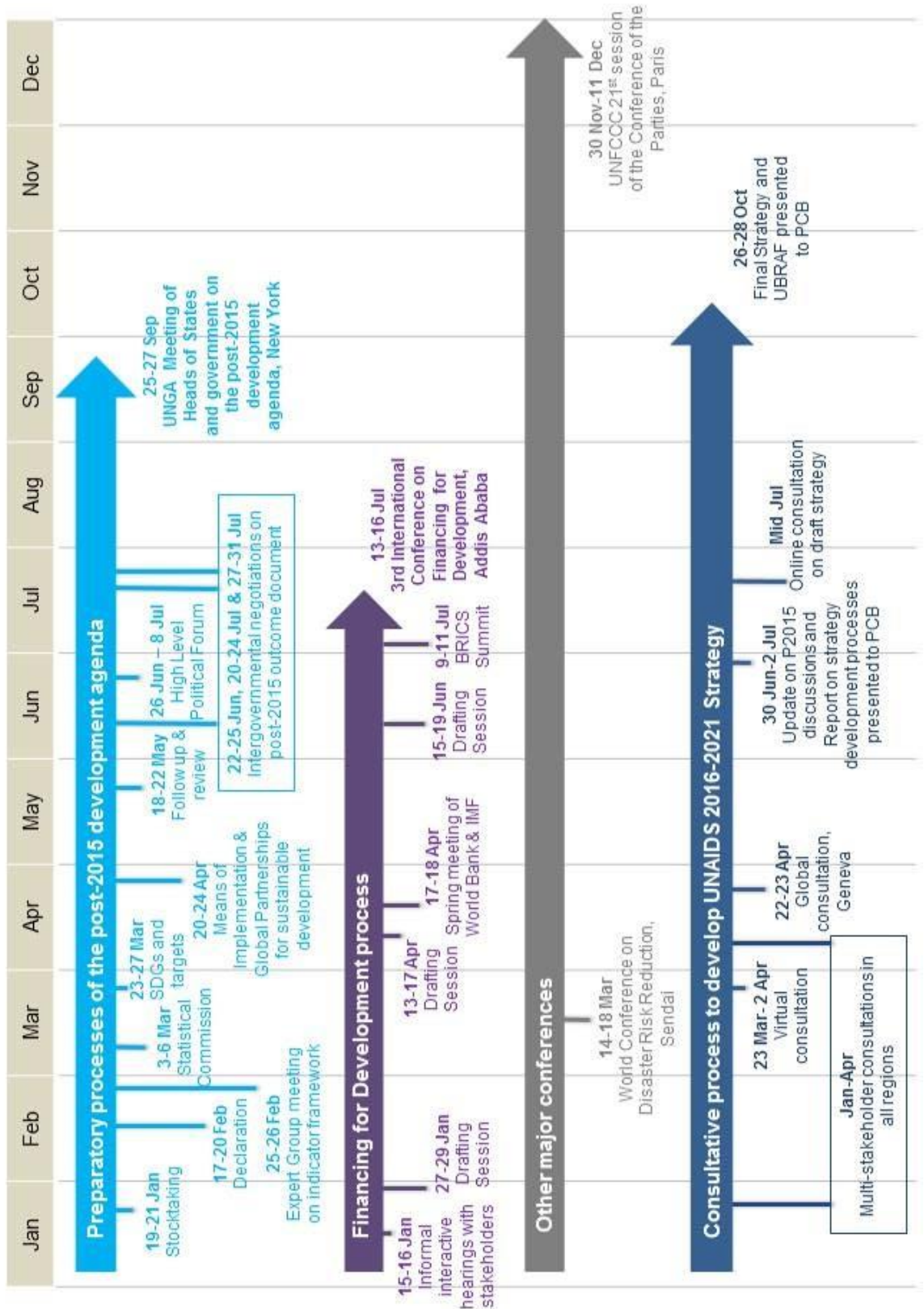
85. *Take note* of the report;
86. *Reaffirm* the commitment to ending the AIDS epidemic as a public health threat by 2030, as agreed at the 34th meeting of the Programme Coordinating Board;
87. *Reaffirm* the 2015 ECOSOC resolution on the Joint United Nations Programme on HIV/AIDS (E/2015/L.5), in particular operative paragraph 8 on *the value of the lessons learned from the global AIDS response for the post-2015 development agenda, including those learned from the unique approach of the Joint Programme, and also reaffirms that the Joint Programme offers the United Nations system a useful example, to be considered, as appropriate, of enhanced*

*strategic coherence, coordination, results-based focus, inclusive governance and country-level impact, based on national contexts and priorities.*

[Annexes Follow]

ANNEX 1: Calendar of post-2015 process and other relevant processes

2015 Timeline: Key Post-2015 Development Agenda Processes



**ANNEX 2:** Illustration of some interlinkages between the AIDS response and select SDGs

*SDG1: End poverty in all its forms everywhere*

- ❖ The overarching aim of the post-2015 development agenda is to end poverty in all its forms everywhere by 2030. Conditions of poverty, inequality and exclusion facilitate HIV transmission and increase susceptibility to infection both physically and socially. The relationship between HIV and poverty goes both ways: poverty is a key factor in HIV risk and vulnerability, while the HIV epidemic can undermine macro-economic growth, particularly since HIV typically disproportionately affects young people and the working age population, eroding labour and human capital. Households affected by HIV are more vulnerable to falling into and remaining in poverty, while individuals and families affected by HIV are often required to sell assets, adjust basic consumption to finance health care, and may withdraw children from school to provide care and support to an ailing family member sometimes re-enforcing intergenerational poverty.
- ❖ The AIDS response can support the poverty eradication agenda by offering examples of successful bottom-up, rights-based, participatory approaches which put marginalized populations at the centre - including women. There is evidence that interventions fostering economic empowerment, through for example, targeted cash transfers and HIV-sensitive social protection, can have a significant impact on both reducing poverty and vulnerability to HIV. Cash transfer programmes have been shown to reduce HIV risk behaviours and HIV infections in adolescents and schoolgirls in low-income settings<sup>30</sup>. The impact of cash transfers on HIV risk behaviours is amplified when combined with other elements of social protection and care. Food vouchers and vouchers for transportation to reach clinics also serve to increase access and adherence to HIV treatment. This demonstrates the potential for joint progress.

*SDG5: Achieve gender equality and empower all women and girls*

- ❖ Over 30 years into the HIV epidemic, persistent gender inequality and human rights violations put women and girls at greater risk and vulnerability to HIV. For women aged 15-44 years, AIDS is the leading cause of death worldwide, with unsafe sex being the main risk factor in developing countries. Biological susceptibility to HIV is compounded by many interacting socio-cultural, economic and legal challenges that amplify the vulnerability of women and girls to HIV. Widespread discrimination against women and girls lead them to be excluded from decision-making. It is not about women and girls being left behind. For many years, they have been left out. The HIV epidemic exacerbates these wrongs, rendering women and girls yet more vulnerable to violations of their human rights and harming the social fabric as a whole.
- ❖ The AIDS response can serve as a catalyst and bring about socio-cultural, political and legal transformations to promote, protect and fulfil the rights of women and girls. By weaving human rights and gender equality into the global AIDS response, we can ensure that women and girls not only have the knowledge and power to protect themselves from HIV, but also take their

rightful, equal place as advocates, leaders and policy makers who drive change across the entire women's empowerment agenda.

- *Target 3.7<sup>31</sup> and 5.6<sup>32</sup> on sexual and reproductive health and reproductive rights*
  - ❖ The international community established in its proposal for Sustainable Development Goals, that universal access to sexual and reproductive health and reproductive rights was a contributing factor to ensure healthy lives and promote well-being for all at all ages (SDG3) as well as to achieve gender equality and empower all women and girls (SDG5). The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. Sexually transmitted infections can increase the risk of HIV acquisition and transmission. Ensuring universal access to SRH services can therefore enhance HIV prevention, treatment, care and support. More broadly, the sexual rights of all persons must be respected, protected and fulfilled for overall sexual health<sup>33</sup> to be attained and maintained so as to bring about the end of the HIV epidemic.
  - ❖ Available, accessible, acceptable SRH services of good quality for all, including LGBTI persons and other key populations, will accelerate progress and help address inequities in the AIDS response. The integration of HIV and SRH services increases dual uptake of treatment and protection against unintended pregnancy, HIV and other sexually transmitted infections. Integrating SRH and HIV services can strengthen family planning programmes and uphold reproductive rights for all, regardless of whether they are living with HIV or not. Quality prevention of mother to child transmission services can help to eliminate congenital syphilis. Cervical cancer screening and treatment integrated into HIV care can also reduce morbidity and mortality in women living with HIV.

*SDG4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all*

- ❖ Education can empower people and democratize opportunities and choices. Universal access to education at all levels is central to providing the life skills needed to negotiate healthy relationships and make responsible, informed decisions. Educational attainment is directly correlated with positive health outcomes and leads to empowering people to practice and negotiate safer sexual practices. But HIV-related illness or death in households can present barriers to school attendance. Young people with family members living with HIV (especially girls and women who provide the majority of care) or those orphaned due to AIDS face greater challenges staying in school. HIV-related stigma and discrimination have a detrimental impact on learning.
- ❖ Surveys conducted from 2006-2012 in countries with generalized epidemics show that, in most of these countries, less than half of adolescent boys and girls, aged 15–19 years, have a basic understanding of HIV<sup>34</sup>. Consistent with the higher rates of HIV among girls in the most affected regions, girls tend to have worse knowledge levels than boys of the same age<sup>35</sup>. Universal access to Comprehensive Sexuality Education (CSE) is critical to HIV prevention. Evidence is growing that access to age-appropriate, culturally



relevant, evidence-based comprehensive sexuality education promotes gender equality in all aspects of life including care giving and respect for human rights while also empowering young people to reduce their risk of acquiring and transmitting HIV<sup>36</sup>. CSE helps young people develop the skills for mutual consent in sex and marriage and sheds light on negative behaviours such as sexual violence and sexual coercion.

*Target 8.8: Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment*

- ❖ Stigma and discrimination in the workplace increases the likelihood of unemployment among people living with HIV. The People Living with HIV Stigma Index suggests that people living with HIV experience unemployment rates three times higher than national rates. Reasons reported for unemployment include stigma, discrimination, restrictive policies and practices and ill health. If HIV infection progresses to AIDS, affected workers are likely to be absent from the workplace more and more often. The periods of absenteeism may affect the productivity of the firm, especially if the worker occupies an important position, and consequently is more difficult to replace. However, HIV-sensitive social protection improves chances of workforce retention. Progress on retention of talented workers living with HIV makes good economic sense for companies, can lead to reducing poverty and inequality and boost economies, thus contributing to several other SDGs.<sup>37</sup>
- ❖ In 110 countries where data are available, the HIV prevalence is on average twelve times higher among sex workers than for the general population (15–49 years), with prevalence at least 50-fold higher in four countries. Across the globe, violence perpetrated against sex workers is common and associated with an increased risk of acquiring HIV. It also deters sex workers from seeking health services. Violence can happen anywhere, including at the workplace, and can be perpetrated by anyone—by law enforcement officials, by intimate partners and clients. Action to create safe and secure working environments can help secure access to HIV-related services for sex workers and limit sexual violence, thereby reducing vulnerability to HIV. The legal status of sex work is a critical factor defining the extent and patterns of human rights violations, including access to healthcare and violence against sex workers.

*SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels*

- ❖ More than thirty years into the epidemic, living with HIV still carries a heavy burden of stigma for many and can result in discrimination, violence and denial of HIV services. To seek redress for human rights violations, people living with HIV have turned to the courts. People's ability to claim human rights depends on their knowledge of rights and affordability of legal services. Increasing access to justice requires education and awareness-raising about the legal process. Ending the AIDS epidemic will require enabling legal and social environments that protect the human rights of all people living with or at risk of HIV. In this context, "effective, accountable and

transparent institutions at all levels” (target 16.6 “Develop effective, accountable and transparent institutions at all levels”) are required. Creating such enabling environments will also create more inclusive and socially just societies.

- ❖ The AIDS response, led by people living with and affected by HIV, has pioneered people-centred accountability mechanisms and has delivered results in implementing community-based interventions to reduce violence against women, providing lessons to build upon. Participatory governance can drive more relevant, rights-based policies and stronger accountability for health and development.

These examples, illustrative rather than exhaustive, suggest great potential for joint actions and progress. Other goals and cross-cutting issues present similarly important areas where the AIDS response can further the efficient implementation and success of the sustainable development agenda.

## ANNEX 3. HIV and SDGs: Joint Action, Shared Progress

### 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 & remaining in poverty, undermining economies.
- Economic empowerment & social protection can reduce both poverty & 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 & undermines household food security by reducing productivity.
- Nutritional support to households & 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 19-24 do not have knowledge of HIV.
- HIV-related illness impedes school attendance and learning, as does stigma & discrimination in school settings.
- Quality education, including on sexual and reproductive health, empowers young people and provides life skills for responsible, informed SRH decisions.

#### Goal 5: Achieve gender equality

#### Goal 8: Promote economic growth and decent work

- Safe & 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 HIV prevalence; HIV impacts excluded & 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 & access to justice can empower people to know & claim their rights & enhance access to HIV services.

#### Goal 11: Make cities safe and resilient

- Cities & 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 & 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 & 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 & 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 & regulatory systems; full use of TRIPS flexibilities; monitoring FTA negotiations; & taking legal action.

- Gender inequalities, discrimination, violence, & harmful practices increase HIV risk & 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 & empower women, while the integration of HIV and SRHR services increases dual uptake and impact.
- Efforts to secure affordable HIV commodities, including 2nd and 3rd line drugs, can benefit wider health & equity agendas including TB, Hep C, and NCDs.

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- <sup>20</sup> Laurence Chandy and Geoffrey Gertz. *Two trends in global poverty*, Brookings, May 2011, available from: <http://www.brookings.edu/research/opinions/2011/05/17-global-poverty-trends-chandy>, last accessed 5 February 2014.
- <sup>21</sup> Report of the Global Commission on HIV and the Law. *Risks, Rights and Health*, July 2012, available here: <http://www.hivlawcommission.org/resources/report/Executive-Summary-GCHL-EN.pdf>, last accessed 25 May 2015.
- <sup>22</sup> *Ibid.*

<sup>23</sup> Raymond Tong and Karim Lakhani. *Public-Private Partnerships for Organizing and Executing Prize-Based Competitions*, Berkman Center Research Publication No. 2012-13, June 2012.

<sup>24</sup> Rancho Palos Verdes. *Want a new invention? Organise a competition and offer a prize*, The Economist, May 2015, available here: <http://www.economist.com/news/science-and-technology/21651164-want-new-invention-organise-competition-and-offer-prize-x-files?fsrc=scn/tw/te/pe/ed/xfiles>, last accessed 20 May 2015.

<sup>25</sup> UNAIDS. National Composite Policy Index (NCPI) reports on countries, 2014, available at: <http://www.unaids.org/en/dataanalysis/knowyourresponse/ncpi/2014countries> last accessed 28 April 2015.

<sup>26</sup> Greater Involvement of People Living with HIV, which advocates for the active and meaningful participation of people living with HIV in the design, development, implementation, monitoring and evaluation of all policies and programmes that affect their lives.

<sup>27</sup> People Living with HIV Sigma Index, available here: <http://www.stigmaindex.org/>, last accessed 25 May 2015.

<sup>28</sup> For the updated themes, please check [https://sustainabledevelopment.un.org/content/documents/7231Letter\\_themes\\_membership%20FINAL.pdf](https://sustainabledevelopment.un.org/content/documents/7231Letter_themes_membership%20FINAL.pdf), last accessed 22 June 2015

<sup>29</sup> UNAIDS. Press release and statement archive, available here: [http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2014/september/20140925\\_pr\\_fast\\_track](http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2014/september/20140925_pr_fast_track), last accessed 25 May 2015.

<sup>30</sup> Studies include:

A. Pettifor, C. Macphail, N. Nguyen, M. Rosenberg. *Can money prevent the spread of HIV? A review of cash payments for HIV prevention*. AIDS and Behavior, 16(7), October 2012, p. 1729-38.

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Lori Heise, Brian Lutz, Meghna Ranganathan and Charlotte Watts. *Cash transfers for HIV prevention: considering their potential*. Journal of the International AIDS Society, 16(1), August 2013.

<sup>31</sup> SDG Target 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

<sup>32</sup> SDG Target 5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

<sup>33</sup> WHO. *Defining sexual health*, available here: [http://www.who.int/reproductivehealth/topics/sexual\\_health/sh\\_definitions/en/](http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/), last accessed 25 May 2015.

<sup>34</sup> Priscilla Idele, Amaya Gillespie, Tyler Porth, Chiho Suzuki, Mary Mahy, Susan Kasedde, and Chewe Luo. *Epidemiology of HIV and AIDS Among Adolescents: Current Status, Inequities, and Data Gaps*, Journal of AIDS, 66, Supplement 2, July 2014

<sup>35</sup> *Ibid.*

<sup>36</sup> UNAIDS, UNICEF, UNESCO, UNFPA, WHO. *International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators*, December 2009, Volume I, The rationale for sexuality education.

<sup>37</sup> United Nations Department of Economic and Social Affairs/Population Division. *The Impact of AIDS, Chapter IV – Impact on Firms*, 2004.

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