



## UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB (37)/15.17  
Issue date: 9 October 2015

### **THIRTY-SEVENTH MEETING**

**Date:** 26 - 28 October 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

83. *Encourage* Member States to advocate for the global indicator framework on the Sustainable Development Goals to accurately monitor progress on the AIDS response in all countries and for all populations.
84. *Further encourage* Member States to advocate for key approaches of the AIDS response, including leaving no one behind and the inclusion and meaningful participation of communities most affected, to be reflected in the global framework for follow-up and review of the 2030 Agenda to be elaborated by the High-level Political Forum;
85. *Recognize* that implementing the 2030 Agenda and the UNAIDS 2016-21 Strategy will demand, and be determined by, action across a range of relevant Sustainable Development Goals and by building strong and resilient systems for health;
86. *Request* the Joint Programme, in light of the above decision point 3, to continue to share its experience in developing innovative approaches to complex development challenges and forge new partnerships and adapt in order to contribute to results across the 2030 Agenda.

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

## INTRODUCTION

### ***15 years from now: From promises to results***

1. Fast forward 15 years from now. New HIV infections, discrimination and AIDS-related deaths have declined so dramatically that AIDS no longer represents a public health threat to any population, anywhere in the world. The AIDS epidemic is over and with it a tremendous tide of human suffering and loss of life. Twenty-eight million HIV infections and 21 million AIDS-related deaths have been averted while investment in a robust response has accrued US\$ 3.2 trillion in economic benefits - a 17:1 return on investment.
2. Gender equality is a reality, all forms of violence against women and girls have been eliminated and boys and men actively promote healthy gender norms. Young people, including young women and adolescent girls, are fully equipped with knowledge and life skills that enable them to live healthy lives and thrive in our societies, enjoying access to health, education, employment and youth-friendly services. A vibrant civil society is flourishing in all regions of the world, acting as both partner and watchdog, vigilant to ensure that commitments to the Sustainable Development Goals (SDGs) were kept. Fragile economies have grown stronger as people have become healthy and able to actively contribute to the workforce. Health services are accessible to all, including the poorest and most marginalized segments of the population, and systems for health are able to respond to current and new global health threats.
3. Laws, policies and practices that protect the human rights of everyone are being promoted and enforced. Consequently, punitive approaches, criminalization and harsh law enforcement practices have been abandoned. Men who have sex with men, transgender people, sex workers and people who inject drugs no longer need to fear health services nor hide from government authorities. People living with HIV, and other key and marginalized populations, live in dignity, free from stigma and discrimination, and enjoy their full range of civil, cultural, economic, political and social rights.
4. This is the vision for the next 15 years set out in the SDGs. And it can become our reality. The SDGs are unashamedly ambitious, yet they are achievable. We have the resources, the technical capacity and ingenuity to end poverty, hunger and gender inequality and to achieve sustainable development for all.
5. The AIDS response shows what is possible. In 2000, when the Millennium Development Goals (MDG) were adopted, AIDS was devastating families and communities. Fewer than 700 000 people had access to antiretroviral medicines (ARVs) and only 10 000 of these were in sub-Saharan Africa. But well before the end of the 2015 deadline set in the 2011 Political Declaration on HIV and AIDS, over 15 million people are accessing ARVs. MDG 6, which sought to halt and reverse the epidemic, has been achieved. In the same period, since 2000, new HIV infections have declined by 35%, and there are now 58% fewer new HIV infections among children. Progress of this scale and pace demanded structural change - to patent regimes and ways of working between governments, the private sector, international organizations and civil society.

6. As United Nations Secretary-General Ban Ki-moon said: 'The world has delivered on halting and reversing the AIDS epidemic. Now we must commit to ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals'.
7. The SDGs represent a promise to break down old silos of the past by integrating action on the economic, environmental and social dimensions of sustainable development<sup>i</sup>. They set out an ambitious global policy framework that transcends traditional sectoral and disciplinary boundaries. The AIDS response has set its sights on Target 3.3.: '*By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases*'. But the journey to end the AIDS epidemic in the next 15 years will demand progress across a range of issues within the SDGs, including gender equality and the empowerment of women and girls; ensuring education and decent work for all, including through driving down youth unemployment; promoting effective civil society and other multi-stakeholder partnerships; reducing inequality; ensuring inclusive cities; and strengthening institutions, access to justice and the rule of law.
8. The UNAIDS 2016-2021 Strategy responds to this mandate for integration. UNAIDS is at the forefront of the United Nations in realigning its Strategy to the new global policy framework provided by the SDGs. Linking its result areas to relevant SDGs, the Strategy sets out a roadmap to accelerate the AIDS response over the next five years, demonstrating through a set of interconnected targets for 2020 that this will both depend on and spur progress across a range of SDGs.

### **Structure of this Report**

9. At its 36th meeting, members of the Programme Coordinating Board (PCB) reaffirmed the Board's 'commitment to ending the AIDS epidemic as a public health threat by 2030' and reiterated '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'. The Board encouraged 'the Joint Programme to advocate for the multi-sectoral approach of the AIDS response to be reflected in HIV-relevant target indicators for the proposed Sustainable Development Goals'.
10. In response to this, and as the sixth update to the Board on AIDS in the post-2015 development agenda, this report provides an update in four parts:
  - a) major milestones that have taken place since June 2015 with an overview of how UNAIDS has engaged in the debate and an analysis of the outcome documents of the Financing for Development (FfD) and Post-2015 development agenda processes as they pertain to the AIDS response and UNAIDS;
  - b) the ongoing process to develop indicators as a critical element of the 2030 Agenda for Sustainable Development;
  - c) implications of the 2030 Agenda, in particular with regard to how the UN must evolve to support countries to deliver; and
  - d) milestones in 2016 of strategic significance for the AIDS response, for implementing Target 3.3. and for spurring progress across the SDGs.

## LOOKING BACK: MAJOR MILESTONES AND UNAIDS ENGAGEMENT SINCE JUNE 2015

### ***Agreement of the 2030 Agenda for Sustainable Development and the Addis Ababa Action Agenda***

11. 2015 has long been referred to as a watershed year in development, a unique moment for intergovernmental processes to set the bar on where we want to be in 2030, potentially transform the lives of billions and change irrevocably the meaning and practice of 'development' as we know it.
12. Two major intergovernmental processes have concluded with the adoption of the Addis Ababa Action Agreement (AAAA) at the Third International Conference on Financing for Development and the adoption of the 2030 Agenda for Sustainable Development at the United Nations Sustainable Development Summit (the 2030 Agenda). The Conference of the Parties (COP21) on climate change will be held in Paris from 30 November-11 December 2015 and will round off this exceptional year of international agreements on sustainable development and poverty eradication.
13. Following three intense sessions (22-23 June, 20-24 July and 27-31 July) in New York City to negotiate the final draft of what has, until now, been called the 'post-2015 development agenda', on Sunday 2 August 2015, United Nations Member States agreed by consensus '[Transforming our World: The 2030 Agenda for Sustainable Development](#)'. On 25 September, the Agenda was adopted by Heads of State and Government during the UN Sustainable Development Summit which was convened from 25-27 September as a high-level plenary meeting of the UN General Assembly.
14. Preceded by an address by Pope Francis to the United Nations General Assembly, this historic Summit attracted over 9000 participants, including 136 Heads of State and Government, the United Nations Secretary-General and the President of the General Assembly plus representatives from civil society, United Nations and other international organizations and the private sector welcome the Agenda's adoption. This is a broadly owned Agenda which has the potential to change the trajectory of development towards the interests of the many and which has profound implications for national governments, the United Nations system and all actors – including the relationship between the public and private spheres. Speakers underlined the Agenda's transformative potential, its ambition, unprecedented scope and integrated nature as they highlighted the opportunities and challenges for the global community that the new Agenda brings.
15. In parallel to the plenary session, six interactive dialogues and hundreds of side events explored in more depth the opportunities and challenges the Agenda presents. Of the six themes discussed in the interactive dialogues, four were particularly relevant to the future of the AIDS response: ending poverty and hunger; tackling inequalities, empowering women and girls and leaving no one behind; building effective, accountable and inclusive institutions; and a strengthened global partnership for realizing the post-2015 development agenda.
16. The Agenda sets out a 'plan of action' around 'five Ps': people, planet, prosperity, peace and partnership and comprises five parts: Preamble, Declaration, Sustainable Development Goals and targets, Means of Implementation and the Global Partnership, and Follow-up and Review. The 17 goals and 169 targets included are based on those proposed by the Open Working Group on

Sustainable Development Goals, reflecting technical edits agreed by Member States.



**Figure 1:** The new 'Global Goals for Sustainable Development': “integrated, indivisible, universal and ambitious”

17. The Means of Implementation pillar of the agenda reaffirms countries' strong commitment to translate the Agenda into practice and underscores the importance of the means of implementation targets under each SDG and Goal 17 to realize the 2030 Agenda. It highlights that the Agenda can be met within the framework of global partnership supported by 'the concrete policies and actions' outlined in the AAAA, which is recognized as 'an integral part' of the 2030 Agenda and one whose implementation is 'critical' for the realization of the SDGs and targets.
18. Successor to the Monterrey Consensus (2002) and Doha Declaration (2008), the AAAA was agreed at the Third International Conference on Financing for Development held in Addis Ababa from 13-16 July 2015. Providing a platform for six roundtables and 187 side events, the Conference was attended by several thousand delegates, including representatives of over 800 businesses. The final Agenda comprises:
  - a) a global framework for financing development post-2015;
  - b) seven 'action areas' spanning domestic and international public and private resources, trade, debt and debt sustainability, science, technology, innovation and capacity building and systemic issues; and
  - c) data, monitoring and follow-up.
19. The AAAA was a milestone that sent a clear political signal to the then ongoing intergovernmental negotiations on the post-2015 development agenda regarding the commitment of Member States to implementation.

### ***UNAIDS engagement since the last Programme Coordinating Board meeting***

20. UNAIDS engaged actively in supporting the consultative processes around the FfD and the post-2015 development agenda and contributed to the preparation of papers for the six interactive dialogues of the Summit on Sustainable Development. UNAIDS has advocated for an appropriate, proportionate yet prominent and ambitious commitment to end the AIDS epidemic as a public

health threat by 2030 to be reflected in the post-2015 outcome document and for this to be supported by an ambitious financing framework and enabling environment set out in the AAAA. UNAIDS has also partnered with a range of civil society stakeholders on relevant issues such as youth, gender and community mobilization, as outlined below.

21. In Addis, UNAIDS showed its support for the whole agenda by advocating for an ambitious financing framework that mobilizes more resources for sustainable development from all sources. UNAIDS also took the opportunity to communicate UNAIDS' headline messages across a series of side events during the conference (including events on innovative financing, Health and Education, and the Business Forum) and to share evidence of what can be achieved when we invest in the AIDS response.
22. To demonstrate the remarkable results brought about through sustained investment in the AIDS response, UNAIDS launched a seminal publication [\*'How AIDS changed everything — MDG 6: 15 years, 15 lessons of hope from the AIDS response'\*](#) which leaves no doubt of the power of investment combined with political will and community activism. During the launch event, the Secretary-General announced the landmark achievement that 15 million people are on treatment ahead of the target date of the end of 2015. UNAIDS also supported the participation of the Organization of African Youth in a side event on Women and Girls.
23. UNAIDS has pursued a number of initiatives to support the translation of the Ffd and post-2015 processes and their outcomes to the country level. In this context, UNAIDS, together with the World Food Programme, co-chaired a cross-UN Task Team on Financing for Development under the Sustainable Development Working Group of the UN Development Group in the lead up to the Addis Conference. The Task Team focused its efforts on information sharing and developing practical analyses of the FfD outcome document as drafts became available. The Task Team provided a briefing paper to United Nations Country Teams to help them support country preparations where appropriate in the lead up to the Conference.
24. To facilitate civil society engagement in the post-2015 debate and related events, UNAIDS has collaborated closely with civil society partners. It has partnered with the Global Coalition on Women and AIDS as well as the International Community of Women with HIV/AIDS. Efforts have also been dedicated to ensuring alignment with the High Level Task Force for the International Conference on Population and Development on indicator proposals for HIV and other relevant targets in the SDGs. UNAIDS supported youth advocates from the global South to attend the June and July sessions of the post-2015 negotiations to amplify the voice of young people in developing the framework.
25. To support civil society in scaling-up, a Fast-Track Strategy meeting was held in Bangkok in May 2015, to develop a workplan to contribute to accelerated, more equitable service delivery and human rights advances. UNAIDS has also helped build the capacity of faith-based organizations (FBOs) to apply experience and evidence of what works from HIV to Ebola, universal health coverage and other SDG targets<sup>ii</sup>.

26. UNAIDS engaged actively at the Sustainable Development Summit on several fronts. UNAIDS delivered a statement on the occasion of the Summit at the High-Level plenary meeting of the UN General Assembly, and also made a statement during the second interactive dialogue on 'Tackling inequalities, empowering women and girls and leaving no one behind'. UNAIDS co-organized side-events on *Young people leading change: how the SDG targets to end the AIDS epidemic and ensure universal access to sexual and reproductive health services will be met* (24 September); *Financing Health and Education: Girls driving development* (26 September); *Ending the AIDS epidemic by 2030 – Shaping new models and means of implementation* (27 September) and *The role of communities in sustaining human development and the HIV response* (29 September) at which Ambassador Birx, US Global AIDS Coordinator, announced the US Government's new contribution of US\$ 10 million to the Robert Carr civil society Network Fund.
27. Co-hosted by the Presidents of Malawi and Kenya with support from UNAIDS, the *Ending the AIDS epidemic by 2030* event saw leaders from around the world pledge their support and commitment to Fast-Tracking the response and to finding new and innovative ways to deliver essential health care to people most in need. In a packed room of over 500 people, the event spurred momentum for implementing SDG Target 3.3., including through the High-Level meeting on AIDS in 2016 (see paras 72-73). It was agreed that putting people at the centre will be essential to ending the AIDS epidemic and that, without inclusion and equity, key populations and young people will continue to be left behind. Hon Timothy Harris, Prime Minister of St Kitts and Nevis, aptly observed the interdependency of progress on AIDS and the SDGs: "[Ending the AIDS epidemic by 2030] requires progress on the AIDS response that is deeply interwoven with, and interdependent on, progress across many SDGs. Conversely, ending the AIDS epidemic will fuel progress across many areas of sustainable development".
28. The *Financing Health and Education* event provided a platform for leaders in health and education from across the world to meet and discuss ways in which to further collaboration between the two sectors to deliver shared, people-centred results in the context of the integrated SDG framework.
29. During the Summit, UNAIDS engaged a broad array of stakeholders, such as the private sector and civil society including faith-based organizations and those representing young people, given the leading role young people will play in implementing, monitoring and ensuring accountability for the SDGs. In this vein, UNAIDS supported the participation of eight civil society advocates at the Summit, representing all regions of the world (Bulgaria, Colombia, Egypt, India, New Zealand, South Africa, USA and Zimbabwe).
30. Looking ahead to civil society's role in implementing the SDGs at country level, youth alliances in a number of countries supported through ACT!2015 are advocating for plans for the implementation of the SDGs to include comprehensive sexuality education (CSE), access to youth-friendly services, youth participation and young people's sexual and reproductive health and rights (SRHR). The Have You Seen My Rights campaign, of which the Joint Programme is a founding partner, is supporting youth advocates to call for countries to:
  - a) be a global leader in SRHR;
  - b) commit to CSE;
  - c) provide access to comprehensive youth and adolescent health care services;



- d) be more ambitious on drug-related harm reduction; and
- e) effectively Fast-Track the AIDS response to end the AIDS epidemic.

31. To enable youth-led accountability for the implementation of the SDGs, UNAIDS will continue to support the work of ACT!2015 at the country level until December 2017. The four components of ACT!2015 are: indicator advocacy in national and global reporting mechanisms; evidence gathering using youth-friendly technology software to monitor indicators; communications for national lobbying and advocacy; and increasing youth-led accountability in regional and global processes.

### ***The 2030 Agenda and the Addis Ababa Action Agenda: What do they mean for the AIDS response?***

32. The report on the post-2015 development agenda prepared for the 36th meeting of the PCB analysed the post-2015 development agenda as it then stood, including its implications for the evolving UNAIDS 2016-21 Strategy and possible intersections and alignment between the two and opportunities for them to complement each other. The Board paper provided examples of how the AIDS response and UNAIDS could support

#### **Box1: Highlights from the 2030 Agenda of significance for the future of the AIDS response**

- **Unprecedented scope:** *'Never before have world leaders pledged common action and endeavour across such a broad and universal policy agenda'*
- **Political commitment:** *'We are determined to take the bold and transformative steps which are urgently needed to shift the world onto a sustainable and resilient path. As we embark on this collective journey, we pledge that no one will be left behind'; 'we commit ourselves to working tirelessly for the full implementation of this Agenda by 2030'*
- **An integrated agenda:** The targets (including those on means of implementation) are considered *'universal, indivisible and interlinked'*
- **Reaching the furthest behind first:** Commitment *'to see the Goals and targets met for all nations and peoples and for all segments of society' and to 'reach the furthest behind first'*
- **An inclusive approach:** *'Our journey will involve Governments as well as parliaments, the United Nations system and other international institutions, local authorities, indigenous peoples, civil society, business and the private sector, the scientific and academic community - and all people... It is an agenda of the people, by the people and for the people - and this, we believe, will ensure its success'*
- **Mandate for UN system reform:** *'We underline the important role and comparative advantage of an adequately resourced, relevant, coherent, efficient and effective United Nations system in supporting the achievement of the Sustainable Development Goals and sustainable development'*
- **Robust follow-up and review system at global, regional and national levels:** Commitment to *'promote accountability to our citizens'* and *'foster exchanges of best practices and mutual learning'*. The follow-up and review processes at all levels are to be guided by principles including: *'people-centred, gender-sensitive, respect human rights'* and to have a *'particular focus on the poorest, most vulnerable and those furthest behind'*

implementation across the then draft post-2015 agenda, including showcasing the Global AIDS Response Progress Reporting (GARPR) system and accountability in the AIDS response as a model for other complex development challenges. The report also analysed the interlinkages between HIV and relevant SDGs at the goal level, and 10 SDGs were identified for joint action (Goals 1-5, 8,10,11,16 and 17).

33. The UNAIDS 2016-21 Strategy takes this analysis to the next logical step, setting out how the AIDS response must take an integrated approach to get on the Fast-Track in the coming six years in order to achieve SDG Target 3.3. by 2030.
34. The ambitious 2030 Agenda sets the tone for the kind of systemic change needed to end the AIDS epidemic everywhere by 2030. It addresses 'the enormous disparities of opportunity, wealth and power' in the world today and refers to the goal framework of the SDGs as a 'comprehensive, far-reaching and people-centred set of universal and transformative Goals and targets', which attempt to rebalance the inequalities and injustice that exist today.
35. Within the 2030 Agenda, the Declaration includes two references to HIV. First, the Declaration recognizes that 'people who are vulnerable must be empowered' and explicitly refers to people living with HIV as among these people. This is an important step towards ensuring that people living with HIV are taken into consideration across the SDGs, including ensuring that data is disaggregated to allow for effective monitoring of progress towards an inclusive SDG agenda that ensures that no one is left behind. Second, the Declaration reaffirms the commitment of Member States to accelerate progress in the response. Target 3.3 on ending the AIDS epidemic by 2030 was not changed between the last Board meeting and the adoption of the 2030 Agenda.
36. Beyond HIV-specific language, the 2030 Agenda provides several other references that potentially support achieving Target 3.3, some of which are outlined in Box 1. In addition, the Agenda refers to several areas in which progress will drive results in the AIDS response, including gender equality, access to affordable medicines, young people and non-discrimination. Moreover, the 2030 Agenda recognizes that 'the dignity of the human person is fundamental' and aims to reach the furthest behind first. Concerted efforts to do this will be critical for ending the AIDS epidemic. The Agenda is inclusive of a range of stakeholders and its targets are 'universal, indivisible and interlinked'. The AIDS response has been universal and has recognized the interdependence of gains in HIV, development, social justice and human rights; the SDGs provide an opportunity to further consolidate an integrated approach and to share lessons of what has worked in the AIDS response to tackle other complex development challenges.

37. With respect to the FfD process, the AAAA goes significantly beyond Monterrey and Doha in several important ways. Like the 2030 Agenda, the Addis agreement is universal and sets its sights on identifying the means to ensure sustainable development for all. Also like the SDGs, it includes several references to the role of actors beyond governments. The AAAA lays out the broader enabling environment needed to ensure progress across the SDGs. Commitments of particular relevance to HIV and health are briefly outlined in Box 2.

38. In addition, the Addis outcome moves beyond previous agreements by: including a greater focus on the role of local authorities and the importance of action at the sub-national level; underlining the special situation of middle-income countries and the need for enhanced exchange of experience, improved coordination and better focused support from the UN development system; and providing a more sophisticated narrative on the role of the private sector in achieving sustainable development. These are areas where the AIDS response is ahead of the game and can offer lessons for addressing other complex development challenges, as outlined in the UNAIDS publication *How AIDS Changed Everything* which was launched during the Addis Conference.

**Box 2: Highlights from the Addis Ababa Action Agenda of significance for the future of the AIDS response**

- **Spending on essential services:** *'We encourage countries to consider setting nationally appropriate spending targets for quality investments in essential public services for all'*
- **Research and development for AIDS:** *'We will support research and development of vaccines and medicines, as well as preventative measures and treatments for the communicable and non-communicable diseases, in particular those that disproportionately impact developing countries'*
- **Innovative financing for health:** *'We also encourage exploring additional innovative mechanisms based on models combining public and private resources such as green bonds, vaccine bonds, triangular loans and pull mechanisms, and carbon pricing mechanisms'*
- **TRIPS and intellectual property:** *'we recognize the importance of adequate, balanced and effective protection of intellectual property rights in both developed and developing countries in line with nationally defined priorities and in full respect of WTO rules'*
- **Commitment to non-discrimination:** *'We commit to promoting social inclusion in our domestic policies. We will promote and enforce non-discriminatory laws'*
- **Preparedness for health risks:** *'We commit to strengthening the capacity of countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks'*
- **Disaggregated data to improve decision making:** *'High-quality disaggregated data is an essential input for smart and transparent decision making...and can improve policy-making at all levels'*
- **Civil registration and vital statistics systems:** *'The availability of timely and reliable data for development could be improved by supporting civil registration and vital statistics systems, which generate information for national plans and investment opportunities.'*

39. With regard to the private sector, the Addis agreement presents a stronger, more nuanced and granular narrative than Monterrey and Doha, acknowledging the diversity of the private sector and the range of contributions private stakeholders can make to implementation, including reference to financial inclusion schemes and the need for private sector efforts to go beyond Corporate Social Responsibility (CSR) (see Box 3).

**Box 3: What does the Addis agreement mean for private sector engagement in sustainable development?**

**Private sector as partners:** *'We call on all businesses to apply their creativity and innovation to solving sustainable development challenges. We invite them to engage as partners in the development process, to invest in areas critical to sustainable development and to shift to more sustainable consumption and production patterns'*

**Private sector as employers:** *'We encourage the private sector to contribute to advancing gender equality through striving to ensure women's full and productive employment and decent work, equal pay for equal work or work of equal value, and equal opportunities'*

**Alignment of incentives and goals:** *'We will develop policies and, where appropriate, strengthen regulatory frameworks to better align private sector incentives with public goals'*

**Systemic change not just CSR:** *'We welcome the growing number of businesses that embrace a core business model that takes account of the environmental, social and governance impacts of their activities, and urge all others to do so'*

**New investment sources and vehicles:** *'We recognize the potential of new investment vehicles, such as development-oriented venture capital funds'; 'pension funds' and 'sovereign wealth funds' recognized as 'long-term institutional investors' in relation to infrastructure*

40. Overall, the 2030 Agenda and the AAAA provide a range of entry points to strengthen and consolidate the AIDS response. While many are directly linked to progress in the AIDS response, such as the focus on inclusion, gender equality and the need for research and development, others have a less direct connection but are equally important, such as the focus on cities, UN reform and improving data and statistics. The challenge now is to focus the AIDS response, while at the same time engaging in a broader range of partnerships across sectors, to ensure that the AIDS response can reap the benefits of the opportunities presented and share its experiences to help catalyse action across both Agendas.

## INDICATOR DEVELOPMENT: A CRITICAL ELEMENT OF THE 2030 AGENDA

41. To track progress and ensure effective policy and programming to achieve the 169 targets, the 2030 Agenda will be accompanied by a set of global indicators. A limited set of indicators will not fully measure all aspects of all the targets but will represent a political balance that tracks key outcomes. In addition, each country is expected to develop its own indicator list, setting technically strong, consistent and relevant indicators to measure progress.

42. UNAIDS is participating in efforts to develop the global indicator framework under the stewardship of the UN Statistical Commission. The Statistical Commission has been requested to agree on an indicator framework at its 47<sup>th</sup> Session in March 2016; the global list is scheduled to be endorsed by the General Assembly Session in September 2016. To carry out the work between the 46<sup>th</sup> Session of the Statistical Commission and the adoption of the framework a year later, the Commission agreed to establish an Interagency and Expert Group on Sustainable Development Goal Indicators (IAEG-SDGs), consisting of 28 Member States. The list of countries may be found [here](#). In addition to these 28

countries, other Member States, UN agencies and civil society organizations were invited as observers to the group. Open consultations on a [preliminary set of global indicators](#) closed on 7 September 2015.

43. A single indicator cannot capture the full scope of the HIV epidemic and its response, although there is value in a well-defined indicator to help track progress globally on ending the AIDS epidemic as a public health threat. The suggested HIV indicator in the current draft seeks to measure the number of new HIV infections per 1000 uninfected population (by age, sex and key populations).
44. Under the PCB definition of ending the AIDS epidemic as a public health threat<sup>iii</sup>, incidence is the single indicator that can best capture progress. Given that treatment coverage plays a significant role in averting new infections, the incidence indicator serves as a proxy for progress on treatment. Furthermore, when disaggregated, the incidence indicator has the potential to measure progress, or lack thereof, in key or other under-served populations, women and girls vis-à-vis the general population. In turn, data must be used to identify populations being left behind and to target action to address stigma and discrimination and to protect marginalized populations.
45. UNAIDS participated as an observer in the first meeting of the IAEG-SDG in June 2015 and will participate again in the second and final meeting planned for 26-28 October 2015. UNAIDS has encouraged civil society and other partners to provide comments on drafts through the online consultation. With regard to interlinkages between HIV and other SDGs with respect to indicators, the Secretariat is working with Cosponsors to propose additional indicators relevant for HIV under other targets. Specifically, targets 3.7 (access to sexual and reproductive health services), 3.8 (access to health services and medicines) and 5.2 (gender-based violence) have been identified as critical, and indicators that could be included under those targets have been proposed. As mentioned in the previous PCB report on the post-2015 development agenda, the UNAIDS Secretariat has collaborated with UN Women and UNFPA to provide technical recommendations on the indicators related to gender equality and intimate partner violence (Goal 5 and especially target 5.2). The current GARPR indicator on intimate partner violence has been included in the current list of indicators as a result.
46. In relation to the indicator on access to health services and medicines, it will be critical to ensure that ART coverage is specifically mentioned under universal health coverage (target 3.8). Another important target is 17.18, which relates to the commitment to ensure that no one is left behind. More nuanced data on different sub-populations can improve all development responses. For example, recent efforts to summarize data for specific sub-populations has been especially beneficial for focusing the AIDS response (see 2014 UNAIDS Gap Report). UNAIDS recommends that each target includes indicator-specific recommendations concerning the relevant and feasible categories of disaggregation. This can help countries prioritize the types of data collected. For all indicators, disaggregation by sex and age should be the norm.
47. Member States are encouraged to maintain a set of national indicators, including, at a minimum, the indicators listed in GARPR. The current list of GARPR indicators is being reviewed and updated to strengthen elements relevant to the SDG indicators, such as disaggregation and country ownership of data, as well as to include new HIV interventions such as pre-exposure prophylaxis (PrEP).

48. As we move forward in identifying appropriate indicators for the SDGs, efforts need to focus on making data more widely and transparently available in a form that people are able to interpret and use. In this regard, stakeholders are calling for a “data revolution” to support monitoring of the SDGs. Data needs to be democratized and technology used innovatively so that communities on the ground can effectively play their role as agents of change.
49. The 2030 Agenda recognizes that, while the SDGs will be followed up and reviewed using a set of global indicators, regional and country exercises will complement global monitoring. In this regard, UNAIDS is enhancing its support at country and regional levels in the area of strategic information. For example, the [AIDS Data Hub](#) provides decision-makers and experts in Asia and the Pacific with high-quality, accessible and up-to-date data on HIV and AIDS in the region.
50. A recent example of indicators to monitor progress at country level in the area of gender equality and the empowerment of women and girls is ‘*A practical tool for strengthening the gender-sensitivity of national sexual and reproductive health and HIV monitoring and evaluation systems*’ developed by WHO and the Secretariat and piloted jointly with UN Women and UNFPA. The tool provides guidance on strengthening national indicator sets to ensure that they measure gender equality and HIV. It also offers advice on how to analyse available data from a gender perspective, using disaggregated data and data from multiple sources, including on contextual factors, to better understand differences in HIV-related outcomes for women and men. Another example is the UN Women/MEASURE Evaluation Compendium of indicators for gender equality and HIV and AIDS that provides a set of standardized indicators to measure programmatic areas vital to the intersection of gender and HIV that may be used at national, regional and programmatic levels.
51. The AIDS response is already undergoing an “uprising” in the field of data, analysis and strategic information. Today, more country-level data are available on AIDS than on any other disease, while the AIDS response is increasingly using new technologies to generate additional data. One example, from the AIDS response, capitalizes on the recent explosion in smartphones and other GPS-enabled devices to improve service delivery. The [iMonitor+](#), a mobile device application, launched in 2014, uses GPS to inform users where they can access condoms, HIV testing, counselling, treatment and other key services.<sup>iv</sup> Stock-outs of ARVs can be reported in real time along with experiences of discrimination when seeking services.
52. An important lesson learned from the AIDS response is that of investing in health information systems. A good example is found in Malawi, where 1% of financing for AIDS programmes is dedicated to routine surveillance and patient monitoring, allowing progress in the country’s AIDS response to be closely monitored against targets on a quarterly basis.
53. If properly nurtured and bolstered by emerging data from new technologies, strategic information for the AIDS response can guide progress towards ending the AIDS epidemic by 2030. The AIDS response is also well-positioned to support the development of strategic information across other SDGs, including in relation to innovation and community participation.

## IMPLICATIONS OF THE NEW AGENDA FOR THE UN

### ***An evolving conversation: How the UN needs to adapt to support countries to deliver on the SDGs***

54. The 2030 Agenda has major implications for the way we organize, finance, deliver and report on global sustainable development. As Member States recognized during the negotiations on the post-2015 development agenda, the success or failure of the 2030 Agenda and the AAAA will lie in their implementation. The 2030 Agenda underlines 'the important role and comparative advantage of an adequately resourced, relevant, coherent, efficient and effective United Nations system in supporting the achievement of the Sustainable Development Goals and sustainable development'. Within this context, intergovernmental and interagency deliberations on the longer-term positioning of the UN development system, and UN fit-for-purpose exercises continue to evolve, particularly with regard to the development and negotiation of the next *Quadrennial Comprehensive Policy Review (QCPR) 2017-2021*.
55. As mandated by Member States through the 2012 QCPR, and also noted in the 2030 Agenda, the ECOSOC Dialogue on the longer-term positioning of the UN Development System has provided a platform for Member States to interrogate the appropriateness and preparedness of the United Nations to best support Member States to deliver on the SDG agenda. This is also being discussed by leaders in the UN system through the Chief Executives Board (CEB). Recent sessions of the CEB have included UN fit-for-purpose as a standing agenda item.

### ***ECOSOC Dialogue on the longer term positioning of the UN development system***

56. The first phase of the 2015 Dialogue process concluded with a High-Level Retreat. Leading up to the Retreat, a series of formal and informal events were organized for Member States, focusing 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.
57. Member States reached consensus on six strategic priority issues to serve as a starting point for their deliberations during the second phase:
- Clarify the emerging functions of the UN development system in the post-2015 era.
  - Improve the volume and predictability of core funding for UN operational activities through innovative models.
  - Improve the effectiveness of system-wide governance in the UN development system, including through strengthened role of the QCPR resolution of the General Assembly.
  - Develop differentiated country presence models to effectively meet the needs of countries at different levels of development.
  - Measure agency and system-wide results in a cost-effective way, which will require the UN development system to adopt a coherent results-based management system across entities and also require a work force that is well trained, equipped, mobile and driven to work for One UN.
  - Strengthen partnerships between governments, civil society, private sector, international organizations and other relevant actors.

58. The ECOSOC Dialogue will continue in the coming months, when Member States will develop concrete recommendations for the future positioning of the UN Development System and the next QCPR. UNAIDS has actively supported the dialogue process to date, providing inputs to documents and participating in dialogues and side events. UNAIDS has offered concrete examples from the Joint Programme's experience in multi-sectorality, issue-based coalitions, forging stronger linkages between normative and operational activities, working in broader partnerships, and developing evidence- and rights-based approaches and more inclusive governance. A significant number of examples from UNAIDS, and/or references to UNAIDS, have featured in the papers prepared, including reference to the ECOSOC 2015 Resolution on UNAIDS and its affirmation that the Joint Programme offers the UN system a useful example, for the post-2015 period, of "enhanced strategic coherence, coordination, results-based focus, inclusive governance, and country level impact". In a number of instances, UNAIDS is cited as a potential 'business model' for future UN system development, particularly with regard to greater participation of non-state actors in programming and governance and partnership approaches, as well as enhanced coherence and instilling an effective results culture.
59. The PCB Chair, H.E. Mr Taonga Mushayavanhu, Ambassador, Permanent Mission of the Republic of Zimbabwe to the United Nations Office in Geneva, spoke at the workshop on governance, where he demonstrated how UNAIDS governance and work methods are already reflecting what many Member States are exploring as part of post-2015 reform.

***Chief Executives Board (CEB): UN fit-for-purpose exercise***

60. As noted, the CEB has had a standing item on UN fit-for-purpose in recent sessions, aiming to explore ways in which the UN system can be best prepared to support the implementation of the post-2015 development agenda. UNAIDS has provided key examples of the Joint Programme's experience in these discussions<sup>v</sup> and has contributed through the High Level Committee on Management (HLCM) and UNDG to discussions on strengthening the International Civil Service and developing new business and service delivery models.
61. UNAIDS co-hosted a 'Leadership Seminar' to help prepare UN Resident Coordinators and senior field leaders to deliver in the post-2015 era. The three-day programme considered critical issues such as United Nations Member States' expectations of the UN system in a post-2015 world; 'Delivering as One' on the SDGs; financing the development agenda and focusing on capacity across the UN system to support countries to deliver sustainable development. UNAIDS programmatic, business and governance practices were showcased as an example of 'Delivering as One'.
62. There are additional opportunities to advance UN fit-for-purpose discussions, and UNAIDS positioning within this process, through the UNDG Assistant Secretary-General Advisory Group, which UNAIDS is currently chairing, and the Working Groups under its aegis. Currently the Advisory Group is discussing the articulation of a "theory of change" for UN reform and how the UN development system can reposition itself to better support Member States to implement the SDGs.



## **KEEPING THE MOMENTUM AS WE TAKE THE FAST-TRACK**

63. The 2030 Agenda provides the global policy framework for the next 15 years and the UNAIDS 2016-21 Strategy the roadmap to Fast-Track the AIDS response towards achieving Target 3.3 and accelerating progress across a range of SDGs. Ending the AIDS epidemic as a public health threat by 2030 will demand resources, political leadership, global collective action and more. The year 2016 will be pivotal, as it will both provide the chance to further elaborate the global accountability framework to deliver on the SDGs through the meeting of the High-level Political Forum in July 2016, and enable the global community to take a closer look at humanitarianism and ways to bridge the humanitarian-development divide at the World Humanitarian Summit in Istanbul in May 2016. Furthermore, 2016 will determine whether we mobilize sufficient support for our ambition to end the AIDS epidemic by 2030. A series of events over the course of the year, including the five discussed below, provide openings to scale up different dimensions of the AIDS response to implement the UNAIDS 2016-21 Strategy and achieve SDG Target 3.3.

### ***The African Union Summits***

64. Despite significant progress in the last decade, Africa remains the region most affected by the AIDS epidemic. The 2016 African Union (AU) Summits on the theme 'Year of Human rights with Special Focus on the Rights of Women' will provide occasions to take stock of progress, identify challenges and agree actions and milestones to end the AIDS epidemic in Africa by 2030.
65. At the June 2015 Summit, African leaders extended to 2020 the AU Roadmap for Shared Responsibility and Global Solidarity for AIDS, TB and Malaria Response in Africa. In combination with the Abjua +12 Declaration, this Roadmap provides a strong foundation on which the UNAIDS Strategy for 2016-2021 can be implemented in Africa. Furthermore, in light of the leading role played by the AU at the UN 2011 High Level Meeting on AIDS, which resulted in an ambitious and far-reaching Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, it is hoped that relevant AU platforms, including the Ministers of Health Conference and Summit, will provide forums to prepare for the upcoming UN High Level Meeting on HIV and AIDS (see below).

### ***A Fourth Pillar at the UNGASS on the World Drug Problem***

66. UNAIDS is contributing to the preparatory work of the upcoming UN General Assembly Special Session (UNGASS) on the World Drug Problem in April 2016. Worldwide, approximately 13 million people inject drugs. People who inject drugs are 28 times more likely to acquire HIV than the general population. However, the international drug control system lacks a public health perspective.
67. The UNGASS has the potential to be a ground-breaking debate regarding the international drug control system and to provide much-needed momentum to place public health firmly on the agenda of the international drug control system. A public health approach includes providing people who use drugs with evidence-based harm reduction services and access to controlled substances for medical use, for example, to treat drug dependence. This will help save lives and money.

68. This is why UNAIDS is advocating for a fourth “pillar” on public health to be added to the existing three<sup>vi</sup>: supply reduction; demand reduction; and countering money-laundering and promoting judicial cooperation to enhance international cooperation. If successful, this would see measurable goals and targets set for public health outcomes, supporting overall efforts to end the AIDS epidemic by 2030.

### ***Accelerating the movement for ending AIDS at Durban – July 2016***

69. The 21st International AIDS Conference (AIDS 2016) will be held 17-22 July 2016 in Durban, South Africa. The biennial International AIDS Conference allows science, leadership and community to converge for advancing all facets of the AIDS response.

70. The Conference was last held in Durban in 2000 – a time when access to lifesaving antiretroviral drugs was severely limited in the developing world and development partner spending on AIDS was a small fraction of current funding levels. Many remember the Durban conference as an important turning point in the AIDS response, galvanizing action to address global inequities in access to essential HIV services. AIDS 2016 will be a time to both celebrate successes and reflect on challenges and opportunities along the road ahead. Under the theme of *Access Equity Rights Now*, the conference will serve as an important milestone to galvanize momentum among civil society and other actors for Fast Tracking the AIDS response.

### ***Fifth Replenishment of the Global Fund to Fight AIDS, TB and Malaria***

71. A significant scale-up in resources is needed in the coming five years to set the trajectory to end the AIDS epidemic by 2030. As the Global Fund to Fight AIDS, Tuberculosis and Malaria is of the principal sources of international public financing for the AIDS response, a successful fifth replenishment of the Global Fund will be critical to place the AIDS response firmly on the right trajectory. UNAIDS and the global AIDS movement must do their utmost to support a successful replenishment. Like the integrated and indivisible agenda of the SDGs, the work of UNAIDS and the Global Fund is inextricably linked – we cannot deliver without the resourcing behind the UNAIDS 2016-2021 Strategy, nor can the Global Fund be expected to deliver if we do not.

72. The Fund's Fourth Voluntary Replenishment Conference occurred in Washington DC in December 2013, where US\$12 billion was mobilized. The preparatory meeting for the Fund's fifth replenishment will be held in Tokyo, Japan on 17 December 2015 and will provide partners with key information on results to date and the resources needed over the next three years to accelerate efforts to end the three epidemics. The Replenishment Pledging Conference is planned for 2016 and will aim to mobilize commitment and resources from traditional donors, emerging powers, implementing countries and the private sector towards this end.

### ***The United Nations High Level Meeting on HIV and AIDS***

73. As decided at the Sixty-eighth General Assembly, the next High Level Meeting on HIV and AIDS (HLM) will take place in 2016<sup>vii</sup>. Consultations will be held among Member States in the coming months to determine the timing, which is likely to be in June, modalities and organizational arrangements for the high-level event. Member States will also consider whether a review of Security Council resolution 1983 would be appropriate at the same time.
74. The HLM will come at a pivotal moment, when the SDGs are being translated into concrete plans, systems and strategies for implementation. The HLM constitutes an important milestone in implementing the UNAIDS 2016-21 Strategy and for Member States to commit to concrete targets on HIV at the highest intergovernmental level. The HLM has the potential to stimulate global leadership to help catalyse and commit resources to achieve the Fast-Track targets and identify actions to achieve SDG Target 3.3.

### **CONCLUSION: THE SDGs MARK THE BEGINNING OF A MOMENTOUS JOURNEY**

75. After over three years of an intensive consultative process, the 'post-2015 development agenda' has been adopted. Inputs have been gathered from people in all corners of the world through regional, online and thematic consultations. Numerous high-level panels, conferences, consultations, side events, blog space, tweets, op-eds, research papers, commentaries and more have been dedicated to envisioning the future we want in 2030 and to analysing and providing inputs to strengthen the Agenda as it has gone through multiple iterations. Civil society has been involved in the intergovernmental process in a way that is unprecedented. The result is a universal, ambitious and people-centered Agenda that seeks to address inequalities and the broader determinants of health across sectors.
76. The SDGs present an extraordinary opportunity – they have the potential to transform our world. The global AIDS response stands ready to address the critical links between HIV and a range of SDGs and to support the implementation of the 2030 Agenda as a whole.
77. Target 3.3 on ending the AIDS epidemic was achieved thanks to the efforts of many. A critical starting point was the strong case mounted for ending the AIDS epidemic by 2030, using language agreed through the PCB<sup>viii</sup> and ECOSOC<sup>ix</sup> as building blocks. Crucially, a movement was generated. UNAIDS has convened relevant stakeholders throughout the process.
78. In 2013, *The UNAIDS and Lancet Commission: Defeating AIDS- Advancing global health* was established to obtain recommendations from a diversity of health experts, Heads of State, people living with HIV, women and girls, young people, activists and other partners on the future of the response<sup>x</sup>. Published in June 2015, the Commission's Report warned that if the current, unprecedented level of HIV service coverage is simply maintained, progress to date will be reversed, with rising numbers of people newly infected and more people dying from AIDS-related causes. The report galvanized further support for the commitment to end the AIDS epidemic by 2030 by providing evidence to demonstrate that it is possible and that we have the knowledge, tools and capacity to do so.

79. Civil society has played a crucial role throughout in securing the commitment to ending the AIDS epidemic, with young people at the forefront. Today's young people are the generation that will end the AIDS epidemic. Through ACT! 2015 and other initiatives, young people have demanded meaningful engagement in decision-making at all levels to ensure a youth-friendly HIV response that is tailored to the needs of young people and fulfills their SRHR in the post-2015 period.
80. The commitment made by the international community to end the AIDS epidemic by 2030 marks the successful conclusion of one chapter and the beginning of a momentous journey starting with the adoption and implementation of the UNAIDS Strategy 2016-2021. The Strategy outlines how to move forward over the next six years to put us on the right track – the Fast-Track – to achieve SDG Target 3.3. by 2030.
81. Implementing the SDGs will demand major shifts in the way we work within, across and beyond the UN system. Thirty years of the AIDS response has generated extensive experience and has demonstrated what is possible through collective global action. In 2016, several major events will provide critical opportunities to consolidate our efforts, deepen political commitment, galvanize support from a wider range of stakeholders, and garner greater momentum for accelerating progress.
82. UNAIDS and its partners in the global AIDS response are well positioned to mobilize support to build on the progress made under the MDGs and the 2011 Political Declaration on HIV and AIDS as we start to implement the SDGs. In the words of the UN Secretary-General, '*Ending the AIDS epidemic — in all places and all communities — is essential to realizing our vision of a life of dignity for all*'.

## PROPOSED DECISION POINTS

The 2030 Agenda provides new opportunities and challenges. In this context, the Programme Coordinating Board is invited to:

83. *Encourage* Member States to advocate for the global indicator framework on the Sustainable Development Goals to accurately monitor progress on the AIDS response in all countries and for all populations;
84. *Further encourage* Member States to advocate for key approaches of the AIDS response, including leaving no one behind and the inclusion and meaningful participation of communities most affected, to be reflected in the global framework for follow-up and review of the 2030 Agenda to be elaborated by the High-level Political Forum;
85. *Recognize* that implementing the 2030 Agenda and the UNAIDS 2016-21 Strategy will demand, and be determined by, action across a range of relevant Sustainable Development Goals and by building strong and resilient systems for health;
86. *Request* the Joint Programme, in light of the above decision point 3, to continue to share its experience in developing innovative approaches to complex development challenges and forge new partnerships and adapt in order to contribute to results across the 2030 Agenda.

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- <sup>i</sup> Open letter of the UN High Commissioner for Human Rights to all permanent missions of NY dated 27 July 2015.
- <sup>ii</sup> Lancet Special Edition on faith and health care, July, 2015
- <sup>iii</sup> As agreed by the PCB at its 34<sup>th</sup> meeting, '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'.
- <sup>iv</sup> <http://unaids-ap.org/2014/10/27/harnessing-the-power-of-technology-for-social-transformation/>
- <sup>v</sup> These include reference to the ECOSOC 2015 Resolution on UNAIDS and its affirmation of the Joint Programme as a useful example for the UN system in the post-2015 period.
- <sup>vi</sup> The "Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem" (March 2009)
- <sup>vii</sup> Decision titled "Global Partnerships" (document A/68/L.51) on implementation of the Declaration of Commitment on HIV/AIDS.
- <sup>viii</sup> UNAIDS PCB decisions in 2013, July 2014
- <sup>ix</sup> ECOSOC resolution E/RES/2015/2
- <sup>x</sup> <http://www.unaids.org/en/resources/campaigns/post2015>

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