



UNAIDS PROGRAMME COORDINATING BOARD

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THIRTY-EIGHTH MEETING

Date: 28 – 30 June 2016

Venue: Executive Board Room, WHO, Geneva

Agenda item 3

Follow-up to the Thematic Segment from the 37th Programme Coordinating Board meeting:

Shared responsibility and global solidarity for an effective, equitable and sustained HIV response for the post-2015 agenda: *Increasing domestic funding to ensure a comprehensive and sustained HIV response, including ensuring domestic funding that respects the GIPA principle and addresses the needs of key populations, including women and girls, and other vulnerable groups, in line with national epidemiological contexts.*

Additional documents for this item: *none*

Action required at this meeting - the Programme Coordinating Board is invited to:
(see decisions in below paragraphs)

67. Take note of the summary report of the Programme Coordinating Board Thematic Segment on “Shared responsibility and global solidarity”;

68. Recognize that:

- a. The Fast-Track requires accelerated action, focus, front-loading of resources, and innovation in service delivery, financing and partnerships and therefore it is critical to ensure continued international and increased domestic support to achieve the ambitious Fast-Track goals by 2020 in order to end AIDS by 2030;
- b. In view of the meaningful and measurable involvement of civil society organizations and people living with HIV in the AIDS response, it is important to continue investing and supporting civil society, including networks of people living with HIV to enhance their essential role in fast tracking the AIDS response.

69. Encourage Member States to:

- a. Pursue tailored approaches to investment in the AIDS response in cooperation with their development partners, civil society organizations and the private sector based on values of equity and fairness guided by principles enshrined in the Agenda for Sustainable Development and the Addis Ababa Action Agenda, including Common but differentiated Responsibilities and Global Solidarity and Shared Responsibility, as well as regional commitments, such as the African Union Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria;
- b. Base resource allocation on good-quality and more granular data and continue to strengthen data systems to eliminate inefficiencies and reallocate existing resources based on a population and location approach;
- c. Accelerate actions regarding resource mobilization, efficiency gains, Universal Health Coverage and social protection, human resources for health, technology transfer and capacity-building to fill the existing funding gap to gain epidemic control.

70. Request the Joint Programme to:

- a. Support member states and civil society organizations and other partners in coordinating discussions on HIV financing and transition planning for programmatically and financially sustainable AIDS responses;
- b. Further support member states and civil society organizations in maximizing the use of available resources and exploring and implementing innovative financing options;
- c. Support countries to strengthen systems for health that incorporate the public sector, private sector and local communities in the response, and explore innovative service delivery options;
- d. Support countries in identifying opportunities to improve and/or sustain the supply of antiretroviral medicines and other HIV-related health commodities.

BACKGROUND

1. The Thematic Segment of the 37th meeting of the UNAIDS Programme Coordinating Board (Board) focused on: **Shared responsibility and global solidarity for an effective, equitable and sustained HIV response for the post-2015 agenda:** *Increasing domestic funding to ensure a comprehensive and sustained HIV response, including ensuring domestic funding that respects the GIPA principle and addresses the needs of key populations, including women and girls, and other vulnerable groups, in line with national epidemiological contexts.*
2. This report summarizes the background information, presentations and discussions at the thematic segment. The report does not aim to describe the entirety of the session, but rather to identify key themes that emerged during the segment.
3. Guided by a PCB Working Group, the Secretariat prepared a background note intended to provide key information and help frame the discussions during the thematic segment. The framing provided by the background note addressed both global considerations – such as the position of the HIV sustainability challenge within the broader transition from the Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs) – as well as more granular considerations, such as possible options for mobilizing essential resources for the AIDS response.
4. The Agenda for Sustainable Development reflects an important paradigm shift – from a focus on development in resource-limited settings to a focus on development for all. Efforts to achieve the SDGs will occur in a world that has radically shifted and that will continue to evolve, with new poles of global and regional influence, greater connectivity, intensifying challenges posed by civil conflict and massive population movement and enhanced appreciation for the increasingly globalized nature of the determinants of health. The SDGs will demand an unprecedented level of intersectoral and multi-stakeholder collaboration.
5. In many ways, the HIV movement, with its multisectoral response and emphasis on shared responsibility and global solidarity, prefigured the Agenda for Sustainable Development. As outlined in the background note, shared responsibility and global solidarity embodies a partnership for sustainability based on five shared commitments:
 - Meeting the resource needs of an efficient response;
 - Ensuring supportive legal and policy environments;
 - Strengthening systems to deliver HIV-related services;
 - Mobilizing multistakeholder and multisectoral cooperation; and
 - Inclusive governance and people-centred accountability.
6. Since the Millennium Development Goals (MDGs) were officially endorsed in 2000, investments in HIV programmes in low- and middle-income countries have substantially grown, rising to a project US\$ 21.7 billion in 2015. In recent years, the balance between international and domestic financing of the AIDS response has shifted towards the latter, with domestic public sector investments accounting for 57% of all HIV-related resources in low- and middle-income countries in 2015.

7. The Fast-Track approach, which aims to lay the groundwork to end the AIDS epidemic as a global public health threat by 2030, will require US\$ 26.2 billion in 2020 in low- and middle-income countries. This includes investments of US\$ 7.4 billion in low-income countries, US\$ 8.2 billion in lower-middle-income countries and US\$ 10.5 billion in upper-middle-income countries.
8. Reaching these Fast-Track investment targets will require substantial increases in domestic public sector financing. The share of domestic public resources out of overall HIV spending should increase from 10% to 12% in low-income countries, from 22% to 45% in lower-middle-income countries, and from 80% to 95% in upper-middle-income countries. As some countries lack the means to fully self-finance their AIDS responses, international HIV assistance will also remain essential; UNAIDS estimates that international HIV assistance will need to rise from US\$ 8.8 billion in 2014 to US\$ 11.6 billion in 2020 in order to Fast-Track the response.
9. In addition to highlighting various national case studies, the background note described key challenges and opportunities for achieving sustainable funding. Options were described for creating fiscal space for increased domestic investments and for ensuring that national investments align with HIV burdens and national capacities. Fiscal space exists in most low- and middle-income countries to increase domestic financing for HIV, but efforts to leverage this space will need to overcome political and practical challenges. Increasing the engagement of Ministers of Finance will be essential to mobilizing new domestic resources for HIV.
10. At the same time that domestic resources are increased, the trend towards a flattening of international HIV assistance will need to be overcome. In particular, a number of high-income countries do not contribute a share of HIV assistance that is commensurate with their share of the global economy. A key strategy for increasing international investments is to ensure robust support for the Global Fund to fight AIDS, Tuberculosis and Malaria, as bilateral channels are accounting for an increasing share of international HIV financing.
11. To maximize the impact of resources, investments need to be carefully focused on the populations and locations where need is greatest. In particular, urgent efforts are needed to reverse the longstanding under-prioritization of HIV programming for key populations; latest available WHO/UNAIDS data estimates that men who have sex with men, people who inject drugs, prisoners, sex workers and transgender people, together with their intimate partners, account for 40-50% of new HIV infections. Especially in high-burden countries, resources must be better targeted to address the needs of women and adolescent girls. In all settings, robust epidemiological data are needed to inform and guide decisions regarding resource allocation.
12. The efficiency of HIV investments will also need to improve. Efficiency-promoting steps should be holistic, encompassing allocative efficiency, above-facility efficiency and implementation efficiency. Although there is a need for additional evidence on best practices for efficiency, several strategies have already proven to be effective, including optimally favourable procurement; data-supported and results-based monitoring; and rigorous programme management. Market-shaping strategies, such as those undertaken by the Global Fund, UNITAID and the Clinton Health Access Initiative, can help lower commodity prices, build demand for strategic products and contribute to long-term sustainability. The efficiency of HIV response can be further enhanced by greater integration of HIV services with other health services.

13. The push to achieve Universal Health Coverage also offers an important avenue for increasing the reach and impact of HIV efforts and sustaining national HIV responses. Growing calls for Universal Health Coverage reflect and respond to both medical and human rights imperatives. Translating the vision of Universal Health Coverage into reality will demand concerted efforts to strengthen health systems.
14. The background note also described various alternative funding sources that may potentially complement the traditional financing sources of national budgets and official development assistance. These include new levies or taxes, such as on airlines, financial transactions or alcohol purchases. Grants or loans also provide another potential financing option, although such approaches require careful analysis of national debt load as well as the specific terms of individual grants. At the global level, it would appear the most attractive possibility remains an incremental tax on financial transactions, although political resistance has thus far prevented this approach from being adopted.
15. The background note also touched on a number of other key issues pertaining to long-term sustainability of the AIDS response. The rise of China, India, South Africa, Brazil and other countries has rapidly altered global economic and political dynamics and offers potentially important new options for funding the AIDS response. Steps will be required to ensure future access to affordable medicines and other HIV commodities. Major action is also needed to increase funding for essential civil society activities, including advocacy, demand creation, service delivery and monitoring and evaluation.
16. Across all these various options, innovative partnerships will be required. For example, engagement of the private sector should increase, extending beyond traditional notions of corporate responsibility.

SHAPING THE DEBATE: OPENING SESSION

17. With the framing of the issues provided by the background note, the Board Chair, H.E. Mr Pagwesese David Parirenyatwa, Minister of Health and Child Care, Zimbabwe, welcomed Member States and observers to the opening of the full-day thematic session of the 37th Board meeting on 28 October 2015.
18. UNAIDS Executive Director Michel Sidibé addressed the Board, stressing the timeliness of the thematic session, as the Board had adopted the updated UNAIDS Strategy for 2016-2021 earlier at the 37th Board meeting. He said that adoption of the Strategy underscored the need to focus on the means of implementation, including ways to transcend the dependency crisis in many countries and to use HIV as an entry point for progress across the broader Agenda for Sustainable Development. Sustainability needs to be understood broadly, he said, encompassing both financial and programmatic sustainability.
19. Under the Agenda for Sustainable Development, new mechanisms will be needed to share the responsibility of addressing key development priorities. Nearly 80% of the world's poor live in middle-income countries. New delivery strategies will be needed, such as multi-month prescriptions for antiretroviral therapy and extended models of task-shifting. New policy approaches and governance models will be required, and prioritized efforts are needed to build national and local capacities for commodity security, including through the transfer of knowledge to produce generic medicines.

Shared responsibility, global solidarity and Africa's development agenda

20. Two keynote presentations helped set the stage for the thematic session. Dr Ibrahim Hassane Mayaki, Chief Executive Officer of the NEPAD Planning and Coordinating Agency, shared the perspective of the African Union on HIV and the new Agenda for Sustainable Development. Prior to the MDGs, Dr Mayaki advised, many countries focused on cost-cutting without thinking strategically about the social dimensions of development or long-term national priorities. The MDGs helped reposition the social dimension of development at the centre of the African agenda. Having adapted public administrative systems to this way of thinking, Africa made enormous strides under the MDGs in tackling many of its most serious problems, he said. Under the MDGs, new poles of influence, including organizations of women and young people, emerged to push governments to do more to address development priorities. Robust economic growth occurred over the last 15 years, but these gains were often not broadly shared within African societies. The failure to date to ensure an equitable sharing of the fruits of development gains means that progress in the region remains highly fragile.
21. Towards reducing the region's dependency on external donors and increasing the social benefits of economic gains, the African Union (AU) worked with UNAIDS to design the AU Roadmap on shared responsibility and global solidarity on AIDS, tuberculosis and malaria, Dr Mayaki stressed. The AU Roadmap reflects the emerging priorities of the Agenda for Sustainable Development, including intensified national ownership of health responses, diversification of funding, increased emphasis on bottom-up solutions to health and development challenges, and enhanced interaction between actors and sectors. Through development of the AU Roadmap, the region has recognized the critical importance of multisectorality, the fact that AIDS is not just a problem of the health sector and that institutional changes are needed to encourage and adapt to a multisectoral approach.
22. Dr Mayaki stated that, although clear gains have been made towards reducing aid dependency and increasing national ownership of the health and development agenda, key gaps persist. The region faces an annual infrastructure investment gap of US\$ 93 billion, and fiscal capacities, while greater than in the past, continue to lag behind other regions. By increasing fiscal space by one percentage point, Africa could generate an additional US\$ 65 billion. These gaps point towards the need to strategically use official development assistance to increase national capacity for resource mobilization.
23. In contrast to the MDGs, which focused on development for the poorest, the SDGs aim to provide a framework for universal development. By adopting a 50-year perspective through the Agenda 2063 process, Africa forged a common, long-term position on the emerging development paradigm, Dr Mayaki noted. Consistent with the universal nature of the SDGs, AIDS is a global problem that requires a global solution, underscoring the urgent need for continued engagement by international donors during the transition period towards the end of the AIDS epidemic as a public health threat. In this regard, Dr Mayaki said, UNAIDS has provided an extremely useful example of global governance.

Innovation, governance and sustainability

24. Ms Alessandra Nilo, co-founder and executive director of GESTOS-HIV+, focused on innovative ways to mobilize the investments needed to *Fast-Track* the AIDS response. She emphasized the importance of ensuring that funding reaches community groups at the grassroots level, calling for the development of clear indicators to track funding for community groups. However, in many parts of the world, non-governmental organizations are closing their doors, she said, sometimes because their work has been

criminalized. In particular, organizations serving key populations often confront official harassment. In the post-2015 era, robust indicators need to be in place regarding the inclusion and empowerment of people living with HIV.

25. While some may argue that funding is not available to achieve the SDGs or to *Fast-Track* the AIDS response, Ms Nilo said, the actual impediment is lack of political will rather than lack of money. Increasingly, a small sliver of the global population possesses the majority of global wealth. Fast-Tracking the AIDS response will require a global paradigm shift in economic and political mindsets and in global power relations, she said. No one should be left behind, and universal access to services should be guaranteed. She called for greater ownership and control of development by government institutions and enhanced regulation of the private sector. She said that requests for extension of waivers under the Trade-Related Aspects of Intellectual Property (TRIPS) agreement should be granted, even in the face of opposition from individual countries, in order to secure future access to generic medicines.
26. At the same time that countries are increasing domestic investments in AIDS, many international donors are withdrawing their support for national AIDS responses, Ms Nilo said. She emphasized the importance of understanding AIDS spending as an investment rather than an expense. She called for moving beyond voluntary contributions to multilateral agencies and development of binding international agreements to finance the SDGs and the *Fast-Track* 2016-2021 HIV/AIDS Strategy. In particular, Ms Nilo called for implementation of a tax on financial transactions to help mobilize resources for the SDGs and the *Fast-Track* agenda, submitting that a 0.05% tax on derivatives could raise US\$ 68 billion per year. Ms Nilo expressed support for Mr Sidibé's call for a focus on the means of implementation, urging that the upcoming 2016 High Level Meeting on HIV/AIDS serve as a platform for emphasizing the urgency of renewing commitment in the AIDS response.

MODERATED HIGH LEVEL PANEL DISCUSSION: ENSURING SUSTAINABILITY ON THE FAST-TRACK TO ENDING AIDS

27. Mr Luiz Loures, Deputy Executive Director of UNAIDS, moderated a high-level panel discussion. Mr Loures emphasized the importance of innovating in efforts to ensure sustainability on the Fast-Track. He emphasized that resource needs would differ by income level and encouraged the Board, as the global governance mechanism for the AIDS response, to promote effective action in the response with respect to financing, governance and commodity security.

Meeting the Fast-Track challenge

28. Ambassador Deborah Birx, U.S. Ambassador-at-large and Global AIDS Ambassador, cautioned that the world is headed towards an increase in new HIV infections if it fails to build on gains to date. Sustainability, she said, demands that the growth in the epidemic be halted. The next five years represent a critical window of opportunity to bring the epidemic under control and lay the foundation to end the epidemic by 2030.
29. Achieving this will involve more than just funding, Ambassador Birx stressed, but will also require that we do the right things right now for the right people in the right places. These include a rapid scale-up of antiretroviral therapy, improved supply chain management, sharp reductions in new HIV infections among women (including through the multi-country DREAMS partnership) and sharp reductions in men resulting from scale-up of voluntary medical male circumcision. She cited recent data from Kenya indicating that, in

some settings, service coverage is lowest in the highest-burden areas, underscoring the importance of improving service targeting.

30. Ambassador Birx said that Fast-Tracking the AIDS response will demand strong political commitment and a willingness to make hard choices. Although dramatic declines in HIV incidence have occurred, it is projected that the population of young people will substantially increase in the coming years, potentially leading to an actual increase in new infections. In moving forward, the AIDS response should fully leverage strategic HIV-related data, the best for any comparable disease or health condition.
31. Ambassador Birx emphasized the importance of HIV treatment as a core prevention priority, with evidence indicating that countries that have rolled out antiretroviral therapy the fastest achieved the sharpest declines in new infections. Through new targets, PEPFAR has aligned its approach with the 90-90-90 target to provide a clear roadmap. New WHO guidelines on antiretroviral therapy and pre-exposure prophylaxis (PrEP) underscore the need to rapidly align policy with available scientific evidence. Ambassador Birx recommended that all countries take immediate steps to adopt the new WHO guidelines.
32. Ambassador Birx called for implementation of innovative service models to accelerate scale-up and improve outcomes. She cited examples of innovation, including task shifting, training for community workers, integration and bundling of multiple health interventions (e.g., immunization, screening), extended antiretroviral refills and decentralization of treatment services. However, few countries have adopted these innovations, requiring people to return to clinics to pick up drugs. Kenya's HIV prevention roadmap reflects innovation, including granular, county-by-county analyses to determine where prevention services should be targeted. Another innovation involves reducing the frequency of diagnostic tests for stable antiretroviral therapy patients (from twice a year to once a year).
33. Ambassador Birx cited analyses by the Bill & Melinda Gates Foundation and the Clinton Health Access Initiative indicating that it would be possible with current funding to reach 28 million people with treatment services by World AIDS Day 2016 through improving service delivery strategies. To Fast-Track the response, Ambassador Birx said, granular tracking and analyses of health service costs will be needed in order to maximize efficiencies.
34. Intensified efforts are urgently needed to eliminate paediatric HIV infection, Ambassador Birx said. Programmes must do a much better job of ensuring that mothers living with HIV receive and remain on HIV treatment. The very low treatment coverage for children in many countries prompted PEPFAR and its partners to launch the Accelerating Children's HIV/AIDS Treatment (ACT) initiative. With respect to the cycle of infection that affects many young men and women, a key strategy is to immediately initiate antiretroviral therapy for all test HIV-positive people rather than counselling people with early infection to wait months or years before starting treatment. Education will also play a key role in reducing vulnerability to HIV, especially among adolescent girls and young women.
35. Ambassador Birx closed by emphasizing the critical role of civil society in the Fast-Track agenda. Civil society was the first to embrace the AIDS response and have spearheaded some of the most profound advances in the history of the response. However, many civil society groups are losing funding because donors often fail to support civil society advocacy. She called for increased funding for the UNAIDS Secretariat in order to allow UNAIDS to provide essential support for civil society advocacy.

The role of finance ministries in Fast-Tracking the AIDS response

36. Dr Mohamed Maait, First Deputy Minister of Finance of Egypt, addressed how finance ministries can help mobilize resources to support the HIV strategy adopted by the Arab League. He noted that his country, with relatively low HIV prevalence, began its national programme in 1986. Regionally, the Arab League has adopted a Strategy for AIDS, endorsed by all ministries of health.
37. In examining the role of finance ministries in Fast-Tracking and sustaining the AIDS response, Dr Maait offered Egypt's experience with hepatitis C (HCV) as an example from which to learn. With more than 7 million people in Egypt living with HCV, the country has mounted a major effort to end the HCV epidemic by 2020, supported by strong political commitment. Civil society and the private sector are integral partners in this national effort, funding more than 80% of the costs of liver transplants. To oversee the national HCV response, Egypt empanelled a special committee to coordinate the work of diverse partners and to determine total funding needs. Having robust political support from senior leaders has helped ensure the active engagement of the Egyptian finance ministry in national HCV efforts.
38. Dr Maait advised that finance and health ministries often speak different languages. He said that finance ministries are focused on what can be achieved with available resources and are less interested in slogans than in concrete data and efficiency-promoting steps. When dealing with finance ministries, advocates for particular health issues should demonstrate the impact that requested funding would have on national security, social development, productivity and/or efficiency. In all such advocacy efforts, civil society is a critical player, Dr Maait said.

An East African perspective

39. Dr Fatma Mrisho, executive chairperson of the AIDS Commission of the United Republic of Tanzania, outlined opportunities and challenges associated with sustainability of the country's AIDS response. With the aim of enhancing efficiency and impact, Tanzania's AIDS response has intensified its focus on 12 specific regions and is now working to identify districts and sub-districts within regions that also warrant enhanced targeting. The country is also aiming to use data to identify key epidemic hotspots; for example, the region with the lowest overall HIV prevalence is also home to mining communities that have exceptionally high prevalence. Tanzania is also complementing its mapping work with strategic integration of services and use of unconventional service delivery methods to increase efficiency and impact.
40. Improving efficiency requires a more robust data system to inform decision-making. In particular, Dr Mrisho emphasized the importance of tracking the cost of services, which can strengthen the ability of health officials to negotiate with the finance ministry. Increasing the engagement of the private sector and civil society can help de-congest public sector channels, and much greater effort is needed to engage other sectors in addition to health.
41. Tanzania has benefited from strong parliamentary leadership on AIDS, resulting in creation of an AIDS trust fund. Dr Mrisho said this fund now needs to be adequately funded, as to date it has only received US\$ 1.5 million in financing. She also cited the HIV investment case as a useful platform for optimizing the AIDS response based on available resources. One challenge to the AIDS response is the perception that HIV is well funded in comparison to other health issues. Dr Mrisho cautioned against a too-

rapid transition to national ownership by the international community, as arbitrary GDP levels do not necessarily translate into better health and survival.

Advocacy for harm reduction services in Eastern Europe and Central Asia

42. Ms Daria Matyushina-Ocheret, Deputy Director of advocacy and communication for the Eurasian Harm Reduction Network, emphasized the importance of increasing domestic financing for Fast-Tracking the response. She cited the example Tajikistan, a resource-limited country that has pledged to co-found harm reduction programmes over the next three years.
43. A key factor in Tajikistan's decision was the active advocacy of civil society. Ms Matyushina-Ocheret said that civil society is an important agent to catalyse change, and she encouraged UNAIDS to develop a mechanism to fund civil society advocacy. In addition to advocating for greater funding, Ms Matyushina-Ocheret also said that civil society can help improve the efficiency of AIDS investments and called on UNAIDS to take steps to help open the doors of decision-makers in middle-income countries to civil society advocates.

Strategies to maximize efficiency of AIDS investments

44. Dr David Wilson, global AIDS programme director of the World Bank, described various strategies to improve the efficiency of AIDS responses. He said that allocative efficiency, i.e., focusing on the most effective mix of interventions, could increase the efficiency of AIDS responses by 30% in concentrated epidemics, 20% in mixed epidemics and 10% in generalized epidemics. In addition, Mr Wilson said that improving programmatic efficiency – through improved logistics, targeting, performance contracting and other means – could further improve efficiency by 20-40%.
45. Dr Wilson said the AIDS response should continue to harvest innovation, which has already generated new and less toxic HIV drugs, the first new TB drugs since World War II, breakthrough treatments for HCV and emerging vaccines for dengue and malaria. There are also other ways to leverage technology to strengthen AIDS responses, such as possible innovations from the field of robotics to reduce costs associated with drug dispensing. He called for innovation to build the kind of health systems needed for the 21st century, citing innovative strategies to improve health system performance. Putting implementation science at the centre of our efforts will be essential, he said.
46. Dr Wilson commended steps by the BRICS countries to assume domestic responsibility for their national response, which in turn has enabled donors to increase their focus on low- and lower-middle-income countries. Regardless of income status, Dr Wilson said, all countries should commit to an appropriate degree of self-financing. Especially in fragile countries, which are unlikely to graduate to middle-income status, the continued support of the international community will be needed. In all countries, economic growth needs to be tapped to increase domestic investments in the AIDS response. He also said all countries, especially in Africa, need to invest domestically in health. By leveraging economic growth and appropriately prioritizing health within national budgets, it is feasible to achieve Universal Health Coverage that includes HIV. Dr Wilson said that partners such as the Global Fund and PEPFAR can help “turbocharge” the response to ensure that the goal of ending the AIDS epidemic is achieved by 2030.
47. In response to the presentations, Board members underscored the importance of investing in health systems. Board members called on UNAIDS to advocate for greater priority in domestic and international funding for the health sector. Innovation in

addressing the health financing challenge was encouraged, with one speaker suggesting health system bonds as one potential way to increase investments in health programmes.

48. Board members focused on various ways to improve the efficiency of health investments. It was noted that key location mapping has proven to be a useful means of enhancing the efficiency and impact of AIDS responses. Steps to improve procurement strategies, mechanisms and systems were also recommended. Board members agreed with speakers on the importance of strengthening data systems and using good-quality data to influence decision-makers to invest in the AIDS response.
49. Board members stressed the global nature of the AIDS challenge, calling for a renewal of international solidarity in the response. Specific calls were made to sustain and expand best practices in Eastern Europe and to ensure that all HIV-related efforts are grounded in human rights to leave no one behind.

MODERATED HIGH LEVEL PANEL DISCUSSION: POWER OF PARTNERSHIP FOR IMPLEMENTATION, INNOVATION AND EQUITY: COLLECTIVE SOLUTIONS FOR A SUSTAINABLE AIDS RESPONSE

50. Ms Alanna Armitage of UNFPA moderated another high-level panel discussion that focused on partnerships. She cited partnerships as a means to alter the trajectory of the epidemic, generate new delivery models, improve the governance of the AIDS response and address the needs of key populations and vulnerable groups.

Innovative partnerships to build local capacity

51. Dr Lambert Grinjs, Ambassador for sexual and reproductive health and rights for the Netherlands, focused on strategies to build local capacity at a time when donor funding is declining. In some European countries, he noted, the influx of migrants has triggered a cut in official development assistance (ODA), as ODA budgets are being used to cover domestic costs associated with refugees and persons seeking asylum.
52. The budgetary pressures on international HIV assistance highlight the need to be as effective and efficient as possible. Dr Grinjs noted that although the Netherlands is the fifth largest bilateral donor, its contribution is considerably smaller than the very largest donors, and the Netherlands has taken steps to bring added value to the AIDS response for these investments. In 2016, the Netherlands will launch a US\$100 million programme focused on service delivery, lobbying and advocacy by key population groups.
53. In a project that has a very modest budget in three countries (Indonesia, Kenya, Ukraine), the Netherlands has worked with UNAIDS (both headquarters and country offices), international NGOs, local community-based organizations (specifically groups representing LGBTI people, sex workers and people who inject drugs) and the Dutch government (including embassies and ambassadors) to build capacity among key population groups. The project aims to empower key populations and assist them in engaging with national structures and budgets. Under this project, UNAIDS has helped build the capacity of local groups on lobbying, while the Dutch government has contributed silent diplomacy and access to European Union coordination platforms. The project, which has been ongoing for two years, includes country consultations that have helped raise awareness of the common concerns confronted by key populations. The project has also enabled key populations to learn from one another and has facilitated key populations' access to formal structures. The project, while modest, reflects a

bottom-up, people-centred approach that seeks to empower those who experience severe stigma and discrimination.

Improving results and sustainability

54. Dr Ade Fakoya, senior advisor on HIV at the Global Fund, emphasized the importance of using local site-level data to help target programmes to the right people and right areas. In particular, he noted the weakness of current data regarding key populations, the need for gender and age disaggregation and the importance of harmonizing data systems among donors.

55. At the same time that greater investments are made in identifying and replicating best practices for efficiency, Dr Fakoya said that more attention is needed to the systems that deliver health services. In particular, community systems play a critical role in the AIDS response and need to be strengthened. He recommended several steps to strengthen the AIDS response, including sufficient domestic resources for health, improvements in the policy and regulatory environment, and greater investments in health and community systems. With respect to advocacy for Fast-Track investments, he also said that decision-makers should be reminded that ending the epidemic is a sustainable act in and of itself.

Private sector efforts to build a skilled health workforce

56. Dr Michael Rabbow, corporate public affairs team leader at the German pharmaceutical company Boehringer Ingelheim, described his company's role in the history of price reductions for antiretroviral medicines. In 2000, Boehringer Ingelheim began a donation programme for prevention of mother-to-child transmission, but the programme was discontinued after scientific advances identified superior prophylactic regimens. Subsequently, Boehringer Ingelheim granted a non-exclusive license for prequalified generic equivalents of its patented medicines. The Medicines Patent Pool later adopted this approach.

57. Boehringer Ingelheim and its private industry partners are also playing a role in building health workforce capacity, Dr Rabbow said. In partnership with other companies, Boehringer Ingelheim began a public-private partnership to train pharmacists, helping create skills and jobs in countries affected by AIDS. In addition, the German Healthcare Partnership provides a one-stop shop for German health technologies available in developing countries, including e-learning models, construction or refurbishing of hospitals, and establishment of lab services. Dr Rabbow said lessons learned through the AIDS response should be leveraged to address the growing problem of non-communicable diseases.

Ensuring access to good-quality, affordable medicines

58. Dr Skhumbuzo Ngozwana, the president of Serenus Biotherapeutics Ltd. (South Africa), emphasized the importance of regulatory systems, noting that many low- and middle-income countries have small regulatory authorities that lack the capacity to regulate supply chains or to inspect factories. He suggested that the control of medicines will be an important determinant of peace and stability and that countries can no longer depend exclusively on external sources of medicines.

59. Dr Ngozwana said the greatest barrier to achievement of the 90-90-90 target is the lack of pharmaceutical production on the African continent. The Pharmaceutical Manufacturing Plan for Africa has identified several concrete steps to address this gap:

strengthen regulatory systems; accelerate access to products and technology; make affordable finance and time-limited incentives available for African pharmaceutical manufacture; foster business linkages with existing pharmaceutical companies; and promote market access. He called on the international community to set aside a small portion of AIDS funding for training to build needed manufacturing capacity. He also recommended that governments enact policies that will catalyse the development of local manufacturing capacity including price and volume guarantees, incentives to local companies to enter the field, etc.

Private sector efforts to strengthen local economies

60. Mr Paulo Barone, the green coffee sustainability manager for Nespresso, described his company's coffee sourcing programme, which works with more than 75 000 coffee producers. In the course of securing a reliable and sustainable supply of coffee for its operations, the company supports employment-related training and other livelihood and economic sustainability programmes in the communities where it sources coffee. Working in Ethiopia, Kenya and South Sudan, Nespresso provides technical support, visits farmers each year and offers opportunities for training to improve quality and productivity. Nespresso also works with the governments in the countries where it sources coffee to extend the retirement system and undertakes efforts to protect the environment. In South Sudan, the company's efforts aim to help revive the country's coffee industry. In these sustainability efforts, health is a central pillar.
61. These efforts make local economies stronger, increases employment opportunities in communities, contributes to stability and reduces incentives for mobility, Mr Barone said.

Building community capacity to influence policy

62. Ms Marake Sala, of the Action for Health Initiative in the Philippines, stressed the importance of building the capacity of communities to influence budgeting and policy. This poses particular challenges with respect to key populations, whose behaviours are often criminalized. She stressed the need for attention to the Asia-Pacific region and more generally to middle-income countries, many of which may soon lose access to international assistance.
63. Ms Sala stressed the importance of addressing stigma and discrimination, which she said persist at high levels in the Asia-Pacific region. As a result of stigma, many countries in the region are hesitant to fund HIV programming for men who have sex with men, people who inject drugs and sex workers, she said. In Asia-Pacific region, she said, only 8% of HIV funding supports HIV prevention programming for key populations. She urged members of the Board to remember the Asia-Pacific region and to ensure continued support for HIV responses in the region.
64. Members of the Board described various ways in which countries are working to increase investments in the HIV response, including funding for prevention programmes and procurement of antiretroviral medicines in Mexico and the establishment of a multi-donor trust fund to strengthen health systems. Board members echoed calls to remain engaged in the HIV response in the Asia-Pacific region and to support proactive approaches to managing the transition from donor-driven financing to increased national ownership.
65. Calls were also made to intensify efforts to address the HIV-related needs of key populations, including through support of critical enablers, an end to criminalization and increased investments in appropriately targeted programmes. It was recalled that young

people are part of all key populations and should be part of the process of making decisions that affect their lives.

66. Closing the session, Mr Loures said the presentations offered examples of how to translate the notion of shared responsibility from rhetoric to reality. Innovations are already being tried, but these now need to be brought to scale. He said the thematic session emphasized the importance of data, innovation, high-level political determination and the critical role of civil society. Citing the example of Nespresso, Mr Loures said the private sector could serve as an ideal laboratory for innovation.

PROPOSED DECISION POINTS

Based on the discussions from the October 2016 Thematic Segment, the Programme Coordinating Board is invited to:

67. Take note of the summary report of the Programme Coordinating Board Thematic Segment on “Shared responsibility and global solidarity”;
68. Recognize that:
- a. The Fast-Track requires accelerated action, focus, front-loading of resources, and innovation in service delivery, financing and partnerships and therefore it is critical to ensure continued international and increased domestic support to achieve the ambitious Fast-Track goals by 2020 in order to end AIDS by 2030;
 - b. In view of the meaningful and measurable involvement of civil society organizations and people living with HIV in the AIDS response, it is important to continue investing and supporting civil society, including networks of people living with HIV to enhance their essential role in fast tracking the AIDS response;
69. Encourage Member States to:
- a. Pursue tailored approaches to investment in the AIDS response in cooperation with their development partners, civil society organizations and the private sector based on values of equity and fairness guided by principles enshrined in the Agenda for Sustainable Development and the Addis Ababa Action Agenda, including Common but differentiated Responsibilities and Global Solidarity and Shared Responsibility, as well as regional commitments, such as the African Union Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria;
 - b. Base resource allocation on good-quality and more granular data and continue to strengthen data systems to eliminate inefficiencies and reallocate existing resources based on a population and location approach;
 - c. Accelerate actions regarding resource mobilization, efficiency gains, Universal Health Coverage and social protection, human resources for health, technology transfer and capacity-building to fill the existing funding gap to gain epidemic control.
70. Request the Joint Programme to:
- a. Support member states and civil society organizations and other partners in coordinating discussions on HIV financing and transition planning for programmatically and financially sustainable AIDS responses;

- b. Further support member states and civil society organizations in maximizing the use of available resources and exploring and implementing innovative financing options;
- c. Support countries to strengthen systems for health that incorporate the public sector, private sector and local communities in the response, and explore innovative service delivery options;
- d. Support countries in identifying opportunities to improve and/or sustain the supply of antiretroviral medicines and other HIV-related health commodities.

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