

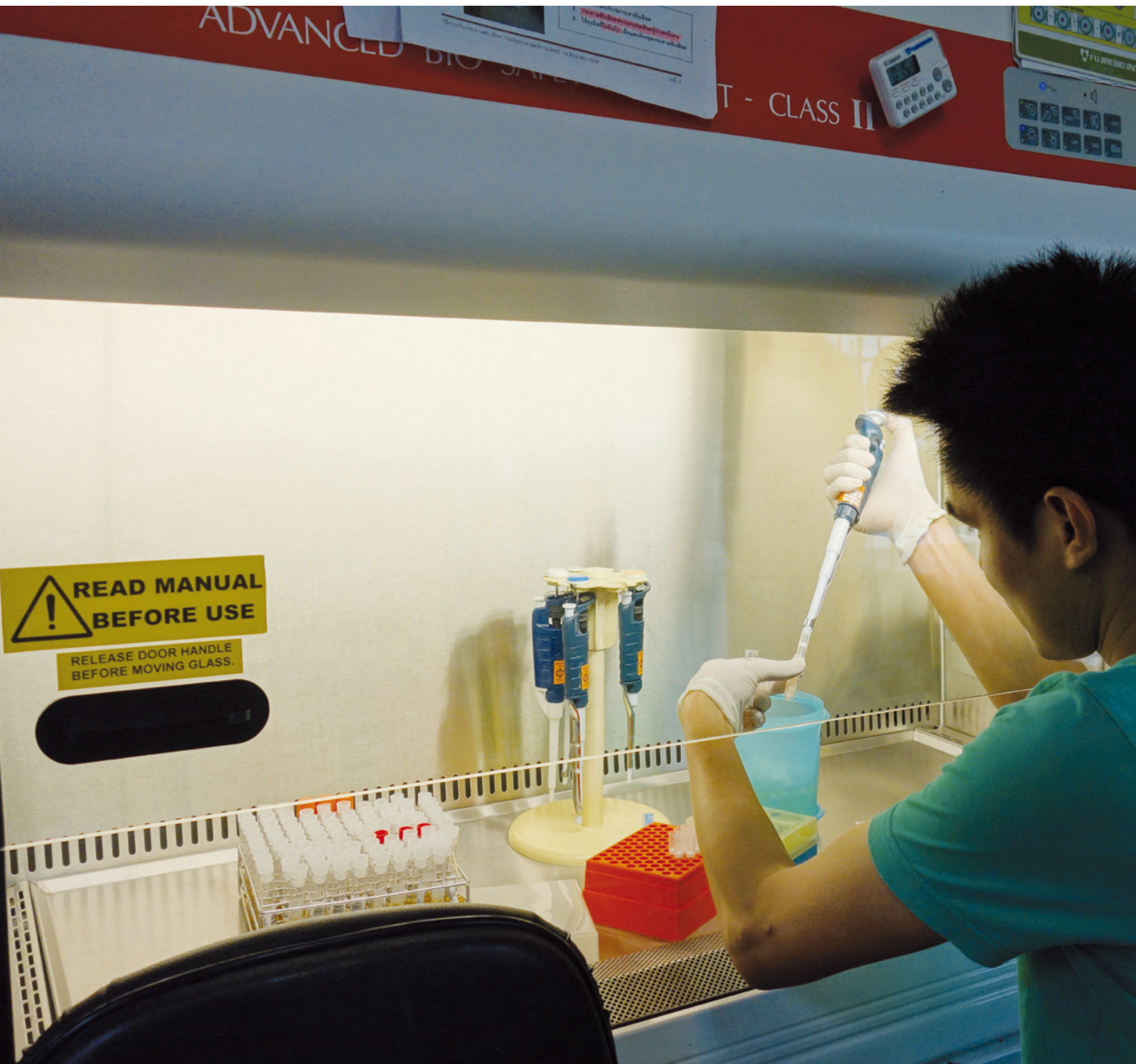


REPORT OF THE SPECIAL ENVOYS FOR HIV/AIDS

TO THE UNITED NATIONS SECRETARY-GENERAL | MAY 2015



“We have the tools, the science and the knowledge to end AIDS once and for all.” Secretary-General Ban Ki-moon





In 2015, global health and development is in transformation. Countries, multilateral organizations and other stakeholders are preparing to transition from the still-unfinished Millennium Development Goals to the more encompassing, broad-ranging sustainable development goals. Ending the AIDS epidemic is vital to reaching this next set of global development ambitions that will save and improve human lives. This is exactly why the AIDS response must occupy a sustainable position in the post-2015 agenda. Its integration will open opportunities to unite the world as never before, because it focuses on people—and leaving no one behind.

To this end, the United Nations Secretary-General's Special Envoys for HIV/AIDS have reaffirmed their commitment to the goals of the 2011 Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS. During 2014, the Special Envoys for HIV/AIDS focused on specific priorities geared towards intensifying efforts to end the AIDS epidemic in their respective regions. They have also centred their advocacy on some of the newer and more ambitious initiatives promoting global solidarity and inclusion. Chief among these are the United Nations Secretary-General's Open Working Group on Sustainable Development Goals, the UNAIDS–Lancet Commission on AIDS and Global Health, the Melbourne Declaration of the 20th International AIDS Conference and the UNAIDS 90–90–90 target for HIV testing and treatment.

The AIDS epidemic today

Between 2001 and 2013, the number of people newly infected with HIV declined by more than 50% in 38 countries; the number of children acquiring HIV has fallen by 58% globally. By the end of June 2014, 13.6 million people were receiving antiretroviral therapy, and five of seven of them live in sub-Saharan Africa, where the need is most acute. Since 1995, access to antiretroviral therapy has averted 7.6 million deaths globally, including 4.8 million in sub-Saharan Africa, and has prevented an estimated 1.2 million children from becoming infected and requiring a lifetime of treatment.

However, these hopeful trends must be interpreted with some caution. Globally, HIV remains a public health threat for most of the world's population. Three in five people living with HIV are not receiving treatment. Across eastern Europe and central Asia, antiretroviral therapy coverage is just 21%. In India, where 51% of all AIDS-related deaths in Asia occur, coverage is only 36%. In Nigeria, only 20% of people living with HIV are receiving treatment, although the country accounts for 19% of all AIDS-related deaths in sub-Saharan Africa. Most appallingly, three in four children living with HIV globally are still not accessing antiretroviral therapy.

In 2012, people living with HIV accounted for 1.1 million (13%) of the estimated 8.7 million people who developed tuberculosis (TB) globally, while the threat of multidrug-resistant TB is growing, especially in Asia and eastern Europe. Alarming data are also emerging on the death rates among people who are coinfecting with HIV and hepatitis B and C.

Vulnerable populations are still being left behind. Young women and adolescent girls remain at disproportionately high risk of HIV infection, especially in sub-Saharan Africa. In every region of the world, men who have sex with men are 19 times more likely to become infected than the general population, while only 1 in 10 receive a basic package of HIV services. Of the world's 12.7 million people who inject drugs, 13% are living with HIV and account for 30% of the people newly infected outside sub-Saharan Africa. Further, harm-reduction programmes are grossly inadequate—especially in eastern Europe and central Asia and many other countries in Asia, and especially for those living with HIV. Criminalization of sex workers, transgender people, people who inject drugs and men who have sex with men in countries around the world contributes to low rates of testing and treatment and much higher rates of HIV infection and death.

A strong agenda that consistently puts people at the centre will ensure that no one is left behind and in danger amid a crowded, complex, transforming global health environment. This is where the Special Envoys for HIV/AIDS focused much of their work in 2014.

There are still considerable inequities among the regions in terms of progress and challenges. The Special Envoys have concluded that everything they do must be sustainable and focused on closing the remaining gaps while also addressing the social and structural determinants of health. This is why it is essential to integrate efforts to end the AIDS epidemic throughout the sustainable development goals. The lessons learned and resources marshalled through more than three decades of the AIDS response can inform and empower the post-2015 development agenda to measurably improve the lives and health of people for generations to come.

13.6
MILLION PEOPLE
ON ANTIRETROVIRAL
THERAPY
BY JUNE 2014

Activities of the Special Envoys across the regions

WESTERN AND CENTRAL AFRICA

Western and central Africa represents about 18% (6.2 million) of the global number of people living with HIV. Most (57%) are women and girls, and 14% are children. Although the region has seen a 45% decline in the number of people acquiring HIV infection since 2001, prevention programmes targeting key populations are limited in scale and scope. Women and girls face high rates of physical and sexual violence, which escalates their risk of acquiring HIV infection and too often inhibits them in seeking care and treatment. Less than 40% of pregnant women receive services to prevent mother-to-child transmission, and less than one quarter of the people living with HIV are receiving antiretroviral therapy.

In this context, western and central Africa has focused on advocating for ending the AIDS epidemic among children, strengthening health systems weakened by conflict and beginning the march towards ending dependence in funding in this region, in which 70% of AIDS funding is derived from external sources.

High-level visits by the UNAIDS Executive Director to Côte d'Ivoire led to the appointment of Dominique Ouattara, the country's First Lady, as a UNAIDS Special Advocate for Accelerated Access to Paediatric Treatment for Children Living with HIV and to the successful reform of country's National AIDS Council. In addition, the first ladies of Africa Union countries were oriented on advocacy for the elimination of mother-to-child transmission of HIV at an Africa Union meeting in Equatorial Guinea. An advocacy visit to the First Lady of Chad encouraged her to champion, in her country, *The Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive*.

The mission of the UNAIDS Executive Director to the crisis-torn Central African Republic was instrumental in integrating the AIDS response into humanitarian efforts, especially for HIV treatment, since damaged health facilities have left many people out of reach of treatment.

Supported by UNAIDS, 11 countries in the region submitted concept notes to the Global Fund to Fight AIDS, Tuberculosis and Malaria under the new funding model, and nine proposals were granted, mobilizing about US\$ 1 billion for the region.

* Since April 2014 there has been no Special Envoy for Africa.

45%
DECLINE IN NEW
INFECTIONS IN
WESTERN AND
CENTRAL AFRICA
SINCE 2001

EASTERN AND SOUTHERN AFRICA

With 18.5 million people living with HIV, eastern and southern Africa accounts for half the number of people living with HIV globally. Nevertheless, eastern and southern Africa has made significant progress: the number of people newly infected fell by 43% between 2001 and 2013, and about 7.8 million people received antiretroviral therapy in 2013 (41% coverage). Although treatment and prevention programmes vary widely by country, they have been scaled up, with associated declines in incidence and mortality across eastern and southern Africa. The reinvigorated agenda on preventing sexual transmission has been rolled out in two countries so far: Kenya has developed an HIV prevention revolution road map for 2030, and Mozambique convened a high-level political national consultation on preventing sexual transmission.

All countries in eastern and southern Africa have committed to the new 90–90–90 treatment targets for 2020, and all have adopted the 2013 World Health Organization (WHO) consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Last year, seven countries in the region carried out a coordinated campaign that counselled and tested almost 72 000 people over a two-week period. As part of the campaign, Ethiopia set a Guinness World Record for the most people tested for HIV at a single venue in one day, with 3383 people—more than doubling the previous record.

Services to prevent mother-to-child transmission for pregnant women living with HIV reached 78% coverage in 2013, driving a 69% decline in the number of children acquiring HIV infection since 2001. Eastern and southern Africa is on track to reach the elimination target as well as the other targets of the 2011 Political Declaration on HIV and AIDS of halving TB deaths among people living with HIV and ending travel-related restrictions.

Funding for the HIV response still depends heavily on external resources in many countries in eastern and southern Africa, but there is positive movement towards shared responsibility. Several countries in the region are developing UNAIDS-supported investment cases. Countries in the Southern African Development Community in particular are pursuing government action to increase domestic resources through a framework for action on sustainability.

78%

OF COVERAGE FOR
PREGNANT WOMEN
IN EASTERN AND
SOUTHERN AFRICA

However, if eastern and southern Africa is to achieve its targets, entrenched problems of human rights violations, stigma and discrimination and violence against women and girls must be given priority, and access to services must be expanded so that nobody is left behind. For example, only 27% of children living with HIV are receiving antiretroviral therapy, so methods to diagnose and treat children must be scaled up urgently. Country leaders must also find more productive ways to engage civil society in the HIV response. In addition, these communities must be empowered and protected to challenge legal environments and punitive laws and open pathways to services for key populations.

Resource gaps must be filled, and countries must deliver effective, high-quality, sustainable services while tackling systemic weaknesses in service delivery. Finally, political commitment to keep HIV high on the health agenda and to transition from external to domestic funding will ultimately determine the success or failure of efforts to control HIV and end the AIDS epidemic in Africa.

ASIA AND THE PACIFIC

In 2014, the Special Envoy for AIDS in Asia and the Pacific focused on countries in which the numbers of people acquiring HIV infection continue to rise. In 2013, there were an estimated 350 000 new HIV infections in the region, with a 6% decline since 2005. In Pakistan, the Special Envoy met with the President and Minister of Health to advocate on behalf of people who inject drugs and men who have sex with men, reinforcing the need for accelerated prevention and treatment programmes in Pakistan's cities, which account for almost 90% of the people newly infected in Pakistan. The Special Envoy consistently presented the case for a sustained AIDS response in the post-2015 development agenda and for sustainable funding for treatment support.



United Nations Secretary-General Ban Ki-moon, his wife Yoo Soon-taek, and Special Envoy for Asia and the Pacific, J.V.R.Prasada Rao.

UNITED NATIONS SECRETARY-GENERAL VISIT TO ASIA

In January 2015, the United Nations Secretary-General travelled to India, where he and the Special Envoy participated in meetings with United Nations staff, Goodwill Ambassadors and United Nations Heads of Agencies.

At the Town Hall staff meeting, he shared his vision for the post-2015 development agenda and reminded United Nations staff about its relevance to shape human development for the next 15 years. The Goodwill Ambassadors dinner was attended by, among others, Nobel Peace Prize winner Kailash Satyarthi and cricket star Sachin Tendulkar. The Special Envoy discussed India's health issues and its AIDS response, sharing his concerns about the exceptional 30% cut in the country's AIDS budget.

In the breakfast meeting with Heads of Agencies, the United Nations Secretary-General expressed that we are passing through a historic period of transition, and everyone should leave a legacy behind. He noted that as Kofi Annan created the legacy of the Millennium Development Goals, he would like to offer the world the challenge of the sustainable development goals. In addition, he hoped his legacy would also include action on climate change, recalling the tough opposition to these issues he faced during his initial years as Secretary-General.

Engaging with Pakistan's civil society created an opportunity to learn first-hand their concerns—high levels of stigma and discrimination and lack of adequate testing facilities. Testing procedures are outdated, and rapid testing has not been introduced, so results are delayed and people are lost to follow-up. Although programmes have been decentralized to provinces—a step in the right direction—they have not been supported by accountability measures. The Special Envoy and the Director of the UNAIDS Regional Support Team for Asia and the Pacific submitted an aide-memoire with specific recommendations for the highest level of government consideration.

A mission to Myanmar offered the opportunity to assess the country's AIDS response in a difficult political environment. Despite its challenges, Myanmar has done well in bringing the epidemic under control and getting treatment for about 35% of people living with HIV. Nevertheless, the AIDS response faces shrinking external assistance and potential loss of critical funding support unless the political leadership can manage the transition to a system that emphasizes domestic funding. The Special Envoy encouraged the Minister for Health's aim to commit more domestic resources for AIDS, supporting work on a transition plan to move Myanmar from almost total dependence on external donors to sharing responsibility with more domestic resource commitment.

EASTERN EUROPE AND CENTRAL ASIA

Countries in eastern Europe and central Asia continue to experience some of the world's most rapidly growing HIV epidemics. Treatment coverage is 21% of all people living with HIV in the region. Prevention and treatment access face pervasive challenges—programmatic, financial, political, cultural and societal—but there are also shining examples of country and civil society leadership and engagement.

In this context, the Special Envoy for AIDS in Eastern Europe and Central Asia focused on high-level advocacy across diverse government sectors—health, social affairs, interior and justice—and engaged with local partners in AIDS and TB interventions. The messaging centred on:

- The lack of financial sustainability of the AIDS response amid the rising middle-income status of most countries in the region, which has led to significant decreases in international support and greater demand for domestic resources towards responding to their epidemics.
- The importance of finding ways for governments to fund the peer-driven work done by civil society and community-based organizations.
- The urgent need to scale up harm-reduction interventions in a region in which the epidemic is largely driven by unsafe drug injection, and the need to consider reforming drug policies to give priority to public health approaches.
- The need to reform the procurement of HIV medicines and reduce current prices, which remain much higher than in countries of similar economic status in other regions.



Special Envoy for Eastern Europe and Central Asia,
Michel Kazatchkine.

“We have overcome indifference and scepticism. But in the response to HIV, we still face two major challenges: financial dependence and the continued exclusion and discrimination of the most vulnerable people in societies.”

UNAIDS Executive Director
Michel Sidibé

- The need to make AIDS and TB a whole-of-government political priority, encouraging countries in the region—especially in central Asia—to control and end the epidemic through more intense efforts in the next few years.

The Special Envoy for AIDS in Eastern Europe and Central Asia led this advocacy in Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova (including Transnistria), Turkmenistan, Ukraine and Uzbekistan and created opportunities for dialogue with authorities and professionals in the Russian Federation. He also participated in the response to emergency situations in the region, including working with the new authorities in Ukraine following the political changes. He advocated for access to HIV medicines in conflict areas of eastern Ukraine, condemned the abrupt discontinuation of harm reduction in Crimea and advocated for policy changes in Romania amid a steep rise in the number of people newly infected with HIV following the imposition of budgetary constraints on harm reduction programmes.

To increase awareness about the crisis of AIDS and TB and multidrug-resistant TB in the region, the Special Envoy organized briefings of diplomatic missions from the region in Geneva, Brussels and New York and seized other opportunities to shine a spotlight on the crisis at regional and international conferences and in the press.

21%

TREATMENT COVERAGE
IN EASTERN EUROPE
AND CENTRAL ASIA



Special Envoy for the Caribbean, John Edward Greene and Member of Parliament of Trinidad and Tobago, Amery Browne.

THE CARIBBEAN

The Special Envoy for AIDS in the Caribbean has continued to advocate for the major priorities of the 2011 Political Declaration on HIV and AIDS and the 2010 United Nations Summit on the Millennium Development Goals—in particular, the principles of shared responsibility and Every Woman, Every Child. He has taken the lead in advancing the human rights agenda in the Caribbean, consistent with the recommendations of the Global Commission on HIV and the Law and in keeping with the Caribbean Justice for All programme, undertaking several missions that have delivered positive results.

The current Justice for All strategy includes the UNAIDS 90–90–90 treatment targets as part of the Justice for All road map, developing short-, medium- and long-term scenarios. One short-term goal of the road map is to make the Caribbean the first global region to eliminate the mother-to-child transmission of HIV. The Special Envoy continues to advocate for this achievement. In Haiti, this led to establishing a multisectoral steering committee and an action programme to pioneer the accelerated process for eliminating mother-to-child transmission in that country. Seven countries so far qualify for World Health Organization certification and another four countries are in close range. As a priority, the UNAIDS Regional Support Team for the Caribbean and United Nations country directors will work with the Pan American Health Organization/World Health Organization for these countries to be certified.

Another priority for the region is to promote the sexual and reproductive health and rights agenda, with special reference to eliminating violence against women and children. This effort has engaged the national family planning associations of Belize, Jamaica and Trinidad and Tobago in collaboration with the United Nations Population Fund (UNFPA). The First Lady of Belize has agreed to be the bridge between her counterparts in the Caribbean and in Central America. The Special Envoy also continues to engage with faith-based organizations on matters of human rights and their role in ending the AIDS epidemic.

The Special Envoy consistently advocates for promoting and sustaining bipartisan support from both governments and opposition parties for positioning AIDS in the post-2015 development agenda. This is recorded in the reports of the Justice for All consultations in Guyana, Grenada and Suriname, and in particular, in agreements for action in Jamaica, where he led a special parliamentary consultation in March 2014. Multiparty collaboration was more recently initiated in Belize and Trinidad and Tobago.

Teaming with the United Nations system

All Special Envoys are committed to fostering greater collaboration among United Nations agencies and regional intergovernmental organizations in advocating for giving priority to AIDS at the regional and country levels. They all receive strong support from the New York and Washington offices of UNAIDS, and the United Nations resident coordinators and the United Nations country teams have supported all country missions.

The Special Envoys communicate often among themselves and recognize the importance of engaging frequently with the United Nations Secretary-General to prepare and refine strategies for post-2015.

The Special Envoy for AIDS in Eastern Europe and Central Asia has developed a strong working relationship with the regional offices of UNAIDS, WHO, the United Nations Development Programme and the United Nations Office on Drugs and Crime, including participating in a meeting of the regional United Nations directors in November 2014 and meeting with the United Nations High Commissioner for Human Rights and Special Rapporteur on the right to health, focusing on access to services for people who use drugs.

The Special Envoy for AIDS in Asia and the Pacific worked closely with the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) and the Association of Southeast Asian Nations during 2014, studying and making projections of the AIDS funding landscape in Asia and the Pacific for the next 10 years, including chairing an expert panel. UNESCAP created a platform for launching the panel's findings at the Asia-Pacific Intergovernmental Meeting on HIV and AIDS in Bangkok, Thailand, in January, where more than 40 countries participated. The report contains nine important recommendations for country governments and five scenarios of varied emphasis on prevention and treatment programmes. The panel recommended developing plans to transition national programmes from being externally funded to having strong domestic participation. The work of the panel greatly encouraged UNESCAP and the World Bank, which pledged to work closely with countries to follow up on the recommendations for sustainable funding in the post-2015 period.

“We have a fragile five-year window to build on the rapid results that have been achieved. If we accelerate scaling up of the response to HIV by 2020, we will be on track to end the epidemic by 2030. If not, we risk significantly increasing the time it would take— adding a decade, if not more.”

UNAIDS Executive Director
Michel Sidibé

The Special Envoy for AIDS in the Caribbean has worked with the United Nations resident coordinators and the United Nations country teams in Belize, Guyana, Jamaica, Trinidad and Tobago and notably Haiti, where the Special Representative of the United Nations Secretary-General and the Head of the United Nations Stabilization Mission in Haiti is a critical actor in addressing the major issues of mitigating vulnerability, reducing poverty, promoting sustainability and taking steps for positioning AIDS within a more integrated health approach.

These United Nations country team forums have focused on the challenges confronting the Caribbean—including mixed results among countries in the AIDS response—that cut across demographic factors and vulnerable groups. For example, Haiti, rated by the World Bank as one of the world’s lowest-income countries, has shown significant improvements in reducing HIV prevalence and mortality rates, whereas Trinidad and Tobago, a high-income country, regressed with increased rates of HIV infection and AIDS-related deaths. Haiti has reduced the mother-to-child transmission of HIV and has introduced a novel community training programme for midwives in accordance with its cultural norms. Trinidad and Tobago, which was ahead of the pack four years ago with one of the most modern health systems in the region, has slipped.

The uptake of the UNAIDS investment strategy for HIV in most countries of the Caribbean has been very positive, especially in Jamaica, where the country has tailored its 2014 plan to reduce dependence on external sources and has rationalized institutional arrangements by merging the national family planning and HIV and AIDS functions within the Ministry of Health.

Following consultations with the Special Envoy for AIDS in the Caribbean, along with the United Nations Resident Coordinator and the UNAIDS Regional Support Team for the Caribbean, Trinidad and Tobago recently agreed to revamp its multisectoral coordinating mechanisms, which have been in abeyance for about two years. In Belize, the United Nations country team has agreed to support the National AIDS Council and the Pan Caribbean Partnership against HIV and AIDS in achieving a formal cabinet statement on its support for Justice for All. In Jamaica, the United Nations Resident Coordinator has taken leadership for technical support on the government’s review of the Sexual Offences Act.

In western and central Africa, the UNAIDS Executive Director, the World Health Organization's Director-General and the Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria visited Guinea and Mali, then responding to the Ebola epidemic, to push for strengthened national leadership and community mobilization and to provide support to the partners involved in the response.

In eastern and southern Africa, UNAIDS, along with the United Nations Educational, Scientific and Cultural Organization, UNFPA, United Nations Children's Fund, World Health Organization and other bilateral and civil society partners, brought together 20 countries in eastern and southern Africa for a landmark commitment supporting sexuality education and reproductive health services for adolescents and young people. One outcome has been the funding of a €5 million to €10 million roll-out programme by Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH.



UNAIDS Executive Director, Michel Sidibé and the United Nations Secretary-General's Special Envoys for HIV/AIDS, J.V.R. Prasada Rao, John Edward Greene and Michel Kazatchkine.

Call to the Secretary-General

We, the Special Envoys for HIV/AIDS would like to see the United Nations Secretary-General engage closely with us in the following areas in the coming year.

These are remarkable advances, unprecedented in public health at a global scale. We are, however, still far from universal access and a number of challenges have emerged. Among those are:

- *Keeping AIDS high on the global agenda as we move into the post-2015 era.* We can achieve the world's dream of ending AIDS as a global public health threat, but only if we integrate the resources, priorities and lessons of the AIDS response into all our efforts to meet the Sustainable Development Goals.
- *Strengthening the financial sustainability of the AIDS response,* particularly in middle-income countries, which continue to struggle under high disease burdens while facing the withdrawal of funding by external donors. We must continue to press for shared responsibility and provide the tools, knowledge and advocacy that will enable countries to shed the shackles of dependence. Nevertheless, we must not allow donor countries to withdraw from their responsibilities to countries that need time and continued support to become more self-sufficient.
- *Recognizing that vulnerable populations are still left behind.* We cannot stop fighting for human rights and dignity wherever people are being hurt and marginalized. We cannot stop looking for and applying innovative approaches to reach people who are suffering in the shadows. Our efforts will not only bring us closer to ending AIDS but will also pave the way to meeting the goals for the next phase of global health.

- *Highlighting the growing tensions between intellectual property rights and the need for greater access to essential medicines.* The Special Envoys for HIV/AIDS fully support the United Nations Secretary-General's establishment of a high-level panel of experts to review the intellectual property rights regime, with special attention to life-saving pharmaceutical products. People should not get sick and die because they cannot afford or access medicines that are readily available to people from wealthier countries.
- *Supporting interregional movements towards global solidarity,* particularly in middle-income countries, which continue to struggle under high dsuch as the CARICOM–African Union Roadmaps on Shared Responsibility, which must assume a crucial position on the post-2015 agenda. These movements create both hope and strategies for countries desiring to end their AIDS epidemics and address other persistent and emerging health issues.
- *Promoting collective national, regional and global leadership* in the quest to end AIDS in the post-2015 era, with special attention to youth leadership. No single entity—not the United Nations, not the multilateral agencies, not donor countries—will have sufficient impact alone. We need people who are affected by the epidemic working equitably and effectively alongside national leaders and global partners to achieve our goals.

“With the ongoing commitment of Member States, along with the work of UNAIDS and the entire United Nations system, we have the capacity to deliver a great gift to the world: ending AIDS through the shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths.”

United Nations Secretary-General
Ban Ki-moon



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