

HIV POST-2015

HOW THE HIV COMMUNITY CAN SHAPE THE FUTURE HIV AND HEALTH DEVELOPMENT AGENDA

INTRODUCTION

As the 2015 target date for achieving the Millennium Development Goals (MDGs) approaches, the United Nations, governments, civil society and other global and national stakeholders are involved in a series of processes that will determine the new development goals. These processes are evolving quickly without strong participation of HIV and AIDS groups or stakeholders.

It is highly important that the HIV and broader global health communities are at the centre of the post-2015 decision making processes to ensure health and HIV goals remain as ambitious in the future framework as they are in the current framework. There are key opportunities for the HIV community to engage in these processes and to influence for the inclusion of HIV in the post-2015 development framework.

A High-Level Panel has been appointed by the UN Secretary-General to advise on the global development

agenda beyond 2015. The panel will deliver a report with recommendations informed by country and global thematic consultations¹. Donors such as the European Union and the UK Government have also conducted consultations to develop their positions on the post-2015 framework. A number of parallel processes will also inform the final set of development goals, in particular the Sustainable Development Goals as a follow-up from the Rio+20 Summit² and the 20 year review of the International Conference on Population and Development (ICPD+20).

This paper aims to support discussion and engagement with the post-2015 development agenda among the HIV community. It explores the barriers and opportunities for including HIV in the process and suggests how HIV and related global health needs should be addressed in the new development framework.



Esta, Sister in Charge, Manukwa Health Centre, Chipata, Zambia © Alliance

¹ <http://www.un.org/millenniumgoals/beyond2015.shtml>

² United Nations (2011). General Assembly 66th Session. Resolution 66/288 The future we want. 11 September 2011. New York, USA. <http://www.uncsd2012.org/content/documents/727The%20Future%20We%20Want%2019%20June%201230pm.pdf>

BACKGROUND

The MDGs are a set of eight time-bound targets for reducing extreme poverty globally by 2015³. They have provided a global framework for development, which has been effective in increasing political and financial commitment to programmes benefitting the poorest and most vulnerable populations and in holding governments and donors accountable on progress made. The three health-related MDGs⁴ have created a focus on health within broader development, resulting in health becoming a key objective of development cooperation and policies.

The specific focus on HIV in MDG 6 – Combat HIV/AIDS, Malaria and other diseases - has led to HIV-specific political commitments and funding

- In 2001, the United Nations General Assembly held its first ever health-related Special Session on HIV and AIDS (UNGASS). As a result the General Assembly endorsed the **2001 Declaration of Commitment on HIV/AIDS**⁵. This declaration provided the political momentum needed to catalyse the HIV response at national, regional and global levels. Governments re-affirmed their commitments to HIV and AIDS in 2006 and 2011.
 - **A regular reporting cycle was established for countries to report on progress** made in two-year intervals to the Joint United Nations Programme on HIV/AIDS (UNAIDS). These reports were then synthesised into a biennial global report. These global targets and reporting mechanisms have provided a base on which governments can formulate policies and have been key to guiding national development planning. By placing a spotlight on both success and failure, they have acted as a strong driver for dramatic scale-up of national HIV responses in many countries.
 - In response to these commitments, two notable funding flows were established: the **Global Fund to fight AIDS, Tuberculosis and Malaria** (GFATM) in 2002 and the **US President's Emergency Plan for AIDS Relief** (PEPFAR) in 2003. The GFATM has disbursed more than \$22 billion in a decade and has saved more than 7.7 million lives. PEPFAR is the largest commitment by any nation for an international health initiative dedicated to a single disease. Other bilateral donors across the world have also significantly stepped up their political and financial commitment to HIV.
 - At the **national level**, the MDGs and subsequent HIV-related policies increased country ownership of the HIV response. In 2002, the first generation of National HIV Strategic Plans were established, and these helped define how countries responded to HIV based on their own context. According to the UNAIDS report "Together we will end AIDS" (2012), 81 countries increased their domestic investments for AIDS by more than 50% between 2006 and 2011.
 - Leadership at the **regional level** has also emerged in recent years. In 2012, the African Union launched the "Roadmap for shared responsibility and global solidarity for AIDS, Tuberculosis and Malaria in Africa". This plan charts a course for more diversified and sustainable financing for the HIV response by 2015 and demonstrates Africa's new leadership and voice in the global AIDS response.
- The global response to AIDS has demonstrated tangible progress towards the achievement of MDG 6⁶. It has also contributed to progress towards the first five MDGs and to strengthening health systems⁷.
- **Target 6a: Have halted by 2015 and begun to reverse the spread of HIV/AIDS.** New infections among children have declined dramatically, with 57% of an estimated 1.5 million pregnant women living with HIV in low- and middle-income countries in 2011 having received antiretroviral drugs to prevent transmission of HIV to their children. The UNAIDS 2012 Global Report cites that the number of adults (15 and over) newly infected with HIV continues to decline globally, with 2.2 million acquiring HIV infection in 2011 (500,000 fewer than in 2001). It adds "nevertheless, the rate of decline is not sufficient to reach the goals of reducing the number of people acquiring HIV infection by 50% by 2015". Substantial gaps and obstacles still exist for accessing HIV prevention, treatment, care and support, especially for populations at higher risk of HIV infection. Punitive laws, gender inequality, violence against women and

³ <http://www.un.org/millenniumgoals/>

⁴ Goal 4: Reduce Child Mortality, Goal 5: Improve Maternal Health, Goal 6: Combat HIV/AIDS, Malaria and other diseases.

⁵ UN General Assembly Special Session on HIV/AIDS (June 2001). Declaration of Commitment on HIV/AIDS. Available at: http://www.unaids.org/en/media/unaids/contentassets/dataimport/publications/irc-pub03/aidsdeclaration_en.pdf

⁶ UN Department of Public Information (2010). Goal 6: Combat HIV/AIDS, Malaria and Other Diseases Fact sheet. Available at: http://www.un.org/millenniumgoals/pdf/MDG_FS_6_EN.pdf

⁷ UK Consortium on AIDS and International Development (2012). Policy Briefing: Positive Gains: Promoting Greater Impact on Health Through HIV and AIDS Programming. Available at: <http://aidsconsortium.org.uk/wp-content/uploads/2012/10/Policy-briefing-Positive-Gains-01.10.2012-smaller.pdf>

other human rights violations continue to undermine national responses to HIV/AIDS.

- **Target 6b: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it.** This target (defined as coverage of at least 80% of the population in need) was not reached⁸. Despite this, having the target and commitments has led to

more than 8 million people in low- and middle-income countries being on antiretroviral therapy (ART), up 20% from 2010⁹. This is an immense achievement considering that in 2000 it was thought that large-scale treatment access was not financially viable. At this rate almost 14 million people will be receiving ART at the end of 2015. With the same concerted effort the gap could be closed to reach the 15 million target¹⁰.

A FUTURE FRAMEWORK FOR HIV

More than 10 years of unprecedented investment in HIV prevention research has led to major scientific breakthroughs in the areas of voluntary medical male circumcision, treatment as prevention and pre-exposure prophylaxis, vaccines, microbicides and prevention of mother-to-child transmission. Sustained political commitment and financing will be needed to capitalise on these breakthroughs and to deliver new options that can help end the AIDS pandemic.

A future framework should include a goal and progress indicators for improved health outcomes of the poorest and most marginalised communities globally, through the provision of universal coverage and access to high quality, comprehensive health care services. Specific targets on each of the major diseases should be included so that the gains made in fighting HIV, tuberculosis and malaria are not lost.

The value of a health and HIV target

- The UN Task Team on the post-2015 UN Development Agenda report *Realizing the Future We Want for All* acknowledges that “Major actions to halt the spread of HIV and AIDS will need to be integrated into these [social development] priorities.” However, the report does not identify HIV as a priority in its own right. This presents a risk that HIV could be subsumed under broader social development or become a mainstreaming theme that could easily become neglected, even though HIV has been identified as a priority area for action to improve the quality of life in the poorest countries.¹¹
- Without specific targets for HIV there is a risk of losing momentum and gains that have already been made in the HIV response. Global and national targets around MDG 6 have driven unprecedented

progress in addressing HIV by galvanising political leadership, funding and accountability - which also resulted in important gains in broader health. This needs to be built upon in the post-2015 framework by including strong and comprehensive HIV-related targets and indicators.

- For the first time in history, we are able to contemplate ending AIDS in a generation, but this will only be possible through a final focused push of resources and the realignment of interventions, in line with increased political commitment by governments, such as the United States, which is in the process of developing a “Blueprint for an AIDS-free generation”.¹² Losing a specific HIV goal/target now will seriously undercut investments already made, and cause a roll back on achievements.

Universal Health Coverage

- There should be at least one health goal included in the post-2015 framework. This health goal should work toward access to equitable and quality health services to all. It should be underpinned by the following principles: equity, human rights, quality, solidarity, efficiency and an integrated approach to achieving better health outcomes. Health services must be accessible to all, including vulnerable and marginalised populations, available in sufficient quantity, respectful of medical ethics and of high quality.
- Universal Health Coverage (UHC) should include HIV prevention, treatment, care and support services. However, it is necessary to go beyond UHC to address social and structural barriers such as stigma and discrimination of vulnerable and marginalised populations. Health services and

⁸ UN Department of Public Information (2010). Goal 6: Combat HIV/AIDS, Malaria and Other Diseases Fact sheet. Available at: http://www.un.org/millenniumgoals/pdf/MDG_FS_6_EN.pdf

⁹ UNAIDS. Together We Will End AIDS: Global Report 2012.

Available at: http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/20120718_togetherwewillendaids_en.pdf

¹⁰ Ibid.

¹¹ Institute of Development Studies (2012). MDGs 2.0: What Goals, Targets and Timeframe. IDS Working Paper. Vol. 2012 No 398. Available at: <http://bit.ly/QeqXw0>

¹² US Department of State. Remarks at the 2012 International AIDS Conference. Hillary Rodham Clinton, Secretary of State. Washington Convention Center, Washington, DC, July 23, 2012. Available at: <http://www.state.gov/secretary/rm/2012/07/195355.htm>

providers also need to be “friendly” to encourage people to access them and to ensure they are responsive to the needs of people, particularly those most vulnerable and marginalised.

- UHC should also cover family planning and sexual and reproductive health services, which are not emphasised in the current MDGs.
- UHC should contain measurable and realistic targets, which should build on measures that are proven to be effective. The Investment Frameworks for HIV, TB and Malaria as well as health systems strengthening developed by the GFATM are important tools to strengthen evidence based and cost-effective health interventions.

Integrating with other processes

- The post-2015 framework is being developed and negotiated independently of the operational review of the Programme of Action of the 1994 International Conference on Population and Development (ICPD) in Cairo. The ICPD Programme of Action placed human rights at the heart of human development and recognised HIV as a sexual and reproductive health and rights issue. Linking to the “ICPD+20” process – the 20 year review of the ICPD - would help secure the central place of human rights, including sexual and reproductive health and rights, in the future framework and give visibility to the multidimensional aspects of health and HIV.
- Currently, the post-2015 framework is also being developed in parallel to the Sustainable Development Goals process, which resulted from the Rio+20 meeting. In the outcome document governments specifically committed “*to redouble efforts to achieve universal access to HIV prevention, treatment, care and support*”.¹³ This statement recognises the critical impact that HIV has on sustainable development, and negotiating the final goals and targets together would strengthen both processes.

Integration of HIV within broader health and development

- The new framework provides an opportunity to go beyond the false dichotomy between “horizontal” and “vertical” interventions (addressing the overall health systems versus disease-specific approaches). Strong and effective health systems that achieve universal coverage need both horizontal and vertical components with community systems strengthening at their core.

- The proposed holistic approach for the new framework presents an opportunity to expand and strengthen links between HIV and other relevant sectors both within health and across development, such as trade, education, gender and addressing the special vulnerabilities of women and girls, sexual and reproductive health and rights, nutrition, water and sanitation, and social protection. Health and HIV indicators need to be identified and included across all post-2015 goals to achieve this integration.
- The new framework is also an opportunity to ensure policy cohesion between health, trade and economic development. It can help to support countries’ efforts to utilise TRIPS (Trade-Related Aspects of Intellectual Property Rights Agreement) flexibilities to secure affordable medicines for all, this is specifically supported by UN resolution 66/288 made at Rio+20.

The role of human rights and equity

- The current MDGs fail to address the centrality of human rights for sustainable development. Human rights, including sexual and reproductive health and rights and equality, need to underpin the post-2015 development framework to ensure that vulnerable and marginalised populations are not excluded from services and that health is recognised as a universal human right.
- The right to health should be realised and measured. The right to health is essential to the fulfilment of other human rights, as well as being a key driver and outcome of poverty eradication and economic prosperity.
- The new development framework should include specific indicators that measure equity and progress made in reaching vulnerable and marginalised populations.

Stakeholders and inclusion

- It is highly important that the HIV and broader global health communities are at the centre of the post-2015 decision making processes to ensure health and HIV goals, as well as progress indicators, remain as ambitious in the post-2015 framework as they are in the current framework.
- Examples¹⁴ from the global HIV response for the inclusion of the most vulnerable and marginalised populations in funding and programming processes can provide important lessons learned for the post-2015 framework.

¹³ United Nations (2011). General Assembly 66th Session. Resolution 66/288 The future we want. 11 September 2011. New York, USA. Paras 138 – 146.

¹⁴ Global Fund Country Coordinating Mechanisms, civil society delegations to the board and the community systems strengthening framework

- Community mobilisation and community systems strengthening (CSS) should be at the core of the post-2015 development agenda. The CSS Framework, developed by the GFATM, provides a key model for effective community engagement in development efforts. The new GFATM joint Health and Community Systems Strengthening Investment Framework provides a model of how CSS can be properly integrated into and resourced by the health system¹⁵.

Financing

- The post-2015 framework is being developed and negotiated in an era of global economic crisis. This could lead to decreased funding for development overall and a focus solely on broader health within this framework could lead to further reductions in investments for the HIV response.
- In order for the post-2015 development goals to be met, long-term sustainable and predictable funding needs to be identified and secured - including through innovative funding mechanisms such as a Financial Transaction Tax. The goals set in the future development framework should be closely linked to funding modalities, with clear accountability mechanisms for donors and governments. Special funding approaches need to be considered for countries with high economic dependency such as least-developed countries, fragile states and small island developing states.
- A multi-sectoral response is key. The private sector needs to share the responsibility to

improve public health and access to affordable goods and services. National governments have a responsibility to work hand in hand with donors and also allocate their own financial resources to health and development responses.

It is crucial for the HIV sector to develop joint messages and positions on post-2015 priorities. We recommend HIV organisations to:

- Join the Beyond 2015 campaign.¹⁶ It will help to increase the number of health and HIV/AIDS voices within the post-2015 debates.
- Get involved in and input HIV sector perspectives during post-2015 key moments and activities, especially consultations across the thematic issues (details about the health thematic consultation below).
- Contact your UN Resident Coordinator¹⁷ to participate in post-2015 country consultations and encourage your country partners' participation.
- Brief National AIDS Councils/Committees, other health-related and development-related government agencies and parliamentarians on the importance of keeping HIV and health in the post-2015 framework.
- Brief multi-lateral and donor agencies, such as the European Union and UNAIDS, on the importance of keeping HIV on the post-2015 agenda.
- Take part and follow the post-2015 discussions on Twitter: #hiv2015, #health2015, #beyond2015, #postMDG



A beneficiary of a prevention programme, Cambodia © Eugenie Dolberg for the Alliance

¹⁵ Community Systems Strengthening Framework. May, 2010. http://www.who.int/tb/dots/comm_hss.pdf

¹⁶ <http://www.beyond2015.org/content/join-beyond-2015?>

¹⁷ <http://www.undg.org/unct.cfm?module=CountryTeams&page=RcEmailReport>

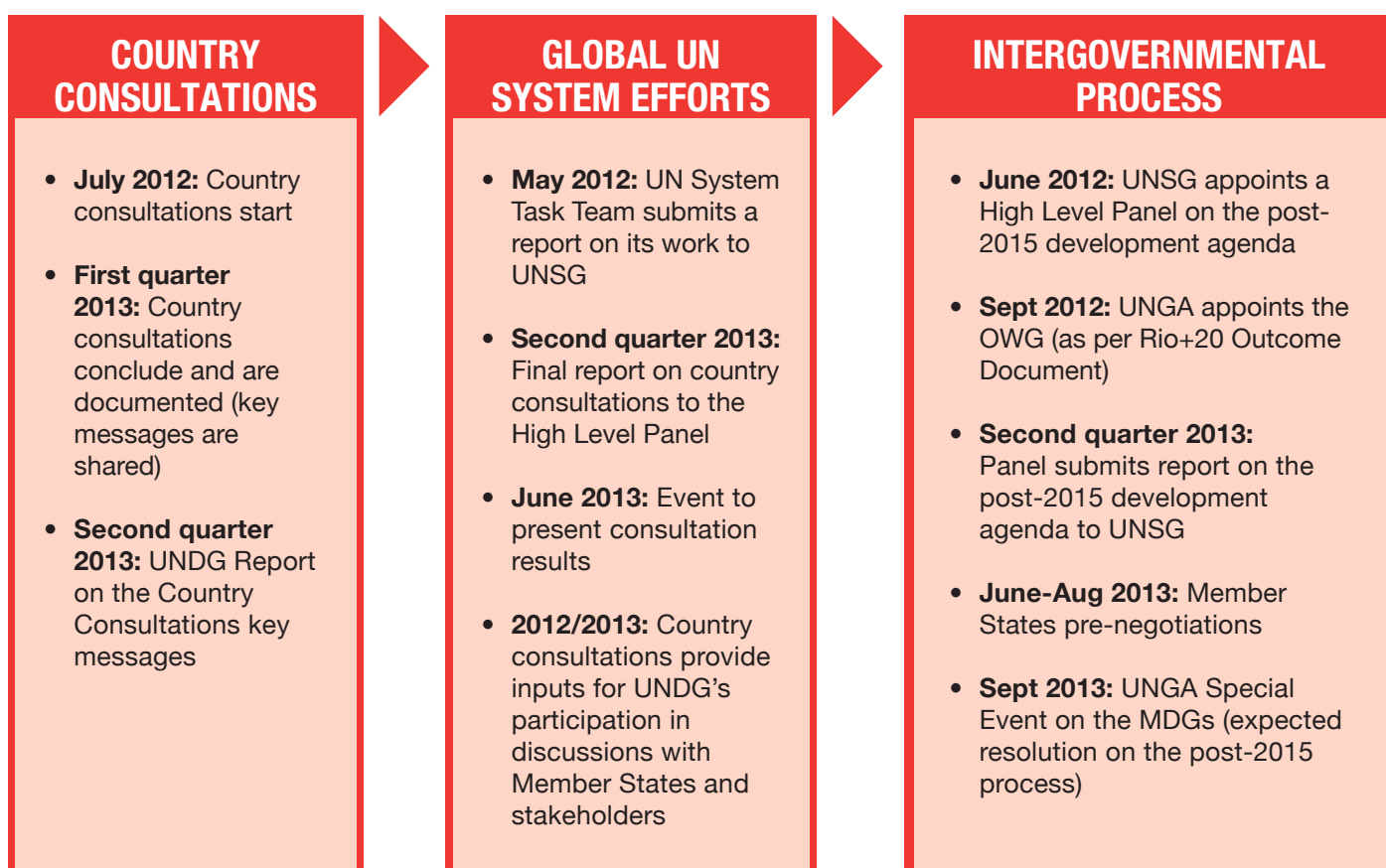
KEY MOMENTS

MAY 2012 - MAR 2013	100+ country consultations to be conducted and documented http://www.worldwewant2015.org/sitemap
MAY 2012 - MAR 2013	9 thematic consultations to be conducted and documented http://www.worldwewant2015.org/sitemap
1 NOV 2012	High-level Panel of Eminent Persons on the Post 2015 Development Agenda, London
2 NOV 2012	The Beyond 2015 UK Hub is coordinating global civil society engagement with the HLP in a series of roundtable meetings
DEC 2012	Health Consultation – Submissions deadline 15 Dec; follow on Twitter #health2015 http://www.worldwewant2015.org/health (call for papers and resources)
DATE TBC	The H8 – an informal meeting platform for senior leaders of WHO, UNICEF, UNAIDS, UNFPA, World Bank, GAVI Alliance, Global Fund and the Gates Foundation – will discuss health in the post-2015 development agenda
JUNE – AUG 2013	Member State negotiations on 2013 GA Resolution for High Level Meeting on MDGs on post-2015 process
SEPT 2013	68 th United Nations General Assembly (UNGA) High Level Meeting on MDGs adopts resolution on post-2015 process



A couple who are members of an MSM (men who have sex with men) rights organisation in Kenya © Nell Freeman for the Alliance

TIMELINE OF KEY EVENTS 2012-2013



GLOBAL HEALTH THEMATIC CONSULTATION

The global health thematic consultation will be a key opportunity to influence for the inclusion of HIV in the post-2015 development framework. WHO, UNICEF and the governments of Sweden and Botswana are leading the global thematic consultation on health and have published an outline of the process, which includes a Call for Papers and a series of meetings.

The meetings listed below are additional opportunities for civil society to influence for the inclusion of HIV:

- A meeting of Member State representatives (mission delegates) hosted by WHO in Geneva, Switzerland to seek broad-based inputs from Member States (prime organiser – WHO)
- Between one and three global or regional meetings of civil society organisations that bring together key international health NGOs and NGO coalition representatives to discuss how to build broad-based consensus around health in the post-2015 agenda and consider ways of enhancing accountability mechanisms and involving civil society (prime organiser – civil society coalition)
- A meeting of private sector partners to discuss private sector contributions and assessment of MDG progress as well as priorities for the future (prime organiser – private sector partners)
- A meeting of representatives of academic and research institutions to review experiences of the MDG monitoring process, discuss new goals, indicators and targets for health, examine measurement challenges and propose how they can be dealt with (prime organiser – academic institution)
- A high-level leadership meeting involving approximately 40 high-level participants to discuss the synthesized report of the consultation processes and develop a statement or recommendations on how the findings should be integrated into the formal post-2015 formal negotiations. This meeting will be held at the end of the consultation process, in early March 2013.

WEBSITE RESOURCES

- HIV in the post 2015 development agenda <http://www.aidsalliance.org/HIVpost2015>
- United Nations Millennium Development Goals Beyond 2015 <http://www.un.org/millenniumgoals/beyond2015.shtml>
- Beyond 2015 <http://www.beyond2015.org/>
- Post2015.org – what comes after the MDGs? <http://post2015.org/>
- NGOs Beyond 2014 <http://ngosbeyond2014.org/>
- WHO and UNICEF Health Consultations <http://www.worldwewant2015.org/health>
- Global Call to Action against Poverty (GCAP) <http://www.whiteband.org/>

PUBLICATIONS

- ‘The World We Want – Beyond 2015’ A Toolkit for National Deliberations, Beyond 2015, GCAP and the United Nations Millennium Campaign, July 2012, <http://bit.ly/WbTFj9>
- ‘Realizing the Future We Want For All’, UN Task Team Report June 2012 <http://bit.ly/TGFcw2>
- ‘Health in the post-2015 development agenda’, UN System Task Team, May 2012 <http://bit.ly/Ps255x>
- ‘MDGs 2.0: What goals, targets and timeframe?’ IDS Working Paper, July 2012 <http://bit.ly/RIEpvF>
- ‘Post-2015 Health MDGs’, Results for Development Institute, May 2012, <http://bit.ly/SQckjn>



Transgender sex workers and outreach workers meet at a cafe in Kuala Lumpur © Alliance

Please contact us with any comments on this discussion paper. We are particularly interested in hearing how you are engaged with the post-2015 development agenda, lessons learnt and barriers to participation.

Marielle Hart

mhart@stopaidsalliance.org

Policy Manager

Stop AIDS Alliance

Felicia Wong

fwong@aidsalliance.org

Policy Advisor

International HIV/AIDS Alliance

ABOUT STOP AIDS ALLIANCE (SAA)

Stop AIDS Alliance (SAA) is a partnership between STOP AIDS NOW!, based in the Netherlands and the International HIV/AIDS Alliance, based in the United Kingdom, with policy and advocacy offices based in Brussels, Geneva and Washington D.C. Through engaging with EU and US policy makers, EU Institutions, United Nations agencies and other relevant stakeholders, we aim to ensure that the HIV response remains a high priority on the global policy agenda to achieve universal access to HIV prevention, treatment, care and support. Our presence in the three main global policy centres as well as in the Netherlands and the UK aims to contribute to harmonized HIV policy messages, building linkages between advocacy groups active in the different locations and voicing the concerns and needs of the International HIV/AIDS Alliance's and STOP AIDS NOW! partners working in the field.