Six Key Issues for the 2016 Political Declaration on HIV/AIDS

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May 19, 2016

In the ongoing negotiations on the draft Political Declaration of the June 2016 High Level Meeting (HLM) on HIV/AIDS, several issues have been identified to be contentious. These include: sexual and reproductive health and rights; comprehensive sexuality education; key populations; harm reduction; intellectual property, trade, and access; and, HIV financing. This document presents the perspective of the NGO Delegation to the UNAIDS Programme Coordinating Board (PCB) on these issues, as well as relevant Decision Points (DPs) agreed on in previous meetings by the PCB.

1. HIV FINANCING

Full financing of the HIV response is the only way to maintain and continue global progress in reducing infections, illness, and death from HIV and AIDS. Resources must match need.[1] There exists a clear need to move beyond World Bank economic classifications[2] when making decisions about financial support to countries.

Community responses need particular support and attention when funding for the national HIV response is transitioned from international mechanisms to domestic budgets. In every country, networks of people living with HIV and of key populations must have steady and sustainable funding that supports them to provide services, advocacy, research, and support, and to engage in decision-making.[3]

An effective and human-rights based response requires national and international donors to invest in the study and dissemination of best practices in networks and community-based organizations, focused on a) the meaningful representation of people living with HIV and key populations as well as transparency, accountability and effectiveness in meeting community needs; and b) sustainably funded programmes to support people living with HIV and in other key populations to gain the skills to engage with national, regional, and international decision making processes.

Member States must work towards sustainability of their national AIDS responses by recognizing the principles of country leadership and ownership through a multi-sectoral approach **(33rd PCB, Decision 6.2e)**. Together along with other stakeholders and donors, Member States must ensure that funding is allocated to implement effective, evidence-based programmes to address HIV, including through the work of impacted civil society networks **(36th PCB, Decision 8.3b).**

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[1] From Ten Civil Society Priorities for Action Now, ICASO, "UNAIDS has calculated that US$ 31.3 billion are needed in 2020 to reach the UNAIDS 2020 fast track targets. At current levels, this means a gap of US$ 9 billion globally."

[2] Including criteria such as key population size, country's readiness to finance HIV prevention among key populations, other challenges and urgent needs concurring with response to HIV epidemic (armed conflicts, other epidemics, disasters etc.)

[3] For data on communities in the HIV response, see UNAIDS www.unaids.org/sites/default/files/media_asset/UNAIDS_JC2725_CommunitiesDeliver_en.pdf

2. KEY POPULATIONS

The human rights and health needs of key populations[4] must be the highest priority if we are to reach the goals of ending the HIV epidemic. For the 2016 Political Declaration, it is important to name the key populations, namely: men who have sex with men, people who use drugs, sex workers and transgender people. Urgent action is required to eliminate discriminatory laws and policies and to adopt and enforce protective laws that assure human rights-based HIV prevention, treatment, care, and support for people living with HIV and key populations including women and girls in all their diversity. HIV non-disclosure, exposure, and transmission must be decriminalized. Commitments of sustainable national and international resources are needed for networks of people living with HIV and key populations to challenge discrimination and to access justice.

The Greater Involvement of People Living with HIV/AIDS (GIPA) principle must be realized for networks of people living with HIV and for key populations through transparent and accountable processes. Member States must make particular efforts to ensure key population groups' access to social protection, education, and employment.

No progress is possible without the collection by Member States of epidemiological data that is disaggregated by age, sex, and key population group and collected through confidential processes.[5]

Member States are called on to rapidly reduce new HIV infections, stigma and discrimination experienced by people living with HIV and vulnerable populations and key populations (**34th PCB, Decision 5.5**) and to scale-up and progressively broaden in scope and depth sustainable social protection programmes that enhance HIV prevention, treatment, care and support outcomes for vulnerable families and individuals, including all activities that benefit people living with HIV, women and girls, orphans and other vulnerable children, and other key populations[4](**35th PCB, Decision 6.3b**). Further, the specific inclusion of people affected by humanitarian emergencies, including networks of PLHIV, other vulnerable groups and key populations in the planning and provision of the emergency response is critical to achieving the fast track goals **(35th PCB, Decision 8.3).**

3. IP TRADE AND ACCESS

Access to treatment, care and support, particularly among key populations is a foundational element of the response[6]. Member States, with donors, international organizations and the UN, must ensure that all people living with HIV needing and wanting treatment are able to receive it.

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[4] Key populations are those groups that are the most affected by HIV; the least likely to have full access to prevention, treatment, care and support; and essential partners for progress in the HIV response. Key populations include people living with HIV, people who use drugs, gay men and other men who have sex with men, transgender people, and sex workers and can include other groups such as women and girls, migrants, people who have been incarcerated, and young people.

[5] Ten Civil Society Priorities for Action Now, ICASO, 2015.

[6] Ten Civil Society Priorities for Action Now, ICASO, 2015.

Further, Member States must ensure that access to treatment in developing countries is consistent with the World Trade Organization Declaration on TRIPS and Public Health (Doha Declaration).

Member States must not push back from their commitments as adopted in the 2011 Political Declaration on HIV/AIDS, which states that "The use, to the full, of existing flexibilities under the Agreement on Trade- Related Aspects of Intellectual Property Rights specifically geared to promoting access to and trade in medicines, and, while recognizing the importance of the intellectual property rights regime in contributing to a more effective AIDS response, ensure that intellectual property rights provisions in trade agreements do not undermine these existing flexibilities, as confirmed in the Doha Declaration on the TRIPS Agreement and Public Health, and call for early acceptance of the amendment to article 31 of the TRIPS Agreement adopted by the General Council of the World Trade Organization in its decision of 6 December 2005" **(Article 71a)**. This includes elimination of all additional demands for patent protection (in accordance with TRIPS-plus provisions) in bilateral and regional trade agreements, and further to the elimination of all such TRIPS-plus provisions in existing trade agreements and further commit to the elimination of diplomatic and other pressure to avoid adoption and use of TRIPS-compliant flexibilities to ensure affordable antiretroviral medications for prevention and treatment of HIV.

We call on Member States to continue and support the availability of affordable, quality, safe and effective antiretroviral medicines and harmonizing medicines regulatory systems, as well as the provision of technical support for countries to maximize utilization of the flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and the Doha Declaration **(33rd PCB Decision 6.3E)**. This applies to low and middle-income countries as well, whose technical capacities must be intensified to address, wherever appropriate, any IP-related and other barriers related to availability, affordability and accessibility of up-to-date treatment and diagnostics of HIV and co-infections, including through the implementation of TRIPS flexibilities **(33rd PCB, Decision 4.3)** and must apply measures and procedures for enforcing intellectual property rights in such a manner as to avoid creating barriers to the legitimate trade in medicines, and to provide for safeguards against the abuse of such measures and procedures **(35th PCB, Decision 4.2b).**

4. HARM REDUCTION

Estimates suggest that there are around 12.7 million people who inject drugs with around 1.7 million (13%) also estimated to be living with HIV. People who inject drugs also have higher rates of hepatitis C (HCV) and tuberculosis (TB) with a possible 10 million having HCV.

Targets set to reduce HIV among this population are not on track right now. The WHO/UNAIDS/UNODC Technical Guide[7] to reduce HIV infection among people who inject drugs sets out nine priority interventions that have proven effective in reducing HIV transmission among this population; however, without adequate resources, scale up of quality services is not possible.

Roughly US$150 million is currently spent on harm reduction programmes, most of it from the Global Fund. However, resources need to be scaled up to US$2.5 billion to achieve

[7] WHO, UNODC, UNAIDS Technical Guide for Countries to set targets for Universal Access to HIV prevention, treatment, and care for injecting drug users, 2009

recommended scale for harm reduction interventions **(35th PCB, Decision 8.3b)**. There is also a need to put public health on the agenda of the international drug control system and encourage a move away from policies that can be harmful and restrict access to services. Enabling legal environment is critical to the success of public health oriented or human rights compliant response to the epidemic.

Member States should adopt and implement comprehensive drug policies that are based on evidence and respect for human rights, that promote the right of everyone to the enjoyment of the highest attainable standard of health, that respect the dignity of all persons, and that are informed by the harm reduction interventions related to HIV and people who use drugs, as enumerated in the WHO, UNODC, UNAIDS Technical Guide For Countries to Set Targets for HIV Prevention, Treatment and Care for Injecting Drug Users and the WHO Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations, in line with national contexts. Further, HIV services for people who use drugs should be planned, implemented, monitored and evaluated with inclusion of people who use drugs (**36th PCB, Decision 8.2).**

5. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Sexual and reproductive health and rights are essential human rights, ensuring the rights to choose to marry and have a family, to safely control one's own fertility, to choose one's sexual partners, and to comprehensive and quality services sexual and reproductive health services. These rights must be protected to end gender inequality and gender-based and sexual violence that drives the HIV epidemic among women and girls. Governments must ensure that protective laws and policies are enacted and that discriminatory laws, policies, and practices are repealed or removed. Among others, UN Member States are urged to commit to remove barriers, such as parental consent and/or marriage consent requirements in accessing HIV testing and treatment.[8]

Member States must promote and facilitate better linkages between HIV, gender equality, sexual and reproductive health and rights within the post-2015 global development agenda together with women and girls in all their diversity to achieve improved health outcomes and uphold human rights **(31st PCB, Decision 4.8)**. Priority actions to address gender-based and sexual violence against people affected by humanitarian emergencies must also be taken **(37th PCB, Decision 8.5c)**.

6. COMPREHENSIVE SEXUALITY EDUCATION

For young people, comprehensive sexuality education (CSE) is both a needed HIV prevention tool and a human rights requirement. Young people need and deserve full and accurate information about their sexual and reproductive health and access to needed services and commodities. The urgent need for CSE is reinforced by the low knowledge amongst young people worldwide about the routes of HIV transmission.[9] Young people around the world have

[8] Asia Pacific Youth Key Messages, 2015

[9] The proportion of young people with accurate and comprehensive knowledge about HIV transmission has also stagnated for the past 15 years. (On the Fast-Track to End the AIDS Epidemic: Report of the Secretary-General, 2016)

called for Member States to commit to CSE as part of comprehensive HIV prevention strategies designed for diverse communities of young people. [10]

Member States must support efforts to strengthen the incorporation of comprehensive sexuality education policies and programs. These programs should be implemented in coordination between education and health authorities and medical, social and recreational services and include both in- and out-of-school populations including young people in conditions of vulnerability. Further, protective policies must also be enacted to enable people to access health, employment, and education services free from stigma and discrimination **(27th PCB, Decision 7.7).**

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[10] PACT Youth Position Paper, 2016