High Level Meeting on AIDS 2016
Stop AIDS Alliance advocacy briefing paper

This paper has been prepared by Stop AIDS Alliance, the global policy and advocacy partnership between Aids Fonds-STOP AIDS NOW! and the International HIV/AIDS Alliance. It aims to inform partners about the crucial opportunity of the 2016 High level Meeting on AIDS (HLM) to mobilize the political and financial resources needed to bring an end to AIDS by 2030 and to provide a tool for engaging in global, regional and country-level negotiations to influence the HLM outcomes.

UNAIDS modelling indicates that the next four years offer a fragile window of opportunity for building a foundation to end the AIDS epidemic as a public health threat. A rapid scale-up of essential HIV prevention and treatment could avert 21 million AIDS-related deaths and 28 million new HIV infections. According to UNAIDS, if the global community does not act to end the epidemic by 2020, levels could return to those seen ten years ago. In the October 2015 UNAIDS Programme Coordinating Board, UN Member States committed to achieve the following ambitious targets by 2020:

- 90:90:90: 73% of all people living with HIV know their status and are on ARVS and virally suppressed[1]
- Fewer than 500,000 people are newly infected with HIV
- Fewer than 500,000 people are dying from AIDS-related causes
- Elimination of HIV-related discrimination.

In addition, UN Member States adopted the new Sustainable Development Goals (SDGs) Framework in 2015, which includes an ambitious target to end AIDS by 2030. However, the current global political environment in which the HLM is happening is challenging: the global humanitarian crisis, the decline of official development assistance (ODA) and international currency depreciation, the increase in conservatism, forthcoming elections in many countries, decreases in AIDS activism, and diminishing spaces for civil society globally, all pose a substantial threat to the adoption of an HLM Outcome Document that mobilizes the political and financial resources needed to achieve the fast-track targets and bring an end to AIDS.

Another key concern is the de-prioritization of AIDS in the global agenda. AIDS is just one of a number of targets under an overarching health goal in the SDG Framework, which gives it much less prominence than in the Millennium Development Goals, where AIDS had a dedicated goal (MDG 6). The political shift towards Universal Health Coverage (UHC) and a more integrated global development agenda could lead to a decrease in HIV-specific resources which will impact our ability to achieve the fast-track targets. Especially in the fast-track period, we need an increased investment in AIDS while working towards a stronger embedding of HIV in broader health, drug policy and development agendas. We need to take action in light of the increasing medicalization of the AIDS response by ensuring that combination HIV prevention, human rights interventions, harm reduction and community responses are prioritised as critical components of an efficient and sustainable AIDS response.

Given these contextual factors we believe it is crucial to advocate at the global level for an HLM Outcome Document that commits to:

A fully-funded global AIDS response, including increased investment in human rights interventions, around one quarter of all resources allocated to combination HIV prevention, and a scale-up of community responses to build resilient and sustainable systems for health.

STOPAIDS ALLIANCE
A joint initiative by STOP AIDS NOW! and the International HIV/AIDS Alliance

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Together to end AIDS

Funding

UNAIDS has calculated that we need US$ 26.2 billion in 2020 to reach the UNAIDS 2020 fast-track targets.[2] At current levels, this means a gap of US$ 5 billion globally.[3] **Sustaining and scaling up investments from multilateral, bilateral and domestic resources is a critical priority to end AIDS by 2030.** This should include a fully-funded Global Fund to Fight AIDS, Tuberculosis and Malaria. This year's Global Fund Replenishment Conference offers a critical opportunity for donors **to mobilize the at least US$ 13 billion needed for the fifth replenishment round.** Today 58% of HIV positive people live in middle-income countries (MICs), and by 2020 that proportion is expected to rise to 70%, so it is crucial that we advocate with international donors to continue to provide funding to MICs and develop responsible transition plans before these countries are in a position to fully take responsibility for their health systems and to cater for all those in need of services. This also requires adequate investment by national governments in the community-led response.

Continued international funding for MICs is also essential to ensure that key populations continue to receive the services they need. Civil society organizations working on human rights and with key populations in low income countries achieving MIC status are finding it harder to sustain their work as their countries become ineligible for ODA. An estimated 70% of such organisations have no access to domestic funding, particularly from governments who see them as a political threat.[4] We should advocate for donors to base **funding allocations not on a country's income status but instead follow a "people-centred approach" in order to sustain the critical programmes needed to reach those left behind.**

Human rights

Evidence demonstrates that laws criminalising same sex practices, sex work, drug use and specific laws to criminalise intentional HIV transmission and non-disclosure, not only breach the human rights of these populations, but also impact negatively on the effectiveness of the AIDS response. As of January 2016, at least 60 countries had adopted laws that specifically criminalize HIV non-disclosure, exposure or transmission, and over 78 jurisdictions criminalize same-sex relations. In nine countries, same-sex acts may be punished by death. Sex work is illegal and criminalised in 116 countries. Drug use is widely criminalized[6] and creates dramatic barriers to services for people who use drugs.[7] We must advocate for UN Member States **to establish quantifiable commitments at the HLM to eliminate the criminalisation of sex between men, sex workers and people who use drugs, discriminatory laws that punish people living with or affected by HIV, and laws that restrict the work and freedom of civil society organisations.**

In countries of all income levels there remains insufficient investment in human rights interventions. UNAIDS estimates that annual global spending on the human rights response to HIV is less than 0.13% of total AIDS spending in low- and middle-income countries. Funding for harm reduction programmes that target drug users also remains far below estimated need. Through case studies and evidence we need to continuously highlight and profile with governments the centrality of human rights programs to the overall success of the AIDS response, to achieve better value for money, and to leave no one behind. HIV prevention, treatment and care interventions are routinely undermined in countries which enforce stigma and discrimination, and punitive laws against populations most affected by HIV and/or violate their human rights through their policies and practices. We should advocate for UN Member States **to increase funding for programmes aimed at reducing the human rights-related barriers to accessing services by all affected populations, including interventions led by civil society and key population groups and networks themselves.**

Combination prevention and ensuring affordable treatment

The speed at which new HIV infections are declining falls short of global targets. Poor targeting of HIV prevention services, failure to invest in systems that reach populations who are most vulnerable and under-investment in HIV prevention are, among others, causes of failure to reduce the number of new infections.[8] The scarcity of epidemiological, social, behavioural and operational research on key populations in low- and middle-income countries is also a major barrier to successful HIV combination prevention.

Reinvigorating combination HIV prevention is essential to achieving the ambitious targets agreed by member states to reduce HIV infections globally to fewer than 500,000 by 2020 and to make HIV treatment more affordable. This will require innovative service models capable of reaching key populations, based on the latest HIV prevention technologies and scientific developments, including treatment as prevention. We advocate for UN Member States **to commit to ambitious and concrete targets for combination HIV prevention, ensuring that approximately 25% of total HIV investments is allocated to HIV prevention interventions.[9]**

In addition, we underline the need for affordable HIV treatment for the 21 million people who need ARVs and do not have access to them, the majority of whom live in MICs. We urge UN Member States to **address the denial of effective and affordable treatment for the millions of people living with HIV and related diseases such as hepatitis C and use the full range of existing flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights.**

Community responses

Individuals and communities, in all their diversity, play a critical role in the national AIDS response and are essential to delivering on the fast-track targets and ending AIDS. Yet, the community-led response to HIV is inadequately funded and supported globally despite a growing body of evidence that demonstrates the efficacy and cost-effectiveness of community service delivery.[10] In many countries, the diminishing space for civil society and inadequate sustainable financing for community responses threatens the ongoing provision and scale-up of quality services for all people living with or affected by HIV, in particular those left behind by their own governments. According to UNAIDS, **investment in the community-led HIV response will need to increase from 1% of global resources in 2014 to 3.6% in 2020 and 4% in 2030 to achieve the fast-track targets.**[11]

It is also critical to advocate with UN Member States to adequately support the community-led HIV response in the UHC agenda, to invest in community systems alongside public health systems, and to ensure UHC packages include the entire range of HIV services, including HIV prevention, treatment, care, harm reduction and human rights programming.

1 The 90:90:90 targets are that by 2020: 90% of people living with HIV know their HIV status; 90% of people who know they are living with HIV will receive antiretroviral therapy; and 90% of people receiving antiretroviral therapy will show viral suppression.
2 Fast-Track update on investments needed in the AIDS response. UNAIDS 2016. www.unaids.org/sites/default/files/media_asset/UNAIDS_Reference_FastTrack_Update_on_investments_en.pdf
3 In 2015, US$ 21.7 billion was reached for the AIDS response. "Shared responsibility and global solidarity for an effective, equitable and sustainable HIV response for the post-2015 agenda". UNAIDS Programme Coordinating Board. October, 2015.
4 Sustaining the human rights response to HIV: An analysis of the funding landscape and voices from community service providers. UNAIDS, 2015.
5 A public health and rights approach to drug, www.unaids.org/en/resources/documents/2015/jc2803_drugs, UNAIDS, 2016
6 UNDP, Global Fund Programme: legislation and law reform, www.undp-globalfund-capacitydevelopment.org/home/cd-toolkit-for-hivaids,-tb-malaria-responses/enablers/4-programming/legislation-and-law-reform.aspx; accessed on 26 January 2016.
7 Ending the HIV and hepatitis C epidemics amongst people who use drugs www.aidsalliance.org/resources/709-ending-the-hiv-and-hepatitis-c-epidemics-among-people-who-inject-drugs, International HIV/AIDS Alliance, 2016
8 Focus on Location and population. World AIDS Day Report. UNAIDS, 2015.
9 A quarter for prevention campaign calls for a quarter of all global resources for the HIV response to be invested in effective and proven HIV prevention services. The campaign asks countries to examine their HIV prevention portfolio and aims to reinvigorate a dialogue on rights and responsibilities for HIV prevention.
10 Communities Deliver – The critical role of communities in reaching global targets to end the AIDS epidemic. UNAIDS and Stop Aids Alliance, 2015.
11 UNAIDS Global Report. UNAIDS, 2014.