

Consultation of HIV Advocates about Post-2015 Global Development Goals

24 December 2012 – 27 January 2013

Process and Meeting Report

Background

In the UN Millennium Declaration of 2000, UN member states set eight global goals to be achieved by 2015. Three of these Millennium Development Goals (MDGs) are related to health, seeking to reduce child mortality (#4), improve maternal health (#5), and combat HIV, malaria, and other diseases (#6). The other MDGs focus on poverty, employment, hunger, gender equality, women's empowerment, and environmental sustainability.

Much progress has been made in reaching these goals, but more work is needed to fully realize all and everyone of the MDGs. MDG6 is specific to HIV and other infectious diseases. Despite considerable headway, millions of people remain impacted by HIV, tuberculosis, malaria, and other diseases without access to adequate prevention, treatment, care, or support. Furthermore, millions face continued human rights violations that cause and result in ongoing vulnerability to poor health and impede access to services.

However, the goals set in the Millennium Declaration have helped the world to realize tremendous progress in health. Millions of people now access effective treatments and methods for prevention, fewer people fall ill as a result, and investments in health have also contributed to progress in human rights, education, economic development, social welfare, and national commitments to inclusion, accountability, and global solidarity.

Now, as 2015 approaches, discussions have begun about what might replace the MDGs after 2015. For example, at www.WorldWeWant2015.org, consultations are being held on eleven key themes, including health, inequality, and governance, and at www.myworld2015.org a survey invites people to vote on their priorities among 16 key issues, including healthcare, education, and gender equality.

As the process for post-2015 development goals moves forward and new priorities emerge, we must ensure continued political and financial support to end AIDS and to protect the gains that we have made thus far. It is clear that we face a substantial risk of losing MDG 6 and no longer having a goal that specifically targets HIV. This risk poses a number of key questions and challenges for the global response to HIV, TB and malaria, and for us as advocates in support of that response, including:

- Goals targeting specific areas of health including HIV could be replaced with one overarching health goal, such as universal health coverage. As advocates we need to increase our efforts to defend a specific goal focused on HIV, TB and malaria.
- If it becomes clear that a HIV specific goal is unrealistic, then we need to engage in shaping any health goal that emerges, in order to ensure that it can deliver an adequate response to HIV and includes measurable, time-bound targets and indicators. There are concerns that governments will learn their lessons from the

- MDGs, by seeking vague aims as a way to evade accountability.
- The AIDS response both depends on and has had a significant impact in areas including human rights, civil society/community engagement and attention to marginalized populations. We need to ensure that these concepts are given due recognition in a new framework.
 - The narrative of the HIV response has changed substantially. Substantial progress has been made over the last decade and recent scientific and research advances mean that with increased investment, a tipping point in the HIV pandemic is now a meaningful possibility. We need to ensure that our narrative is a modern one which reflects these changes and makes a convincing case for future investment in order to bring about an end to AIDS.
 - We also need to adapt to new global trends such as poverty in middle-income countries, economic crisis, changing donor patterns and to ensure that our advocacy narrative reflects these.

To help collect additional input about post-2015 global goals from people working to end the HIV epidemic, International Civil Society Support (ICSS)¹ sponsored a webinar series, a global e-survey, and an in-person meeting during December 2012 and January 2013. Six webinars were held with over 100 participants.

Global E-Survey

In an effort to both increase knowledge about the post-2015 development goal process and to solicit input from HIV-affected communities about those goals, the Fremont Center, a consulting group working on behalf of ICSS, conducted an e-survey. The survey was distributed through multiple list serves and websites with support from International Civil Society Support (ICSS), the STOP AIDS Alliance (SAA), the International Council of AIDS Service Organizations (ICASO) and UNAIDS, in collaboration with NSWP, the Global Forum on MSM & HIV (MSMGF), INPUD, GATE, HYLFF, ICW and GNP+. The survey was produced in 4 languages (En, Sp, Ru, Fr), launched on 24 December 2012 with a deadline of 20 January 2013, and distributed through partner networks. A total of 115 responses were received. A report describing the survey results is included as an annex to this report.

In-Person Consultation

At the one-day meeting, representatives from more than 60 organizations gathered on January 27, 2013 to ask and answer five questions:

- What are the lessons learnt from the health-related MDGs?
- How do HIV and health fit in the post-2015 development agenda?
- What should be the priority health agenda for the 15 years after 2015?
- What are the best indicators and targets to measure progress towards global

¹ These ICSS activities were organized with the collaboration and support of International Council of AIDS Service Organizations (ICASO), STOP AIDS Alliance (SAA), UNAIDS, World Health Organisation (WHO), the HIV Young Leaders Fund (HYLF), Global Action for Trans Equality (GATE), Global Forum on MSM & HIV (MSMGF), Global Network of People Living with HIV/AIDS (GNP+), International Community of Women Living with HIV/AIDS (ICW), Network of People Who Use Drugs (INPUD), and Network of Sex Work Projects (NSWP).

- health goals?
- How can country ownership, commitment, and accountability be enhanced?

The meeting began with a description of the process for post-2015 development goals, a review of current HIV-related targets and indicators, and a description of activities by UNAIDS and others to disseminate information and gather input on the post-2015 process.

Meeting participants then discussed the following questions and developed key messages for moving forward.

Question: What are the lessons learnt from the health-related MDGs?

Response: The health-related MDGs have served the world well, but only because they were measurable time-bound targets that could be used as a focus for national strategies, international funding, and ongoing monitoring and advocacy.

Discussion: In general discussion, participants in the January 27 consultation noted the following:

- The health-related MDGs have succeeded in increasing access to effective treatments and methods for prevention and reducing incidence of illness and deaths.
- Investments in HIV, tuberculosis, malaria, and other health issues have contributed to progress in human rights, education, economic development, social welfare, good governance and other issues.
- Through the creation of the Global Fund and other international and national mechanisms, the campaigns to end HIV, tuberculosis and malaria have created unprecedented frameworks and systems for national accountability, national inclusion and participation, and global solidarity.
- Community?? Activism and advocacy have been central to these accomplishments through the past thirteen years.

Question: How do HIV and health fit in the post-2015 development agenda?

Response: Efforts against HIV and for all related health issues should be high priorities in the post-2015 development agenda because of their potential to give people years of productive life free of illness and disability and because of their contribution to human rights, education, social welfare, and other aspects of development.

Discussion: Discussions at the January 27 meeting centered on the following themes:

The fight against HIV, tuberculosis, and malaria can be won. As stated by one participant, “it would be stupid and suicidal for the world to stop investing in HIV, TB and malaria now.” In targeting the world’s leading causes of early death, global efforts to end HIV, tuberculosis, and malaria have achieved significant

progress and will benefit further from recently described new technologies and investment strategies to finish the job. Pulling back from these goals now would waste the profitable investments made to date. Ending these epidemics before 2030 should remain a global priority.

The fight against HIV, tuberculosis, and malaria is a driver of improved health systems, including scale up of quality maternal and child healthcare, sexual and reproductive health, harm reduction services, management of chronic health issues, and affordable treatment access and treatment adherence.

The fight against HIV, tuberculosis, and malaria contributes to the advancement of the right to health. The response to HIV has provided the most cogent example of successful individual and community engagement in health care. These allied efforts have especially catalyzed attention and action about the necessity to involve people in decisions that impact their health, ensure equitable access to health services, and overcome gender inequality, discrimination, violence, and other barriers to health and health care.

Health issues are interlinked and health advocates should remain unified. HIV advocates reject attempts to create divisions and competition between health agendas. To achieve strong global commitment for health, unified advocacy is needed across all health sectors, including those working on communicable diseases, sexual and reproductive health, maternal and child health, harm reduction, mental health, environmental health, and non-communicable diseases (NCDs).

Statements developed in meeting discussions included:

“HIV, tuberculosis and malaria should be prioritized for sustained political support and appropriate levels of investments because of (1) the social and public health impact of the three diseases, (2) the unprecedented progress that has been made to date and (3) the opportunity to end AIDS, tuberculosis, and malaria within a generation. This prioritization and support make economic sense and are ethically and socially the right thing to do as they can save millions of lives and benefit overall global development, including reduced poverty and gender equality and improved governance and human rights.”

“The response to ATM and the engagement of people and communities affected by the three diseases, has contributed to extraordinary progress and innovations in global health goals, including human rights, maternal and child health, sexual and reproductive rights, financing models, clinical and behavioral research, and drug development”

Question: What should be the priority health agenda for the 15 years after 2015?

Response: After 2015, the world’s priorities should include achieving any unfinished goals set under the MDGs, tackling the leading causes of premature death and disability, and ending structural contributors to poor health such as gender inequality, poverty, and human rights violations.

Discussion: Discussions at the January 27 meeting centered on the following themes:

Post-2015 goals should aim to achieve any unmet goals set in the MDGs and subsequent global commitments, such as the 2011 UN General Assembly Political Declaration on HIV/AIDS. In 2000, the world pledged to combat HIV/AIDS, malaria and other diseases (MDG 6). Halting epidemics of HIV, tuberculosis, malaria and other infections is possible but will not be achieved by 2015. Millions of people remain impacted by HIV, tuberculosis, malaria, and other diseases without access to adequate prevention, treatment, care, or support. Furthermore, millions face continued human rights violations which cause ongoing vulnerability to poor health and impede access to services. Therefore a global priority should be to finish the health campaigns begun in 2000, and continue the work of extending health to those most vulnerable because of poverty and economic inequality, gender and gender inequality, age, sexuality, migration, ethnicity or national origin, or engagement in sex work or drug use.

Global goals should focus on the leading causes of premature death and disability. These should include specific time-bound targets against HIV, tuberculosis and malaria and also targets against other diseases (including NCDs and vaccine-preventable infections) and for indicators of sexual and reproductive health, maternal and child health, mental health, harm reduction and prevention of deaths and disability due to substance use.

Global goals should focus on measurable targets to ensure accountability. Advocates express concern that in a post-2015 agenda, governments will seek vague aims instead of hard targets as a way to evade accountability. Goals that aim to prevent early deaths, prevent illness, and end specific diseases are measurable and lend themselves to advocacy and accountability. Integrated concepts such as “universal health coverage” risk being catch-all phrases that mean everything to everyone and undermine any potential benefit of global goals. Furthermore, advocates expressed concern that the proposed goal of “universal health coverage” was inappropriately focused on a means to an end rather than the end in itself (improved health), and is not inclusive of social and legal determinants of health.

Statements developed in meeting discussions included:

“A global health priority should be development of a long-term sustainable response to end HIV, tuberculosis, and malaria through strengthening health systems and community systems, addressing social determinants of health that drive the epidemics, promoting a human rights and equity agenda, and focusing on country investment, social and economic health issues, health care infrastructure, and addressing common diseases. Post-2015 global goals should incorporate unmet MDGs and should bridge multiple health agendas”

“The global health priority should be to defeat the leading preventable and treatable diseases, including HIV, tuberculosis, and malaria, maternal mortality, and major NCD’s, with sufficient and sustainable domestic and global financing, equitable access to quality health services, and a focus on country ownership and

commitment.”

“Accelerating the effort against HIV, TB and malaria are essential to the global development agenda because those efforts will share the energy, speed, and innovativeness of the AIDS, TB, and malaria efforts to the broader health agenda, continue government commitments to health, continue to elicit community demands and involvement for what they need, will reduce burden to health systems, and will contribute to health systems strengthening, accountability, human rights, social equity, and increased quality life expectancy.”

Question: What are the best indicators and targets to measure progress towards global health goals?

Response: Global health goals should be specific and measurable, ensure follow through on previous unfinished health goals, and be framed within human rights and development goals.

Discussion: Meeting participants were asked to identify three priority targets for global health:

- 1. Universal access to effective and voluntary prevention, treatment, care & support for all who need it, especially sex workers, people who use drugs, transgender people and men who have sex with men.*
- 2. Removal of legal and social barriers, including criminalization, which violates the rights of people living with HIV and other key affected populations and obstructs their access to services, and enforcement of anti-discrimination laws.*
- 3. Addressing structural drivers of HIV, tuberculosis, and malaria, including macro- and micro-economic policies related to poverty reduction, access to decent employment, and intellectual property and access to medicines.”*

For each of the recommended targets above, additional in-depth work is needed to better articulate specific targets and to define the measurable indicators to measure progress. Meeting participants agreed to organize and participate in processes to develop these.

Question: How can country ownership, commitment, capacity and accountability for the new goals, targets and indicators be enhanced?

Response: The lesson from global efforts against HIV, tuberculosis, malaria, and other diseases (such as polio) is that progress in health depends on targeted investments in communities and in collaborative approaches that result in explicit and broadly shared political commitments.

Discussion: Discussions at the January 27 meeting centered on the following themes:

Country ownership, commitment, capacity, and accountability require civil

society involvement. In the HIV response, the extent and accountability of country efforts have consistently benefitted from the involvement and leadership of people affected by HIV, including people who are living with HIV and other key populations such as women, youth, gay men and other men who have sex with men, sex workers, people who use drugs, and transgender people.

Post-2015 measures for country ownership and accountability should draw from the effective and innovative strategies pioneered by the global effort against HIV, tuberculosis, and malaria. These have included country-level mechanisms such as Country Coordinating Mechanisms (CCMs), national civil society coalitions, and systematic investments in non-governmental organizations to reach into communities, link people to services, deliver services, and monitor the effectiveness and efficiency of health programs. At a global level, advocates in the field of HIV, tuberculosis and malaria have also supported innovative approaches to ensure accountability, including global progress reporting and community participation in international policy discussions and governance of global financing mechanisms.

Statements developed in meeting discussions included:

“Country ownership, commitment, capacity and accountability will be enhanced by creating and reinforcing a sense of shared responsibility for health targets from implementing governments, donors (including multilaterals) and community organizations, including through specific financing targets and rights based responses developed through an inclusive process and with clear accountability/reporting frameworks attached to them.”

“Country ownership, commitment, capacity and accountability will be enhanced by supporting and financing capacity-building of community organizations to gather strategic information needed to influence processes and hold partners to account through advocacy, including reinforcing and expanding existing community organizations to be more inclusive of women’s groups and key populations and to build a broader movement for human rights and social justice.”

Looking Ahead: Shared Strategies and Advocacy

In a final session, meeting participants discussed next steps. It was broadly acknowledged that maintaining a specific post-2015 goal around HIV, TB and malaria will be difficult. There are many competing constituencies seeking recognition and progress on a diverse set of health and development goals. The success of the HIV response has led to a decreased sense of urgency. Further, there is concern that governments will avoid setting goals with specific targets and would prefer broader goals that, while admirable, are difficult to define and measure.

Participants agreed to the following over-arching strategies:

- **Maintaining a specific goal that is specific to HIV, TB and malaria is warranted and advocacy should seek to ensure that such a goal is considered.** If negotiations indicate that a specific goal regarding HIV, TB and malaria is not feasible, then it is imperative that specific targets and indicators for the three

diseases be included as part of a broader global health goal. In this context HIV, TB and malaria advocates believed that Universal Health Coverage that is currently proposed by some, is not a helpful new health goal.

- The process to develop the post-2015 goals will continue for three years. As this stage, it is important for HIV, TB and malaria advocates to participate in as many opportunities as possible to demand continued focus on the three diseases.
- In the coming weeks and months, it is important to build upon these discussions and make the case for continued investment in the three diseases by highlighting the successes to date, the impact of the investment, the opportunities for continued and expanded success and the dangers of losing ground.
- The need for coalition building with constituencies advocating on other health and development issues is paramount. It is important for the HIV community to inform advocates in other areas about the impact that the HIV response has had on such areas as maternal and child health, sexual and reproductive rights, human rights, accountability in governance and strengthening civil society. It is also important for the HIV advocacy community to acknowledge that HIV has received a great deal of attention and resources over the past ten years, while other areas in health have been neglected. It was recommended that the HIV advocacy community remain humble as they seek out other constituency groups.

Key suggested actions included:

- Create a list-serve that continues and coordinates communication among the groups convened in this consultation.
- In early February 2013, distribute this meeting report and discuss and refine priority demands, messages and strategies across key constituencies so that we have developed broadly shared vision, goals, and strategies in advance of the High Level Commission meeting in Botswana in March 2013.
- Communicate and reinforce coalitions with allied agendas, including coalitions focused on other diseases (including NCDs and vaccine-preventable infections), sexual and reproductive health, maternal and child health, mental health, harm reduction, and the rights and health of women, youth, gay men and other men who have sex with men, sex workers, people who use drugs, and transgender people. Networks that were specifically named included GAVI and the Partnership for MNCH.
- Continue to meet to further define targets and indicators
- Amplify advocacy for shared priorities in the process to develop post-2015 global goals.

Upcoming opportunities for further action were identified and included:

- A UNAIDS consultation now being held until 3 February 2013 at www.worldwewant2015.org/health
- Development of a European Commission position on post-2015 goals, building from a 2012 Europe-wide consultation and a statement to be published in February 2013.

- Meetings of advocates in New York during the 57th Session of the Commission on the Status of Women on 4-15 March 2013.
- A high-level meeting on health in the post-2015 UN development agenda to be held in Botswana on 5-6 March 2013.
- An international NGO meeting in Bonn, Germany on 20-22 March 2013 focused on advancing a sustainable post-2015 development agenda.
- Ongoing work by the African Union to develop a shared regional position for post-2015 global goals.
- Upcoming HIV-related conferences, including the International Harm Reduction Conference in Vilnius on 9-12 June 2013, IAS conference in Kuala Lumpur on 30 June– 3 July 2013, ICAAP in Bangkok on 18-22 November, and ICASA in Cape Town on 7-11 December.
- Ongoing consultations, processes, and list-serve announcements initiated through www.WorldWeWant2015.org, www.myworld2015.org, and www.beyond2015.org

International Civil Society Support (ICSS) – on behalf of the global HIV networks (the Free Space partnership) - agreed to help coordinate basic follow-up tasks from this meeting, and the STOP AIDS Alliance (SAA), and many of the other participating networks and advocates offered to follow up as well.

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January 27, 2013 - Amsterdam

Participating Organizations

Please note: This report reflects the discussions that took place, and not necessarily the policy positions of all participating organization and networks.

ACTION - www.action.org
Action for Global Health (AfGH) - www.actionforglobalhealth.eu
AfriCASO - www.africaso.net
Afro Global Alliance - www.afroglobal.org
Aids Fondet - www.aidsfondet.dk
Aids Fonds - www.aidsfonds.nl
ALCS Morocco - www.alcsmaroc.ma
B-Change - www.b-change.org
Cameroon Coalition against Malaria - www.cameroon-coalition-malaria.org
Central Africa Treatment Access Group - www.catag.org
CITAM+ Zambia - www.citamzambia.webs.com
COC - www.coc.nl
Ecumenical Advocacy Alliance - www.e-alliance.ch
EANNASO - www.eannaso.org
EHRN - www.eurohrn.eu
EVOLVE - drnemande@yahoo.co.uk
Global Fund Secretariat - www.theglobalfund.org
Global Fund Communities Delegation - www.globalfundcommunitiesdelegation.org
Global Health Advocates - www.ghadvocates.org
Global Youth Coalition against HIV & AIDS - www.gyca.org
GNP+ - www.gnpplus.net
HealthGap - healthgap.org
Malawi Interfaith AIDS Association - www.interfaithaids.mw
HIV Young Leaders Fund - www.hivyoungleadersfund.org
ICAD - www.icad-cisd.com
ICASO - www.icaso.org
International Civil Society Support (ICSS) – www.icssupport.org
International HIV/AIDS Alliance - www.aidsalliance.org
INPUD – www.inpud.wordpress.com
International Women's Health Coalition - www.iwhc.org
ITPC - www.itpcglobal.org
Journalists Against AIDS Nigeria - www.nigeria-aids.org
KNCV - www.kncvtbc.nl
Lutheran World Relief - www.lwr.org
Malaria No More - malarianomore.org.uk
MSMGF - www.msmgf.org
Network of African People Living with HIV - www.napsar.org
NSWP - www.nswp.org
Osservatorio AIDS - www.osservatorioaids.it/
RESULTS - www.results.org
Stop AIDS Alliance - www.stopaidsalliance.org
Salud por Derecho - saludporderecho.org
STOP TB Partnership - www.stoptb.org
UNAIDS – www.unaids.org
World AIDS Campaign International - www.worldaidscampaign.org