

Global HIV community survey about post-2015 global health goals

The following are the full compiled results of an on-line survey initiated by the 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, HYLEF, 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.

Who responded :

Regions where respondents live and work:

- Sub-Saharan Africa - 24%
- Latin America and Caribbean – 23%
- Western Europe and North America – 21%
- Asia and Pacific – 17%
- EECA and MENA – 15%

Primary organisational affiliation of respondents:

- Community network/organization – 72%
- International agency – 17%

Aspects of health that are the focus for most respondents:

- Communicable disease (e.g. HIV, tuberculosis, malaria, hepatitis) – 79%
- Sexual and reproductive health – 59%
- Social and economic health (e.g., poverty, education, housing, violence) – 56%
- Human rights and law – 53%

Other identities:

- HIV-positive / person living with HIV – 47%
- Gay/lesbian/MSM – 49%
- Men 64%; Women 28%; Transgender 8%
- Formerly or currently a person who uses drugs – 10%
- Formerly or currently a sex worker – 6%
- Youth (age 24 or younger) – 8%

What respondents said :

1. What are lessons learnt from the MDGs?

The greatest contributions of the MDGs (including the health MDGs seeking to reduce child mortality, improve maternal health, and combat HIV, malaria, and other diseases) were *(prioritized by more than half of respondents)*:

- Increased international investment
- Increased delivery of health services
- Increased targeting of health services

In turn, the contributions of the HIV response to the MDGs were *(prioritized by more than half of respondents)*:

- Increased awareness about the MDGs
- Increased international investment for the MDGs

The MDGs might not have contributed to *(i.e. prioritized by fewest respondents)*:

- Country-level investments
- Attention and resources for human rights work
- Improvements in laws related health and development
- Equity, access, and non-discrimination in law and health

2. How and why do health and HIV fit within the post-2015 global agenda?

Most compelling statements about why the HIV response is a global health priority (prioritized by more than 50% of respondents):

- The HIV response targets one of the world's leading causes of early death, including the #1 cause of death of people ages 25-44 worldwide and the #1 cause of death in Africa.
- The HIV response contributes to:
 - the global response to other communicable diseases (such as tuberculosis, malaria, and hepatitis).
 - advancement of preventive and behavioural health, including efforts to address mental health and addiction.
 - advancement of sexual and reproductive health.
 - advancement of the right to health.
- The HIV response catalyses:
 - improvements in health service delivery.
 - community organizing.
 - global investments in health and development.
- The HIV response is advancing new collaborative health models that involve health providers, communities, advocates, governments, and funders.
- The HIV response continues to link medical services, social services, and human rights in innovative and effective ways.

- The HIV response focuses attention to marginalised and vulnerable populations, and helps to improve equity and access for those populations.
- The HIV response:
 - empowers women to address their HIV health needs and also to advocate for improved sexual and reproductive health, against gender based violence, and for improved gender equity.
 - catalyses the mobilisation, involvement, and leadership of affected and marginalized communities in strategies and programs for health and human rights.
 - develops leadership and direct involvement of people living with HIV in strategies and programs for health and human rights.

3. What should be the priority global agenda for the 15 years after 2015?

Greater priority (prioritized by more than 50% of respondents):

- Communicable disease (e.g. HIV, tuberculosis, malaria, hepatitis)
- Sexual and reproductive health
- Social and economic health issues (e.g., poverty, education, housing, violence)
- Health care infrastructure and universal health care

Lower priority for respondents:

- Environmental health issues (e.g., nutrition, clean water, exercise, road injury)
- Non-communicable diseases (e.g., cancer, diabetes, hypertension, stroke, asthma)
- Paediatric and child health

4. What are the best measures of global health progress?

Best measures (prioritized by more than 50% of respondents):

- Progress toward universal delivery of a defined set of health interventions
- Measures of coverage and targeting of health interventions
- Measures of social determinants that impact public health (e.g., poverty, education, housing, violence)
- Measures of equity, access, and non-discrimination in law and health
- Numbers of new cases of illness and disability

Not as good (i.e. prioritized by fewest respondents):

- Increase average life expectancy
- Increase average number of years lived free of illness and disability

5. Your recommendation for a specific post-2015 global health-related goal?

Concepts of universal healthcare a leading theme:

Examples:

- Ensure universal access to prevention programs, disease diagnosis, quality health services without discrimination
- Universal access to HIV treatment and services
- Universal coverage of HIV care and treatment
- Ensure access to health services, including sexual and reproductive health services, to young people, particularly women.
- Develop and implement comprehensive health insurance and universal access in every country.
- Ensuring HIV treatment for all who need it.
- Increase affordability, availability and accessibility to health care services in a non discriminatory environment that enforces the preservation of basic human rights and gender equality
- Universal delivery of a defined set of health interventions
- Increase equitable access to healthcare, especially to those least likely to be able to access care now.
- Increase access to needle and syringe exchange programmes and the other 8 elements of the comprehensive package for preventing HIV amongst IDU.
- A global goal should promote access to affordable and quality health services for all, and thus the realization of the right to health. Universal health care coverage, including universal access to HIV prevention, treatment, care and support, should be a key part of this goal as long it does not focus solely on health care systems but also addresses social and structural barriers such as stigma and discrimination which often prevent the most marginalized and vulnerable from accessing health care services.
- Reduce percentage of population living in poverty or other situation of marginalization (by sex, gender, ethnicity, age, sexual orientation, etc.) with access to health services of high quality and free
- Bring access to healthcare by underserved communities to the same standards as the average of the population.
- Improve equity, access and non discrimination in health and law
- Elimination of social, behavioural and structural determinants leading to HIV transmission and general health outcomes.
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- Increase global investment in delivery of health interventions by 50% in 10 years.
- Ensure that the state budget is allocated to health and HIV in every country is increased.
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- By 2030, completely eliminate HIV transmission
- Eliminate the transmission of HIV
- Decrease the rate of HIV infection in all highest risk groups by 50% by 2015 (or some other percentage)
- Reduce new cases of HIV and STIs
- Reduce incidence of HIV and related infections.

6. How to enhance country ownership, commitment, capacity and accountability to new post-2015 global goals?

Top recommendations relate to civil society monitoring and financing:

Civil society monitoring:

Examples:

- Ensure the equitable involvement of people and communities in planning, implementing, monitoring, and evaluating interventions.
- We need to admit that the concept of "country ownership" has often failed those populations most affected by HIV/AIDS.
- Strengthen civil society, NGOs that are involved and well structured, and also people who are affected. In practice, national government is the least active partner in the fight against HIV.
- Strengthen links between regional, national and key organizations in partnership with governments, global goals at the country level can be structured, and addressed effectively and efficiently achieved. These networks and/or organizations have a say over decisions on HIV in each country
- Redefine country ownership to mean something that is not just financing.
- I think that there should be people from capital and from Civil Society attending any meeting that would negotiate those goals, guaranteeing commitment, follow up and also ownership
- First the greater involvement of people with HIV to live and work expertiz second not start programs to start, but we are confident and achieve the objectives finish third. - To be continued and to assess who is given this responsibility and degree of commitment they have to give results that generate new strategies for traceable and objectives in order to follow up. quarter. - for autonomy is very important to work from peers because I think that from this beginning we can begin to differentiate results of actions and commitments.
- The country ownership process has been implemented in manner that is onerous to the developing countries. For any post-2015 goals, there should be a more collaborative process with greater dialogue from community groups. UNAIDS and its co-sponsors should also facilitate greater community involvement at all levels and there should be stronger support to reputable agencies such GNP+, ICASO, MSMGF and ICW to lead on this.
- Promote regional approaches in the design of the goals. Ensure the participation of affected populations. Take in count inequality gaps and not just levels of incomes of the countries.
- Provide funding to the Community Based Organization and work accordingly.
- Demonstrate a commitment to support civil society groups in their efforts through building capacity, etc.
- Require alternative reports of the civil sector in addition to official government reports on the achievement of the post-2015 Development Goals.
- The HIV response has shown that health and HIV cannot be addressed without putting the communities most affected by the epidemic at the centre of the response. Therefore, it is vital that the HIV and broader global health communities are at the centre of the post-2015 decision making processes. In particular, more global south voices are needed since, as yet, they are not

sufficiently apparent in the discussions around the health thematic.

- Strengthen the work of national AIDS committees and involvement of more CS in making decisions on health priorities
- Increasing involvement, commitment, capacity and accountability of vulnerable groups such as drug users, including people with HIV.
- Agree to universal goals that can be measured and used by civil society to keep governments accountable. Link progress to international financing.
- Empower marginalized groups through training programs to become more effective at advocating for their needs and rights and make it possible for them to learn from each other and advocate collectively across country borders
- Ensure full participation of citizens in planning and implementation.
- Combat corruption in my country.
- Strengthen public pressure on all officials and all involved in country, using the pressure of the press, television and publicity to combat misuse of funding and build commitment.

Funding:

Examples:

- There should be some connection in the budgets from the UN states together with the country budgets. I have experienced several countries where the government doesn't provide any budget for HIV programmes, thus leaving everything to UN, Global Fund and others. This kind of non-social behaviour should be sanctioned and clearly be part of evaluations by the UN and other donors.
- There could be many strategies to enhance the country ownership, commitment, capacity and accountability to new post-2015 global goals, but in my opinion, #1 there should be a strict global policy for the continuation or elimination of international fund/support in HIV response if the country fails to allocate the certain amount of internal budget set by international community #2 developing a strict monitoring & evaluation mechanism from external body for e.g. M&E of CCM for the Global Fund, #3 developing a flexible funding mechanism that provides opportunities for a civil society, community-based organizations or networks to apply and implement national programmes.
- A more rigorous reporting system. International funding should be directly dependent on the effort and results of the country to fulfill its obligations. Securing the State Commissioner / organ for the implementation of the new global goals.
- Establish a mechanism that would oblige governments, not only recommend, as recommendations are not binding, and unfortunately often ignored by partner countries
- More funds need to be allocated for the highest risk population based programs including transgender people on a domestic and international level to effectively combat this pandemic!
- Require every country to contribute a minimum of a 30% match for global AIDS dollars. Measure every country's progress in addressing human rights issues, particularly those that most fuel HIV among key populations. Hold every country accountable for universal sexual health and reproductive rights

as well as progressive approaches to addiction.

- Get states to increase funding on HIV through advocacy led by civil society. The development partners sign clauses that incorporate the participation of states with a percentage to bring in financements
- Each country must within its annual budget allocate about 5% of its budget towards its 'National AIDS Fund' and reduce total dependence on outside support on national HIV/AIDS prevention efforts.
- After political commitment ensure sustainable funding
- Make clear how the world will contribute and measure the impact of global contribution.
- Formulate investment frameworks that contribute to global goals - Find domestic financing - Increase national budgets and the achievement of these budgets
- International funds/ grants should be tied to commitments to match or support these themselves.
