



MDG, SDG, HIV – from single acronyms towards a holistic approach for sustainable development

Think-Piece No.1 on HIV & AIDS in the Post-2015-Development-Framework

Currently, international discussions and consultations are in full swing regarding the design of a new development-framework, following the 2000 Millennium-Development-Goal-Agenda, which is technically due in 2015.

Action against AIDS Germany – a nationwide network of 100 non-governmental organizations and 260 grassroots groups working on AIDS and development cooperation - has a natural interest in following and contributing to the post-2015-process.

Through releasing “think-pieces”, *Action against AIDS Germany* will comment different stages of the process regarding any aspects in the context of HIV&AIDS in the post-2015 development-framework.

“Think-Piece No.1” particularly deals with the outstanding relevance of HIV&AIDS for sustainable development and the position of *Action against AIDS Germany* regarding a new set of development-goals and crucial aspects for a respective future development-framework.

HIV&AIDS and the Millennium-Development-Agenda

When the United Nations (UN) adopted the Millennium Declaration, HIV&AIDS was perceived as a severe public health emergency. This led the UN to include in the current set of the Millennium Development Goals (MDGs), a **specific goal on HIV&AIDS (MDG 6)**. Moreover, HIV&AIDS is directly related to two more (MDGs 4 and 5) of the eight MDGs and is considerably interconnected with the other five. This situation laid the basis for a significant focus on health and particularly on

HIV&AIDS within the international as well as national development agendas, resulting in specific political and financial commitments in this regard.

Consequently, the UN in 2001 adopted the **Declaration of Commitment on HIV/AIDS**, which acknowledged that “the global HIV/AIDS epidemic, through its devastating scale and impact, constitutes a global emergency and one of the most formidable challenges to human life and dignity, as well as to the effective enjoyment of human rights, which undermines social and economic development throughout the world and affects all levels of society – national, community, family and individual”¹. It also contained the commitment to establish the **Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)** – one of the most important financing instruments for programs to overcome these three diseases.

To further intensify efforts, the UN adopted a **Political Declaration on HIV/AIDS** in 2006 and subsequently reaffirmed it in 2011, framing and committing to the fundamental goal of universal access to comprehensive prevention programs, treatment, care and support.

Furthermore, it called for the promotion of all evidence-based prevention interventions and for deploying new biomedical interventions as soon as they are validated, including female-initiated prevention methods such as microbicides, HIV treatment prophylaxis, earlier treatment as prevention, and an HIV vaccine. It set impact-oriented goals that are to be reached in 2015, such as reducing sexual

¹ UN Declaration of Commitment on HIV/AIDS “Global Crisis – Global Action”. Para 2.
<http://www.un.org/ga/aids/docs/aress262.pdf>

transmission and the spread of HIV among people who inject drugs by 50 per cent as well as the elimination of mother-to-child transmission of HIV.

In 2005, the Human Development Report stated that **“the HIV/AIDS pandemic has inflicted the single greatest reversal in human development”**². At the same time, people living with HIV or made vulnerable to the infection have suffered from contraventions of the core principles laid down in the Millennium Declaration, including freedom, solidarity, equality and tolerance. Due to its enormous scale and devastating impact as well as due to the negative social reactions it has triggered until today, the HIV epidemic represents a special case in the field of public health.

**Progress? Yes –
Goals accomplished? No!**

Enormous progress has been made! Today, we see great reductions in AIDS-related mortality and in numbers of new HIV-infections. In children for example, new infections declined by 43% from 2003 to 2011. Moreover, at the end of 2011, 8 million people were on life-saving antiretroviral therapy, a twenty-fold increase since 2003. Also, scientific findings underline that today we have a wide range of tools for effective prevention. For example, fully effective treatment not only crucially prolongs the lives of people living with HIV, but also substantially decreases the risk of passing on the virus. In this sense, we theoretically have all the necessary means to effectively avoid infections and stop the progress of the disease. Consequently, voices are nowadays heard that proclaim that an AIDS-free generation is within sight.

However, Universal Access and the MDG 6 will remain unfinished business and there is still an arduous way to go.

In 2011, still 7 million people, resembling about half of all eligible for HIV-treatment did not have access to it - including 72% of all eligible children; coverage of effective antiretroviral

regimens for preventing parent-to-child transmission of HIV is only at 57% in low- and middle-income countries and still, millions of people are newly infected and millions die of AIDS-related causes. AIDS is the leading cause of death on a global level among the world's girls and women of reproductive age, with tremendous social and socio-economic effects.

Moreover, **progress is uneven**: in contrast to the global trend, the number of people newly infected in the Middle East and North Africa as well as in Eastern Europe and Central Asia has been on the rise. Progress is also very limited in regard to accessing marginalized populations and most-at-risk groups such as men who have sex with men or injecting drug users.

Furthermore, there is a **financing-gap** of at least 7 billion US dollars per year, comparing available funding and what is needed annually until the end of the current MDG-timeframe in 2015.

Since the beginning of the epidemic, more than 60 million people have been infected with HIV and approximately 30 million people have died of AIDS. Consequently, if the international community fails to intensify the global response, the number of accumulated HIV infections will - within less than a decade - surpass the number of deaths attributed to the bubonic plague of the Middle Ages (75 million).

As a consequence of HIV-related social discrimination and due to the epidemiological fact that mainly young adults and frequently several family members are infected, the epidemic produces a particularly disastrous impact on households when access to antiretroviral treatment is lacking.

Taking this into account, it is **imperative not only to maintain, but to increase efforts** in the global struggle to overcome the AIDS-epidemic, particularly through a key role of HIV&AIDS in a post-MDG-framework.

² UNDP Human Development Report 2005. International Cooperation at a crossroads. Aid, trade and security in an unequal world. Page 3.
http://hdr.undp.org/en/media/HDR05_complete.pdf

HIV&AIDS and Development - Interdependences Call for a Holistic Approach

The **development of a post-MDG-framework is running concurrently to the Sustainable Development Goals (SDGs)-process**, which resulted from the so-called “Rio+20”-meeting in 2012. Rio+20 intends to shape a comprehensive approach to “ensuring the promotion of an economically, socially and environmentally sustainable future for our planet and for present and future generations”³.

Current international discussions reflect the tendency to **merge both processes into one single framework**. As such, a post-MDG-framework that follows a holistic approach and that is based on the three pillars of sustainability (economic, social and environmental) represents an opportunity to

- **address structural and socio-economic factors** influencing the spread as well as the reversal of the HIV&AIDS-epidemic,
- increase **policy coherence** between different sectors in this regard, and
- to decrease **negative effects of HIV&AIDS** as well as to increase **positive impacts of the HIV&AIDS responses in health and non-health sectors**.

For example, the availability of and access to adequate nutrition is fundamental for the adherence to life-saving HIV-medication; adequate access to (clean) water and sanitation lowers the risk of dangerous HIV-co-infections; stigma and discrimination, gender-inequalities, questions of patenting and licensing of intellectual property, as well as social and economic insecurity can respectively fuel the risk of an HIV-infection as well as limit possibilities of prevention and/or of accessing life-saving treatment, care, and support.

The **global response to the HIV&AIDS-epidemic** has been outstanding due to

programmes **fostering developments in cross-cutting health issues**, such as maternal, newborn and child health; sexual and reproductive health and rights (SRHR); prevention, diagnosis and treatment of other communicable diseases, such as sexually transmitted diseases (STIs) or tuberculosis; as well as health personnel development. Moreover, HIV&AIDS programmes also have direct positive **impact on non-health issues** such as sexual and gender-based violence, reducing stigmatization and discrimination of people living with HIV and AIDS, poverty reduction, the availability of health-care services, social support for orphans and vulnerable children, and the promotion of community participation.

Due to the multi-sectoral causes of the spread of the virus and the manifold consequences of the disease, **HIV&AIDS is a crucial and intricate factor to promote all aspects of sustainable development and human dignity**. Health constitutes a human right⁴ and the fulfilment of the right to health is a precondition to the **fulfilment of other human rights and vice-versa**. In this sense, the „Rio+20” outcome document, „The future we want” does not only acknowledge the fundamental link of health and development,⁵ but further recognizes the important role of the global HIV&AIDS-epidemic: All UN-members specifically „commit to redouble efforts to achieve universal access to HIV prevention, treatment, care and support and to eliminate mother-to-child transmission of HIV”⁶. These are pivotal aspects that need to be included in designing a new development-framework, incorporating MDGs and SDGs.

Moreover, the inclusion of other international processes, such as the 20 year review of the International Conference on Population and Development and the 1994 Cairo Programme of Action (ICPD beyond 2014), with its particular focus on SRHR, can be helpful to secure a fundamentally holistic approach in regard to multidimensional aspects of development, health and HIV&AIDS in particular.

³ UN Resolution 66/288 “The future we want”, Para 1. http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/66/288

⁴ Universal Declaration of Human Rights: <http://www.un.org/en/documents/udhr/index.shtml>

⁵ UN Resolution 66/288 “The future we want”. Para 138

⁶ Ibidem, Para 140; also see Para 138

New Framework – New Set of Goals

The current international debate on a **new set of goals** for a post-2015-framework that unites the MDG- and the SDG-process tends to indicate the substitution of goals on specific diseases and health-issues. It rather points to the establishment of one single overarching health goal – with an apparent preference on **Universal Health Coverage (UHC)** – and potentially a respective set of sub-goals, which could **then include the goal of universal access to HIV-prevention, treatment, care and support**. However, given the outstanding relevance of HIV&AIDS, particularly its impact on poverty and development and vice-versa, *Action against AIDS Germany* recommends **the prioritization of HIV&AIDS within a new development framework and hence the consideration of a single specific HIV&AIDS-goal on a superior level**. A single HIV&AIDS goal could stand in parallel to an UHC-goal.

However, despite the question if a) current international preferences prevail, resulting in the set-up of UHC as overarching health goal incorporating HIV&AIDS (and universal access in particular) or if b) a single HIV&AIDS goal will be set up neighbouring UHC; the goals and indicators have to be thoroughly designed – just as the respective framework itself.

As such, Action against AIDS Germany proclaims the **following aspects to be fundamental to the Post-2015 framework** and its set of goals:

Requirements of a Post-2015 HIV&AIDS and/or Health-Goal

A specific HIV&AIDS goal and/or UHC as overarching health-goal should not be limited to focus on the quantitative delivery of healthcare-services. **Quality as well as the equity** of services and respective health outcomes have also to be taken into account, especially in regard to particularly vulnerable, most-at-risk and most marginalized populations, such as young people, women and children, men who have sex with men, sex workers (and their clients), injecting drug users as well as migrants and refugees.

Moreover, a specific HIV&AIDS goal and/or UHC ought to include **interventions not only within the health-sector, but beyond and address economic, social, environmental and broader structural determinants of health and particularly of HIV&AIDS**. Furthermore, whatever the health-goal(s) will be, it should particularly foster the inter-linkage of HIV/Aids with other health- and non-health specific measures and vice-versa. To achieve this, *Action against AIDS Germany* supports the demand of the Stop AIDS Alliance, that adequate indicators on HIV&AIDS should be developed and attached to all interlinked development goals (and potential sub-goals) of the post-2015-development framework.

It is in this sense for example that stigma and discrimination, gender-inequalities and gender-based violence, as well as social and economic insecurity (as described above) have to be adequately addressed.

Moreover, measures and indicators should be wide in range. For example HIV-prevention efforts should comprise behaviour change communication, sexuality education, life skills training, socio-economic empowerment of girls and women, overcoming of harmful social norms, voluntary counselling and testing (VCT) as well as the provision and assertion of sexual and reproductive health and rights (SRHR).

Also, should a specific HIV&AIDS goal and/or UHC provide for **health-systems strengthening (HSS)**, particularly with regard to sufficiently trained health personnel and increasing the availability and access to viral load testing services by strengthening regional and local laboratory capacities. HSS should also include the **development and strengthening of health insurance systems as well as public financing** in order to reduce direct payments, which hinder access to health-care and lead to unbearable financial hardship particularly impacting the poor and marginalized.

Human Rights, Inclusion and Equity

The post-MDG-framework and all of its components have to **promote all human rights**, including sexual and reproductive health and rights, and with a particular focus on people living with, affected by or particularly vulnerable to HIV and AIDS. Legal and policy reforms should be promoted, including measures to tackle social stigmatization, discrimination, criminalization, marginalization, gender-inequities, and gender-based violence.

The intent is to **foster equity** in terms of abilities to protect oneself from the risk of an HIV- infection as well as to forward equal access to HIV and AIDS-related health-tools and –services. This approach has to include measures related to other aspects of sustainable development (as mentioned above), such as in regard to an increase of equal access to arable land, housing, quality education, adequate food, clean water, and income.

Comprehensive indicators, such as an index on the level of stigmatization and discrimination should be developed and applied. This is crucial to follow the principle of equity – a major lack in the current set of MDGs.

Most-at-risk groups, particularly vulnerable and marginalized populations, as well as people living with and affected by HIV and AIDS should be **included in all aspects of the post-MDG-framework**, not only in the design of goals, targets, and indicators, but also in developing country-, region-, and even locally-specific strategies and respective time-bound targets of how to increase access to HIV-prevention, treatment, care and support services, as well as in later funding and programming processes. Combined with measures for mobilisation of community engagement and community systems strengthening, the post-MDG-framework can increase and secure democratic participation and the representation of all specific needs populations have, as well as increase domestic ownership.

The promotion of **human rights, the inclusion of all stakeholders and the promotion of**

equity is fundamental to provide for the fulfilment of the right to health for all.

Sustainable Development Needs Sustainable Financing

The post-MDG-framework needs to include strict accountability mechanisms to hold governments and other donors accountable to their commitments. Moreover, it should encourage donor-governments to contribute predictable and sustainable funding in terms of a (at least) fair financial share, according to their economic power (in terms of gross-national-income, GNI). In this sense, governments should be motivated to comply particularly with two hitherto existing international commitments and recommendations: First, the 1970 UN Resolution 2626⁷ that stipulates an increase of official development assistance from economically advanced countries to developing countries at a minimum amount of **0.7% of GNI**. Second, the 2001 recommendation of the WHO Commission on Macroeconomics and Health⁸ to allocate **0.1% of (GNI) to health promotion**.

At the domestic level, the new framework should provide for technical assistance to increase domestic funding for HIV&AIDS as well as for broader health-issues, by supporting the development of equitable tax-systems to foster solidarity-based health-financing or even health-insurance-schemes.

Patents, Licensing, Research and Development

The fact that globally more than 50% of the people eligible nowadays have access to life-saving HIV-treatment is mainly due to the availability of **affordable generics**. These legally produced quality copies are not only by themselves lower-priced than original drugs, but drive prices further down through

⁷ UN Resolution 2626 "International Development Strategy for the Second United Nations Development Decade". Para 43: <http://www.un-documents.net/a25r2626.htm>

⁸ WHO Commission on Macroeconomics and Health (2001): Investing in Health for Economic Development. <http://whqlibdoc.who.int/publications/2001/924154550x.pdf>

competition. As such, the availability of and access to generics is crucial to increase treatment (and consequently also prevention) efforts in low and middle-income countries. This is particularly the case for new and improved regimens, so-called second and third-line therapies, which - due to growing side-effects and resistances - an increasing number of patients will have to be put on in the future, and which are more expensive as only a limited number or even no generics thereof exist.

Respectively, a post-MDG-framework should ensure and promote that all **flexibilities of the Agreement on Trade-related Aspects of Intellectual Property Rights (TRIPS)** are used to the fullest extent without applying countries having to fear legal, political or economic consequences.

Moreover, a post-MDG-framework should provide measures that motivate pharmaceutical companies, which hold important HIV&AIDS-patents to license them to the **Medicines Patentpool Foundation (MPPF)** on a reasonable basis that provides for resulting generics to be accessible in low- as well as in all middle-income countries.

Also, necessary means should be included that lead countries (and the European Union) in the global north not to include so-called TRIPS-plus and associated measures in **trade-agreements** with (low- and) middle-income countries, as they can impact the (early) availability of and life-saving access to affordable essential generics.

New and innovative health tools have been essential to making progress towards the MDGs as well as enabling more equitable and sustainable improvements across health services and health outcomes. Due to a lack of **adequate paediatric HIV&AIDS drug-formulations**, a post-MDG-framework should develop and incorporate measures and respective accountability-mechanisms that increase private as well as public research and development (R&D) investments in this regard. The same applies for new prevention technologies such as **HIV-vaccines** and **microbicides**, which are fundamental with regards to gender-equity in terms of prevention, as they empower women to

autonomously protect themselves from a sexually transmitted potential HIV-infection.

Moreover, monopoly rights – which are labelled intellectual property rights and are established through the TRIPS Agreement – require an objective and thorough evaluation with regard to their impact “on access to or local manufacturing of essential drugs and on the development of new drugs”⁹. We urgently need an open discussion on alternative rules and structures to create appropriate incentives for innovative research and development of technologies to tackle the most important health problems, first of all HIV/AIDS.

Essential International Agreements

Even though the outcome document of the 2012 “Rio+20” UN-meeting commits to the aim of achieving Universal Access to HIV-prevention, treatment, care and support, it fails to mention the **2001 UN Declaration of Commitment on HIV&AIDS** as well as the **2006 UN Political Declaration on HIV&AIDS** as fundamental reference documents. This is also lacking in the outcome document of the 2010 “MDG+10” UN meeting.

In order to explicitly secure a comprehensive approach to overcoming the AIDS-epidemic with respect to all essential elements, **the post-MDG-framework has to incorporate and rely on both documents.**

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⁹ UN Declaration of Commitment on HIV/AIDS. Para 26