Comments on draft SDSN report *Indicators for Sustainable Development Goals*

Organization: Action against AIDS Germany
Email address: alves@aids-kampagne.de
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#	OVERARCHING COMMENTS ON THE DRAFT TEXT
1	The major epidemics of infectious diseases cause high mortality rates in earlier stages of life and therefore were prioritized in the sixth MDG. This prioritization should be upheld in the new development agenda as premature death due to preventable causes represents the ultimate negation of equitable life opportunities and, hence, the most severe form of injustice. In particular HIV&AIDS constitutes one of the most important threats to human development as a consequence of several highly specific characteristics, namely the huge dimensions of people infected and affected, high mortality in the prime time of life, the peculiar association with societal denial, stigmatization and discrimination as well as the devastating socioeconomic impact. Still in 2010, and notwithstanding substantial progress of access to antiretroviral treatment, out of every six deaths that occurred worldwide in the age group 25 to 39 years one was caused by HIV (calculated on the basis of IHME, GBD Cause Patterns[1]). Roughly two thirds of all deaths caused by HIV happen before these persons reach their 40th birthday. The very high burden of morbidity and mortality in the age groups when people establish families and have to take care for young children, combined with the fact that frequently both parents are living with HIV, leads to extreme impoverishment, degradation or loss of resources and harshly reduced life perspectives for succeeding generations – unless effective and comprehensive services of treatment, care and support are in place. Negative social reactions against key population groups and people living with HIV not only aggravate these consequences of the disease, but also increase vulnerability to HIV infection. Therefore Action against AIDS strongly recommends that the Agenda for Sustainable Development includes a separate target for HIV&AIDS and other major infectious diseases considering their crucial importance for the chance to live a decent life and in line with the priorities set in the MDG framework. In the light of the characteristics mentioned above the response to the HIV epidemic must be seen by the international community as a mainstay of progress across all four dimensions highlighted in the Technical Report For The Post-2015 Development Agenda prepared by the Thematic Group on Health for All of the Sustainable Development Solutions Network: economic development including the eradication of extreme poverty, social inclusion, environmental sustainability, and good governance. Looking on the proposed structure of health-specific targets it appears highly contradictory and inconsistent with the principles of global justice and relevance for human development to emphasize non-communicable diseases in both targets 05b and 05c, whereas HIV and other communicable diseases included in MDG 6 are not mentioned at all on the

[1] http://www.healthmetricsandevaluation.org/gbd/visualizations/gbd-cause-patterns, accessed 24 March 2014

target level. Instead target 05b should be dedicated to the health MDGs and its formulation should clearly mention the necessity to achieve the end of AIDS in the established time frame.

An explicit reference should be made to existing commitments adopted in UN Declarations, namely the goal to achieve, by 2015, universal access to HIV prevention, treatment, care and support as a critical step towards ending the global HIV epidemic" (UN Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS, June 2011, Para 51). Any shortfalls regarding the fulfilment of this commitment that may exist at the end of the MDG timeframe need to be addressed with the highest urgency in the very first phase of the new development agenda. Furthermore, it is of critical importance to address not only individual behaviour, but also to confront the social and structural determinants of health, such as discrimination of key populations, disadvantage of women, unstable living conditions, and other forms of social inequality and exclusion in the case of HIV or hazardous environmental and work conditions in the case of non-communicable diseases.

The spread of HIV and the ability to access effective antiretroviral treatment depends on many social conditions and manifold are also the often devastating consequences of the disease – a special case in the history of public health. As such, HIV&AIDS is a crucial and intricate aspect of sustainable development and human dignity. Moreover, other factors can both positively and negatively affect the spread of HIV as well as the treatment of AIDS, and health-aspects in general. Hence, a Post-2015-development agenda must address structural and socio-economic determinants of health and particularly of HIV&AIDS in all relevant sectors through a comprehensive and coherent approach. All other areas of development should contribute to (and in no case hinder) access to and availability of adequate, affordable and effective medicines and health products and quality health-services, and formulate respective indicators. Good Health is the very basis of all aspects of sustainable development.

Action against AIDS Germany welcomes the acknowledgement of health being interconnected with all other goals, as shown in Table 2 and particularly on page 24. However, the description of interconnecting aspects is far too limited. As *Action against AIDS Germany* already commented on a respective SDSN-report in the 2013 UN-NGLS Civil Society Consultation for the Secretary-General, every goal should have an explicit indicator on health- and on HIV&AIDS in particular, indicating if and how the access to (and accordingly availability of) adequate, effective and affordable medicines and health products <u>for all</u> is promoted.

Social inequality implies unfavourable living conditions and limited scope for self-determination, thus leading to poor health outcomes in general and high vulnerability to HIV infection in particular. Even though the topic of equity was ranking high in international debates and previous reports suggested to link an "equity-indicator" to every goal, this SDSN report *Indicators for Sustainable Development Goals* fails to follow the recommendation. This needs to be corrected! Also, an indicator demonstrating the involvement of populations/communities in the development of country-, region-, and especially locally-specific strategies is missing, as well as time-bound targets for how to increase access to HIV-prevention, treatment, care and support services, general health-care services and participation in later funding and programming processes. Combined with measures for mobilisation of community engagement and community systems strengthening, such an indicator and commitments can increase and secure democratic participation and the representation of all populations with specific needs. This would increase domestic ownership.

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COMMENTS ON SPECIFIC SECTIONS		
Page no.	**Line or Indicator no.**	**Comment**
5	17 - 20	The purpose of SDG indicators is not only twofold as stated in the report, but rather threefold. A third purpose should be added after line 20: “Third, an indicator serves as benchmark to assess financial and political support from the international community in regard to the fulfilment of commitments made as well as to promote and ensure accountability”.
5,6	46-47 on page 5 and 1-32	Regarding the latter, there should be an operating measure that analyzes to what degree the international community (particularly donor governments) has fulfilled international commitments, such as achieving the UN target for ODA of 0.7 % of GNI or reaching the Universal Access to HIV-prevention, treatment, care and support, and others. It is too limited a view to only evaluate national and sub-national reporting. The global community must be held accountable for their commitments and responsibilities.
7	4-7	It is absolutely right that the SDG indicators should provide for disaggregation by the characteristics of the individual. However, to increase progress in providing for HIV-prevention and treatment options to particularly vulnerable, marginalized and most-at-risk populations, it is helpful to disaggregate data and findings to very particular (though anonymized) aspects such as sexual orientation, sex-work, drug use.
11, 24	Goal 3 indicators	Goal 3 should be directly linked to the health goal by using clear issues to measure / indicators, as health is fundamental to ensure effective learning and “to reach development potentials”. With regard to HIV&AIDS this implies a link to the provision of measures for the prevention of parent-to-child-transmission of HIV, access to lifesaving HIV-treatment for all children and the provision of hitherto lacking adequate child-friendly diagnostic tools and medicines.
12, 24	Goal 4 indicators	The targets, Issues to measure and indicators under goal 4 make this goal too limited in regard to health aspects! It is too little to just focus on birth registration and violence against women to achieve gender equality, social inclusion and human rights in the health context. The achievement of the

		human right to health for all is critical to achieve all other human rights and as such it is fundamental to link this goal to health aspects through a respective target, issues to measure and indicators. It is also of central importance to intensify the work with men on respectful gender relationships and responsible sexual behavior. The sole focus on women here is unlikely to produce the intended outcomes and does not do justice to the concept of gender equity which involves both women and men. Gender-inequality, inequity, discrimination and stigmatization play a particular role in prevention and treatment efforts in the context of HIV&AIDS. This particularly accounts for most marginalized, particularly vulnerable and most-at-risk populations. As such, they are barriers to the fulfillment of the human right to health and human dignity. Consequently, Goal 4 and respective issues to measure and indicators must call for and measure progress with regard to the end of discrimination and stigmatization based on sexual orientation and gender identity, social status , and HIV-infection as well as AIDS and other diseases. A national stigma and dicscrimination-index could be a vital indicator. Particularly with regard to „gender equality“, the realization of sexual and reproductive health and rights it is necessary to make sure that women and girls are able to decide when, if and with whom they have sex with and to empower them to autonomously protect themselves from a sexually transmitted potential HIV infection and to make sure that mothers and newborns are safe and healthy. Moreover, achieving gender equality, social inclusion and human rights must consequently imply a commitment to provide for universal access to adequate and quality <u>essential</u> healthcare without financial hardship as well as to finally fulfill the 2011 United Nations commitment to provide for Universal Access to HIV prevention, treatment, care and support.
12	Target 4a	Discrimination and inequalities must not only be ended for the named areas, but also for participation in cultural and social life.
13	Goal 5 targets	The targets under goal five are too limited and too unambitious. In the 2013 UN-NGLS Civil Society Consultation for the Secretary-General, *Action against AIDS Germany* already commented the respective SDSN-report by saying that an adequate health goal needs to aim at ending AIDS and all other preventable diseases within a reasonable period of time. An end of AIDS is possible and a global development agenda that wants to be comprehensive and bring about “a decent life for all” has to set this specific target as a priority of the new development agenda.
13	Indicator 34	Even though we very much welcome the measurement of “physical access” instead of just measuring “coverage or availability”, It is not sufficient to only provide for and measure access to “primary health care”. A post-2015-Agenda needs to go further and also provide for “<u>essential health care</u>”. According to the United Nations commitment to “achieve, by 2015, Universal Access to HIV prevention, treatment, care and support as a critical step towards ending the global HIV epidemic” (Political Declaration on HIV/AIDS 2011, also committed to in the 2012 Rio+20 outcome document) an adequate indicator has to take these for aspects thoroughly into account.

13	Indicator 35	Out-of-pocket expenditure on health must not solely be seen as a percentage of total expenditure on health. It rather has to also link general expenditures on health to household-income in order to reflect low-income households that suffer from financial hardship caused by catastrophic health expenditure. Furthermore this proposed indicator fails to measure the absolute capacity and willingness of the public sector to financially support health promotion in a specific country. Especially in some high and middle income countries a considerable proportion of out-of-pocket expenditure can coexist with relatively substantial public expenditure for health compared to low income countries (e.g. Singapore, Mexico). Thus, general government expenditure per capita as well as in relation to total government expenditure (measuring the achievement of the "Abuja target") and GDP, as well as taking into account country specific health financing needs in view of disease burden and underinvestment would represent more relevant indicators. Specifically, general government health expenditure in developing countries should reach at least a level of 5% of GDP. As this target would be insufficient to achieve universal health coverage in low-income countries and several lower-middle-income countries it should be complemented by a minimum target of public health spending of no less than 86 US$ per capita in 2012 terms, which represents the resource need for providing a minimum level of key health services in low-income countries and promoting universal access to at least primary-level services (McIntyre, Meheus: Fiscal Space for Domestic Funding of Health and Other Social Services, March 2014). In addition, this reference value needs to be adjusted according to country-specific financing needs determined by epidemiological situations and socioeconomic conditions.
13, 75	Indicator 41	We very much welcome the acknowledgement of this supposed indicator to specifically measure treatment rates according to access to the most-effective HIV-combination therapies. Nevertheless, we want to point to the necessity of also taking into account the rates of retention and success of antiretroviral therapy. Appropriate adherence support, effective monitoring of virological and immunological outcomes as well as continuous supply of WHO recommended medicines represent crucial aspects for this life-long treatment. Furthermore it is vital to track access of key populations to HIV treatment as well as access to alternative regimens in case of toxicity and to second-line and third-line regimens in case of treatment failure. This is vital as new and improved regimens, needed for second and third-line therapies by a growing number of patients are considerably more expensive. The reason is that only a limited number or even no generics for newer medicines-therapy exist. Consequently, an indicator can bring to light shortcomings, particularly with regard to hitherto non-adequate availability of child-friendly pediatric diagnostics and medicines. However, based on the 2011 UN Political Declaration on HIV/Aids as well as on the UNAIDS "Zero Strategy", *Action against AIDS Germany* suggests the following four areas as differentiated "issues to measure" and the development of respective accurate indicators:

		1. Zero new HIV-infections through a. the elimination of HIV mother-to-child transmission b. universal access to adequate and effective prevention services, including universal access to effective HIV treatment as means for reducing the risk of passing on the virus c. reaching marginalized, most-at-risk und particularly vulnerable populations with adequate and effective prevention services, including universal access to effective HIV treatment as means to reducing the risk of passing on the virus and including adequate products, such as microbicides and needle and syringe programmes, opioid substitution therapy and antiretroviral therapy for people who inject drugs. 2. End of Aids-related deaths through a. Universal access to and availability of effective, adequate and comprehensive antiretroviral therapy for all people in need thereof, particularly adequate diagnostics and medicines for children b. Reaching marginalized, most-at-risk and vulnerable populations with access options to treatment c. Realizing current treatment guidelines of the World Health Organization (WHO) 3. Elimination of all forms of discrimination and stigmatization, particularly in regard to discriminatory laws as means that hinder people to adequately protect themselves from an HIV infection or to adequately get access to treatment. 4. Universal access to psycho-social and material support for people affected by HIV and Aids, particularly orphans and vulnerable children. Respectively developed indicators should directly depict status of progress and as such potential areas that need increased support.
19, 20, 21	Goal 10 indicators, particularly indicators 92, 100	The content of goal 10 can have tremendous effects on the access to and availability of adequate quality and affordable essential medicines and health products, and on effectiveness and efficiency of health-care services itself. As such, health aspects must play a role in regard to “issues to measure” and indicators under goal 10. As *Action against AIDS Germany* already stated in the 2013 UN-NGLS Civil Society Consultation for the Secretary-General in regard to the respective SDSN-report, there must be explicit indicators in place to make sure that rules for international trade, intellectual property, technology transfer and research and development (R&D) are changed or designed in a way to increase access to and the availability of adequate, innovative, high-quality and affordable essential health products that cover specific needs of people in

		developing countries. Furthermore, a substantial increase of public investment in medical research is required in order to improve the availability of critically needed medicines and other health products, especially for disadvantaged populations including children. If this is neglected, the Post-2015-Agenda must be deemed incoherent and inconsistent, as the above named aspects already hinder affordable, effective and adequate treatment of diseases – particularly HIV&AIDS.
20	Target 10 b and respective indicators	The 2001 WHO-Commission on Macroeconomics and Health recommended that developed countries should provide at least 0.1 percent of their GNI as official development assistance (ODA) specifically for health. To support health promotion and care, particularly in the context of Post-2015 health goals and targets, *Action against AIDS Germany* recommends that the new development agenda incorporates the 0.1 percent GNI target for health and consequently, to include a respective indicator.

Please add rows as necessary