Action against AIDS Germany

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UN-NGLS Civil Society Consultation for the Secretary-General, General Assembly and OWG on SDGs

Contribution from Action against AIDS Germany / Aktionsbündnis gegen AIDS

on the reports of the UN-High Level Panel of Eminent Persons and the Sustainable Development Solutions Network on a Post-2015-Development Agenda

12.7.2013

A: The narrative sections of the reports. HLP: Pages 1-12 and 21-28; SDSN: Pages 1-25

A.1: What do you agree with about the narrative sections and why?

HLP-Report

Equity in terms of abilities to protect oneself from the risk of an HIV- infection as well as equal access to HIV&AIDS-related and general health-tools and –services including sexual and reproductive health services must be taken into account. A focus must be on reaching particularly vulnerable, most-at-risk and most marginalized populations as well as women and girls, as it is these groups that not only carry the toughest burden, but are also too often left behind. It is in this sense that stigma and discrimination, gender-inequalities and gender-based violence, as well as social and economic insecurity have to be adequately addressed, as they are barriers to the fulfillment of the human right to health and human dignity. Consequently, and due to interconnections, equity also has to be achieved in other areas of sustainable development, such as in regard to an increase of equal access to arable land, housing, quality education, adequate food, clean water, and income. Everyone must be able to equally participate in and to productively contribute to society.

The HLP sees equity as a basic principle. With the slogan “Leave no one behind”, it postulates the aim of reaching“ all the neediest and most vulnerable” by 2030 and recommends to tackle inequality across all goals, so that all people can live in dignity. A considered option to reach this aim is to only consider targets achieved “if they are met for all relevant income and social groups”. With this positively strong focus on equity, and more precisely on the most excluded and most vulnerable groups, the HLP acknowledges and wants to end discrimination and injustice as it “affects everything from access to health and education to the right to own land and earn a living (…)”. Moreover, it is acknowledged that women and girls are often subject to oppression as well as sexual and physical violence. As such, gender equality is to be embedded in all goals and targets, and is even set up in the single goal 2: Empower Girls and Women and Achieve Gender Equality.

SDSN-Report

1. We support its recognition that women and girls remain disempowered and that achieving gender equality has been identified as one of the top priority challenges. We support the

recognition that women's sexual and reproductive health rights have been denied, which has had a major impact on their empowerment and also on the development of the countries in which they live.

A.2.: What do you disagree with about the narrative sections, and what do you propose instead?

HLP-Report

1. As "remarkable achievements since 2000" the HLP states that "contracting HIV is no longer an automatic death sentence". We fundamentally disagree with the overoptimistic notion, which this implies! It falls absolutely short to acknowledge that in 2012 still 7 out of 17 million eligible people did not have access to urgently needed and lifesaving HIV-treatment. Coverage of effective antiretroviral regimens for preventing mother-to-child transmission of HIV is only at 65% in low- and middle-income countries. Moreover, new and improved regimens, so-called second and third-line therapies, which - due to growing side-effects - an increasing number of patients will have to be put on in the future, are considerably more expensive as only a limited number or even no generics thereof exist. This is has severe effects, as affordability is already a crucial barrier for people who need treatment. Moreover, in 2011 still 2.5 million people were newly infected and 1.7 million died of AIDS-related causes in 2011. 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. A Post-2015-Agenda has to acknowledge that the prevention and treatment of HIV still is and will be one of the most tremendous global challenges that needs to be comprehensively addressed with shared responsibility.

2. Notwithstanding the reference to equity and social inclusion, the HLP does not go beyond mere expressions of intent. Any serious approach to realize the principle of equality must go further and address the appalling and increasing concentration of the tenure of productive resources and technological capacities in the hands of a few. This dimension of inequality causes inhumane living conditions, socioeconomic insecurity and relations of dependency, which in turn aggravate the vulnerability to HIV infection and other serious health risks. The report fails to take up these root causes of poverty and reduced life chances in general. In this context, it is completely unacceptable that the report practically ignores the HIV epidemic, which poses one of the greatest threats to human life, dignity and development. Moreover, all socially disadvantaged and vulnerable persons and populations must participate in decision-making such as key populations for eliminating HIV infections and deaths as well as women and girls. The report should establish concrete measures for achieving social inclusion and clarify that this principle applies to every aspect of putting the Post-2015-Agenda into action, including monitoring and evaluation.

3. Undoubtedly, the HLP wants to increase social inclusion and the coverage of the most-marginalized. It states that a new development agenda must tackle the causes of exclusion. In regard to structural inclusion into all aspects of the development and implementation of the Post-2015-Agenda, the HLP states that it "should reflect the concerns of people living in poverty, whose voices often go unheard or unheeded" and "must build on the real experiences, stories, ideas and solutions of people at the grassroots, and that we, as a Panel, must do our best to understand the world through their eyes and reflect on the issues that would make a difference to their lives". However, the HLP does not go beyond mere expressions of these - very welcome, but rather superficial – intents. Also it is not only "people living in poverty" that need to take part in decision-making, but rather all communities, particularly most-vulnerable, most-at-risk and marginalized ones as well as women and girls. Instead, a final Post-2015-Agenda should give the topic inclusion a high rank and particularly name measures and schemes, how the expressed intents can be

achieved. Moreover, it must be clarified that inclusion must also account for every aspect of putting the Post-2015-Agenda into action, including monitoring and evaluation.

4. The spread of HIV and the ability to access effective antiretroviral treatment depends on many social conditions and manifold are also the consequences of the disease. As such, HIV&AIDS is a crucial and intricate factor to promote all aspects 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 and 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 availability of adequate, affordable and effective health-tools and quality health-services, and formulate respective indicators.

   The report acknowledges "how important it is to tackle poverty in all its dimensions, including basic human needs like health (…)" in order to achieve sustainable development. Moreover, it is acknowledged that all goals "should connect to one another in an integrated way" due to the fact that a holistic and interlinked approach is crucial to achieve the overarching goal of ending extreme poverty by 2030 – in all its forms. For a final Post-2015 agenda to indeed be interconnected health- and HIV&AIDS-indicators have to be applied to all other goals and targets and it must clearly acknowledge that health is interlinked with social, economic and broader structural aspects, which need to be tackled in order to promote health.

SDSN-Report

1. Within the description of the priority challenges "achieve health and well-being at all ages" the SDSN stipulates that "preventable child deaths and maternal mortality should be ended by 2030". It proposes that "major infectious diseases including HIV/AIDS, TB, and malaria, and relevant high-burden non-communicable diseases should be controlled and comprehensively treated in all countries". The use of the terms "should be controlled" and "comprehensive treatment" is welcome in the context of HIV and Aids, just as the proclamation of an end of preventable child and maternal deaths is. However, the wording leaves room for ambiguity and must thus be criticized: It does not call for an end of AIDS, most notably even though the HLP previously states that the MDG health targets "need to be retained, updated, and expanded". Furthermore, the HLP does not align with the fulfillment of the 2006 UN-commitment to provide for *Universal Access to HIV-prevention, treatment, care and support.*

2. The fulfillment of the right to health is a precondition to the fulfillment of other human rights and vice-versa. Thus, 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. The SDSN mentions that "human rights and social inclusion" is one of four normative concepts, which a development agenda should be based on, in order to address the four dimensions of sustainable development. Also it states that "an important objective of sustainable development is to realize long-recognized human rights". And even though goal 4 particularly encompasses the achievement of human rights for all, there is absolutely no mentioning of health as a human right and as such it would have had to directly call for *UHC* (under above named conditions), *UA* and an end of AIDS within a reasonable timeframe and explicitly within the health-goal or -targets.

3. An overarching health-goal should provide for health-systems strengthening (HSS), particularly with regard to sufficient trained health personnel and increasing the availability and access to HI-viral load testing services by strengthening regional and local laboratory capacities. HSS should also include the development and strengthening of solidarity-based health-financing- or even health-insurance-schemes in order to reduce direct payments, which hinder access to health-care and lead to unbearable financial hardship particularly impacting the poor and marginalized. The SDSN stipulates that "a central focus of the post-2015 agenda must be on providing universal access to high-quality public services and infrastructure". But respectively, there must be a commitment for health systems to be explicitly strengthened, including the provision of sufficient trained health personnel and viral-load testing services. Particularly, if the SDSN – rightly- wants to control and comprehensively treat major diseases, HSS is not optional, but mandatory. It is not sufficient to call for a support of health systems "by enabling actions in other sectors" to "achieve the health goals". In order "to improve financial protection", the SDSN makes the very welcome recommendation that "countries should seek to replace direct out-of-pocket payments for health care with equitable public financing", as it wants "to ensure that all people receive quality health services without suffering financial hardship". However, the SDSN misses to call for respective financial and technical support from donors and/or other countries to make this possible. These shortcomings need to be resolved in a final Post-2015-Agenda.

4. The spread of HIV and the ability to access effective antiretroviral treatment depend on many social conditions and manifold are also the consequences of the disease. As such, HIV&AIDS is a crucial and intricate factor to promote all aspects 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 and AIDS in health- and non-health-sectors, and increase policy coherence. In the agenda itself, all aspects of sustainable development should be supportive (and in no case hindering) to access to and availability of adequate and effective health-tools and quality health-services, by being attached with respective indicators.
   The SDSN describes its proposed ten goals, as priority challenges, which are interconnected and supposed to contribute to the four sustainable development dimensions and "so sustainable development will require that the sustainable development challenges be pursued in combination (...)". Moreover, it rightly acknowledges that "health goals also need to be supported by enabling actions in other sectors, including gender equality, education, improved nutrition, water, sanitation, hygiene, clean energy, healthy cities, and lower pollution". However, it does not go beyond mentioning aspects that are obviously linked to health. For example, health also depends on the questions regarding trade, e.g. if trade-agreements include measures that impede access to affordable generics. This narrow view of the SDSN is underlined by the statement that "all countries (should) promote policies to help individuals make healthy and sustainable decisions regarding diet, physical activity, and other individual or social dimensions of health". Whereas the content of this statement is in itself right, it shows a very one-sided perception of health as it understands good health as being mostly in an individuals own choice. The SDSN neglects the fact that very often it is social, economic and other aspects that set the ground for a person's health – independent of a person's own choice.
   For a final Post-2015 agenda to indeed be interconnected health- and HIV&AIDS-targets have to be applied to all other goals and targets and it must clearly be acknowledged that health is interlinked with social, economic and broader structural aspects, which need to be tackled in order to promote health.

5. We do not agree with the report's extreme statements on population growth and high fertility rates. Empowering women, providing secondary education for girls, meeting the

unmet need for contraception, etc. will contribute to the reduction of family size but should not be pursued as part of a policy for decreasing fertility rates but as one of respecting and fulfilling the human rights of women and girls.

B: Proposed goals, targets and indicators in the reports. HLP: Pages 13-19 and Annexes I-III; SDSN: Pages 26-27 and Annexes I-III

B.1: What do you agree with about the goals, targets and indicators and why?

HLP-Report

1. The provision of SRHR must be included in an overarching health-goal so as to make sure that particularly women, girls and young people are able to autonomously decide when, if and who they have sex with and the number and spacing of their children, to empower them to autonomously protect themselves from a sexually transmitted potential HIV-infection and to make sure that mothers and newborn are safe and healthy. The HLP acknowledges that "Universal access to sexual and reproductive health and rights (SRHR) is an essential component of a healthy society" and as such sets up the health-target 4.d, which is to "ensure universal sexual and reproductive health and rights". Furthermore, the report recognizes that "Young people said they want to be able to make informed decisions about their health and bodies, to fully realize their sexual and reproductive health and rights (SRHR)" and that education "can also lead people to (…) gain an understanding of sexual and reproductive health".

2. The HLP is very ambitious in regard to equity. With the slogan "Leave no one behind", it postulates the aim of reaching "all the neediest and most vulnerable" by 2030 and recommends to tackle inequality across all goals, so that all people can live in dignity. A considered option to reach this aim is to only consider targets achieved "if they are met for all relevant income and social groups". This is highly welcome and should be taken over into a final Post-2015-Agenda.

SDSN-Report

1. The SDSN makes three very positive acknowledgements in regard to financing, as it stipulates that "the recent trend towards declining official Development assistance (ODA) will intensify" if the business-as-usual trajectory persists. Hence, "the world (…) needs a fair and viable financing strategy for ending poverty and providing global public goods", in which "donors must enhance aid effectiveness, strengthen accountability, and promote coherence among partners". Consequently, the SDSN sets up target 10.B: and aims at "adequate domestic and international public finance for ending extreme poverty, providing global public goods, capacity building, and transferring technologies, including 0.7 percent of GNI in ODA for all high-income countries, and an additional $100 billion per year in official climate financing by 2020". We strongly support the SDSN statement on the 0.7 percent ODA-target, which rightly points out "that the fiscal crises in many developed countries make the ODA target difficult to achieve, particularly when domestic concerns take precedence. But the 0.7 percent of GNI strikes us as a modest investment in the benefits of a sustainable development trajectory relative to business as usual". This strict and unconditional commitment to the achievement of 0.7% ODA within a target is very welcome and should be incorporated in a final Post-2015-Agenda.

B.2: What do you disagree with about the goals, targets and indicators, and what do you propose instead?

HLP-Report

1. Target 4.E merely wants to "reduce the burden of disease from HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and priority non-communicable diseases". This target misses the self stipulated aim to "go beyond previous agreements to make people's lives better" and falls behind the substantial previous UN-agreement of 2006 to provide for ***Universal Access to HIV-prevention, treatment, care and support (UA) (***as also committed to in the 2012 Rio+20 outcome-document)***,*** and the 2011 commitment to eradicating the mother-to-child-transmission of HIV. And even though the "Panel believes there is a chance now (…) to eradicate (…) preventable deaths" it does not proclaim respective measures. Instead, a strict commitment (if not in a single goal then) in a health-target has to definitely provide for *UA* and the end of AIDS within a reasonable time-frame.

2. The HLP proclaims "universal access to basic healthcare" and states the need to "make steady progress in ensuring Universal Health Coverage (UHC) and access to quality essential health services". The former and a mere steady progress towards *UHC* is absolutely not sufficient for a development agenda that wants to end extreme poverty in all its dimensions, "eradicate (…) preventable deaths" and which proclaims that "business-as-usual is not an option". Instead, a strict commitment is needed to definitely provide for *UHC*, either as an overarching health-goal or target. *UHC* itself must provide for access to and availability of quality health-services and -products that particularly cover health needs of people in the global south, and which are accessible without leading to financial hardship. It has to focus on reaching particularly vulnerable, most-at-risk and most marginalized populations and has to provide for health-systems strengthening (HSS).

3. The HLP's strong focus on equity, particularly in regard to the neediest groups, is very welcome and should be taken over to a final Post-2015-Agenda. However, it must be made explicit that gender-equality, equity, discrimination and stigmatization play a particular role in the context of HIV&AIDS. Also, pure acknowledgements are not sufficient! A specific goal or target to end discrimination and inequalities can be conducive and respective social and structural measures, have to be named and applied. Also such a goal or target has to include the end of discrimination and stigmatization based on sexual orientation and gender identity, social status, an HIV-infection as well as AIDS and other diseases. Moreover, fostering equity in all areas must consequently imply a commitment to provide for *UHC* and *UA*.

4. The fulfillment of the right to health is a precondition to the fulfillment of other human rights and vice-versa. Thus, the post-MDG-framework and all of its components have to promote all human rights, including SRHR, and with a particular focus on people living with, affected by or particularly vulnerable to HIV and AIDS. The HLP wants to ensure that no one "is denied universal human rights". However, in contrast to other goals, such as on education, the introductory reasoning for setting health as one of the development-goals falls short to acknowledge that health is a fundamental human right and that its achievement is basic for every individual's participation and productive contribution to society. This needs to be clarified in a final Post-2015-Agenda, and consequently, to fulfill the human right to health, the fulfillment of *UA, UHC,* and the end of AIDS is mandatory.

5. Target 1.C aims to "Cover x% of people who are poor and vulnerable with social protection systems". Subsequently, it is acknowledged that respective "resilience means individuals being ready to withstand, able to adapt–when it comes to health, economic or climatic shocks (…)". However, it is not made clear that social protection systems must also include a

form of health-insurance or solidarity-based health-financing schemes to resolve respective unbearable financial hardships. Moreover, it is mentioned that investments in health are beneficial, for example as they lead to HSS, but no intent is shown to directly foster and provide for HSS, including sufficient trained health personnel, an increase of access to HI-viral load testing services and the promotion of community health-care services. This must be clarified!

6. It is acknowledged that financial development assistance is still pivotal for developing countries and that consequently "promises made on aid must be kept" and that the "single agenda should have a coherent overall financing structure". However, in target 12.D, "developed countries that have not done so" are called to merely "make concrete efforts towards the target of 0.7% of gross national product (GNP) as official development assistance" (ODA). In the same sense, it is also missed to definitely provide for sustainable finance instead of just to "pay more attention to raising stable, long-term finance for development". A final development agenda must provide for a strictly binding commitment to achieve 0.7% of GNI ODA at a specific point in time that is congruent with the realization of the goals and targets. And it must include a specific commitment to provide 0.1 % of GNI specifically to support health promotion and care. Respective accountability mechanisms have to be in place.

7. It is rightly acknowledged that **"**the innovation, diffusion and transfer of technology is critical to realizing true transformation" and that new technologies in form of lifesaving medicines and particularly "improved treatment" can be helpful to "countries (to) leapfrog to new levels of sustainable development". It is in this sense that target 12.F wants to "promote collaboration on and access to science, technology, innovation, and development data". Moreover, it is said that "innovation (should be used) to (…) address the needs of poor consumers". These insights are of special importance for the availability and (affordable) access to life-saving medicines and health products. However, a strict commitment to the increase public finance of R&D particularly for health-needs of people in the global south must be made, and a motivation of the use of measures and instruments that can promote the transfer and diffusion of health-related innovations must be named and committed to.

8. It is rightly acknowledged that developed countries' "trade practices have huge potential to assist, or hinder, other countries' development. They can encourage innovation, diffusion and transfer of technology". Also it is said that "the international community must come together and agree on ways to create a more open, more fair global trading system" and hence, in target 12.A aims to "support an open, fair and development-friendly trading system". However, instead of mere support of the latter, a clear commitment is needed and it must be clarified that trade-agreements may not hinder access to medicines and other health products. Specifically, governments should not pursue any provisions that are even more restrictive for policies to realize public health than the TRIPS Agreement of the WTO - and agree to evaluate the effects of existing agreements on access to medicines.

SDSN-Report

1. Instead of keeping up the previously differentiated health-related aims of ending preventable child deaths and maternal mortality as well as control and comprehensively treat major infectious diseases including HIV/AIDS, TB, and malaria, and relevant high-burden non-communicable diseases, target 5.A steps back on it and is superficial: It wants to "ensure universal access to primary healthcare that includes (…) prevention and treatment of communicable and non-communicable diseases". A health-goal or –target has to call for an end of aids and the fulfillment of the 2006 UN-commitment to provide for *Universal Access to HIV-prevention, treatment, care and support (UA)* within a reasonable time-frame.

2. The SDSN stipulates to "achieve universal health coverage (UHC) at every stage of life, with particular emphasis on primary health services, including reproductive health, to ensure that all people receive quality health services without suffering financial hardship". This commitment to achieve *UHC* is very welcome, but should also include not only reproductive, but also sexual health. Moreover, it has to be clarified that *UHC* is understood as providing for access to and availability of quality health-services and -products that particularly cover health needs of people in the global south, and which are accessible without leading to financial hardship. It has to focus on reaching particularly vulnerable, most-at-risk and most marginalized populations and has to provide for health-systems strengthening (HSS), an increase of access to HI-viral load testing-services and increase the provision of community-based health-care. Moreover, *UHC* has to be particularly placed as either overarching health goal or at least as specific target! Target 5.A, which aims at ensuring universal access to primary healthcare, is absolutely not sufficient.

3. It is rightly acknowledged that "women and men around the world should have access to sexual and reproductive health" and as such the provision of sexual and reproductive healthcare is included in the health-target 5.A. However, the SDSN misses to also provide for universal access to sexual and reproductive rights. This is fundamental to gender equality, particularly in the context of HIV-prevention. Moreover, the SDSN makes the fundamental mistake to ground target 5.A mainly on the interest to reduce fertility rates and alleged effects. Such view is absolutely inacceptable! A provision of SRHR is imperative to the fulfillment of the right to health and is basic to the empowerment of women and gender-equality. These conceptual shortfalls must be tackled.

4. Target 4.A rightly aims to "monitor and end discrimination and inequalities in public service delivery, the rule of law, access to justice, and participation in political and economic life on the basis of gender, ethnicity, religion, disability, national origin, and social or other status", but should also particularly mention sexual orientation and gender identity, an HIV-infection, AIDS and other diseases. Even though it is acknowledged that "means to reduce inequalities include (…) equal access to (..) healthcare", it must explicitly mention that inequalities, stigma and discrimination are barriers to HIV-prevention and treatment as well as general healthcare and as such can hinder the fulfillment of the human right to health. Also, a focus must be on most affected: particularly vulnerable, most-at-risk and marginalized communities. These failures need to be addressed.

5. The SDSN sees "giving the poor a voice (as) a critical part of operationalizing sustainable development. Any process for implementing the sustainable development challenges will need to ensure the participation and voice of the poor in decision-making". This is – though welcome - only a superficial expression of intent. Moreover, the term 'the poor' does not necessarily account for all the groups that need to be included. A final Post-2015-Agenda should name measures, schemes, and how the expressed intents are to be achieved. It must be made clear that inclusion must account for every aspect of putting the Post-2015-Agenda into action, including monitoring and evaluation, and particularly focus on the inclusion of marginalized groups, such as women and children.

6. The fulfillment of the right to health is a precondition to the fulfillment of other human rights and vice-versa. Thus, all human rights, including sexual and reproductive health and rights have to be promoted, and with a particular focus on people living with, affected by or particularly vulnerable to HIV and AIDS. The SDSN stipulates that "human rights and social inclusion" is one of four normative concepts, which a development agenda should be based on. Also it says that "an important objective of sustainable development is to realize long-recognized human rights". And even though goal 4 particularly encompasses the achievement of human rights for all, there is absolutely no mention of health as a human

right. As such it would have had to - and must - directly call for *UHC*, *UA* and an end of AIDS within a reasonable timeframe explicitly within the health-goal (or –targets).

7. Encouragingly, target 10.B proclaims an unconditional commitment to achieve 0.7 percent ODA. However, it is not absolutely clear, if the 0.7 percent share – which must be a minimum share – is also to be achieved in 2020 and the text is silent on the set up of accountability mechanisms for this target. Worse, the target is stripped of the (UN-recommended) 0.1 percent GNI share, which should be committed to and be specifically provided for health. With these shortcomings resolved, a strict and unconditional 0.7 % ODA target within a reasonable time-frame should be incorporated in the Post-2015-Agenda.

8. The text rightly acknowledges that "new technologies (…) offer tremendous opportunities to deliver public services, including healthcare (…) to more people at a much lower cost" and that they can increase the efficacy of health-care delivery. It is in this very positive light that one has to see target 10.C: "Rules for international trade, finance, taxation, business accounting, and intellectual property are reformed to be consistent with and support achieving the SDGs". This target and the acknowledgements are extremely promising in regard to increasing the availability of and affordable access to adequate health-tools, such as hitherto lacking paediatric HIV&AIDS drug-formulations and new prevention technologies such as HIV-vaccines and microbicides. However, the target fails to recommend a strict commitment to health-R&D investments. Moreover, it does not anywhere throughout the report mention the link between impediments of trade and intellectual property aspects on the access to and availability of health tools. With these gaps addressed, a target like the above mentioned should find its place in a Post-2015-Agenda.

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