

HIV and AIDS in the post-2015 agenda

Recommendations

- To protect the vast gains made towards MDG 6, the post-2015 framework must not lose existing commitments on HIV and AIDS but rather build on relevant targets in the current MDGs.
- The HIV and AIDS response should not focus exclusively on health. This is an issue of justice, inclusion and solidarity.
- The focus of unmet MDG 8e – focused on improving access to essential medicines – must be carried forward into the post-2015 framework, with an emphasis on all partners, including the private sector, taking a responsible role.
- A focus on a broader definition of equality must be central to the HIV response.

AN OVERVIEW

Two areas of emerging consensus in the post-2015 debate are a focus on eradicating extreme poverty and building on the gains made under the MDGs. MDG 6 gave the international community the highest political mandate for action on the pandemic and made HIV and AIDS a global priority. It led to a UN General Assembly Special Session in 2001, the Global Fund, the WHO target to get 3 million people on antiretroviral therapy (ARVs) by 2005, and the G8 pledge to achieve universal access to treatment.

There have been phenomenal achievements. More than 8 million people are now on ARVs. Within a decade, the rate of new infections has been halved in 25 low to middle-income countries. Investment in MDG 6 has had a positive impact on health-system strengthening, the role of communities in service provision, accountability and defending human rights. Yet, it is still important to stress that HIV and AIDS is more than a health issue; it is intimately interwoven with issues of social justice, power and inclusion. If this focus were lost, the effect on poor people living with HIV and AIDS would be hugely detrimental.

Gains and losses under the MDGs

Huge gains have been made. Globally, AIDS-related deaths fell by more than 25% between 2005 and 2011, thanks to appropriate treatment and earlier interventions. The number of people accessing life-saving ARVs has increased by 63% in the last two years. The response is a powerful example of how

partners, including civil society, government and the private sector, can work together in a positive and sustainable way.

However, despite progress during the early years of the MDGs, fragile gains risk being lost now, due to a lack of secure funding and political commitment. While new HIV infections have declined in some of the regions hardest hit, many countries are facing substantial increases. Progress could be reversed if current threats to the provision of affordable ARVs and other essential medicines materialise. The role of pharmaceutical companies is as important today as when the MDGs were agreed.

MDG 6: Combat HIV and AIDS, malaria and other diseases

Target A: Have halted by 2015 and begun to reverse the spread of HIV and AIDS

In some of countries with the highest HIV prevalence in the world, rates of new HIV infections have been cut dramatically since 2001: by 73% in Malawi, 71% in Botswana, 68% in Namibia, 58% in Zambia, 50% in Zimbabwe and 41% in South Africa and Swaziland.

Target B: Achieve, by 2010, universal access to treatment for HIV and AIDS for all those who need it

An estimated 40 million people are living with HIV worldwide, mostly in the poorest countries; 64% live in sub-Saharan Africa. While vital access to necessary treatment for people living with HIV has increased in all regions, more than 7 million people are still without it.

MDG 8: Develop a global partnership for development

Target E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Global trade negotiations and intellectual property rules threaten access to existing and future HIV medicines and technologies, despite the promises to cooperate to provide affordable essential drugs in developing countries. Universal provision is possible – 1.4 million more people received treatment between 2009 and 2010. Governments, the UN and pharmaceutical companies must show the political will to meet existing commitments before building on them in the MDG successor framework.

THE POST-2015 AGENDA

The post-2015 framework should support a vision of the world where poor women and men have dignity and are able to flourish by participating in enabling societies and equitable economies that operate within safe ecological boundaries, nationally and globally. CAFOD's paper, *Building from the ground*

up,¹ uses the terms 'empowering governance', 'equitable economies' and 'resilient livelihoods' to show how the framework can move us closer to a shared vision for global development and embody the values of the international community. Not only does HIV have implications for health, it also poses additional social and economic barriers to achieving this vision.

Poverty is a central cause and effect of HIV and AIDS. The post-2015 development framework should deliver real progress for people experiencing the greatest poverty and exclusion. Poverty makes people more vulnerable to HIV: for example, illiteracy and lack of education can lead to ignorance about the virus and its causes; lack of access to testing facilities results from people being unable to afford fees or transport, which means that many people do not know they have the virus. Often, it is the family's breadwinners who are living with HIV; likewise, the burden of care can have a negative effect on the economy nationally. All these factors help fuel the spread of the virus. HIV's impact is felt not just by the individual and their family, but also at community and national levels.

The post-2015 development agenda must be built on shared values of solidarity, universality, equality, environmental stewardship, holism, participation and accountability. An inclusive approach is vital if groups who experience discrimination, vulnerability and poverty, such as people living with HIV and AIDS, are to be integrated and prioritised.

“
The post-2015
agenda must be
built on shared
values.
”

Solidarity

Addressing HIV and AIDS is about solidarity with people who are often the most marginalised and excluded. People living with HIV often face both poverty and discrimination. The post-2015 framework must recognise our common humanity in addressing the pandemic.

Equality

The MDGs often failed to deliver positive change in the lives of the very poorest and most excluded; the post-2015 agenda must have equity hardwired into its structure by delivering positive outcomes for all. While MDG 6 has played a critical role in highlighting the social, legal and economic aspects of HIV, the MDGs as a whole failed to address inequality. Aggregated targets mask disparities within countries. There must be a renewed focus on the groups, countries, regions and targets that have fallen behind.

Women are particularly hard hit, both as people living with HIV and as carers with all the demands that role places on them. The risk is even more acute for those facing gender-based violence, such as rape as a weapon of war. This dual vulnerability was made clear in the conclusions of this year's UN

¹ <http://cafodpolicy.files.wordpress.com/2013/04/cafod-building-from-the-ground-up.pdf>

Commission on the Status of Women. The physical, social and economic effects of HIV are different for women and men, so gender-specific considerations need to inform programme and organisational responses to HIV. This approach should be reflected in global development goals to follow the MDGs.

Key vulnerable communities, such as commercial sex workers, men who have sex with men, and injecting drug users, also need to be included in this approach. Only then can we truly talk of equity and delivering positive outcomes for all. In 2012, NGOs reported that in 70% of countries laws, regulations or policies present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups.

Participation

The participation of people living in poverty and people living with HIV is crucial in all stages of the post-2015 development framework: design, implementation, monitoring and evaluation. Their agency must be recognised and valued. People with HIV and AIDS experience high levels of stigmatisation: they and their families may be rejected by their communities, and excluded from employment, education and medical care. Women can be at greater risk of stigmatisation and alienation than men: they are often blamed or judged for having HIV and can be seen as bringing shame on their family. CAFOD denounces all forms of stigma and discrimination related to HIV and fosters initiatives to counter them. CAFOD recognises the particular role that faith-based initiatives and faith leaders can play in eradicating stigma through their influence, voice and standing within communities. Faith organisations must be part of the solution, not the problem.

Holism

CAFOD believes in an integrated approach to post-2015 development. HIV and AIDS is not just a health issue: given the intrinsic link between HIV and development, CAFOD believes a key means of fighting the pandemic is to combat poverty and stigma. Access to food, medicines, drug literacy, psychosocial support, proper healthcare, and water and sanitation are vital. Equally important are access to employment, protection of inheritance rights for women and children, and the same basic rights for everyone, regardless of their HIV status.

CAFOD and our partners have long been leaders in the response to HIV. By 1986, with an already long and credible record of working on HIV, we had made HIV a key focus of our work. By 1991, CAFOD was the lead agency on HIV in Caritas Internationalis. We continue to work with partners, leading in programming, strategy and thinking on this issue.