



UNAIDS/PCB(29)/11.19.rev.1  
30 November 2011

**29<sup>th</sup> Meeting of the UNAIDS Programme Coordinating Board**  
**Geneva, Switzerland**  
**13-15 December 2011**

**Follow-up to the 2011 UN General Assembly High Level Meeting on AIDS**

**Additional documents for this item:** *none*

**Action required at this meeting - the Programme Coordinating Board is invited to:** *take note of and give its on comments on this report*

**Cost implications:** *none*

## EXECUTIVE SUMMARY

1. The 2011 General Assembly High Level Meeting on AIDS will be considered a watershed in the history of the global AIDS response. The meeting mobilized unprecedented political commitment, reflected in the breadth and level of political participation, the unanimous adoption of *Security Council Resolution 1983* immediately preceding the meeting and the bold *2011 Political Declaration on HIV/AIDS* that charts the way forward for the world to reach UNAIDS' vision of *zero new HIV infections, zero discrimination and zero AIDS-related deaths*.
2. The 2011 Political Declaration recommits the global community to achieve universal access to HIV prevention, treatment, care and support by 2015. It also establishes a set of global targets, transforming the principle of universal access from an aspirational goal into concrete and measurable objectives. These ambitious targets are attainable but we must recognize a transformation in the global context—with new risks and opportunities and an escalating price of inaction. The AIDS response must be infused with a new yet different sense of urgency. We have made remarkable progress in lives saved and infections averted, coupled with rapid and promising innovations in science, strategic information, service delivery and development approaches. It is now imperative to maintain and accelerate political momentum and programmatic gains to bring an end to the epidemic—it is within our grasp.
3. Resources for the AIDS response must be strategically targeted and deliver maximum value-for-money. The new *Investment Framework*<sup>1</sup> can guide the way to meet the global community's commitments. Accelerated progress will depend on the extent to which countries can bring innovation in three ways: 1) focusing the response on evidence-informed, rights-based programmes that reach key populations – implemented in tandem with bringing about an enabling environment free of stigma and discrimination; 2) driving innovation – realizing the promise of treatment for prevention, microbicides, improved drug regimens, low-cost generics and other tools and; 3) changing delivery approaches – mobilizing communities to demand and deliver services, integrating HIV services with sexual, reproductive and primary health care and working closely with people living with HIV and other vulnerable populations to ensure the relevance, accessibility and sustainability of the response.
4. The global community's collective efforts to implement the 2011 Political Declaration must explore and maximize the synergetic effects between the different goals. These goals should not be treated in isolation; indeed they can only be achieved in concert. Together, they form a powerful force for an integrated approach to the AIDS response and for accelerating progress across the Millennium Development Goals. Success will mean averting millions of infections and saving millions of lives so that more people are able to live with dignity as productive members of their communities. Of critical importance, the lives of millions of women and children – the nexus of societies' sustainable development – will be improved and empowered.
5. The AIDS approach serves as a torch for broader social transformation – leading a global charge for gender equality, social inclusion, the redistribution of opportunity and health as a human right. Building on the remarkable success of the response, we are

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<sup>1</sup> Schwartlander B, Stover J, Hallett T, et al. Towards an improved investment approach for an effective response to HIV/AIDS. *Lancet*. 2011.1; 377(9782): 2031-41.

now in the business of confirming The *Lancet's* assertion following the High Level Meeting, that AIDS is the engine that drives joint action across health and development efforts.<sup>2</sup> And as the global community confronts the post-2015 Millennium Development Goals (MDG) environment, the transformative nature of the AIDS response should inform new and revised approaches to global cooperation and local action.

6. Countries, including civil society and the private sector, together with regional and international partners, must urgently review this new global mandate and determine their respective roles in reaching the 2015 targets. Effective and sustainable responses will rely on a shift from largely donor-led HIV approaches to a framework of shared responsibility that foregrounds country ownership while leveraging the differentiated capacities of all partners. Regional institutions such as the African Union, the Commonwealth of Independent States and the Association of Southeast Asian Nations play an increasingly critical role in catalysing action and brokering mutual accountability at the country and regional levels. Civil society, particularly networks of people living with HIV and key populations, remain integral to success and must be increasingly engaged in the governance of the response as well as in monitoring progress in implementing the *Declaration*.
7. To catalyze and monitor follow-up actions to the High Level Meeting, this report recalls the commitments made in the *Declaration*, outlines the remarkable leadership demonstrated by a range of partners to take the first bold steps in delivering on these commitments and proposes plans for country, regional and global-level action.
8. Following an introduction to the *Declaration*, as well as the context in which it was endorsed, this report explores efforts to situate its commitments in national political agendas and mobilize inclusive and accountable country ownership of the AIDS response.
9. The collective action underway and next steps to achieve the each of the targets of the 2011 Political Declaration are outlined in the report, including actions by Member States, the Joint Programme and its Secretariat to:
  - Reduce sexual transmission of HIV by 50% by 2015;
  - Reduce transmission of HIV among people who inject drugs by 50% by 2015;
  - Eliminate new HIV infections among children by 2015 and substantially reduce AIDS-related maternal deaths;
  - Reach 15 million people living with HIV with lifesaving antiretroviral treatment (ART) by 2015;
  - Reduce tuberculosis deaths in people living with HIV by 50% by 2015;
  - Eliminate stigma and discrimination against people living with and affected by HIV through promotion of laws and policies that ensure the full realisation of all human rights and fundamental freedoms;
  - Eliminate HIV-related restrictions on entry, stay and residence;
  - Eliminate gender inequalities and gender-based abuse and violence and increase the capacity of women and girls to protect themselves from HIV;
  - Eliminate parallel systems for HIV-related services to strengthen integration of the AIDS response in global health and development efforts; and

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<sup>2</sup> The Lancet. A strategic revolution in HIV and global health. Lancet. 2011; 377: (9783). Available at [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)60901-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)60901-X/fulltext).

- Close the global AIDS resource gap by 2015 and reach annual global investment of USD 22-24 billion in low- and middle-income countries.

10. The report concludes by describing enhanced efforts to monitor progress and hold actors to account.

## **I LANDMARK DECLARATION – RENEWED COMMITMENT IN A CHALLENGING ERA**

11. The 2011 United Nations High Level Meeting on AIDS (HLM) marked a defining moment in the AIDS response. World leaders representing key countries, particularly in the global South, as well as from civil society, the private sector, the United Nations (UN) and the fields of entertainment and sports, demonstrated their resolve, unity and optimism in our collective ability to turn the tide on the HIV epidemic.

12. The 2011 Political Declaration is historic in three principal respects. First, it articulates several outcome-oriented targets for 2015 thereby generating significant momentum for focused and accelerated action. Second, it recognizes that universal access to HIV prevention, care, treatment and support depends on removing barriers for vulnerable populations, including women, men who have sex with men, sex workers and their clients as well as people who inject drugs. Third, Member States acknowledge a progressively large AIDS investment gap by 2015 and pledged to find the resources to fill it.

13. The success of the HLM also signals the galvanizing role assumed by the UN. The HLM clearly demonstrated UNAIDS' leadership and capacity to set the AIDS agenda, to convene a wide range of stakeholders and to build consensus among national and global leaders on the way forward. The 2011 Political Declaration is fully aligned with UNAIDS' Strategy 2011-2015, *Getting to Zero*—including its targets for 2015—which confirms that the international community is firmly committed to the path adopted by the UNAIDS Programme Coordinating Board.

14. Yet the *Declaration* presents us with a paradox: how to meet the high expectations laid out in the context of global economic contraction and shifting global attention and resources to other development concerns despite, or perhaps in part because of, the success of the AIDS response. This paradox demands a new kind of urgency distinct from the emergency approach that has characterized the past—the urgency to bring an end to the epidemic. The global community must stand together more than ever to ensure that we deliver on the commitments in the 2011 Political Declaration. It calls for practical, coherent and consistent action by Member States, civil society, regional and international organizations, the private sector and the UN system. This document sets out the priority actions that will be required from all partners in the response to ensure that we reach the goals to which we are duty-bound.

15. Looking forward, the global community must take proactive steps to position the response for the post-2015 Millennium Development Goal (MDG) environment. A robust post-MDG development framework will depend on demonstrating to the international community those critical features of the AIDS response that hold lessons for the achievement of other common development exigencies. These include not only the results-orientation of the response, but its firm commitment to a set of principles

including equity, holistic engagement, inclusive governance and human rights—positioning the “AIDS approach” as a torch for broader social transformation.

## II PUTTING THE 2011 POLITICAL DECLARATION INTO ACTION

*Joint Programme support to Member States and other stakeholders*

16. This report provides an overview of the support, with illustrative examples, that will be provided by the Joint Programme to Member States and civil society, to accelerate progress towards the goals and targets of the 2011 Political Declaration. Given the alignment between the 2011 Political Declaration and UNAIDS Strategy, the Unified Budget Results and Accountability Framework for 2012-2015 describes in detail the activities of the each of the Cosponsors and Secretariat to operationalise the attainment of these goals.

### **Political momentum: Placing the *Declaration* on national, regional and global agendas and translating commitments into country action**

*Mobilizing inclusive and accountable leadership and country ownership*

17. The 2011 Political Declaration calls for increased national ownership as well as encouraging and supporting the active involvement and leadership of people living with and affected by HIV, including young people, and community-based organizations in decision-making, planning, implementing and evaluating the response.
18. The following examples illustrate how some countries have already demonstrated leadership in follow-up of the 2011 Political Declaration:
  - The first meeting of Health Ministers from Brazil, Russia, India, China and South Africa (BRICS), hosted by the Government of China and attended by the Director General of the World Health Organization (WHO) and the UNAIDS Executive Director, sought to identify opportunities for BRICS countries to promote wider access to affordable, quality-assured medicines. The outcome document, the *Beijing Declaration*, recommits the BRICS leaders to fully implement the agreements reached at the HLM;
  - The International Forum on MDG 6 in Eastern Europe and Central Asia, hosted by the Russian Federation, which aimed to identify the main obstacles to MDG 6 and mobilize critical stakeholders, reiterated the key targets of the 2011 Political Declaration and presented a *Plan of Action* as a road map to their attainment in the region through strengthened international cooperation;
  - In the context of the HLM, the African Union has launched a process to revitalize AIDS Watch Africa, a unique advocacy and accountability platform which aims to continue to expand Africa’s leadership and to inspire and assess progress being made toward continental and international targets, including those of the 2011 Political Declaration;
  - The African Union Commission launched the *African Plan towards Elimination of New Infections among Children by 2015 and Keeping their Mothers Alive*. This Plan

provides an accountability framework to track progress of the African Union on its decision, adopted at its July 2010 Summit, on elimination of mother-to-child transmission and represents Africa's commitment to the 2011 Political Declaration's targets;

- An Indian Forum of Parliamentarians on AIDS was convened to sensitize Members of Parliament on the 2011 Political Declaration with strong engagement of the Prime Minister, leaders of both ruling and opposition parties and the chair of the planning commission;
- The Prime Minister of Mozambique requested that immediate follow-up actions on the *Declaration* be articulated. Representatives of the Ministry of Health, the Ministry of Women and Social Action, civil society, the private sector, people living with HIV, young people, and UNAIDS Cosponsors were convened to discuss how to "Mozambiquanize" the 2011 Political Declaration for urgent implementation;
- Reinforcing the 2011 Political Declaration's targets, the Secretary of State of the United States of America called for an AIDS-free generation including by eliminating new HIV infections among children by 2015, scaling-up treatment and eliminating stigma and gender-based violence; and
- Civil society partners who attended the HLM as part of the Malawian delegation held a number of consultative briefings with civil society constituencies in the country, including faith-based organizations and networks of people living with HIV, with a view to integrate the recommendations of the HLM into their own strategic plans and programmes of work.

19. Strengthened political commitment and action for scaling up in line with the 2011 Political Declaration's targets rest on the ability of the global community to broker a compact of shared responsibility. Political leaders from African regional entities (e.g. the African Union), the BRICS and high-income countries, and other economic and other political bodies, such as the G20, must be supported to collectively define and commit to a clear roadmap for shared responsibility based on differentiated capacity. As a priority, UNAIDS is providing support to countries and other partners to broker this compact.
20. To support the movement towards shared responsibility and to foster inclusive and accountable leadership and ownership at the country level, UNAIDS will begin implementing its *UNAIDS Guidance Document: Getting to Zero through Partnerships with Civil Society, Key Affected Populations and People Living with HIV* in 2012. This document stresses the importance of supporting and resourcing the development of new leaders and the full inclusion of civil society so as to accelerate the development of national policies and programmes in line with the 2011 Political Declaration. To create space at national and community levels for dialogue and civil society leadership, GNP+ and UNAIDS' *Positive Health Dignity and Prevention Operational Guidelines* are being finalized and will be rolled out in close collaboration with networks of people living with HIV and other civil society organizations.
21. UNAIDS is expanding the scope of political outreach to include those beyond the "usual suspects", and to target ministries and departments outside the health sector, including parliamentarians, the judiciary, military, religious leaders and other sectors. For example, UNAIDS is working with partners to develop guidelines for a series of dialogues at

country level between religious leaders and networks of people living with HIV on stigma and discrimination. UNAIDS will also convene civil society, religious leaders and other partners to identify opportunities for joint action to strengthen 'cultural, ethical and religious values and the vital role of the family and the community' within the context of human rights-based HIV responses as envisioned in the 2011 Political Declaration.

22. UNAIDS is establishing new partnerships to support innovative public awareness campaigns including with industry leaders such as Standard Bank Group Limited, the largest bank in Africa; Xinhua, China's most influential media-news group, and; Virgin founder Sir Richard Branson. High profile personalities, including from BRICS countries, are being mobilized as Goodwill Ambassadors to raise awareness and advocate for solutions on HIV-related issues in their home countries and beyond. UNICEF is redoubling efforts to achieve an 'AIDS-free generation' through the "*Unite for Children, Unite against AIDS*" Campaign.
23. In October, the Secretariat launched CrowdOutAIDS.org, an online collaborative project to 'crowdsource' its new approach on HIV and young people. Relying on social media as well as voluntary youth-led 'offline' forums, CrowdOutAIDS puts decision-making power in the hands of young people. CrowdOutAIDS will rebuild the Programme's work with young people from the bottom up. Inclusive and transparent, CrowdOutAIDS seeks new strategic partnerships and explores innovative ways to engage young people for a youth-owned AIDS response.

#### *Planning for results*

24. By adopting the 2011 Political Declaration, countries committed to implement multi-sectoral national AIDS strategies to achieve the targets. This commitment requires broad partnerships at the country level to rally around shared results, and to do so with focus. Countries may consider developing national investment frameworks through country-led processes to guide the strategic repositioning of investments and reprogramming. Countries should consider undertaking the following actions:
  - Mobilize broad political commitment and partnerships at all levels to ensure that country results and targets for the HIV response are aligned with the *Declaration*. Government, parliamentarians, development partners, civil society and the UN should collectively make the necessary reviews and revisions to national strategic plans, results and targets to ensure they can guide the achievement of the *Declaration* targets; and
  - Introduce and strengthen mutual accountability mechanisms including in the form of peer reviews of progress, gaps and opportunities to ensure that all partners are contributing to the achievement of national priorities and targets. The United Nations Economic Commission for Africa, supported by UNAIDS, has developed an *AIDS Accountability Indices Framework* adapted to the *Declaration* for such purposes.
25. UNAIDS will facilitate joint reviews with national partners to ensure the alignment of their results frameworks with the targets of the 2011 Political Declaration. Joint Programmes of Support and the United Nations Development Assistance Frameworks will also be reviewed and updated to ensure they are tailored for maximum impact on national targets and thereby serve the Declaration's goals.



**Programmatic areas: transforming national AIDS programmes and UN support to reflect the targets and goals of the 2011 Political Declaration**

26. Several common targets and goals link the 2011 Political Declaration, the UNAIDS Strategy *Getting to Zero* and the *Unified Budget, Results and Accountability Framework (UBRAF)* to guide the global community towards universal access. These include:
- Reduce sexual transmission of HIV by 50% by 2015;
  - Reduce transmission of HIV among people who inject drugs by 50% by 2015;
  - Eliminate new HIV infections among children by 2015 and substantially reduce AIDS-related maternal deaths;
  - Reach 15 million people living with HIV with lifesaving antiretroviral treatment (ART) by 2015;
  - Reduce tuberculosis deaths in people living with HIV by 50% by 2015;
  - Eliminate stigma and discrimination against people living with and affected by HIV through promotion of laws and policies that ensure the full realisation of all human rights and fundamental freedoms;
  - Eliminate HIV-related restrictions on entry, stay and residence;
  - Eliminate gender inequalities and gender-based abuse and violence and increase the capacity of women and girls to protect themselves from HIV;
  - Eliminate parallel systems for HIV-related services to strengthen integration of the AIDS response in global health and development efforts; and
  - Close the global AIDS resource gap by 2015 and reach annual global investment of USD 22-24 billion in low- and middle-income countries.

***Reduce sexual transmission of HIV by 50% by 2015 – a focused approach***

27. A focused approach is needed to achieve the goal of 50% reduction in sexual transmission of HIV by 2015. A prioritized 'investment framework' of cost-effective, high-impact prevention and treatment interventions could provide significant gains in reaching the targets through three critical steps:
- Geographic targeting: Seven countries account for nearly 50% of all new infections and with seven more countries, nearly two-thirds of new infections worldwide are accounted for. Accelerated efforts geared towards these countries can amplify gains of prevention globally;
  - Intensifying action in transmission hot spots within countries: Strikingly, HIV infections are not uniformly distributed in high burden countries. In South Africa, only four cities account for a majority of new infections. In Nigeria, the large majority of new infections occur in 6 out of 31 states. Twenty-five per cent of new infections in Thailand occur in Bangkok. Hot spots must be identified and saturated with prevention interventions; and
  - Understanding local epidemics and focusing interventions on the key modes of transmission and population groups which will most readily stop the chain of transmission: Male circumcision can yield major gains as in Kenya, where the

uncircumcised population pockets in limited areas account for significantly large number of new infections. In India, interventions focused on sex workers and clients have helped stabilize the epidemic in the general population in four southern states. The groundbreaking HPTN 052 trial showed that when a person living with HIV adheres to an effective antiretroviral therapy regimen, the risk of transmitting the virus to sexual partners can be reduced by 96%. Recognizing that 41% of new infections occur among young people, UNAIDS and its partners advocate for, and provide greater support to, programmes that deliver results for prevention among people aged 10 – 24 years. Global technical working groups have been set up to coordinate and strengthen technical guidance and monitoring to priority countries in six areas: HIV testing and counseling; programming for young people living with HIV; condoms; harm reduction; comprehensive sexuality education; and strategic information.

28. To maximize impact, future interventions must prioritize the right geographical area and focus on the right population with the right mix of interventions. This calls for selective increases in investment and reprogramming current efforts in establishing systems for rapid scale-up of country efforts. To support this work, UNAIDS and its partners are undertaking the following actions:
- Quantifying the necessary annual reductions region by region to achieve the global fifty per cent target;
  - Generating, through enhanced modes of transmission analyses and in close collaboration with key affected populations, a solid evidence base to justify geographic (country, national and sub national) prioritization and choice of interventions based on the *Investment Framework*. The diversity of epidemics requires a more sophisticated understanding of the distinct and sometimes multiple vulnerabilities people face in order to deliver a targeted response, including around migration, humanitarian emergencies, incarceration, disability, drug use, gender, age and sexual orientation. The Joint Programme and its partners will assess country responses in the first quarter of 2012, with priority to the 20+ high-impact countries, to map capacity to achieve the reduction target including whether resources are focused on modes of transmission, hotspots and on the most effective programmatic response;
  - Exploring the feasibility of strengthening performance monitoring systems that would allow mid-course correction by front-line workers, monitor decline of new infections enable programme participant/service-user feedback;
  - Brokering strategic alliances among key donors (especially with the Global Fund to Fight AIDS, TB and Malaria, PEPFAR and World Bank) and national authorities in support of reallocation of resources from less effective programmes to those of high-impact in countries;
  - Providing management and technical support for 'scaling up' based on successful models and countries; and
  - Supporting and mobilizing leaders from local governance bodies and community organizations to re-allocate resources to those activities which will yield the greatest returns in terms of infections averted.

***Reduce transmission of HIV among people who inject drugs by 50% by 2015—technically feasible, but dependent on creating an enabling policy and legal environment***

29. The focused approach described above could ensure that injecting drug transmission hotspots are identified and saturated with effective, evidence-informed programmes. Whether or not services are delivered and accessed to achieve the 2011 Political Declaration's goal is more of a political challenge than a technical one. In particular, the following actions will be critical to achieving this goal:
- Quantifying the reduction targets country by country: although HIV among injecting drug users has been identified in 120 countries, the vast majority of new infections among people who inject drugs are found in a relatively few countries;
  - Developing a focused strategy to identify and overcome political and legal barriers where they are the limiting factors to service delivery and access;
  - Scaling up evidence-based programme activities, based on the WHO, UNODC and UNAIDS' *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users*, where policy and legislative settings allow, including identifying the right balance among interventions (especially needle and syringe exchange programmes, opioid substitution therapy and ART access);
  - Ensuring that interventions meet appropriate standards and quality including involvement of drug users at all levels in service delivery;
  - Incorporating service-user/quality measures into real-time monitoring of programmes including evidence of decline of new infections and early warning systems to follow trends in terms of new drugs, risk practices etc.;
  - Establishing strategic alliances in countries involving the public health, criminal justice, law enforcement, social services and civil society sectors to push forward the HIV and drug use agenda; and
  - Identifying opportunities to re-programme, coordinate and channel resources to where needs are greatest and to set up accountability mechanisms in partnership with national partners, the Global Fund, other multilateral and bilateral donors as well as civil society organizations.

***Eliminate new HIV infections in children by 2015 and reduce AIDS-related maternal deaths (addressed in full as a separate PCB agenda item in UNAIDS/PCB(29)/11.20)***

30. The Global Plan *Towards the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive* was launched by UN Secretary-General Ban Ki-moon at the HLM. The Global Plan is seen as an unparalleled opportunity to change the landscape of AIDS and has set two targets for 2015: (1) reduce the number of new HIV child infections by 90 percent, and (2) reduce the number of AIDS-related maternal deaths by 50 percent. The Plan was developed by a coalition of 30 governments including governments from all 22 priority countries, and 50 community groups. Countries have embraced the Plan and are reorganizing their coordination and governance platforms to meet the targets. Resource mobilization efforts are being

accelerated and technical support mechanisms are being put in place to respond to country needs.

31. The implementation of the *Plan* is overseen by a 17-member Global Steering Group with representation from countries, civil society, private foundations and UN bodies and is chaired by the UNAIDS Executive Director, and United States Global AIDS Coordinator Ambassador Dr Goosby.
32. The *Global Plan* coincides with the implementation of the UN Secretary-General's "*Every Woman Every Child*" global effort which provides an unprecedented opportunity to leverage resources and create synergies between these two movements.
33. Several areas of work to support the *Global Plan* are evolving at regional levels with UNAIDS support. They include collaboration with the Africa Union (AU), which has expressed specific interest in the *Plan* and is preparing its own support package. The aim of the African Plan is to create ownership in the 22 countries through the AU's various health policy instruments including its Campaign on Accelerated Reduction of Maternal, Newborn and Child Mortality in Africa (CARMMA).
34. Funds for national scale up plans are being sought through bilateral donors, country proposals to the Global Fund, domestic and government sources, private sector as well as other innovative mechanisms. UNAIDS is also working with the African Development Bank, the European Union and the Islamic Development Bank to finance the Plan.

***Reach 15 million people living with HIV with lifesaving antiretroviral treatment by 2015 – activism, partnership and innovation for universal access***

35. The 2011 Political Declaration and UNAIDS Strategy *Getting to Zero*, form a powerful platform for high-level political advocacy and accelerated action towards universal access. The *Investment Framework* provides an important tool to guide country-specific decision-making for cost-effective, high-impact programmes, to identify specific resource gaps for full implementation and to serve as an advocacy tool for resource mobilization. Treatment 2.0 provides a complementary framework to facilitate expansion of cost-effective, high quality HIV treatment and care services by optimizing drug regimens, providing point-of-care diagnostics, reducing costs, adapting delivery systems and mobilizing communities in order to ensure universal access.
36. UNAIDS has the mandate to catalyze partnership building and facilitate a common agenda among key constituencies to promote and ensure leadership of a broad-based movement to ensure 15 million people are on ART by 2015 ("15 by 15"). Work is underway to develop a roadmap to success.
37. At the global level, UNAIDS will seek to:
  - Galvanize renewed political commitment particularly through identifying emerging sources of leadership, accountability and mobilization in the AIDS response, and global health more widely, including in the BRICS countries and regional intergovernmental political and economic bodies;
  - Exercise intellectual leadership in promoting global public goods by influencing the pharmaceutical agenda and countries' use of intellectual property rights flexibilities;

- Undertake analysis and communication at the global and regional levels to support countries' understanding of issues around treatment demand, enrollment and retention, service delivery capacity, funding gaps and opportunities for resource mobilization; and
- Focus on results through the 20+ high-impact country strategy. This catalytic support for accelerated, accountable and results-driven joint action is deliberately designed as an opportunity to put into practice UNAIDS' new way of doing business. By addressing these countries as a priority, with additional and focused support tailored to their specific needs, countries could avert up to 85% of new HIV infections globally, 89% of new infections among children and 83% of total HIV-related deaths, at the same time bridging more than 75% of the gap between need and actual coverage of ART.

38. At country level, UNAIDS will support:

- National treatment target-setting consistent with the 2011 Political Declaration;
- Country analysis of current scale-up plans and the gap between current targets and universal access targets consistent with "15 by 15";
- Advocacy efforts to ensure demand for increased treatment access and adherence, including through community system strengthening; and
- Tracking progress and responding rapidly to emerging roadblocks.

39. To accelerate access to affordable medicines and commodities, the 2011 Political Declaration commits countries to incorporate to the fullest extent possible, TRIPS-flexibilities into domestic laws and regulations and ensure that trade agreements do not undermine existing flexibilities. UNDP and WHO, in collaboration with other relevant international organizations, will continue to provide technical and policy support to governments drafting such legislation and regulations, to develop the capacity of governments to implement public health-sensitive intellectual property policies, to generate evidence-based assessments of prospective trade agreements and to promote the adoption of regulatory environments that facilitate South-South cooperation and technology transfer.

40. The 2011 Political Declaration commits countries to develop new mechanisms to reduce HIV treatment costs and to encourage the development of new treatment formulations including HIV medicines and diagnostics. The Joint Programme is convening major pharmaceutical companies to discuss price reductions for medicines, to explore incentives for continuing research and innovation on HIV medicines such as tiered pricing, open-source sharing of patents and patent pools and to discuss a new set of measurable Treatment Access Standards that meet the needs of people living with HIV regardless of where they live.

41. To facilitate a reliable supply of ARV medicine for children, UNAIDS and its partners will mobilize national governments and stakeholders to review current procurement patterns to harmonize product selection to consolidate as well as facilitate pooled procurement of a select number of products to shape pharmaceutical markets.

***Reduce tuberculosis deaths in people living with HIV by 50% by 2015 – tackling the biggest killer***

42. Recent modeling, based on internationally recommended intervention packages, suggests that the TB/HIV target can be even bolder: by scaling up and integrating TB/HIV interventions it is possible to reduce by more than 50% the number of people living with HIV dying from TB. In particular, by making health services more widely available; improving the cure rate for TB; providing targeted and proactive HIV and TB testing; integrating food and nutritional support; providing ART and co-trimoxazole preventive therapy to TB patients living with HIV; providing preventive isoniazid for people living with HIV; and infection control in health and congregate settings. Political leadership is needed to integrate HIV and TB services at every level of the health system and to put in place real-time systems to monitor the burden of co-infection.
43. An evaluation of the first year of the implementation of the UNAIDS and StopTB Partnership Memorandum of Understanding (MoU) is underway to inform the way forward for the partnership. Under its revised MoU, UNAIDS and StopTB will continue to mobilize political and financial resources for HIV and TB service integration; and strengthen knowledge, capacity and engagement of civil society, affected communities and the private sector. The new MoU, however, will likely take a much more focused approach to specifying respective roles and practical actions to support implementation of TB/HIV integrated services and to deliver on this goal for 2015. These actions will include:
- Modeling in selected countries with a high TB/HIV burden to inform country-specific target setting that will collectively lead to the global target of 50% reduction;
  - Providing technical support to countries receiving Global Fund grants to redirect resources towards more cost-effective integrated HIV/TB programmes;
  - Engaging civil society and community-based organizations and networks focused on HIV in TB/HIV advocacy, policy making and programme implementation;
  - Engaging with and ensuring mutual reinforcement of efforts with StopTB's campaign to save one million lives from TB/HIV by 2015; and
  - Supporting countries to undertake regular monitoring of progress towards national targets.

***Critical social enablers and synergies: Eliminate stigma and discrimination against people living with and affected by HIV through promotion of laws and policies that ensure the full realization of all human rights and fundamental freedoms***

44. The 2011 Political Declaration marks a significant step in moving human rights, in the context of HIV, from rhetoric to action. It outlines specific interventions for advancing human rights and addressing HIV-related stigma and discrimination.
45. Realizing the commitments made in the 2011 Political Declaration will require that programmes to address HIV-related stigma and discrimination be integrated in programmatic, funding and implementation plans, including Global Fund proposals, and that they be costed, funded and implemented. Expansion of the following essential programmes will be considered as indicators of success: "programmes aimed at eliminating stigma and discrimination against people living with and affected by HIV, including their families, including through sensitizing police and judges, training health

care workers in non-discrimination, confidentiality and informed consent, supporting national human rights learning campaigns, legal literacy, and legal services, as well as monitoring the impact of the legal environment on HIV prevention, treatment, care and support". Such programmes have now been described and costed.

46. To support the inclusion of these programmes in national programmes, UNAIDS has launched a series of regional trainings for national stakeholders involved in HIV-related national planning processes. It is expected that in the 25 countries to be involved in the initiative, increased understanding and expertise on the above-mentioned programmes will enhance their implementation at appropriate scale and quality. The Stigma Index is being rolled out as part of a collaborative partnership with networks of people living with HIV and civil society organizations in over 60 countries to provide the basis to monitor and address HIV-related stigma and discrimination more systematically.
47. With tailored technical support from ILO, *Recommendation No. 200* was cited in two court cases in Brazil in rulings against the unfair dismissal of workers on the basis of their HIV status. A number of Member States have developed national workplace policies based on the Recommendation which strengthened the protection of the rights of persons living with HIV (including workers).
48. The 2011 Political Declaration urges countries to: *"review, as appropriate, laws and policies which adversely impact on the successful, effective and equitable delivery of HIV prevention, treatment, care and support programmes to people living with and affected by HIV"* as well as *"identifying and reviewing, in order to eliminate, any remaining HIV-related restrictions on entry, stay and residence"*. This commitment aligns with the human rights-related goals of the UNAIDS Strategy:
  - *"Countries with punitive laws and practices around HIV transmission, sex work, drug use or homosexuality that block effective responses reduced by half;"* and
  - *"HIV-related restrictions on entry, stay and residence eliminated in half of the countries that have such restrictions."*
49. Removing HIV-related restrictions on entry, stay and residence has led to important progress in addressing HIV-related stigma and discrimination in many countries, including in Armenia and Fiji after the HLM. In many contexts, the removal of such restrictions has prompted dialogue on other aspects of the legal environment, which impacts on HIV.
50. A number of global and regional overviews of HIV-related laws, including a snapshot published by UNAIDS in partnership with GNP+, ILGA, IHRA and IPPF,<sup>3</sup> reveal that certain punitive laws are more prevalent and/or enforced in some regions as compared to others. Progress towards the 2015 targets for human rights and law can be made if all stakeholders focus on identifying and addressing, at the very least, the legal barrier in a particular region that most acts as an obstacle to access to HIV prevention, treatment, care and support.

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<sup>3</sup> GNP+, IHRA, ILGA, IPPF and UNAIDS Making the law work for the HIV response: A snapshot of selected laws that support or block universal access to HIV prevention, treatment, care and support July 2010. Available at [http://www.unaids.org/en/media/unaids/contentassets/documents/priorities/20100728\\_HR\\_Poster\\_en-1.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/priorities/20100728_HR_Poster_en-1.pdf).

51. To further inform countries of existing laws and law enforcement practices that negatively impact people living with HIV and members of key populations, women, children as well as access to affordable treatment, the UNDP-led Global Commission on HIV and the Law has held several regional dialogues and investigated legal and policy issues relating to HIV. The Commission will issue actionable recommendations in December 2011 to guide countries in creating effective, protective and enabling legal responses to HIV. In line with the *Declaration*, Member States are urged to take note of these recommendations and to report on their findings.
52. Commitment to strengthening national social and child protection systems and care and support programmes for families, care-givers and orphans and vulnerable children will be critical for reaching the most vulnerable HIV-affected families. UNAIDS, UNICEF, the World Bank and partners are supporting the scale up of national social protection programmes which are inclusive of HIV affected households, including through expanded equitable health financing, cash transfers and comprehensive care and support.

***Critical social enablers and synergies: Eliminate gender inequalities and gender-based abuse and violence and increase the capacity of women and girls and protect themselves from HIV***

53. The 2011 Political Declaration highlights the critical contribution of gender equality to an effective HIV response, recognizing, for example, that gender-assigned roles and inequalities often place women and girls at increased vulnerability to HIV and constitute barriers which hinder women from accessing health services, including those to prevent new infections in children.
54. Working with civil society and other development partners, UNAIDS is leading efforts to expand the evidence base of what works so as to establish an essential package of HIV and sexual and reproductive health and rights interventions, which is expected to be launched in 2012. This package will support Member States to fully leverage gender equality as a critical enabler for an effective HIV response, in line with the *Investment Framework*. As envisaged in the *Framework*, these efforts will be linked to broader development efforts, including increasing women's and girls' educational status, and their opportunities for economic empowerment and participation in governance.
55. As a part of this package, UNAIDS and its partners are focusing on identifying and operationalising innovative approaches that can catalyse and accelerate social change for gender equality in support of MDGs 3, 4, 5 and 6. So as to promote this social transformation, UNAIDS is working to create a critical mass of political and civil society champions who will advocate for gender equality and call for action to address the HIV-specific and sexual and reproductive health needs and rights of women and girls as well as harmful masculinity norms and roles. As such, UNAIDS is convening a High Level Group of African Political Leaders who are championing the cause of women and girls.
56. As the 2011 Political Declaration did not set a concrete target for the elimination of gender inequality, additional work is underway to advocate that political leaders adopt the target of "80% of countries achieve the inclusion of dedicated activities for women in their HIV strategies", with a corresponding budget to meet the specific HIV and sexual and reproductive health needs and rights of women.



57. Progress will continue to be monitored through the UNAIDS scorecard approach, while efforts are also being made to include relevant gender equality indicators in regional and global reporting mechanisms, such as the accountability framework of the African Union and the National Commitments and Policy Index. To support countries to monitor gender equality within the HIV response, a harmonized Gender Equality and HIV indicator compendium is being developed in partnership with UN Women, UNDP, UNFPA, PEPFAR, MEASURE Evaluation, WHO, the Global Fund, the International Community of Women Living with HIV/AIDS and others. A global indicator on the prevalence of recent intimate partner violence, reflecting the demonstrated link between violence and HIV, has been finalized.
58. UNAIDS is establishing new partnerships to implement its *Agenda for Women and Girls*. For example, as a result of renewed partnerships it is hoped that the faith-based community, parliamentarians and the private sector will take more concerted action in addressing gender inequality and sexual violence. The public-private-partnership “Together for Girls”, which aims to address sexual violence against girls, exemplifies the driving force of multi-organizational efforts that leverage synergies between different partners. Furthermore, building upon path-finding initiatives, such as “In Women’s Words”, UNAIDS will ensure the continued engagement of women and girls, and men and boys, in defining priorities for an effective HIV and sexual and reproductive health and rights response. Such engagement will be critical in the development of a new gender equality *HLM Accountability Tool*, which seeks to demonstrate how the specific needs of women and girls are addressed under each target in the *Declaration*.
59. The expected addition of UN Women as the 11th Joint Programme Cosponsor presents a major opportunity to implement the *Declaration*. Each of UN Women's four key areas for catalytic work – political participation, empowerment, security and stopping violence against women and girls – are highly relevant for an effective HIV response. Conversely, UNAIDS is a strategic partner to UN Women on cross cutting policy issues, where HIV can serve as a “torch” to reveal the impact of policies and structures that disempower women and girls, and can help mobilize for change. There is significant potential for maximizing synergies in global leadership through a shared agenda on HIV and gender empowerment. UNAIDS looks forward to supporting UN Women in its UN system-wide coordination role, including accountability for gender equality.

***Critical social enablers and synergies: Eliminate parallel systems for HIV-related services to strengthen integration of the AIDS response in global health and development efforts***

60. Strengthening health systems and integrating HIV into health and development efforts feature strongly in the *Declaration*. The achievement of the targets is highly dependent on functioning health systems and on the dismantling of specific health systems bottlenecks.
61. UNAIDS approach to Health Systems Strengthening (HSS) is expressed in the position statement *Leveraging the AIDS Response to Strengthen Health Systems*.<sup>4</sup> It recognizes the need to synergize HIV and HSS efforts and maximize linkages between all the MDGs while aligning to country priorities and harmonizing efforts with other partners and sectors.

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<sup>4</sup> [http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/07/20110721\\_HSS\\_Statement.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/07/20110721_HSS_Statement.pdf)

62. Working with Member States, civil society and other partners, UNAIDS is repositioning the AIDS response within broader health and development efforts on a number of fronts, including:
- Conceptualization of and evidence gathering on newly emerging issues: e.g. chronic care, linkages with Non-Communicable Diseases (NCDs), hepatitis co-infection, as well as the *AIDS plus MDGs* agenda;
  - Participation in strategic partnerships including the UN Secretary-General's *Global Strategy for Women's and Children's Health, H4+*, the Partnership for Newborn, Maternal and Child Health, the Global Health Workforce Alliance, HSS funding platform and the Millennium Villages Project initiative on One Million Community Health Workers;<sup>5</sup>
  - Shaping global agendas on drug pricing, TRIPS<sup>6</sup>, sexual and reproductive health policy and funding conditionalities, inclusion of HIV into financial risk pooling and social health insurance schemes and other efforts related to sustainable financing;
  - Supporting mechanisms to build sustainable community systems and strengthen referral linkages between health systems and community systems. A guidance tool with indicators for community systems strengthening was revised in preparation of the Global Fund's Round 11; and
  - Linking the identification of integration opportunities with implementation of national programmes and supporting reforms to systems and service delivery models so as to enable attainment of health sector-related goals of the 2011 Political Declaration.

***Closing the global AIDS resource gap and reach an annual global investment of USD 22-24 billion in low- and middle-income countries***

63. The 2011 Political Declaration makes a commitment to shared but differentiated responsibility to mobilize the necessary investment of US\$22 to 24 billion per annum in the HIV response by 2015. The *Declaration* recognizes, however, that this target will only close the investment gap if resources are allocated far more efficiently and effectively. As such, the *Declaration* opens up a whole new debate on development cooperation and financing.
64. To begin this debate, UNAIDS is embarking on a major initiative on the effectiveness and sustainability of the response, together with key partners such as the Bill and Melinda Gates Foundation, the Global Fund and PEPFAR. The *Investment Framework* provides a broad roadmap to ensure value-for-money in the response. The *Framework* is beginning to help countries to develop their own financing frameworks, which will assist their efforts to mobilize additional resources at country level and ensure that the best investments possible are made with those funds.
65. To foster the debate, a High Level Panel of economists and policy-makers is planned, regional dialogues are being held and several efforts are underway to inform and inspire the global agenda on shared responsibility – which will examine among other things, new ways to mobilize resources and allocate them for maximum impact. These include the generation of regional estimates of resource needs based on the *Investment*

<sup>5</sup> [http://millenniumvillages.org/files/2011/06/1mCHW\\_TechnicalTaskForceReport.pdf](http://millenniumvillages.org/files/2011/06/1mCHW_TechnicalTaskForceReport.pdf)

<sup>6</sup> [http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2049\\_PolicyBrief\\_TRIPS\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2049_PolicyBrief_TRIPS_en.pdf)

*Framework*, publications on innovative and sustainable financing, including *Africa takes Charge*—launched at the 2011 International Conference on AIDS and STIs in Africa—and a flagship report for release at the XIX International AIDS Conference in Washington DC.

66. The new era of shared responsibility demands a new model of collaboration between UNAIDS and the Global Fund. The *Investment Framework* has provided a platform for a shared commitment to better prioritization, including in grant negotiation and reprogramming resource allocations. In revisiting the partnership, UNAIDS has adopted a role in providing strategic investment advice based on country-by-country gap analysis; technical support for proposal conceptualization, implementation and monitoring; improving grant management and accountability; and ensuring inclusive participation in grant implementation and monitoring.
67. UNAIDS is working closely with PEPFAR to identify areas of collaboration based on the comparative advantages of each organization, including national capacity development, in each of the 20+ high impact countries where PEPFAR is present. The overarching goal of these partnerships is to ensure that all investments yield maximum returns in terms of the *Declaration's* targets.

### III MONITORING AND ACCOUNTABILITY

68. The AIDS response has a history of innovation and outstanding achievements. It is imperative that the period up to 2015 continues in this tradition. Progress against the commitments made in the 2011 Political Declaration must be continuously monitored and all actors with an identified role need to be held to account.
69. In response to the commitment made by Member States at the 2001 UN General Assembly Special Session on HIV/AIDS (UNGASS) to report on progress, a system was developed to track progress, based on the submission of progress reports by countries every two years. This system is being built upon to track achievements related to the 2011 *Declaration*. To standardize and facilitate reporting, UNAIDS and its partners, including civil society and national governments, have developed a revised set of indicators – the Global AIDS Progress Reporting indicators. These have been disseminated to relevant technical counterparts in national governments.
70. To reduce the burden on Member States, systems for reporting on the health sector response (previously submitted to WHO) have been integrated with systems to report on the multi-sectoral response. UNAIDS Country Offices will support Member States to monitor and report on progress. The next round of reports is due from countries on 31 March 2012.
71. Data submitted in these reports and complementary data from other sources, will form the basis for annual reports of the United Nations Secretary-General for submission to the General Assembly and its annual one-day debate on progress in implementation of the *Declaration*. All data reported by countries will be made publically available in an interactive on-line database, AIDSInfo.<sup>7</sup> Such reports will serve to keep the AIDS response in the public eye and ensure accountability for results by 2015.

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<sup>7</sup> [www.aidsinfoonline.org](http://www.aidsinfoonline.org).

**72. The Programme Coordinating Board is invited to *take note* of and give its comments on this report.**

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