Synthesis Report: e-discussion on HIV, Health and Development in the Post-2015 Development Agenda   21 January – 3 February 2013

Key Recommendations:

1. **Protect ambitious, disease-specific targets** to sustain progress and ensure accountability in the HIV response, and **clarify** how a Universal Health Coverage (UHC) goal would fulfill the promises of each health MDG.

2. **Invest in communities**, particularly women, young people and vulnerable groups, so they can design, implement and monitor HIV, health and development programs tailored to their needs.

3. **Repeal punitive laws** and change behaviours that stigmatize and discriminate against People Living with HIV (PLHIV) and key populations such as gay men and other men who have sex with men, sex workers and people who use drugs.

4. **Fulfill the rights of all people**, including young people, to have accurate information on HIV, sexual and reproductive health, and human rights.

5. **Persevere to achieve universal access** to HIV prevention, treatment, care and support, through shared responsibility and global solidarity.

Figure 1: e-discussion Word Cloud

Introduction

In 2000, when global leaders gathered to discuss the agenda for the Millennium Development Goals, 18.8 million people had died of AIDS, a further 34.3 million were living with HIV and few had access to antiretroviral therapy (ART). The subsequent prominence of AIDS in the MDG framework (MDG 6) in combination with other global commitments has generated unprecedented resources, action and impact.

In the context of the current discussion on the post-2015 development agenda, UNAIDS launched a two-week online discussion (e-discussion) to engage the public in a conversation about the future of the HIV response. Hosted on the World We Want 2015 Health Thematic webpage, the e-discussion was moderated by eight HIV experts and built around three different themes. This report synthesizes the content from each of the three themed discussions and identifies a set of Key Recommendations for positioning HIV and health in the post-2015 development agenda.

This e-discussion generated more than 5,500 page views and 200 comments. Periodic summaries were drafted by Moderators over the course of the two weeks, and these

e-discussion Objectives:

- Ensure participation of a broad range of voices in the UN Post-2015 Health Thematic Consultation

- Stimulate a global conversation on critical issues related to HIV and development

- Leverage the content from these discussions to inform the proceedings of the UN Health Thematic Consultation and other relevant post-2015 development agenda processes

summaries formed the basis of this report. The report was drafted by the eight Moderators and UNAIDS collaboratively, and every effort was made to ensure that it accurately reflects the e-discussion content. Figure 1 shows a Word Cloud depicting the most frequently used words and phrases.

Theme 1: The Unfinished HIV Agenda

"With concerted global, financial and political commitment, an AIDS-free generation can become the biggest global health triumph of the post-2015 era." – Eliane Drakopoulos

Keep HIV a Priority

The notion that the post-2015 agenda should include any unfinished MDGs was reiterated by many participants. Some noted that this would maintain pressure on the international community to achieve the broader targets laid out in the 2011 Political Declaration on HIV/AIDS. A few respondents indicated that while perhaps HIV shouldn't be a stand-alone goal, it should remain a priority within the health sector – for example as an indicator with associated targets. Although few responses detailed how one might make sure that HIV remains a priority after 2015, Carlo Olivieras noted: "*For us to make sure that HIV is still a priority we need to re-strengthen our activism and support and help youth worldwide in order for them to have the told necessary to address the issues that a globalized world presents particularly when it comes to health financing and community mobilization.*"

Focus on Social Determinants

Many participants suggested placing more emphasis on the social determinants of health in the post-2015 era, including ensuring access to knowledge and information, people/people living with HIV (PLHIV)-centred responses, gender and minority rights and community mobilization. Access to technologies like treatment and testing were mentioned, though less frequently than social determinants of vulnerability to HIV. The message seems to be that we must do a better job of addressing some of these "softer" and often more difficult behavioural and structural drivers in order to meet the MDG and 2011 Political Declaration targets. Combatting stigma and discrimination among individuals, health professionals and within communities received a great deal of attention from participants. Miscommunication and misconceptions about HIV and AIDS were also identified as barriers to an effective response. Other challenges highlighted were the lack of political will to combat stigma, gender inequities, inadequate youth empowerment and insufficient access to education, employment and justice. Inadequate legal protection for people living with HIV was also underscored.

Locals Lead

Some participants stressed the need for increased government accountability with regard to domestic resource mobilisation, providing a social safety net (including health insurance), and preventing stock outs of medicines. As one participant named Ngoni said, "*It should be a shared responsibility – African governments should find domestic resources for their health programmes.*" Several other discussants identified deficient or inappropriate programming as a major challenge in the HIV response. It was suggested that this was linked to a lack of commitment from local authorities, the lack of appropriate tools, and insufficient involvement and leadership from infected or affected populations. Several participants also called for a continued commitment to the HIV response by donors. Finally, youth leadership and engagement in decision-making was also mentioned as a priority.

Root the Response in Rights

Discussants repeatedly emphasized the importance of employing a rights-based approach in HIV program and policy. Many urged greater engagement with populations that typically have higher prevalence than the general population, including gay and other men-who-have-sex-with-men, sex workers and people who use drugs, people with disabilities, and women. Suggested strategies to ensure a rights-based approach included creating enabling environments through enhanced community leadership, repeal of discriminatory laws, and access to legal services. At the service delivery level recommendations included ensuring universal access to health care services including

Guiding Questions for Theme 1:

1. What are the barriers and challenges that you face while working in the field of HIV/AIDS? How can we overcome those barriers in the future?

2. How can we make sure that HIV remains a priority after 2015? Any success stories or experiences to share?

3. What actions, campaigns or strategies need to be implemented in the post-2015 agenda in order to sustain and improve the response to HIV/AIDS?

4. How do we ensure that a human rights-based approach is a reality for the HIV response among key populations (men who have sex with men, sex workers and people who use drugs)? What has worked in the past and what do you think was not efficient?

treatment, prevention technologies (e.g. female and male condoms, male circumcision, etc.) and counselling and testing.

Integrate without Losing Focus

Several participants advocated a comprehensive, integrated approach HIV programming – one that addresses HIV, gender, sexual and reproductive health, and other social and economic issues that contribute to HIV vulnerability and risk together. Many advocated joining forces to advocate for sexual and reproductive rights for all people, including people living with HIV. Others, like Zahra Benyahia, spoke more broadly about integration of HIV in all aspects of development: "*HIV will remain a priority if we succeed in maintaining it (highlighted) in any other global issue (women's rights, economic growth, education...).*"

Other participants focused on integration at the service delivery level, stressing that HIV clinical services should be integrated with related health issues such as tuberculosis, and sexual and reproductive health or with health care in general. Still others noted that integration is not a panacea and entails some risk. Without specific accountability to PLHIV and affected communities, some feared integration could weaken or reverse access to quality HIV information and services. And some respondents like Isaac Ahemesh took a more moderate stance: "*It is desirable that the relationship between HIV and Health remains parallel but complementary rather than competitive.*"

Theme 2: AIDS, Health and Development

"*By ensuring the prioritization of the HIV response with the post-2015 MDG, the ensuing development investments will create a structure in which there is more equality, non-discrimination and access to health and human rights, and a world with a more effective HIV response*" -- Noah Metheny

Guiding Questions for Theme 2:

1. What are the key factors that account for the significant progress seen in the AIDS response and how can these factors be applied to doing health and development differently?

2. Can lessons learned accelerate progress towards, for example, universal health coverage, preventing and treating tuberculosis and NCDs, reducing gender-based-violence, and reducing health disparities?

3. How can we ensure that the social determinants of health – including human rights, gender equality and equity– are addressed in the Post-2015 development agenda?

4. A recent **WHO paper** argues for 'universal health coverage' as the key health indicator post-2015, with life expectancy as the leading indicator. Is this a threat or an opportunity (given that rolling out MTCTP and HAART boosts life expectancy) for the international AIDS response? [N.B. Question added by Moderator]

Embrace Affected Communities

Reflecting on the remarkable success of the HIV response over the past decade, discussants cited inclusiveness and broad-based participation -- particularly the involvement of affected communities - as one of the main drivers of progress. The notion of keeping people living with and affected by HIV at the centre of the response was identified as a key factor in creating political will and driving action. This notion of inclusive development has been around for some time, but the HIV response, perhaps more so than most development initiatives, has managed to operationalize it. As Patrick Brenny noted, "*A key success of the AIDS response is that it has come, first and foremost, from the advocacy efforts of many affected communities and groups, without which the global response to AIDS may never have taken off.*"

In addition, several participants stressed the importance of involving the Lesbian, Gay, Bisexual & Transgender (LGBT) and PLHIV in the design and implementation of HIV prevention and treatment programs, as well as more broadly in the international development agenda. They argued that maintaining a focus on human rights and the prevention of discrimination were/are central to development, and some noted that involving these communities could contribute to the achievement of universal health coverage (UHC). However, as one participant cautioned, unless strong activism at country level is sustained, UN/WHO policy statements about UHC will not translate into impact.

Set Bold, Succinct Targets

The discussion also addressed how a UHC-focused goal could build on, and advance, the international AIDS agenda. Participants were asked to consider which measures should be taken to ensure that

ART is part of a basic universal health care package. It was suggested that this might not be possible in countries where budgets were constrained and prioritising other health concerns could save more lives. One of the challenges identified by participants included addressing the social determinants of disease (a priority identified in Theme 1), and whether or not these could be addressed within a UHC-focused health goal. In addition, some discussants argued for the inclusion of ART as part of a package of essential medicines. Some argued that UHC had potential for the AIDS response because of its focus on life expectancy, whilst others argued that the shift back to allowing national budgets to dictate health policy was a seriously regressive step. Moreover, some cautioned that UHC can be a vague and nebulous concept and would make it difficult to hold governments to account. Finally, several participants noted that the bold goals included in the MDGs and the Political Declarations on HIV/AIDS galvanized the HIV movement, and clear and succinct targets provided guidance and focus, resulting in dramatic progress.

Integrate without Losing Focus bis

The discussion on UHC evolved into a debate about the relative merits of vertical and horizontal or integrated programming. As in Theme 1, there were divergent views on this issue. Several participants argued that an integrated, multi-sectorial response offers the best chance of success for HIV programming, while others noted that verticality was essential to the success of the AIDS response, noting that it helped with mobilisation and enabled civil society groups to hold governments to account. On a more practical level, the need to integrate HIV services with sexual and reproductive health care, as well as violence against women and girls into the HIV response (including forced sterilization and unsafe abortion) – and the health response more broadly – was mentioned several times (again, as in Theme 1). Others highlighted the need to integrate paediatric and family care, including prevention of mother-to-child transmission (PMTCT) services and access to paediatric ART.

Theme 3: Decision-making and Accountability

"The need for effectiveness in decision making, reporting and accountability calls for greater role of affected populations and communities. Working jointly with CSOs, the affected populations must be engaged in programme planning, design and reporting." -- Isaac Ahemesh

Invest in Civil Society

The importance of civil society engagement in Post-2015 planning and accountability mechanisms was the dominant theme under this discussion stream. Many discussants voiced support for human rights (citing the oft-used phrase "nothing for us without us"), as well as the practical benefits of leveraging local knowledge. Others stressed that PLHIV and populations most at risk should be involved in decision-making at each stage and level of programme planning, implementation, monitoring and evaluation.   Another participant highlighted the important "watchdog" role civil society can play, holding politicians accountable for making good on their public commitments, and holding non-governmental organizations accountable for results as well. However, to fulfil this crucial function, may discussants called for more investment in capacity development

Guiding Questions for Theme 3:

1. What changes to systems of decision-making, monitoring, evaluation and accountability are needed to guide efforts towards the end of the HIV epidemic in the Post-2015 development agenda?

2. How can we improve measuring progress and impact, particularly for different populations within countries?

3. How can we ensure a more powerful role for civil society in national decision-making

4. How can global health institutions better engage and represent the interests of the global South?

for groups and networks of PLHIV, women and girls, young people and vulnerable communities so that they can mobilize, consult, advise and engage with local, national and global decision-makers on an equal footing. The digitization of knowledge opens enormous possibilities for capacity building and knowledge sharing, and resources such as on-line courses, and reference libraries should be made available to all, in multiple languages.   Participants stressed that knowledge sharing, capacity development, and civil society participation all require funding, and should be included in post-2015 budget plans.

Disaggregate the Data

In order to fulfil their watchdog role, civil society needs access to accurate and timely information on programmes. An independent, objective perspective adds credibility to monitoring and evaluation, as does transparency. Discussants recommended that information on delivery of HIV information and services be made publicly available,

along with the full range of health and social services required to enable vulnerable and affected communities to respond and thrive. Participants called for strengthening the evidence base on gender, on HIV related stigma and discrimination, on the specific needs of key populations, and on the root causes of vulnerability to HIV, tuberculosis, hepatitis C, and poor sexual and reproductive health. Thus they called for more and better evidence, and for national accountability systems to include public platforms where civil society can access evidence in order to track progress and support evidence-based advocacy.

Keep it Local

For evidence on the HIV epidemic and response to be used, it must be relevant to local actors, as well as to global stakeholders. If communities are engaged in the selection of indicators and data are collected that are locally meaningful, monitoring will be more reliable, more sustainable, and easier to use. Similarly, rather than impose obligations, the system of oversight for health and HIV programmes should be built on traditional systems "that all people subscribe to without coercion." This applies both to defining obligations of government, and also to holding communities and civil society groups accountable for using resources effectively. These views provide an important twist on the consensus that the successors to the MDGs should not be esoteric or technical, but rather, should be understood and endorsed by people at large.

Wrap-up

As the global community continues to discuss the form and content of the post-2015 development agenda, it is evident from this e-discussion that maintaining HIV as a priority within health and the wider development agenda is important to many people around the world. While this report reflects the views of only a small fraction of the global population (albeit a passionate and engaged fraction), it nonetheless highlights important lessons learned from the AIDS response, addresses the positioning of HIV the next development agenda, and articulates some clear priorities for achieving the end of AIDS in the post-2015 era.

UNAIDS and the Moderators of this e-discussion would like to thank all participants for their contributions and hope that they feel these have been accurately reflected in this paper. And UNAIDS is deeply grateful to the Moderators for committing their considerable talents and precious time to this important endeavour.

This paper will be submitted for consideration to the Global Thematic Consultation on Health, due to take place in Gaborone, Botswana, on 5-6 March 2013. It will also contribute to the Global Thematic Consultation synthesis report to be published on the World We Want 2015 webpage, and other relevant post-2015 forums or consultations.

Moderator Profiles

	COUNTRY	INSTITUTION
Ben Ameur, Imene	Tunisia	Tunisian Centre for Public Health (TUNCPH)
Bianco, Mabel	Argentina	Foundation for Studies and Research on Women
Clayton, Michaela	Namibia	AIDS and Rights Alliance for Southern Africa (ARASA)
Mellouk, Othoman	Morocco	International Treatment Preparedness Coalition (ITPC), North Africa
Nattrass, Nicoli	South Africa	University of Cape Town
Nemande, Steave	Cameroun	Evolve
Ngoksin, Ed Attapon	Thailand	Global Network of People living with HIV (GNP+)
Ooms, Gorik	Belgium	Institute of Tropical Medicine, Antwerp