



Civil society declaration for the United Nations General Assembly 2021 High-Level Meeting on HIV/AIDS

ISSUED ON 29 APRIL 2021

END INEQUALITIES. END AIDS. ACT NOW!

There is a crisis in the HIV response. Over the last five years, the world has failed to meet any of the targets for prevention, diagnosis and treatment set out in the 2016 Political Declaration on HIV/AIDS, with progress on HIV prevention lagging particularly far behind. The 2021 high-level meeting on HIV/AIDS – and the Political Declaration that results from it – is the last chance to create sustained momentum for the policies, programmes and funding that are needed to end HIV as a global health threat by 2030.

Now more than ever, evidence-based responses and renewed political will are called for –especially in face of the additional burdens imposed by the Covid-19 pandemic. In order to focus efforts and resources where they are most needed, we call for a Political Declaration that:

- **RECOGNIZES** explicitly who is most at risk of HIV
- **ACKNOWLEDGES** why this is so
- **COMMITTS** to fully fund and support effective responses
- **HOLDS ACCOUNTABLE** Member States for their actions

This document has been developed by the Multi-Stakeholder Task Force for the 2021 High-Level Meeting on HIV/AIDS, supported by its advisory group, and informed by an online civil society consultation, a series of webinars with civil society organizations, and an interactive multi-stakeholder hearing held on 23 April 2021 by the President of the UN General Assembly.



1. WE CALL FOR EQUITABLE AND EQUAL ACCESS TO HIV PREVENTION, TREATMENT, CARE AND SUPPORT SERVICES FOR KEY POPULATIONS AND THOSE IN SITUATIONS OF VULNERABILITY

Estimates from UNAIDS affirm beyond any doubt which population groups are at greatest risk of acquiring HIV, with the latest data indicating that in 2019, key populations and their partners accounted for 62% of new HIV infections. If Member States are serious about ending the epidemic by 2030, they must recognize these populations explicitly. Inequity that is not recognized cannot be solved.

We call for the Political Declaration to name each of the key populations: sex workers, gay, bisexual and other men who have sex with men, transgender people, people who use drugs, and people in prison and other closed settings. **We call for the Declaration to name also those at risk of HIV because they are in situations of vulnerability:** women, children and adolescents, especially adolescent girls and young women in all their diversity, as well as indigenous peoples, people with disabilities, and migrants, particularly those with irregular migration status, and people in conflict zones and humanitarian settings.

To give key populations and people in situations of vulnerability **equitable and equal access** to the services they need, the Political Declaration must commit to the following:

1.1 Provide universal access to HIV testing, treatment and care, including point-of-care diagnostics. Ensure consistent availability of and access to free, high-quality antiretroviral medications for all people living with HIV so they can achieve viral suppression, and promote Undetectable=Untransmittable (U=U). Do not leave behind people living with HIV in prisons, indigenous people and others who live in areas historically underserved by health care.

1.2 Invest in and rapidly scale up access to prevention technologies, commodities and services. This includes scaling up access to proven approaches such as condoms, prevention of vertical transmission, and harm reduction, including safer consumption sites and safe supply, and



investments in prevention innovations including the Dapivirine ring, pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).

1.3 Commit to providing comprehensive sexuality education for all young people, including those with disabilities, in and out of school. Develop, fund and implement policies and programmes that create safe and inclusive learning environments for children of all gender identities, invest in gender-transformative curriculum and teaching practices, and support women in education workforces.

1.4 Scale up self-care – a people-centred, rights-based and gender-responsive approach for marginalized people who avoid clinic-based HIV services because of stigma, criminalization or other obstacles to access. Self-care includes male and female condoms, female-controlled tools for HIV prevention and contraception, HIV self-testing, PrEP and PEP, self-sampling for sexually transmitted infections, digital health solutions, and harm reduction programmes, including access to online interventions

1.5 Achieve gender equality and the empowerment of women and girls. HIV disproportionately affects women and girls in all their diversity. Gender-based violence is both a driver of HIV acquisition and a common consequence of a HIV diagnosis. The Political Declaration must support and fund community-led responses that address harmful social and gender norms and practices, oppose forced and coerced reproductive decisions, and provide redress for violence. In accordance with the targets of the Global AIDS Strategy, work to ensure that by 2025, less than 10% of people living with HIV, women and girls and key populations experience gender-based inequalities and gender-based violence. The Political Declaration must also support access to sexual and reproductive health services, and increased economic empowerment for women and girls.

1.6 Ensure the sexual and reproductive health and rights of women living with HIV, before, during and after pregnancy. Optimize the availability and universal accessibility of sexual and reproductive health-care facilities in locations with high HIV incidence. Expand integrated, tailored HIV prevention and treatment support services for women in clinical and community settings pre-conception, pre-partum and post-partum, including for prevention of vertical transmission of HIV.



1.7 Provide improved treatment strategies for children from infancy through adolescence. Recognize the unique inequalities and access challenges faced by children, including those with disabilities; and promote community-based and community-led paediatric and adolescent interventions, such as caregiver support, treatment literacy, peer-to-peer programmes and mentoring.

2. WE CALL FOR THE ELIMINATION OF THE STRUCTURAL BARRIERS TO ACHIEVING ZERO NEW INFECTIONS, ZERO DEATHS AND ZERO DISCRIMINATION

Since the start of the global HIV epidemic 40 years ago, the structural barriers to ending the epidemic have not fundamentally changed. Stigma, discrimination, violence, criminalization and punitive laws are a presence, or a constant threat, in the lives of key populations and people in situations of vulnerability.

We call for the Political Declaration to commit to address and remove laws, policies and practices that violate the human rights of key populations and people in situations of vulnerability, jeopardize their safety, deprive them of access to needed services – and endanger their health.

To eliminate these barriers, the Political Declaration must commit to the following:

2.1 Respect, protect and fulfil human rights, including the right to health. The Political Declaration must include a commitment by Member States to review laws and policies at a national level to protect the social and legal rights of people living with HIV, and work towards decriminalizing exposure to and transmission of HIV or non-disclosure of HIV status, sex work, gender identity and sexual orientation, drug use and possession, and irregular migration status. In accordance with the targets of the Global AIDS Strategy, work to ensure that by 2025, less than 10% of countries have punitive laws and policies.

2.2 Remove systemic barriers to the full continuum of care, including age of consent restrictions which hamper young people's access to services, and harassment and violence by law enforcement authorities, including the targeting of those with irregular migration status. Ensure that everyone can access the services they need in confidentiality, safety and security, and that



the data of people seeking health-care services are kept confidential and secure.

2.3 End stigma and discrimination. In accordance with the targets of the Global AIDS Strategy, work to ensure that by 2025, less than 10% of people living with HIV and key populations experience stigma and discrimination. Support the enforcement of legal protections, and fund community-led interventions that challenge prejudiced social norms and attitudes. Sensitize health-care providers about working with adolescents and young people who seek sexual and reproductive health services, including services for HIV prevention, diagnosis and treatment. End discrimination against people living with HIV and key populations in travel and the workplace. Support the collection of disaggregated data to provide an evidence base on the effects of stigma and discrimination.

2.4 Recognize violence against key populations and people in situations of vulnerability as a violation of human rights and a key barrier to ending AIDS. Uphold the right of the individual to live the life they choose, with their rights to privacy, self-determination, consent, bodily autonomy and dignity respected, and without fear of reprisals, bullying or harassment, including in digital spaces.

3. WE CALL FOR FULLY RESOURCED, EFFICIENT AND SUSTAINED HIV RESPONSES, INTEGRATED INTO SYSTEMS FOR HEALTH, DEVELOPMENT, SOCIAL PROTECTION, HUMANITARIAN SETTINGS AND PANDEMIC RESPONSES

We know how to prevent HIV. We know how to get people to test for it, and how to encourage those living with HIV to stay on treatment to maintain their health. After 40 years, there is ample evidence that the way to reach key populations and those in situations of vulnerability is through programmes led by those populations. Strong links between community-led programmes and systems for health and social protection can achieve better outcomes for those left furthest behind. Indeed, communities have led much of the response to COVID-19 as well as to HIV. The Political Declaration must include ambitious targets on support for community-led responses.

COVID-19 has shown that when the political responsibility exists, resources can be found to fund a large-scale, effective global health response. Yet the



COVID-19 pandemic poses increasing challenges to the HIV response, driving up vulnerability to HIV, shutting down needed services, diverting health workers and placing HIV resources under threat. We cannot allow the achievements that have been made on HIV in recent decades to be undone by the COVID-19 pandemic. Past commitments must be honoured and the HIV response fully funded.

To make the HIV response efficient and sustainable, the Political Declaration must commit to the following:

- 3.1 Sustain and scale-up international and domestic funding.** To achieve global targets, HIV investments should be increased to US\$29 billion per year by 2025, including US\$9.8 billion for HIV testing and treatment, US\$9.5 billion for evidence-based combination prevention, and \$3.1bn for societal enablers, in line with the UNAIDS Global AIDS Strategy.
- 3.2 Direct the great majority of prevention funding for prevention, testing, treatment and advocacy to community-led responses.** In accordance with the targets of the Global AIDS Strategy, ensure that 80% of HIV prevention programmes for key populations and those in situations of vulnerability are delivered by community-, key population- and women-led organizations. Ensure that 30% of testing and treatment services, and 60% of programmes to achieve societal enablers, are delivered by community-led organizations. Mobilize additional sources of financing to scale up proven new solutions, particularly through social contracting models.
- 3.3 Promote models of universal health coverage (UHC) that prioritize reaching the most marginalized groups.** Ensure that HIV prevention, testing and treatment, including for key populations and those in situations of vulnerability, are included in national health packages. Ensure that public health systems recognize, fund and link to community led-responses as central elements of the health and social-care systems.
- 3.4 Strengthen integration and linkages** between services for HIV and those for tuberculosis, viral hepatitis, sexual and reproductive health and rights (SRHR), mental health, LGBTiQ health and harm reduction. SRHR services should be fully funded and tailored to the needs of people living with HIV, key populations and those in situations of vulnerability. Responses should be



evidence-informed and address issues such as cervical cancer, human papillomavirus, and gender- and age-specific presentations of tuberculosis and malaria.

- 3.5 Implement a concerted all-of-government response.** All government departments and administrations have an important role in addressing HIV, not just through equitable access to health services, but also by supporting and safeguarding social protection, housing, employment, education and access to food and clean water for key populations, those living with HIV and those in situations of vulnerability, including through cash transfer programmes.
- 3.6 Remove intellectual property barriers to equitable distribution of COVID-19 vaccines.** Ensure that vaccines are rapidly provided to all who need them, including to people living with HIV and those most affected.
- 3.7 Use the lessons of COVID-19.** Invest in new systems for prevention, testing and treatment of HIV, such as universal and accessible remote service delivery locations; digital health services, including online/virtual medical consultations; and decentralized and multi-month prescriptions, including take-home doses of opioid agonist therapy (OAT) for people who use drugs.
- 3.8 Fund research and development of an HIV cure and vaccine, as well as new tools for testing, treatment and prevention, and invest in programmatic innovations.** These include self-testing, injectable treatments and other health technologies, and work on social enablers. Ensure low-barrier access for all people living with HIV to free-of-charge antiretroviral treatment.
- 3.9 Leverage the flexibilities of the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement,** including interventions such as patent oppositions and compulsory license, and optimize voluntary licensing and technology-sharing mechanisms to meet public health objectives. Promote generics competition, accelerating market entry of new health technologies for prevention and treatment of HIV, tuberculosis and hepatitis, and building systems for technology transfer between countries, so that lifesaving health commodities become global public goods and are rapidly available and accessible to the people who need them.



3.10 Improve domestic resource mobilization through a progressive taxation framework that includes financial transaction taxes and other tax mechanisms, as well as ending corporate tax abuse, tax avoidance and evasion, which drain key resources for addressing inequalities in health, gender and race.

4. WE CALL FOR ACCOUNTABILITY

The 2021 Political Declaration will remain no more than words on paper unless Member States agree to hold one another accountable for their actions – and to be held accountable by civil society. This can happen through sincere collaboration that places civil society – including key populations and those in situations of vulnerability – on an equal footing with government. A strong accountability framework requires agreement on standards of measurement, on transparency, and on the communication of outcomes.

To ensure that Member States are accountable for their progress towards the 2025 targets and the 2030 Agenda targets, the Political Declaration must commit to the following:

- 4.1 Promote strong, focused partnerships, multi-sectoral collaboration, intercultural approaches and alignment among all stakeholders in the global AIDS response.** Government, civil society and the private sector at all levels must align strategic processes and enhance collaboration to fully leverage and synergize their contributions to ending AIDS.
- 4.2 Protect and promote space for civil society** to be able to work in an enabling human-rights based environment.
- 4.3 Create mechanisms to guarantee that Member States meet their commitments.** Monitoring and evaluation, including by communities, must be duly resourced and implemented. Data must be made publicly available, including funding allocations, to ensure full transparency of global AIDS spending by all stakeholders.