



HIV and AIDS Response in the Post-2015 Development Agenda

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The 2030 Agenda for Sustainable Development: The Global Goals



Strategic Shifts: Moving from the MDGs to the SDGs

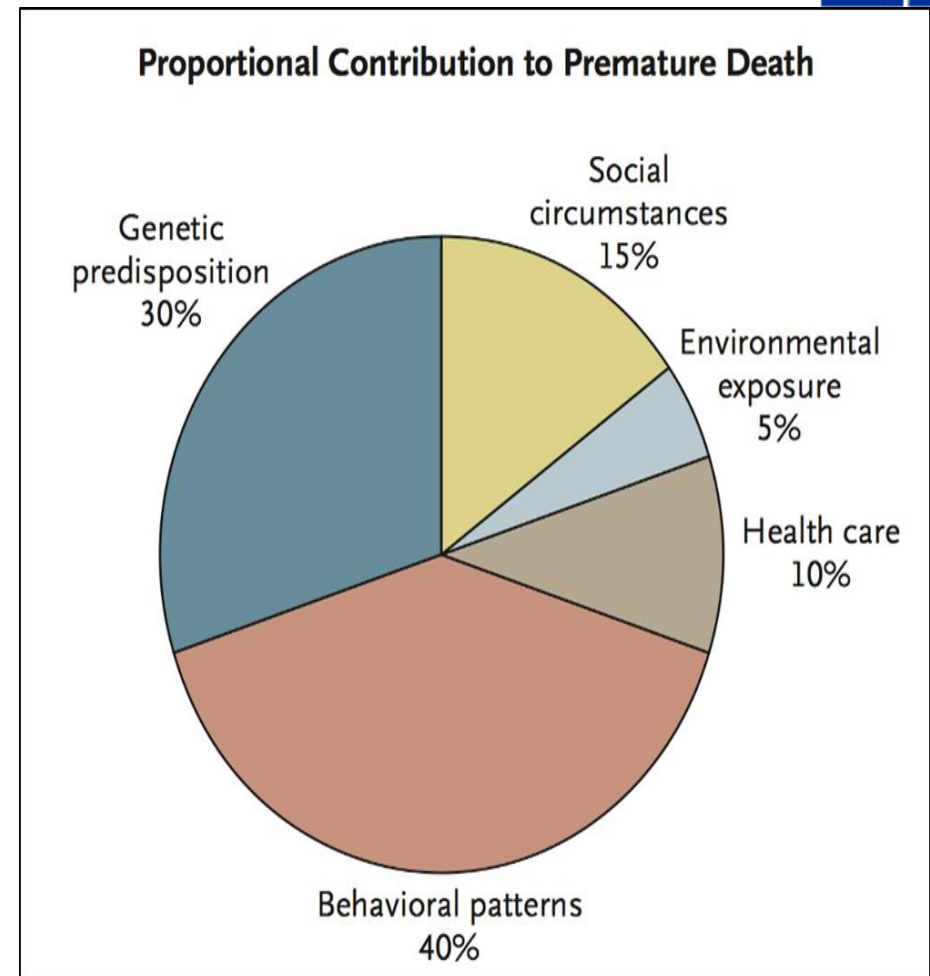


- **The 2030 Agenda for Sustainable Development**
 - Universality
 - Sustainability
 - Integrated and comprehensive; links between health and development
 - Higher level of ambition, including on HIV and health (e.g. 90-90-90/Fast Track)
- **Leave no one behind**
 - Joined up strategies for accelerating country-level engagement and action on reducing inequalities and exclusion in different country contexts
 - Human Rights Up Front
- **Integration of development, humanitarian, human rights and peacebuilding agendas**
 - Better coherence and moving out of the silos
 - Demands for quality, integrated policy and programme support
- **Stronger focus on data, results & partnerships**
 - Better data
 - Chance to include human rights contributions

Trends: HIV and health



- **Deepening and divisive inequalities** with implications for HIV and health
- **Better understanding of the relationship between health and sustainable development** and “*working at the intersection of HIV, health and development*” – **still some way to go on the social determinants of health** (data/evidence, policy and programmes)
- **Intersection of health and environment all too often ignored**: e.g. Health risks associated with environmental change – **gender implications**, etc.
- Intersections of **HIV and health with concurrent crises reversing gains** – fragility/resilience of systems and capacities; health recovery – e.g. the Ebola crisis.





- **2015: A good year for HIV science**
 - **START** (Test & Treat) Trial – concluded that people living with HIV have a significantly lower risk of developing AIDS or other serious illnesses if they start taking antiretroviral drugs sooner.
 - **PrEP** studies conducted among MSM showed that oral ARVs could reduce the risk of HIV infection among high-risk MSM by up to 86%, when used with a daily dosing strategy. Likewise, a combined approach to immediate ART and oral PrEP was found to be 96% effective in preventing HIV infection among serodiscordant couples.
 - **HIV self-testing**: WHO guidelines for country demonstration projects.
- **The question we need to ask is: “What are the implications of this and other evidence in terms of service delivery / implementation / funding / people’s rights?”**

HIV Strategies – at a glance



UNAIDS Strategy 2016-2021 (90-90-90):

- SDGs 3, 5, 10, 16, 17
- Focus on gender, SRHR, rights, law, access to justice, key populations, cities, HIV-sensitive UHC and social protection, efficiencies and effectiveness of investments and delivery; Smart multi-sectorality

PEPFAR 2015-2016:

- Expand access to ART
- Innovations in service delivery: geo-targeting
- Prevention in men aged 30-45 (VMCC + Rx)
- Focus on high burden countries
- Civil society

Global Fund Strategy 2017-2021:

- SDG 3 ++
- Differentiate across the development continuum (high burden countries, challenging operating environments, sustainability)
- Build resilient and sustainable systems for health
- Respect and promote human rights & gender equality
 - Increase investment in human rights programs
 - Invest in reducing gender disparities
 - Key populations
- Expand access and public goods for health
- Regional approaches(?)
 - Civil society
 - Transitions

Three Questions



- **HOW do we translate the science to policies, strategies and plans for**
 - **Scaling up the HIV response: 90-90-90 and**
 - Increase in proportion of PLHIV who know their HIV status from 54% to 90%
 - Double the HIV treatment coverage from 40% to 73%

- **HOW do we address broader health challenges to SDG-3?**
 - Addressing high mortalities among women and children
 - Addressing increasing burden of non-communicable diseases
 - Building more robust health delivery systems that can withstand shocks and crises

- **HOW do we fund and resource these necessary and ambitious scale-ups to reach people with rapid testing and treatment?**

Some sobering reflections



- ❑ **Estimated ask: extra USD 40 billion per year** (which is not much: and is equivalent to **0.08% annual output of High Income Countries – J. Sachs**)
 - ❑ So, how do we direct/redirect the *priority of the donors* to liberate *resources needed*?
- ❑ **Persistent stigma and discrimination and human rights violations of PLHIV and key populations: sex workers, MSM, transgender people, people who use drugs, incarcerated people (UNAIDS/UNDP/UNFPA)**
 - ❑ So, how do we address *discriminatory laws, policies and strategies to reduce stigma, discrimination and violence and increase wider acceptability and reach of services*?
- ❑ **Severe health workforce shortage – of 30 countries that account for 80-90% of people newly infected with HIV, most are below the *minimum density threshold for health workers* (WHO/UNAIDS)**
 - ❑ So, how do we advocate for, resource and train for *task shifting and community health workers* in countries that need these most?



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Thank You!