



Roundup

United Nations Non-Governmental Liaison Service (NGLS)
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2011 High-Level Meeting on AIDS: Transforming Vision into Reality

INTRODUCTION

Ten years after the landmark 2001 UNGASS on HIV/AIDS, the UN General Assembly High-Level Meeting (HLM) on AIDS, held in New York from 8-10 June 2011, brought together more than 3,000 participants, including 30 Heads of State and Government, to review progress, reaffirm current commitment and chart future action in the global fight against AIDS as it continues to destroy lives and opportunities for many. Since the first case of AIDS was reported 30 years ago, more than 60 million people have been infected, at least 25 million people have died and more than 16 million children have been orphaned by the disease.

BACKGROUND

In June 2001, the UN General Assembly Special Session (UNGASS) on HIV/AIDS was held, the first time ever the General Assembly came together to discuss a public health issue. It adopted the UNGASS [Declaration of Commitment on HIV/AIDS](#) (A/Res/S-26/2) that outlined measures to be taken at the national, regional, sub-regional, and global level to curb the spread of AIDS and to reduce its impact on societies. The Declaration acknowledged the link between the epidemic, increased levels of poverty and underdevelopment in many countries.

Five years later, the 2006 High-Level Meeting on AIDS brought together UN Member States to review progress achieved in realizing the targets set out in the 2001 Declaration. They adopted a [Political Declaration on HIV/AIDS](#) (A/Res/60/262) that reaffirmed the 2001 Declaration of Commitment and the Millennium Development Goals (MDGs), in particular Goal 6 to halt and begin to reverse the spread of AIDS by 2015. The 2006 Political Declaration also recognized the urgent need to scale up significantly in order to reach the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010.

In 2008, a High-Level Meeting on AIDS was held as a comprehensive review to measure progress towards reaching universal access targets by 2010, to identify remaining gaps, and to make recommendations for ensuring a sustainable response for the future. It agreed that a similar review would be held in 2011.

INFORMAL HEARING WITH CIVIL SOCIETY FOR THE HIGH-LEVEL MEETING ON AIDS

On 8 April, more than 400 civil society representatives came together at UN Headquarters in New York for a one-day hearing that provided an opportunity for UN Member States to engage with civil society and people living with HIV to highlight some of the challenges, achievements and aspirations in the AIDS response and find new ways of moving forward. The hearing was held as Member States begin consultation on the drafting of a new outcome document on HIV, to be adopted at the High-Level Meeting on AIDS in June.

Many of the issues and concerns raised by civil society during the one-day hearing centred on increasing access to HIV services and major obstacles included legal and policy barriers; stigma and discrimination; the need for laws to protect human rights, including the rights of people living with HIV; and social justice for equity in access to services. Civil society emphasized the need for a strong Political Declaration in June 2011, as well as rejuvenated political commitment and revitalized targets to ensure countries scale-up to reach their universal access goals. The President's report from the hearing was instrumental in informing consultations in the lead up to the June Meeting.

Click [here](#) for the General Assembly President's report of the hearing.

Click [here](#) for background information on the hearing.

[Read](#) the UNAIDS feature article.

2011 HIGH-LEVEL MEETING ON AIDS

The High-Level Meeting on AIDS included a number of plenary meetings, five thematic panels and numerous side events over three days. Opening the HLM, [GA President Joseph Deiss](#) emphasized that the three-day meeting presented a unique opportunity to reiterate collective commitment and step up the campaign against AIDS. "I believe that if we are to succeed, it is essential for our actions to be based on a broad partnership in which governments, the private sector and civil society join forces and, together, play a greater governance role in efforts to combat the virus," he urged.

In his [opening speech](#), UN Secretary-General Ban Ki-moon recalled that 30 years ago, AIDS was “terrifying, deadly and spreading fast.” He emphasized that since then, the campaign against AIDS was more than a battle against a disease: it was a cry for human rights; a call for gender equality; a fight to end discrimination based on sexual orientation; and, above all, it was a demand for the equal treatment of all people.

Michel Sidibé, [Executive Director of the Joint UN Programme on HIV/AIDS](#) (UNAIDS), highlighted collective achievements made over the past 30 years, while warning against complacency. “AIDS remains a critical challenge of our era,” he said, stressing the need to agree on a “transformational” agenda that will end the epidemic and achieve the common vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths.

In order for that vision to become a reality, Mr. Sidibé said the world would have to revolutionize HIV prevention and mobilize young people as agents of change; scale up universal access to treatment and services; break the trajectory of treatment costs; promote innovation, technology transfer and country ownership; and stop violence against women and girls, amongst others. Turning the vision into reality would also require that the vulnerable populations most affected by the epidemic – migrants, people who inject drugs, sex workers, and men who have sex with men – do not face discrimination and have access to life-saving services, he further stressed.

PANEL SESSIONS

The HLM included five panel thematic sessions, ranging from a new global compact for HIV/AIDS to reaching zero infections, to integrating the global response into broader health agendas.

Panel 1: Shared responsibility - a new global compact for HIV/AIDS

On 8 June, Denzil Llewellyn Douglas, Prime Minister of the Federation of St Kitts & Nevis, on behalf of the Group of Latin American and Caribbean States, opened [Panel 1](#) that focused on “shared responsibility.” It brought together UNAIDS Executive Director Michel Sidibé; Søren Pind, Minister for Refugees, Immigration and Integration and Minister of Development Cooperation of Denmark; and the General Secretary of the National Confederation of Municipal Workers in Brazil and the Inter-American Regional co-President for Public Services International, Juneia Batista.

Opening the debate, Mr. Douglas emphasized that the fight against HIV has changed substantially during the last decade and there is a growing need to define a new approach in which different global, national and local actors are involved and work together. Therefore, in this new landscape of “shared responsibility,” it is important to redefine how leadership, partnership, ownership and accountability should work together in order to achieve common goals, he stressed.

Mr. Pind noted that between 2005 and 2010, Denmark had doubled its official development assistance (ODA) on AIDS, going from 500 million to one billion Danish

Kroner. He stressed the importance of spending this money in the most efficient way, which included sharing the truth, showing respect and reaching practical and viable solutions. Based on Denmark’s experience, the country had obtained the best results when the government had entered into partnerships that encouraged dialogue, discussion and goals that were compatible with the needs of local people.

Mr. Sidibé highlighted that a new paradigm of solidarity is needed as there is no country in the world that can solve any emerging issue by itself. This paradigm should have the form of a social compact based on “shared responsibility” – the building of new partnerships and ownership based on shared values. Moreover, “it is important to foster space for an honest public debate around accountability, policy reform, inclusiveness, which can help us to sustain what we are doing,” he said.

Ms. Batista reinforced the essential role of civil society in the response to AIDS, stressing that an effective response must be multi-sectoral and should involve a range of stakeholders, including the government, unions, employers, affected communities, private sector agents and faith-based organizations, amongst others. She also suggested that unions understand the meaning of sharing responsibilities because they understand political commitment, they establish partnerships and respect existing agreements, and they operate through solidarity. Those who have more contribute to those who have less: “This is how social justice is forged,” she stressed.

Participants also discussed priority areas, such as assuring continued leadership and shared responsibility for the AIDS response, including a new generation of leadership; strengthening broad national ownership and engaging communities in order to foster local and sustainable solutions; securing long-term financing; and increasing efficiency and ensuring mutual accountability for the future global response.

Read the UNAIDS feature article [here](#).

Access the webcast [here](#).

“Far too many programmes are failing because they are not based on the evidence that exists. We must all, as governments, as civil society and the international community, do the right thing.”

— *Jaevion Nelson, youth activist from Jamaica*

Panel 2: Prevention: what can be done to get to zero new infections?

[Panel 2](#), also held on 8 June, sought to generate ideas on how to reach zero new HIV infections. The panel, chaired by Marie-Josée Jacobs, Minister for Cooperation and Humanitarian Affairs (Luxemburg) on behalf of the Group of the Western European and Other States, brought together the Administrator of the United Nations Development Programme, Helen Clark; the Deputy Minister of Health of Brazil, Jarbas Barbosa; and a youth activist from Jamaica, Jaevion Nelson.

AIDS at 30 – no looking back

Michel Sidibé, Executive Director, Joint United Nations Programme on HIV/AIDS (UNAIDS)

We look back at the last 30 years of AIDS, so that we can shape the future of the response.

About 65 million people have been infected by HIV (human immunodeficiency virus) since it was first reported – and nearly 30 million people have lost their lives to it.

Global reaction was slow at first. Then in 2001 world leaders signed the Declaration of Commitment on AIDS at the United Nations. The intervening years have seen goals set, breakthroughs announced, and progress made.

In 2006, countries committed to reaching goals towards universal access to HIV prevention, treatment, care and support – today more than 6.5 million people are alive thanks to access to antiretroviral therapy. Investments for AIDS have increased by more than 900% since 2001. Prevention is working, with a 25% drop in the rate of new HIV infections.

The news has gotten better and better. New HIV prevention options such as Treatment for Prevention, CAPRISA gel – a female controlled microbicide, and iPreX – a pre-exposure prophylaxis have emerged adding hope to people who want to protect themselves and their loved ones from the virus. Firmly held ideologies have in many places been replaced with compassion and doors have opened for dialogue. Evidence is being embraced by political leaders when making policy decisions. It is no longer uncommon for activists, communities affected by HIV and policy makers to plan together, ironing out differences and exploring new frontiers. The global solidarity for the AIDS response has shown what humanity can achieve when they get together.

We need more of the above, a lot more.

Today, the AIDS response is bursting at the seams. The demand for prevention and treatment is increasing. Opportunities abound – and we can seize them if we move on five fronts.

First embrace the benefits of Treatment for Prevention. People living with HIV can, for the first time, choose a method that is 96% effective and which they can initiate and manage with respect and confidence. Treatment for Prevention must be an option for all people living with HIV. But this should not have to come at the cost of the nine million people who are eligible and waiting for treatment for their immediate survival. Additional Treatment for Prevention must be made available.

Second, pregnant women living with HIV need to have access to the best possible treatment regimen to protect themselves and their children. Some 31 countries still use sub-optimal regimens to prevent mother-to-child transmission of HIV. In high-income countries few children are born with HIV. There is no reason why it cannot be the same everywhere. The life of a child and a mother has the same value, irrespective of where she or he is born and lives. We can eliminate new HIV infections among children by 2015.

Third, there has to be space for community dialogue and social transformation. Violence against women and girls, inter-generational sex, homophobia, gender inequity and criminalization of people living with HIV, people who inject drugs or sell sex must end. Without such transformation, HIV prevention measures will only be partially effective. This will require the leaders in village and urban communities and capitals to break the silence about these issues and act boldly, with conviction.

Fourth, AIDS investments must be made in full. This should be through a new shared responsibility agenda, where every country, rich or poor, puts in its fair share – no exceptions, no excuses. A deferred investment today will have a multiplier effect on investment needs in the future: a prospect no finance minister will like to face. At the same time, the health community must accelerate innovation in diagnostics and treatment, reduce unit costs, increase efficiencies and invest in programmes that work so that there is more value for the money invested.

Finally, the AIDS response has to integrate with broader health and development programmes. The AIDS response has to come out of isolation and become the catalyst for achieving the Millennium Development Goals related to health – especially reducing infant and maternal mortality as well tuberculosis. Health care delivery must not remain in silos.

As world leaders gather at the United Nations to discuss the future of the AIDS response, they have an opportunity to act on these five frontiers and set clear targets and milestones for the next five years. The 34 million people living with HIV and their families deserve nothing less.

– This editorial by Michel Sidibé was featured in dozens of newspapers worldwide in the lead up to the 2011 High-Level Meeting. See also by [Mr. Sidibé](#) “The 4th Decade of AIDS: What is Needed to Reshape the Response,” which appeared in a special edition of the [UN Chronicle, Volume XLVII, Number 1, 2011](#), which focuses on the ongoing battle against HIV/AIDS, now entering its fourth decade.

Ms. Jacobs, in her opening remarks, stressed that despite a drop in new infections, invisible barriers continue to hold back progress on advancing the battle against AIDS. Therefore it is extremely important to build new strategies to overcome these barriers, which include stigmatization and other forms of discrimination.

[Helen Clark](#) noted that in order to get to zero new infections, there must be a “massive focus” on prevention. This would require: getting rid of stigma and discrimination as well as the “health and social inequalities, the myths, and the violence which drives the epidemic;” strong leadership at all levels “to bring HIV out of the shadows”; legal frameworks that accommodate effective responses to HIV; and sufficient and well targeted resources, “making every dollar count.” She concluded by telling participants “We need a 21st century Marshall Plan for prevention.”

Jaevion Nelson, who spoke on behalf of youth, presented an optimistic point of view regarding the zero infection goal: “We can reach our goals, and we can reach zero infections.” He emphasized the fact that legal barriers end up limiting access to prevention and treatment. He also stressed the need for more evidence-based programmes as many programmes in the past have failed as they were not realistic.

A number of interventions and comments made focused on the effects of discrimination and stigmatization, such as limited access to health care and sexual education for a large part of the population. Participants called for programmes and mechanisms that are specifically targeted to those most vulnerable to infection, including drug users, men who have sex with men, and sex workers; the empowerment of women and girls and the eradication of violence against women. They requested political leadership and recognition of the important role that civil society plays in the AIDS response. It was highlighted that civil society and policy makers should work together in a joint effort towards zero infections. The use of social media as an efficient outreach tool for AIDS messaging and providing strategic information to a large audience was also addressed.

Read the UNAIDS feature article [here](#).

Access the webcast [here](#).

“Let’s not let the pace of the epidemic get beyond us. We have the capacity for innovation to recreate ourselves to achieve not only zero new infections, zero discrimination and zero AIDS-related deaths; but also for zero homophobia and transphobia, zero gender-discrimination and human rights for all.”

— President Felipe Calderón of Mexico

Panel 3: Innovation and new technologies

[Panel 3](#), held on 9 June, focused on opportunities for innovation and new technological developments. It was chaired by President Ratu Epeli Nailatikau of Fiji, on behalf of the Group of Asian States. The panel brought

together the Director-General of the World Health Organization, Margaret Chan; the Minister of Health of Mexico, José Angel Cordova Villalobos; and Christoforos Mallouris, Director of Programmes, Global Network of People Living with HIV (GNP+).

Mr. Nailatikau cautioned that a major shift in how investments are made in different areas, including in innovation in drugs, diagnostics and vaccines, will be needed to address the global AIDS epidemic in the next 20 years. “With the right investments,” he said, “UNAIDS has estimated that we can avert 12.2 million new infections and 7.4 million deaths between 2011 and 2020.” He explained that, over the last thirty years, the market-based approach to address HIV/AIDS has been very successful for the industrialized world; however not for the world’s poorest, which are disproportionately affected by the disease. He therefore stressed the need for innovation for developing countries as they face significantly different health delivering systems and different epidemics. “We need to invest differently and smartly in innovations,” he said, and create new partnerships with the pharmaceutical industry and the non-profit sector. “We need the cure. That is the big question,” he concluded.

Dr. Chan, in her [remarks](#), noted that over the past 30 years, the HIV response has spearheaded innovation in a number of areas, including basic science, medicines and diagnostics, and the meaningful engagement of people affected by HIV. Currently, close to 7 million people in low- and middle-income countries are taking daily antiretroviral (ARV) treatment. At the same time, innovative financing and market interventions have brought the price of drug regimens down from over US\$10,000 per year per patient to less than US\$200, she indicated. “However, doing more of the same is not enough. We need innovation urgently. We are still running behind this devastating epidemic,” she warned, noting that nine million people still do not have access to treatment. “Within 10 years, most of the 34 million people living with HIV will require ART. For every person who begins ART, another two become infected,” she stressed. “Let us accelerate the two-pronged innovation that has been the hallmark of the HIV response: innovation to deliver existing interventions and innovation for new tools to do more.”

Mr. Mallouris urged for greater involvement of people living with HIV in prevention. “People living with HIV also need prevention and new prevention technologies. We need to ensure that people living with HIV are involved – we are not just vessels of transmission, we want prevention too.”

During the discussion, panellists shared insights on how technology and innovation have played instrumental roles in helping realize the results achieved in the AIDS response to date. The panellists agreed that proven HIV prevention technologies – from male and female condoms to male circumcision – must continue to be scaled up and governments should ensure policies are in place within their national responses that foster innovation access to and advancement, from both the public and private sector. Innovative partnerships that create financial or other incentives to spur research and development were viewed as key elements.

Read the UNAIDS feature article [here](#).

Access the webcast [here](#).

Panel 4: Women, Girls and HIV

[Panel 4](#), held on 10 June, was chaired by Hanno Pevkur, Minister of Social Affairs, Estonia on behalf of the Group of Eastern European States. The panel, which included Aaron Motsoaledi, Minister of Health, Republic of South Africa; Babatunde Osotimehin, Executive Director of UNFPA; and Siphwe Hlophe, from the NGO Swaziland for Positive Living, focused on the progress, challenges and opportunities in addressing the social determinants of women and girls' vulnerability to HIV infection.

In his opening remarks, Mr. Pevkur said, "In 30 years of dealing with HIV, we have learned that it is as much a social as a medical problem; and the lack of quality of sexual reproductive health and rights services, violence, harmful cultural practices, are fuelling the epidemic." He stressed the need for social change, with the full engagement of women, men, girls and boys. Such change can only be achieved through comprehensive education, economic empowerment of women, policies to support gender equality, and engagement of women and girls living with HIV and AIDS.

Panellists and speakers from the floor responded to a series of questions and identified strategies that will help the HIV response to spark social transformation for women and girls to secure their human rights and protect themselves against HIV. They also discussed ways to ensure that the specific needs and vulnerabilities of women and girls are adequately addressed in the response to HIV.

Mr. Motsoaledi stated that women and children disproportionately carry the burden of HIV and AIDS and it is now a gender-based disease. He cited several studies in South Africa and acknowledged that figures are shifting dramatically against women and children. Therefore, his country has developed a plan of action for mother and child – with the goal of treating all women and children, beginning at 14 weeks instead of 20 weeks of pregnancy. In addition, South Africa has completely re-engineered their healthcare systems.

Mr. Osotimehin encouraged the floor to look at the epidemic globally in order to understand what it means: around the world almost 900 million women are vulnerable to HIV/AIDS. He urged the audience to consider how this would translate domestically: what does this mean in terms of how men relate to women? Mr. Osotimehin stressed the importance of giving opportunities to young women, including access and choice. He also stressed that a unified response is essential to address MDGs and it is important to sustain efforts by increasing funding and political will at the global and national level.

Ms. Hlophe, speaking on behalf of civil society, stressed the importance of empowering women and girls in communities and encouraged a frank discussion on how to "invade communities" in order to empower women and reverse harmful gender norms and inequality. She urged governments to uphold human rights, especially women's rights, and to make sure sexual health and reproductive rights are upheld to reduce statistics. She argued that a better system is needed that can reach women where they live, especially in rural areas, and provide them with what they need. Furthermore, financial investment that specifically focuses on women and girls, especially HIV+ women and girls, is needed and women must be included in decision-making processes that affect their lives.

Read the UNAIDS feature article [here](#).

Access the webcast [here](#).

"Violence against women is both a cause and a consequence of HIV."

*– Hanno Pevkur, Minister of Social Affairs,
Estonia*

Panel 5: Integrating Global Response into Broader Health Agendas

[Panel 5](#), held on 10 June, was chaired by the Second Vice-President of Burundi, Gervais Rufyikiri, on behalf of the Group of African States, and brought together Françoise Barré-Sinoussi from the Institut Pasteur; civil society representative Aditi Sharma from the International Treatment Preparedness Coalition; the UN Secretary-General's Special Envoy to Stop TB, Jorge Sampaio; and Norwegian State Secretary for Health, Ragnhild Mathisen. The panel sought to discuss the global response to the HIV/AIDS epidemic and how to integrate this response into broader health agendas.

In his opening remarks, Mr. Rufyikiri called for coordination among all health and development sectors to improve health-care centers in order to lead to better research, application of new technology, and reaching as many people as possible, including vulnerable groups. Mr. Rufyikiri also stated that while Africa has made much progress towards treatment, there is concern about a lack of resources.

Ms. Barré-Sinoussi emphasized the need to build upon proven treatment models to optimize overall clinical health-care systems in order to efficiently reach patients, and to tackle other illnesses such as tuberculosis. She also cautioned that progress could stall behind discrimination against people living with the disease. She encouraged empowering and informing people about the disease and their rights, and at all levels. Ms. Barré-Sinoussi also urged scientists to communicate findings in research and treatment better and to become activists themselves.

Mr. Sampaio stated that it is troubling that stakeholders still negotiate tuberculosis into HIV and AIDS strategies and outcomes. Tuberculosis is a "curable disease" that kills three people living with HIV and AIDS every minute, despite them being on ARVs. Thus, bridging the epidemic to other non-communicable diseases, as well as a holistic approach to treatment, is critical. He also spoke about the growing lack of resources and health-care workers and emphasized the need for political action to strengthen national health-care systems.

Ms. Sharma stated that treatment – which includes prevention – must be at the core of integration responses. "The answer is simple," she said, "treat the people." Ms. Sharma noted that universal access to HIV treatment is a fundamental right and a public health goal. HIV puts people at risk for many other factors, and is tied to drug use, violence, tuberculosis, etc. Integration will lead to additional lives saved. She also urged the floor to listen and learn from communities, as integration must also be tied with schools, communities and peer education.

Ms. Mathisen stated that donor countries must also think of integration in the way they address HIV and AIDS and other goals into the broader agenda. Moreover, integration must be linked with non-communicable diseases and patients must be treated and tested for HIV and AIDS, as well as other health concerns such as cholesterol, tuberculosis and hepatitis, at the same time. She further emphasized the importance of mainstreaming health systems to focus on both treatment and prevention.

Read the UNAIDS feature article [here](#).

Access the webcast [here](#).

PERSON LIVING WITH HIV ADDRESSES HLM

On 10 June, Silvia Petretti of the Global Network of People Living with HIV addressed the HLM. Stressing that people living with HIV must be at the centre of the AIDS response, Ms. Petretti asked for specific attention for key populations and their involvement in the creation of the HLM's Political Declaration. "We need your acknowledgement." It was better for States to have people living with HIV on their side rather than against them and it made economic sense to work together in the current era of limited resources. Furthermore, the voice and visibility of people living with HIV must be strengthened, she urged.

She indicated that she was concerned at the absence of a target for key populations, such as transgender people, and at the disappearance of a housing provision as a priority intervention. How could collective work to reverse the epidemic be carried out when essential rights had not been met, she asked? Another issue of concern was gender-based violence, and the Declaration also needed to provide concrete, numeric targets and investment in that area, she stressed. "We need more than medication to live with dignity and safety," she said.

She further highlighted six reasons why involvement of people living with HIV made sound and common sense: historical, legal, political, economic, educational, and health. "Like two hands working together to turn a wheel, so together, hand in hand, we can achieve real solidarity, or, as it is called by my brothers and sisters in South Africa, UBUNTU. United we can achieve the social, economic and cultural transformation necessary to reverse the HIV epidemic and succeed in our vision for global health," she concluded.

View the webcast [here](#).

[Read](#) the press release.

2011 POLITICAL DECLARATION ON HIV/AIDS

On the 10 June, the General Assembly adopted the [Political Declaration on HIV/AIDS: Intensifying our Efforts to eliminate HIV/AIDS](#). The Declaration calls on all UN Member States to redouble their efforts to achieve universal access to HIV prevention, treatment, care and support by 2015 as a critical step towards ending the global AIDS epidemic. A pledge to eliminate gender inequality, gender based abuse and violence, and to increase the capacity of women and adolescent girls to protect themselves from HIV infection was also made.

The Declaration recognizes that access to sexual and reproductive health has been and continues to be essential to the AIDS response and that governments have the responsibility of providing public health services focused on the needs of families, particularly women and children. Member States also agreed to review laws and policies that 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.

In the interview section that follows, interviewees provide their perspectives on the Declaration and the commitments emerging from it.

NGLS INTERVIEWS

During the High-Level Meeting, NGLS carried out a number of interviews with different stakeholders involved in the fight against HIV and AIDS.

Interview with Mubashar Riaz Sheikh, Executive Director of the Global Health Workforce Alliance

The Global Health Workforce Alliance is a global partnership, formed in 2006 as a joint platform for action to address the health workforce crisis and to ensure that all people have access to a skilled, motivated and supported health worker. Its members include governments, UN agencies, professional associations, NGOs, foundations, research and training institutions and the private sector. Dr. Sheikh, a medical doctor and a specialist in health system policy and planning, plays a lead role in the development of national policies and plans in 57 countries in Asia, Africa and Latin America. Below, NGLS interviews Dr. Sheikh.

NGLS: What are the most urgent steps that countries need to take in order to achieve zero transmissions, zero discrimination and zero deaths with regards to HIV?

There isn't a one-size-fits-all solution, nor magic bullets. The pattern and dynamics of HIV and AIDS transmission are complex and variable: in some countries transmission is highly concentrated in specific population groups, such as intravenous drug users, or sex workers, or men having sex with men. In others the general population is more widely affected, with heterosexual transmission accounting for the bulk of cases. Effective responses combine prevention, treatment and care. I don't believe in the false dichotomy between prevention and treatment that has characterized much of the policy debate over the previous years; both are required, and their positive effects are proven to reinforce one another. One common tool in our hands to fight HIV and AIDS is to avoid stigma and discrimination: evidence shows that when vulnerable groups are discriminated or legally prosecuted, it is much harder to reach them, and prevention and treatment efforts have lower success rates. So fighting stigma, whether it's against drug users, sex workers, or other groups, is an essential element in the fight against HIV and AIDS.

NGLS: What do you think have been the major developments during the past five years in the fight against AIDS? As developments have been unevenly spread across countries, how can countries that are lagging far behind approach those which have achieved more progress?

There are reasons for cautious optimism: new drugs have been developed, some vaccine trials are showing promising results, new evidence has emerged on effective behaviour change strategies, as well as on more efficient organization of health services, for instance through the sharing of tasks related to preventive and clinical care across different cadres of health workers. At the same time, there is no space for complacency. HIV continues to spread faster than the pace of antiretroviral treatment roll-out, and the progress in expanding access to knowledge, prevention and care has been uneven across and within countries. There are lessons to be learnt from countries that have been more successful than others in stemming the rise of this epidemic, from Uganda to Brazil, to Senegal and Thailand: these countries have invested heavily on prevention, have had a political commitment from the top, and have adopted an integrated and multi-sectoral approach to the issue; others should follow these examples, obviously adapting the specific responses and initiatives to their own realities.



NGLS: The shortage of health workers across the world – estimated to be at over four million – is recognized as one of the critical constraints to achieving international health goals, including the goal of universal access to HIV prevention, treatment, care and support, as well as the MDGs. What measures need to be in place to increase the quality and quantity of health workers so that health systems can be strengthened?

The health workforce is in many countries the weakest link in the effective and equitable delivery of quality HIV and AIDS related services – and, as a matter of fact, also other health development priorities, such as maternal, newborn and child health, and other essential health services. Without addressing crucial bottlenecks in human resources, the backbone of health systems, it will not be possible to improve general health services, and achieve MDG 6. This inconvenient truth was recently reinforced by a global study conducted by a task force supported by the Global Health Workforce Alliance, which looked into the health workforce requirements of achieving universal access to HIV and AIDS care globally and with a specific focus in five countries where we conducted case studies.

The global shortage of health workers is compounded by uneven geographical distribution within countries, with a concentration of highly skilled personnel in urban areas, and exacerbated by international migration. Limited training capacity, weak management systems and poor working conditions, including inadequate financial and non-financial incentives, conspire to determine high attrition and poor morale and performance of health workers.

There is a global consensus on priority strategies to address the health workforce crisis, which is enshrined in the Kampala Declaration and Agenda for Global Action, adopted at the First Global Forum on Human Resources for Health (HRH) convened by the Global Health Workforce Alliance in 2008. The main strategies to support HRH development include:

1. Building coherent national and global leadership: all countries should have national health workforce plans which are costed, comprehensive, based on need, evidence, and human rights, gender balanced, and include actionable implementation strategies. This applies equally to the specific needs of the HIV-related workforce.
2. Ensuring capacity for an informed response based on evidence and joint learning: countries, development partners and academia should increase investment in human resources operational research, knowledge sharing, innovative approaches and analytical capacity to strengthen policy development and management of the health workforce.
3. Scaling up education and training: education should be scaled up to train and deploy one million additional community health workers and 2.5 million additional health care professionals. Beyond quantitative targets, it is also essential to improve quality of the health workforce, ensuring that health personnel possess the competencies required to fulfill their roles. Accreditation of training institutions and regulation of providers can play an important role in this respect.
4. Retaining an effective, responsive and equitably distributed health workforce: governments should ensure adequate incentives, supportive management, and an enabling working environment for effective retention and equitable distribution of health personnel.
5. Managing pressures the international health workforce market and migration: the WHO global code of practice on international recruitment of health personnel, adopted last year, should now be implemented to mitigate the challenge of international migration.
6. Securing additional and more productive investment in the health workforce: the necessary investment in the health workforce required to achieve the health MDGs in 49 aid-dependent countries is estimated to be approximately US\$62 billion until 2015. Beyond the amounts, it is important that shortfalls in domestic resources is fully additional, aligned to countries needs, predictable, long term, and flexible, and must allow for investment in training, equitable deployment, and ongoing and effective retention of health personnel along the continuum of care.

The Global Health Workforce Alliance is actively engaged on all these fronts, and will continue championing the issue of health workforce development at all levels to ensure that nobody, nowhere dies of a preventable or treatable disease because he or she does not have access to a skilled and motivated health worker.

NGLS: What would you identify as the major achievements of the Political Declaration adopted on 10 June during the High-Level Meeting on AIDS?

I think a key issue is accountability: the process that led to the Declaration is extremely important in terms of maintaining momentum, and ensuring that the pressure on decision makers and the visibility on the issue is maintained, in order to ensure that the world continues building on progress, and doesn't slide back on this major development challenge of our generation.

A second point I want to highlight is that there is now a consensus that sustainable progress on HIV and AIDS cannot be achieved in the absence of a health system response: for too many years there was another false dichotomy between the proponents of a disease-specific response, and those who argued that better results could be achieved by strengthening comprehensively health systems. That policy debate is now concluded, with the recognition that health systems are vital to real and sustainable progress of HIV-specific programmes.

Within that context, we are also happy to note that the health workforce dimension of health systems, which is what the mandate of the Global Health Workforce Alliance relates to, is no longer a neglected issue, but was very firmly recognized by the Political Declaration adopted. Again, there is no reason for complacency, because we know that many challenges persist, not the least having the words followed by true commitment and increased investment. But the health workforce was a neglected issue just a few years ago, before the Alliance was established, so we take pride and we are delighted that there has been some progress in the attention paid by political leaders to this issue.

Further information on the Alliance is available at: www.who.int/workforcealliance/en/

Interview with Robert Vitello, Caritas Internationalis

Caritas Internationalis, a global confederation of Catholic Church-inspired, national organizations, provides humanitarian assistance, social services, and development services in approximately 200 countries and territories around the world. Below, NGLS interviews Robert Vitello of Caritas Internationalis.



NGLS: CARITAS Internationalis has been engaged in the response to HIV and AIDS since the late 1980s. What have been some of the major difficulties your organization has encountered over the years in this regard? Where has the most progress been made?

Early challenges faced by Caritas included the fear and denial experienced by many in church, governments, and civil society with regard to the reach and impact of HIV. More recently, the denial has given way to "compassion fatigue" and questions about whether or not AIDS should continue to receive such priority attention by the global community.

NGLS: Where and in what manner does CARITAS Internationalis carry out its work in relation to AIDS? How does it engage with other faith-based networks, or civil society at large?

The members of Caritas Internationalis are engaged in supporting or sponsoring HIV-related programmes (of treatment, prevention, care and support) in 116 countries of the world. At the global level, Caritas Internationalis works at capacity-building of its member organizations to deliver effective, efficient, holistic, integrated, and community-based programmes in response to the pandemic.

NGLS: What is CARITAS Internationalis expecting to come out of the HLM in the long term? What gains need to be made? How can political will be generated and sustained to achieve universal access to care, prevention and treatment for all?

Caritas is seeking action, not just words as a result of this High-Level Meeting. Governments have made promises in the past, but they often seem to forget those promises. We must note the "treatment gap" – some 10 million people who need the medications at this time but do not have access to them, and some 800 children who die daily as a result of AIDS-related illnesses. In democratic countries, political will reflects the concerns expressed by the electorate. Thus we need to sensitize the general public issues to these urgent issues – that is the goal of the [Caritas HAART \(Highly Active Anti-Retroviral Therapy\) for Children Campaign](#).

NGLS: In your opinion, what is the most urgent step that needs to be taken by the international community to combat the scourge of HIV and AIDS?

In my opinion an urgent step is that of sustainability. In the face of the global economic crisis and changing priorities, funds to support ARVs are falling or being flat-lined.

For more information, see: www.caritas.org.

Interview with Global Network of Person Living with HIV (GNP+)

NGLS: How does the [Global Network of People Living with HIV](#) (GNP+) empower people living with HIV (PLHIV) so that they can become involved in decision-making processes that affect their lives? How do you ensure their voices are heard and taken into consideration? Do you feel this was the case during the High-Level Meeting on AIDS?



For GNP+, PLHIV empowerment is the driving force of any actions of the organization. During the last few years, GNP+ strategy for empowering PLHIV focused in the following distinct areas:

- Developing the tools and building capacity of PLHIV and PLHIV networks to lead the development of a body of evidence on the experiences of PLHIV in terms of access to services, stigma, human rights, and level of engagement in responses to HIV. For the first time PLHIV become the drivers of research instead of being the subject of research.
- Ensuring that PLHIV are at the table in discussions around policy and programme development from the first stage of conception to the last stage of evaluating outcomes – from supporting PLHIV engagement with country coordinating mechanisms (CCMs), to coordination amongst PLHIV to influence the process and content of WHO guidelines, to developing strategies with UNAIDS on Positive Health, Dignity and Prevention.
- Coordinating and gathering the experiences of PLHIV and converting that to a collective advocacy strategy and actions based on that set of diverse voices and experiences, empowering PLHIV networks through coordination and sharing of common goals and priorities.

For the next few years, starting in 2012, the empowerment actions will intensify, adding to the above strategies:

- Greater coordination with broader civil society to ensure that PLHIV engagement and empowerment has greater impact and relevance.
- Developing the tools and building capacity of PLHIV and PLHIV networks to gather evidence and present it through not only the HIV lens, but also the workplace lens, health access and broader health and development, the MDGs, and, in general, demand greater accountability for achieving Universal Access.
- Expanding empowerment to not a “blanket” of PLHIV, but specific to sex workers living with HIV, drug users living with HIV, MSM living with HIV, transgender people living with HIV, women living with HIV and young people living with HIV.

NGLS: Can you tell us more about GNP+'s Positive Health, Dignity and Prevention programme and how it is implemented throughout the network in different parts of the world? Are there common obstacles encountered?

The primary goals of Positive Health, Dignity and Prevention are to improve the dignity, quality, and length of life of people living with HIV; which, if achieved will have a beneficial impact on their partners, families and communities, including reducing the likelihood of new infections.

The concept of Positive Health, Dignity and Prevention was developed at an International Technical Consultation organized by GNP+ and UNAIDS in Tunisia in April 2009. Networks of people living with HIV, civil society organizations, government agencies, international development agencies, UNAIDS Cosponsors and donor agencies discussed shortcomings to many current “positive prevention” approaches and worked together to develop the components of Positive Health, Dignity and Prevention and to establish the values and principles underpinning it.

The Positive Health, Dignity and Prevention programme has involved a series of consultations at regional level and with partners to establish a common understanding of the programme and to gather ideas about how to operationalize it globally. It has also involved operations research with the Population Council and national networks in Bolivia, Tanzania and Vietnam to document the health and social experiences and needs of people living with HIV. Information gathered through consultations and research has informed the development of a [Policy Framework](#).

GNP+ is now working with UNAIDS, networks of people living with HIV and other partners to use the Policy Framework as a basis for developing Operational Guidelines.

In the consultations held to date, people living with HIV have continuously identified unsupportive legal environments and the criminalization of sex work, homosexuality and drug use as issues that affect all key populations and that challenge the implementation of programmes that seek to achieve Positive Health, Dignity and Prevention. Laws that criminalize non-intentional transmission of HIV, potential HIV exposure or the behaviour that places people at risk of HIV – such as sex between men, sex work, and drug use – do far more harm than good. They can result in the further stigmatization and marginalization of people living with HIV by overstating risks, creating a false sense that HIV is someone else's problem, providing further incentive for people to avoid learning their HIV status, and discouraging HIV-positive people from accessing information and services. The Positive Health, Dignity and Prevention Policy Framework articulates how, by removing punitive laws and passing more laws that protect the human rights of people living with HIV, this will contribute to the dignity and health of people living with HIV.

NGLS: In what ways did the GNP+ contribute to the High-Level Meeting on AIDS? What kind of preparation did this entail ahead of the meeting?

GNP+ engagement had two dimensions. As well as engaging in its own right, GNP+ actively encouraged and supported the engagement of others. Activities and outputs leading up to the HLM, included:

- Creating a roadmap, in partnership with the World AIDS Campaign, which laid out in simple terms the key activities leading up to the HLM as well as outlining the various points that people living with HIV and other civil society could engage in the process;
- Engaging with every UN Country representative in New York to share key advocacy messages and actively promote the inclusion of PLHIV in country delegations;
- Engaged with ICASO [International Council of AIDS Service Organizations] coordinating the civil society engagement at the HLM – including commenting on the shortcomings of the Zero Draft and making suggestions on how it could be strengthened;
- Disseminating key messages from ICASO from broader civil society to PLHIV networks and other GNP+ partners;
- Supporting speakers with their speaking roles – both at the Civil Society Hearing in April and during the HLM on HIV-related stigma, PMTCT [preventing mother to child transmission], human rights and other PLHIV-related issues;
- GNP+ was an active partner in two official side events: one on Young People Living with HIV and one on Key Population Groups and Human Rights. In both, GNP+ was actively involved in preparing the event and supporting speakers at the event;
- Supporting the participation of representatives from partner national PLHIV networks (Kenya, Cameroon, Moldova and Zambia) in their activities at country/regional level as well as in attending the HLM;
- Amongst other things, The GNP+ Youth Officer coordinated and facilitated meetings with youth leaders from the Global Movement and other key stakeholders, in efforts to ensure that young people living with HIV priorities are addressed by PLHIV and youth networks, as well as other civil society.

NGLS: Prior to the HLM, civil society advocated around a number of contentious issues in the negotiations (human rights, treatment, prevention and funding) in the Zero Draft. Is GNP+ satisfied with the Political Declaration emanating from the HLM? What does your post-HLM plan of action look like?

The Political Declaration, that came from an intense period of negotiations and lobbying on the part of civil society, received a mixed reaction from those lobbying prior to the meeting. For the first time in any of the UNGASS Declarations on AIDS, the key populations of sex workers, people who use drugs and men who have sex with men, were explicitly named. While this is a massive achievement in terms of the recognition of the disproportionate disease burden that these groups experience, there was no explicit mention of them in the actual commitments. This gives the national governments the leeway to choose not to respond to the needs of those groups most affected by HIV. For GNP+ it was imperative that any declaration acknowledged the diversity of the community of people living with HIV and therefore the tailored responses that are critical for specific needs. With this specific language, the positive community now has a tool with which to advocate and leverage both resources and interventions that meet the needs of those most underserved.

With respect to commitments made, which related to access to antiretroviral therapy and other commodities, GNP+ welcomed the target to support 15 million people to be on treatment by 2015. Some may say that such a target is not ambitious enough, but we have seen the failure to achieve Universal Access, and we must learn that if we are going to hold governments accountable, it must be to objectives which are clear, achievable and realistic. With the fast progress being made in promoting the prevention benefits of ART, treatment activists have an additional dimension to their advocacy arsenal and can work with other stakeholders, including governments, to ensure this goal is reached. GNP+ will focus on mitigating the impact of all barriers to access to services including cost of drugs. Advances in TRIPS negotiations and Medicines Patent Pool growth are crucial to facilitate this target being achieved in the most cost effective way possible without sacrificing the right to health.

GNP+, along with many other human rights advocates, was disappointed to see the lack of strong commitments that would support a human rights based approach to Universal Access. The social, policy and legal environments in which many people find themselves are far from conducive to access much needed prevention, treatment, care and support services. GNP+ will continue to intensify our efforts in ensuring people living with HIV are able to exercise all of their rights, irrespective of which country or which community they belong.

NGLS: Moving forward the global AIDS response in the coming years, what are some of GNP+'s biggest concerns in terms of the full realization of human rights for key affected populations? What about the missed targets in terms of Universal Access in 2010?

The biggest concerns of GNP+ in terms of meeting the needs of key affected populations relate to the human rights and economic barriers to access to treatment, prevention, care and support for not only people living with HIV, but all key affected populations, in particular sex workers, people who use drugs, MSM, transgender people, women and young people.

- Funding for services for these populations continue to be driven by moral-based funding, legal and policy frameworks. Donor policies that continue to exclude programming on sex workers and harm reduction are not working and continue to deny the human rights of key populations, including people living with HIV and key populations living with HIV.

- Local laws that criminalize HIV transmission and exposure, same sex relationships, drug users and sex work are barriers to access to testing, knowing one's HIV-status, treatment, prevention, care and support. Universal access cannot be dissociated from human rights, and we will not overcome barriers to access if we do not understand better how to influence the legal systems.
- Thirty years into the epidemic we continue to not understand how to challenge negative social and cultural attitudes towards key populations and PLHIV.
- Trade agreements, which are influenced by the private for-profit sector, continue to remain out of reach of influence (moreover, they influence government and development agency decisions) and we are not achieving the price reductions in treatment and diagnostic needed to move from almost 7 million people on treatment now to 15 million by 2015 – only 4 years from now! While there are some price reductions and patent pools that show promise, current restrictions limit significantly the geographical reach and level of low-price production needed.
- Sexual and reproductive health and rights of PLHIV are not recognized as “rights.” Continuing to disassociate sexual and reproductive health from the right to sexual and reproductive health is not allowing the empowerment of PLHIV to manage their own health according to their own needs and rights.

Universal Access targets will never be achieved until all member states and other stakeholders elevate evidence-based public health practice to the highest level in the global HIV response. We cannot afford to dismiss or ignore proven effective HIV prevention and treatment interventions – including needle and syringe programmes to prevent transmission among people who inject drugs; provision of water-based lubricants to accompany condoms – simply because certain groups or behaviours are not morally or politically palatable in certain contexts. Likewise, restrictions on access to sexual and reproductive health and rights for women and girls, and trade policies that limit access to generic medication undermine effective HIV responses in the name of politics and profits.

Interview with the Global Youth Coalition on HIV/AIDS (GYCA)

GYCA is a youth-led global network of over 5,000 young leaders and adult allies working on youth and HIV/AIDS in over 170 countries worldwide. GYCA's mission is to empower young leaders with the skills, knowledge, resources and opportunities they need to scale up HIV/AIDS interventions amongst their peers. Below, NGLS interviews Oceane Camilleri-Hooks from GYCA.



NGLS: Can you tell us how GYCA participated in the HLM? What were some of your key objectives going into the meeting?

GYCA participated in the HLM as one of several youth organizations responsible for organizing the Youth Summit within the HLM for youth activists to come together and discuss our advocacy messages and our concerns in connection to the HLM proceedings and action being taken globally in the fight against HIV/AIDS. Within the Youth Summit we met goals of solidifying our youth advocacy messages.

GYCA also had several members on country delegations working with policy makers to impact decisions being made in the HLM to include youth interests. Many members had networking goals during this week as we all had access to government and policy officials we would not normally be able to speak to so easily.

We had goals of being heard, and making an impact on the proceedings, which were accomplished in several cases with members who were on panels with high-level officials.

NGLS: How far in advance did you start mobilizing for the HLM? What kind of networking and social media tools did you use in this regard?

We use regular e-mail platforms and listserves to share information and mobilize people regarding the HIV review at the country-level. For the HLM, we used Facebook and Twitter to share information because as a global network it is important for us to keep everyone informed.

NGLS: Do you feel that the HLM provided opportunities for youth empowerment in the fight against HIV and AIDS? In what ways?

Yes, absolutely. For one we were able to come together as a global group and share ideas and tactics to utilize in further work. It is vital that our opinions be voiced and heard in forums where high-level officials can hear the issues that are most affecting youth with regards to HIV/AIDS especially because we are such a highly affected population. It was also extremely empowering to have access to and support from government officials. That being said, the final document was in many ways not as progressive as we had hoped. Our knowledge in this case of the goals and the commitments our countries have made are empowering because they will impact our ongoing work as we work to hold our governments accountable for the goals set during the HLM.

NGLS: If the GYCA could have provided one message for UN Member States and other stakeholders to carry away from the HLM, what would it have been?

That evidence has been present for a while now that youth have a voice and need to be made partners in this work. Youth need to be involved at every level of this fight. If you are a policy maker or government official without a youth advisor, you are missing input from a key affected population.

NGLS: What is your post-HLM action plan? Does the Political Declaration adopted on 10 June afford possibilities for further action in regard to youth and some of the key challenges they are facing in the fight against HIV and AIDS?

We are working globally to hold our various governments accountable. We are working to find entry to high-level positions where our voices can be better heard.

Further information on the GYCA is available at: www.gyca.org.

Youth Coalition for Sexual and Reproductive Rights

The [Youth Coalition for Sexual and Reproductive Rights](#) is an international organization of young people (ages 15-29 years) committed to promoting adolescent and youth sexual and reproductive rights at the national, regional and international levels. The Youth Coalition strives to secure the meaningful participation of young people in decision-making that affects their lives, by advocating, generating knowledge, sharing information, building partnerships and training young activists.



The Youth Coalition's delegation to the HLM on AIDS included: Ivens Reyner (Brazil), Igor Moco (Philippines), Ricardo Baruch (Mexico), Emily Hagerman (United States), and Sarah Kennell (Canada). Below, NGLS interviews them.

NGLS: What were some of the key issues that the Youth Coalition advocated for during the HLM on AIDS? Do you feel that got your messages across?

The Youth Coalition's primary objective in the lead up to and throughout the HLM was to ensure that young people's issues and rights related to HIV and AIDS, specifically the relationship between youth sexual and reproductive rights and HIV prevention, would be captured in the discussions and the agendas of the broader HIV movement.

While at the HLM, we advocated for universal access to all HIV prevention technologies (including: comprehensive sexuality education, access to male and female condoms, youth-friendly HIV counselling and testing, harm reduction programmes, and treatment) through the integration of sexual and reproductive health and rights into HIV programming, and also supported the integrated funding of sexual and reproductive health and HIV interventions for youth. Further to that, we advocated for the protection and promotion of the rights of young women and girls, so that they can take ownership of their sexual and reproductive health. We also asked that decision-makers recognize and address the fact that young key-affected populations face legal, policy and social barriers beyond prevention, treatment, care and support needs.

To some degree, we do feel that our issues and concerns were heard. For instance, we are pleased that "young people" are recognized numerous times throughout the HLM's Political Declaration. However, we feel that the document fails to adequately protect and promote the sexual and reproductive rights of young women and girls and the human rights of key affected populations. It also does not ensure financial commitment to prevention strategies that are based on the protection and promotion of youth sexual and reproductive health services.

NGLS: Prior to the HLM, you co-organized a Youth Summit with other youth organizations. What were some of the main ideas coming out of the Summit, particularly in terms of short, medium and long term action?

We co-organized the Youth Summit with the Global Youth Coalition on HIV/AIDS (GYCA), IPPF-WHR, Advocates for Youth, GNP+, the HIV Young Leaders Fund, World AIDS Campaign (WAC), UNAIDS and Youth R.I.S.E. The event brought together over 80 young leaders from around the world, many of whom were on official country delegations, to discuss youth priorities within the context of the HLM and to develop youth advocacy strategies for the Meeting and beyond.

The main ideas coming out of the Summit were youth leadership and government accountability. We worked with participants to create advocacy plans and a list of implementable activities at the national, regional and international levels to ensure that the outcomes from the HLM are realized and that governments are held accountable to the commitments they made.

Some of the actions the participants plan to take in the follow-up to the HLM include:

- Sharing information from the HLM, including the Political Declaration, with their peers and allies at the country level;
- Writing analytic reports and press releases related to the Political Declaration and its significance for young people;

- Following-up with national AIDS programmes or legislators, to ensure that they align their policies and programmes with international commitments;
- Exploring collaboration with UNAIDS at the country level to encourage further support for youth-led organizations and initiatives working on the HIV response;
- Writing to other UN agencies to keep pushing for support on youth issues as part of the commitments they made during the HLM;
- Strengthening communication with regional and international networks of young people working on HIV.

NGLS: The HLM adopted a Political Declaration on 10 June. Does the outcome document adequately reflect the priorities of the youth agenda? How would you have made it different?

There were some very important commitments made in the HLM's Political Declaration regarding treatment and care targets, financial support for the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the increased access to low-cost medicines to developing countries through the elimination of trade related obstacles. The Political Declaration also, for the first time in history, specifically names key affected populations, including men who have sex with men (MSM), drugs users and sex workers.

However, while there are a number of positive commitments emerging from the Declaration, we feel that the document presents a number of challenges on youth issues. Considering our current context, where half of all new infections are amongst young people ages 15-24, the Political Declaration fails to recognize the need to invest in effective prevention strategies for young people, specifically those related to access to sexual and reproductive health information and services. We would like the Declaration to have explicitly addressed prevention strategies, such as the provision of comprehensive sexuality education and the protection and promotion of youth sexual and reproductive rights. Without the recognition, protection and promotion of our sexual and reproductive health and rights, we are at a higher risk of contracting and transmitting the HIV virus.

We also feel that the Declaration is deficient in addressing the needs of girls and adolescent women. Without clearly referring to the protection and promotion of the human rights of young women and girls, including their sexual and reproductive health and rights, they are at a higher risk of contracting, transmitting and dying of the HIV virus.

NGLS: What is the Youth Coalition's post-HLM action plan? What do you think can be accomplished, or should be accomplished, in the coming five years?

Currently, we are working with our partners to develop concrete follow-up strategies to the HLM at the country, regional and global levels. Through the partnerships and relationships developed during the Youth Summit, we are engaging in collaborative advocacy initiatives to hold governments accountable to the commitments made in the Political Declaration, as well as commitments made in previous agreements, including the Millennium Development Goals, and the Political Declarations of 2001 and 2006.

The Youth Coalition will also continue to engage with UN agencies, governments and civil society organizations to encourage them to increase their support for youth issues, as a means of upholding commitments identified in the Political Declaration. In particular, we will be working to ensure that UNAIDS and its co-sponsors has a well-thought and realistic youth strategy in order to ensure that there is new leadership in the HIV response.

In the next five years, we hope to see UN agencies, governments, and civil society organizations working in equal partnership with young people, making structural and procedural changes to adapt to the needs and realities of young people, recognizing that young people are not a homogenous group, but rather a large and diverse population with complex needs and perspectives. We hope to see young people meaningfully involved in leadership and decision making in the HIV response.

NGLS: What are some of the most effective advocacy tools you use in the fight against HIV and AIDS?

In our experience, collaboration is one of the most effective tools young people have in the fight against HIV and AIDS. It is crucial to establish partnerships with other youth-led and youth-serving organizations, and where possible, to get involved in the working groups and planning committees for conferences and major initiatives. In recent years, the Youth Coalition was involved in both the Mexico and Vienna AIDS Conferences, where our delegates played key roles in both the Mexico and Vienna Youth Forces and the main conference planning bodies. In the lead-up to the XVIII International AIDS Conference, we were actively involved with the Vienna Youth Force, taking the lead in coordinating its activities and discussions, and also organizing the IAC Youth Pre-conference – an event that provided a platform for more than 300 young people from around the world to identify challenges and develop advocacy messages and plans for the AIDS Conference. In participating in these bodies, we have been able to ensure things like: more conference scholarships for young people, the inclusion of young and key-affected populations in conference sessions, and capacity-building for young advocates.

Furthermore, effective advocacy demands effective advocates. The Youth Coalition has and will continue to build the capacity of young leaders to ensure that young people are meaningfully involved in policy-making and programme-development related to the HIV response. For example, in partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria, we have held a series of workshops to equip young advocates with the knowledge and tools

necessary to better understand the Global Fund. Our workshops give young people the opportunity to get to know the Global Fund's mechanisms and structures, to explore opportunities to engage with the Fund, and to create national and regional-level advocacy strategies that involve and address the issues of young people.

We also attend high-level meetings, where we advocate for the inclusion of progressive language and actions on youth sexual and reproductive health and rights. The Youth Coalition, in partnership with progressive countries and civil society partners, works at these venues to ensure that international declarations and outcome documents include concrete actions that promote gender equality, the protection and promotion of young people's human rights, access to sexual and reproductive health and services, among others. However, it is not enough that young people are token participants on country delegations or marginally involved in these processes. We must persistently evaluate youth participation and determine how we can move forward to empower young people to take leadership roles to address and promote the issues that matter most to us.

SIDE EVENTS

Throughout the High-Level Meeting, a host of [side events](#) were held on a wide range of subjects. A few of them are featured below.

The Missing Face of Children and AIDS

A side event on 9 June, entitled "The missing face of children and AIDS: Progress on ten years of commitment," brought together delegates to explore how all children, everywhere can be assured access to good quality HIV prevention, treatment, care and support services. The major goals of the event were to encourage national and global decision makers to follow through on their commitments to eliminate new HIV infections among children, to reflect on progress made towards global targets and to keep children central to the agenda throughout the HLM. Read the UNAIDS feature article [here](#).

AIDS and Disability Partners Forum

Although there is growing international attention for the rights of people with disabilities, governments and policymakers rarely consider disability issues when formulating their HIV strategic plans. Therefore, an AIDS and Disability Partners Forum was held on 9 June to highlight the significance of this area of work and advocate for national integration of the needs of persons with disabilities into all aspects of the AIDS response. Read the UNAIDS feature article [here](#).

Faith-based action: Confronting the impact of HIV funding cutbacks

A side event, entitled "Faith-based action to achieve universal access: Confronting the impact of funding cutbacks and advocating for the special needs of mothers and children living with HIV" was held on 8 June. During the event, the Ecumenical Advocacy Alliance presented recent research conducted among 11 members of the Catholic HIV/AIDS Network (CHAN) documenting the effects of flat lining of funding on Catholic health service delivery partners. Participants were also challenged to think about what is really meant with "universal access." Read the UNAIDS feature article [here](#).

In Women's Words: HIV priorities for positive change

To highlight priority actions for the AIDS response put forward by women around the world ahead of the HLM on AIDS, a special event was held on 7 June, which launched a report [In Women's Words: HIV priorities for positive change](#). The publication summarizes the key messages and findings from a global virtual consultation which engaged with nearly 800 women from over 95 countries and in nine languages. The consultation was a platform to give a voice to women living with and affected by HIV to express their priorities and vision for the future of the AIDS response. The publication enables the participants of the consultation to share their viewpoints and call to action to a wider audience. Read the UNAIDS feature article [here](#).

Lessening HIV-risk for migrants and mobile populations

On 10 June, governments, civil society partners and intergovernmental agencies came together to explore the relationship between migration and the AIDS epidemic and to examine ways of increasing access to HIV services for people on the move. The side event was sponsored by the International Organization for Migration, the International Labour Organization, the UN High Commissioner for Refugees and UNAIDS. Read the UNAIDS feature article [here](#).

Market approaches for innovation and access to medicines: Challenges and opportunities

What lessons can be learned from market-based approaches to providing medicines and healthcare in low- and middle-income settings? What are the challenges and future opportunities? These were the key questions raised at a side event organized by UNITAID, UNAIDS and the Medicines Patent Pool on 9 June.

Participants discussed how globalization and economic development are changing the international health landscape and examined current challenges to innovation and people's access to medicines and healthcare. They also looked at interventions needed to ensure that emerging new medicines and technologies can be absorbed by health systems in developing countries. Read the UNAIDS feature article [here](#).

"AIDS has brought to our attention the need to bridge health services with the broader issues of human rights, and social justice to address the root causes of vulnerability."

— Paul De Lay, UNAIDS Deputy Executive Director, Programme

COUNTDOWN TO ZERO

On 9 June, “Countdown to Zero” was launched, a Global Plan to eliminate new HIV infections among children and to keep mothers alive. More specifically, it aims to ensure that:

- All women, especially pregnant women, have access to quality life-saving HIV prevention and treatment services — for themselves and their children.
- The rights of women living with HIV are respected and that women and their families and communities are empowered to fully engage in ensuring their own health and especially the health of their children.
- Adequate resources — human and financial — are available from both national and international sources in a timely and predictable manner while acknowledging that success is a shared responsibility.
- HIV, maternal health, newborn and child health, and family planning programmes work together, deliver quality results and lead to improved health outcomes.
- Communities, in particular women living with HIV, enabled and empowered to support women and their families to access the HIV prevention, treatment and care that they need.
- National and global leaders act in concert to support country-driven efforts and are held accountable for delivering results.

The Global Plan was developed through a consultative process by a high level Global Task Team, which brought together 25 countries and 30 civil society, private sector, networks of people living with HIV and international organizations.

Although intended to serve all low- and middle-income countries, the Global Plan particularly targets the 22 countries with the highest numbers of pregnant women living with HIV. It sets two overall targets, to be reached by 2015:

- Reduce the number of new childhood HIV infections by 90%.
- Reduce the number of HIV-related maternal deaths by 50%.

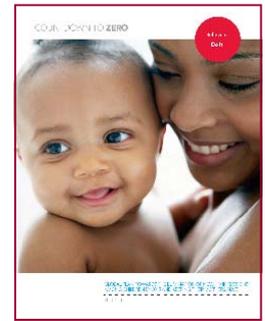
“This new global plan is realistic, it is achievable and it is driven by the most affected countries,” said Michel Sidibé, Executive Director of UNAIDS.

“Like all mothers, I would do anything to give my child a healthy start in life – and this prevention should be available to women everywhere,” said Babalwa Mbono, Representative of Women Living with HIV.

“The investments we make in preventing maternal-to-child transmission of HIV – and in expanding more women’s access to quality care – will yield tremendous returns, not only in the lives of children and families affected by HIV and AIDS, but in improving mothers’ and children’s health in the poorest countries that bear the greatest burden of the AIDS epidemic.”

“If it pains us to see a baby contract HIV in the developed world, that pain is felt just as much as when a baby contracts HIV in the developing world. It’s all the same – mothers and children – here and there – around the

world. American mothers, African mothers, Asian mothers, Latin American mothers – they all feel the same love for their children, as mothers everywhere. They deserve exactly the same options for treatment,” [emphasized](#) UN Secretary-General Ban Ki-moon.



Download the *Countdown to Zero: Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive* [here](#).

Read the UNAIDS press release, [here](#).

“There are lessons to be learnt from countries that have been more successful than others in stemming the rise of this epidemic, from Uganda to Brazil, to Senegal and Thailand: these countries have invested heavily on prevention, have had a political commitment from the top, and have adopted an integrated and multi-sectoral approach to the issue; others should follow these examples, obviously adapting the specific responses and initiatives to their own realities.”

— Mubashar Riaz Sheikh, Executive Director of the Global Health Workforce Alliance

UN SECURITY COUNCIL RESOLUTION 1983

On 7 June, during a Hearing on the Global Impact of HIV/AIDS on Peace and Security, the UN Security Council adopted [resolution 1983](#). This resolution is seen as a tool for curtailing sexual violence against women in conflict and post-conflict situations. It recognizes that the spread of HIV can have a devastating impact on all sectors and levels of society, and that in conflict and post-conflict situations, these impacts may be felt more profoundly, especially by women and girls.

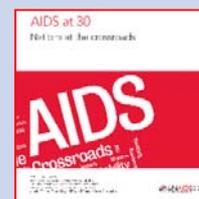
It also acknowledges that conditions of violence and instability in conflict and post-conflict situations can exacerbate the HIV epidemic, inter alia, through large movements of people, widespread uncertainty over conditions, conflict-related sexual violence, and reduced access to medical care. Consequently, it underlines the need for concerted efforts towards ending conflict-related sexual and gender-based violence, empowering women in an effort to reduce their risk of exposure to HIV, and curbing vertical transmission of HIV from mother to child in conflict and post-conflict situations. It also acknowledges that UN peacekeeping operations, where mandated, can contribute to an integrated response to HIV/AIDS through the prevention of conflict-related sexual violence.

“Now we understand that UN troops and police are part of prevention, treatment and care.”

— UN Secretary-General Ban Ki-moon in [remarks](#) to the Security Council

AIDS at 30: Nations at the crossroads

[AIDS at 30: Nations at the crossroads](#) provides evidence of how much has been achieved in the past three decades and weighs that against UNAIDS's vision for the future: zero new HIV infections, zero discrimination and zero AIDS-related deaths. The report also includes scientific analysis, personal insights and the results of extensive national and regional consultations at the front lines of the AIDS response.



According to the report, the global rate of new HIV infections declined by nearly 25% between 2001 and 2009. In India, the rate of new HIV infections fell by more than 50% and in South Africa by more than 35%; both countries have the largest number of people living with HIV on their continents.

The report also finds that in the third decade of the epidemic, people were starting to adopt safer sexual behaviors, reflecting the impact of HIV prevention and awareness efforts. However, there are still important gaps, it cautions. Young men are more likely to be informed about HIV prevention than young women. Recent demographic health surveys found that an estimated 74% of young men know that condoms are effective in preventing HIV infection, compared to just 49% of young women.

Despite expanded access to antiretroviral therapy, a major treatment gap remains. At the end of 2010, 9 million people who were eligible for treatment did not have access. Treatment access for children is lower than for adults – only 28% of eligible children were receiving antiretroviral therapy in 2009, compared to 36% coverage for people of all ages.

According to the report, gender inequalities remain a major barrier to effective HIV responses. HIV is the leading cause of death among women of reproductive age, and more than a quarter (26%) of all new global HIV infections are among young women aged 15-24.

Investments in the HIV response in low- and middle-income countries rose nearly 10-fold between 2001 and 2009, from US\$1.6 billion to US\$15.9 billion. However, in 2010, international resources for HIV declined. Many low-income countries remain heavily dependant on external financing. In 56 countries, international donors account for at least 70% of HIV resources. A 2011 investment framework proposed by UNAIDS and partners found that an investment of at least US\$22 billion is needed by the year 2015, US\$6 billion more than is available today.

Read the UNAIDS feature article [here](#).

OUTLOOK 30

[OUTLOOK 30](#), launched in advance of the High-Level Meeting on AIDS, is a compilation of 30 milestones, images, tributes, breakthroughs, art and inspirations in the epidemic's 30-year history.



The special edition of *OUTLOOK* illustrates timelines on three issues that have shaped the AIDS response – the evolution of access to antiretroviral treatment; HIV/Tuberculosis (TB) and the use of condoms. It also presents a range of posters from around the world that show the diverse visual strategies used over the years to communicate messages on AIDS awareness and safer sex.

Not only does the book look back over the past three decades, it aims to serve as an inspiration for the future.

"In the lifetime of the AIDS epidemic, we have seen how one virus can change the course of history. Incredible transformation and deep entrenchment – AIDS has brought out the best and worst of humanity.

"HIV demands strong political will and commitment. It forces us to confront difficult issues such as sex, drugs and discrimination. HIV challenges us to innovate to get ahead of the disease.

"Our understanding of the virus and human nature has grown over the decades. There have been tremendous moments of clarity, real progress and people who have inspired great hope.

"Nearly 30 million people have lost their lives to AIDS. On this, the 30th year of the epidemic, we honor their memories, reflect on what we have learned and reach for our shared vision.

"Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths."

Michel Sidibé, UNAIDS Executive Director, in his Foreword to *Outlook 30*

The book is available [online](#).

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