



APCOM comments on the UN General Assembly 2016 Political Declaration Zero Draft On the Fast-Track to End AIDS in the age of Sustainable Development

21 April 2016

APCOM commends the progressive language set forth in the zero draft of the political declaration on the Fast-Track to End AIDS in the age of Sustainable Development. We acknowledge that the global HIV response has reached several milestones towards ending AIDS including the target of 15 million people living with HIV on treatment by 2015. However we recognize that far greater community engagement especially from key populations is required to Fast-Track both the HIV and human rights response that is required to end AIDS by 2030.

We believe that the role of MSM as a major driver of the epidemic around the world needs to be highlighted in order to garner the commitment of the member states to address the epidemic among MSM communities in their own states.

Language to be retained

We commend the references to key populations as “populations at higher risk of HIV infection” in paragraph 11, and the specific naming of people who inject drugs, sex workers, men who have sex with men and transgender people in article 29 and the use of the term “key populations” and the inclusion of HIV risk factors as evidence of the importance of addressing HIV among these groups. Particularly significant is the additional inclusion of transgender people as a key population in addition to the other groups that were previously noted in the 2011 Political Declaration. Strong advocacy needs to be initiated to ensure the retention of this language in the final declaration.

The commitments to increasing investment and financing to the HIV response are highly appreciated especially with reference to recognizing “several high-income countries’ HIV assistance remaining below their share of the global economy (34) and to the Global Fund fifth replenishment (48). Member states should be encouraged to increase their investment in domestic financing on the HIV response.

APCOM welcomes the detailed inclusion of commitments and issues in paragraph 61 on removal of punitive laws, policies and practices that block HIV services, and acknowledgement of the link between this aspect of the HIV response and achieving SDG 16 Promote Just Peaceful and Inclusive Societies. Specific mentioning of committing to the “removal of laws, policies and practices that block access to HIV services including...same-sex sexual relations, sex work and drug use” (61.b) is highly commendable. However we recognize the threat to such language from religiously and culturally conservative states and therefore strong advocacy needs to be carried out with supportive member states for the retention of such language. In addition the recognition of key populations’ holistic needs being insufficiently addressed (35), the epidemic being concentrated within the key populations in Asia and Pacific (36), and commitment to ensuring tailored HIV combination prevention services for all key populations (60.c) needs to be retained within the declaration to facilitate an effective response.

Progressive language on Human Rights being a key driver in fast-tracking the HIV response especially in paragraph 58, 59,60, 61 needs to be retained in order to facilitate the member states’ commitment to protecting and promoting the human rights of all including key populations and women and girls.

Language alterations and additions

While acknowledging the reference to the key populations especially in paragraph 29, we are concerned regarding the reference to “...however, that each country should define the specific populations that are key to its epidemic and response based on the epidemiological context”. We are concerned that such language will allow countries to look beyond key populations under the pretext of inadequate epidemiological data. Hence we suggest that paragraph 11 contain reference to the specific key populations alongside “ ...people living with, at risk of and affected by HIV” in order to provide a definition to “key populations” and suggest addition of language to note ‘majority of resources should be allocated to key populations within concentrated epidemic contexts, which appropriate resources also allocated for key populations within generalized epidemics in acknowledgement of their heightened vulnerability of HIV.

Paragraph 19 commends the “outstanding mobilization of resources” during the year 2015 for the HIV response. However we are concerned of overly applauding the achievements of 2015 especially with the drastic financial assistance cuts to the UNAIDS, and financial assistance redirection of the governments of Denmark and Australia. The 5th Global fund replenishment is underway within a challenging

environment to regain replenishment commitments from donor governments, and transitioning countries are experiencing grave difficulties with domestic financing.

Domestic financing is encouraged in paragraph 52. However domestic financing accompanies the threat that governments will over look and under-resource responses for key populations and prevention services. Hence we suggest the paragraph to contain language on prioritizing key populations and targeted combination prevention to key populations in domestic financing. The threat a resurgence in HIV due to under resourcing to key population responses within MIC could be referenced in paragraphs 32, 38 and within or additional to 52/53/54. In addition, continued commitments to ensure responses are human rights based and gender transformative should be included as an essential part of successful transition planning in paragraph 53.

The importance of the HIV epidemic in Asia is not adequately acknowledged within paragraph 36, and the fact that the HIV epidemic in Asia is the largest outside of sub-saharan Africa should be made explicit – which only becomes evident when the epidemic sizes are outlined in paragraph 63. Additionally paragraph 36 must acknowledge Asia is experiencing a rapidly escalating epidemic among MSM, with 50% of new transmissions forecast to come from this population by 2020.

Even though the declaration refers to key populations, references to intersectionality among the key population are scarce. It is vital to recognize the intersectionality among key populations such as MSM who are migrants, drug users or sex workers. Recreational drug use and unsafe sex among MSM needs to be specifically addressed as behavioral data around the world is now confirming the contribution of such behavior to new HIV infections.

Additionally APCOM welcomes the acknowledgement of the high level of transmission among young people, consisting of one third of new transmissions (26). Acknowledging that many of these young people are key populations and are more vulnerable to HIV due to this intersectionality will be a key factor in the declaration being able to guide an effective response to this aspect of the epidemiology. The declaration needs to strengthen commitments to ensure service delivery is youth friendly while adding commitments to service delivery being tailored to address the needs and vulnerabilities of young people from key affected populations. Within concentrated epidemic contexts, responses for young people must be targeted to young key populations, not general population young people.

APCOM welcomes the recognition of the factors contributing to the vulnerability of women and girls to HIV in paragraph 28, and suggest that similar paragraph to detail the structural social, cultural, political and legal factors driving vulnerability among

sex workers, people who use drugs, men who have sex with men, transgender people, prisoners and migrants are additionally included in the declaration, in addition to the current important step of naming these key population groups (29). Some effort towards this has been attempted for people who use drugs in paragraph 30.

Paragraph 59.e and f contain language on women and sexual and reproductive health. We believe that it is vital to include the SRHR needs of MSM as a combination approach to prevention, treatment and care in order to provide a comprehensive package. Member states should commit to address SRHR needs of MSM in comprehensive sexuality education and in sexual health services.

The role of technology in reaching MSM and other key populations needs to be emphasized as a critical enabler of the HIV response. Even though paragraph 62.e marginally mentions technology, we believe that strong language on the commitment of member states to encourage and adopt technologically innovative interventions in reaching MSM and other key population communities in prevention, treatment and care interventions should be highlighted.

Additionally, innovative approaches to service delivery should be highlighted. Specifically, paragraph 58 b should include community based testing alongside the current reference to home- and self-testing.

APCOM welcomes the specific outline of interventions required for a comprehensive response to mother to child transmission in paragraph 58 c, and suggest that a outline of the interventions required for comprehensive responses for key populations of sex workers, people who use drugs, men who have sex with men, and transgender people be similarly included in paragraph 58 to outline the essential attention to the health and well being of people who are key populations as part of reaching SDG 3 Healthy Lives and Well Being for All at All Ages.

Additionally in paragraph 58 e on working towards Universal Health Coverage, the declaration must in the context of HIV acknowledge the need to ensure Universal Health Coverage is available to vulnerable and marginalised groups, specifically PLHIV, sex workers, people who use drugs, men who have sex with men and transgender people, and regulatory or administrative barriers to access UHC for these groups are removed.

Global prevention and treatments targets are listed in paragraph 63 of the declaration. However no time frame is mentioned as to when the targets are expected be achieved. While recognizing the motivational factor of scaling up targets, we also believe that targets need to be realistic and hence suggest that

paragraph 63 contain targets allocated to specific time periods.

APCOM welcomes the acknowledgement of the links between the HIV response and achieving SDG 5 Gender Equality and Empower Women and Girls, but wish to see acknowledgement that addressing issues of gender equality also requires addressing gender and sexuality issues in relation to men who have sex with men and transgender women.

The political declaration also needs to contain strong language emphasizing the commitment of the member states to explore, develop and maintain effective partnerships with MSM led and serving community organizations. Paragraph 58.d mentions scaling up of community-led service delivery to cover at least 30% of all service delivery. However we believe that there should be strong commitments from the member states to engage communities as partners, leaders and beneficiaries, including allocation of resources for community organizations, and support for the role of community led organizations in addition to service delivery in areas of policy and advocacy engagement, quality assurance/watchdog roles, and community mobilization. APCOM welcomes acknowledgement under paragraph 62 a of the role of advocacy and leadership from communities affected by HIV including MSM and transgender people in achieving SDG 17 Global Partnership for Sustainable Development.