The Sustainable Development Goals and the UNAIDS Strategy

Introduction

The Millennium Development Goals (MDGs), which were implemented from 2000–2015, were one of the major forces shaping the global development agenda over the last 20 years. To continue the work post-2015, the 193 Member States of the United Nations officially adopted a historic new agenda in September 2015, entitled Transforming Our World: The 2030 Agenda for Sustainable Development. It includes 17 Sustainable Development Goals (SDGs), also known as the Global 2030 Goals for Sustainable Development. In this context, the Joint United Nations Programme on HIV/AIDS (UNAIDS) has recently adopted a 2016–2021 Strategy, entitled On the Fast-Track to End AIDS, in order to align its work with the SDGs. This factsheet describes the intersections between the ongoing work to address the international HIV/AIDS epidemic, the new SDGs, and the UNAIDS 2016–2021 Strategy.

From MDGs to SDGs

The MDGs were the UN’s chief initiative for advancing basic living standards in the world and addressed a range of international development issues. While the SDGs build on their predecessor, there are significant differences between the new SDGs and the MDGs.

Bottom-up Process: The MDGs were developed using a top-down approach, whereas the SDGs were developed through an extensive multi-year international consultation process, which involved input from citizens, civil society, and a diversity of other organizations and stakeholders from around the globe.

Universal Goals: As a reflection of the international development paradigm prevalent at the time they were created, the MDGs conceptualized a divided Global North and Global South, where “rich donors aided poor recipients”. Since the landscape of international development has shifted, the SDGs are a set of goals that apply universally, recognizing that poverty and development contexts exist within every nation regardless of gross national income (GNI) level.

Comprehensive Goals and Targets: The MDG targets for 2015 were set to get us “half way” to the goal of ending hunger and poverty, with similar proportional goals in other fields. There are 17 SDGs; these are comprised of 169 targets that are designed to finish the job (for example, to “end hunger”, as opposed to “halve the proportion of people who suffer from hunger”). Different approaches are needed to get “half way” (for example, doing the easiest parts first), compared to getting to “zero” (which can require focusing on empowering the hardest to reach).

For a further description of the differences between the MDGs and the SDGs, please consult: http://advocacy.thp.org/2014/08/08/mdgs-to-sdgs/.
Where is HIV/AIDS in the SDGs?

The MDGs had a specific goal for HIV/AIDS (MDG Goal 6: To combat HIV/AIDS, malaria, and other diseases). In the SDGs, HIV/AIDS is included in Goal 3: Ensure healthy lives and promote well-being for all at all ages. The specific SDG target related to HIV/AIDS is 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

Within the HIV/AIDS sector, there is recognition that systemic changes are an integral part of the response, in order to address effectively a variety of issues that fuel the epidemic. Likewise, there is now recognition within the international development sector that development issues are hugely inter-connected and that we can’t address one
without the other, despite the fact that this is how the sector had operated traditionally. As a result, systemic change forms a core part of the SDGs, including through the following goals:

**Goal 5:** Achieve gender equality and empower all women and girls

**Goal 10:** Reduce inequality within and among countries

**Goal 16:** Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

**Goal 17:** Strengthen the means of implementation and revitalise the Global Partnership for Sustainable Development

As a set of universal goals, the SDGs apply to all countries equally. As such, Canada has multiple roles to play. First, Canada must establish an agenda for addressing domestic sustainable development challenges such as poverty, marginalization of Indigenous populations, and health related challenges including HIV. Second, Canada must commit resources to the realization of the SDGs at a global level and engage in the global partnership for development identified in Goal 17. Canada can also contribute to the SDGs by encouraging a rights-based approach, including around sexual and reproductive health and rights. Canada is a member of the Inter-Agency and Expert Group on Sustainable Development Goal Indicators, and can play a significant role in ensuring that indicators are rights-based and both quantitative and qualitative.¹

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is the main UN body that advocates for an accelerated, comprehensive and coordinated global action on the HIV/AIDS epidemic. The renewed UNAIDS 2016–2021 Strategy lays out goals and targets that must be reached by 2020 in order to meet the SDG target to end AIDS as a public health threat by 2030. The UNAIDS 2016–2021 Strategy lays out 10 targets, of which the first is the most widely known:

**UNAIDS 2016–2021 Strategy**

**Target 1** (sometimes called “90/90/90”): 90% of people (children, adolescents and adults) living with HIV know their status, 90% of people living with HIV who know their status are receiving treatment and 90% of people on treatment have suppressed viral loads

**Target 2:** Zero new HIV infections among children, and mothers are alive and well

**Target 3:** 90% of young people are empowered with the skills, knowledge and capability to protect themselves from HIV

**Target 4:** 90% of women and men, especially young people and those in high-prevalence settings, have access to HIV combination prevention and sexual and reproductive health services

**Target 5:** 27 million additional men in high-prevalence settings are voluntarily medically
as usual’—where there is no scale-up of the current response to HIV/AIDS—will not be sufficient to meet the goals of ending the AIDS epidemic by 2030. For example, it is estimated that ‘business as usual’ will result in 2.5 million new adult infections per year, while fast-tracking the response will result in 0.2 million new adult infections per year.2

**Examples of Intersections Between HIV/AIDS and the SDGs**

The new UNAIDS Strategy clearly shows how the response to HIV/AIDS intersects with the SDGs. Here are three examples of SDG goals, how they impact the HIV epidemic and response, how HIV impacts progress towards those SDGs, and opportunities for collaboration.3

**Fast-Track Response**

In order to achieve these targets, UNAIDS is pushing to fast-track the response to HIV/AIDS. This means quickening the pace of the response to HIV/AIDS by front-loading investments and accelerating action in the next 5 years. ‘Business
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<td><strong>How SDGs impacts HIV</strong></td>
<td>Poverty can increase vulnerability to HIV infection. Unequal socioeconomic status of women compromises their ability to prevent HIV or mitigate the impact of AIDS</td>
<td>Gender inequalities, discrimination, violence and harmful practices negatively impact women and girls, and men and boys, and increase risk of HIV infection and its impact</td>
<td>Global collective action to improve access to affordable HIV commodities is critical to ending the epidemic</td>
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<td><strong>How HIV impacts SDGs</strong></td>
<td>Households affected by HIV are more vulnerable to falling into and remaining in poverty</td>
<td>HIV is the leading cause of death among women of reproductive age (15–44 years old); women living with HIV often face increased violence</td>
<td>The HIV movement has led advocacy for: reform of patent laws and regulatory systems; full use of TRIPS flexibilities; monitoring of free-trade agreement negotiations; and, taking legal action</td>
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<td><strong>Collaborative opportunities</strong></td>
<td>Economic empowerment and social protection can reduce poverty and HIV vulnerability and help keep people with HIV healthy</td>
<td>Gender-transformative HIV programs that engage men can reduce violence and empower women, while integration of rights-based services for HIV and sexual and reproductive health increases uptake and impact of both types of services</td>
<td>Efforts to secure affordable HIV commodities, including second and third-line drugs, can benefit wider health and equity agendas, including tuberculosis, hepatitis C and non-communicable diseases</td>
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to the epidemic, and ideally set bold new targets for HIV treatment, prevention, human rights, and financing. The new SDGs, UNAIDS Strategy, and the 2016 Political Declaration on HIV and AIDS will serve as the dominant framework for moving the agenda forward.

**United Nations General Assembly Special Sessions (UNGASS) and High-Level Meetings (HLM)**

The United Nations General Assembly convenes Special Sessions, as needed, on specific topics. In 2001, there was a UN General Assembly Special Session (UNGASS) specifically addressing HIV/AIDS, which was the first time an UNGASS was held on a health issue. In April 2016, the UN convened the United Nations General Assembly Special Session (UNGASS) on the world drug problem. For information on the outcomes and resolutions, see [here](#).

The United Nations General Assembly also convenes High-Level Meetings (HLM) on topics of choice; HLMs about HIV/AIDS have previously been convened in 2006, 2008 and 2011. The most recent HLM about HIV/AIDS was convened in June 2016 in New York, where progress achieved on previous commitments was reviewed, as well as “recommendations to guide and monitor the HIV/AIDS response beyond 2015, including concrete strategies for action to end the AIDS epidemic by 2030 as well as to promote the continued commitment and engagement of leaders to accelerate a comprehensive universal and integrated response to HIV/AIDS”. The HLM is a key opportunity for HIV advocacy and for the engagement of civil society to help shape the agenda and ensure evidence and rights-based approaches and priorities are matched with inclusive language, robust targets, and dedicated financing. The next HLM will be convened in 2018 on tuberculosis and will again present an important platform for civil society advocacy on issues of mono and TB/HIV co-infection. Tuberculosis remains the leading cause of death for people living with HIV.

**The Global Fund**

The Global Fund to Fight AIDS, Tuberculosis and Malaria is an international financing institution that provides support to countries in the response to HIV/AIDS, tuberculosis and malaria. The Global Fund does not implement programs on the ground; it fundraises and invests in programs that are run by local experts in countries and communities most in need.

However, as one of the largest sources of funding for HIV programming in the world, the Global Fund is critical to reaching both the UNAIDS targets set out in the UNAIDS 2016–2021 Strategy, and the SDGs. Global Fund financing (95%) primarily comes from donor governments. Money is raised in three-year cycles, known as “replenishment cycles”. The 2017–2019 replenishment cycle was launched in September 2016 at the 5th Global Fund Replenishment Conference hosted by the Canadian government in Montreal, Quebec. The NGO Observers address the “Elephant in the room” calling for a fully funded HIV-response, where all pillars of the response, including communities and civil society receive adequate and sustainable funding.
Replenishment Conference was a highly successful event in raising close to the targeted USD $13 billion. Recognizing that this target is only the floor, and not the ceiling in terms of meeting resource needs to ending the HIV, TB and Malaria pandemics, on-going resource mobilization remains a core focus at the Fund and among civil society advocates.

International AIDS Conference (AIDS 2016)

The International AIDS Conference returned to Africa for the first time since 2000, when it was also held in Durban, South Africa. Much like AIDS 2000 drew the world’s attention to the urgent need to scale up access to treatment in the Global South, AIDS 2016 presented a unique opportunity to galvanize the global response towards the goal of ending AIDS by 2030.

High-Level Political Forum on Sustainable Development (2017)

Under the auspices of the Economic and Social Council of the United Nations, a high-level political forum on sustainable development (HLPF) is being organized for New York, July 10–19, 2017 under the theme, “Eradicating poverty and promoting prosperity in a changing world”. The gathering will bring together stakeholders from across global health and development sectors worldwide, including a three-day ministerial meeting (17–19 July). Importantly, this international event will provide a high-level platform for an in-depth review of several SDG goals, including the Health Goal (Goal 3) and offer opportunity to further discuss and advance progress on ending HIV, TB and Malaria as global health threat by 2030. According to the current 2016–2019 timeline for other High-Level Political Forums on Sustainable Development, the gathering in 2017 is the only moment before 2020 for reflection on progress made on the Health Goal. Other goals to be reviewed at the July HLPF include:

- **Goal 1:** End poverty in all its forms everywhere
- **Goal 2:** End hunger, achieve food security and improved nutrition and promote sustainable agriculture
- **Goal 3:** Ensure healthy lives and promote well-being for all at all ages
- **Goal 5:** Achieve gender equality and empower all women and girls
- **Goal 9:** Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
- **Goal 14:** Conserve and sustainably use the oceans, seas and marine resources for sustainable development
- **Goal 17:** Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

Conclusion

The Sustainable Development Goals set a new ambitious global development agenda. It is an important tool for directing efforts, mobilizing resources, and building partnerships within and across countries. The new UNAIDS 2016–2021 Strategy outlines what needs to be achieved by 2020 in order to meet the SDG target of ending the AIDS epidemic by 2030. The years 2016 and 2017 present a unique opportunity to ensure that the global community embarks on a fast-track response to meet the ambitious—but ultimately achievable—goals and targets set out in the Sustainable Development goals and the UNAIDS 2016–2021 Strategy.
**Acronyms**

MDGs: Millennium Development Goals  
SDGs: Sustainable Development Goals  
UNAIDS: Joint United Nations Programme on HIV/AIDS  
UNGASS: United Nations General Assembly Special Session  
HLM: High-Level Meeting  
HLPF: High-Level Political Forum  

**Suggested Reading**

Deliver2030.org: How can we deliver the SDGs? (http://deliver2030.org)  
MDGs to SDGs: Top 10 Differences. (https://advocacy.thp.org/2014/08/08/mdgs-to-sdgs/)  
ICASO. Why the UN High Level Meeting on AIDS Is Important (and How to Get Involved). (http://www.icaso.org/files/why-the-un-high-level-meeting-on-aids-is-important-and-how-to-get-involved)  
Global Fund to Fight AIDS, Tuberculosis and Malaria. (http://www.theglobalfund.org/en/)  

**Endnotes**


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