

May 25, 2021

Civil Society Priorities for the 2021 Political Declaration on HIV and AIDS

We applaud the President of the UN General Assembly for the opportunity to join Member States, representatives from civil society, communities living with and affected by HIV, the academic and scientific community and many others in these critical and focused dialogues leading into the High Level Meeting on HIV and AIDS (HLM). We strongly urge continued active and substantive engagement with civil society and communities living with and affected by HIV throughout the process leading up to June's HLM and beyond.

With the Sustainable Development Goals squarely in place, it is now critical that the international community reaffirm its commitment to end HIV as a public health threat by 2030. HIV is both a cause and a consequence of poverty, and an effective and efficient response to HIV is a central linchpin to the successful realization of our ambitious Sustainable Development Goals. COVID-19 has both highlighted and exacerbated existing inequalities, and has further stretched global health resources. It is a critical moment to maintain focus, political attention and resources on the response to the ongoing HIV epidemic and the collateral effects that COVID-19 has had on the response.

Key actions to end HIV as a public health threat within our lifetime and to ensure there is zero new HIV infections, zero HIV related deaths, and zero HIV stigma and discrimination by 2030 must be **underpinned by founding principles** that: i) are grounded in a human rights framework; ii) recognize the 95-95-95 targets as the floor, not the ceiling, in efforts also to reach the remaining 5-5-5 and leave no one behind, with an endeavour to reach the furthest behind first, iii) support community-driven responses and strengthened investment in community system strengthening, and; iv) ensure a fully funded and robust Global Fund to Fight HIV, TB and Malaria as an integral partner and mechanism to meeting the ambitious goals before us. To that end, actionable priorities for the 2021 Political Declaration on HIV and AIDS must include:

1. **Ensured barrier-free access to quality rights-based, people-centered treatment, combination prevention, care and support services** by addressing disparities within and across countries, including: using fully the flexibilities regarding intellectual property that exist in current international trade agreements (including, but not limited to, compulsory licensing) to scale up access to affordable medicines; rejecting agreements that would further restrict those flexibilities; pursuing alternative initiatives to stimulate both the development of, and access to, affordable medicines and other innovative health products to address public health needs, and; fully funding the Global Fund while scaling-up other multilateral, bilateral and domestic resources needed to meet our end of HIV targets. In the very near term, our global response must also finally eliminate vertical transmission of HIV in every setting.

Inclusion of messaging that “Undetectable=Untransmittable (U=U)” has the potential to reduce stigma toward PLHIV, including self-stigma; increase demand for HIV testing and ART, including early initiation of treatment; improve treatment adherence; and increase understanding that a suppressed viral load is important to maintain the long-term health of People Living with HIV (PLHIV).

2. **Recognized role of People Living with HIV** in leading successful, community driven and community-led responses, including increased funding support to reach the most affected and the most marginalized. The Political Declaration should prioritize the Greater Involvement of People living with HIV and AIDS (GIPA), the Meaningful Engagement of People living with HIV and AIDS (MEPA) and the Meaningful Engagement of Women Living with HIV and AIDS (MEWA).

Additional resources will be needed to reduce inequalities, account for deficits resulting from the failure to achieve the Fast-Track targets, close service gaps resulting from the COVID-19 pandemic and to put the world on-track to end AIDS by 2030.

3. **Meaningful investment in and engagement of key populations** including but not limited to: Indigenous peoples, people who are migrants, non-status and refugee people, lesbian, gay, bisexual, Two-Spirit and transgender people, people who use drugs, sex workers, people in prisons and other closed settings, young people and adolescents; women, grandmothers and people who are aging – as leaders and game-changers to the HIV response.

To this end, the Political Declaration should identify Indigenous Peoples as a key vulnerable population, and should align with the UN Declaration on the Rights of Indigenous Peoples (UNDRIP) principles that “Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.”

4. **Sexual and reproductive health and rights** and the right to bodily autonomy should be firmly embedded in a comprehensive HIV response that includes comprehensive sexuality education, access to youth-friendly sexual and reproductive health services, addresses gender-based inequalities, ends violence, poverty, harmful practices, and eliminates policies and laws which criminalize same-sex practices, members of gender and sexual minorities, non-disclosure or transmission of HIV, or sex work. Specific and dedicated attention must be paid to the sexual and reproductive health and rights of women and girls living with HIV, such as ensuring their rights and access to care within vertical transmission prevention programs and ending forced sterilization and other coercive practices.

The Political Declaration should include the ending of all forms of violence and discrimination based on Sexual Orientation, Gender Identity, Gender Expression, or Sex Characteristics (SOGIESC), and a recognition of the role that such violence and discrimination plays in driving the HIV epidemic.

5. **Harm reduction and drug policy: Making the connection from the UNGASS on the World Drug Problem to the HLM on HIV, and beyond.** Rectify the failure to meet the 2016 targets to address HIV among people who use drugs, as outlined under the 2016 Political Declaration, by committing to implement evidence-based harm reduction policies and interventions repeatedly recommended by UN specialized agencies that will prevent new infections and save lives, and by 2030, redirect 10 percent of global expenditure on enforcing drug prohibition to harm reduction interventions. The Political Declaration should support the elimination of punitive legal frameworks for the adoption of evidence-based,

compassionate drug policies and interventions (which include safer consumption sites, safe supply, opioid agonist therapy, decriminalization of personal drug use).

6. **Accelerated efforts to ensure that enabling environments flourish** to enable personal and individual identities, eliminate HIV stigma and discrimination and remove pressures in the social determinants of health (such as criminalization and punitive socio-legal frameworks, gender discrimination, systemic anti-Black and anti-Indigenous racism, affordable housing and homelessness, unemployment, barriers to education, etc.). The Political Declaration should address the complex barriers to health faced by migrants, and at minimum align with and uphold the commitments made in the New York Declaration for Refugees and Migrants and the Global Compact for Safe, Orderly and Regular Migration.

The Political Declaration should include recognition of systemic racism as a driver of the HIV epidemic and should align with the International Convention on the Elimination of All Forms of Racial Discrimination and the key principles that States “prohibit and to eliminate racial discrimination in all its forms and to guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law, notably in the enjoyment of the following rights:

(e) Economic, social and cultural rights, in particular:

(iv) The right to public health, medical care, social security and social services.”

Enabling environments require the sufficient and stable funding of civil society and community led initiatives; including a dedicated allocation of resources for civil society to engage in advocacy.

7. **Global strategies to support inclusive research for innovative health technologies to support Universal Health Care (UHC)** including preventative and therapeutic HIV vaccines, new/ multi-purpose prevention technologies such as long-acting pre-exposure prophylaxis and Dapivirine Ring for women and girls, inclusion and integration of sexual and reproductive health services and gender-based violence within UHC, and HIV cure research as cornerstones to a sustainable universal HIV and health coverage response.
8. **Robust accountability mechanisms** based in human rights to monitor and ensure commitments are upheld and that all stakeholders are meaningfully engaged to play an integrated role in the HIV response.

Such accountability mechanisms should include the “collection and use of sex-, gender-, population-, and age-disaggregated data to track funding of key populations, including Indigenous peoples, women and other people underserved by the response, aiming to maximize impact and transparency, accountability and efficiency of resources and policy decisions,” in alignment with the Global AIDS Strategy 2021-26.

Organizational Signatories

Action Canada for Sexual Health and Rights
Asian Community AIDS Services (ACAS)
AIDS Committee Newfoundland & Labrador
Canadian Society for International Health
Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-SIDA)
HIV Legal Network
Interagency Coalition on AIDS and Development
Ontario Positive Asians
The AIDS Committee of Durham Region

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