

A Living Document: *Canadian Civil Society Priorities for the 2016 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 our post-2015 global development framework squarely in place, it is now critical that the international community reaffirm its commitment to end HIV as a public health threat by 2030. Both a cause and a consequence of poverty, an effective and efficient response to HIV is a central linchpin to the successful realization of our ambitious Sustainable Development Goals. Key actions to ending HIV as a public health threat within our lifetime must be **underpinned by founding principles** that: i) are grounded in a human rights framework; ii) recognize the 90-90-90 targets as the floor, not the ceiling, in efforts also to reach the remaining 10-10-10 and leave no one behind, iii) support community-driven responses and 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 2016 Political Declaration on HIV and AIDS must include:

1. **Ensured barrier-free access to quality rights-based treatment, combination prevention, care and support services** by addressing disparities within and across countries, including by: 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, a response must also finally eliminate mother to child transmission of HIV in every setting.
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.
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.
4. **Sexual and reproductive health and rights** firmly embedded in a comprehensive HIV response that addresses gender-based inequalities and violence, poverty, harmful cultural practices, and policies and laws which unjustly criminalize same-sex practices.
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 2015 targets to address HIV among people who use drugs, as outlined under the 2011 UNGASS declaration, by committing to implementing evidence-based harm reduction policies and interventions repeatedly recommended by UN specialized agencies that will prevent new infections and save lives, and by 2020, redirecting 10 percent of global expenditure on enforcing drug prohibition to harm reduction interventions.
6. **Accelerated efforts to ensure that enabling environments flourish** which enable personal and individual identities, eliminate stigma and discrimination and remove pressures in the social determinants of health (such as criminalization and punitive legal frameworks, gender and racial discrimination, affordable housing and homelessness, unemployment, barriers to education, etc.)
7. **Global strategies to support inclusive research for innovative health technologies** including preventative HIV vaccines, new/ multi-purpose prevention technologies, and HIV cure research as cornerstones to a sustainable HIV response.
8. **Robust accountability mechanisms** to monitor and ensure commitments are upheld and that all stakeholders are meaningfully engaged to play an integrated role in the HIV response.