

Civil Society Hearing 2011

Revitalizing The HIV Response - 2011 And Beyond



Courtesy of UNAIDS. This image is exclusively for non-commercial purposes. You are not authorized to modify, copy, sell, transmit or otherwise distribute this image without the prior written authorization of UNAIDS.

THE CIVIL SOCIETY HEARING

Thirty years into this epidemic, it is clear that leadership grounded in human rights and political will are crucial to sustain and expand effective HIV programmes and services. Comprehensive interventions can make a difference to the millions of people affected by and living with HIV. Civil society has been a driving force in the AIDS response advocating for effective leadership and accountability in the response by Member States and other actors. In many countries civil society are active watchdogs of their governments. The landscape of the HIV epidemic would look very different today if AIDS activists had not mobilized and demanded action at every level.

Over the past few years the AIDS response has collectively moved mountains. There is no other movement in history that has made so many tangible gains. On the other hand HIV has also magnified the fault lines and the social and systemic ills in society that must be addressed. Civil society continues to advocate for the implementation of laws, policies and programmes that create legal and social environments that protect people from infection and support social justice.

Whilst we celebrate the gains we are also aware that as of December 2010 only 6 million people had access to treatment. 10 million people who urgently need treatment have no access and HIV prevention is failing in most countries, yet governments have reneged on their commitments to increase spending to achieve the highest attainable standard of health. In addition to this, donor countries are cutting back on development aid and health funding, including allocations to the Global Fund to Fight AIDS, Malaria and Tuberculosis and bilateral programmes.

The AIDS response is at a pivotal moment where the leadership of Member States is critical to success. Also critical to success are partnerships between diverse constituencies of civil societies and Member States. From June 8 - 10, 2011, Member States will meet at the United Nations General Assembly High Level Meeting (HLM) to review the progress achieved in realizing the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. The HLM will review the successes, best practices, lessons learned, obstacles and gaps, challenges and opportunities, and make recommendations to guide and monitor the AIDS response beyond 2010, including concrete strategies for action, as well as to promote the continued engagement of leaders in a comprehensive global response to AIDS.

Leading up to the HLM, this Civil Society Hearing will take place on April 8, 2011 to provide an informal interactive hearing with civil society, Member States and the private sector. Chaired by the President of the General Assembly, the Hearing will create an innovative space where civil society, NGOs and the private sector can interact with Member States and input into the comprehensive review process.

The Civil Society Hearing will create an opportunity to:

- Influence the process. This Hearing will take place shortly before the negotiations begin on the text of the new Declaration.
- Deliver strategic messages. A Summary of the Hearing will be prepared by the President of the General Assembly, which will be issued as a document of the General Assembly prior to the HLM. This will also be used as a reference during negotiations around the new Declaration.
- Build strong partnerships and understanding with Member States. The hearing will create an opportunity to share the perspectives and positions of civil society representatives to inform their informal negotiations and interactions with their governments at the national level and through New York missions around the new Declaration.

In addition to the opening and closing, there will be three sessions each lasting approximately 75 - 90 minutes. These will focus on:

Panel I: Enhancing Community-Level Access: Opportunities for Healing Social and Systemic Ills

Panel II: A New Generation of National Partnerships: Diversity in Dialogue

Panel III: Synergies among Global Movements: Opportunities for Shared Action

Each session will have 4 - 5 panelists, of whom:

- Two or three participants come from civil society organizations
- One eminent person (VIP), involved in the HIV response, who is well known and also authoritative on the issue under discussion
- One or two Member State representatives, whose experience and policies on the topic of the given session are important and whose participation might interest other Member States
- Interactive discussion with interventions from Member States and invited civil society speakers from the floor



Courtesy of Jefferson Press. This image is exclusively for non-commercial purposes. You are not authorized to modify, copy, sell, transmit or otherwise distribute this image without the prior written authorization of Jefferson Press.

PANEL I

Panel I: Enhancing Community-Level Access Opportunities for Healing Social and Systemic Ills

BACKGROUND

Since AIDS was first identified 30 years ago, the response to the epidemic has been shaped and led by communities directly affected by HIV and AIDS, particularly people living with HIV. Many of today's most effective HIV interventions were initially created and developed by these communities. These include the use of condoms and clean syringes to prevent HIV transmission, voluntary testing and counseling approaches, and a broad array of support services to overcome stigma and discrimination and assist individuals to access care and support. Equally as important has been the advocacy done by communities to ensure adequate government responses to HIV, to mobilize resources for HIV prevention and treatment, to provide protection against human rights abuses, to monitor the use of funds and AIDS policies, to ensure accountability for the delivery of comprehensive equitable services. The accomplishments of community advocacy cannot be understated. They include the creation of the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund), the rapid approval of HIV treatments and diagnostics, and advances in human rights for some of the most marginalized people, including men who have sex with men (MSM), people who use drugs, sex workers and displaced persons. One of the key challenges facing any public health effort is securing the engagement of individuals and communities in health-seeking behaviors; the AIDS response provides the most powerful example of such engagement in the modern history of public health. The history of AIDS is a history of marginalized people claiming their right to health and overcoming great odds to achieve it. The impact of this is felt far beyond AIDS alone. It extends into TB, hepatitis, maternal and child health, sexual health, disability rights, malaria and much more.

Despite these remarkable achievements, communities living with and affected by HIV now face a critical moment, as they fight to sustain the progress of recent years in the face of reduced and/or unfulfilled donor and domestic commitments for HIV, and a failure by most countries to leverage and fund community-level structures adequately to play their part within a comprehensive response. The HIV epidemic has revealed shortcomings and imperfections in existing public health, financing, and social support systems, and simultaneously found ways to begin to address these failings. It is now clear that this cannot be sufficiently addressed by government, civil society, or private sector stakeholders alone. There is, therefore, a pressing need for more extensive and meaningful engagement and cooperation between individuals and institutions at the community-level, with governments and the private sector to build stronger and more extensive community systems. In addition, increased dialogue and collaboration within communities is required: between key affected populations (including sex workers, MSM, people who use drugs, women and girls), local leadership, people of faith, people living with HIV and other community members. This would

PANEL I

provide a means to heal the social ills of stigma, discrimination, fear and misunderstanding, which impede access to health care for many individuals who need it, and stand in the way of effective health promotion and HIV prevention interventions.

As the General Assembly meets to recommit governmental efforts to address HIV, community-centered approaches provide the essential foundation for a more effective AIDS response. An increased reliance on community-based service delivery, advocacy and mobilization is the cornerstone of the recently approved UNAIDS Strategy for 2011 - 2015 and is clearly reflected in the Secretary General's report released in preparation for the June 2011 High Level Meeting. The report makes clear that the meaningful involvement of affected-communities and people living with HIV is the key to effective service delivery, human rights protection, and ensuring government commitments.

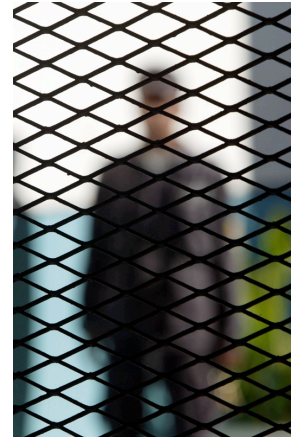
KEY THEMES/ISSUES

Community Mobilization and Advocacy

Continued community mobilization – including through new and innovative means such as social media and networking – will be essential to ensure that funding for HIV treatment, care and prevention is adequate to meet Universal Access targets and the Millennium Development Goals (MDGs). The Secretary General's report calls for ambitious targets – seeking by 2015 to reduce new HIV infection rates by 50% and to increase the number of people receiving ARV treatment to 13 million. Current funding levels are inadequate to meet these goals. Advocacy and community mobilization are essential tools to encourage donor governments and private partners to increase funding levels, as well as to persuade national governments to allocate adequate levels of resources for HIV and other health interventions.

Communities Ensuring Accountability

Civil society provides essential and unique capacity to monitor governmental and CSO-delivered programs in order to ensure that funds are spent responsibly, and on the most effective services and interventions that will deliver agreed goals; that services meet high



Courtesy of UNAIDS. These images are exclusively for non-commercial purposes. You are not authorized to modify, copy, sell, transmit or otherwise distribute this image without the prior written authorization of UNAIDS.

PANEL I

standards for quality care and are provided equitably. Civil society, in particular organizations representing key affected populations, must continue to work to ensure that HIV services are provided in ways that protect human rights and reduce stigma and discrimination, and that key affected populations, including MSM, drug users, sex workers, migrants, women and girls are able to seek out health services without fear of harassment, violence or punishment, and to be treated with dignity and respect.

Community-Based Service Delivery

The majority of people who have started ARV treatment over the past seven years accessed care with late stage symptoms of AIDS. Moving into the next phase of treatment scale-up means ensuring that treatment, care and support also reach populations that are asymptomatic. This means that services need to increase HIV testing utilization, and affected communities will need to actively engage their constituents to access and stay in care. Similarly, effective HIV prevention efforts will depend upon the ability of affected communities to exchange information, provide outreach, support, security and make links to health service for those most at risk of HIV.

Community Systems Strengthening

Community-based service delivery – whether provided by community-based organizations or through programs run through health or social care systems – increases demand for, and utilization of, HIV services, especially among key affected populations. Such services can often achieve real results at costs that are significantly lower than services provided by specialized health care professionals. However, few community-based approaches have ever been adequately scaled-up. Nor has funding for these approaches been sustained, which in turn hinders the ability to evaluate their outcomes. The Global Fund has identified Community Systems Strengthening as a key element in the successful provision of HIV services. This is reflected in the Secretary General's report, which states:

Although community leadership and service delivery will be pivotal to future success, many communities lack the capacity to optimize their contributions to national responses. Donors should provide the resources and technical support that communities need, including adequate compensation for work performed, and national governments must ensure that communities are full partners in developing, implementing and monitoring AIDS strategies.

Communities Fostering Intra-Community Dialogue

Communities recognize that an important task is to overcome the challenges they face in coming together around the shared goal of universal access. Dialogue between diverse groups (which is not always exclusive) such as faith-based leaders and MSM, sex workers or people who use

PANEL I

drugs, can help move towards understanding and acceptance of differences, to decrease stigma and discrimination within communities, and in the identification of common or complementary platforms which can form the basis for collective efforts in the AIDS response.

CRITICAL QUESTIONS FOR THE PANEL TO CONSIDER INCLUDE:

- How can diverse communities be brought together in dialogue to overcome artificial barriers and improve access to HIV prevention, treatment and care?
- How can community systems be strengthened through greater investments at grassroots and local-level to enable affected communities to realize their capacity as service providers and advocates?
- How can current funding streams be adapted to better serve and directly reach AIDS-affected communities?
- What should the 2011 High Level Meeting outcome document reflect in terms of enhancing the role of the community in ensuring access to essential HIV services?



PANEL II

Panel II: A New Generation of National Partnerships Diversity in Dialogue

BACKGROUND

Countries around the world have made considerable progress on the path to universal access. New infections are falling in many high burden countries, where there has also been an exponential rise in the number of individuals accessing treatment. These gains, while significant, should not lead to complacency. The achievements still fall far short of demonstrated need and are fragile without renewed, sustained commitment by national governments. Moreover such commitments and continued financial investments will only bear fruit if they exist in safe, supportive national environments, grounded in human rights. These are essential requirements to achieve universal access to prevention, care and support and treatment.

Since the early days of the epidemic, civil society at country-level has actively sought coalitions with government. Where such initiatives exist they have created strong, progressive policies and partnerships that have laid the foundations for effective national AIDS responses. Civil society has also been instrumental in developing rights-based national HIV strategies, and is often a key partner supporting governments to meet human rights obligations in relation to HIV, as well as delivering effective, accessible HIV services.

However, too often civil society engagement is poorly integrated into national planning, or completely neglected in some cases. Strengthening existing national partnerships between civil society and governments, and engaging new and diverse stakeholders in the HIV response, will be essential to addressing the challenges ahead. This means deliberately and thoughtfully engaging civil society organizations and stakeholders – including community-based organizations, faith-based organizations, NGOs and the private sector – from conception and design to implementation of national AIDS plans. It is vital to include people living with HIV, in accordance with the Principle of Greater Involvement of People Living with HIV/AIDS (GIPA) developed at the Paris AIDS Summit in 1994. And civil society organizations must also be engaged by governments to reach key affected populations, to reform laws that impinge on people's rights (and thus exacerbate the epidemic), and to create supportive environments for people living with HIV.

KEY THEMES/ISSUES

Financing

In 2009, at the G20 Summit, the United Nations Secretary General, Ban Ki Moon, noted that if countries were able to meet their 2010 targets for universal access, a dramatic change in the course of the epidemic would follow. Yet in 2009, for the first time since the epidemic began, global funding for AIDS decreased. Civil society and Member States must now look critically at

PANEL II

the obstacles and missed opportunities to achieve universal access. Sustainable partnerships to address the gaps and focus on evidence-based strategies are urgently needed in order to generate the ambitious results and efficiencies that will be needed to meet the MDG target of reversing the spread of HIV by 2015. Enhanced engagement between governments and nationally-based civil society should result in greater policy alignment and harmonization of programs, reduce redundancies and service gaps, guide donors to adopt locally-set priorities, and help diminish the stigma and discrimination that fuels the epidemic. In many instances, new funding for AIDS at country level has been channeled via international NGOs, rather than those global networks that are connected to grassroots movements. Greater levels of funding must reach national and sub-national NGOs so that the capacities of communities can be reinforced in order to engage fully with HIV science, policy and research, and to build legal literacy to engage more effectively with social justice movements.

Social Determinants

To reverse the trajectory of new HIV infections, governments need to address the social determinants of risk and vulnerability that drive the epidemic. These include the status of women, gender inequality, entrenched homophobia, racism, and the criminalization of entire communities, including people who use drugs, sex workers, transgender people, migrant populations and MSM. The health needs of children and adolescents are often overlooked by policy makers and program implementers. Cumulatively, these social ills fuel stigma and discrimination and drive affected populations underground, which in turn entrench the epidemic further.

Legal Systems that Support the AIDS Response

Safe and supportive legal environments are needed in order for all citizens to access prevention, treatment, care and support services. 47 countries, territories and areas impose some form of restriction on the entry, stay and residence of people living with HIV, effectively depriving them of the basic human right to travel and freedom of movement. Many countries do not allow women to inherit property; criminalize consensual same sex relationships, sex work, and drug use; and do not enforce protection against discrimination, be it in the workplace, media or social settings. In many parts of the world stigma and discrimination against people living with HIV is institutionalized in national legal or policy frameworks. Scores of countries worldwide have laws that criminalize HIV transmission or exposure.

In addition, many countries lack laws that offer protection and security to people living with HIV and many governments fail to provide adequate prevention tools for prisoners, as well as many other communities at enhanced risk of HIV infection. This intensifies marginalization stigma and discrimination. Punitive legal frameworks criminalize the very behaviors that national HIV policies hope to address through services. These contradictory messages muddy the legal and policy waters, making the delivery of HIV services difficult or impossible and fuel HIV transmission.

PANEL II

New Generation of Partnerships

National partnerships with new and diverse stakeholders will continue to be crucial in addressing the challenges ahead. Civil society desires to work in partnership with governments to build capacity, to develop coalitions and to embrace the diversity in leadership required to reach universal access. Civil society spans many different constituencies and in order to be effective they must work together in partnership, to support each other, not to be divided.

In moving forward, civil society and national governments must intensify relationships with other bodies who focus on health more broadly, as well as those focused on human rights and social justice. As long as the AIDS agenda is separate from broader health, development and social justice agendas, it will continue to be isolated. For universal access to succeed, it must be based on the concept of human rights and access to health for all.

CRITICAL QUESTIONS FOR THE PANEL TO CONSIDER INCLUDE:

- What are some key strategies to ensuring thoughtful and active engagement of civil society by governments to formulate and implement an effective national AIDS response?
- How can civil society assist governments in adopting and enacting effective AIDS policy and laws that protect the rights of all populations, including people living with HIV?
- In turn, how can governments adopt and enact effective AIDS policy and laws that protect the rights of all populations, including people living with HIV?
- What should the 2011 High Level Meeting outcome document reflect in terms of partnerships and bridging cultural divides within countries in order to ensure access to essential HIV services?



PANEL III

Panel III: Synergies Among Global Movements Opportunities for Shared Action

BACKGROUND

In the thirty years since HIV was first recognized, the AIDS movement has profoundly altered the global health and development landscape. This remarkable movement, born and galvanized by global civil society, particularly people living with HIV and their advocates, now encompasses a multitude of actors and stakeholders including governments, multilateral institutions, the private sector, labour, academia, innovative partnerships, philanthropies, and like-minded social movements.

HIV remains the only global health issue to be the subject of a United Nations Security Council Resolution (Resolution 1308), and has elevated global health issues to a position of new found prominence on foreign policy and development agendas around the world. The historic, multi-sectoral AIDS movement has touched every corner of the globe and has impacted everything from cultural practices and human rights, to national security and intellectual property. Notable among its achievements are new multi-lateral institutions like UNAIDS, innovative financing mechanisms like the Global Fund to fight AIDS, Tuberculosis and Malaria, UNITAID, and PEPFAR, the largest bilateral global health initiative in U.S. history.

The global AIDS response intersects with a number of other global movements, including those focusing on human rights, sexual and reproductive health and rights, women, socio-economic development, health systems, youth and sexual minorities. There is increasing recognition of the mutual benefits from shared learning and shared agendas, not to mention enhanced political power that collaboration across these movements can bring. The global AIDS response has invigorated and linked new movements among various youth groups, sex workers, networks for harm reduction and people who use drugs, and social justice advocates. It has also brought much needed attention to various populations that are at heightened risk for HIV infection, including people who use drugs, mobile and migrant populations, MSM, sex workers, transgender people, as well as women and girls.

Despite this unprecedented ascent to global prominence, the global AIDS response today faces a number of formidable challenges. The most visible challenge has been the debate about an alleged over-emphasis on HIV, and what some have argued has been a disproportionate resourcing (financial and otherwise) of the HIV response. This debate on “AIDS exceptionality” has been pushed to the fore by the recent global economic recession, which has squeezed donor and domestic budgets alike. Inadequate coordination between HIV programs and programs for related co-infections such as TB, as well as sexual and reproductive health services, greatly impedes the achievement of universal access. HIV has highlighted weak and overburdened

PANEL III

health systems, which are known to be one of the principal obstacles to achieving universal access; the other obstacle being inadequate rights-based approaches. While health systems are in desperate need of repair, community systems, which play a critical and synergistic role, suffer from even greater challenges; many grassroots community organizations that provide vital services are facing closure. Despite the billions of dollars spent on AIDS each year, the current level of resourcing remains entirely inadequate and leaves millions without treatment and the services they require.

As the pandemic matures and its long-term impact becomes more apparent, there is a clear need for even greater cooperation and identification of synergies between health, human rights and social justice movements, as well as between AIDS and other global movements. A key challenge before global civil society is to better leverage these synergies to consolidate prevention, care and treatment gains, as well as to ensure adequate funding streams that will enhance access to essential HIV services and create more enabling environments for those affected. Where are these synergies and opportunities? And how will the role of civil society evolve to help bridge diverse movements for mutual benefit in the years to come?



Courtesy of UNAIDS. This image is exclusively for non-commercial purposes. You are not authorized to modify, copy, sell, transmit or otherwise distribute this image without the prior written authorization of UNAIDS.

PANEL III

KEY THEMES/ISSUES

Linking Efforts for Smarter Investments

In the current financial climate, the emphasis has been on achieving efficiencies and reducing the unit cost of commodities. Suggested strategies to improve efficiency include leveraging the flexibilities set out in the Doha Declaration and the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement, streamlining procurement practices, task sharing and shifting, more effective targeting of evidence-based services and interventions, innovative financing and improving accountability and transparency. Closer and more effective partnerships between diverse stakeholders are required to link above strands towards a more focused form of activism that links global to local initiatives to ensure smarter AIDS investments.

Expanding The Movement

The AIDS movement has plenty to offer the broader health and development community. Civil society responses to HIV are working to create solidarity around health for all, based on a concept of global justice and human rights, and a commitment to global solidarity that can provide a basis for stronger community engagement in health agendas that are too often left to a public health elite, which is disconnected from community needs. In turn, given the complexity of the economic crisis and the crossroads in the epidemic, the global AIDS response must secure support from wider civil society and the private sector to sustain and build momentum. The AIDS movement must ensure that HIV is seen as a challenge for every citizen of every country, and of the world, not just for people living with HIV or those at most risk.

Reinventing Activism and Social Mobilization Strategies

New and exciting forms of social networking and mobilization are emerging – led in particular by young people and transcending national and regional boundaries, as witnessed in recent months in the Middle East and North Africa. Technology, most notably cellular communications and the internet, are increasingly useful tools for facilitating resource and information sharing, linking disparate communities (including marginalized groups), and fomenting global and regional movements. These tools must be better leveraged to identify common opportunities and solutions to global challenges, and bring local communities and global policy makers closer together. Their potential to contribute to an expanded and more inclusive AIDS response should be fully exploited with young people who are leading exploration of new approaches and building new coalitions, to achieve social justice for all.

PANEL III

CRITICAL QUESTIONS FOR THE PANEL TO CONSIDER INCLUDE:

- What are some of the lessons learned within the HIV movement that are applicable to other global movements, and vice versa, and how can these be shared and implemented?
- How can unexploited opportunities be identified, and synergies strengthened, between the AIDS, global health, human rights and social justice movements to generate a new form of revitalized activism that incorporates global health and social justice?
- How do we leverage technology and social networks to promote information dissemination and facilitate a more coordinated response to the pandemic, as well as share lessons with other global health and non-health development movements?
- What should the 2011 High Level Meeting outcome document reflect in terms of deriving mutual benefit from information sharing across global movements in order to improve access to essential HIV services?



Courtesy of UNAIDS. This image is exclusively for non-commercial purposes. You are not authorized to modify, copy, sell, transmit or otherwise distribute this image without the prior written authorization of UNAIDS.



Courtesy of Mabel Blanco. This image is exclusively for non-commercial purposes. You are not authorized to modify, copy, sell, transmit or otherwise distribute this image without the prior written authorization of Mabel Blanco.