

HLM 2021 | SIDE EVENT

Faith2EndAIDS



Engaging faith groups in the implementation of
the 2021 Political Declaration on HIV and AIDS
Ending inequalities and getting on track to end
AIDS by 2030

Francesca Merico, UNAIDS-PEPFAR Faith Initiative, 7 June 2021



What is a Political Declaration on HIV and AIDS?

- A global commitment to guide, coordinate and intensify national, regional and international efforts to address HIV and AIDS in a comprehensive manner
- Agreed by Heads of State and Government and representatives of States and Governments assembled at the UN
- While the Declaration is a UN document, the primary responsibility for implementing its commitments rests with the States, which are required to conduct national periodic reviews of their progress
- As Declaration, this document is non-binding on States that have signed it
- Useful to understand the many social, economic, cultural, and legal issues underlying the HIV and AIDS epidemics
- List the objectives and targets that States aspire to achieve



Declaration of Commitment on HIV/AIDS

UNITED NATIONS GENERAL ASSEMBLY
SPECIAL SESSION ON HIV/AIDS

25 - 27 JUNE 2001



United Nations

Played a large part in
bringing about key
changes in the HIV
response

In 2000, a UN Security Council debate—the first ever for a health issue—and a Special Session in the UN General Assembly in 2001 confirmed AIDS as a political issue requiring global action and recognized that health belongs to foreign policy as well as domestic agendas.

The UN General Assembly Special Session on HIV/AIDS (UNGASS) culminated in the Declaration of Commitment adopted by all member States of the United Nations in 2001.

This Declaration contributed to the setting of financial targets, increased international political will, scientific progress, the establishment of new institutions and political processes, financial and political commitments to AIDS.

The adoption of the Declaration of Commitment was followed in 2002 by the creation of the Global Fund to fight AIDS, Tuberculosis and Malaria, and in 2003 by the launch of the United States President's Emergency Plan for AIDS Relief.



General Assembly

Distr.: General
15 June 2006

Sixtieth session
Agenda item 45

Resolution adopted by the General Assembly

[without reference to a Main Committee (A/60/L.57)]

60/262. Political Declaration on HIV/AIDS

The General Assembly

Adopts the Political Declaration on HIV/AIDS annexed to the present resolution.

United Nations

A/RES/65/277



General Assembly

Distr.: General
8 July 2011

Sixty-fifth session
Agenda item 10

Resolution adopted by the General Assembly

[without reference to a Main Committee (A/65/L.77)]

65/277. Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS

- All Political Declarations take note of the contributing factors to the spread of HIV;
- Reaffirm a human rights approach to HIV;
- Set specific objectives and targets;
- Key for accountability: to continue reporting progress and commitments from previous Declarations

United Nations

A/RES/70/266



General Assembly

Distr.: General
22 June 2016

Seventieth session
Agenda item 11

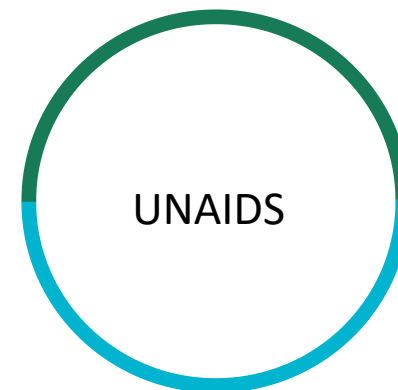
Resolution adopted by the General Assembly on 8 June 2016

[without reference to a Main Committee (A/70/L.52)]

70/266. Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030

The 2021 Political Declaration on HIV and AIDS

Ending inequalities and getting on track to end AIDS by 2030



The 2021 Political Declaration on HIV and AIDS

Ending inequalities and getting on track to end AIDS by 2030

Urges the world to address the inequalities that are slowing progress, through bold political leadership that challenges and addresses the root causes of vulnerability to HIV

HIV and AIDS are largely influenced by politics and victims of ideologies. One key reason is the prejudice and discomfort around the ways HIV is transmitted. Another important factor is that the AIDS epidemic is fuelled by injustices, inequalities and human rights violations, which in themselves are very political

An expanding AIDS epidemic reveals a political system's weak points, whether at the international, national or the community level





Engaging faith groups in the implementation of the 2021 Political Declaration on HIV and AIDS

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Political leadership at all levels and from all sectors – including THE FAITH SECTOR – is essential to End Inequalities & End AIDS.

Historically, many of the improvements in public health have their roots in a combination of political leadership, community advocacy & led response, and science.



The response to AIDS is probably the most striking contemporary example of how intertwined politics, policy, and public health are.

Most of the gains made on HIV prevention and treatment are the result of a strong partnership between the leaders of government, civil society, networks of people living with HIV, the private sector and communities – including faith communities.



The 2021 Political Declaration welcomes that over 26 million people living with HIV are on antiretroviral therapy—a number that has more than tripled since 2010—but despite this progress 12 million people living with HIV still do not have access to treatment, especially in Africa, and that these 12 million people are prevented from accessing treatment due to inequalities, multiple and intersecting forms of discrimination and structural barriers

ADVOCACY
BY
RELIGIOUS
LEADERS
AND FBOs



Ensuring everyone with HIV a long and healthy life

<https://www.interfaith-health-platform.org/faith2endaids>





Endorse the Campaign by signing **Our Promise to Action** and encourage at least **12 members** of my faith community, network to sign and support it.



Support the identification of and collaborate with **Faith HIV Champions** in my country and at global level: **The 12 Million Campaign** will involve at least 12 faith leaders per each of the world's countries – to be strong and coordinated voices for the rights and dignity of all.



Mobilize action to ensure that the 12 million children, women and men – who are living with HIV and are not yet on optimal lifesaving antiretrovirals - have access to such treatments, remain on treatment, and have their viral load suppressed.





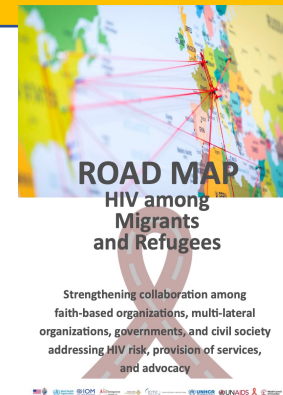
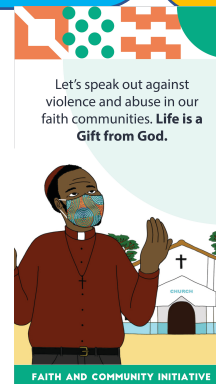
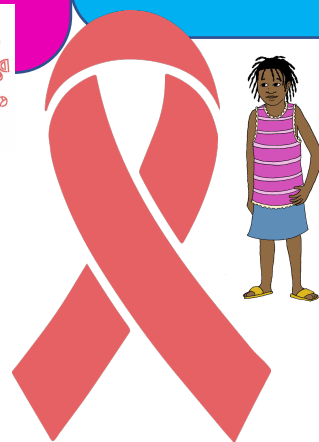
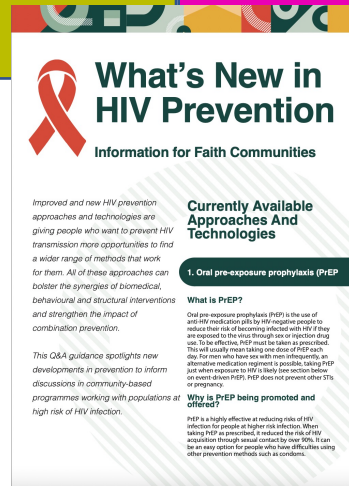
INTERFAITH

WITH PEOPLE
LIVING WITH
HIV & YOUNG
PEOPLE

PARTNERING WITH NON- FAITH ACTORS & BEYOND HIV

COORDINATED

SUSTAINABLY
FUNDED AND
RESOURCED





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**SERVICE DELIVERY
THROUGH FAITH
INSPIRED HEALTH
PROVIDERS**

**OUTREACH THROUGH
FAITH COMMUNITY
GROUPS &
COMMUNITY
VOLUNTEERS**

**PLACES OF WORSHIP
& RELIGIOUS
SCHOOLS-
INSTITUTIONS to
CREATE AWARENESS,
ADDRESS STIGMA &
DISCRIMINATION, AND
DEMAND FOR HIV
SERVICES**

**ADVOCACY BY RELIGIOUS
LEADERS AND FBOs**



The 2021 Political Declaration on HIV and AIDS

Ending inequalities and getting on track to end AIDS by 2030

COMMITMENTS

Ending inequalities and engaging stakeholders to end AIDS



Commit to reducing annual new HIV infections to under 370,000 and annual AIDS-related deaths to under 250,000 by 2025, and eliminating all forms of HIV-related stigma and discrimination

- Pledge to end all inequalities faced by people living with, at risk of and affected by HIV, and by communities, and to end inequalities within and among countries, that are barriers to ending AIDS

The 2021 Political Declaration on HIV and AIDS

Ending inequalities and getting on track to end AIDS by 2030

COMMITMENTS

Effective implementation of combination HIV prevention



Commit to prioritize HIV prevention and to ensure by 2025 that 95% of people at risk of HIV infection have access to and use appropriate, combination prevention options, by:

- Increasing national leadership;
- Increasing resource allocation and other evidence-based enabling measures for proven HIV combination prevention;
- Tailoring HIV combination prevention approaches to meet the diverse needs of key populations;
- Ensuring the availability of PrEP for people at substantial risk of HIV and PEP for people recently exposed to HIV by 2025;
- Delivering integrated services;
- Strengthening the role of the education sector as an entry point for HIV knowledge and awareness, prevention, testing and treatment, and ending stigma and discrimination, in addition to its role in addressing the social, economic and structural factors that perpetuate inequalities and increase HIV risk;
- Accelerating efforts to scale up scientifically accurate, age-appropriate comprehensive education, relevant to cultural contexts, with information on sexual and reproductive health, HIV, Human –Rights etc;
- Consider removing structural barriers, such as parental consent, where appropriate, and spousal consent to access HIV services;
- Conducting public awareness campaigns and targeted HIV education to raise public awareness about HIV

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Ending inequalities and getting on track to end AIDS by 2030

COMMITMENTS

HIV testing, treatment and viral suppression



Commit to achieve the 95–95–95 testing, treatment and viral suppression targets ensuring that by 2025 at least 34 million people living with HIV access to medicines, treatment and diagnostics, by:

- Establishing differentiated HIV testing strategies that utilize multiple effective HIV testing technologies and approaches, including point of care early infant diagnosis, HIV self-testing, and rapidly initiate people on treatment shortly after diagnosis;
- Using differentiated service delivery models for testing and treatment;
- Achieving equitable and reliable access to safe, affordable, efficacious high-quality medicines, diagnostics, health commodities and technologies;
- Making HIV viral load testing and monitoring regularly available to all persons receiving HIV treatment at appropriate time intervals;
- Ensure that the needs of older persons living with HIV are met;
- Expanding access to the latest technologies for TB prevention, screening, diagnosis, treatment and vaccination, ensuring that 90% of people living with HIV receive preventive treatment for TB by 2025, and reducing tuberculosis-related deaths among people living with HIV by 80% by 2025

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COMMITMENTS



Vertical transmission of HIV and pediatric AIDS

Commit to eliminate vertical transmission of HIV infections and end pediatric AIDS by 2025 by:

- Identifying and addressing gaps in the continuum of services for preventing HIV infection among women of reproductive age, especially pregnant and breastfeeding women;
- Ensuring by 2025 that 95% of pregnant women have access to antenatal testing for HIV, syphilis, hepatitis B and other sexually transmitted infections, 95% of pregnant and breastfeeding women in high HIV burden settings have access to re-testing during late pregnancy and in the post-partum period, and that all pregnant and breastfeeding women living with HIV are receiving life-long antiretroviral therapy, with 95% achieving and sustaining viral suppression before delivery and during breastfeeding;
- Ensuring by 2025 that all HIV-negative pregnant and breastfeeding women in high HIV burden settings or who have male partners at high risk of HIV in all settings have access to combination prevention, including PREP, and that 90% of their male partners who are living with HIV are continuously receiving antiretroviral therapy;
- Testing 95% of HIV-exposed children by two months of age and after the cessation of breastfeeding, and ensuring that all children diagnosed with HIV are provided treatment regimens and formulas optimized to their needs, and ensuring that 75% of all children living with HIV have suppressed viral loads by 2023 and 86% by 2025, in line with the 95–95–95 targets;
- Identifying and treating undiagnosed older children, including adolescents and providing all children and adolescents living with HIV with a continuum of developmentally appropriate care and social protection proven to improve health and psychosocial outcomes as they grow and progress through youth and into adulthood;
- Encourage adequate training for health-care workers in pediatric HIV prevention, testing, treatment, care and support

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COMMITMENTS



Gender equality and empowerment of women and girls

Commit to put gender equality and the human rights of all women and girls at the forefront of efforts to mitigate the risk and impact of HIV by:

- Ensuring the establishment, financing and implementation of national gender equality strategies that challenge and address the impact of sexual and gender-based violence, harmful practices;
- Fulfilling the right to education of all girls and young women, economically empowering women by providing them with job skills, employment opportunities, financial literacy and access to financial services, scaling up social protection interventions for girls and young women, and engaging men and boys as agents of change in intensified efforts to transform negative social norms and gender stereotypes;
- Eliminating all forms of sexual and gender-based violence ;
- Reducing to no more than 10% the number of women, girls, people living with, at risk of and affected by HIV who experience gender-based inequalities and sexual and gender-based violence by 2025;
- Ensuring by 2025 that 95% of women and girls of reproductive age have their HIV and sexual and reproductive health-care service needs met, including antenatal and maternal care, information and counselling;
- Reducing the number of new HIV infections among adolescent girls and young women to below 50,000 by 2025

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Ending inequalities and getting on track to end AIDS by 2030

COMMITMENTS

Community leadership



Commit to the Greater Involvement of People Living with HIV/AIDS (GIPA) principle and to empower communities of people living with, at risk of and affected by HIV, to play their critical leadership roles in the HIV response by:

- Ensuring that relevant global, regional, national and sub-national networks and other affected communities are included in HIV response decision-making, planning, implementing and monitoring, and are provided with sufficient technical and financial support;
- Creating and maintaining a safe, open and enabling environment in which civil society can fully contribute to the implementation of the present Declaration and the fight against HIV/AIDS;
- Adopting and implementing laws and policies that enable the sustainable financing of people-centred, integrated, community responses, including peer-led HIV service delivery, including through social contracting and other public funding mechanisms;
- Supporting monitoring and research by communities;
- Increasing the proportion of HIV services delivered by communities, including by ensuring that by 2025, community-led organizations deliver, as appropriate in the context of national programmes:
 - 30% of testing and treatment services, with a focus on HIV testing, linkage to treatment, adherence and retention support, and treatment literacy;
 - 80% of HIV prevention services for populations at high risk of HIV infection, including for women within those populations;
 - 60% of programmes to support the achievement of societal enablers;
- Encouraging the strengthening of peer-led responses

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COMMITMENTS

Realizing human rights and eliminating stigma and discrimination



Commit to eliminating HIV-related stigma and discrimination, and to respecting, protecting and fulfilling the human rights of people living with, at risk of and affected by HIV, through concrete resource investment and development of guidelines and training for health care providers, by:

- Creating an enabling legal environment by reviewing and reforming, as needed, restrictive legal and policy frameworks with the aim of ensuring that less than 10% of countries have restrictive legal and policy frameworks that lead to the denial or limitation of access to services by 2025;
- Adopting and enforcing legislation, policies and practices that prevent violence and other rights violations against people living with, at risk of, and affected by HIV, promote and protect their human rights;
- Expanding investment in societal enablers in low- and middle-income countries to US\$ 3.1 billion by 2025;
- Ending impunity for human rights violations against people living with, at risk of and affected by HIV;
- Work towards the vision of zero stigma toward and discrimination against people living with, at risk of and affected by HIV, by ensuring that less than 10% experience stigma and discrimination by 2025, including by leveraging the potential of U=U;
- Ensuring political leadership at the highest level to eliminate all forms of HIV-related stigma and discrimination;
- Ensuring that all services are designed and delivered without stigma and discrimination, and with full respect for the rights to privacy, confidentiality and informed consent

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COMMITMENTS



Investments and resources

Commit to increasing and **fully funding the HIV and AIDS response**, by mobilizing finance from all sources and enhancing global solidarity and increasing annual HIV investments in low- and middle-income countries to US\$29 billion by 2025 by:

- Mobilizing additional sustainable domestic resources for HIV responses through a wide range of strategies and approaches;
- Complementing domestic resources through greater North-South, South-South and triangular cooperation, taking into consideration that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation, and renewed commitments from bilateral and multilateral donors;
- Encouraging and supporting the exchange of information, research, evidence, best practices and experiences, among countries and regions, to implement the commitments contained in the present Declaration;
- Fulfilling all respective ODA commitments, including the commitment by many developed countries to achieve the target of 0.7% of gross national income as ODA (ODA/GNI) and the target of 0.15 to 0.20% of ODA/GNI to least developed countries and increasing the percentage of ODA for HIV response;
- Strengthening development cooperation

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COMMITMENTS

Universal health coverage and integration



Commit to accelerating integration of HIV services into universal health coverage by:

- Utilizing the experience, expertise, infrastructure and multisectoral coordination of the HIV response;
- Investing in robust, resilient, equitable and publicly funded systems for health and social protection systems that provide 90% of people living with, at risk of and affected by HIV with people-centred and context-specific integrated services for HIV and other communicable diseases, noncommunicable diseases, sexual and reproductive health care and gender-based violence, mental health, palliative care, treatment of alcohol dependence and drug use, legal services, and other services they need for their overall health and well-being by 2025;
- Reducing the high rates of HIV co-infection with tuberculosis, hepatitis C, and sexually transmitted infections, including HPV and hepatitis B;
- Ensure science and evidence based differentiated HIV services comprise part of the package of Universal Health Coverage;
- Ensuring the systematic engagement of HIV responses in pandemic response infrastructure and arrangements, leveraging national HIV strategic plans to guide key elements of pandemic preparedness planning, and ensuring that 95% of people living with, at risk of and affected by HIV are protected against pandemics, including COVID-19;
- Building on the resilience and innovation demonstrated by community-based health systems during the COVID-19 pandemic in reaching affected communities with essential HIV and healthcare services;
- Ensuring that by 2025, 45% of people living with, at risk of and affected by HIV and AIDS have access to social protection benefits in accordance with national legislation;
- Promoting full access to effective, health emergency responses with full respect for human rights and ensuring that 95% of people living with, at risk of and affected by HIV are protected against health emergencies, and that 90% of people in humanitarian settings have access to integrated HIV services, and that 95% of people within humanitarian settings at risk of HIV use appropriate, prioritized, people-centred and effective combination prevention options;
- Commit to ensuring global accessibility, availability and affordability of safe, effective and quality-assured medicines, including generics, vaccines, diagnostics and other health technologies to prevent, diagnose and treat HIV infection, its co-infections and co-morbidities, by urgently removing, where feasible all barriers, including those related to regulations, policies and practices that hamper access to health technologies

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COMMITMENTS



Data, science and innovation

Commit to strengthen and enhance the use of data, innovation, research and development, and science and technology to accelerate the end of AIDS by:

- Accelerating efforts to collect, use and share granular data that is disaggregated;
- Leveraging the important role played by the private sector and academia in innovation, research and development, and engaging strategically with the private sector;
- Enhancing the potential of digital health technologies and innovations to advance HIV responses;
- Expanding investments in science and technology;
- Strengthening international scientific cooperation to enhance the global HIV/AIDS response;
- Commit to establishing effective systems to monitor, prevent and respond to the emergence of drug-resistance strains of HIV in populations and antimicrobial resistance



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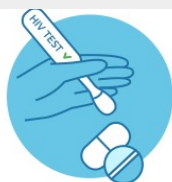
Faith2EndAIDS

Thank You



RECOMMENDATION 01

Member States are urged to reduce and end the acute and intersecting inequalities that are obstructing progress to end AIDS by:



RECOMMENDATION 03

Member States are urged to close gaps in HIV testing, treatment and viral suppression that are limiting the impact of HIV responses, and achieve by 2025 the 95–95–95 testing and treatment targets within all subpopulations, age groups and geographic settings, including children living with HIV by:



RECOMMENDATION 06

Member States are urged to implement the Greater Involvement of People Living with HIV/AIDS principle and empower communities of people living with HIV, women, adolescents and young people and key populations to play their critical HIV response roles by:



RECOMMENDATION 04

Member States are urged to eliminate vertical HIV transmission and end paediatric AIDS by:



RECOMMENDATION 02

Member States are urged to prioritize HIV prevention and ensure that 95 per cent of people at risk of HIV infection have access to and use appropriate, prioritized, person-centred and effective combination prevention options by 2025 by:



RECOMMENDATION 10

Member States are urged to leverage the 25 years of experience, expertise and mandate of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in building multisectoral, multi-stakeholder and rights-based collaborative action to end AIDS and deliver health for all as global public good by:



RECOMMENDATION 07

Member States are urged to respect, protect and fulfil the human rights of people living with, at risk of and affected by HIV and ensure by 2025 that less than 10 per cent of people living with HIV and key populations experience stigma and discrimination by:



RECOMMENDATION 05

Member States are urged to put gender equality and the human rights of women and girls in all their diversity at the forefront of efforts to mitigate the risk and impact of HIV by:



RECOMMENDATION 08

Member States are urged to enhance global solidarity to close the HIV response resource gap and increase annual HIV investments in low- and middle-income countries to \$29 billion by 2025 by:



RECOMMENDATION 09

Member States are urged to accelerate progress towards universal health coverage and strong primary health care systems, build forward better and fairer from COVID-19 and humanitarian crises, and strengthen global health security and future pandemic preparedness by: