WCC-Ecumenical Advocacy Alliance inputs to the Zero Draft for the HLM – 21 April 2016

Please see in yellow the revised language for the new Political Declaration.

WCC-EAA supports the inputs to the Zero Draft made by the Coalition for Children affected by AIDS.

9. Recognize that addressing the holistic needs of people living with and at risk of HIV throughout their lifetime will require close collaboration with efforts to eliminate poverty, provide **child protection,** access to HIV-sensitive social protection for all, including for children, improve food and nutrition security and access to **early child development services and support and** quality education, ensure good health, reduce inequalities, achieve gender equality, ensure decent work, and promote healthy cities, stable housing and just and inclusive societies while ensuring economic empowerment, comprehensive care and support and integrated systems to deliver nutritional support and HIV services to help keep ~~people~~ **children, adolescents and adults** living with and affected by HIV healthy.

22. Express grave concern **that access is appallingly low among children and** that the 22 million people living with HIV who are eligible to start treatment, as per guidelines issued by the World Health Organization in 2015, to provide antiretroviral therapy to all people diagnosed with HIV infection, in low- and middle-income countries, still remain without treatment and further note that a substantial proportion of people on antiretroviral therapy face social and structural barriers to good health, including lack of **comprehensive** social protection, care and support, and as a result struggle to adhere to their treatment, fail to achieve viral suppression and lack good quality care, and further note the threat that the emergence of drug-resistant strains of HIV pose to the expansion of effective HIV treatment;

25. Note with **grave** concern that testing and treatment coverage among children remains **unacceptably** low **although 50% of children living with HIV will die before the age of two without treatment due to low rates of early infant diagnosis, inadequate case-finding of children outside of PMTCT settings, long delays in returning test results, poor linking of children to treatment, lack of adequate training for health care workers in pediatric HIV testing, treatment**

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and care, challenges with long-term adherence, inadequate availability of efficacious and palatable antiretroviral formulations suitable for children, stigma and discrimination, and lack of adequate social protection for children and caregivers.

Note with concern that much work remains to be done to achieve the goals of the Global Plan towards the elimination of new HIV infections among children and keeping their mothers alive given that in 2014 there were 220,000 new infections among children, the global transmission rate was 15%, and over half of new pediatric HIV infections occurred during the breastfeeding period, including by raising rates of ANC visits and institutional deliveries, increasing integration of HIV and MNCH services, ensuring infants receive prophylaxis at birth, increasing focus on retesting women through breastfeeding period and retaining them on treatment via innovative tracking and support systems and community-based activities, and raising male partners' participation in PMTCT;

29. Note with alarm the slow progress in reducing new infections and limited scale of combination prevention programmes focused on the sites and routes of new infections, and note with grave concern that adolescent girls in high prevalence settings, in particular in sub-Saharan Africa, are more than twice as likely to become HIV positive than boys of the same age and that many national HIV-prevention strategies provide insufficient access to services for key populations that epidemiological evidence shows are at higher risk of HIV, specifically people who inject drugs, who are 24 times more likely to acquire HIV than adults in the general population, sex workers, who are 10 times more likely to acquire HIV, and for their clients, men who have sex with men, who are 24 times more likely to acquire HIV, transgender people, who are 49 times more likely to be living with HIV , and prisoners, who are five times more likely to be living with HIV than adults in the general population, as well as for indigenous people and for migrants, and further note, however, that each country should define the specific populations that are key to its epidemic and response, based on the epidemiological context;

40. Welcome the Secretary-General's new Global Strategy for Women's, Children's and Adolescents' Health, which will continue to galvanize global efforts to significantly reduce the number of maternal, adolescent, newborn and under-five child deaths, as a matter of urgent concern, **particularly in light of the unacceptably low rates of HIV testing, treatment, and viral load suppression among children and adolescents and the correspondingly high levels of HIV-related morbidity and mortality among these age groups and women of reproductive age;**

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48. Commit to fully fund the AIDS response and reach overall financial investments in low- and middle-income countries of at least USD ~~26~~ 32 billion/year by 2020 as estimated by UNAIDS, that are diverse in source, including from innovative financing, with continued increase from the current levels of domestic public sources and strengthened global solidarity, and encourage all stakeholders to contribute to a successful 5th replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria;

Global leadership: uniting to Fast-Track the AIDS response
55. Commit to reduce the numbers of people newly infected with HIV to fewer than 500,000 per annum by 2020, people dying from AIDS-related causes to fewer than 500,000 per annum by 2020, as well as eliminating HIV-related discrimination **by 2020**; Commit to differentiate AIDS responses, based on country ownership, local priorities, strategic information and evidence, and to set ambitious quantitative targets tailored to national circumstances in support of these goals;

56. Commit to differentiate AIDS responses, based on country ownership, local priorities, strategic information and evidence, and to set ambitious and **annual** quantitative targets **(2016-2020)** tailored to national circumstances in support of these goal;

58. Ensuring access to testing & treatment will accelerate progress on Healthy Lives and Promote Well-Being for All at All Ages (SDG 3)

a. Commit to 90–90–90 treatment targets, and that 29 million people living with HIV including 1.2 million children access treatment and that **children**, adolescents and adults living with HIV know their status and are immediately offered and sustained on quality treatment to ensure viral load suppression and underscore in this regard the urgency of closing the testing gap;

58. Ensuring access to testing & treatment will accelerate progress on Healthy Lives and
Promote Well-Being for All at All Ages (SDG 3)
(ii) Address barriers, regulations, policies and practices that prevent access to affordable HIV treatment by promoting generic competition and encourage all States to apply measures and procedures for managing intellectual property rights in such a manner as to avoid creating barriers to the legitimate trade in medicines, and to provide for safeguards against the abuse of such measures and procedures, **in particular access to generics and the full use of TRIPS flexibilities must not be restricted through free trade agreements.**

Ecucenter 22/4/2016 10:36
Comment [1]: We are particularly concerned that the projected funding of $26bn will in fact lead to many needless new HIV infections and needless deaths. The UNAIDS Lancet commission report indicates that a financial investment of $32bn would be required to avoid 28 million new infections and save 21 million lives. We fear that the $6bn reduction is effectively an admission that there is no hope for preventing the extra 11 million new infections and averting the extra 10 million deaths.

Ecucenter 22/4/2016 10:22
Comment [2]: WCC-EAA recommends the need for clearer and more consistent data, governments call on UNAIDS to prepare an analysis with an annual timeline for 2016-2020 with figures showing the numbers of children and adults living with HIV, new infections and numbers on treatment, together with the funding required to achieve this. The projections should not only be based on the best case scenario.

Ecucenter 22/4/2016 10:38
Comment [3]: WCC-Ecumenical Advocacy Alliance is concerned about the lack of information on the sources of such figures. We believe that as 2015 data are not yet available, these numbers are just assumptions of the best case scenario. UNAIDS calculates that in 2014, 2.6 million children were living with HIV. If this number is only 1.2 million by 2020 we cannot just assume that this reduction is due to fewer new infections and to significant numbers of children reaching adulthood. With 50% of children living with HIV dying before they reach 2 years of age and with the average age of treatment initiation being close to 4 years of age, the scandalous truth is that the figure of 1.2 million assumes that hundreds of thousands of children will die before 2020, unless this fact is publicised and action is taken immediately to stop this from happening. WCC-EAA recommends the need for clearer and more consistent data, governments call on UNAIDS to prepare an analysis with an annual timeline for 2016-2020 with figures showing the numbers of children and adults living with HIV, new infections and numbers on treatment, together with the funding required to achieve this. The projections should not only be based on the best case scenario.

Ecucenter 21/4/2016 23:14
Comment [4]: WCC-EAA suggests to add to paragraph58 (ii) ", in particular access to generics and the full use of TRIPS flexibilities must not be restricted through free trade agreements."

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67. Commit to effective evidence-based operational monitoring and evaluation and mutual accountability mechanisms, that are transparent and inclusive, between all stakeholders to support multisectoral Fast-Track plans to fulfil the commitments in the present Declaration, with the active involvement of people living with, affected by and vulnerable to HIV, and other relevant civil society and private sector stakeholders, and note that the People Living with HIV Stigma Index provides a tool to monitor HIV-related discrimination and enable people living with HIV to know their rights **but suggest it be enhanced to include stigma data on children and adolescents ;**

74. Decide to convene a High-Level Meeting on AIDS in Agenda 2030 in **2021** to review progress towards ending the epidemic, and how the response, in its social, economic political dimensions, continues to contribute optimally to progress on the global health goal and the entire Agenda 2030.

Ecucenter 21/4/2016 23:14
Comment [5]: WCC-EAA calls to convene a High-Level Meeting on AIDS in 2021 to allow enough time to reach the 2030 goals

Ecucenter 21/4/2016 23:13
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