

# 10 Essential Steps for “Getting to Zero”: Principles and Recommendations for Addressing Key Populations at the UN 2011 High Level Meeting on AIDS

## 1) Keep a clear focus on HIV & AIDS

As HIV-specific initiatives and priorities become more integrated with broader “global health” goals, UN member states cannot afford to slip back on progress achieved to date in the global epidemic, or lose sight of upholding commitments on HIV. Universal access targets have not yet been achieved. Millions lack access to HIV prevention, treatment, care and support services, thereby undermining their ability to fulfill healthy lives – and in turn, limiting access to education and employment, and undermining the achievement of other key Millennium Development Goals.

*Until such time as Universal Access targets have been achieved for every individual on the planet in the global AIDS epidemic, the General Assembly commits to holding General Assembly Special Sessions on HIV at an interval of every five years, in order to maintain pressure and momentum in this effort until the “getting to zero” targets have been achieved.*

## 2) Know Your Epidemic: **Gather & Follow the Evidence**

In every country where data is reliably collected and reported, key populations – men who have sex with men (MSM), sex workers, people who use drugs, and transgender people – bear a disproportionately heavy burden of HIV. Yet routine HIV surveillance estimates do not always capture these groups, and even when they do, national AIDS strategies do not always closely align with demonstrated epidemic trends.

*By 2015, each member state of the United Nations will have a National AIDS Strategy whose programming priorities directly align with reliable evidence on national epidemic dynamics, including key affected groups.*

## 3) Fund Your Response: **Match Investment to Disease Burden**

To achieve the UNAIDS “getting to zero” targets (zero new infections; zero AIDS-related deaths; zero discrimination), we must make smarter financing decisions in the AIDS response by directing global resources for HIV to where they are most needed. Data increasingly shows that even in generalized epidemic scenarios, concentrated epidemics exist among key populations. Tackling this issue requires smart investments – including provision of tailored services to address the unique needs of key populations. Such programs are not possible without the necessary investments to bring them to scale.

*Effective immediately, all nation states will establish clear budget codes for HIV program spending targeting key populations, and will make this information publicly available. Once per year, UNAIDS will measure these investments against demonstrated epidemic burden, and use this assessment to provide guidance for re-directing HIV resources in-country to maximize impact for achieving universal access.*

## 4) Respect, Protect, Fulfill and Prioritize Human Rights

Universal access will never be achieved without human rights, including the right to access HIV prevention and treatment services. Stigma, discrimination and violence based on sexual orientation, gender identity, risk-behavior, occupation or other grounds drive people away from the information and services they may need. This exacerbates HIV risk and undermines the effectiveness of all responses.

*All United Nations member states reaffirm that the full realization of human rights for all is an essential pillar of the global response to HIV, and recommit to upholding their human rights commitments enshrined in the key International Human Rights Instruments.*

## 5) Set Clear Targets

It is not enough to “prioritize” key affected populations – instead, clear, time-bound, measurable targets for scaling up universal access to HIV prevention, care and treatment services must be established in accordance with the framework outlined in the UNAIDS Strategy 2011-2015.

*By 2015, achieve universal access (minimum 80% coverage of appropriate HIV health services) for key affected populations – including men who have sex with men, people who use drugs, sex workers, and transgender people – in all UN member states.*

## 6) Monitor, Evaluate, and Be Accountable

The expected Outcome Document from the UN 2011 High Level Meeting on AIDS will only be meaningful if those UN member states who fail to meet the clear, time-bound, and measurable targets (referred to in #5) are held accountable to their commitments, and short-comings are addressed. To achieve this, (a) member nations must thoroughly and accurately collect UNGASS data, and (b) UNAIDS must revise current UNGASS indicators to produce more meaningful data – for instance, to focus more on outcome indicators (i.e. HIV prevalence), and less on process indicators (i.e. number of condoms distributed).

*Effective immediately, UN member nations commit to thoroughly and accurately collecting UNGASS data on key populations. UNAIDS commits to revising current UNGASS indicators to produce more meaningful data.*

## 7) Engage Meaningfully with Civil Society

The development of HIV policies, programs and strategies cannot be relegated solely to governments, non-governmental organizations, or health-related bodies. HIV responses are strengthened when they actively, openly, and meaningfully involve those most affected, including people living with HIV. Though many processes lay claim to “civil society engagement,” the quality of these interactions varies widely, and in all too many cases it is reduced to “attendance” instead of “participation.” As well, due consideration must be made for including criminalized groups in safe and meaningful ways.

*By 2012, engage with global civil society to articulate standards for “meaningful and safe engagement with civil society,” and require that national and global AIDS policy development processes respect these principles as a matter of form.*

## 8) Align with key global HIV strategies

The parties responsible for leading the global AIDS response are shifting – increasingly, new players are becoming involved, including the private sector, and local governments who may not recognize or prioritize the needs of key populations. This against the backdrop of threats posed by the potential scaling back of bilateral resources can easily undo achievements to date. In order to maximize impact and efficiency, especially in a time of economic difficulty, all commitments and targets set at the 2011 High Level Meeting should align with key existing global frameworks on HIV.

*Member Nations commit to upholding and implementing the key priorities in the global AIDS response articulated by key existing global frameworks on HIV, including the UNAIDS 2011-2015 Strategy.*

## 9) Prioritize Public Health over Politics

Universal Access targets will never be achieved until all nation states and other stakeholders elevate evidence-based public health practice to the highest level in the global HIV response. We cannot afford to dismiss or ignore proven effective HIV prevention interventions – including needle and syringe programs (NSPs) to prevent transmission among people who inject drugs; provision of water-based lubricants to accompany condoms – simply because certain groups or behaviors are not morally or politically palatable in certain contexts. Likewise, restrictions on access to sexual and reproductive health and rights for women and girls, and trade policies that stymie access to generic medication undermine effective HIV responses in the name of politics and profits.

*All member nations urgently commit to making the full complement of evidence-based HIV prevention, care, treatment and support technologies and tools available to their citizens, regardless of any possible objection on moral, legal or political grounds, as a fulfillment of their commitment to the human right to health.*

## 10) 30 years is enough! Universal Access now.

Since the HIV virus was first discovered in 1981, millions of lives have been lost, rich debates have been had, treatment discoveries have been made, prevention toolkits have expanded, and much progress has been achieved – now, we must stay the course to bring global efforts to scale.

*UN member states reaffirm commitment to doing everything necessary to achieve Universal Access by 2015.*