Ending AIDS post-2015:

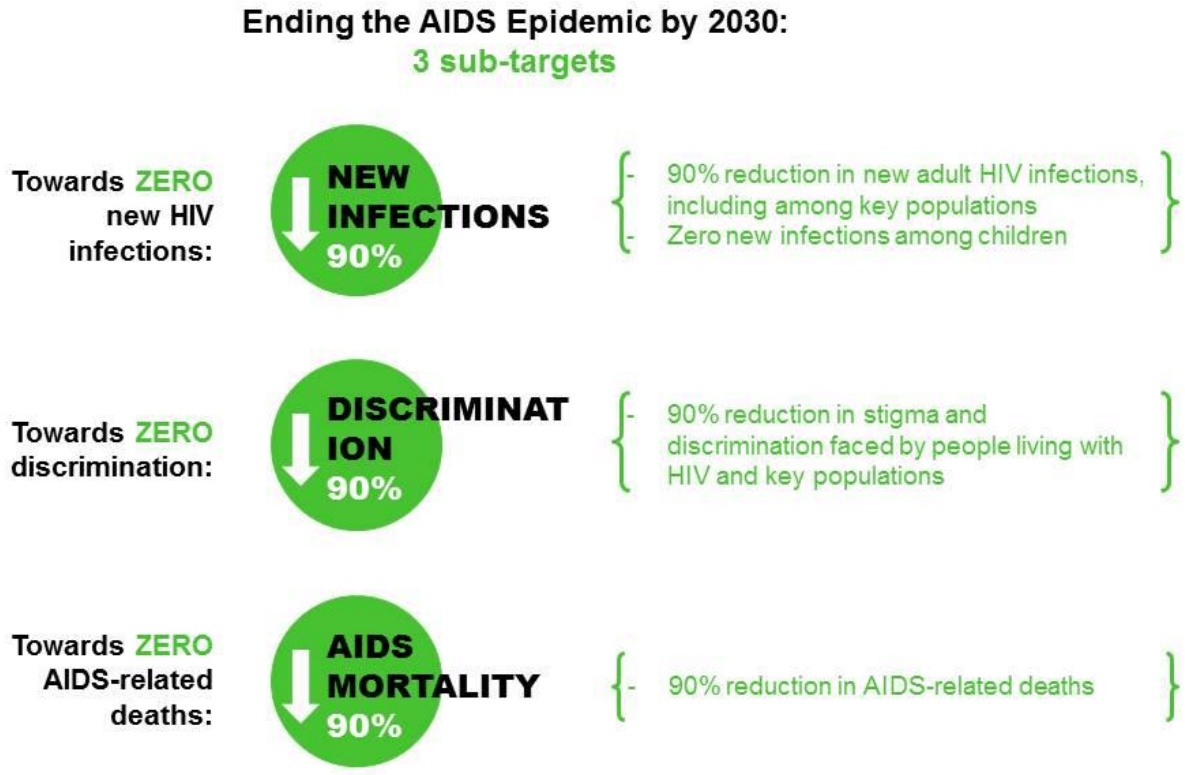
A force for transformation that leaves no one behind

DRAFT UNAIDS discussion paper

Key messages

- Ending the AIDS epidemic is possible in the post-2015 era.
- The post-2015 agenda should include a commitment to ending AIDS, including three targets: reducing new HIV infections, discrimination and AIDS-related deaths to 10% of 2010 levels.
- Leaving no one behind is contingent upon rights-based action on the social, political and economic determinants of HIV.
- Inclusive accountability mechanisms should be strengthened to enable broad participation and ownership in implementing and monitoring the post-2015 agenda.
- Ending AIDS will benefit from and serve as a catalyst for achieving a shared vision of social, economic and environmental justice.

Figure 1. Proposed AIDS target and sub-targets for the post-2015 agenda*



All indicators, targets and milestones to be disaggregated by: age, gender, key population, and income status to measure progress on equity. The baseline year for all targets is 2010.

*Note: Key populations are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In all settings, men who have sex with men, transgender people, people who inject drugs, sex workers and their clients and people in prisons and closed settings are at higher risk of HIV than other groups. Each country, in partnership with communities and civil society, need to define additional specific populations that are key to their epidemic and response.

Overview

Thirty years of one of the most inspiring and effective expressions of global solidarity has led us to this moment: ending AIDS is in sight. With adequate investments, rights-based policies and innovative programming, ending AIDS is possible and can be one of the great triumphs of the post-2015 era.

UNAIDS proposes a target framework on 'ending the AIDS epidemic'*, as an element of a post-2015 agenda that reflects the profound and multi-faceted relationship between human rights, gender equality, healthy and productive people and sustainable development.

Ending the AIDS epidemic is understood to be the reduction of HIV incidence and AIDS-related deaths to levels that no longer represent a major health threat to any population or country, measured by the achievement of the three sub-targets presented in Figure 1.

This paper is intended to aid Joint Programme leaders and staff in their participation in various post-2015 engagements.

The paper makes the following asks for the post-2015 development agenda:

1) A commitment to ending the AIDS epidemic by 2030 is secured in the post-2015 agenda, including through explicit reference in the agenda's preamble;

2) Ending the AIDS epidemic is measured by three sub-targets, disaggregated to measure various inequalities, on reducing new HIV infections, stigma and discrimination experienced by people living with HIV and key populations, and AIDS-related deaths to 10% of 2010 levels;

3) HIV-sensitive targets and indicators are included under several goal areas, including health, gender and youth, to ensure policy coherence and joined-up action from the community to the global level on the social, political, economic and environmental determinants of HIV, poor health, poverty and inequality;

4) The eventual Sustainable Development Goal for health reflects a holistic, rights-based and gender-responsive approach to health, and includes a target on ending the AIDS epidemic in the context of universal access to prevention, care, treatment and support with a focus on children, young people, women and poor and marginalized populations, including people living with HIV, men who have sex with men, sex workers and people who inject drugs;

5) Inclusive accountability mechanisms are strengthened that provide opportunities for greater community participation and ownership in implementing and monitoring the post-2015 development agenda.

UNAIDS is committed to advocate for guarantees for access to basic social services including health, sexual and reproductive health and rights (SRHR), education, social protection and decent work and for the rights to political representation, participation, expression, organization, gender equality and justice, particularly for people living with HIV, key populations and poor and marginalized people.

*Please note that, 'ending AIDS' is used elsewhere in the document as shorthand for 'ending the AIDS epidemic'.

I. A transformative post-2015 agenda: do we have the will?

As the international community enters into negotiations during which compromises will be sought and decisions made on the next global development agenda, we must not lose sight of what is at stake. Based on the experience of the Millennium Development Goals (MDGs), we know that a new global framework will set policy priorities, energise alliances and guide the allocation of vast national, regional and international resources. It will determine the contours of the global health and development architecture and define which national policies and programmes are implemented as well as the extent to which gains to date are sustained and scaled up.

In contrast to the MDGs, the next agenda is being wrought through a highly consultative process, with the engagement of all Member States. Global leaders are confronted with the opportunity to build on the historic MDGs and commit to a transformative and universal agenda with the vision and ambition to ensure a more equitable distribution of power, rights and resources across regions, and within countries and communities. Such an agenda will demand considerable courage and commitment. Transparent, inclusive and participatory global governance as well as national and civic leadership are required to guarantee a market that can equitably supply public goods (including essential medicines) and services and to ensure a fair distribution of resources and opportunity. Such courage and commitment can foster real results for people – including ending the AIDS epidemic.

This is the moment when the global community reiterates and recommits to what it values, and determines how it defines progress and development, when it resists the easy route of watered down language and uninspiring goals. It is the moment to summon the collective will to bring the world together around a shared vision of ending the AIDS epidemic, poverty and inequality, and protecting the planet.

II. Emerging consensus in the debate: coherence, convergence and universality

Following the September 2013 UN General Assembly Special Event *Towards Achieving the MDGs,* a clear consensus is emerging around the "intrinsic interlinkage between poverty eradication and promotion of sustainable development"[1]. Leaders agreed on the need to pursue a coherent, balanced approach to the three dimensions of sustainable development (social, economic and environmental) in a single framework with one set of goals. The Outcome Document also emphasized the need to build on the MDGs, to complete unfinished business, and for future goals to be "universal in nature and applicable to all countries, while taking account of differing national circumstances and respecting national policies and priorities".

The Member States' Open Working Group on Sustainable Development Goals (OWG)[2] has since identified 16 focus areas with potential goal language and several targets[3]. Ending the AIDS epidemic is contingent upon, and can help drive, progress in several of these areas (see Annex 1 for list of members of the OWG and Annex 2 for draft goals and targets relevant to the AIDS response).

At present, the 16 focus areas are as follows but are likely to change in number, content and framing as the process develops:

1. Poverty eradication, building shared responsibility and promoting equality
2. Sustainable agriculture, food security and nutrition
3. Health and population dynamics
4. Education and life-long learning
5. Gender equality and women's empowerment
6. Water and sanitation
7. Energy
8. Economic growth, employment and infrastructure
9. Industrialization and promoting equity among nations
10. Sustainable cities and human settlements
11. Sustainable consumption and production
12. Climate change
13. Conservation and sustainable use of marine resources
14. Ecosystems and biodiversity
15. Means of implementation/global partnership for sustainable development
16. Peaceful and inclusive societies, rule of law and capable institutions

The OWG will hold monthly sessions through July before submitting its final proposal on the Sustainable Development Goals (SDGs) to the General Assembly in September 2014. The UN Secretary-General will produce a synthesis report by the end of 2014. Member State negotiations will be held during 2015 and final consensus sought at the General Assembly in September of that year (see Annex 3 for high-level political calendar of key events).

III. The AIDS response: unfinished business; transformative opportunities

The AIDS epidemic's interaction with poverty, exclusion, culture, law, gender dynamics, religion, taboos and more has demanded that the response directly confront the political and social determinants of people's risk-taking behaviours and vulnerability to HIV. In doing so, people living with HIV and other advocates have advanced frontiers on equality, human rights, SRHR, trade, access to medicines, access to employment, social protection, inclusive governance, and accountability. Their activism has catalyzed positive social change and generated novel governance and financing mechanisms at national and global levels – including, for example, UNAIDS. Activism has changed the way health services are delivered, and produced evidence that tackling the determinants of HIV risk and vulnerability is key to healthier, more equitable and more secure societies.

The AIDS response is unique in the movement that drives it; in the unprecedented resources it has mobilized; in the multisectoral partnerships between science, activists, communities, and the public and private sector; in its effective advocacy for change in public policy approaches; and, most importantly, in the impact it has had on delivering health, welfare and human dignity to millions of people.

The Millennium Development Goals (MDGs) recognized reversing the AIDS epidemic as a key target for development progress. That understanding and commitment has delivered

results. Over the past decade new HIV infections have declined by 33%. Ten million people living with HIV in low- and middle-income countries are accessing life-saving treatment and, despite the global financial crisis, access is rapidly expanding. Today, millions of people are alive because the global community chose, against considerable odds and amid much scepticism, to commit to introducing treatment worldwide.

Complacency, however, could reverse these results. The epidemic is far from over. More than two million new HIV infections occur every year, 40% of which are among young people aged 15-24[4]. HIV incidence is rising fastest among the least educated and most impoverished groups, especially in urban centres. While a record number of people are accessing HIV treatment, 18 million people eligible for treatment remain without access today and treatment coverage for children remains particularly problematic. In 2012, 1.6 million people died of AIDS-related deaths; AIDS remains the leading cause of death globally among women of reproductive age. In many places, the maturation of the epidemic has exacerbated the over-burdening of health systems ill-equipped to provide the needed chronic care for patients on HIV treatment, while long-term treatment itself is associated with increased risk of non-communicable diseases (NCDs). The distribution of new HIV infections within populations has also been changing steadily in many countries. Epidemics among key populations – men who have sex with men, sex workers and their clients and people who use drugs – are on the rise in some places.[5] Traditional HIV prevention efforts are frequently inadequate and ineffective for these groups who are most often stigmatized, marginalized, disempowered and hard-to-reach.[6] Punitive laws focused on key populations remain common throughout the world: in 2012, 70% of countries were reported to have laws, regulations and policies presenting obstacles to effective programmes.

While new HIV infections continue to occur at high rates among certain populations, and are growing in some regions, Working Group 1 of the UNAIDS and Lancet Commission validated the concept that ending the AIDS epidemic is possible in the coming years.[7]. Drawing from experiences in countries and mathematical models, the Working Group demonstrated that combinations of available interventions could reduce HIV incidence to a level that no longer represents a public health threat.

Ending AIDS: What will it take?[8]

Ending AIDS will not be an easy task; it will require much more than political commitment or biomedical tools. A more detailed understanding of HIV transmission at the local level needs to be combined with renewed effort to address ongoing HIV transmission. Concerted action at the local level needs to learn from past failures, and build on local and global successes in implementing effective interventions to scale. Locally tailored responses must be combined with deliberate national and global policies and investments, strengthened by strategic alignment with other development and health efforts, including a reinvigorated effort to address law reform, gender inequalities, gender-based violence, stigma and discrimination, and strengthen health systems and programmes. Simultaneously, scientific innovation, including research for an effective HIV vaccine and cure, must be bolstered. Now more than ever, the global AIDS response cannot afford to lose its momentum.

IV. Ending the AIDS epidemic: post-2015 goal and targets

Encouraged by breakthrough progress, the AIDS community is increasingly driven by a shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. The UN Secretary-General has called for a future free of AIDS[9]; the African Union has called for ending AIDS, tuberculosis and malaria by 2030[10]; and the United States Government has called for an AIDS-free generation[11]. The Washington DC Declaration, signed by thousands of organizations, public figures, advocates, scientists and practitioners worldwide, calls for leadership and commitment to seize the opportunity of beginning to end the epidemic[12], while the Organisation of African First Ladies against AIDS has called on those articulating the post-2015 agenda to prioritise ending AIDS, TB, malaria and cervical cancer on the continent by 2030. The International Federation of Medical Student's Association, representing 1.3 million medical students, has called on governments to commit to finish the MDGs and set new ambitious targets to end the AIDS epidemic[13] and 100-plus African civil society organizations[14] have urged African leaders to intensify efforts to end the AIDS epidemic by 2030.

Continued commitment to the AIDS response is critical. The ECOSOC Resolution E/2013/L.32 stressed the importance of ensuring that the AIDS response is an important element in the post-2015 agenda. It also recognized the value of the lessons learned from the response for the next agenda, including those learned from the unique approach of the UNAIDS Joint Programme in enhancing strategic coherence, coordination, results-based focus and country-level impact[15].

A prominent position for AIDS in the next development framework is in the interest of all countries: as a public health priority in many countries and as a potential pathfinder, strategic partner and catalyst for more inclusive, gender-transformative and rights-based action, which puts people at the centre of development. A global commitment to ending AIDS as well as tuberculosis and malaria will hold the international community accountable to the unfinished MDGs—while demanding a paradigm shift towards breaking down governance, socioeconomic, legal and political obstacles to sustainable development and to ensuring healthy, productive and dignified lives for all.

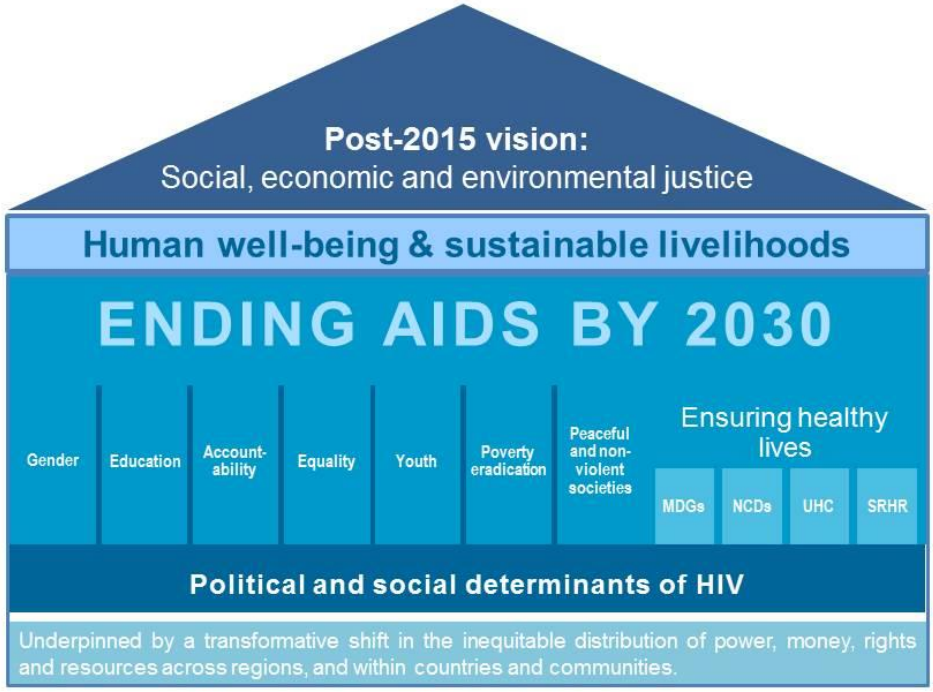
UNAIDS proposes a target of ending the AIDS epidemic, in the context of its vision (Figure 1, for further information see Annex 4). The proposed AIDS targets in Figure 1 should be considered both as possible elements of the post-2015 agenda as well as a starting point for discussions on the accountability framework of a possible Political Declaration to build on the 2011 UN Political Declaration on HIV and AIDS. The achievement of these targets directly translates into life, health and dignity for millions of people – including improved social, educational and economic outcomes. Modelling is currently underway to illustrate just how much will be gained through achieving these targets and the associated price tag.

V. Positioning AIDS and strengthening social justice across the agenda

Ending the AIDS epidemic will require the global community to build on the MDGs but go beyond them to address fundamental development issues such as equality, social capital, community system strengthening, employment, the untapped potentials of young people, the realization of human rights and sustainable use of the environment.

Ending the AIDS epidemic is possible but is contingent on joined-up, rights-based action on the social, political and economic determinants of HIV. It will demand new models of service delivery and development cooperation, investment in science and innovation as well as strengthened partnerships with, for example, the women's and youth movements and the private sector. Ending the AIDS epidemic will not be possible without breakthrough progress across several potential goal areas (Figure 2, Table 1). Despite the ambition of the AIDS response to enable universal access to services, powerful barriers to the right to health remain entrenched, particularly for the most vulnerable. These are closely linked to social and structural determinants such as age, income, education, housing, occupation, social class, gender norms, race/ethnicity and legal frameworks. Progress in poverty reduction, universal education, sexual and reproductive health and rights, and gender equality for example are strongly linked to improved HIV treatment adherence, reduced mortality and lower rates of new HIV infections particularly among women and girls[16]. Food insecurity can lead to coping behaviours such as selling assets, removing children, particularly girls, from school, migrating and engaging in transactional sex, increasing exposure to HIV. Social protection is a critical enabler of progress on a range of development goals, including ending poverty, promoting gender equality and empowerment and reducing risk of HIV infection and enabling access to treatment.

Figure 2. AIDS in the emerging post-2015 goal architecture



Progress towards ending the epidemic, however, can also spur progress on a range of development, gender equality and human rights challenges (Table 1). As the AIDS response continues to evolve, evidence is mounting of the power of uniting prevention, treatment and care strategies with social and structural interventions. The inclusion of HIV-sensitive measures under several potential goal areas can further align the AIDS, gender equality, youth, social protection and human rights agendas and incentivise joint action to forcefully address the common social and structural determinants of HIV, ill-health, poverty and inequality from the community to the global level.

The ambition to address the three dimensions of sustainable development in an agenda will require significant attention to and action on the interlinkages between different sectors. This integration will be key to the success of the SDGs, but also presents a significant challenge in the design of the framework. To facilitate discussion, the OWG has produced an annex to its focus areas document highlighting the possible interlinkages between the different areas[17].

Table 1. Mutually reinforcing relationships between HIV and several potential SDG areas beyond health

Ending AIDS will not be possible without breakthrough progress across development. Similarly progress towards ending AIDS can drive transformative change and dynamic partnerships to deliver outcomes in poverty eradication, education, equality and other shared agendas.

The impact of potential SDG areas on HIV		The impact of HIV on other SDG areas
AIDS and poverty are mutually reinforcing. Conditions of poverty facilitate HIV transmission and increase susceptibility to infection both biologically (such as malnutrition or other conditions that weaken the immune system) and socially (low education, food insecurity, poor access to prevention methods).	**Poverty eradication**	AIDS can have a devastating effect on households and economies at all levels. A 2005 study estimated the welfare cost of AIDS in sub-Saharan Africa to be in the order of $800 billion. Conversely, access to HIV treatment generates economic returns up to three times the investment by increasing productivity, preventing children from becoming orphaned, reducing rates of tuberculosis and deferring the health care costs associated with advanced HIV-related illnesses.[18]
Access to education for all is central to providing the life skills needed to negotiate healthy relationships and make responsible, informed decisions. Educational attainment is directly correlated with positive health outcomes, delayed sexual debut and reduced sexual risk behaviours. Access to education, including age-appropriate, culturally relevant, evidence-based sexuality education, also promotes gender equality and empowers young people to reduce their risk of acquiring and transmitting HIV..	**Education**	People living with HIV often face stigma and discrimination in school settings, which affects their ability to enjoy their right to education and work. Young people with family members living with HIV (especially girls and women who provide the majority of care) and family members who have died from AIDS, face greater challenges staying in school and getting a quality education. More broadly, HIV-related stigma, discrimination and gender-based violence in school settings create an educational environment that is detrimental to all.
Women and girls' risk of HIV is shaped by deep-rooted and pervasive gender inequalities including violence against women. In many places, social norms permit men to have multiple sexual partners and to dominate sexual decision-making, while women's ability to negotiate condom use or their engagement in	**Gender equality**	Women are disproportionately affected by the HIV epidemic. Young women aged 15-24 are twice as likely to be living with HIV as their male peers. Studies conducted in Kenya[19], South Africa[2021], Tanzania[22], and Zimbabwe[23] found consistently higher rates of intimate partner violence experienced by women living with HIV.

The impact of potential SDG areas on HIV		The impact of HIV on other SDG areas
transactional sex is often shaped by their economic dependence on men.		Fear of violence can also influence whether or not a woman feels able to utilize counselling and testing services.[24]
Young people can be important advocates for their specific sexual and reproductive health and employment needs. Given the opportunity, they can introduce more youth sensitive perspectives to policy-making processes.	**Young people**	Across all cultures, young people—for structural, psychological and social reasons—are at the centre of the epidemic and are particularly vulnerable to HIV[25]. Young people's vulnerability to HIV is further compounded by the fact that they make up a significant proportion of key populations.
Socioeconomic inequality is closely linked to HIV prevalence – demonstrated in settings as diverse as Canada, China and sub-Saharan Africa as a whole. Ethnic inequality is also a factor: the high rate of new HIV infections among African Americans in the US, for example, has been linked to lower access to healthcare, housing and HIV prevention education, as well as the higher poverty rate among the population.[26] Increasingly, AIDS is recognized as a disease of inequality.	**Equality**	Vulnerable populations disproportionately bear the brunt of the HIV epidemic. The ability of these populations to access HIV services, and their protection from stigma and discrimination and other violations of their human rights, is critical to ending AIDS and central to achieving more inclusive and equitable societies. Conversely, the AIDS response has demonstrated the power of broad-based social movements, and generated strategies and momentum to deliver social change more broadly.
People living with HIV require lifelong access to treatment, and increasingly to medicines for NCDs – yet these remain cost prohibitive for millions of people. Systemic changes must be made to ensure access to essential medicines as a global public good, including through innovative partnerships, use of TRIPS flexibilities, local production and medicines regulatory harmonisation.	**Means of implement-ation**	The AIDS response – given its experience in galvanizing political support, mobilizing domestic and external resources, addressing TRIPS and bringing about tiered prices for treatment – is being leveraged to support regions to develop new health financing partnerships, enhance pharmaceutical security and promote innovative approaches to health governance.
Collective action and collaboration among multiple stakeholders in delivering equitable and sustainable public goods including healthcare, water and education is only possible in stable and peaceful societies with strong and accountable institutions of governance, including strong legal frameworks which protect key populations.	**Nonviolent societies and strong institutions**	The AIDS response, led by people living with and affected by HIV, has delivered results in implementing community-based interventions to reduce violence against women and has been a pathfinder in demanding and establishing people-centred accountability mechanisms.

VI. Towards a holistic and rights-based health goal

To date, the majority of proposals on the post-2015 agenda, including the OWG Focus Areas, see a place for AIDS in the agenda through an agreed commitment to the unfinished MDGs, and position ending AIDS in the context of a future health goal. Key inputs on post-2015 acknowledge that health is both an inalienable human right and a "precondition for, an outcome of, and an indicator of all three dimensions of sustainable development"[27]. Among the 1.8 million people who participated in the MYWorld Survey, "better healthcare" was identified as the second highest priority for the post-2015 agenda[28]. The centrality of health to development is recognized in the MDGs – which include three separate health goals.

While progress towards the health MDGs has been strong in places, they will not be reached in many countries[29]. Further, NCDs, injuries and violence are increasingly significant global contributors to preventable death – including in low- and middle-income countries. The interconnectedness of the determinants of health-promoting lifestyle choices and risk factors for NCDs and HIV demand closer alignment in efforts to prevent and treat both. At the same time, the majority of efforts to promote health continue to operate in the realm of services delivered by the health sector. By failing to consider how social, political, economic and environmental factors contribute to poor health and health inequity, solutions that lie outside the health sector are missed, while the excluded –people without political power, the isolated, marginalized and discriminated against – lose out. For a transformative post-2015 agenda, the next set of development goals, targets and indicators must incentivise policy coherence, multisectoral solutions and integrated services for health in its broadest sense.

The post-2015 health goal, therefore, should be holistic and ambitious, along the lines of "ensuring healthy and dignified lives at all ages". It could usefully include both impact and process targets, grounded in the right to health and with a focus on equity. A future health agenda should also ensure that political priority is given to the hardest to reach and most vulnerable and marginalized populations, with data disaggregated to measure progress in these populations. See Annex 5 for further discussion on proposed health goals. Targets under the overarching health goal could usefully encompass:

1) Ending the AIDS epidemic (supported by three sub-targets on reducing new HIV infections, stigma and discrimination experienced by people living with HIV and key populations, and AIDS-related deaths to 10% of 2010 levels)
2) Eliminating preventable child and maternal mortality
3) Universal access to sexual and reproductive health and rights
4) Reducing premature deaths as a result of non-communicable diseases.
5) Ensuring Universal Health Coverage, with explicit measures on the extent to which the most marginalized and vulnerable groups access prevention, treatment and financial risk protection services; that services are of good quality and match the needs of the population; and that financial risk protection eliminates cost as a barrier to access.
6) Empowering individuals, community systems and civil society and the private sector as agents of change for health and development, to engage in policy-making, decision-making and the delivery of health services.

Positioning a target on ending AIDS by 2030 under an overarching health goal would offer opportunities to improve synergies in investments, policies and programming across health issues, and take the AIDS response further out of isolation.

VII. Accountability: people and communities at the centre of sustainable development

UNAIDS recognizes the importance of guarantees for access to basic social services including health, education, housing and decent work and for the rights to political representation, participation, freedom of expression, organization and justice, particularly for poor and marginalized people.

The political will to challenge the economic and power imbalances that perpetuate poverty, inequality and unsustainable development will not arise spontaneously. Communities and individuals must be empowered to monitor progress, and demand accountability and action when results are inadequate. The post-2015 agenda would ideally establish and safeguard rigorous, inclusive and independent accountability mechanisms and include the following commitments:

- **Empower with information**: Press for better and more open data and strategic information for use by policy-makers and the public to improve evidence-informed decision-making and allocation and management of resources;
- **Guarantee civic rights**: Institutionalise guarantees for active citizenship and rights to political representation, participation, freedom of expression, information, organization and justice in safe, enabling and empowering environments, particularly for poor, stigmatized and marginalized people;
- **Enhance governance**: Strengthen institutions of governance for effective and accountable leadership;
- **Allocate resources**: Allocate resources to strengthen community systems and equip individuals to press for progressive policy and legal reform, demand services and initiate their own actions for change;
- **Strengthen independent monitoring**: Independently monitor how global governance processes are impacting health equity, with greater attention to HIV and health rights in existing human rights reporting mechanisms such as Universal Periodic Reviews.

Driven by the GIPA principle[30], the AIDS response has continually created and protected critical space for civil society and affected communities to participate in decision-making, implementation and monitoring – including through inclusive country reporting, national AIDS committees and the governance of global bodies (e.g. UNAIDS and the Global Fund to Fight AIDS, TB and Malaria). The experience of the innovative, though imperfect, National Commitments and Policy Instrument (NCPI)[31] can provide important lessons on gathering data on legal, policy, and strategic aspects of the post-2015 agenda by both governments and non-state actors to ensure mutual accountability, as well as on the need to develop meaningful measures of the quality of political commitment and inclusive governance mechanisms. The People Living with HIV Stigma Index[32] provides another novel approach upon which to build. There is potential to build on both its design – the tool is driven by

people living with HIV and their networks to empower them to know and claim their rights; and what it measures – changing trends in the experience of stigma, discrimination and socioeconomic exclusion by vulnerable and marginalized populations.

Drawing on this experience, UNAIDS can lend strategic leadership on the development of inclusive accountability mechanisms as well as propose and advocate for meaningful indicators on political commitment and inclusive governance to monitor progress towards the implementation of the post-2015 development agenda.

VIII. Towards a shared vision of justice for all

With adequate investments, rights-based policies and innovative programming, ending AIDS is possible and can be one of the great triumphs of the post-2015 era. The AIDS response has demonstrated its ability to break through political gridlocks, to dismantle unhealthy and unjust global trade regimes, to confront deeply entrenched social norms, to establish partnerships across sectors and to constantly innovate where systems and institutions were ineffective. Building on the power of the AIDS response and a commitment to leave no one behind, UNAIDS is seeking to ensure that a future health goal, and other relevant goals, inspire political commitment to ending the AIDS epidemic by 2030 and achieving social, economic and environmental justice for all.

Annex 1 – List of OWG and PCB members

Open Working Group members	PCB members
Algeria/Egypt/Morocco/Tunisia	Australia
Argentina/Bolivia/Ecuador	Brazil
Australia/Netherlands/United Kingdom	China
Bahamas/Barbados	Congo
Bangladesh/Republic of Korea/Saudi Arabia	Denmark
Belarus/Serbia	El Salvador
Benin	France
Bhutan/Thailand/Viet Nam	Guyana
Brazil/Nicaragua	India
Bulgaria/Croatia	Iran
Canada/Israel/United States of America	Japan
China/Indonesia/Kazakhstan	Kazakhstan
Colombia/Guatemala	Luxembourg
Congo	Morocco
Cyprus/ Singapore/United Arab Emirates	Poland
Denmark/Ireland/Norway	Sierra Leone
France/Germany/Switzerland	Switzerland
Ghana	Tanzania
Guyana/Haiti/Trinidad and Tobago	Ukraine
Hungary	United Kingdom
India/Pakistan/Sri Lanka	United States of America
Iran/ Japan/Nepal	Zimbabwe
Italy/Spain/Turkey	
Kenya	
Mexico/Peru	
Montenegro/Slovenia	
Nauru/ Palau/Papua New Guinea	
Poland/ Romania	
Tanzania	
Zambia/Zimbabwe	

Annex 2 - OWG goal and target areas relevant to the AIDS response (from the Working Document for 5-9 May 2014 Session)

Focus area 1. Poverty eradication, building shared prosperity and promoting equality

End poverty in all its forms everywhere

a) eradicate extreme poverty by 2030
b) by 2030 implement nationally appropriate social protection measures including floors, with focus on coverage of the most marginalized
c) ensure equality of economic opportunity for all women and men, including secure rights to own land, property and other productive assets and access to financial services for all women and men

Focus area 2. Sustainable agriculture, food security and nutrition

End hunger and improve nutrition for all through sustainable agriculture and improved food systems

a) all people have access to adequate (safe, affordable, diverse and nutritious) food all year round

Focus area 3. Health and population dynamics

Healthy life at all ages for all

a) by 2030 reduce the maternal mortality ratio to less than 40 per 100,000 live births, end preventable new-born and child deaths and reduce by x% child and maternal morbidity
b) by 2030 end the epidemics of HIV/AIDS, tuberculosis, malaria and neglected tropical diseases
c) reduce by x% the risk of premature mortality from non-communicable diseases (NCDs), injuries and promote mental health with strong focus on prevention
d) achieve universal health coverage (UHC), including financial risk protection, with particular attention to the most marginalized
e) by 2030 ensure universal access to affordable essential medicines and vaccines for all
b) ensure universal access to comprehensive sexual and reproductive health for all, including modern methods of family planning
f) eliminate narcotic drug and substance abuse

Focus area 4. Education and life-long learning

Provide quality education and life-long learning for all

a) by 2030 ensure universal, free, equitable access to and completion of quality primary and secondary education for all girls and boys, leading to effective learning outcomes

Focus area 5. Gender equality and women's empowerment

Attain gender equality and women's empowerment everywhere

a) by 2030 end all forms of discrimination against women of all ages
b) by 2030 end violence against women and girls in all its forms
c) by 2030 ensure equal access to education at all levels
d) by 2030 ensure equal employment opportunities for women and equal pay for equal work
e) by 2030 ensure equal access to, and control of, assets and resources, including natural resources management
f) ensure equal participation and leadership of women in decision-making in public and private institutions
g) by 2030 end child, early and forced marriage
h) by 2030 reduce the burden of unpaid care work
i) by 2030 ensure universal access to sexual and reproductive health and reproductive rights
j) promote the availability of gender disaggregated data to improve gender equality policies, including gender sensitive budgeting

Focus area 8. Economic growth, employment and infrastructure

Promote sustainable, inclusive and sustained economic growth and decent jobs for all

a) sustain income growth of the bottom 40% of the income distribution of each country to reduce income inequalities by 2030
b) achieve full and productive employment and decent work for all who seek employment including for marginalized groups by 2030
c) halve the number of youth not in employment, education or training by 2020
d) protect the rights of all workers, including migrant workers, in compliance with ILO fundamental rights at work

Focus area 10. Sustainable cities and human settlements

Build inclusive, safe and sustainable cities and human settlements

a) by 2030, ensure universal access to adequate and affordable housing and basic services for all, and eliminate slum- like conditions everywhere

Focus area 15. Means of implementation/Global partnership for sustainable development

Strengthen global partnership for sustainable development

Trade:

- promote open, rules-based, non-discriminatory and equitable multilateral trading and financial systems, including complying with the agricultural mandate of the WTO Doha Round

Technology transfer, technological capabilities:

a) enhance regional and international cooperation for science, technology, and innovation and research, and enhance knowledge through North-South, South-South cooperation, solutions-oriented sharing, including and triangular
b) support fully research and development of vaccines and medicines for the common diseases of developing countries, notably LDCs

Financing and debt sustainability:

a) full implementation by developed countries of ODA commitments on an agreed timetable based on agreed principles
b) mobilize additional financial resources from multiple sources, including reducing the cost of remittances
c) strengthen domestic resource mobilization, including by improving tax collection and the efficiency of public spending, reducing tax evasion and avoidance, improving stolen asset recovery, and strengthening systems to harness domestic savings for investment

Strengthened global partnership for sustainable development:

a) regular monitoring and reporting of progress on SDGs within a shared accountability framework, including means of implementation, the global partnership among Member States and multi-stakeholder initiatives and partnerships161

Focus area 16. Peaceful and inclusive societies, rule of law and capable institutions

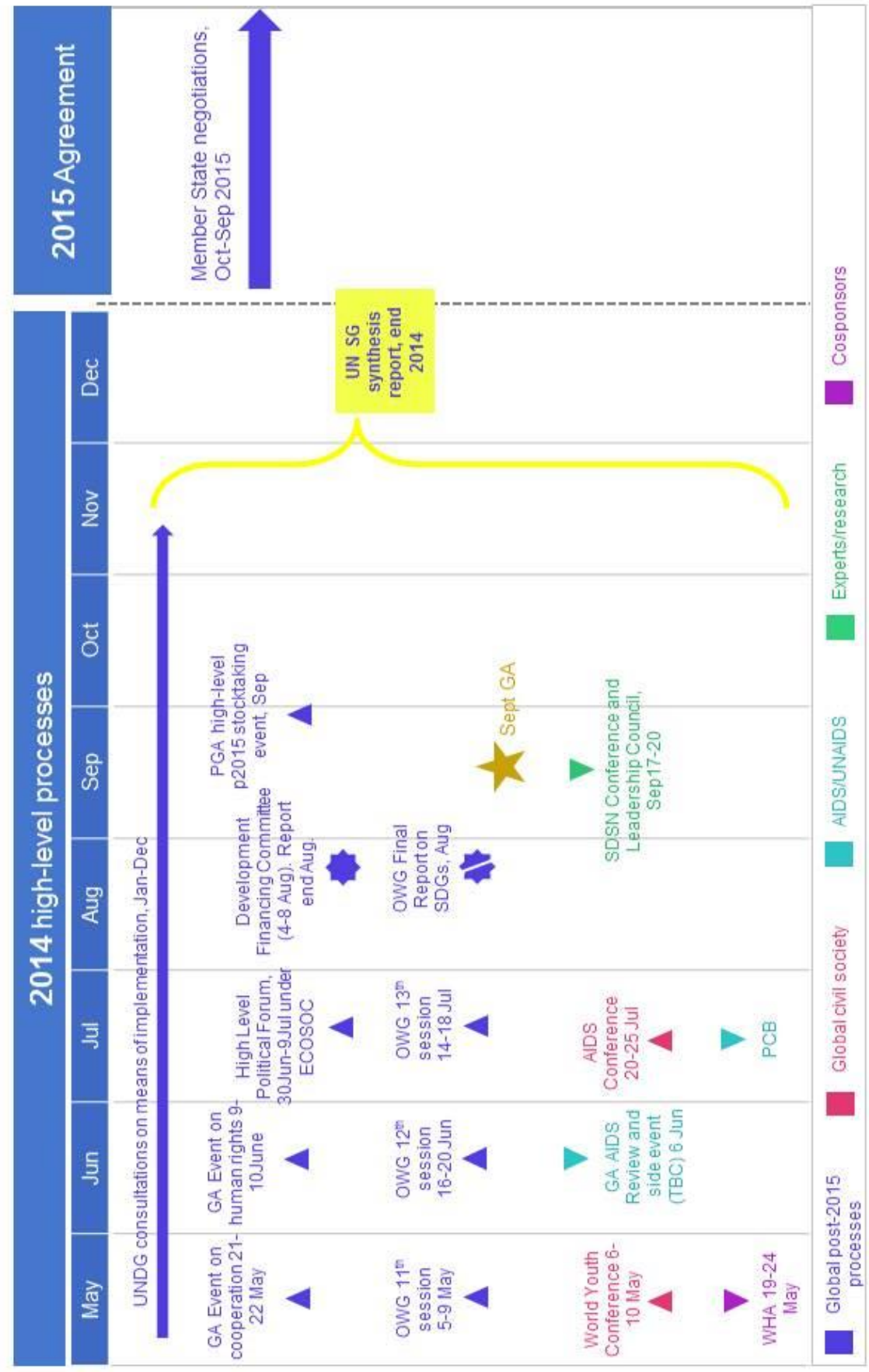
Creating peaceful and inclusive societies:

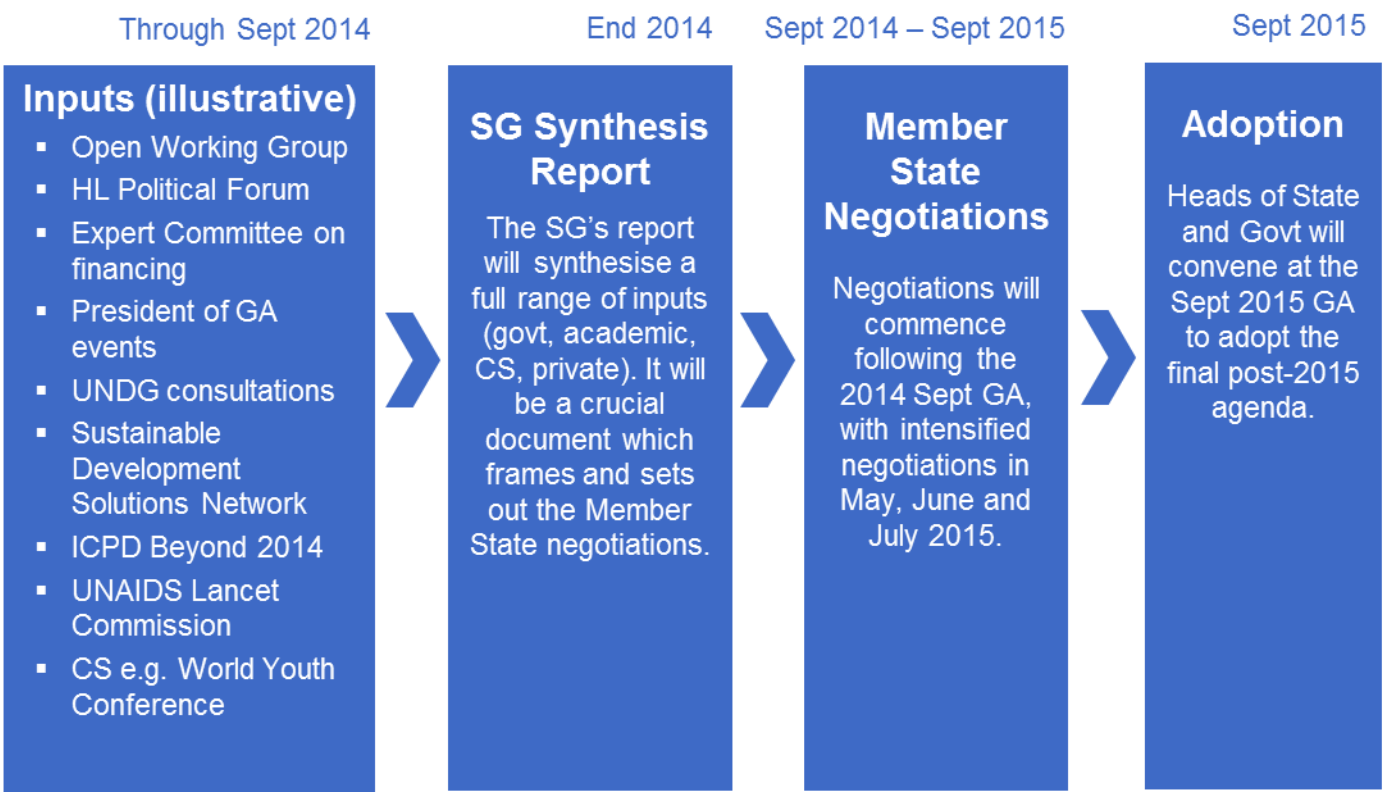
a) by 2030 reduce by x% crime, violence and exploitation especially of children and women including by reducing organized crime and human trafficking
b) by 2030 eliminate discriminatory laws, policies and practices, empower marginalized groups, in the social, political and economic fields
c) by 2030 establish inclusive, participatory decision-making, including at local governments, taking into consideration the interests of future generations

Rule of law, capable institutions:

a) by 2030 develop effective, accountable and transparent institutions at all levels
b) by 2030 provide equal access to independent and responsive justice systems including related to property and tenure rights, employment, business, taxation, trade and finance

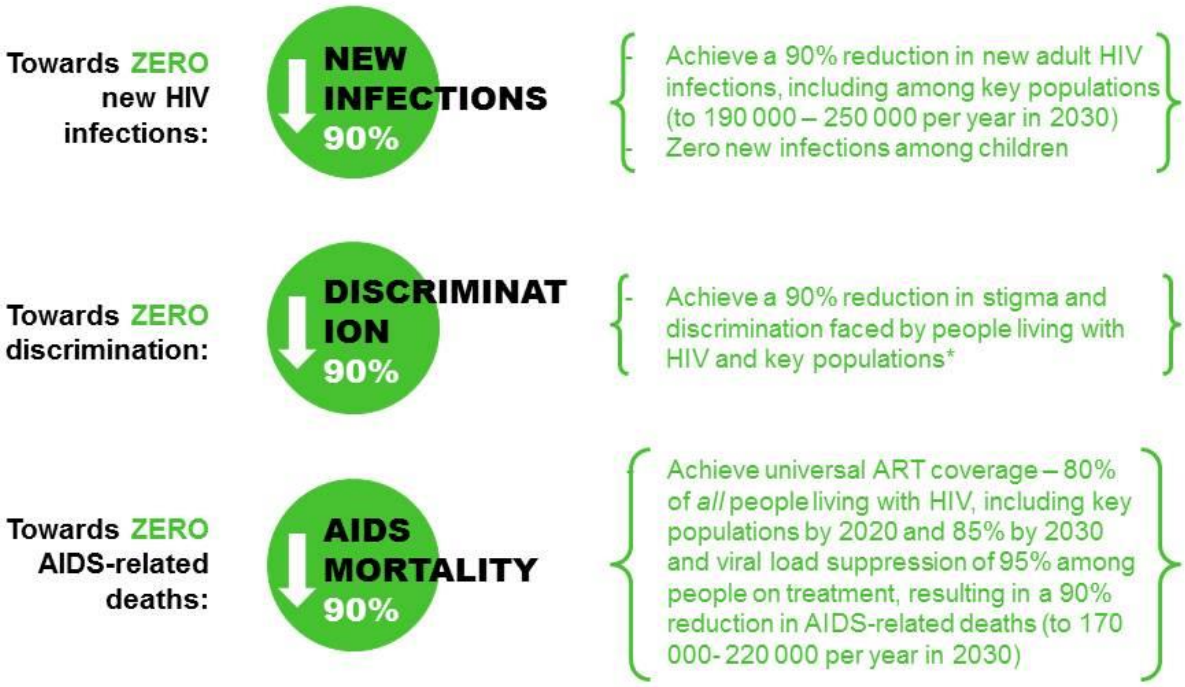
Annex 3 – Political calendar and summary of post-2015 processes




Through Sept 2014
End 2014
Sept 2014 – Sept 2015
Sept 2015
Inputs (illustrative)
Open Working Group
HL Political Forum
Expert Committee on financing
President of GA events
UNDG consultations
Sustainable Development Solutions Network
ICPD Beyond 2014
UNAIDS Lancet Commission
CS e.g. World Youth Conference
SG Synthesis Report
The SG's report will synthesise a full range of inputs (govt, academic, CS, private). It will be a crucial document which frames and sets out the Member State negotiations.
Member State Negotiations
Negotiations will commence following the 2014 Sept GA, with intensified negotiations in May, June and July 2015.
Adoption
Heads of State and Govt will convene at the Sept 2015 GA to adopt the final post-2015 agenda.

Annex 4: Proposed text for AIDS target and three sub-targets

Ending the AIDS Epidemic by 2030:
3 sub-targets



All indicators, targets and milestones to be disaggregated by: age, gender, key population, and income status to measure progress on equity. The baseline year for all targets is 2010.

* Building on the following GARPR indicator (8.1), but including key populations: Percentage of women and men aged 15–49 who report discriminatory attitudes towards people living with HIV
http://www.unaids.org/en/media/unaids/contentassets/documents/document/2014/GARPR_2014_guidelines_en.pdf

Annex 5. Discussion on three potential health goals

Goal: Ensuring healthy lives[33]	
Targets	• End preventable infant and under-5 deaths. • Increase by x% the proportion of children, adolescents, at-risk adults and older people that are fully vaccinated. • Decrease the maternal mortality ratio to no more than x per 100,000. • Ensure universal sexual and reproductive health and rights, • Reduce the burden of disease from HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and priority non-communicable diseases.
AIDS considerations	• Focus on infant and maternal mortality, sexual and reproductive health, TB – closely linked to AIDS response – could incentivize joined-up action. • However call for *reducing burden* of HIV is not sufficiently ambitious, nor sufficiently compelling to mobilise people and action. • Proposals: 1) Goal to be re-phrased 'ensuring healthy and dignified lives at all ages'; 2) Preamble to make reference to ending the AIDS epidemic; 3) A specific target on ending the AIDS epidemic by 2030; 4) Three sub-targets on reduction in HIV incidence, discrimination against people living with HIV, women and girls, and key populations and AIDS-related mortality.

Goal: Halving premature deaths	

Targets (illustrative, no consensus yet)	• Child Health
	  • Ending preventable child deaths in our lifetime by reducing child mortality by 2/3rds by 2030. Baseline 2010 (7Million).
	  • All countries: More than 97% of newborns can expect to reach their 5th birthday (U5MR <25 per 1000 live births).
	• Maternal Health
	  • Ending preventable maternal deaths by reducing maternal deaths by 2/3 by 2030 + Universal Access to sexual and reproductive health services. Baseline 2010 (287,000).
	  • All countries: More than 99.9% of mothers can expect to survive pregnancy and birth (MMR <70 per 100,000 live births).
	• Major communicable diseases
	  • Achieve complete control of the major epidemics (HIV/AIDS, Malaria and TB) by reducing new infections (or cases) and deaths by 4/5ths by 2030. Baseline 2010.
	• NCDs
	  • 1/3rd reduction in premature death (<70) in 4 diseases (CV/Can/COPD/diabetes).
	• Universal Health Coverage
	  • Financial risk protection for all e.g. Zero impoverishment due to health expenditure
	  • Universal essential health service coverage e.g. full coverage of interventions related to MDGs and the promotion, prevention, treatment, rehabilitation and palliation related to NCDs.

AIDS considerations	• Appreciate commitment to complete control of AIDS epidemic; target in line with UNAIDS' proposed position. • Must ensure, in monitoring new HIV infections and treatment access under UHC, that indicators are disaggregated by key populations. • Need for third target on reducing discrimination against people living with HIV and key populations.

Goal: Achieve UHC – All people should have access to the quality, essential health services they need without enduring financial hardship[34]	
Targets	• By 2030, at least 80% of the poorest 40% of the population have coverage to ensure access to essential health services. • By 2030, everyone (100%) has coverage to protect them from financial risk, so that no one is pushed into poverty or kept in poverty because of expenditure on health services.
Indicators	**1. Health Services Coverage:** *a. MDGs:* i. Aggregate: A measure of MDG-related service coverage that is an aggregate of single intervention coverage measures. ii. Equity: A measure of MDG-related service coverage as described in 1a.i for the poorest 40% of the population. *b. Chronic Conditions and Injuries (CCIs):* i. Aggregate: A measure of CCIs-related service coverage that is an aggregate of single priority interventions to address the burden of NCDs, including mental health and injuries. ii. Equity: A measure of CCI service coverage as described in 1b.i for the poorest 40% of the population. **2. Financial Risk Protection Coverage:** *a. Impoverishing Expenditure:* i. Aggregate: A measure of the level of household impoverishment arising from out-of-pocket expenditures on health, equal to the ratio of the poverty gap in a world without out-of-pocket payments to the actual (larger) poverty gap. *b. Catastrophic Expenditure:* i. Aggregate: The fraction of households incurring catastrophic out-of-pocket health expenditures. ii. Equity: The fraction of households among the poorest 40% of the population incurring catastrophic out-of-pocket health expenditures.
AIDS considerations	• Preamble must make reference to ending the AIDS epidemic. A UHC goal will likely only include one indicator from the UNAIDS proposed framework on AIDS in the post-2015 agenda, namely treatment coverage, to contribute to an aggregate measure of MDG-related service coverage. HIV prevention however is equally central in efforts in ending AIDS and must be measured. • If UHC becomes the health goal, including AIDS indicators in other goals becomes even more critical. • A UHC goal does not focus on health outcomes and on the economic and social determinants of health, which are vital for ensuing healthy lives and to ensure that no one is left behind. • Concern that equity measured through wealth quintiles *only* will miss most vulnerable and marginalized groups who are not always among the poorest. • UHC would be a useful target under a goal of 'ensuring healthy lives'.

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