

*to be put in the report*

## UNAIDS STATEMENT at

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### Implementing a transformation for sustainable development in Asia and the Pacific

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Mr. Chair, Excellences, distinguished delegations and dignitaries, ladies and gentlemen good morning. Thank you for giving United Nations Joint Programme of HIV and AIDS (UNAIDS) an opportunity to briefly share UNAIDS position on the proposed post 2015 development agenda and "Implementation and transformation for sustainable development in Asia and the Pacific".

#### Remarkable Progress in Global and Regional AIDS response:

For the last decade the UN member states and the international community has delivered remarkable results in its efforts to achieve Millennium Development Goal # 6.

- Globally, nearly 10 million people are on treatment, adult new infection has come down by 33% since 2001. There were more than half a million fewer deaths in 2013 than in 2001. Still the response falls short of optimum levels with at least 5 million people yet to be reached for treatment as per earlier guidelines and decline of adult new infection reducing by 20% from baseline 2010 against a target of 50%.
- In Asia and the Pacific, more people than ever are accessing treatment in the region - 1.25 million in 2012 (51%), good progress but falling behind global averages of 61%, New infections have fallen over 26% over the last decade (from 2001-2012). AIDS-related deaths across the region have declined 18% since 2005 to an estimated 270 000 [190 000–360 000]

This remarkable success would have not been possible without setting **an ambitious target** at the beginning of MDG and subsequent political declaration on HIV/AIDS in 2006 and 2011, without a **bold and strong political commitment**, without a unique **inclusive and partnership approach of CSOs and all stakeholders** at all stages of AIDS responses in the world.

We have to say thank you to the MDGs, ESCAP and UN member states for driving and sustaining this momentum on AIDS.

**Asia Pacific is at a crossroads on AIDS:** Despite making notable progress, overall reduction of new infections remains largely unchanged to 350,000/year for the past five years. Emerging epidemics are becoming evident in a number of countries with large populations (Indonesia, Pakistan, Philippines) and or in some hotspot of countries and among key populations are on the rise.

The reasons behind are mainly structural, legal and social barriers (punitive laws and practices) to accessing the HIV and AIDS services by the marginalized and key populations (men having sex with men, people who inject drugs, sex workers, transgender) who need it most. All forms of inequality including stigma, discrimination and violation of human rights are hindering accessing services by the key populations. **The post 2015 development goals must address the issues of structural, legal and social barriers and all forms of inequality through legal review and reform for achieving the unfinished goals.**

**AIDS is an unfinished MDG and it's not over:** Despite remarkable progress in the response, the epidemic is far from over especially in Asia and the Pacific Region. Emerging epidemics are becoming

evident in a number of countries with large populations (Indonesia, Pakistan, Philippines) and or in some hotspot of countries and among key populations are on the rise. Some countries in the region are likely to achieve MDG 6 and other global commitments related to it, while Asia and the Pacific as whole is unlikely to achieve MDG 6 and other global commitments related to it unless an intensified and accelerated response to AIDS is sustained.

AIDS still remains a key agenda for post 2015 development goals.

- In 2012 35.3 million [32.2 million–38.8 million] people globally were living with HIV of which an estimated 3.6 million [3.2 million–3.9 million] are people aged 50 years or older.
- 2.3 million [1.9 million–2.7 million] people became newly infected with HIV in 2012
- In 2012 1.6 million [1.4–1.9 million] people died of AIDS-related illnesses

With the current trend of the epidemic and responses at the end of 2015 (which is just 15 months from now) the world lives with **around 40 million people** living with HIV with continued increase of new infections of which more than 10% will be people over age of 50 and an estimated 28 million people will need treatment between 2015-2030

That means AIDS will remain as the leading cause of death globally among women of reproductive age. In the next development era, a stagnation or reversal of results and **complacency or inaction** of global leaders will have grave implications for millions of people living with HIV and the people who newly contract HIV every day.

This will particularly impact populations already **vulnerable and marginalised**, including those in extreme poverty, men who have sex with men, sex workers, transgender and people who use drugs and PLHIV who are over age of 50.

To maintain momentum towards ending AIDS epidemic, HIV must be prominently positioned in the post-2015 agenda with **very specific and ambitious, measurable targets on health and social determinant of AIDS**.

#### **Post MDG health – HIV-related goals and considerations**

**Ladies and Gentlemen**, thirty years of one of the most inspiring and effective expressions of global solidarity have 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.

Once again UNAIDS proposes an ambitious 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.

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#### **Goal: Ending the AIDS epidemic<sup>1</sup>**

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<sup>1</sup> For the purposes of this paper, defined as: reducing HIV incidence to a level such that it no longer represents a public health threat

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- Targets**
- **Towards zero new infections:** Achieve 90% reduction in new adult infections and among key populations, and zero new infections among children by 2030.
  - **Towards zero stigma and discrimination:** 90% reduction of stigma and discrimination faced by people living with HIV (PLHIV) and key populations
  - **Towards zero AIDS-related deaths:** 90% reduction of AIDS related death. .
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The achievement of these targets directly translates into life, health and dignity for millions of people – including improved social, educational and economic outcomes.

**UNAIDS suggests, AIDS can be built on illustrative goals of “Ensuring healthy lives” or UHC.**

**UNAIDS 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.

**Conclusions:** Let me conclude my statement with a hope that, the post-2015 agenda would ideally establish and safeguard rigorous, inclusive and independent accountability mechanisms that addresses structural barriers, **Guarantee civic rights, Enhance governance** and accountability at levels, **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 and **Strengthen independent monitoring** 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.

Thank you.

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