

WHY STOP NOW?

A UK BLUEPRINT FOR UK LEADERSHIP IN THE HIV RESPONSE

Huge progress has been made since HIV was first identified over 30 years ago. A tipping point in the epidemic is now within our reach. All it takes is governments like the UK investing sufficient funds smartly, in the right interventions for the right people. If we scale up the response now, and see that tipping point passed, we can save countless lives, as well as billions in future investments.

We need a blueprint for UK leadership in achieving a generation where no one dies of AIDS, no one newly acquires HIV, and where the rights of all people living with HIV are upheld. This World AIDS Day, we call on the UK government to announce its commitment to deliver a blueprint in 2013.

→ THE OPPORTUNITY OF A GENERATION

We are at a time of unprecedented opportunity in the global HIV response. We now know that HIV treatment dramatically prolongs the lives of people living with HIV, as well as substantially reducing its onward transmission.¹ We know that we finally have the right combination of proven interventions to reach a tipping point in the epidemic, and we know that by investing in these, we could protect an additional 7.4 million people from AIDS-related deaths by 2020 – and an additional 12.2 million new people from acquiring HIV.² Finally, we know that putting the rights of people living with HIV at the centre of the response is not only right, but is also critical for its efficacy.

In a basic analysis run for their World AIDS Day accountability report, ONE estimates that at current rates of progress, the tipping point in the trajectory of the epidemic, where more people living with HIV are being initiated into treatment than there are people newly acquiring HIV, will be reached in 2022.³ This isn't good enough, when we have the tools and knowledge to see us reach that moment much sooner.

→ THE INVESTMENT FRAMEWORK

In 2011, global HIV leaders released a new Investment Framework for the HIV response. The Investment Framework modelled that targeting of investment in the most strategic programmes, could have a profound effect on the trajectory of the epidemic, protecting an additional 7.4 million people from AIDS-related deaths and 12.2 million new people from acquiring HIV by 2020. Moreover, the framework's modelling showed that by mobilising sufficient resources to implement this approach now, overall investment in the HIV response could begin to decline in 5 year's time; the tipping point, where more people living with HIV are being initiated into treatment than there are people newly acquiring HIV, would have been reached.⁴ The alternative is seeing costs balloon as new instances of HIV transmission continue to outpace numbers of people accessing treatment (and other core programmes), and as the epidemic continues to grow exponentially.

The Investment Framework model articulates that six core basic programmes⁵ are necessary to respond directly to HIV. However, these can only be effective with 'critical enabler' activities such as human rights advocacy, stigma reduction, and community mobilisation, and development synergies such as promoting gender equality and social protection, which provide crucial links to broader health and development sectors. All of these three components must be scaled

up at the same rate, and must be delivered through an approach based on human rights for the projections described above to be met, and the tipping point to be reached.⁶ In our view, it is critical to ensure gender equality is also included at all levels of the Investment Framework approach.

→ THE UK LEADS THE WAY

The UK government has been a global leader in the HIV response. The UK is the second largest donor to HIV and AIDS to date, and its contributions have seen us move to a world where a tipping point in the epidemic could genuinely be within our reach.

- 8 million people in low and middle-income countries are now accessing HIV treatment, compared to just 400,000 in 2003. 7 million people still have no access to treatment.
- We know how to prevent babies being born with HIV, but 330,000 children were still born with HIV in 2011.
- AIDS-related deaths are declining, from a peak of 2.2 million in the mid-2000s, to 1.8 million in 2010.
- 78% of countries have laws and policies to protect women from discrimination. Yet one in three women will still face violence or sexual abuse in her lifetime that will double her chances of acquiring HIV.
- Tuberculosis is the leading cause of death amongst people living with HIV. Yet only 7% of the 34 million people living with HIV globally were screened in 2010, and too often the response to TB is not integrated with HIV services.
- Even though the United Nations specifically recognises the human rights of people in LGBTI communities, 78 countries still criminalise homosexuality worldwide.
- In 2011 2.5 million people newly acquired HIV, a reduction of 20% since 2001.
- Home based care and palliative care are fundamental parts of the HIV response, yet only 44% of governments report acceptable levels of access to home based care services in their countries.
- This year the UK announced free treatment for HIV for all in the UK. Yet there has been no UK-wide strategy for HIV since 2010.
- By the end of this year, it is expected there will be 100,000 people living with HIV in the UK.

1. The HPTN 052 trial results, released in 2011, showed that HIV treatment was 96% effective in preventing the transmission of HIV in heterosexual couples. HIV Prevention Trials Network (2011). Press Release: http://www.hptn.org/web%20documents/PressReleases/HPTN052PressReleaseFINAL5_12_118am.pdf

2. UNAIDS (2011), 'A New Investment Framework for the Global HIV Response', Geneva.

3. ONE (2012), 'The Beginning of the End? Tracking Global Commitments on AIDS'.

4. The Investment Framework models that increasing investments in the global HIV response now (from US\$16.6 billion in 2011, to US\$22 billion in 2015), means we can be reducing overall costs and investment required to US\$19.8 billion by 2020. UNAIDS (2011), *Ibid*.

5. These are: Focused programmes for key populations at higher risk (including men who have sex with men, people who inject drugs and sex workers and their clients), elimination of new HIV infections in children, programmes that focus on the reduction of risk of HIV exposure through changing people's behaviour and social norms, procurement, distribution and marketing of male and female condoms, treatment care and support for all people living with HIV, and voluntary medical male circumcision in countries with high HIV prevalence (and low rates of circumcision). UNAIDS (2011), *Ibid*.

6. Schwartzlander et al (2011), 'Towards an improved investment framework for an effective response to HIV/AIDS', published in *The Lancet*, vol.377.

The UK has delivered critical bilateral HIV programmes and spearheaded long term and sustainable commitments to pioneering organisations leading the response to the global HIV and AIDS pandemic, like the Global Fund to Fight AIDS, TB and Malaria (Global Fund) and UNAIDS. The UK has championed human rights issues, including promoting rights based on sexual orientation and gender at the United Nations, and in countries moving towards further criminalisation of homosexuality, such as Ukraine or Uganda.

The UK must maintain this leadership in the face of a changing epidemic, which has seen total donor funding for HIV flattened at around \$7.7 billion per year since 2008.⁷ The UK must also lead the way in matching the tools and knowledge we now have with sufficient investment and political commitment. Announcing the intention to develop a blueprint on 1st December would send a clear signal that the UK will continue to lead the HIV response to the tipping point in the epidemic.

→ WHY IS A UK BLUEPRINT NEEDED?

The UK government will be undertaking a review of its HIV programmes in 2013. This presents an opportunity to apply the new scientific and innovative tools we have (including the Investment Framework) to review existing programmes. Translating the conclusions of this review into a concrete 'blueprint' (a strategy or 'framework for results') for the future of the UK's global HIV work, would be a chance to demonstrate the UK's continued leadership on HIV. A blueprint would map the UK contribution in delivering the combination of game-changing interventions necessary to ensure we reach that tipping point, and achieve a generation where no one dies of AIDS-related illness or newly acquires HIV, and where the rights of all people living with or affected by HIV are upheld.

A UK blueprint must:

→ Commit to maintain the UK's investment in HIV and AIDS

The UK's investment in HIV and AIDS has been fundamental to the achievements made in the global response to date. The UK is showing great leadership in meeting the commitment to allocate 0.7% of Gross National Income (GNI) to overseas development assistance (ODA) in 2013. It is critical that as overall assistance is increased to reach this target, the UK's commitment to HIV increases in line with this too. The International HIV/AIDS Alliance modelled in their recent report, that if the UK continues with the same percentage of its ODA that goes to HIV **and** it keeps its commitment to increase ODA to 0.7% of its GNI, then the UK will make sufficient contribution towards reaching the \$24 billion required for 2015 under the Investment Framework.⁸

As part of this, the UK's commitment to the Global Fund must be increased. The UK should double their commitment for 2013 and 2014 to the Global Fund, and ensure a strong long-term financial pledge is made for the 2013 replenishment round.

→ Commit to put *all* people living with and affected by HIV at the centre of the response, regardless of where they live

We know that targeting investment in HIV where it is most needed, and where the epidemic itself is highest, is critical if we are to reach the tipping point in the epidemic's trajectory. Yet we have seen a steep decline in UK bilateral investment in the HIV response in middle-income countries (MICs). As part of an overarching shift towards investing bilaterally in a smaller number of countries, the majority of which are low-income, the UK is pulling out of bilateral HIV programming in numerous MICs including Cambodia, Kenya, Vietnam and South Africa. This shift occurs despite continued growth of the

epidemic in many such countries, especially amongst key populations facing multiple barriers to accessing services, including men who have sex with men, people who inject drugs, and sex workers.⁹

It is critical that UK investments in HIV are targeted to where they are most needed, including concentrated epidemics in middle-income countries. The UK must also continue its leadership promoting the rights of key populations at the heart of a revitalised Cross-Whitehall Working Group on tackling AIDS with a particular focus on promoting the human rights of people living with HIV, LGBTI communities, people who inject drugs, sex workers, women and girls and other key populations in the context of HIV who are particularly vulnerable to human rights violations.

Moreover, the UK must commit to a clear strategy for tackling HIV in a domestic context – a 'blueprint' for the UK is needed too, to put the 100,000 people living with HIV here in the UK at the heart of the response. There has been no UK-wide strategy for addressing HIV since 2010 and this is urgently needed: to address the stubbornly high number of new diagnoses, the unacceptable levels of undiagnosed HIV and the continuing HIV stigma and discrimination and the growing recognition of gender-based violence experienced by women with HIV in the UK¹⁰; to fulfil our commitments at the UN General Assembly Special Session on HIV and AIDS; and to ensure that we are taken seriously as an international leader on HIV.

→ Commit to lead the way in the UK and globally

The UK must continue to lead the way in the global HIV response, by upholding best practice both at home and internationally, to see the world reach a tipping point in the epidemic. The UK should build on its historic leadership role to be amongst the first to show how the new tools and knowledge we have can be implemented to reach that critical threshold. By applying the Investment Framework logic to its review of HIV programmes, and developing a clear framework for results from this, the UK can exert leverage on other donors and global actors in their implementation of the same tools. Similarly, the UK must use its continued financial leadership to ensure other donors commit their fair share in the HIV response and national governments are provided the technical support they need to scale up their domestic funding for HIV and broader health sectors.

With the UK leading the way, we can reach the tipping point in the epidemic, and reach the goal of a world where no one dies of AIDS, no one newly acquires HIV, and where the rights of all people living with or affected by HIV are upheld, within a generation.

THIS WORLD AIDS DAY: WHY STOP NOW?

THIS WORLD AIDS DAY, WE CALL ON THE UK GOVERNMENT TO TAKE THE LEAD

Act4Africa, African Health Policy Network, Aids Orphan, Avert, CAFOD, Christian Aid, Church of Scotland, Friends of Treatment Action Campaign (FoTAC), HelpAge International, HIV i-base, ImpactAIDS, Interact, International HIV/AIDS Alliance, International Planned Parenthood Federation (IPPF), Kaleidoscope, LASS (Leicestershire AIDS Support Services), Lessons for Life Foundation, MEDFASH (Medical Foundation for HIV & Sexual Health), Medsin UK, National AIDS Trust (NAT), Naz Foundation International, Progressio, Reproductive Health Matters, Restless Development, RESULTS UK, Safe Kenya, Sexpression UK, Starfish Greathearts Foundation, Tackle Africa, Target TB, Tearfund, UK Community Advisory Board (UKCAB), Universities Allied for Essential Medicines (UAEM) UK, VSO, WaterAid, World Vision UK, WVP Kenya.

Supported by a grant from the Open Society Foundations

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7. The Henry J. Kaiser Family Foundation and UNAIDS (2012), 'Financing the Response to AIDS in Low- and Middle-Income Countries: International Assistance from Donor Governments in 2011'.

8. The International HIV/AIDS Alliance (2012), 'Don't Stop Now! Calling for a UK blueprint to achieve an HIV-free generation'.

9. International HIV/AIDS Alliance (2012), *Ibid*.

10. <http://www.aidsmap.com/Half-of-women-at-east-London-HIV-clinic-have-experienced-intimate-partner-violence/page/2319553/>