



REPORT OF THE UNITED NATIONS SECRETARY-GENERAL'S SPECIAL ENVOYS FOR HIV/AIDS

NOVEMBER 2016





Foreword

Secretary-General,

It has been an honour and a privilege to work on your behalf at this critical time in the AIDS response. We commend your leadership, vision and engagement in galvanizing global support for the 2030 Sustainable Development Goals (SDGs) and the 2016 Political Declaration on Ending AIDS.

The SDGs are underpinned by the need for greater partnership and an interconnected approach to development - a central lesson from the AIDS response and critical requirement to successfully Fast-Track towards the end of AIDS. Your clarion call for accelerated programmes designed to end the epidemic with a focus on prevention, treatment, sustainable financing and human rights has inspired and enabled our work. We witnessed at first hand your passion for championing the causes of the marginalized, your empathy for the valuable work of civil society, the prominence you have given to empowering women, girls and adolescents and your fearless advocacy for eliminating AIDS-related stigma and discrimination.

We hope that our brief regional reports demonstrate our efforts as your Special Envoys to advance the response to the AIDS epidemic, foster global solidarity and create an environment of hope for those living with or affected by HIV. In this regard we express our profound gratitude to Michel Sidibé, UNAIDS Executive Director, for his support and direction. Equally we extend our thanks to the UNAIDS regional and country directors, the UN Regional Coordinators and the UN Country Teams for facilitating our work in the field.

We take this opportunity to extend our warmest wishes to you for every success in your future endeavors.


Yours sincerely

John Edward Greene, UNSE in the Caribbean

Michel Kazatchkine, UNSE in Eastern Europe and Central Asia

J. V. R. Prasada Rao, UNSE in Asia and the Pacific





Reflections on the successes, challenges and the way forward in the Caribbean

My term as the United Nations Secretary-General's Special Envoy (UNSE) 2012 to 2016 has been guided by the 2011 Political Declaration on HIV/AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS. Much of my effort has emphasized the need to eliminate stigma and discrimination, while fostering shared responsibility.

MAJOR DEVELOPMENTS

The main thrust of my advocacy has revolved around the principles of the Caribbean Justice for All Programme (JFA). The JFA is coordinated by the Pan Caribbean Partnership against HIV and AIDS (PANCAP)—in collaboration with UNAIDS—and the Caribbean Vulnerable Communities Coalition (CVC) and is endorsed by Caribbean Community (CARICOM) heads of government.

The current JFA roadmap includes the UNAIDS 90-90-90 treatment target to help end the AIDS epidemic. It highlights 15 actionable recommendations which fall under five major areas:

- Focusing on family life and those in need.
- Identifying strategies for prevention, including sexual and reproductive health and rights and age-appropriate sexual education.
- Highlighting the need for access to treatment and to affordable medicine as a human right.
- Emphasizing women's and girls' empowerment, including reducing gender-based violence.
- Eliminating AIDS-related stigma and discrimination, including modifying punitive laws.

I have been involved in some 25 national and regional level consultations with stakeholders, including civil society, parliamentarians, the private sector, youth and faith leaders. These consultations have set out to establish how each stakeholder group can best contribute to ending the AIDS epidemic by 2030.

This current phase of the process will culminate in 2017 with a set of regional consultations with faith-based organizations (FBOs) in February, civil society in April, parliamentarians in June and a joint consultation with representatives of FBOs and the lesbian, gay, bisexual, transgender and intersex community in the final quarter.

I have been working to promote the Every Caribbean Woman Every Caribbean Child Initiative (ECWECC)—the regionally specific programme of work that emerged directly from the United Nations Secretary-General’s Every Woman Every Child flagship programme. ECWECC aims to enhance the health, wellbeing and empowerment of women, girls and adolescents through:

- Eliminating gender-based violence.
- Reducing the rates of teenage pregnancies.
- Preventing cervical cancer.
- Reducing people trafficking, with special reference to girls.
- Making the Caribbean the first region in the world to eliminate mother-to-child transmission of HIV.

This initiative is championed by the Caribbean First Ladies and Spouses of Heads of Government of the Caribbean and was endorsed by the CARICOM heads of government in July 2016. When presented at the Clinton Global Initiative annual meeting in September 2016, it attracted support from corporate donors. It was also one of three commitments highlighted at the Secretary-General’s Every Woman Every Child event during the 71st session of the United Nations General Assembly in September 2016. A forum on the ECWECC initiative is being planned as a side event at the Intersessional Meeting of the Conference of Heads of Government of the Caribbean Community in Guyana in March 2017.

THE STRATEGIES: MAKING A DIFFERENCE

In the course of the five years of activities in my role as UNSE, with only two exceptions, I have met with all sitting Caribbean ministers of health and prime ministers. I have met with attorneys general and ministers of foreign affairs, finance and justice, as well as addressing cabinets and the parliaments of four countries.

In my work with governments over the past three years, I made a point of meeting with the leaders and other members of the main opposition parties in all country missions. As a result, the pace of my work went largely uninterrupted in those ten countries where a change of government occurred. I have also benefited from a largely continuous online interface with over 80 faith leaders from all countries and across all denominations—a line of communication that has contributed to a process of respectful dialogue on critical issues, including the global development goal: Leaving no one behind.

PANCAP, a creation of the CARICOM heads of government in 2001, reports to the annual meeting of the CARICOM Council for Human and Social Development and falls under the portfolio of the prime minister responsible for human resources, health and HIV, providing me with direct access and the opportunity to influence the highest levels of the regional decision-making process. CARICOM also has an entrenched CARICOM Youth Ambassadors Corps with balanced gender representation from its 15 members and five associate members providing opportunities for youth to be involved in decision-making in the Caribbean Community. I played a unique role with youth, integrating them into my efforts to build a collective leadership to Fast-Track the AIDS response.

CHALLENGES AND THE WAY FORWARD

Notwithstanding these positive developments, the Caribbean—with the exception of the Bahamas and Suriname—is still resistant to taking the final steps in abolishing the punitive laws against men who have sex with men. The public discussions on the moral, legal and human rights issues throughout the Caribbean have been stimulated by the Belizean Chief Justice's September 2016 ruling that discrimination on the basis of sexual orientation is unconstitutional. Similar litigation in Jamaica is pending and will be one of the case studies to be discussed at the Caribbean FBO Consultation in Trinidad and Tobago 1-2 February 2017. More recently, the UNAIDS *Prevention gap report*, July 2016, has shown that after a decade of reduction in the incidence of HIV, there is currently a 9% increase in new infections in the Caribbean, the second highest rate after Eastern Europe and Central Asia. While the exact causes are yet to be identified, preliminary findings point to general complacency, financial shortfalls, medical stock-outs and lack of adherence to treatment by people living with HIV, amongst others.

I believe that the Caribbean can be the first region in the world to end the AIDS epidemic. Haiti, one of the poorest countries, has been set back further by Hurricane Mathew in August 2016. Most other Caribbean countries are making valiant efforts to reduce external dependency on funding their AIDS response, highlighting testing, treatment and prevention. All countries support the recommendations of the 2016 High-Level Meeting on Ending AIDS Political Declaration. They must now resolve to implement them.





Reflections on the successes, challenges and the way forward in eastern Europe and central Asia

This report covers my term as the United Nations Secretary-General's Special Envoy (UNSE) for the Eastern Europe and Central Asia region for the period 2012 to 2016. My report has been influenced by the expanding HIV epidemic in the region and my efforts to address issues such as increasing awareness, engaging in productive dialogue and responding to situations arising during my term.

Against the remarkable achievements of the last 30 years, there are now signs of the fragility of the AIDS response and the need for strong political and technical engagement of the United Nations.

Eastern Europe and central Asia is the only region witnessing an expanding HIV epidemic. The number of new cases reported annually has increased by as much as 57% in the last five years.

Over 1.5 million people are living with HIV in the region comprising twelve post-Soviet countries: Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan. Together, the Russian Federation and Ukraine account for 90% of HIV cases.

The epidemic follows a so-called concentrated pattern affecting vulnerable and highly stigmatized groups who are often marginalized and either declared illegal or criminalized by law. These populations include people who inject drugs, sex workers and men who have sex with men. Prevention messages often fail to reach vulnerable people who are hesitant to seek services from the public system for fear of facing discrimination in health settings or even collusion between health professionals and the police.

Drug injection accounts for over 65% of all cumulated HIV cases in the region. In the last few years, heterosexual transmission has also become an increasing component of epidemic growth. New infections occur among sexual partners of people who inject drugs, but also as a result of an autonomous generalized epidemic in areas of high prevalence of infection.

Access to AIDS treatment remains below 20% of the total estimated number of people living with HIV. Except for programmes for the prevention of mother-to-child transmission, HIV prevention is far from being accessible. Harm-reduction programmes for people who inject drugs are very limited in most countries of the region and are still dependent on external funding.

MAJOR DEVELOPMENTS

My efforts as the United Nations Secretary-General's Special Envoy (UNSE) for Eastern Europe and Central Asia have focused on the four areas described below.

1. Increasing the awareness of the reality of the epidemic in the region.

I have been invited to speak at a number of regional, national and international conferences on the issue of HIV in the region, including the 8th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention, held in Vancouver in July 2015 and the 21st International AIDS Conference in Durban in June 2016. I have also written a number of op-eds, given interviews in regional and international press, posted blogs and maintained Twitter and Facebook accounts in English and Russian. As a member of the Lancet Commissions, public health and international drug policy I raised international attention to the impact of drug policies in the region.

Providing accurate epidemiological data and honest assessments of the epidemic has been on the agenda of every meeting I had at a political level in the region.

2. Engaging in dialogue with national authorities.

I have been able to engage with government figures at the highest level. The legitimacy afforded by the role of a UNSE has enabled me to promote equitable access to prevention and treatment and to remind countries of their commitments to the targets set in the political declarations on AIDS. An uneasy relationship existed with the Russian Federation for almost two years after I had expressed concern and indignation about the abrupt discontinuation of harm-reduction services in Crimea following its change in status in 2014. Mutual trust was restored this year after I was invited by the Ministry of Health to a 20-day visit to eight provinces of the country, where I met with local government, chief medical officers and nongovernmental organizations (NGOs) and, at the end of the visit, presented my observations and suggestions. The new strategy recently adopted by the federal government contains a number of positive trends, including ambitious targets for treatment coverage. It does, however, fall short of what the United Nations would have hoped for, particularly with regard to prevention and treatment among vulnerable groups. I remain concerned with the persistent growth of the epidemic and the high risk of a wave of new infections and AIDS-related mortality in the next three to five years.

The epidemic in Ukraine has a very similar pattern to that of the Russian Federation. However, efforts to increase access to antiretroviral treatment and to broaden access to preventative and harm-reduction interventions could result in stabilization in the number of new reported infections in the last two years, perhaps even a decrease among some vulnerable groups. At the same time, lack

of strong political commitment to the issues of HIV/AIDS and tuberculosis (TB), the difficult economic context, the conflict in eastern Ukraine, decreasing international funding and slowness in implementation of health reforms, all come as reasons for serious concern on the short-term evolution of the epidemic.

Kazakhstan faces an epidemic of limited size. I met with government representatives several times in the last three years and feel confident in the country's capacity to control the epidemic. Kazakhstan recently included opioid substitution therapy in its national AIDS programme, a step of significance to the region. Kazakhstan has transitioned out of funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and is now financing most antiretroviral medicines. Both Kazakhstan and Ukraine are now procuring antiretroviral and TB medicines through United Nations systems, which should allow for significant budget savings.

Belarus shows strong leadership in the region and is the first country to transition from Global Fund to domestic funding and is successfully implementing harm-reduction interventions for people who inject drugs. Minsk has convened a number of regional forums, including a recent conference on antiretroviral price reduction in the eastern European region.

Armenia, Georgia, Kyrgyzstan and Uzbekistan share a number of common challenges: low levels of political commitment to HIV, insufficient priority given to vulnerable populations, low access for prevention for the most vulnerable groups, provider-centred health systems, low levels of cooperation between the public and the NGO sectors and challenges in sustaining the AIDS response as the Global Fund decreases its support to middle-income countries. I was able to discuss these issues extensively at a political level with national authorities.

Migration is a concern in the region. Millions of seasonal or long-term workers migrate within central Asia each year; in particular, those from Kazakhstan and the Russian Federation. Migrant workers are highly vulnerable to HIV and TB and do not have access to healthcare in their country of work, often facing deportation. I initiated a diplomatic initiative with central Asian countries which aims to establish bilateral or multilateral agreements to provide HIV and TB treatment for migrant workers and to stop deportations. If successful, the initiative could be extended to the Russian Federation.

3. Engaging in dialogue in countries to understand their concerns and the challenges facing the AIDS response.

In my travels within the region, I met with a broad range of actors and stakeholders in the AIDS response in order to better understand the concerns and challenges that people face at country level. The support of the United Nations Country Teams and international and regional NGO networks have been critical to set up meetings with various constituencies, including affected people and vulnerable groups in sensitive contexts.

4. Responding to the emergency situation created by the conflict in eastern Ukraine.

Since the separatist territories of Donetsk and Luhansk were declared as non-government controlled areas (NGCAs) in December 2014, the Ministry of Health of Ukraine has suspended government financing of medicines and other social investments in the NGCAs. At the same time, separatists severely curtailed humanitarian access to the territories under their control.

I was able to support negotiations between the separatist authorities and the international community and we were successful in avoiding an abrupt interruption of treatment for 12 000 HIV patients and 500 new cases of drug-resistant TB per year. The Global Fund awarded an emergency grant to the United Nations Children's Fund (UNICEF) to cover Ukraine's treatment needs until mid-2017. I continue to engage in discussions with the Ukrainian government and diplomats in order to seek solutions beyond 2017 in the frame of the negotiations of the Minsk agreements.

THE STRATEGIES: MAKING A DIFFERENCE

As a UNSE, I realize how much time and continuity are important in establishing a trustful relationship with governments and mobilizing the political energy towards health and social goals.

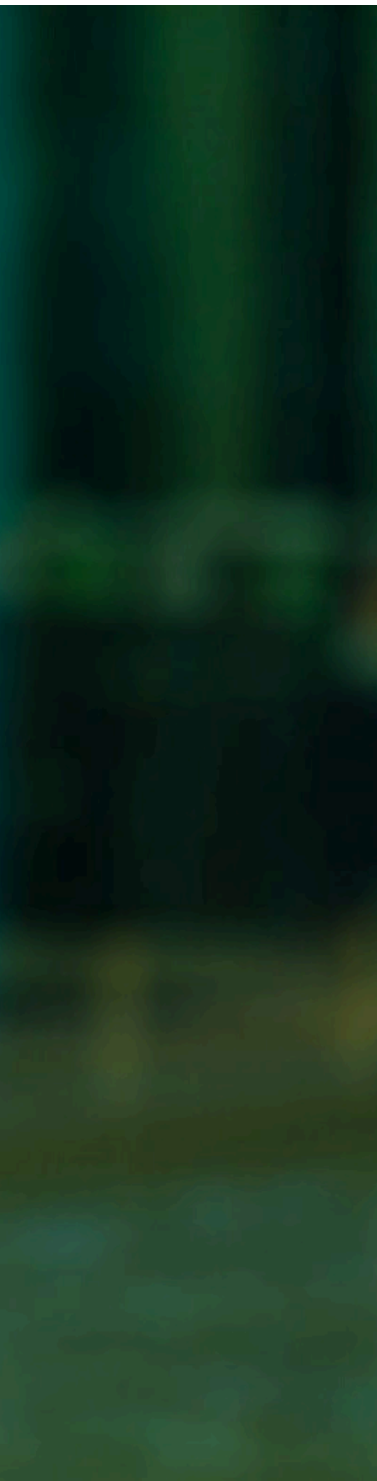
My work has developed in close collaboration with United Nations regional and country teams, particularly UNAIDS, the WHO Regional Office for Europe, UNICEF and the United Nations Development Programme.

I have also benefited from a close, friendly working relationship with UNAIDS Executive Director Michel Sidibé and fellow UNSEs.

My work as a special envoy would not have been possible without the trust of the United Nations Secretary-General and the legitimacy that the UNSEs benefit from this privileged relationship with him.







Reflections on the successes, challenges and the way forward in Asia and the Pacific

My term as the United Nations Secretary-General's Special Envoy (UNSE) for the period 2012-2016 for the Asia and Pacific region coincided with a number of global and regional initiatives, converging on the challenge of eliminating AIDS and mitigating its impact on people living with HIV.

MAJOR DEVELOPMENTS

The Rio +20 meeting in 2012 saw countries rally together to define a global agenda for sustainable development based on the three pillars of economic development, social justice and environmental sustainability. The agenda evolved through a highly participatory intergovernmental process, culminating in the adoption of the 17 Sustainable Development Goals (SDGs). Goal 3.3 defines the ambitious target of ending the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases by 2030. The 2016 High-Level Meeting on Ending AIDS succeeded in adopting quantitative targets to Fast-Track the response by 2020, leading to the goal of ending AIDS by 2030.

While the global community has been successful in setting up highly ambitious targets under goal 3.3, the country level realities do not represent such an optimistic picture. In my capacity as the UNSE, I have been highlighting that the AIDS response in Asian countries has slowed over the last five years and that AIDS has been relegated to a low priority in the political agenda by the governments in the region. We must give credit to the Asian countries that were able to control the spread of the epidemic during the 1990s. Prevention programmes targeting the most vulnerable populations succeeded in reducing new infections consistently until 2010. Equally, expansion of treatment programmes reduced AIDS-related mortality markedly in the region.

Unfortunately, these positive outcomes led to complacency and a feeling of we have done it among the governments. Resource commitments have declined, as has the level of political support to AIDS programmes. Ironically, the initial success has proved to be the biggest enemy for AIDS advocacy in the region.

Incidence of HIV has flatlined in the region over the last five years. Countries such as China, India, Myanmar and Thailand—initially so successful in halting and reversing the epidemic—have seen no appreciable decline in recent years.

Countries such as Indonesia, Pakistan and the Philippines have been reporting increasing incidence rates consistently over the last five years. Focusing on those six countries in the region—accounting for almost 90% of new infections—presents a great opportunity to reverse the trend of flatlined incidence rates.

THE STRATEGIES: MAKING A DIFFERENCE

The run up to the adoption of the new development agenda in the United Nations General Assembly in September 2015 and Fast-Track targets in the High-Level Meeting on Ending AIDS in 2016 have brought back the focus on AIDS. Countries are once again redefining their priorities on AIDS, providing me with a great opportunity to play the role of a regional advocate for AIDS.

Regional initiatives from intergovernmental organizations, such as the United Nations Economic and Social Commission for Asia and Pacific (UNESCAP), the Association of Southeast Asian Nations and the South Asian Association for Regional Cooperation have also prompted member countries to reprioritize AIDS.

Reports of the Commission on AIDS in Asia, Global Commission on HIV and the Law, the UNAIDS and Lancet Commission and the latest UNAIDS Gap report have all provided irrefutable evidence that prevention should be brought back onto the agenda—focusing on key populations, including sex workers and their clients, transgender people, men who have sex with men and people who inject drugs—and with adequate commitment of resources. My advocacy efforts with the countries and regional bodies aimed to:

- Prioritize prevention.
- Achieve treatment for all.
- Eliminate mother-to-child-transmission.
- Accelerate efforts to modify or repeal laws that stigmatize key populations and people living with HIV.

My advocacy efforts in the region were focused on three broad areas of work.

1. Align with global efforts leading to the adoption of the SDGs in September 2015.
2. Engage leadership to Fast-Track the AIDS response at the country and regional levels.
3. Liaise with communities of key populations and people living with HIV to mobilize their support for achieving the Fast-Track targets.

In support of the SDG agenda, I participated in regional interparliamentary meetings with the United Nations Secretary-General's High-level Panel of Eminent Persons. The panel was tasked with defining efforts to achieve the various SDGs, in particular the health-related goals. I then participated in the UNAIDS Lancet Commission meetings in Malawi and the United Kingdom of Great Britain and Northern Ireland, where I spoke about prioritizing high impact HIV prevention in the global agenda and the SDGs.

The launch of the report of the Global Commission on HIV and the Law in July 2012 provided me an opportunity to advocate for law reforms and reduction of stigma and discrimination towards people living with HIV and key populations. I have frequently promoted the reform agenda with countries and regional bodies over the last four years, including at the Commission on HIV and the Law follow-up event at the 21st International AIDS Conference in Durban in June 2016.

Following the recommendations of the commission's report, the United Nations Secretary-General constituted a High-Level Panel on access to medicines. The panel concluded with a simple and powerful message: no one should suffer because he or she cannot afford medicines, diagnostics or vaccines. The panel was unanimous on the need to act immediately, to improve health technology innovation and access, building upon the commission's report. The panel made significant and concrete recommendations for United Nations Member States, civil society, the private sector and international organizations to accelerate action to address gaps in health technology innovation and access.

In January 2015, UNESCAP convened an intergovernmental meeting to reiterate its commitment to implement resolutions on combating HIV/AIDS in the region and to approve a regional framework for action on HIV and AIDS beyond 2015. I chaired the World Bank and UNAIDS Panel on Sustainable Financing established to study the AIDS funding landscape in the region. The panel made important recommendations on sustainable financing for those member countries facing bleak external funding options beyond 2017.

At country level, I focused my efforts on those countries facing challenges in their AIDS response, leading to either the rise of new infections or the flattening of prevention efforts. I undertook country missions to India, Indonesia, Myanmar, Nepal, Pakistan and the Philippines, interacting with high-level political leadership, programme implementers and civil society actors, including key populations. At the end of each mission, I presented the country leadership with a set of recommendations for implementation. These aide memoires have proved to be good reference documents for the UNAIDS and Cosponsor agencies to monitor the follow up. The UNAIDS regional director for Asia and Pacific joined me on missions to India, Nepal and Pakistan.

CHALLENGES AND THE WAY FORWARD

During this period, in international and regional meetings such as the 21st International AIDS Conference in Durban in June 2016, the 2016 High-Level Meeting on Ending AIDS and the United Nations General Assembly Special Session (UNGASS) on Drugs, I took the opportunity to reach out to community leaders of key populations and people living with HIV. I have sensed a growing resentment and despondency among many who feel that their relevance in the global response to AIDS is diminishing. The absence of explicit mention in the High-Level Meeting Political Declaration and the failure to mention harm reduction in the UNGASS resolution on drugs has been demoralizing for communities expecting their central role in the AIDS response would be acknowledged by national governments. Increasing stringency of national laws governing drug use and same-sex relations in many countries is a disturbing trend and a cause of worry for civil society. The Philippines presents the worst case, where the newly elected leadership has declared an open war on drugs. Participation in civil society programmes and expressing solidarity with their cause will continue to be areas of priority for the UNSE.

It will be necessary to keep sharp focus in coming years on policies and programmes in the region, with high impact in both reducing new infections and in saving the lives of people who are living with HIV. Middle-income countries, which account for the bulk of new infections, will face funding shortage from external sources. They need to find domestic resources to fill the resource gap which needs evidence-based advocacy.





"The Special Envoys have played a transformative role in achieving MDG 6 and now putting the response to ending AIDS by 2030 on the Fast-Track. They brought their experience, personal credibility and the legitimacy that they carry as the United Nations Secretary-General's Special Envoys. They have engaged leaders at all levels and address sensitive political and policy agendas. Together we promote a shared vision of an AIDS-free world."

Michel Sidibé

Executive Director, UNAIDS



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