

ENDING AIDS BY 2030

DSW, EATG, GHA, ILGA-Europe, IPPF-EN, MSF, WaterAid and Aidsfonds' RECOMMENDATIONS TO THE EU

June 5th, 2021 marked 40 years since the first cases of AIDS were officially reported. Since then, 36.3 million people have died from AIDS-related illnesses, turning the epidemic into one of the most serious public health challenges of our times.

Scientific innovations, partnerships such as UNAIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria and PEPFAR, rights-based and people-centred approaches, and, critically, the leadership of affected communities, all have contributed to the tremendous progress in fighting AIDS.

However, progress has been uneven and obstructed by stigma, discrimination, punitive laws and policies, harmful social norms, and poverty. Adolescent girls and young women, people who inject drugs, men who have sex with men, sex workers and LGBTIQ people are much more vulnerable to HIV whilst being less likely to access the services they need. COVID-19 has made the AIDS crisis more acute by exacerbating inequalities, furthering human rights' violations, and derailing testing and prevention services for people who were already disproportionately affected by HIV.

This is a challenging context, but UNAIDS' newly adopted *Global AIDS Strategy 2021–2026, End Inequalities, End AIDS* provides forward direction, as recognized in the UN General Assembly Political Declaration on Ending AIDS and a May 2021 European Parliament Resolution. The implementation of the new AIDS strategy requires renewed financial and political commitment. The Global Fund, a long-time EU partner in the global fight against AIDS, will embark on a replenishment cycle next year, which is critical to these efforts.

“AIDS is one of the deadliest pandemics of modern times. COVID-19 has shown us that the risk of an AIDS resurgence is real. In order to end AIDS as a public health threat by 2030, we must step up actions to address inequalities, including through community-led responses and sustainable financing.”

Winnie Byanyima
Executive Director of UNAIDS



Being diagnosed and linked to care early shifts HIV from a life-threatening to a long-term condition.

As a result, the EU should support health systems that include:

- **Quality of life outcome indicators that go beyond viral suppression, particularly for vulnerable groups.**
- **Person-centred and integrated care models, and community-led programmes.**
- **Non-judgmental and non-discriminatory SRHR services.**

People who inject drugs are particularly vulnerable to HIV but often lack adequate access to HIV services because their drug use is stigmatized and criminalized.

The EU should:

- **Promote rights- and evidence-based drug policies and harm reduction programmes.**



HIV heavily impacts sub-Saharan Africa, where adolescent girls are hit hardest: in 2020, 6 out of 7 new infections in adolescents were among girls.

The EU should:

- **Scale-up its global funding to promote universal access to SRHR, including youth-friendly sexual and reproductive health services.**

Research & Innovation is key to ending AIDS including to improve the effectiveness and suitability of Pre-exposure prophylaxis (or PrEP) and ART for adolescents and to develop an effective vaccine.

The EU should:

- **Mobilise additional investments in R&I, including via Horizon Europe and the EDCTP, which should be gender-sensitive and address youth-specific needs.**



Weak health systems remain a major barrier to eradicating HIV when they do not allow rapid and continued access to ART, or when they have limited access to other routine and essential health services.

The EU should:

- **Support the long-term strengthening of health systems in partner countries.**
- **Include the fight against HIV/AIDS in other prominent policy processes by turning health into a stand-alone pillar of the EU-Africa Partnership and renewing its own Global Health Strategy**
- **Make an early and increased pledge to the Global Fund.**

COVID-19 has exacerbated existing inequalities for women and girls, underserved and vulnerable groups. It has notably undermined their access to sexual and reproductive health and rights, including HIV and AIDS care.

The EU should:

- **Protect young people's right to literacy in all matters of health and intimacy, and ensure access to sexuality and relationship education, in and out of school, both in person and online.**
- **Acknowledge the linkages between HIV/AIDS care and SRHR, which must be integral to the strengthening of health systems.**

 **aidsfonds**

Human rights violations and inequalities limit the effectiveness of the AIDS response. Communities are at the forefront of efforts to address structural barriers to HIV services and health care and deliver services to those who need them, but struggle to access financial resources.

The EU should:

- **Leverage its human rights and gender policies to address health inequities, and fund community-led responses as part of its efforts to strengthen health systems.**
- **Scale up its support to the Global Fund, taking into account the impact of COVID-19 on HIV/AIDS.**

Lack of access to safe WASH facilities compounds the difficulties of people living with HIV. They are more susceptible to infections causing diarrhoea, which may result in significant mortality and morbidity. On average, they also need more clean water for day-to-day living.

The EU should:

- **Support a better integration of WASH and HIV policies and programmes, which would also help strengthen health systems and improve access to quality services and care. A comprehensive EU global health strategy, comprising tangible cross-sectoral coordination mechanisms would enable an integrated approach.**



Access to new lifesaving tools for the prevention and treatment of HIV - including long lasting injectables and treatments for associated opportunistic co-infections - remains limited in low and middle-income countries. This leads to unnecessary deaths. TRIPS flexibilities are instruments for governments to ensure access to medical tools.

The EU should:

- **Refrain from applying pressure and negotiating bilateral trade agreements that hamper countries' ability to make full use of TRIPS flexibilities.**



Ending AIDS among LGBTI populations requires understanding that stigma, discrimination, and structural exclusion are a core cause for the continuing damage experienced by these communities. Hostile political and cultural climates push LGBTI people further to the margins and away from prevention, testing, and treatment. In that respect:

- **LGBTI-led programming is vital to ending the pandemic.**
- **The EU should support targeted and tailored responses that are based on the needs and priorities of local LGBTI, and particularly trans populations.**

“Twenty years ago, HIV seemed unbeatable. But over the course of two decades, global solidarity has turned the tide against the virus. Now COVID-19 is reversing hard-fought gains in the fight against HIV. We cannot let this happen. It is time for another global push to save lives.”

Peter Sands, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria



37.7 MILLION PEOPLE
GLOBALLY WERE LIVING
WITH HIV IN 2020



People living with HIV experience **MORE SEVERE OUTCOMES AND HIGHER COMORBIDITIES FROM COVID-19** than people not living with HIV

79.3 MILLION PEOPLE



THE RISK OF ACQUIRING HIV IS:

 **35** times higher among **PEOPLE WHO INJECT DRUGS**

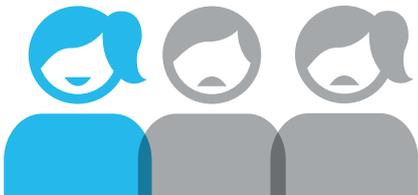
 **34** times higher for **TRANSGENDER WOMEN**

 **26** times higher for **SEX WORKERS**

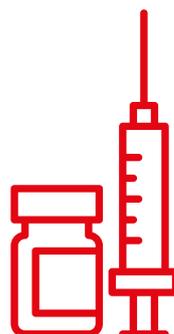
 **25** times higher among **GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN**

IN SUB-SAHARAN AFRICA, SIX IN SEVEN NEW HIV INFECTIONS AMONG ADOLESCENTS AGED 15–19 YEARS ARE AMONG GIRLS.

Young women aged 15–24 years are twice as likely to be living with HIV than men.



AIDS-related illnesses claim more adolescent lives than any other cause except road accidents, and remain a major cause of morbidity worldwide. **GLOBALLY, ONLY ONE IN THREE YOUNG PEOPLE DEMONSTRATE ACCURATE KNOWLEDGE OF HIV PREVENTION**



Although **EXPERTS AGREE THAT AN HIV VACCINE WOULD HELP SAVE MILLIONS OF LIVES AND END THE PANDEMIC,** there are still not effective therapeutic or preventive vaccines against HIV



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