

THE WORLD WE WANT IS A WORLD THAT DOES NOT LEAVE PEOPLE LIVING WITH AND AFFECTED BY HIV BEHIND

The proposed Sustainable Development Goal on Health (Goal 3) includes a target specific to ending AIDS by 2030. As communities representing people living with and affected by HIV in the Asia-Pacific Regional Civil Society Engagement Mechanism (AP-RCEM), we believe that ending AIDS is only possible with a holistic approach that truly leaves no one behind.

HIV/AIDS is not just a health issue. It has become a virus and a condition that requires more than drugs in order to be treated. HIV and AIDS is a development issue. It is both a cause and a consequence of poverty. It affects people in their most productive years, results to income loss, increases health expenditures, and impacts on people's access to education, housing, employment and other basic development needs.

In Asia-Pacific, key populations and vulnerable communities affected by HIV face social, political, and economic and gender injustices. These groups include: sex workers, people who use drugs, gay men and other men who have sex with men (MSM), transgender people, people living with HIV, key affected women and girls, migrants, children, adolescent and young key populations.

Our communities face stigma and discrimination in health care settings. In some countries, for example, people living with HIV face denial of services and HIV transmission is criminalized; young people are hindered from accessing HIV and SRH services because of their age or marital status; migrants face compulsory HIV and pregnancy testing and related deportation; women living with HIV are subjected to forced abortion and/or forced sterilization; homophobia and transphobia bar access to health services of men who have sex with men and transgender people whose sexual behaviors are criminalized.

Criminal penalties and punitive drug policies have increased HIV and other health risks for people who use drugs, and exposed them to wide-ranging human rights abuses. Sex work is still not recognized as work, and many sex workers face harassment, extortion, and violence from law and legal enforcement authorities. Gender inequalities and gender-based violence increase the vulnerability of women, girls, men who have sex with men and transgender people to HIV.

Addressing the HIV epidemic requires challenging inequalities, inequities, and legal barriers, including repeal of punitive laws that criminalize key populations. It also entails recognizing the intersectionality of the human rights, gender, sexuality and development dimensions of the epidemic and addressing the social, economic and political barriers that impede the implementation of a comprehensive, integrated and sustainable HIV response.

Human rights and dignity, including rights to health and development, should be fully ensured for our communities. Health, as a basic human right, is an essential element of sustainable development. This entails a development framework that puts people's lives and dignity over corporate profits. And in the context of financing for development, there should be full investment in strengthening community systems to fight and overcome HIV/AIDS by 2030.

We call on Member States to:

1. Develop a more sustainable mechanism to ensure the availability, affordability and accessibility of treatment and diagnostics for HIV and co-infections in low and middle- income countries, including addressing IP-related barriers, implementation of TRIPS flexibilities and review and revision of national patent laws and legislation framework (SDG Goal 3 Target 3b).
2. Address the economic and social barriers to access to health services, including sexual and reproductive health services, especially for key populations (Goal 3, Target 3.7).
3. Prevent all forms of gender-based violence (GBV) and establish functional redress mechanisms (Goal 5, Target 5.2).
4. Scale up rights-based, community-led and gender-responsive HIV prevention, treatment, care and support interventions, inclusive of migrants, people of sexual diversity, and young people from key populations (Goal 3, Target 3.3).
5. Establish sustainable social protection programmes for key populations, especially those living with HIV from low income households (Goal 1, Target 1.3).
6. Review and repeal discriminatory and punitive laws and practices that violate the rights and increase the vulnerabilities of men who have sex with men, transgender people, sex workers, people who use drugs, migrants and those living with HIV (Goal 10, Target 10.3).
7. Redirect government funds being used on the 'War on Drugs,' i.e., mass arrests, incarceration, compulsory detention and death penalty, towards appropriate and timely evidence-based harm reduction programmes and services for people who use drugs (Goal 3, Target 3.5).
8. Ensure universal access to healthcare for all, including migrants whether they are in origin, transit or destination countries. Life-saving drugs like anti-retroviral drugs should be made accessible and affordable for migrant workers at the point of diagnosis (Goal 3, Target 3.8).
9. We also call on UN agencies to facilitate opening up of spaces for the meaningful engagement of civil society, including from people living with and affected by HIV in national, regional and global Post-2015 platforms and discussions (Goal 17, Target 17.17).

The world we want is a world that does not leave people living with and affected by HIV, behind. Let us end AIDS by 2030, if not, sooner.

People Living with and Affected by HIV Constituency
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