# FAITH ENGAGEMENT IN THE HLM

# UN HIGH LEVEL MEETING ON AIDS 2021: KEY MESSAGES FOR NATIONAL & GLOBAL ADVOCACY BY RELIGIOUS LEADERS AND FAITH-BASED ORGANIZATIONS

The Interfaith Health Platform, in consultation with partners, has developed the following messages to support religious leaders and faith-based representatives as they meet with their government representatives and at global level to discuss and help draft an effective 2021 Political Declaration on HIV and AIDS.

## Background

In June this year, world leaders will meet to adopt a concise and action-oriented Declaration on HIV and AIDS which will not only express the commitment of nations to the HIV response, but also serve as the basis for accountability to achieving the goals for ending the HIV/AIDS epidemic by 2030.

The new Declaration will take into consideration the gaps identified in the UN Secretary General report - *Addressing inequalities and getting back on track to end AIDS by 2030*, which reviews the implementation of the 2016 Political Declarations on Ending AIDS. The Declaration should also include the new HIV targets set in the recently adopted UNAIDS Strategy beyond 2021 as well as those in the Sustainable Development Goals.

## Much achieved, much more to be done

There has been important progress against HIV in many parts of the world: 26 million people living with HIV are accessing antiretroviral therapy; 81% of all people living with HIV knew their HIV status at the end of 2020; since 2010 new HIV infection have declined by 23%; and new health products and technologies to manage HIV have been developed. Yet, some population groups are still left behind. Today countless children, women and men do not receive appropriate HIV prevention information and services; many people living with HIV are not aware of their HIV-status, have no access to quality HIV treatment and services; and continue facing stigma, discrimination and violations of their human rights, which hinder prevention and treatment efforts and deny them access to comprehensive care and support. Women and adolescent girls remain particularly vulnerable to HIV due to gender inequality and gender-based violence. People on the move, such as migrants, refugees, IDPs and trafficked people are often denied access to HIV prevention, treatment, care and support. Children living with HIV are much less likely to be timely diagnosed and receive treatment than adults, and their health outcomes are worse due to sub-optimal paediatric medication. COVID-19 has placed enormous additional pressures on HIV responses, health systems and the people in need of services. The sad reality is that most of the 2016 Political Declaration targets were missed.

The current situation of the HIV epidemic, hampered by the COVID-19 pandemic, demands an urgent global response, and faith leaders and communities are critical elements of that response. This High-Level Meeting is our opportunity to influence the process of achieving the commitment of ending the AIDS epidemic by 2030.

## Key Messages by Faith Leaders and Communities

The 2021 Political Declaration must commit to contribute: 1) Ensuring equitable and equal access to HIV prevention, treatment, care and support to all; 2) Addressing structural and social barriers to achieving HIV outcomes, including the root-causes of vulnerability to HIV; 3) Fully resource and sustain efficient HIV responses, which are integrated into systems for health, development, social protection, humanitarian settings and pandemic responses; and 4) Building synergies and addressing critical gaps.

### FOR AN EFFECTIVE HIV RESPONSE, THE POLITICAL DECLARATION MUST COMMIT TO ENSURE EQUITABLE AND EQUAL ACCESS TO HIV PREVENTION, TREATMENT, CARE AND SUPPORT TO ALL, BY:

- Supporting the targets and priority actions included in the UNAIDS Global AIDS Strategy 2021-2026 related to ending AIDS in children, particularly those in paragraph 127, and the following specific calls related to activities supported by faith communities:
    - ◊ Implement innovative tools and strategies to find and diagnose all children living with HIV, including point-of-care early infant diagnostic platforms for HIV-exposed infants and rights-based index, family and household testing and self-testing to find older children and adolescents living with HIV not on treatment.
    - ◊ Prioritize rapid introduction and scale-up of access to the latest WHO-recommended, optimized, child-friendly HIV treatment and achieve sustained viral load suppression.
    - ◊ Address stigma, discrimination and unequal gender norms that prevent pregnant and breastfeeding women, especially adolescent girls, young women and key populations, from accessing HIV testing, prevention and treatment services for themselves and their children through differentiated support services. Those services include male, partner and extended family engagement; peer mentoring;
- Supporting key population groups with HIV prevention information, programmes and services that are specific to their needs
- Promoting and investing in community-led testing, index testing and self-testing— tailored to local epidemics and the needs of individual populations – including through the direct engagement of faith leaders and communities
- Implementing at scale contact-tracing of TB in people and children living with HIV by investing in communities, including in the reach of communities of faith
- Addressing stockout of health products to ensure multi-month dispensing of antiretroviral medicines for children and adults who are clinically stable and to support VL suppression
- Sustaining and expanding access to treatment in low- and middle-income countries for all who need it, including by supporting initiatives such as the Medicines Patent Pool and by ensuring that trade agreements or other legislation do not threaten the access to generic medicines and products

### FOR AN EFFECTIVE HIV RESPONSE, THE POLITICAL DECLARATION MUST ADDRESS STRUCTURAL AND SOCIAL BARRIERS TO ACHIEVING HIV OUTCOMES, BY:

- Supporting policies and programmes focused on increasing the enrolment and retention in secondary schools for adolescent girls notably in high HIV incidence locations, and provide linkages to social protection, “cash plus” initiatives, financial incentives, pathways to employment, and interventions to transform unequal gender norms and prevention of violence against adolescent girls and young women.
- Providing support to young key populations tailored to meeting their specific needs, including the right to personal safety, food and nutrition, education and shelter.
- Partnering with faith-based, other civil society organizations and key stakeholders to understand and address all barriers (legal, economic, social and cultural) that sustain and

enforce injustices that contribute to the spread of HIV, including stigma, discrimination, gender inequality, sexual and gender-based violence

- Investing in stigma and discrimination reduction interventions such as the Framework for Dialogue between religious leaders and networks of people living with HIV, the People Living with HIV Stigma Index Study, as well as other promising practices aimed at addressing stigma and discrimination among service providers in health-care, workplace and educational settings
- Upholding human rights commitments enshrined in the key international human rights instruments as an essential pillar of the global response
- Promoting the elimination of punitive laws, policies and practices, including overly broad criminalization of HIV transmission, travel restrictions, mandatory testing and those that block key populations' access to services

## FOR AN EFFECTIVE HIV RESPONSE, THE POLITICAL DECLARATION MUST COMMIT TO FULLY RESOURCE AND SUSTAIN EFFICIENT HIV RESPONSES, WHICH ARE INTEGRATED INTO SYSTEMS FOR HEALTH, DEVELOPMENT, SOCIAL PROTECTION, HUMANITARIAN SETTINGS AND PANDEMIC RESPONSES, BY:

- Integrating HIV responses within the triple nexus: humanitarian-development-peace, and as encompassed by the SDGs for addressing tuberculosis and malaria; maternal, neonatal and child health; and sexual and reproductive health
- Ensuring comprehensive care and support – that encompasses physical, psychosocial, spiritual, socio-economic, nutritional and legal dimensions – for all adults and children living with and affected by HIV
- Investing in programmes that enable male involvement, mentoring and other social support, and service integration and differentiation to increase treatment coverage and adherence among pregnant and breastfeeding women living with HIV
- Funding the HIV response in a way that is predictable and sustainable and in line with current estimates for achieving the HIV targets.
- Strengthening and funding community-based responses, including youth-led programs and initiatives, as well as those of faith communities and FBOs – with a particular attention to those operating in humanitarian and emergency settings, in slums and rural areas and those supporting and working with people on the move, such as migrants, refugees, IDPs and trafficked people.
- Ensuring a clear accountability mechanism for delivering all commitments made in the Declaration

## FOR AN EFFECTIVE HIV RESPONSE, THE POLITICAL DECLARATION MUST COMMIT TO BUILD SYNERGIES AND ADDRESS CRITICAL GAPS, BY:

- Engaging in collaborative platforms, such as the Vatican Initiative, to accelerate the research, development, introduction, roll out and uptake of optimal diagnostics and treatment for children living with HIV and children with or at risk of contracting TB among those living with HIV.
- Calling upon UNAIDS and all other relevant stakeholders to put in place a consultative process to develop, by the end of 2021, a framework to end AIDS in children, building on the success of the *Global Plan towards the elimination of new HIV infections among children and keeping their mothers alive* as well as the *Start Free Stay Free AIDS Free framework*.
- Endorsing awareness raising campaigns such as the 13 MILLION CAMPAIGN to engage faith leaders, individuals and communities to promote access to health services to the 13 million children, women and men living with HIV who are not yet on antiretroviral treatment.