



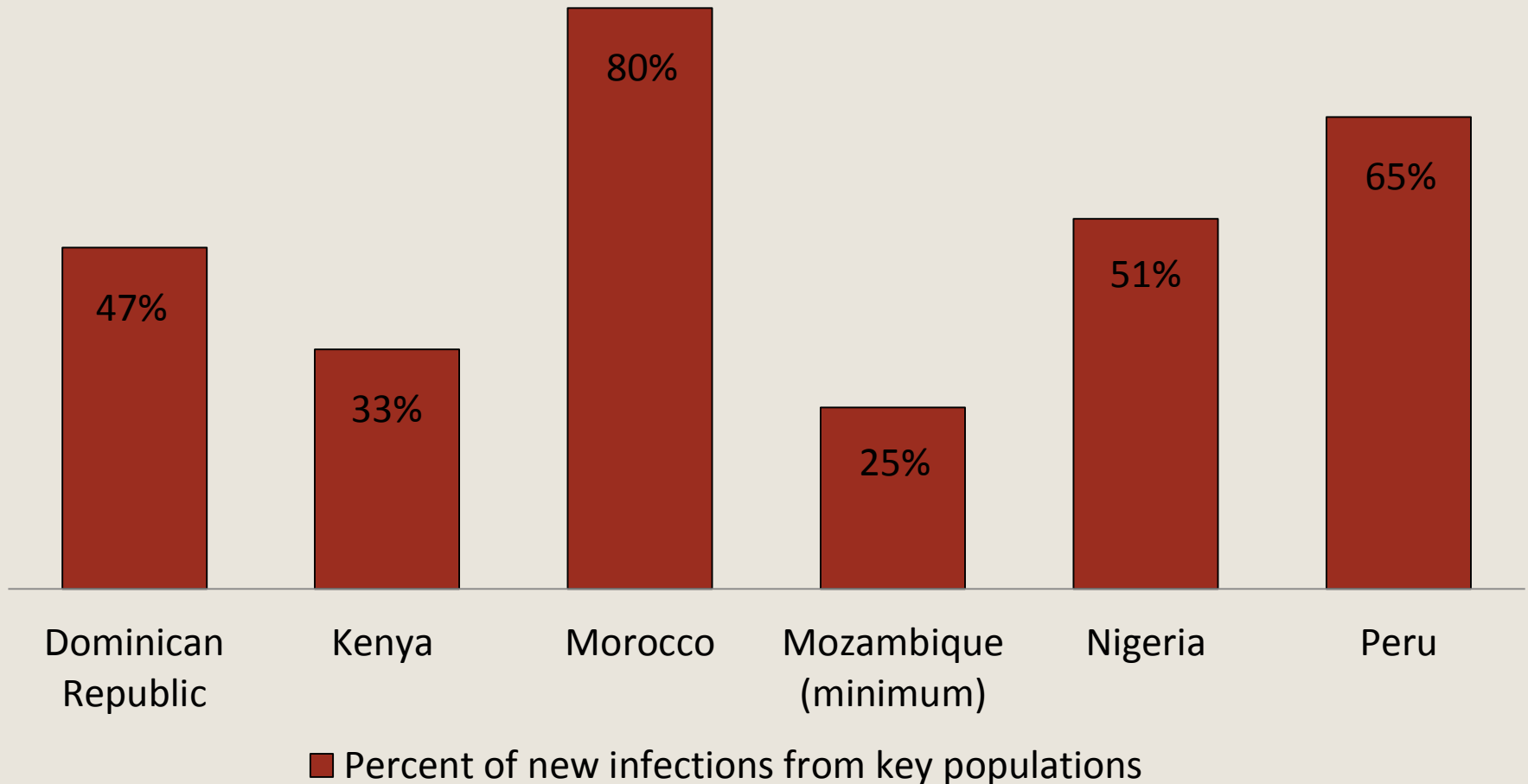
**THE EQUITY DEFICIT: UNEQUAL AND UNFAIR ACCESS  
TO HIV TREATMENT, CARE AND SUPPORT FOR KEY  
AFFECTED COMMUNITIES**

**33<sup>RD</sup> MEETING OF THE UNAIDS PROGRAMME  
COORDINATING BOARD  
GENEVA, SWITZERLAND  
17-19 DECEMBER 2013**

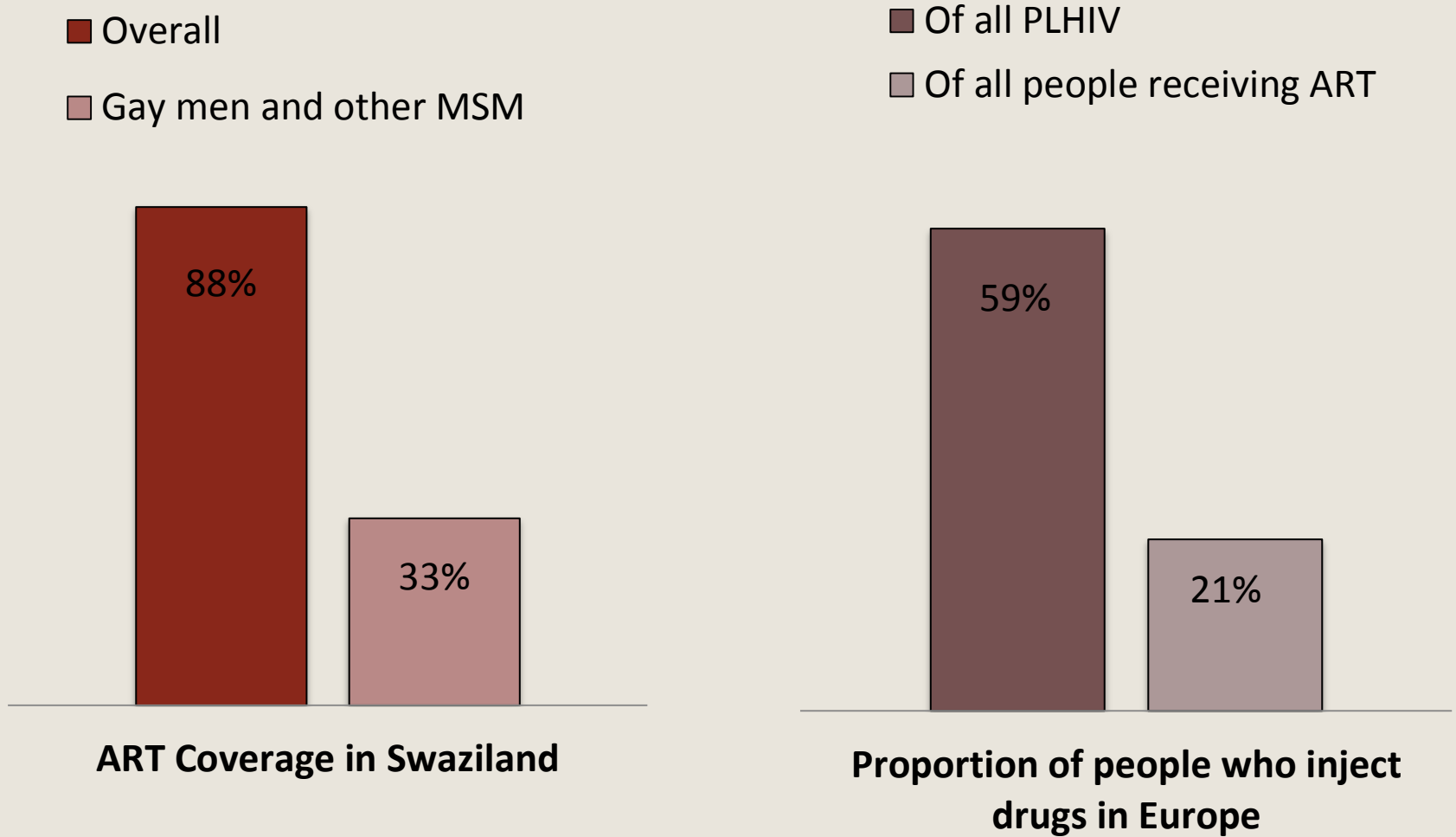
# NGO REPORT 2013

- Focuses on inequalities in access to HIV treatment, care and support across regions and communities
- Based on review of **evidence, interviews, focus group discussions** and **case studies** by constituents of the NGO Delegation.
- Presentation:
  - **Part 1: The crises and their impact on civil society**
    - ‘Make or Break’ Factor 1: Human rights and ethics
    - ‘Make or Break’ Factor 2: Data and “what works”
    - ‘Make or Break’ Factor 3: Financial investment
    - ‘Make or Break’ Factor 4: Meaningful involvement
    - ‘Make or Break’ Factor 5: Technical capacity
  - **Part 2: Recommendations**

# BURDEN OF NEW INFECTIONS AMONG KEY POPULATIONS



# HIV EQUITY DEFICIT



# 'MAKE OR BREAK' FACTOR 1:

## Human rights and ethics

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- Any initiatives to expand the use of and access to ART must occur alongside concerted action to address stigma, discrimination and human rights violations.
- The 2013 Treatment Guidelines and strategies such as treatment as prevention (TasP) should be further developed/rolled-out with full respect to equity and ethics.

# TREATMENT AS PREVENTION

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- **Main concerns:**
  - Should be **a part of a package**, including condoms & lubricants, harm reduction etc.
  - Should be **safe** for those that use it (potential side effects and resistance associated with the long-term use of ART).
- **Primary purpose** and goal of ART is for someone living with HIV to benefit **their own health**.
- Implementation of TasP in all contexts must be imbedded within a **human rights-based approach**.

# RECOMMENDATIONS

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- a.* Ensure that any implementation/guidance on new biomedical preventative technologies proceeds with **the full and meaningful engagement of key populations,**
  
- b.* Ensure the potential impacts of treatment as prevention will be aligned to the principle of treatment being first and foremost to **benefit those living with HIV.**

# 'MAKE OR BREAK' FACTOR 2: DATA AND 'WHAT WORKS'

- **Lack of data** about:
  - the number of key affected communities living with HIV;
  - the number accessing treatment, care and support;
  - the barriers to access.
- Coverage data across affected communities hardly available.
  - For example: 98 countries that reported drug use and provided data on the number of ART sites, only 47 offered estimates of the number of PWID receiving ART (Mathers et al.)
- Leads to inadequate program priorities and budget allocations.



# TREATMENT FOR PREVENTION

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- Go beyond bio-medical responses
- Address full needs of communities
- Be a part of combination prevention package
- Need for integrated services
  
- Community-based services: empowering and cost-effective

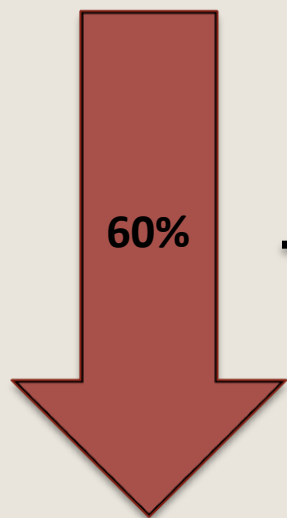
# 'MAKE OR BREAK' FACTOR 3: FINANCIAL INVESTMENT

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- Ending the 'Equity Deficit' requires a significant increase in investment in treatment, care and support for sex workers, MSM, transgender people and PWID.
- Affordable medicines, political mobilisation and sound sound investment approaches are critical to achieving the 2013 Treatment Guidelines and an 'end to AIDS'.

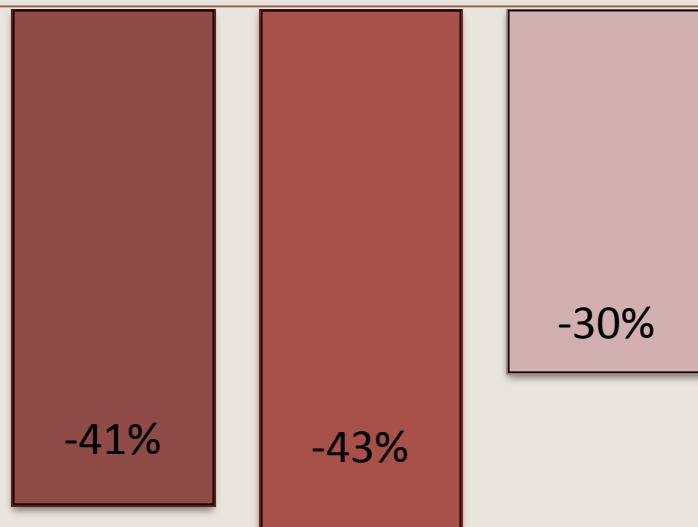
# EQUITY OPPORTUNITY FOR PEOPLE WHO INJECT DRUGS

Reduction in unmet needs for ART, OST, and NSPs



Leads to →

Reduction in HIV incidence



■ Odessa ■ Karachi ■ Nairobi

# 'MAKE OR BREAK' FACTOR 4: MEANINGFUL INVOLVEMENT

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- Key affected communities must have a 'place at the table' of all relevant decision-making and resource-allocation forums.
- Such involvement should be both meaningful and comprehensive, including **all** relevant groups and sub-groups.

# 'MAKE OR BREAK' FACTOR 5: TECHNICAL CAPACITY

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- High quality information and technical support is vital for enabling groups of key affected communities to play their full role in treatment, care and support.
- The critical and significant role key community organisations and networks play in providing technical support must be recognised, respected and resourced.

# RECOMMENDATIONS

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- **To intensify** coordinated **technical support** to governments, civil society and key affected communities
- UNAIDS to periodically **report** to the Programme Coordinating Board **on progress in the effectiveness of technical support** interventions at the country level in key areas

# RECOMMENDATIONS

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- To convene a **High Level Meeting** on HIV by the end of **2016** to reaffirm and renew political commitments, and to ensure accountability towards the achievement of universal access to HIV prevention, treatment, care and support in the post 2015 era.