

# AIDS IS NOT OVER: IRELAND'S RESPONSIBILITY TO HELP FINISH THE JOB

A Policy Paper of the Dóchas HIV & AIDS Working Group

**Dóchas**  
The Irish Association of Non-Profit  
Organisations



**Cover Photo: An Oxfam-sponsored drama group performs a short play to educate people about some of the risks that lead to HIV infection in the Midlands Province in central Zimbabwe. Oxfam has set up drama groups to communicate HIV and AIDS messaging through traditional song, dance, poetry and plays. Annie Bungereoth/Oxfam**

**The Dóchas HIV and AIDS Working Group is a sub-group of Dóchas, the Irish Association of Non- Governmental Development Organisations. It was established in May 2001 to develop common positions on a number of issues related to HIV and AIDS, specifically for the first UN High Level Meeting on HIV.**

**The Working Group aims to mobilise and strengthen an effective Irish response as part of the global effort to reduce the impact of the HIV epidemic. Participation is open to any member of Dóchas and there are currently 5 member agencies: ChildFund Ireland, Christian Aid Ireland, Concern Worldwide, Oxfam Ireland and Trócaire.**

**The Working Group is recognised in Ireland as the representative voice of Irish Development NGOs working on HIV and AIDS.**

**August 2013**

## SUMMARY



Millions of people are on anti-retroviral treatment (ART), living longer and healthier lives with an infection that was once considered a death sentence.



The devastation of the HIV epidemic galvanised the world into action. The progress made since the agreement on the Millennium Development Goals (MDGs) was almost unimaginable 15 years ago. Today, millions of people are on anti-retroviral treatment (ART), living longer and healthier lives with an infection that was once considered a death sentence. With sustained global commitment, the end of AIDS is in sight.

Ireland has been at the forefront of the response. Ireland has spent a significant portion of its development aid budget on HIV, while championing the cause internationally. It makes sense to do this, since the success of our aid programme depends on successfully addressing HIV and AIDS. Yet globally, funding for the response has flat-lined. There is a real danger that the momentum will be lost.

### **The Dóchas HIV and AIDS Working Group calls on the Irish government to:**

- Renew the commitment to spend €100 million per year on HIV and other communicable diseases, with 20% dedicated to children;
- Clearly state its strategy for addressing HIV and AIDS in its development and emergency response work, indicating priority areas, approaches, timelines and budgets;
- Address HIV and AIDS adequately in the implementation plans, results frameworks and budgets associated with Ireland's new international development policy 'One World, One Future';
- Ensure transparent monitoring and reporting of Irish Aid expenditure on HIV and AIDS;
- Commit to funding the Global Fund to Fight AIDS, Tuberculosis and Malaria, and deliver on this commitment – at the replenishment in 2013, and on an ongoing basis;
- In the negotiations towards the post-2015 development framework which will replace the MDGs in 2015, call for a global health goal, with a HIV-specific target.

Photo: Sifiso plays on the swings at the Ubombo Drop-in Centre in Jozini, South Africa. Oxfam supports programmes to help orphaned and vulnerable children with food, care, school support and access to essential services. Matthew Willman/Oxfam

THE  
SITUATION  
TODAY

## MUCH PROGRESS MADE...

- Nearly 10 million people in low and middle income countries are now accessing HIV treatment, compared to just 400,000 in the year 2000.
- AIDS-related deaths are declining, from a peak of 2.2 million in the mid 2000s to 1.7 million in 2011, with reductions every year.
- The AIDS response is no longer financed by high-income countries alone: middle- and low- income countries are increasingly contributing to the response with domestic resources.
- Ireland is the fourth largest donor to the global AIDS response, adjusted for GDP<sup>1</sup>.

## ... IN A CRISIS THAT CONTINUES

- AIDS remains the leading cause of death among young women globally, and the second for young men<sup>2</sup>; it contributes to at least 20% of maternal deaths worldwide.
- 330,000 babies were born with HIV in 2011, even though we have the technology to prevent the infection being transmitted from HIV positive mothers to their babies<sup>3</sup>.
- One in three women in the world faces violence or sexual abuse in her lifetime. Women who experience intimate partner violence are at 1.5 times higher risk of acquiring HIV than other women<sup>4</sup>.
- 16 million people worldwide are living with HIV and eligible for treatment, yet not receiving it<sup>5</sup>. Up to 50% of people who are HIV positive do not know their HIV status.
- Resource needs for an effective multi-sectoral AIDS response are expected to peak in 2015, but international AIDS funding has been stagnant since 2009.
- MDG 6 has the 2nd lowest number of countries 'on track' to achieve its targets (maternal mortality, a related goal, has the lowest). MDG 6 will not be met by 2015<sup>6</sup>.
- In Ireland's policy for international development "One World, One Future" (launched in May 2013), AIDS is under-recognised as a threat to poverty reduction efforts.

<sup>1</sup> UNAIDS – Financing the Response to AIDS in Low- and Middle-Income Countries, July 2012 [http://www.unaids.org/en/media/unaids/contentassets/documents/document/2012/201207\\_KFF-UNAIDS-2012-Report\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/document/2012/201207_KFF-UNAIDS-2012-Report_en.pdf)

<sup>2</sup> Young is defined as aged 15-45. Lozano R, Naghavi M, Foreman K, et al. Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet* 2012; 380: 2095–128.

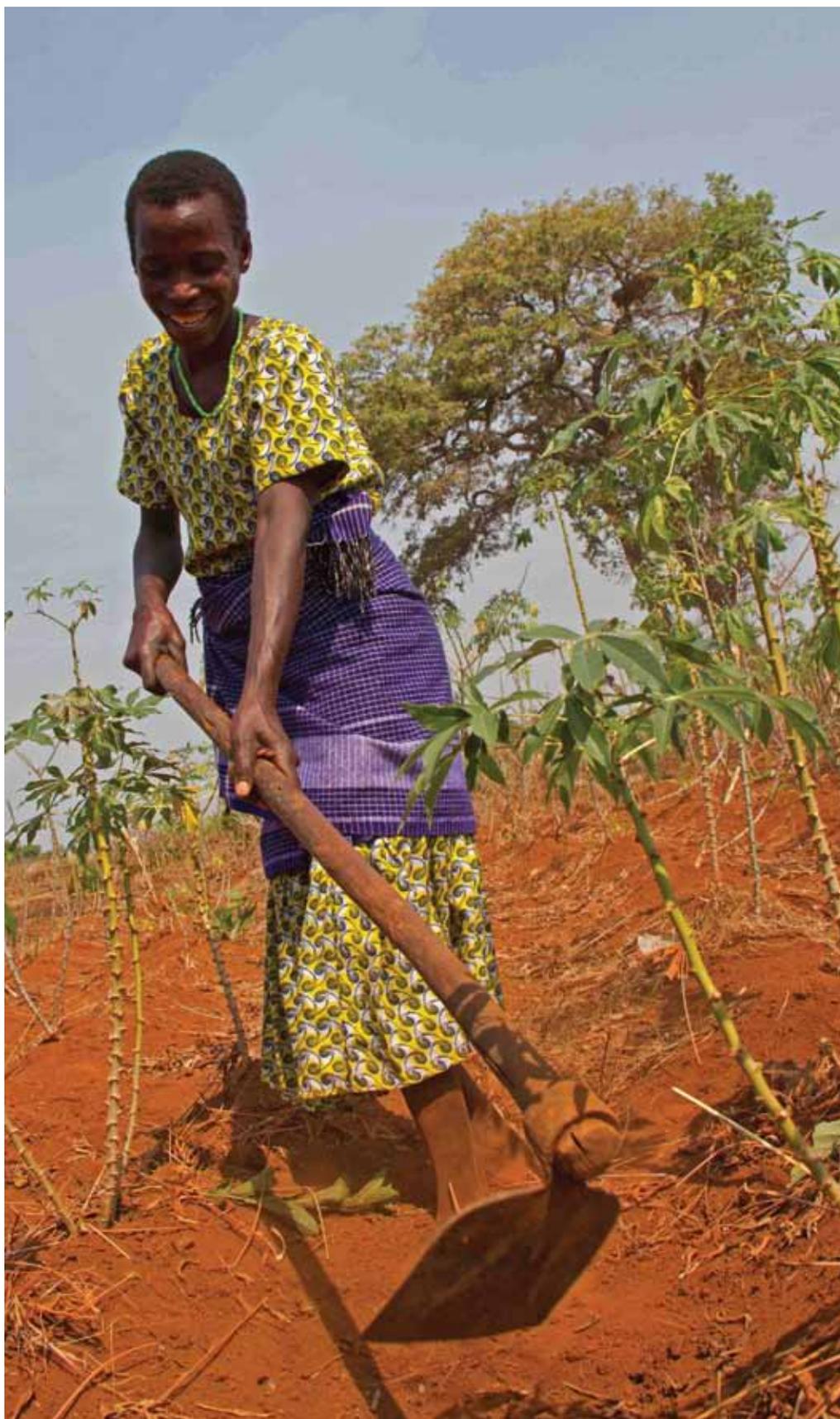
<sup>3</sup> [http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/JC2385\\_ProgressReportGlobalPlan\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/JC2385_ProgressReportGlobalPlan_en.pdf)

<sup>4</sup> UK Consortium on AIDS and International Development Fact Sheet: Violence Against Women and HIV

<sup>5</sup> [http://www.who.int/mediacentre/news/releases/2013/new\\_hiv\\_recommendations\\_20130630/en/index.htm](http://www.who.int/mediacentre/news/releases/2013/new_hiv_recommendations_20130630/en/index.htm)

<sup>6</sup> [http://one.org.s3.amazonaws.com/pdfs/data\\_report\\_2013\\_en.pdf](http://one.org.s3.amazonaws.com/pdfs/data_report_2013_en.pdf)

Photo: Suda Ntakiteye (45) is HIV positive. She lost her six children to AIDS. These vegetable gardens enabled her antiretroviral medicine to work. She is now a progressive farmer in her village, supporting others in farming and HIV counselling in Nyankwi Village, Kibondo, Kigoma Region Tanzania. Photographer: Jennifer O'Gorman, Concern Worldwide



# LIVES ARE BEING TRANSFORMED: DON'T LEAVE ANYONE BEHIND!

**The greatest achievement of the AIDS response has been the impact of reaching nearly 10 million people with anti-retroviral treatment (ART) despite extreme poverty and weak national health systems. Yet treatment alone is not enough: it is essential to fund prevention, including of mother to child transmission; to focus on key at-risk populations; and to ensure holistic care and support for people living with HIV.**

**Women remain more vulnerable to HIV infection than men: globally, young women aged 15-24 have HIV infection rates twice as high as young men.**

We now know that ART dramatically prolongs the lives of people living with HIV, while substantially reducing onward transmission<sup>7</sup>. By using treatment as a prevention tool we could protect 7.4 million people from AIDS-related deaths by 2020 – and an additional 12.2 million people from acquiring HIV.<sup>8</sup> We also know that putting the rights of people living with HIV at the centre of the response is not only right, but is also critical for programme effectiveness.

Women remain more vulnerable to HIV infection than men: globally, young women aged 15 to 24 have HIV infection rates twice as high as young men<sup>9</sup>. In many countries, the epidemic is concentrated in particular communities, such as injecting drug users, men who have sex with men and sex workers. These communities often experience discrimination and even criminalisation for their activities and their identities.

The success of a multi-sectoral response has been immense. But there are people who are being left behind, and they are predominantly the poorest and most vulnerable: children, women, men, and people who experience discrimination.

The final push to halt and reverse the spread of HIV globally will be the hardest - and the most important.

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<sup>7</sup> The HPTN 052 trial results, released in 2011, showed that HIV treatment was 96% effective in preventing the transmission of HIV in heterosexual couples. HIV Prevention Trials Network (2011), Press Release: [http://www.hptn.org/web%20documents/PressReleases/HPTN052PressReleaseFINAL5\\_12\\_118am.pdf](http://www.hptn.org/web%20documents/PressReleases/HPTN052PressReleaseFINAL5_12_118am.pdf)

<sup>8</sup> UNAIDS (2011), 'A New Investment Framework for the Global HIV Response', Geneva.

<sup>9</sup> UNAIDS, Global Fact Sheet: World AIDS Day 2012 [http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120\\_FactSheet\\_Global\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120_FactSheet_Global_en.pdf)

## POLITICAL LEADERSHIP IS KEY TO FINISHING THE JOB

The story of the global response to AIDS is one of a slow start, yet unprecedented political commitment and cooperation, across countries, organisations, and activists. The inclusion of a HIV-specific goal (Goal 6) in the MDGs (Millennium Development Goals), signalled a global commitment towards ending AIDS. This commitment was backed up by the establishment of innovative global initiatives including the Global Fund to Fight AIDS, Tuberculosis and Malaria, unique for its country led approach<sup>10</sup>. Yet in spite of significant progress, MDG 6 will not be reached in 2015. The energy and commitment that brought us so close to a tipping point now needs to be reinvigorated, or it will not be possible to finish the job.



Photo: Members of the Zimbabwe National Network of People Living with HIV (ZNNP+) attending an expo day in Mount Darwin, June 2011. ZNPP is a Trócaire partner in Zimbabwe. Photo: Trócaire.



Photo: Completed 'Memory books' prepared by people in Zambia who are living with AIDS. In this way, ChildFund helps parents to pass on important personal information to their children. C. Chifukushi, ChildFund Zambia.

<sup>10</sup> Other relevant initiatives include: two UN General Assembly Special Sessions on HIV & AIDS (2001 and 2006); the launch of the Global Fund in 2002, PEPFAR in 2003 and the WHO's initiative to get 3 million people onto ART by 2005; G8 commitment to universal access to treatment.

## THE FUNDING GAP

It will be impossible to sustain current efforts to tackle HIV and AIDS with current levels of funding. As a result, people will die prematurely.

Resource needs are expected to peak in 2015, when an estimated US\$22–24 billion per year will be needed - once universal access to treatment is achieved, the financial needs will decline steadily. Yet globally, AIDS funding has been stagnant since 2009 at about \$8.2 billion per year<sup>11</sup>.

Poor countries need to allocate more resources to respond to AIDS, and many are doing so. Today, more than 50% of the response in low- and middle-income countries is funded domestically. However, those countries most affected by the epidemic will need donor support for the foreseeable future: these include many of Ireland's Key Partner Countries including Malawi, Mozambique, Ethiopia and Sierra Leone. These countries also need to meet their own commitments under the Abuja Declaration to spend 15% of national budgets on health<sup>12</sup>.



**Globally, AIDS funding has been stagnant since 2009 at about \$8.2 billion per year.**

## WHY SHOULD IRELAND PRIORITISE HIV?

Unless we address AIDS, the Irish public's money spent on other development interventions may not deliver on expected outcomes. We will not overcome hunger if hungry people are unable to access ART. We won't achieve education for all if children are too sick to go to school – or if they are required to stay at home caring for sick family members. If AIDS is not addressed in the countries where Irish development aid is spent, costs will increase as HIV transmission continues to outpace numbers of people accessing treatment and the epidemic continues to grow exponentially, particularly in sub Saharan Africa.

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<sup>11</sup> Lancet, Dec. 2012

<sup>12</sup> The 2001 Abuja Declaration on HIV/AIDS, TB and other diseases committed African countries to spend 15% of total government expenditure on health – a goal which was restated in the UN Political Declaration on HIV and AIDS in 2011. The aim of the Abuja Declaration was to enable African governments to tackle HIV without relying on outside funding. To date, most governments have fallen short of this commitment – just 6 of 54 African countries which signed up to the declaration have met it.

# IRELAND'S LEADERSHIP IN THE RESPONSE

Ireland's high level commitment to addressing AIDS is important, for the impact it has in most affected countries, and the leadership it shows internationally. In 2006, Peter Piot, then head of UNAIDS, described Ireland as "one of the leaders in the global response to AIDS."<sup>13</sup> Ireland was the only European country to be represented by its head of government at the UN General Assembly Special Sessions on HIV/AIDS in 2001, and 2006. This served to reinforce the importance of supporting the global response to AIDS, and built momentum among other donor countries<sup>14</sup>. Ireland has always taken a strong stand, not alone on funding the response, but also on the importance of a multi-sectoral response and the centrality of the rights of people living with HIV.

At the MDG Review Meeting at the UN General Assembly in 2005, the Taoiseach committed Ireland to doubling its spending on HIV and other communicable diseases to €100 million. This commitment has been restated by successive development ministers since: €100 million per year, with 20% spent on children<sup>15</sup>.

According to a recent UNAIDS report, in 2011, Ireland was the fourth largest donor to the global AIDS response, when standardised for GDP: the total sum contributed was €58.7 million<sup>16</sup>. Ireland's financial commitment to AIDS is ambitious and strategic. This funding can be the lever for transformational change in countries that continue to be devastated by the epidemic. Ambition of this scale requires careful management, and Dóchas agencies are concerned at the absence of a clear guiding strategy to sustain Ireland's leadership.

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<sup>13</sup> <http://www.dfa.ie/home/index.aspx?id=27362>

<sup>14</sup> The latest OECD/DAC Peer Review of Ireland (2009) described Ireland as an expert at leveraging its international standing to push for a fairer deal for poorer people and countries. This would include Ireland's high profile championing of HIV and the rights of people living with HIV, on international platforms.

<sup>15</sup> As recently as December 2012, Minister Joe Costello stated: "We must do all in our power to support people affected by HIV, and work hard to prevent it. That's why Ireland will continue to advocate for a global response on HIV and we will continue to prioritise HIV in our development programmes." (Speech can be seen at this link; relevant quote from 8:45 minutes on <http://www.youtube.com/watch?v=3h-CzV-mvhU>)

<sup>16</sup> Financing the Response to AIDS in Low- and Middle- Income Countries: International Assistance from Donor Governments in 2011- UNAIDS & Kaiser Family Foundation

# HOW IRISH NGOs ARE RESPONDING TO AIDS

Dóchas member agencies are confronted with the realities of HIV and AIDS in our daily work in low and middle-income countries. Regardless of the nature of the intervention, HIV is frequently present, and undermines development and emergency response efforts. Dóchas agencies mentor networks of people living with HIV to support one another, understand their experiences, and create sustainable, healthy lives for themselves free of stigma and discrimination. Dóchas members support field partners in HIV prevention, treatment, care and support efforts.

The global context is challenging. Expenditure on HIV and AIDS among Irish NGOs surveyed in 2006<sup>17</sup> totalled €11.26 million; by 2011 this had dropped to €5.8 million among the same NGOs<sup>18</sup> - a drop of 48%. In a time of financial crisis, some agencies have chosen to scale down their direct responses to AIDS. HIV risk reduction mainstreaming response efforts and integrating responses for impact mitigation are continuing with field partners as far as resources allow.

Just as with the Irish government, Irish NGOs need to understand that we are faced with an ongoing crisis, and a unique opportunity to end AIDS. The Dóchas HIV and AIDS Working Group commits to continue supporting the Irish government response in the field in an effort to deliver on successful, sustainable outcomes in all sectors and in all contexts. Many agencies retain HIV and AIDS as a strategic priority, and maintain staff dedicated to understanding and resourcing the response. This commitment must be recognized, reaffirmed, and continued until the end of AIDS.



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<sup>17</sup> Concern, Trócaire, Oxfam Ireland, VSO Ireland, World Vision Ireland, ChildFund Ireland

<sup>18</sup> All mapping related to Irish NGOs comes from Dóchas Members Response to the HIV and AIDS Pandemic, 2012, by the Dóchas HIV & AIDS Working Group. [http://www.dochas.ie/Shared/Files/4/Dochas\\_HIV\\_and\\_AIDS\\_Report.pdf](http://www.dochas.ie/Shared/Files/4/Dochas_HIV_and_AIDS_Report.pdf)

# DELIVERING ON IRELAND'S POTENTIAL: WHAT'S THE STRATEGY?

In 'One World, One Future', HIV and AIDS receives minimal mention in only one of the six key priority areas. This suggests a de-prioritisation of HIV and AIDS in Irish policy making

Irish Aid's White Paper of 2006 demonstrated a strong commitment to the response, but on its own, it gave little indication of timelines, approaches or budgets. Since 2007, the Dóchas HIV and AIDS Working Group has called for a dedicated policy and strategy on HIV and AIDS, to indicate the priority areas, approaches, timelines and crucially budgets in Ireland's response. In 2011, Minister of State Jan O'Sullivan promised a policy and strategy for HIV: "A revised HIV and AIDS Policy will reflect Ireland's ongoing commitment to curb the global epidemic and make treatment for those living with the virus more accessible<sup>19</sup>"

In 2011, Irish Aid's draft HIV and AIDS policy was put on hold. Ireland's 2013 policy for international development 'One World, One Future' has limited references to HIV. Clear and consistent financial accountability on HIV is also lacking: up until 2008, Irish Aid included a disaggregated budget line for HIV, AIDS and other communicable diseases in its annual reports; since then, reporting has been inconsistent, making it almost impossible to track change or identify advances year on year<sup>20</sup>.

In 'One World, One Future', HIV and AIDS is referred to as one of four cross cutting themes; however, it is not a standalone priority area, and it receives minimal mention in only one of the six key priority areas. This suggests a de-prioritisation of HIV and AIDS in Irish policy making.

Without addressing HIV and AIDS, the three goals and six priority areas of the 'One World, One Future' policy are unlikely to be met.



<sup>19</sup> A 2008 evaluation of Ireland's support to HIV and AIDS recommended that a HIV strategy be completed and adopted "as soon as is practicable" - "Minister Jan O'Sullivan marks World AIDS Day" <http://dfa.ie/home/index.aspx?id=87335>

<sup>20</sup> <http://dochasnetwork.wordpress.com/2011/03/30/tracking-ireland%E2%80%99s-funding-commitment-on-hiv-aids-and-communicable-diseases/>

# ONE WORLD ONE FUTURE: INTEGRATING HIV AND AIDS INTO IRELAND'S POLICY FOR INTERNATIONAL DEVELOPMENT

## GLOBAL HUNGER:

There is a higher prevalence of food insecurity among HIV positive people. Under-nutrition can speed up the progress of the disease; it can also make adherence to ART difficult. Nutrition interventions should target adults and children living with HIV, and they should also link with prevention, treatment, care and support services. Hunger can increase transactional sex, which puts people (especially women) at greater risk of HIV infection.

## FRAGILE STATES:

Large-scale population movements and militarisation can result in an increase in transactional sex, sexual violence and unprotected sex, all major risks of HIV infections. They also disrupt regular access to HIV services, undermining among others the efficacy of ART. Any intervention in such contexts should consider the risks and vulnerabilities around HIV and AIDS and respond to them accordingly.

## CLIMATE CHANGE AND DEVELOPMENT

The impacts of climate change can increase behaviours that put people at risk of HIV infection. In a context of competition for scarce natural resources, populations can merge and disband, civil institutions can break down, and coercive sex and drug use may increase. Adaptation interventions should target those living with HIV and those affected to build their resilience, and disaster risk reduction planning should incorporate access to HIV prevention, treatment, care and support.

**TRADE AND ECONOMIC GROWTH:**

As the disease evolves, new drugs become necessary; these drugs are often protected by unfair patents which make them unaffordable to poorer health systems and to the poorest people. Any involvement of Ireland in international trade and with intellectual property rules must guarantee access to medicines for all including for HIV and AIDS and related opportunistic infections.

**ESSENTIAL SERVICES:**

In the context of HIV, essential services should include: primary prevention; prevention of mother to child transmission; treatment, care and support for HIV infected and affected people (including key at risk populations); and strengthening of health systems.

**HUMAN RIGHTS AND ACCOUNTABILITY:**

People living with HIV, and key populations at higher risk of infection, suffer from stigma and discrimination making it harder for them to access and use services. The criminalisation of HIV transmission, and of certain behaviours, is an extreme form of discrimination against already highly marginalised groups. Ireland should continue to support and promote the rights of people living with HIV and of key at risk populations to access services in all its human rights work and demand accountability from its key partner countries on the same.

Gender based violence increases the vulnerability of people – mainly women and girls – to HIV. GBV interventions should include health responses to promote and protect the health of survivors from HIV, as well as legal responses to defeat impunity for violence.



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## CONCLUSION

Ireland responded at the beginning of the global HIV epidemic. Now that the possibility of ending AIDS is in sight, Ireland must remain resolute in its commitment to the response.

The greatest challenge still lies ahead: if we don't make the final push, millions of people – some of the most vulnerable and poorest in the world – will die needlessly.

Women and children will continue to be disproportionately affected, and marginalised people will be left behind. This does not need to be the case.

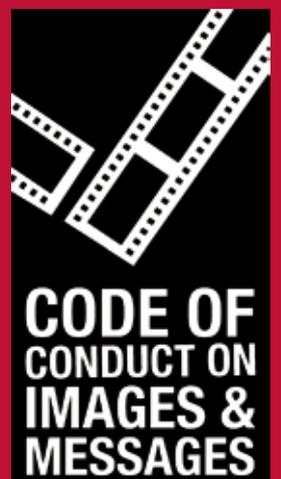
We can end AIDS. Ireland must continue to play its part.



Photo: Lillian Pedzisa, who is living with HIV, with her two eldest children, Tendai and Dennis. She lives in the Midlands Province in central Zimbabwe. Lillian says: "I'm trying to be a living example of a person coping with HIV, so that my family can learn from me." Annie Bungeiroth/Oxfam

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