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THE 'AIDS AND MDGs' APPROACH: What is it, why does it matter, and how do we take it forward?

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What is it, why does it matter,
and how do we take it forward?**

January 2011

EXECUTIVE SUMMARY

“Over the past three decades, the HIV/AIDS epidemic has reminded us of the fundamental linkages between health and development more broadly. It has shown us that, to tackle this deadly virus and its impact, it takes both the best that science and medicine can offer and attention to the basic conditions which shape vulnerability – be they poverty, gender inequalities, or discrimination against marginalized groups.”

Helen Clark,
UNDP Administrator
August 2010

From the very early days of the global AIDS epidemic, many have recognized that effective responses must go beyond only providing health information, medical services, drugs and commodities. Early AIDS strategies in the United Nations family reflected these insights, including the World Health Organization’s (WHO) emphasis on ‘AIDS and human rights’ and the United Nations Development Programme’s (UNDP) focus on ‘AIDS and development’. By the mid-1990s, the relationship between the AIDS epidemic and a broad range of social and economic factors was institutionally reflected in the creation of UNAIDS – a multi-agency, joint UN programme to address the multi-dimensional drivers of the AIDS epidemic.

There have been many challenges to these multi-sectoral approaches. The characterization of AIDS as a global ‘emergency’ encouraged short-term responses with short-term impact. From the success of anti-retroviral therapy through ever-lengthening timelines for development of an effective vaccine, some have hoped that technology would provide a ‘magic bullet’ that would reduce or eliminate the need to address complex social phenomena. The need to ensure that policy is based on evidence has sometimes undermined commitment to approaches that are more difficult to measure.

More recently, several factors have worked together to challenge false dichotomies between ‘medical’ versus ‘multi-sectoral’ strategies or ‘vertical’ versus ‘horizontal’ responses to AIDS. The global HIV epidemic will be with us well beyond this generation, so we simultaneously need both short-term impact and long-term thinking. The global economic crisis of 2009 has once again increased attention to cost-effectiveness but with a recognition that the best strategies contribute not just to HIV results but to other health and development outcomes as well. There is an increasing commitment to ensuring that investments must strengthen health, social protection and other relevant systems while also delivering services and commodities.

These changes in the AIDS response landscape have created an opportunity to explore, strengthen and leverage the links between AIDS and other health and development issues. The term ‘AIDS and MDGs’ is gaining currency as an approach that leverages these links – effectively addressing both short- and long-term challenges and impacts of the HIV epidemic while contributing to the achievement of the wider MDG agenda.

This paper outlines three important pillars of an AIDS and MDGs approach:

1. Understanding how AIDS and the other MDGs impact on one another;
2. Documenting and exchanging lessons learned across AIDS and other MDGs; and
3. Creating cross-MDG synergy and increasing cost-effectiveness through intervention strategies that simultaneously address AIDS together with other MDGs.

The paper proposes broader policy level implications to move the AIDS and MDGs approach forward. These recommendations include:

1. **Map the HIV epidemic in relation to the broader MDG and development context.** Ensure that the ‘know your epidemic/know your response’ framework examines not just epidemiology but also structural factors that block progress on multiple MDGs and emphasize a picture of the HIV epidemic that is linked to an understanding of the current status of other MDGs .
2. **Explore a range of cross-MDG strategies and scale up promising intervention models.** Applying an HIV lens to a variety of programmes, such as social protection or environmental impact assessments, could maximize opportunities for synergistic action across multiple MDGs, including HIV.
3. **Ensure that countries’ policy environments support and sustain the impact of cross-MDG programmes.** In order to have greater impact and coverage, individual intervention programmes should be supported by broader country-level policies that carry the potential for far more sustained and systemic change (e.g., on gender equality) than can be achieved through individual programmes acting in isolation.
4. **Build AIDS and MDG partnerships by reaching out across sectors to engage a broader range of health and development actors.** Promote interdisciplinary and multi-sectoral action to successfully design and implement cross-MDG strategies and transfer lessons across fields.
5. **Generate best practice models by evaluating AIDS and MDG strategies against realistic timeframes.** Support further research in order to guide programme and policy development across a range of settings. Because effecting meaningful and measureable shifts in areas such as economic well being, education, or gender equality will require longer timeframes than those afforded by more conventional technical or biomedical interventions, it will be important to link the application of cross-sectoral approaches to robust budget lines that will support substantial, long-term action and project cycles.

Because the MDGs explicitly locate HIV within a broader international commitment to human development targets, an AIDS and MDGs approach provides a critical platform to galvanize resources, political will, and momentum behind a broader, systematic and structural approach to HIV, health and development. Moreover, because the Millennium Declaration reaffirms commitments to human rights, an AIDS and MDGs approach can catalyze greater attention to such rights and their role in achieving multiple MDGs and in translating human rights commitments into meaningful change.

DEVELOPMENT CONTEXT

THE MDGs



MDG 1:
Eradicate extreme poverty and hunger



MDG 2:
Achieve universal primary education



MDG 3:
Promote gender equality and empower women



MDG 4:
Reduce child mortality



MDG 5:
Improve maternal health



MDG 6:
Combat HIV/AIDS, malaria and other diseases



MDG 7:
Ensure environmental sustainability



MDG 8:
Develop a global partnership for development

AIDS AND DEVELOPMENT: A CHANGING LANDSCAPE

At the Millennium Summit in September 2000, world leaders adopted the UN Millennium Declaration, committing their nations to a new global partnership to reduce extreme poverty and uphold the commitments in the Universal Declaration of Human Rights.[1] This partnership was subsequently reflected in a series of time-bound targets, with a deadline of 2015, known as the Millennium Development Goals (MDGs). Efforts to tackle AIDS and other infectious diseases, such as malaria, are captured in MDG 6. With respect to AIDS, MDG 6 has two explicit HIV targets: (1) halting and reversing the spread of HIV/AIDS by 2015; and (2) achieving, by 2010, universal access to HIV treatment for all those who need it.[2]

Responding to a global emergency

Perhaps more than any other MDG, the global effort to address AIDS has been characterized by an emergency response. The lethality, pace and scale of the epidemic has understandably shaped this crisis response. Exacerbating the sense of crisis has been the limited efficacy of conventional biomedical and public health approaches, the bulwarks against disease throughout the 20th century. While an expanding array of biomedical tools (e.g., condoms and antiretroviral drugs), behavioural approaches, and increasingly, structural approaches¹ (what has been termed ‘combination prevention’) have yielded important progress, they have ultimately been unable to halt the epidemic’s course over the past 30 years.(see Snapshot on next page) It is clear that health sector interventions and biomedical technologies (either existing or in development) alone are inadequate to meet the challenge of the AIDS pandemic. But what is less clear is how best to complement and support these strategies by addressing underlying structural factors – not least because doing so requires action across a number of non-health sectors. The most successful programmes have combined biomedical technologies and behavioural interventions with multi-sectoral strategies that address human rights and the underlying socio-economic conditions that render a population more vulnerable to infection. It is these multi-sectoral strategies that are at the heart of UNDP’s mandate on AIDS, the new UNAIDS Outcome Framework and the MDGs themselves.[3]

1. Approaches that address the underlying social, economic and cultural factors that increase vulnerability to HIV. Such factors include, for example, income and gender inequalities, food insecurity, migration, and stigma and discrimination. These structural factors may also impede progress on other MDGs.

SNAPSHOT: 30 YEARS OF A GLOBAL PANDEMIC

AIDS HAS BROUGHT DEVASTATING IMPACTS	THERE HAVE BEEN IMPORTANT SUCCESSES...	...BUT SERIOUS CHALLENGES REMAIN
<ul style="list-style-type: none"> • 25 million total AIDS deaths [4] • 33 million people currently living with HIV, with most in sub-Saharan Africa [4] • 17.5 million children orphaned [4-5] 	<ul style="list-style-type: none"> • 17% decrease in new infections globally between 2001 and 2008 • Decline in HIV prevalence among young people in more than 16 of the 21 most affected countries [6] • 5.2 million people on antiretroviral therapy, a 12-fold increase since 2003 [7] • Increased coverage of prevention of mother-to-child transmission from 10% in 2004 to 45% in 2008 	<ul style="list-style-type: none"> • Number of new infections is outpacing scale up of treatment (2 new infections for every person put on antiretroviral therapy) [8] • ART coverage reaches only 35% of all those in need (based on 2010 WHO guidelines) • Basic knowledge of HIV is poor among young people (40%) [4] • Only 40% of people living with HIV are aware of their status [4] • No vaccine or cure is expected in the foreseeable future • Uptake of safe medical male circumcision is unknown [9-12] • Vaginal microbicides and oral pre-exposure prophylaxis have yielded promising initial results; however, more studies are needed, roll-out of effective products will take time and ultimate uptake and efficacy are as yet unknown [13-15]

A shifting global response

Although AIDS is no less an emergency today than three decades ago, particularly in most-affected countries, the character of the global response is shifting. The recent flattening of AIDS-specific donor funding in the wake of the global economic crisis has raised concerns about how governments will meet the growing demand for HIV programmes while sustaining the important gains already made (Figure 1).

In addition, there is a need to support further progress in other critical MDG areas, such as maternal and child health. Recognizing this, the UN Secretary-General, Ban Ki-moon, released a joint action plan to improve the health of women and children at the 2010 MDG Summit in New York. The Gates Foundation recently announced a USD 1.5 billion programme for maternal, neonatal and child health.² [17] Simultaneously, there has been a movement among donors away from disease-specific programmes and funding toward health system strengthening, as embodied by initiatives such as the International Health Partnership+. Taken together, these shifts signal a changing landscape, one that presents new challenges and new opportunities.

TRENDS IN DONOR FUNDING FOR AIDS

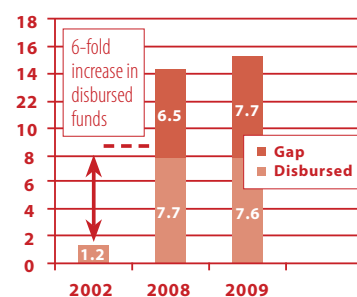


Figure 1. While disbursed AIDS funds from major bilateral and multilateral donors have increased dramatically between 2002 and 2008, disbursements dipped slightly in 2009 while the overall gap in need have increased (gap estimate for 2002 not calculated.) Source: UNAIDS and Kaiser Family Foundation 2010. [16]

2. In addition, the US government is increasing its policy and programmatic emphasis on women and children in its new Global Health Initiative (GHI), which aims to integrate sustained efforts on the President's Emergency Plan for AIDS Relief with expanded focus on other global health priorities, especially maternal and child health.

The crisis and the opportunity

From the perspective of AIDS-specific funding, these shifts in health and development priorities could be viewed as movements that threaten the viability of the global AIDS response. However, as this paper argues, these shifts in the AIDS, health and development landscape may also signal an opportunity to critically evaluate lessons learned from nearly three decades of the AIDS response and to re-visit the fundamental linkages between HIV, health and development. As recent observers have noted, this shift from emergency mode to long-term response can open up space on the AIDS agenda for a commitment to better understanding and addressing the *root causes* of HIV. It could add momentum to the ongoing shift from individualized approaches regarding prevention, care and treatment to an approach that also emphasizes integrated health and development strategies that address key structural determinants of vulnerability. Such a shift may well be the “single most crucial factor that the AIDS response has been seeking”. [18]

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