

and gay men, transgenders and people who use drugs.

Environmental justice involves addressing vulnerabilities and risks faced by marginalized groups of people who often bear the brunt of natural and environmental disasters and humanitarian emergencies. It means ensuring the long-term protection and safety of people who are forced to move or migrate, including addressing their health and well-being.

Accountability to peoples requires that governments must exercise political leadership in the HIV response, while at the same time facilitating an enabling environment for civil society and key populations to fully engage and participate. This entails placing people at the center, as there can be no meaningful change or effective programmes without their direct engagement. It also entails ensuring financial sustainability for civil society, without compromising their autonomy and independence as partners and co-actors.

Today, more than ever, scaling up, innovating and intensifying the response is needed to avert a reversal of the progress that has been achieved in the last decade.⁷

1. http://www.unaids.org/sites/default/files/media_asset/20150901_FactSheet_2015_en.pdf
2. On the Fast Track to End AIDS (UNAIDS 2016–2021 Strategy), UNAIDS, 2015
3. [www.aidsdatahub](http://www.aidsdatahub.org)
4. Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV, WHO, 2015
5. When 'Rights' cause wrongs: Addressing Intellectual Property barriers to ensure access to treatment for all people living with HIV (2014 NGO Report to the Programme Coordinating Board Meeting), 2014
6. <http://www.theglobalfund.org/en/financials/>
7. Defeating AIDS—advancing global health, UNAIDS and the Lancet Commission, Published online June 25, 2015 [http://dx.doi.org/10.1016/S0140-6736\(15\)60658-4](http://dx.doi.org/10.1016/S0140-6736(15)60658-4)

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The Asia Pacific Regional Civil Society Engagement Mechanism (RCM) promotes stronger, coordinated, and more effective civil society contribution in regional and global UN processes. It consists of 427 civil society organisations working in the Asia Pacific region within 17 different constituencies and five sub regions. It ensures stronger cross constituency coordination and that voices of all sub-regions in the Asia Pacific are heard in intergovernmental processes.

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Development Justice

FACTSHEET

People Living with and Affected by HIV



In 2014, there were five million people living with HIV (PLHIV) in the Asia-Pacific region. Of these, women accounted for 34%, up from 17% in 1990.¹ About 90% of the total PLHIV come from six countries: China, India, Indonesia, Myanmar, Thailand, and Viet Nam.

Improved access to treatment and prevention programmes has led to a global reduction of new HIV infections. In Asia-Pacific however, the reverse is happening in several countries. New infections rose by 3% between 2010–2014, reaching 340,000 in 2014, primarily among men who have sex with men, transgender people, sex workers and their clients, and people who inject drugs (also known as key populations).²

These key populations most affected by HIV are criminalized and often endure stigma and discrimination. Thirty-seven out of 38 countries in the region criminalize some aspect of sex work. Fifteen countries impose the death penalty for drug-related offenses; 18 criminalize same-sex relations and 10 impose some form of HIV-related travel restrictions.³ Criminalization of PLHIV and key populations significantly impacts on their access to prevention and treatment services, as well as to social protection and socio-economic programmes. They also become vulnerable to abuse and violence, with little or no access to redress mechanisms. In addition, adolescents and young people are hindered by age-of-consent laws from accessing HIV prevention and treatment services.

Only 36% of PLHIV obtained antiretroviral therapy in 2014, lower than the global average of 41%. While the World Health Organization (WHO) has released guidelines that recommend immediate treatment upon HIV diagnosis⁴, the reality of accessing

treatment is dismal. Access to life-saving medicines is impeded by patent laws that give pharmaceutical companies exclusive rights to market their products and control drug prices.⁵ Putting profits over people impacts directly on access to life-saving medicines, including for HIV. The World Trade Organization (WTO) Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) has introduced 'flexibilities' such as parallel importation and compulsory licensing of essential medicines. However, many developing countries are unable to use these flexibilities as they are held hostage by their bilateral ties and trade agreements with developed countries.

The Development Response to HIV and AIDS

In 2001, Goal 6 of the Millennium Development Goals (MDGs) called for 'halting the spread of AIDS, along with TB and Malaria.' As one of the eight MDGs, Goal 6 received substantial financial, programmatic and political investments, enabling a robust HIV response that put 15 million people on treatment in 2015. Political commitments involved a UN General Assembly Special Session (UNGASS) on AIDS in 2001 and two High-Level Meetings (HLM) in 2006 and 2011, respectively. The Global Fund to Fight AIDS, TB and Malaria, a multilateral funding mechanism, was established in 2002. From its inception to 2015, it pumped a cumulative amount of USD 33 billion.⁶ The 15 years of the MDGs highlighted the need to address not only the clinical and bio-medical aspects of HIV and AIDS, but more importantly, the social, political, economic and cultural dimensions that defined and shaped the epidemic.

In the era of the post-2015 Sustainable Development Goals (SDGs), AIDS has been deprioritized and identified as only one of the nine targets under Goal 3: "Ensure healthy lives and promote well-being for all at all ages." Specifically, Target 3.3 states, "by 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases."

This current framing can only mean that development programming at country, regional and global levels will result to reduced investments and even less political commitment for HIV and AIDS. In 2015 alone, several donor countries have announced that they would completely cut or drastically reduce their financial contributions to the Global Fund and other UN agencies. Without a clear cure in sight and with increasing repression and policing of key populations, this could turn around the initial successes of the HIV response.

Clearly, the health goal alone cannot end AIDS by 2030. It is critical to reference other SDGs and targets that can contribute or complement efforts to address the HIV

epidemic. These include: Goal 5 on gender equality and women's empowerment; Goal 10 on reducing inequality; Goal 16 on building inclusive societies and enabling access to justice; and, Goal 17 on partnerships. This multi-goal approach to HIV and AIDS requires a collaborative and crosscutting response, especially in addressing the non-bio-medical aspects of the epidemic.

Development Justice as a Framework

Yet it must be stated that the SDGs are not the ultimate solution, as these do not address other fundamental issues such as criminalization of key populations, sexual orientation and gender identity and expression (SOGIE), comprehensive sexuality education, and sexual rights. The development justice approach, which encompasses gender and social justice, economic justice, redistributive justice, environmental justice and accountability, enables a multi-dimensional and multi-sectoral response.



Redistributive justice requires that all people should have equitable access to economic resources, political power and opportunities. For people living with HIV and key populations, it means that governments must ensure access to social services, particularly health care services, including prevention, treatment and care. It also necessitates opposing provisions in free-trade agreements that protect patents and intellectual property, which only serve to benefit the interests of big pharmaceutical corporations.

Economic justice ensures that stigma and discrimination have no place in the workplace and that key populations and people living with HIV are not deprived of their economic and livelihood opportunities. It means that the right to work is recognized as a fundamental human right and that one's HIV status should not be used as a basis to deny employment. Economic justice also entails that social protection programmes are in place, as well as access to other social services such as housing, education and nutrition, among others.

Social and gender justice are at the core of the HIV response, necessitating a transformation of power dynamics in gender and sexual relationships between people. Women and girls and transgender people must be empowered to be able to make informed choices about their lives and their sexuality. Social and gender justice also entails addressing gender-based violence, removing discriminatory laws, and decriminalizing key populations, including sex workers, men who have sex with men