



# HIV BEYOND GOAL 3

17 PARTNERSHIPS FOR THE GOALS



5 GENDER EQUALITY



1 NO POVERTY



2 ZERO HUNGER



4 QUALITY EDUCATION



9 INDUSTRY, INNOVATION AND INFRASTRUCTURE



8 DECENT WORK AND ECONOMIC GROWTH



11 SUSTAINABLE CITIES AND COMMUNITIES



10 REDUCED INEQUALITIES



3 GOOD HEALTH AND WELL-BEING



16 PEACE, JUSTICE AND STRONG INSTITUTIONS





## **INTERCONNECTIONS BETWEEN HIV, HUMAN RIGHTS AND SUSTAINABLE DEVELOPMENT**

The perception that AIDS is almost over is false. Despite the enormous progress made globally to provide people with HIV prevention, treatment and care, almost one million people die each year due to AIDS-related illnesses. Approximately 37 million people were living with HIV in 2017 and rates of new infections remain high with around 1.8 million people acquiring HIV each year.

Recent United Nations' (UN) reports acknowledge that the AIDS response is off track.<sup>1</sup> Evidence also suggests the HIV epidemic is likely to resurge and worsen in the coming years<sup>2</sup>, especially as the world's largest-ever generation of young people move through adolescence into adulthood.<sup>3</sup>

In 2000, world leaders committed to the Millennium Development Goals (MDGs), a 15-year initiative to address global problems including poverty, hunger and disease. The MDGs consisted of eight goals, one of which was to work to end AIDS, malaria and other infectious diseases. In 2015 as a follow-up to the MDGs, governments signed up to a new framework for action: the 2030 Agenda for Sustainable Development (Agenda 2030). This includes 17 Sustainable Development Goals (SDGs) with 169 targets attached. The SDGs are global and universal in scope, seeking to realise human rights for all.

Ending AIDS is now part of a broader health goal (SDG 3): *Ensure healthy lives and promote wellbeing for all at all ages*. Target 3.3 within SDG 3 commits to “end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases” by 2030.

The SDGs are interdependent. Agenda 2030 acknowledges that efforts to achieve the goals to reduce poverty or ensure gender equality will help promote better health, while in turn improving health outcomes is key to the success of other SDGs. Those who are committed to ending the AIDS epidemic realise that a purely medical response is not effective. The AIDS response must also focus on gender equality, human rights, economic empowerment and education. Emerging evidence suggests that the interconnectivity across the SDGs is critical to the goal of ending AIDS. The barriers to ending AIDS are as much rooted in the realisation of human rights as they are in ensuring access to quality healthcare. The SDGs provide a platform to drive progress on both.

This paper outlines the interconnections between certain SDG targets, human rights laws and how HIV is linked to these.





# SDG

# TARGETS

- Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable (**1.3**).
- Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programs and policies to end poverty in all its dimensions (**1a**).
- Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions (**1b**).

## INTERNATIONAL HUMAN RIGHTS LAW

**Recognize the right of everyone to social security, including social insurance (Article 9 of the International Covenant on Economic, Social and Cultural Rights).**

# MAKING THE LINKS TO HIV

- Individuals and households affected by poverty are likely to be hit harder by the impacts of AIDS-related illness and death. Without adequate HIV care, services and treatment, people become unwell and quickly become unable to work. This both deprives individuals of an income and reduces a country's gross national product.<sup>4</sup>
- Discrimination against people living with HIV can reduce livelihood opportunities by adversely affecting social networks and employment opportunities.<sup>5, 6</sup>
- Insufficient income can be a factor in a person's decision to sell sex (sex work) or exchange sex for goods (transactional sex). Many sex workers may choose the occupation as a form of economic empowerment rather than as a 'last resort'. However, people who sell sex or transact sex are disproportionately impacted by HIV.<sup>8, 9</sup>

**IN SOME COUNTRIES  
MORE THAN 50%  
OF YOUNG PEOPLE  
(UNDER 30 YEARS OLD)  
LIVING WITH HIV ARE  
UNEMPLOYED.<sup>7</sup>**





# SDG

# TARGETS

- By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round (2.1).

## INTERNATIONAL HUMAN RIGHTS LAW

Recognizing ...the fundamental right of everyone to be free from hunger... (Article 11.2 of the International Covenant on Economic, Social and Cultural Rights).

# MAKING THE LINKS TO HIV

- Food insecurity and hunger can undermine HIV treatment adherence, making medicines less effective.
- Sex in exchange for food can compromise people's ability to negotiate condom use, which could increase the likelihood of acquiring HIV.<sup>10, 11</sup>
- Diminished health from advanced HIV-related illness can reduce economic productivity and undermine household food security.<sup>13</sup>
- Some people in humanitarian emergencies, especially women and girls, may have sex in exchange for cash or food, exposing them to HIV.<sup>14, 15</sup>

**UP TO 62% OF PEOPLE  
LIVING WITH HIV ACROSS  
13 COUNTRIES REPORT  
NOT HAVING ENOUGH  
FOOD TO EAT EACH DAY  
DURING THE PREVIOUS  
MONTH.<sup>12</sup>**



**3** GOOD HEALTH  
AND WELL-BEING



# SDG TARGETS

- **By 2030, end the epidemics of AIDS, tuberculosis, malaria... (3.3).**
- Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol **(3.5).**
- By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs **(3.7).**
- Achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all **(3.8).**

## INTERNATIONAL HUMAN RIGHTS LAW

**Recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (Article 12 of the International Covenant on Economic, Social and Cultural Rights).**

# MAKING THE LINKS TO HIV

- People living with HIV may acquire infections and/or diseases because of their weakened immune systems. People living with HIV are between 26 and 31 times more likely to develop tuberculosis (TB) than people living without HIV.<sup>16</sup>
- One way of preventing more people acquiring HIV is to ensure effective HIV treatment. This can suppress the virus, making it impossible to transmit. However at the current rate at which people are able to gain access to antiretroviral therapy, an additional 49 million people are likely to acquire HIV by 2035.<sup>17</sup>
- Not all governments grant universal access to antiretroviral therapy; either due to lack of capacity or funding or due to entrenched structural inequality.<sup>18, 19</sup> People who are most impacted by HIV often have a lower ability to pay for health services.<sup>20</sup>
- The ambition of universal health coverage (UHC) is for all people to access the quality health services (including those for HIV) they need without experiencing financial hardship.
- Substance use disorders, including disorders caused by alcohol and narcotic drugs, are linked to an increased likelihood of acquiring TB and HIV.<sup>21, 22</sup>
- 214 million women and girls around the world have an unmet need for family planning services.<sup>23</sup> Barriers, such as gaps in HIV and sexual and reproductive health services, increase people's risk of acquiring HIV.<sup>24, 25</sup>

**ALTHOUGH 21.7 MILLION  
PEOPLE WORLDWIDE  
NOW HAVE ACCESS  
TO ANTIRETROVIRAL  
THERAPY, 15.2 MILLION  
PEOPLE STILL DO NOT.<sup>26</sup>**





# SDG

# TARGETS

- By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes (4.1).
- By 2030, ensure that all girls and boys have access to quality early childhood development and care (4.2).

## INTERNATIONAL HUMAN RIGHTS LAW

**Recognize the right of everyone to education (Article 13 of the International Covenant on Economic, Social and Cultural Rights).**

# MAKING THE LINKS TO HIV

- Each additional year of secondary education is associated with a 24.5% and 43.1% reduction in HIV prevalence amongst young men and women, respectively.<sup>27</sup>
- People living with HIV with lower levels of education are at greater risk of poor health outcomes, including risk of coinfections such as TB.<sup>28</sup>
- HIV can affect young people's educational outcomes in several ways. Many young people living with HIV have to miss school due to health difficulties or clinic appointments that clash with school hours.<sup>29</sup>
- Young people who have been orphaned or have caregivers living with HIV may have difficulties concentrating in school due to psychological distress and poverty, which can result in them leaving school prematurely.<sup>30</sup>
- Many people, especially young people, do not have access to comprehensive sexuality education, which includes information about HIV, gender and communication about sex.<sup>31</sup>

**AS OF 2011, ONLY 24%  
OF YOUNG WOMEN AND  
36% OF YOUNG MEN  
HAD COMPREHENSIVE  
KNOWLEDGE OF HIV.<sup>32</sup>**





# SDG

# TARGETS

- End all forms of discrimination against all women and girls everywhere (5.1).
- Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation (5.2).
- Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation (5.3).
- Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic, and public life (5.5).
- Ensure universal access to sexual and reproductive health and reproductive rights (5.6).

## INTERNATIONAL HUMAN RIGHTS LAW

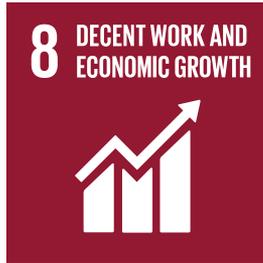
Ensure all appropriate measures are taken to follow all relevant articles of the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

# MAKING THE LINKS TO HIV

- Gender inequality, discrimination, violence and harmful practices increase women's and girls' risk of acquiring HIV.<sup>33</sup>
- Power dynamics between women and girls and men and boys compromises women's and girls' ability to prevent HIV or mitigate its impact.<sup>34</sup> Intimate partner violence and high levels of patriarchal control in a relationship can double the risk of a woman or a girl acquiring HIV.<sup>35</sup>
- In 2014, less than one in three adolescent girls in sub-Saharan Africa had taken an HIV test, despite the fact that 85% of all adolescents living with HIV globally are living in sub-Saharan Africa.<sup>36</sup>
- Women and girls living with HIV often face increased violence connected to stigma and discrimination.<sup>38, 39</sup> Violence against transgender women, gay men and lesbian women (including sexual violence and 'corrective' rape) increases their likelihood of acquiring HIV.<sup>40</sup>
- Estimates suggest that in 2013, 19.1% of transgender women worldwide were living with HIV.<sup>41</sup>

**AIDS-RELATED ILLNESS  
REMAINS THE LEADING  
CAUSE OF DEATH  
AMONG WOMEN OF  
REPRODUCTIVE AGE  
(15–49 YEARS) GLOBALLY,  
AND THE SECOND  
LEADING CAUSE OF  
DEATH FOR YOUNG  
WOMEN (15–24 YEARS)  
IN AFRICA.<sup>37</sup>**





# SDG

# TARGETS

- By 2030, achieve full and productive employment and decent work for all women and men, including for young people... and equal pay for work of equal value (8.5).

## INTERNATIONAL HUMAN RIGHTS LAW

Recognize the right to work... ; and recognize the right of everyone to the enjoyment of just and favorable conditions of work (Articles 6.2 and 7 of the International Covenant on Economic, Social and Cultural Rights).



# MAKING THE LINKS TO HIV

- Access to antiretroviral therapy has the potential to keep employees healthy and productive, leading to a decrease in the number of people living with HIV who are unable to work.<sup>43, 44</sup>
- The impact of HIV has many hidden costs, such as children carrying out household chores and families performing unpaid care work.<sup>45</sup>

**US\$7 BILLION IS LOST  
IN EARNINGS EACH  
YEAR GLOBALLY,  
LARGELY DUE TO  
HUNDREDS OF  
THOUSANDS OF  
PREVENTABLE AIDS-  
RELATED DEATHS.<sup>42</sup>**



9 INDUSTRY, INNOVATION  
AND INFRASTRUCTURE

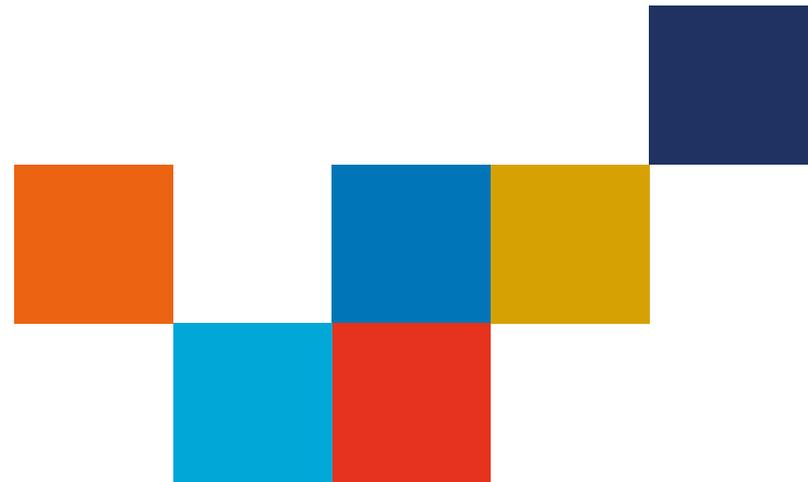


# SDG TARGETS

- Enhance scientific research, upgrade the technological capabilities of industrial sectors in all countries, in particular developing countries, including, by 2030, encouraging innovation and substantially increasing the number of research and development workers per 1 million people and public and private research and development spending (9.5).

## INTERNATIONAL HUMAN RIGHTS LAW

Recognize the right of everyone to enjoy the benefits of scientific progress and its applications (Article 15.1.b of the International Covenant on Economic, Social and Cultural Rights).



# MAKING THE LINKS TO HIV

- The current for-profit research and development (R&D) model can lead to:
  - a) Unaffordable prices for new HIV medicines<sup>46</sup>: if initial treatment options fail, patients may have to pay up to 18 times more<sup>47</sup> to access alternative HIV treatment.
  - b) A lack of incentives for pharmaceutical companies to invest in unprofitable areas, such as antiretroviral therapy for children.<sup>48</sup>
  - c) Adjustments to existing medicines, rather than the development of new medicines. Over 50% of new medicines have no added therapeutic value compared to existing medicines, which wastes economic and scientific resources.<sup>49</sup>
- Currently, not all safeguards enshrined in international law are utilised by governments to access HIV medicines when they are unaffordable.<sup>51</sup>
- Investing in delinked R&D models, where the price of a new medicine is not linked to the cost of R&D, has been shown to lead to greater innovation, lower prices and increased access to medicines.<sup>52</sup> The Drugs for Neglected Diseases initiative, which uses this model, has delivered, recommended and implemented eight new treatments since its inception in 2003, including for HIV/TB co-infection in children.<sup>53</sup>

**IN 2017, ONLY 52% OF  
CHILDREN LIVING WITH  
HIV WERE RECEIVING  
TREATMENT.<sup>50</sup>**





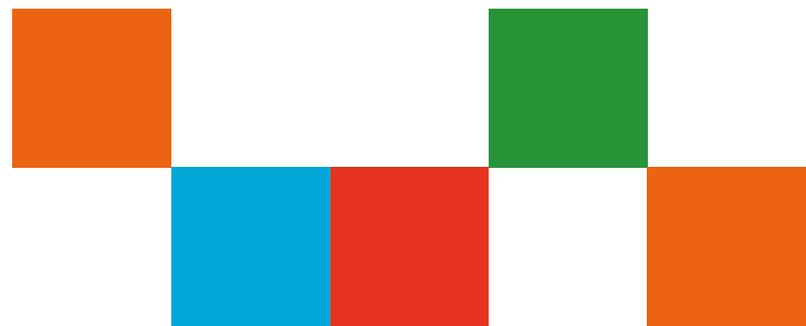
# SDG

# TARGETS

- Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard (10.3).
- Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies (10.7).
- Encourage official development assistance and financial flows, including foreign direct investment, to States where the need is greatest (10b).

## INTERNATIONAL HUMAN RIGHTS LAW

**Guarantee that the rights enunciated in in the present Covenant will be exercised without discrimination of any kind... (Article 2.2 of the Covenant on Economic, Social and Cultural Rights).**



# MAKING THE LINKS TO HIV

- Income inequality is linked to higher HIV prevalence; HIV disproportionately affects the poorest and most disempowered communities within unequal societies.<sup>54</sup> Even as countries experience economic growth, income inequality within the country can widen. International development aid is currently directed towards the poorest countries rather than the poorest people. In middle-income countries this often means that marginalised groups most affected by HIV do not receive support from donors and are also ignored by their governments.<sup>55</sup>
- Aside from leading to human rights violations, stigma, discrimination and criminalisation of marginalised communities create barriers to accessing HIV prevention, treatment and care.<sup>56</sup>
- People who face high levels of stigma and discrimination due to their HIV status, sexual orientation, gender identity or employment status may have to migrate in order to avoid human rights violations.<sup>57</sup> Yet, 59 countries, territories and areas deny people living with HIV entry, stay or residence due to their positive status.<sup>58</sup>

**IT IS PREDICTED THAT  
70% OF PEOPLE LIVING  
WITH HIV WILL LIVE  
IN MIDDLE-INCOME  
COUNTRIES BY 2020.<sup>59</sup>**





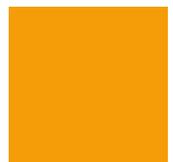
# SDG

# TARGETS

- By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums (11.1).
- By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all (11.2).
- Support positive economic, social and environmental links between urban, peri-urban and rural areas by strengthening national and regional development planning (11a).

## INTERNATIONAL HUMAN RIGHTS LAW

**Recognize the right of everyone to an adequate standard of living... including adequate food, clothing and housing, and to the continuous improvement of living conditions (Article 11 of the International Covenant on Economic, Social and Cultural Rights).**



# MAKING THE LINKS TO HIV

- HIV is more prevalent in cities and urban areas.<sup>60</sup>
- People living in the poorer areas of a city often acquire HIV at higher rates than the rest of the city due to a lack of access to health services.<sup>62</sup>
- For many people in rural communities, a lack of accessible transport acts as a barrier to accessing healthcare, including HIV prevention, treatment and care services.<sup>63</sup>

**AROUND 200 CITIES  
ACROSS 63 COUNTRIES  
ARE HOME TO MORE  
THAN A QUARTER OF ALL  
PEOPLE LIVING WITH HIV  
IN THE WORLD.<sup>61</sup>**



**16** PEACE, JUSTICE  
AND STRONG  
INSTITUTIONS



# SDG TARGETS

- Promote the rule of law at the national and international levels and ensure equal access to justice for all (16.3).
- Strengthen relevant national institutions... for building capacity at all levels... to prevent violence (16a).
- Develop effective, accountable and transparent institutions at all levels (16.6).
- Ensure responsive, inclusive, participatory and representative decision-making at all levels (16.7).

## INTERNATIONAL HUMAN RIGHTS LAW

Every citizen shall have the right and the opportunity, ...to take part in the conduct of public affairs, directly or through freely chosen representatives (Article 25a of the International Covenant on Civil and Political Rights).

# MAKING THE LINKS TO HIV

- Criminalisation of people living with HIV and those affected by HIV, as well as a lack of reporting and redress mechanisms, makes it difficult to report human rights abuses when they occur.<sup>64</sup>
- People living with HIV and those affected by HIV are less likely to be included in decision-making processes due to stigma and exclusion.<sup>65</sup> In addition, the space for civil society to engage with national governments is shrinking.<sup>66</sup>
- The meaningful Involvement of people living with HIV is a core element of an effective and rights-based HIV response.<sup>67</sup>

**THE 1994 PARIS  
DECLARATION FORMALLY  
ACKNOWLEDGED THAT  
PEOPLE LIVING WITH  
HIV HAVE THE RIGHT TO  
SELF-DETERMINATION  
AND TO BE INVOLVED  
IN THE DECISIONS THAT  
AFFECT THEIR LIVES.<sup>68</sup>**



17 PARTNERSHIPS  
FOR THE GOALS



# SDG TARGETS

- Developed countries to implement fully their official development assistance commitments, including the commitment by many developed countries to achieve the target of 0.7 per cent of gross national income for official development assistance (ODA/GNI) to developing countries (17.2).
- Mobilize additional financial resources for developing countries from multiple sources (17.3).
- Enhance the Global Partnership for Sustainable Development, complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources (17.16).
- Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships (17.17).

## INTERNATIONAL HUMAN RIGHTS LAW

**Each State Party to the present Covenant undertakes to take steps, individually and through international assistance and co-operation, especially economic and technical, ...with a view to achieving progressively the full realization of the rights... (Article 2.1 of the International Covenant on Economic, Social and Cultural Rights).**

# MAKING THE LINKS TO HIV

- Globally, the HIV response is inadequately financed.<sup>69</sup> UNAIDS estimates that US\$26.2 billion will be needed annually for the global HIV response in 2020. In 2017, only US\$21.3 billion was available – leaving a US\$4.9 billion funding gap.<sup>70</sup>
- The flexibilities outlined in the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement can be used by signatories to tailor national intellectual property regimes so that countries can fulfil their human rights and public health obligations, but these are often underutilised by governments.<sup>73</sup>

**ONLY 6 OUT OF 30  
ORGANISATION FOR  
ECONOMIC  
CO-OPERATION AND  
DEVELOPMENT (OECD)  
COUNTRIES COMMIT 0.7%  
OF GROSS NATIONAL  
INCOME TO OVERSEAS  
DEVELOPMENT  
ASSISTANCE.<sup>71, 72</sup>**





# CONCLUSION

The SDGs present an unprecedented opportunity to break through the barriers that are preventing a future free from AIDS in a multi-sectoral way, addressing human rights violations, gender-based violence and poverty. Each year, world leaders meet for the annual High-Level Political Forum to review progress made towards the SDGs. Each government is invited to submit a Voluntary National Review. In 2019, 51 countries will be submitting their review including the United Kingdom, Indonesia, Tanzania and Ghana.

More than 90% of SDG targets are linked to the realisation of international human rights and labour standards.<sup>74</sup> While pursuit of the SDGs is reliant on political commitment, international human rights law is legally binding on countries signed up to the multiple human rights treaties negotiated through the UN.

A key principle of the 2030 Agenda is 'Leaving no one behind'. This is highly significant for the HIV response, which in many countries is failing the most marginalised groups who are mostly likely to acquire HIV, including sex workers, people who use drugs, men who have sex with men and transgender people.

In line with this principle, it is vital that the most marginalised people are represented effectively in the policy discussions that affect their lives. For example, the Voluntary National Review process, which countries undertake to assess their progress on the SDGs, is a great opportunity for engagement with governments and civil society organisations to ensure that all marginalised populations are being included in the international development and cooperation work in their country.

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Additional resources from partners.

**STRIVE** [strive.lshtm.ac.uk/resources/strive-sdgs](http://strive.lshtm.ac.uk/resources/strive-sdgs)

**STOPAIDS** [stopaids.org.uk](http://stopaids.org.uk)

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