

**Dóchas HIV Working Group Response
to the
Irish Aid Section
of the
Draft UNGASS Report, 22nd March 2010**

1. The continued relevance of the Declaration of Commitment and the unmet goal of Universal Access

The 2001 Declaration of Commitment on HIV/AIDS, the 2006 Political Declaration on HIV/AIDS adopted by the UN General Assembly and the Millennium Development Goal 6 are the guiding force of the global response on AIDS. The UNGASS reporting process provides the opportunity to measure national and subsequently global efforts towards the goal of universal access to comprehensive HIV prevention, treatment, care and support by 2010 and halting and reversing the epidemic by 2015.

Although advances have been made in the last number of years, through for instance the roll out of treatment, the HIV pandemic remains a leading cause of death in high prevalence settings and continues to undermine development gains, particularly in sub-Saharan Africa. In 2008, AIDS-related deaths were the principal cause of under-five mortality in a number of sub-Saharan African countries; millions of children have lost one or both parents to AIDS. There is a clear need, therefore, not only for halting and reversing the spread of HIV and AIDS, but also to mitigate the devastating impact that this disease has on the lives of those living with and affected by HIV and AIDS, through the provision of social protection mechanisms. Gender inequality continues to drive the epidemic, with women accounting for half of all HIV infections in the world (a percentage has not shown any decrease for the past seven years), and nearly 60 percent of all those infected in sub-Saharan - a result of entrenched social and economic inequality within sexual relationships and marriage.

Global coverage of antiretroviral therapy (ART), the life-saving treatment for people living with HIV, has risen substantially from 7% for those in need in 2003 to 42% in 2008. Despite this, more than 2 million AIDS-related deaths occurred in 2008, many of which could have been prevented through provision of ART. There is an urgent need for stronger and sustained investments to ensure lifelong treatment for all in need. However there are worrying signs of declining international support to combat HIV and AIDS, including a funding deficit that will need to be resolved in order to provide ART to 80% of people living with AIDS who still do not have access to treatment by the end of 2010.

2. Comments on the UNGASS reporting process

The UNAIDS *UNGASS Guidelines on Construction of Core Indicators for 2010 reporting* provide a clear picture of the process by which country progress reports should be prepared: they should involve all partners involved in the AIDS response and provide an opportunity for reflection on the national response, its achievements as well as obstacles for achieving universal access goals. It is regrettable that the Irish reporting process was late to begin with, and that while Dóchas's request for the opportunity to feedback on the draft report was responded to positively, that there was no opportunity for a real two way discussion to take place. It is also regrettable that at the time of comment that a complete draft of the UNGASS report had not been circulated.

Dóchas and Irish Aid have collaborated constructively and in a timely fashion during past UNGASS reporting rounds, and would have wished to have been involved in a similar process this time around.

3. Comments on the UNGASS draft content from Irish Aid

3.1 Indicators

Under the terms of the *Declaration of Commitment on HIV/AIDS*, success in the AIDS response is measured by the achievement of concrete, time-bound targets. Progress against these targets are measured through the UNGASS reporting mechanism which enables progress at both a national and - through the United Nations Secretary-General's annual report - a global level to be measured against core indicators. These reports should also identify problems and constraints and recommend action to accelerate achievement of the targets.

UNAIDS recommends strongly that UNGASS indicators are used as the basis for the national monitoring and evaluation system in order to help countries assess the current state of their national response and their progress towards achieving national targets for universal access. The section of the draft UNGASS report currently under review does not, however, adhere to this recommendation and the systematic measurement of progress and achievements over the last two years therefore becomes problematic.

3.2 Reporting timeframe, context and aid budget cuts

Of particular concern, in this regard, is the reporting of past measures, such as the Taoiseach initiative for HIV; the earmarking of €10 0million towards Irish Aid's HIV response, 20% of which would be ring-fenced for children affected by HIV, which relate to previous reporting periods (pg. 15 Ireland's 2008 Report on the UNGASS Declaration of Commitment on HIV and AIDS), rather than the current one.

The lack of reference to the substantial changes in the external environment from when Ireland last submitted an UNGASS report in 2008 (global / national financial crises, increase in food and fuel prices, etc) is considered a significant gap within the report. Similarly, given the severity of the aid cuts during 2009, the reporting on funding to global and multilateral HIV initiatives, as well as research and development entities such as IAVI, without reference to the cuts and their impact on the same is considered a significant omission. A press release issued by Dóchas on World AIDS Day 2009 noted, with concern, the significant funding reductions to both IAVI and the Global Fund (http://www.dochas.ie/Shared/Files/1/091130_world_aids_day.pdf).

3.3 Accountability and Impact

In terms of the €100 million funding commitment there is also no detail of the expenditure for 2009 in comparison to 2005 – 2008 and any difference in funding trends. For instance, which programme countries have experienced growth in relation to the levels of support provided by Irish Aid, which have experienced a reduction and what has informed these changes?

Representing 16% of ODA, the impact of the €100 million which has been allocated to HIV and other communicable diseases is not included within the report. While there is no reporting against indicators, it is proposed the inclusion of secondary data or even case studies from

countries, such as those named within the report (Mozambique, Lesotho and Vietnam) to illustrate how these funds have been allocated and also at an outcome level, what has been achieved as a result of the €100 million allocated and the ring-fencing of 20% to children affected by HIV, since 2005.

The inclusion also of key findings and recommendations from the Irish Aid Value for Money HIV Audit Report 2000 - 2007 (Dec. 2009) as well as how the recommendations from the 4th Global Partners Forum on Children Affected by HIV and AIDS are being advanced would also add new information and strengthen the report significantly.

3.4 Policy

While the commitment to deliver on a finalized HIV policy and strategy by the end of 2010 is very much welcomed, the current use of the 2000 HIV Policy, which was formulated in advance *Declaration of Commitment on HIV/AIDS* and the setting of Universal Access targets, is considered problematic. In the absence of an updated vision for Irish Aid's HIV response it is unclear how new strategic directions, however welcomed, such as for example those in relation to HIV and Hunger, are to be implemented and build upon existing initiatives within the Hunger Unit. Is hunger for instance to be understood as a cross-cutting issue within the HIV programme, or are dedicated collaborative initiatives on Hunger and HIV envisaged?

Having provided considerable input into the HIV policy and strategy during its drafting in 2007, the Dóchas HIV Working Group strongly urges Irish Aid to review the draft policy and strategy, in consultation with civil society, at the earliest opportunity and to finalize the document as a matter of urgency.

3.5 Priorities

In many cases it is not clear where the 11 priorities articulated within the report come from, and how they were selected and many are not dealt with within the body of the report itself. On the other hand initiatives such as the ring fencing of 20% of HIV funding for children affected by HIV do not appear to feed into the priorities for the next two years.

Additionally, a time of critical importance, when accelerated and scaled up efforts are necessary in order to reach universal access targets, the lack of targets and planned outcomes, including planned expenditure, for Irish Aid's priorities for 2010 and 2011 is considered inadequate.

In addition to the finalisation of the HIV Policy and Strategy the HIV Working Group calls on Irish Aid to formulate an action plan detailing priorities, as well as key strategies, expected outcomes, and resource allocation for reaching Universal Access to comprehensive HIV prevention, treatment, care and support.

Dóchas HIV Working Group

29th March 2010