Reference Group Recommendations

This summary of the discussion and recommendations was prepared by the Reference Group Secretariat and the Co-chairs of the Reference Group after the thirteenth meeting (December 2011) of the UNAIDS Reference Group on HIV and Human Rights. It does not necessarily reflect the views of UNAIDS Secretariat or the Cosponsors of UNAIDS.

1. A defining moment in the history of the response to HIV

At its 13th meeting the UNAIDS Reference Group underlined that, in many ways, this is a defining moment in the history of the response to HIV. On the one hand, human rights are recognized as critical to the response, including as pillars of the new UNAIDS, WHO HIV programme, and Global Fund strategies, and in bold statements by the Office of the High Commissioner for Human Rights on controversial issues such as sexual orientation. On the other hand, we are seeing a backsliding from global commitments on HIV and pushbacks against human rights:

- At the same time that exciting new scientific findings have demonstrated that treatment is prevention, the cancellation of Round 11 at the Global Fund Board meeting in November 2011 threatens the health and human rights of millions of people.
- In the current resource-constrained environment, the voices of those who argue for a biomedical response to HIV are becoming stronger than ever.
- Increasingly sophisticated conservative forces are challenging a human rights-based approach to HIV, including at the UNAIDS Programme Coordinating Board where, for example, delegates had just recently rejected the inclusion of draft decision points in the NGO delegation’s report.

These developments are particularly alarming in light of the fact that, while the work on human rights of the Joint Programme remains extensive and commendable in terms of getting global commitments and standards, the impact of these is not felt enough at the country level. At its twelfth meeting in March 2011, the Reference Group expressed concern about the great disconnect between what happens at the global level and what happens at the regional and national level, where little progress is made on HIV and human rights, and indeed, serious reversals are happening, and where Secretariat staff and Cosponsor members are not always equipped to address human rights issues. The Reference Group previously recommended that UNAIDS develop a strategy to address this. This remains a major concern of the Reference Group today.

At the same time, the Reference Group recognized that this was a critical phase at the UNAIDS Secretariat, with a functional review going on at headquarters and in the regional offices. It was pleased to hear of the recent announcement that “Equality and Rights” would become its own department, reporting directly to the Deputy Executive Director of Programmes.
Recommendations

1.1 The Reference Group renews its call for greater efforts to ensure UNAIDS delivers on human rights at country level. The Reference Group feels that, as one member put it, “the time for global intellectual leadership is over”. UNAIDS needs to shift attention to the need for supporting change at country level.

1.2 The Reference Group welcomes the decision to elevate “Equality and Rights” to the level of a department within the UNAIDS Secretariat. It urges the Secretariat to provide the department with the human and financial resources needed to put the human rights pillar of the UNAIDS strategy into action, not only globally, but importantly also regionally and at country level.

The Reference Group offered to do a human rights seminar for staff at the time of each of its future meetings and recommended that some country and regional staff be included in the meetings of the Reference Group. It welcomed the recent, progressive statements on sexual identity and gender identity by the UN High Commissioner for Human Rights, as well as an upcoming joint UN statement on compulsory drug detention centres. It recalled the recommendations on drug detention centres the Reference Group made at its twelfth meeting and, in particular, called for more vigorous engagement by UNODC and WHO on the health and human rights issues raised by the centres. Finally, after a short update on the work of the Global Commission on HIV and the Law, the Reference Group asked to be provided with an opportunity to comment on the draft recommendations in the Commission’s report.

2. A UNAIDS strategy on human rights

At its twelfth meeting, the Reference Group strongly recommended that UNAIDS develop a specific human rights strategy to translate the UNAIDS Strategy and its global human rights goals and activities into country-level impact. It also made some specific recommendations about what the strategy should include, such as:

- a strategy for strengthening accountability and capacity of country and regional staff on human rights;
- the appointment of regional human rights advisors in the Secretariat Regional Support Teams to provide strategic direction on what UNAIDS can achieve on human rights in particular regions and to connect the work of UNAIDS to the local level;
- an analysis of what circumstances give rise to HIV-related human rights violations in particular priority countries, and how UNAIDS will address these circumstances; and
- using the Secretariat and Cosponsor convening power and leadership on human rights more holistically and strategically.

The Reference Group welcomed a background paper prepared for the meeting, with suggested goals and institutional mechanisms for advancing human rights in the work of the UNAIDS Secretariat. It discussed these suggested goals and actions, and fully supported the approach outlined in the paper, focusing on four goals:

1. increasing human rights commitment by all Secretariat staff; 2. increasing capacity of Secretariat staff to

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address human rights in their work; 3. increasing action to turn human rights into country realities; 4. increasing accountability, coordination and cohesion for expanded action on human rights in the Secretariat and across the Joint Programme.

At the same time, Reference Group members reiterated a number of serious concerns about UNAIDS’s advancement of human rights at the country level:

- Most profoundly, two Reference Group members from countries with major HIV epidemics expressed that they have no idea what UNAIDS does at the country level.
- Reference Group members noted that human rights change is more likely to emanate from the bottom up, so UNAIDS should focus its efforts more on civil society than government.
- Reference Group members noted that change in the legal and human rights environment is impossible without change in the social environment, including addressing stigma within faith communities,
- Reference Group members noted that a commitment to human rights must mean that Secretariat staff and cosponsor members of the Joint UN Teams on AIDS at country level are willing to take risks and know that the UNAIDS Secretariat and Cosponsors will back them up.
- Reference Group members expressed concern that the Reference Group itself is not being effectively utilized and that its impact is small.
- Reference Group members expressed concern about overly optimistic and inconsistent messaging from the UNAIDS Executive Director on human rights, noting that “someone needs to be describing the world as it is, even if governments take offense.”

**Recommendations**

2.1 Now that the functional review is coming to an end, the Reference Group urges the UNAIDS Secretariat, as well as the Cosponsors, to make development and ultimately implementation of a human rights strategy a priority. The Secretariat should follow the approach taken in the background paper prepared for the thirteenth meeting.

2.2 In addition to the four goals outlined in the background paper, there should be a fifth goal: increasing capacity in country to rapidly respond to a human rights crisis, both among Secretariat staff and Cosponsor members of the Joint UN Teams on AIDS at country level. As part of this, UNAIDS should promote a shared understanding among staff about what constitutes “good human rights work” at the country level, such as partnering with civil society and playing a brokering role between organizations representing criminalized populations and the Global Fund.

2.3 UNAIDS should consider changes in institutional culture and messaging aimed at ensuring that UNAIDS staff at country level are empowered and rewarded to be bold and to speak out on difficult human rights issues. For example:

2.3.1 Support and protection should be provided to staff who may have to step out of their comfort zone and challenge governments in a way that is not usually done.

2.3.2 Staff who are bold on human rights issues should be rewarded, e.g. with a “Rapid Response Award”.

2.3.3 Not only the UNAIDS Secretariat, but every regional team on HIV as well as every Joint UN Team on AIDS at country level should have a human rights strategy.

2.3.4 UNAIDS messaging about human rights should recognize and express solidarity with the difficult reality that local actors face.
3. The new Global Fund strategy and its human rights component

The Reference Group strongly supports the inclusion of a specific human rights objective and human rights activities in the new Global Fund strategy, especially at this critical juncture in the Fund’s history. The inclusion of the specific human rights objective — and the broader objective in the strategy to focus on funding the right interventions for the right people in the right places at the right place — have the distinct potential to result in significant treatment, prevention and human rights benefits, including much greater inclusion of human rights programmes in national AIDS responses.

At the same time, the Reference Group is concerned that the funding crisis facing the Global Fund threatens to undermine human rights in two ways:

- On a broad level, by claiming that they do not have the money to fulfil their pledges to the Global Fund, donors are retrogressing in their obligation to progressively realize the right to health — and are threatening the right to life of people living with HIV. They appear to also be implicitly rejecting the Global Fund model which created a multilateral response to HIV where recipient countries present how funds will be spent in an attempt to regain control again over how and where they spend their money. This means that much that was achieved in terms of aid effectiveness is jeopardized; donors not only reject that they have an obligation to provide international assistance as provided in human rights law, but they also reject the aspect of the global compact that supports self-determination of recipient governments.

- On a narrower level, less money for the Global Fund means that implementation of at least some of the strategic actions under the human rights objective will be threatened. For example, the emergency funding mechanism that was put in place to ensure continuity of essential services in the absence of Round 11 does not consider critical enablers as essential services. While the Reference Group recognizes that there is an urgent need to ensure that life-saving programmes are not cut, critical enablers are no less critical in the current resource-constrained environment, and cutting them creates a de facto triage whereby services are in fact interrupted for those who cannot gain access to them because of human rights violations.

The funding crisis and its human rights consequences implicate UNAIDS in at least two related ways:

- They have a direct impact on the success or failure of the UNAIDS strategy — we will never get to zero without a strong Global Fund.

- As a technical partner to the Global Fund, UNAIDS has a role to play in ensuring the effective operationalisation of the human rights components of the Fund’s new Strategy.

Accordingly, the Reference Group decided to issue a statement, before the 10th anniversary of the Global Fund at the end of January 2012, about the Global Fund and the crisis of HIV funding, highlighting countries’ national and international obligations under human rights law to adequately fund the HIV response and addressing the funding crisis as a human rights issue.

The Reference Group was concerned about the fact that, at a time when many were expressing serious concerns about the decreasing financial resources and, in particular, the cancellation of Round 11, UNAIDS continued to convey hopeful messages that the end of AIDS was in sight. The Reference Group agreed that it is important to highlight countries’ own responsibility to progressively realize the right to health of their people, and welcomed the call by UNAIDS Executive Director Michel Sidibé to convene a crisis meeting to assess the impact of the Global Fund’s decisions on African lives and to coordinate Africa’s response. However, it was concerned that the Executive Director’s own statements and UNAIDS Secretariat messages more broadly failed to stress donors’ responsibility to contribute their fair share, which is not mutually exclusive with national obligations. Like many, the Reference Group strongly feels that there is an urgent need and obligation to continue to vastly scale up programming and, in particular, to vastly increase the number of people who can access HIV treatment. In part

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this can be done through reprogramming, in part it can be done by countries increasing their own contribution; but it cannot be done unless donors recognize their ongoing responsibility to provide adequate funding and to in fact increase this funding.

The Reference Group grappled not only with the response to the current crisis, but also with its source. Members felt that what underlies the problem is a lack of belief in the right to health on the part of both donors and recipient governments and a shift in donor philosophy from “aid effectiveness” to “investment.” As one put it, “we are not saying strong enough that we created a global compact and it is falling apart because of greed and power.” Related to this is a lack of outrage and social mobilization that drove the HIV response in the first place. Members described “a tolerance of a new wave of coming deaths” and “a growing lethargy in terms of the reality of people’s lives.” Members attributed this lack of outrage to poverty: “outrage comes from activists who can feed themselves and fight.” They called for clear messaging about the corruption of governments who could easily pay for ARV programmes on their own. On the basis of this discussion, the Reference Group resolved to issue a statement (see above) asserting a domestic and international obligation to realize the right to health.

Finally, the Reference Group discussed what role, if any, UNAIDS can play in supporting implementation of the three elements of the human rights objective of the Global Fund strategy. It appears that the degree to which the Secretariat country offices and the UN Joint Teams on AIDS help in the preparation of countries’ proposals to the Global Fund and their implementation is uneven across countries. This was a problem when there were enough resources, but it is an even greater problem now. The Reference Group therefore felt that, as some UNAIDS staff will be transferred from Geneva to countries, support to countries that are dependent on funding from the Global Fund for a large share of their HIV programming should be bolstered and assured.

### Recommendations

3.1 **It is urgent that the UNAIDS Executive Director and the staff of the Secretariat and Cosponsors become strong, vocal and consistent advocates for an increase of financial support to the global AIDS response, including the restoration and enhancement of funding to the Global Fund as an emergency. The continuation of the Global Fund’s work is absolutely essential to the realization of global and national goals in the HIV response, including little funded human rights objectives and programmes.** Donors look to the leadership of UNAIDS for compelling reasons to support the Global Fund, and those reasons should be clear to all. The Reference Group urges the Executive Director of UNAIDS to speak publicly in human rights terms about the failure to support the Global Fund as a step backwards in the struggle for progressive realization of the right to health. He should also speak compellingly on the urgency of continued Global Fund support to rights-based HIV responses, even in the Transitional Funding Mechanism, including support to organizations of persons living with and at risk of HIV whose work is essential to the achievement of universal access to services.

3.2 **UNAIDS must do more to develop the notion of “critical enablers” in explicit human rights terms and to advocate strongly for more resources for programmes that are indeed critical to protect, promote and respect human rights of people tested and treated for HIV and those in prevention programmes.** As stated, there is a current trend in the economic crisis to characterize critical enablers as optional add-ons. This trivializes the lessons learnt over three decades about the need for human rights protections to be central and integral to HIV responses. The UNAIDS Executive Director and other UNAIDS and cosponsor leaders should state clearly that “faster, better and smarter” results in the global response are impossible without strong financial and political support to human rights measures already identified by UNAIDS (including removal of punitive laws and law enforcement that impede HIV responses, access to justice, anti-discrimination laws and their enforcement, stigma reduction, gender equality measures and others).

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5 The recommendations are taken from the Reference Group’s statement, *supra*, note 3, with some minor modifications.
3.3 **UNAIDS Secretariat staff in country and regional offices, and their Cosponsor counterparts, should have as a central part of their work the responsibility to ensure that human rights realities impeding HIV responses are monitored, publicly documented and addressed.** Performance of these staff should include evaluation of achievements in these areas. Field staff should know that they will be supported when they take principled and public stands to highlight human rights violations and urge redress. Support in the form of strong statements on issues that are considered sensitive or controversial, but which are nonetheless essential to an effective response to HIV, from the UNAIDS Executive Director and Cosponsor leaders would be most beneficial.

3.4 **UNAIDS should convene an expert group to guide its advocacy and action on the matter of innovative long-term funding mechanisms for the global HIV struggle.** The priority should be to position HIV as a priority for funding that may be generated from financial transaction taxes (FTTs) or other innovative sources of funding.

3.5 **States should reaffirm their shared responsibility to realize the human rights to health by adequately funding the HIV response.** The Reference Group stressed that the so-called “economic crisis” is actually a crisis of priorities, wherein billions continue to be diverted away from meeting basic needs, including life-saving health interventions. The massive gains in access to HIV prevention, treatment and care services made possible through the Global Fund will be jeopardized if high-income governments fail to live up to their pledges, delay payment of the pledges, and/or fail to commit to increased funding for the Global Fund. Recipient governments must likewise increase their own domestic spending for HIV programmes and honour their commitments to increase general health spending, a fundamental human rights obligation of all States.

4. Human rights & the strategic use of antiretroviral drugs (ARVs) for treatment and prevention

The Reference Group briefly reviewed scientific and other developments since the twelfth meeting of the Reference Group in March 2011. With regard to the scientific developments, it noted that results from several clinical trials on the use of antiretroviral drugs (ARVs) for HIV prevention had changed the landscape in HIV prevention and raised new questions and opportunities on how to optimize the use of ARVs for both HIV treatment and prevention. The Reference Group welcomed the results of these studies, which confirm that treatment is prevention. It emphasized that this further strengthens the public health and human rights arguments for vastly increased scale-up of HIV testing and counselling, with strong linkages to care, support and treatment for people testing HIV positive. The Reference Group noted that the reasons for, and benefits of, rapid expansion of ART have never been more compelling — yet this is happening exactly at the time that the economic crisis and dwindling international resources have reduced the financial resources made available for the AIDS response. This lack of resources, which is itself a human rights issue, may force countries to make extremely difficult resource allocation decisions — potentially pitching the needs of sick individuals against the public health benefits of providing treatment to individuals with higher CD4 counts, or even to uninfected individuals.

The Reference Group concluded that it would be extremely important to analyse, in depth, the many difficult ethical and human rights issues raised by the strategic use of ARVs for treatment and prevention. One of these issues, which has been of perennial concern to the Reference Group, is how to eliminate or at least reduce human rights barriers to early diagnosis. In this context, the Reference Group noted that expanding access to treatment

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6 The Reference Group heard about the consultation on the strategic use of ARVs held by WHO in Geneva on 14–16 November 2011. Participants at that consultation briefly talked about, but did not discuss in detail, the many ethical and human rights issues raised by the strategic use of ARVs for treatment and prevention.

would require further massive scale-up of HIV testing and counselling, which must mean both greater access to various forms of HIV testing and counselling, and also greater action to remove the many barriers to HIV testing and counselling. According to the Reference Group this will in turn require vastly increased resources and commitment devoted to addressing the stigma and human rights violations that impede early diagnosis. An additional, critical human rights issue is loss to follow-up and the unknown extent to which that might be caused by human rights issues. Finally, Reference Group members critiqued the concept of “community mobilization” as a solution to early diagnosis and loss to follow-up, noting that community mobilization sometimes manifests as mass HIV testing campaigns without respect for human rights. In this context, the recent HIV testing campaign in South Africa, in which the 18-step protocol was violated in 95 percent of cases, needs to be closely studied by UNAIDS.

The Reference Group suggested that WHO could work closely with the Reference Group to identify relevant ethical and human rights questions and analyse them, in a transparent and consultative process, with the ultimate goal of providing WHO/UNAIDS guidance to countries on these issues. In particular, the Reference Group offered to undertake a consultation process on the human rights issues related to the strategic use of ARVs for treatment and prevention, with consultation questions agreed upon with WHO and the UNAIDS Secretariat.

The Reference Group asked UNAIDS for an opportunity to provide input into the further development of the new UNAIDS Investment Framework, particularly its “critical enablers” components. The Reference Group regretted that it had had, until the time of its thirteenth meeting, no opportunity to provide input into what constitutes one of UNAIDS’ major initiatives, with potentially huge human rights benefits, but also some potential risks that require further analysis.

### Recommendations

4.1 As part of the efforts to provide guidance to countries on the strategic use of ARVs for treatment and prevention, WHO, working closely with UNAIDS Secretariat and the Reference Group, should conduct a broad consultation to analyse ethical and human rights issues related to the strategic use of ARVs, and provide guidance on these issues.

4.2 The Reference Group urges UNAIDS to ensure adequate attention to the further development and eventual implementation, as part of countries’ HIV programmes, of the critical enablers component of the Investment Framework.

4.3 The Reference Group asks UNAIDS for an opportunity to provide input into the further development of the UNAIDS Investment Framework and any related documents or statements.

4.4 The Reference Group recognizes the need to further increase access to HIV testing and counselling, but urges WHO and UNAIDS Secretariat to carefully analyse the human rights risks and benefits from new approaches to testing, such as community testing and home testing.

### 5. HIV, Tuberculosis and Human Rights

The Reference Group first considered issues related to HIV, tuberculosis (TB) and human rights at its tenth meeting in July 2009 and issued a paper on “HIV and tuberculosis: ensuring universal access and protection of human rights” in March 2010. At the time, it noted that a human rights-based approach to HIV/TB infection had largely been neglected despite the serious human rights and ethical implications of multiple aspects of the TB transmission-to-treatment cycle. The Reference Group recognized that consideration of HIV/TB-related human

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rights issues was critical to the protection of the human rights of persons living with HIV and considered some of the major human rights concerns associated with TB at all stages of the disease, from access to treatment to poor infection control to the detention of people with TB. It welcomed the inclusion of TB as a priority issue in the UNAIDS Outcome Framework, in view of the large numbers of deaths attributable to HIV and TB coinfection; the stigma and misunderstanding that still surrounded TB; the fact that TB was associated with many human rights violations; the fact that the discourse was to a large extent limited to the issue of detention, while human rights issues are much broader, requiring a broadening of the debate; and the fact that many governments were still stuck in the old model of TB control. The Reference Group noted that the inclusion of TB as one of the priority areas in the Outcome Framework represented an excellent opportunity to ensure that human rights issues and considerations be integrated in the strategies that would be developed. It welcomed an invitation to be involved in the Task Force on TB and Human Rights that the Stop TB Partnership was planning to convene. Finally, it called on the UNAIDS Executive Director to ensure that TB is understood as a human rights issue, requiring a human rights approach; and encouraged UNAIDS and WHO to monitor and provide guidance to country offices on restrictive and unnecessary laws and policies related to drug-resistant TB.

Since the tenth meeting of the Reference Group, the Stop TB Partnership TB and Human Rights Task Force has been established and includes a member of the Reference Group. The Task Force has started developing a policy framework for a rights-based approach to TB. On behalf of the Task Force, Diana Weil (Coordinator, Policy and Strategy, Stop TB Department, WHO) and Reference Group member Joe Amon presented a draft one-page overview of the framework, as well as an outline of the full paper on a rights-based approach to TB. A complete draft will become available for review in early 2012 and the final version will be submitted for formal approval and co-publication by WHO, Stop TB Partnership, UNAIDS, and the Office of the High Commissioner for Human Rights. Weil and Amon noted that there was significant interest among many partners to find means to collaborate on issues related to TB and human rights, including rights violations in communities affected by both TB and HIV such as detainees/prisoners and people who use drugs; rights violations affecting migrants; and violations associated with involuntary detention and/or hospitalization.

The Reference Group expressed support for the work of the Task Force and agreed to review and provide comments on the draft paper on a rights-based approach to HIV once it will become available. It was concerned about the lack of human and financial resources available for the work of the Task Force and, more generally, the important work on HIV, TB and human rights. In particular, it expressed concern about the fact that UNAIDS Secretariat will no longer have a staff person dedicated to TB, exactly at the time as the Task Force is about to release its paper, requiring a dedicated effort to ensure the political commitment and programmatic action required to move the agenda forward. Reference Group members were concerned about conditions in pre-trial detention settings in many countries, noting research showing very high rates of transmission of TB in those settings. Making a link to the previous session, on human rights and the strategic use of ARVs for treatment and prevention, they referred to research showing that earlier initiation of ART prevents not only HIV, but also TB, providing further public health and human rights arguments for rapid scale up of HIV treatment. They also made a link to the earlier session on the Global Fund and its human rights strategy and highlighted the need to make sure that TB and human rights issues will be part of the Global Fund’s human rights agenda. Specifically, they suggested that the Task Force review the seven HIV and human rights programmes that according to UNAIDS should be part of every national HIV response, to determine which of these programmes could be useful also in the context of TB and to maximize synergies between HIV and TB human rights programming. Finally, they agreed that the Reference Group should consider issuing a statement on HIV, TB and human rights, in support of the work of the Task Force.

Recommendations:

5.1 The Reference Group endorses the next steps proposed for the Human Rights Task Force, supports the idea of a review of the TB and human rights policy across the Joint Programme, and agrees to comment on a draft of the policy when it becomes available.

5.2 The Reference Group urges UNAIDS and WHO to provide leadership and dedicate adequate human and financial resources to ensure adequate attention be devoted to HIV, TB and human rights issues, specifically the follow-up action to the recommendations of the Stop TB Partnership TB and Human Rights Task Force.
Jonathan Cohen and Michaela Clayton summarized the main outcomes of the first day of the meeting. They said that the Reference Group was very appreciative that human rights and gender equality are now recognized as critical to the response, including as pillars in the new UNAIDS, WHO HIV program, and Global Fund strategies. However, they noted that the Reference Group was concerned that the cancelation of Round 11 at the November 2011 Global Fund Board meeting and the broader HIV funding crisis made implementation of human rights programmes as part of national HIV plans less likely and, more broadly, threatened the health and human rights of millions of people. They thanked Michel Sidibé for his decision to elevate “Equality and Rights” to the level of a department within UNAIDS and for his continued leadership on human rights, while at the same time renewing the call for greater efforts to ensure UNAIDS delivers on human rights at country level and requesting that UNAIDS make development and ultimately implementation of a UNAIDS strategy on human rights a priority. They highlighted the importance of establishing an institutional culture that empowers UNAIDS staff, including at country level, to be bold and speak out on difficult human rights issues.

Cohen and Clayton informed Sidibé that the Reference Group would soon issue a statement about the Global Fund and the crisis of HIV funding, with detailed recommendations. They urged the Executive Director to speak publicly in human rights terms about the failure to support the Fund as a step backwards in the struggle for progressive realization of the right to health; and asked him to convene an expert group to guide UNAIDS’ advocacy and action on the matter of innovative long-term funding for the global HIV struggle.

The Executive Director thanked the Reference Group for its advice and restated his commitment to human rights, saying that he would continue to advocate for “human rights because they are absolutely critical to the response”. He regretted that the Reference Group had not been provided with an opportunity to comment on key documents recently released by UNAIDS, including UNAIDS’ World AIDS Day Report 2011 (How to Get to Zero: Faster. Smarter. Better.), saying that “any report we are producing needs to be critically read by you to ensure that it always reflects the human rights dimensions of the issues covered”. He made a commitment to ensuring that in future key documents would be sent to the Reference Group for comments in advance of their publication.

With respect to UNAIDS’s impact on human rights at the country level, he admitted that “the structure [of UNAIDS] is not aligned with our vision”, which is why he decided to elevate Equality and Rights to the status of a department. In response to the suggestion that staff be more courageous about responding to human rights crises, he said it was not easy for people to suddenly become courageous, but the point is to be strategic and know when it is important to be vocal.

He shared the Reference Group’s concern about the funding crisis and agreed that the Global Fund needed increased resources. He also agreed that donors have a responsibility to continue increasing their contribution, but noted that in order to ensure longer-term sustainability of the response to HIV, a focus on increasing health spending by low- and middle-income countries was absolutely critical. He regretted the lack of sufficient leadership on HIV and health more broadly from those countries, specifically African countries who need to own the response to HIV and use their own resources to continue scaling it up.

He emphasized the importance of starting to think about the time after 2015, beyond the Millennium Development Goals (MDG), focusing on longer-term, sustainable development goals and participating in the shaping of the post-MDG global health architecture. At the same time, he agreed with the Reference Group that there was a need for increased advocacy and action to position HIV as a priority for funding that may be generated from the financial transaction tax or other innovative sources of funding. He said that the FTT “is a human rights issue and a social justice issue”, and encouraged the Reference Group to advise him on how best to advocate for it.

Responding to comments by Reference Group members, he questioned whether it was the right time to call for a new replenishment of the Global Fund when there are management issues to be resolved and no countries willing to step forward, and reiterated the importance of making African countries and “emerging countries” part of the solution. He agreed that there needed to be greater engagement with the faith community on human rights issues and issues of justice; that there needed to be greater focus on intellectual property issues, particularly in the current funding environment; and that in early 2012 he should meet with leaders in the social justice movement.
to have a strategic discussion about how to sustain the response to HIV. He encouraged the Reference Group to be pro-active in its advice to UNAIDS, and to help UNAIDS anticipate developments on human rights related to HIV and on human rights more broadly.

After the Executive Director left the meeting, the Reference Group agreed to put both the FTT and intellectual property issues on the agenda of its next meeting, aiming to provide UNAIDS with rights-based language to add to other UNAIDS messaging on these issues.