



USING VOLUNTARY NATIONAL REVIEWS TO KEEP HIV ON THE GLOBAL HEALTH AND DEVELOPMENT AGENDA

A 2018 Review

March 2019



FREE
SPACE
PROCESS

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EXECUTIVE SUMMARY

This report examines the inclusion of HIV-related data and topics in 2018 Voluntary National Review (VNR) reports of Sustainable Development Goal (SDG) implementation and civil society parallel reports. The report builds upon [“Getting on Track in Agenda 2030”](#), which assessed HIV inclusion in the 2017 VNRs.

The 2030 Agenda includes a commitment to end the epidemic of AIDS by 2030. Under Goal 3 on Health and well-being, Member States shall monitor national HIV incidence, i.e. the number of new HIV infections per 1,000 uninfected population, by sex, age, and key populations (Indicator 3.3.1). As the primary tool for sharing progress on national-level implementation of the SDGs, VNR reports offer insight into States’ efforts to address HIV in the context of development initiatives and delivering on the promise to “leave no one behind.” Despite the 2018 Ministerial Declaration (the outcome document from the 2018 High-Level Political Forum) naming “people living with HIV/AIDS” among those whose needs are reflected in the 2030 Agenda, this report highlights that inclusion of HIV in the VNRs decreased since 2017, with the rate of VNRs including any mention of HIV dropping from 74% to 61%. Of the 46 VNR reports submitted in 2018, only 28 reported on HIV, of which only 12 included incidence data. Only 8 VNR reports mentioned key populations, with a mere five including disaggregated data by key population. None of the reports mentioned trans people in the context of HIV.

A number of countries showed strong commitment to highlight HIV in the VNR, and some went beyond the minimum requirement of reporting on the agreed upon indicator 3.3.1. These countries presented data on prevalence, HIV-related deaths, and/or expressed concern about stigma and discrimination affecting people living with HIV (PLHIV). Some States discussed the situation of vulnerable groups beyond key populations, including women and girls, indigenous people, or migrants. It is commendable that 34 of 46 States reported on all 17 SDGs, and that of those 28 VNR reports including HIV, six mentioned HIV under Goals 1, 5, 10 in addition to Goal 3. Some States highlighted successes in the fight against HIV/AIDS or described concrete measures taken. A number of States included regional comparison when presenting data, and/or identified trends over time. Importantly, some also acknowledged remaining gaps.

The vast majority of civil society parallel reports that were analyzed in this review also lacked meaningful inclusion of HIV-related data and topics. Of the 35 reports identified, only eight mentioned HIV, and four of those only briefly. Four parallel reports from Brazil, Ireland, Latvia, and Senegal, were positive examples of HIV inclusion in 2018. Based on interviews with three activists that participated in the reporting process in Brazil, Ireland, and Senegal, this report finds that civil society has been using parallel reports as a powerful tool to highlight gaps in implementation and engage in national level advocacy. Civil society coalitions were effective in ensuring that parallel reports incorporate a range of perspectives, expertise, and experiences. They complemented VNRs with missing data, pointed out implementation gaps, highlighted the role of civil society in the fight against HIV/AIDS, and/or made recommendations.

States and civil society can and should strengthen the inclusion of HIV when reporting on SDG implementation, enabling other stakeholders to learn from progress made and the challenges remaining.

RECOMMENDATIONS FOR MEMBER STATES

The below recommendations are adapted from the recommendations produced in [“Getting on Track in Agenda 2030”](#).

Member States should:

- 1** Consult with a wide range of stakeholders to prepare VNR reports, as recommended in paragraphs 78 and 79 of the 2030 Agenda. National consultation processes should be inclusive and transparent, and particularly seek inputs from HIV organizations, activists and advocates, including members of key populations.
- 2** Enable civil society to submit content to line ministries responsible for composing chapters and content of the official VNR report.
- 3** In accordance with agreed-upon Indicator 3.3.1, include HIV incidence data disaggregated by sex, age, and key populations, including gay men and other men who have sex with men, sex workers, people who use drugs, and transgender people. To the best extent possible, disaggregate incidence by sexual orientation, gender identity, and gender expression while respecting the confidentiality of individuals and security of their personal information during the data collection and disaggregation process.
- 4** Report on all 17 SDGs in VNR reports, as well as a standalone section on initiatives to leave no one behind. Ensure that HIV is included not only in Goal 3, but across the Goals as a cross-cutting development challenge.
- 5** Include HIV treatment coverage data disaggregated by key population, sexual orientation, and gender identity, while ensuring the security and privacy of all personal data.
- 6** Include and disaggregate data on stigma and discrimination as experienced by people living with and affected by HIV.

- 7** Include data on HIV mortality and co-infections disaggregated by sex, age, and key populations.
- 8** Include considerations and plans for integrating HIV services within national frameworks for achieving universal health care.
- 9** Coordinate with UNAIDS country teams to include robust national HIV data in VNR reporting.
- 10** Relying on all available data, clearly articulate the national strategy for addressing HIV in the context of Agenda 2030 and “leave no one behind,” with a focus on groups that are disproportionately impacted by HIV, especially key populations, and implementing international human rights law that relates to people living with and affected by HIV.
- 11** Ensure that commitments to implementing the 2030 Agenda are in line with recommendations at the Universal Periodic Review and concluding observations from Treaty Body committees.
- 12** Build the capacity of civil society organizations and community representatives to actively participate in the national consultation process for VNR reporting.

RECOMMENDATIONS FOR UNAIDS SECRETARIAT AND 11 CO-SPONSORS¹

UNAIDS Country Teams should:

- 1** Coordinate with the relevant agencies, ministries, and stakeholders preparing VNR reports to encourage the inclusion of data about HIV, including key populations. Context and vulnerability of different key populations should guide such decisions.
- 2** Advocate for organizations working on HIV, especially key population-led organizations, to participate in national consultations on VNR data gathering and report formation.

¹ The Joint UN Programme on HIV and AIDS is comprised of the UNAIDS Secretariat and 11 co-sponsors, including: The Office of the United Nations High Commissioner for Refugees (UNHCR), United Nations Children’s Fund (UNICEF), World Food Programme (WFP), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Office on Drugs and Crime (UNODC), International Labour Organization (ILO), United Nations Educational, Scientific and Cultural Organization (UNESCO), World Health Organization (WHO), World Bank, and UN Women.

- 3 Provide technical support to civil society organizations working on HIV to generate and collect the most up to date data to reflect the national reality of HIV in country.
- 4 Step up efforts together with other relevant stakeholders to provide training and capacity building for civil society and communities to participate in national consultations for VNR reporting.
- 5 Offer technical support to Health Ministries to collect data for Indicator 3.3.1 (HIV incidence data by sex, age, and key population), and encourage Member States to fund incidence studies among specific populations.
- 6 Encourage Member States to utilize key population guidelines and tools developed by other UN technical agencies, including the WHO.

UNAIDS Secretariat and Co-Sponsors should:

- 1 Include discussion of the SDGs as a standing agenda item during UNAIDS Programme Coordinating Board meetings.
- 2 Broker support for community-led education, information exchange, monitoring and reporting activities in line with Global AIDS Monitoring (GAM) and in affirmation of the 2030 Agenda.
- 3 Promote meaningful participation of HIV activists and community voices in side events and plenary sessions at the HLPF, as well as facilitate opportunities for HIV activists and communities to offer input to the Outcome Documents of the HLPF.
- 4 Continue to integrate the work of UNAIDS into the realization of Agenda 2030, and particularly support the collection and inclusion of HIV related data in VNR reporting.
- 5 Coordinate to adequately prepare, inform, and educate mission staff in New York and in Capital the lead up to, during, and following the HLPF.

RECOMMENDATIONS FOR HIV ADVOCATES AND ACTIVISTS

National and Sub-National Civil Society Organizations should:

- Identify which organizations in your country are already addressing the SDGs, even if they are not your typical colleagues and allies. Start working within these existing networks to bring HIV organizations and issues to the table.
- Familiarize yourself with Agenda 2030, and in particular Goals that overlap with your current initiatives and work, including but not limited to Goal 3 (Health), Goal 4 (Education), Goal 5 (Gender Equality), Goal 10 (Reducing Inequalities), Goal 16 (Peace, Justice, and Strong Institutions), and Goal 17 (Partnerships for the goals).
- Coordinate with UNAIDS country teams and other multilateral stakeholders working on HIV about the necessity to participate actively in the SDGs and collect robust data on HIV.

If your country is participating in VNR reporting in 2019:

- Identify and contact the country focal point on [UN DESA's website](#) to understand where in the national consultation process your country is.
- Ascertain if a coalition or network organization in your country is already coordinating a civil society parallel report detailing CSO contributions to implementation of the 2030 Agenda, as stated in paragraph 89 of the 2030 Agenda. If such an organization or network does not exist, create one with other organizations, not only health organizations but all organizations working on the SDGs.
- Find similarities and commonalities with other civil society organizations working on the SDGs, and advocate as a united front for inclusion of key issues in the VNR report.
- Contact government ministries, HIV and AIDS bureaus, PEPFAR, Global Fund, and UNAIDS to obtain the most recent data on HIV in your country, particularly incidence data disaggregated by sex, age, and key population.

- Advocate for the inclusion of HIV activists, advocates, and community representatives, especially members of key populations, in consultations to prepare the VNR report. Share best practices in national consultations outlined in this paper, such as collaborating with line ministries to draft content of the VNR report, allowing for civil society to write a section of the VNR report, or including an annex with civil society contributions.
- Share parallel reports to the Major Group and other Stakeholders Coordinating Mechanism and Major Groups, so the reports can be collected, assessed, and disseminated.

If your country is not reporting in 2019:

- Consider forming a parallel report as an advocacy tool with your government, as described below.
- Provide input on the thematic review of the SDGs at the HLPF and Ministerial Declaration through Major Groups and international non-governmental organizations that specialize in UN headquarters negotiations.
- Encourage contacts in your government, especially the Ministry of Foreign Affairs, to participate in the VNR process in 2020, and start advocating for the inclusion of robust, disaggregated data about HIV in VNR reporting.

If your organization is considering attending a regional meeting:

- Identify other civil society organizations that work on SDG implementation, and coordinate before the meeting on shared messaging and advocacy.
- Identify which government ministry will be attending the meeting.
- Organize a side event during the regional meeting, and seek sponsorship from a supportive Member State or UN Agency.
- Meet with supportive Member States during the regional meeting to tell them what you hope to see in the VNRs and SDG implementation going forward. Do not limit your advocacy to your own country, but coordinate beforehand with organizations in Member States you intend to engage. Respect national processes and sensitivities.

Global Civil Society Networks and International Non-Governmental Organizations should:

- Relay information and updates from the UN system and especially UN-DESA to country-level partners, and assist smaller organizations navigate the UN system. Broker relationships for and share opportunities with organizations working at the country and regional levels.
- Reach out to local and national organizations working in-country to support them in their efforts to network with other partners on the ground, and introduce them to personnel at relevant agencies and organizations, including at government ministries and in New York.
- Offer assistance to smaller organizations with paperwork and access to UN spaces, particularly if your organization has ECOSOC status.
- Share fundraising opportunities for activities to attend the HLPF.
- Share any and all information, materials and reports, about SDGs and the HLPF process with other organizations.
- Initiate joint advocacy campaigns in collaboration with HIV advocates at the national and regional levels in the lead up to annual HLPF.
- Provide training and education around HIV in the context of the SDGs, including through webinars and pre-HLPF institutes and conferences.

1. INTRODUCTION

1.1 The 2030 Agenda and AIDS

In 2015, UN Member States reaffirmed their commitment to economic, social, and environmental development by adopting [the 2030 Agenda for Sustainable Development](#). Building on the eight [Millennium Development Goals \(MDGs\)](#) and further complementing them, Member States agreed upon 17 [Sustainable Development Goals \(SDGs\)](#) that are broader in scope and include newly emerging themes, such as access to water and sanitation, safe cities, responsible consumption and production, and others. The 2030 Agenda defines clear directions for Member States for the next 15 years. The 17 goals are further broken down into 169 targets and a total 230 indicators that measure progress on implementation.

In the MDGs framework, the standalone [MDG 6](#) focused on “Eradicating HIV/AIDS, Malaria, and other diseases.” Within the SDGs framework, HIV is embedded into the broader Goal 3 on Health and well-being:

»**SDG 3:** Ensure healthy lives and promote well-being for all at all ages
»**Target 3.3:** By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
»**Indicator 3.3.1:** Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations.

The agreed upon indicator 3.3.1 imparts the importance of collecting disaggregated data on key populations, who accounted for [47% of new infections globally in 2017](#) and over 80% of new infections outside sub-Saharan Africa. According to [UNAIDS terminology guidelines](#) and [WHO guidelines](#), key populations are groups that suffer from punitive and stigmatizing laws and policies, including gay and bisexual men and other men who have sex with men (MSM), people who inject or use drugs (PWID/PWUD), sex workers, transgender people and especially trans women, and people in prisons and other closed settings. Target 3.3 thus acknowledges the disproportionate impact of HIV across populations and is aligned with the UNAIDS [“Fast Track Strategy”](#) and the [2016 Political Declaration on HIV and AIDS](#). The 2018 [Miles to Go report](#) by UNAIDS further stresses that the increase in HIV infections in certain regions and among key populations threatens progress toward achieving this, and that immediate action is needed to reach the Fast Track targets.

Importantly, the 2030 Agenda also recognizes that the 17 goals are closely interconnected, indivisible, and reinforce each other. [As affirmed by UNAIDS](#), HIV issues are also implicated in several other SDGs beyond Goal 3 and require a human-centered and rights-based approach.

“The 2030 Agenda for Sustainable Development reflects the interdependence and complexity of a changing world and the imperative for global collective action. [...] As a set of indivisible goals, the SDGs give all stakeholders a mandate for integration of efforts. [...] The AIDS [...] epidemic cannot be ended without addressing the determinants of health and vulnerability, and the holistic needs of people at risk of and living with HIV. People living with HIV often live in fragile communities, and are most affected by discrimination, inequality and instability. Their concerns must be at the forefront of sustainable development efforts.” - UNAIDS: AIDS and SDGs

A new publication from Frontline AIDS, [HIV Beyond Goal 3: Interconnections between HIV, Human Rights and Sustainable Development](#), explains the interconnections between certain Targets within the SDGs, human rights law, and HIV. The report shows that there are multiple Goals in addition to Goal 3 that are implicated in the HIV response, and furthermore, that ending AIDS will require the realization of human rights across all relevant SDGs, in addition to ensuring access to quality health care.

1.2. The 2018 High-Level Political Forum and the Ministerial Declaration

High-Level Political Forum (HLPF) on Sustainable Development: Format and Themes

The HLPF is the main UN platform on sustainable development, ensuring regular follow-up and review of the SDGs. The annual HLPF takes place every July under the auspices of Economic and Social Council and lasts for eight days, including a ministerial segment in which Member States share findings from VNR reports during interactive dialogues. In 2019, the HLPF will also convene an “SDG Summit” between 24-25 September under the auspices of the General Assembly (GA), as set out in [UNGA Resolutions 70/299](#) and [67/290](#). Taking place every four years, the HLPF meeting at the UNGA brings together Heads of State and Government, with the aim of reviewing HLPF modalities. The SDG Summit is preceded by the [2019 High Level Meeting on Universal Health Coverage](#) on 23 September and followed by the [High-level Dialogue on Financing for Development](#) on 26 September.

The 2018 HLPF took place between 9-18 July and focused on the theme of [“Transformation towards sustainable and resilient societies.”](#) The thematic review included Expert Group Meetings and panel discussions on six SDGs: Goal 6 (Clean water and sanitation), Goal 7 (Affordable and clean energy), Goal 11 (Sustainable cities and communities), Goal 12 (Responsible consumption and production), and Goal 15 (Life on land), and Goal 17 (Partnerships for the goals).

The theme of the 2019 HLPF will be [“Empowering people and ensuring inclusiveness and equality,”](#) and the following SDGs will be reviewed in depth: Goal 4 (Quality education), Goal 8 (Decent work and economic growth), Goal 10 (Reduced inequalities), Goal 13 (Climate action), Goal 16 (Peace, justice, and strong institutions), and Goal 17 (Partnerships for the goals). The HLPF thematic segment and high-level

ministerial segment, including VNRs, will take place between 9-18 July 2019.

“No one left behind”

In the 2030 Agenda for Sustainable Development ([A/RES/70/1](#)), UN Member States not only committed to “leave no one behind,” but also to “reach the furthest behind first.”

UN Secretary-General António Guterres emphasized this principle [in his closing speech](#) on the last day of the HLPF, 18 July. This reaffirmed statements made in a discussion on progress in “leaving no one behind” that took place at the HLPF, in which Andrew Gilmour from the Office of the UN High Commissioner for Human Rights (New York) warned [that the poorest and most marginalized continue to be left behind](#). The plenary session identified key issues, including a lack of understanding of who is left behind and the lack of disaggregated data.

In October, the UN Department of Economic and Social Affairs (UN DESA) published the [2019 Handbook for the Preparation of Voluntary National Reviews](#) (see more in Chapter 1.2), which encourages states to include a standalone section on this topic.

Side events

[Over 250 side events](#) were organized during the 2018 HLPF in New York. Of these, two focused on HIV/AIDS and one focused on LGBTI inclusion, also covering HIV/AIDS:

- **“Ending AIDS is everyone’s business”**: organized by [UNAIDS](#) and the [World Business Council for Sustainable Development \(WBCSD\)](#). The event brought together business leaders to explore how to mobilize more and better action by businesses for the AIDS response, to complement the work of States, civil society, and donors. It highlighted the recognition by Member States that the private sector is an important stakeholder in helping to implement the SDGs.
- **“Keeping Girls in School - what impact on the fight against HIV, TB and malaria?”**: organized by the Permanent Mission of Ireland, the [Global Fund](#) for HIV/AIDS, and the [Global Partnership for Education](#), Norway. The event focused on the interdependence of health and education in the lives of girls and young women.
- **“Making Our Cities Inclusive and Safe for All”**: LGBTI Inclusion in SDG 11 and the 2030 Agenda”: organized by the Permanent Mission of Canada, Chile, Uruguay, the [United Nations Development Programme \(UNDP\)](#), [The United Nations Population Fund \(UNFPA\)](#), the [Swedish Federation for Lesbian, Gay, Bisexual, Transgender, and Queer Rights \(RFSL\)](#), and [Global Action for Trans Equality \(GATE\)](#). This event focused on the needs of LGBTI people with regard to SDG 11, including the necessity for sexual and reproductive healthcare and HIV services to be accessible for all and highlighting the importance of stigma-free health services for key populations. The role of universal health coverage in breaking down barriers for marginalized communities was also discussed.

Ministerial Declaration

The [2016 Ministerial Declaration](#), adopted at the conclusion of the 2016 HLPF, made only brief mention of HIV/AIDS. In 2017, when Goal 3 on Health was included in the thematic review, the [2017 Ministerial Declaration](#) included an important recommendation:

“We must step up our efforts to promote immunization and combat communicable diseases such as HIV/AIDS and other sexually transmitted infections, tuberculosis, malaria, neglected tropical diseases and hepatitis, where achievements are gravely challenged, inter alia, by antimicrobial resistance” (para. 16).

The [2018 Ministerial Declaration](#) was adopted by a vote (164 in favor, the US and Israel against², no abstentions). HIV/AIDS was only mentioned in one paragraph:

“Stress[ing] that the commitment to leave no one behind is at the core of the 2030 Agenda and should be a guiding principle at all levels to shift the world onto a resilient and sustainable path. Leaving no one behind requires addressing the specific needs of people in vulnerable situations but also supporting their empowerment and participation in decision-making that affects their lives. Those whose needs are reflected in the 2030 Agenda include all children, youth, persons with disabilities (of whom more than 80 per cent live in poverty), people living with HIV/AIDS, older persons, indigenous peoples, refugees and internally displaced persons, migrants and people living in areas affected by complex humanitarian emergencies, and people in areas affected by terrorism and conflict” (para. 11).

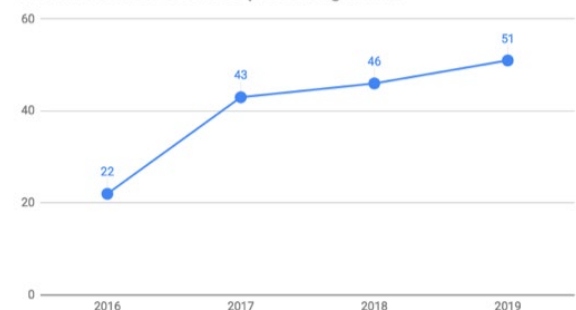
1.3. Voluntary National Reviews

Each year, Member States volunteer to report on the implementation of the SDGs, highlighting successes and difficulties. Despite the thematic focus of each HLPF, States are encouraged to report on all 17 SDGs.

To date, 102 countries have conducted 111 VNRs.

As a positive trend, more and more States volunteer to present a VNR at the HLPF each year. To date the highest number of States (51) have volunteered to present VNRs at the HLPF in 2019; 10 of them will be reporting for the second time.

Chart 1: Number of states presenting a VNR



² Israel and the US voted against due to references to foreign occupation.

Table 1: Number of States Presenting a VNR per Region (2016-2019)

| | Africa | Asia-Pacific | Eastern Europe | Latin America and Caribbean | Western Europe and Others | Observer states | TOTAL |
|--------------|-----------|--------------|----------------|-----------------------------|---------------------------|-----------------|------------|
| 2016 | 6 | 4 | 3 | 3 | 6 | - | 22 |
| 2017 | 7 | 13 | 4 | 11 | 8 | - | 43 |
| 2018 | 10 | 12 | 7 | 8 | 8 | 1 | 46 |
| 2019 | 17 | 18 | 4 | 6 | 6 | - | 51 |
| TOTAL | 40 | 47 | 18 | 28 | 28 | 1 | 162 |

Figure 1. Countries that Reported in 2018 (46)

/ signal that the country had reported once/twice before.*

| | | | | |
|---|---------------------------|----------------|-----------------------------|---------------------------|
| Albania | Andorra | Armenia | Australia | Bahamas |
| Bahrain | Benin* | Bhutan | Cabo Verde | Canada |
| Colombia* | Dominican Republic | Ecuador | Egypt* | Greece |
| Guinea | Hungary | Ireland | Jamaica | Kiribati |
| Lao People's Democratic Republic | Latvia | Lebanon | Lithuania | Mali |
| Malta | Mexico* | Namibia | Niger | Paraguay |
| Poland | Qatar* | Romania | Saudi Arabia | Senegal |
| Singapore | Slovakia | Spain | Sri Lanka | State of Palestine |
| Sudan | Switzerland* | Togo** | United Arab Emirates | Uruguay* |
| Vietnam | | | | |

Figure 2. Countries Reporting in 2019 (51)

*/** signal that the country has reported once/twice before.

| | | | | |
|----------------------|----------------------|---------------------------------|---------------------|---------------------|
| Algeria | Azerbaijan* | Bosnia and Herzegovina | Brazil* | Burkina Faso |
| Cambodia | Cameroon | Central African Republic | Chad | Chile* |
| Congo | Côte d'Ivoire | Croatia | El Salvador* | Eritrea |
| Fiji | France* | Ghana | Guatemala* | Guyana |
| Iceland | Indonesia* | Iraq | Israel | Kazakhstan |
| Kuwait | Lesotho | Liechtenstein | Mauritania | Mauritius |
| Mongolia | Nauru | New Zealand | Oman | Pakistan |
| Palau | Philippines* | Rwanda | Saint Lucia | Serbia |
| Sierra Leone* | South Africa | Swaziland, | Timor-Leste | Tonga |
| Tunisia | Turkey* | Turkmenistan | UK | Tanzania |
| Vanuatu | | | | |

Governments submit the VNR report to the UN Department of Economic and Social Affairs Division for Sustainable Development (DESA-DSD). In February 2018, DESA-DSD released the [2018 Handbook for the Preparation of Voluntary National Reviews](#). In October 2018, it published the [2019 Handbook](#), which reaffirms the importance of consultations throughout the VNR process. The 2019 Handbook states that “[...] one of the founding principles of the 2030 Agenda is the requirement for all implementation and follow-up processes to be participatory and inclusive, including all levels and sectors of government, civil society and the private sector, members of parliament national human rights institutions, among others.”³ It further highlights that “[...] the

³ 2019 Handbook for the Preparation of Voluntary National Reviews. UN Department of Economic and Social Affairs. October 2018. p.17.

participation of stakeholders promotes effective decisions, by giving groups affected by those decisions the opportunity to communicate their needs and interests and support governments in tailoring, implementing and reviewing public policies. [...] The 2030 Agenda calls upon stakeholders to be actively engaged throughout the process of design, implementation, monitoring and review of the 2030 Agenda.”⁴

The Handbook also emphasizes the importance of reporting on actions that States have taken to mainstream the principle of “leaving no one behind” in the implementation of the SDGs. These could include “take actions to prioritise outcomes for vulnerable groups, as well as looking beyond population averages to identify who they are, where they are located and their specific needs.”⁵ Importantly, the Handbook also highlights that states should consider “[...] the impact of multiple and overlapping inequalities.”⁶

Each year, the UN DESA releases synthesis reports of the VNRs. The [2016 report](#) did not mention HIV. The [2017 report](#) included multiple references to HIV, including mentions of policy measures undertaken by States, or addressing HIV in the chapter on Leaving no one behind by highlighting PLHIV as a vulnerable group and emphasizing the role of civil society in ending AIDS. Regrettably, the [2018 synthesis report](#) only briefly mentioned HIV:

“on communicable diseases, such as HIV/AIDS, tuberculosis, malaria, and hepatitis, policy measures reported included: timely and effective access to diagnosis; the provision of targeted treatment; developing action plans to fight vector-borne diseases, including Zika virus infection; and targeted, evidence-based interventions focused on priority populations.”⁷

In both 2017 and 2018, the chapter on measures targeted at specific groups included a standalone subchapter focusing on LGBTIQ people.⁸ With regards to other key populations, the 2018 report included one reference to the access of trans people to legal gender recognition in Greece. It also mentioned sexual and reproductive health and rights once, human trafficking once, and universal health coverage three times; however, these topics were not mentioned in the context of HIV.

⁴ Ibid.

⁵ Ibid. p. 33.

⁶ Ibid.

⁷ Voluntary National Reviews: Synthesis Report. Department of Economic and Social Affairs United Nations. p. 36.

⁸ The 2017 report also included children, indigenous people, migrants, women and girls, people with disabilities, older persons. The 2018 report also included youth.

1.4. Regional Meetings, Expert Meetings, and other preparation

Regional Meetings

Each year, the five [UN Regional Commissions](#) convene regional meetings to support the implementation of Agenda 2030. The annual meetings focus on preparing regional input for the upcoming HLPF, identifying regional trends, and sharing best practices. They usually feature thematic roundtables on the SDGs that will be reviewed at the HLPF. They are also useful spaces for civil society to highlight their priorities and strengthen collaboration with governments. The meetings take place in the spring and the dates are announced months earlier. Civil society can coordinate at the civil society pre-meeting and can also organize side events to highlight their concerns or share positive practices.

The 2018 Regional Meetings included the following:

- ECE, 1-2 March, Geneva (Europe)
 - [Meeting program](#)
 - [Outcome report](#)
 - [Civil society pre-meeting.](#)
- ESCAP, 28-30 March, Bangkok (Asia-Pacific)
 - [Meeting program](#)
 - [Outcome report](#)
 - [Civil society pre-meeting.](#)
- ECLAC, 18-20 April, Santiago (Latin America and the Caribbean)
 - [Meeting program](#)
 - [Outcome Report](#)
 - [Civil society pre-meeting.](#)
- ESCWA, 24-26 April, Beirut (Arab world)
 - [Meeting program](#)
 - [Outcome report](#)
 - [Civil society pre-meeting.](#)
- ECA, 2-4 May 2018, Dakar (Africa)
 - [Meeting program](#)
 - [Outcome report](#)
 - [Civil society pre-meeting](#)

The following Regional meetings will take place in 2019:

- [ECE, 21-22 March, Geneva](#) (Europe)
- [ESCAP, 27-29 March, Bangkok](#) (Asia-Pacific)
- [ECLAC, 22 - 26 April, Santiago](#) (Latin America and the Caribbean)
- [ESCWA, 9-11 April, Beirut](#) (Arab world)
- [ECA, 16-18 April, Marrakech](#) (Africa)

Expert Group Meetings and other preparation

Each year, UN DESA and other UN entities jointly organize thematic preparatory meetings on the SDGs that are included in the thematic review. These meetings inform thematic segments of the HLPF, and provide evidence and other information to shape the content of the Ministerial Declaration.

In 2018, Expert Group Meetings (EGMs) or other events were organized for all Goals under thematic review:

- EGM on Advancing the 2030 Agenda: Interlinkages and Common Themes at the HLPF 2018: 25-26 January 2018. [Read the summary report here.](#)
- Member State Workshop on the UN-Water SDG 6 Synthesis Report 2018: 2 May, New York. [Read more about the workshop here.](#) [Read the Synthesis Report here.](#)
- Global SDG7 Conference (SDG 7): 21-23 Feb, Bangkok. [Read the outcome report here.](#)
- UNOSD Transition Forum 2017 (SDG 11): 30 Oct-1 Nov 2018. [Read the Forum report here.](#)
- EGM on SDG 12 (Responsible consumption and production): 3-4 May 2018. [Read the outcome report here.](#)
- EGM on SDG 15 (Life on land): 14-15 May 2018. [Read the outcome report here.](#)
- EGM on SDG 17 (Partnerships for the goals): 12 June 2018. [Read the summary here.](#)

Other events included the following conferences and workshops:

- EGM on “Building sustainable and resilient societies through the gender-responsive implementation of the 2030 Agenda for Sustainable Development” (SDG 5): 5-6 June 2018, Nairobi, Kenya. [Read the report here.](#)
- High Level International Conference on the Implementation of the International Decade for Action “Water for Sustainable Development”, 2018-2028 (SDG 6): 20-22 June, Dushanbe, Tajikistan. [Read the final declaration here.](#)

Leading up to the 2019 HLPF, seven expert meetings were/will be organized, with at five four meetings will take place outside New York, although four in Europe and only one in Africa.

- EGM on SDG 4 (Quality education): 3-5 December 2018, Brussels. [Read more about the meeting here.](#)
- EGM on SDG 8 (Decent work and economic growth): 3-5 April 2019, Geneva
- EGM on SDG 10 (Reduced inequalities): 2-3 April 2019, Geneva
- EGM on SDG 13 (Climate action): 1-3 April 2019, Copenhagen
- EGM on SDG 16 (Peace, justice, and strong institutions): 3-5 April 2019, Rome
- EGM on SDG 17 (Partnerships for the goals): 12 April 2019, New York
- EGM on interlinkages: TBC.

Two workshops were also organized in the fall, in preparation for the 2019 HLPF:

- Advancing the 2030 Agenda: Lessons learnt from the first cycle of the High-level Political Forum on Sustainable Development (HLPF) – how far can we go?: 10-11 September, 2018. [See the program here.](#)
- Report of the 2018 Sustainable Development Forum - Accelerating Progress towards the SDGs: Enhancing the Role of the High-level Political Forum (HLPF), 29-31 October 2018, Incheon, Republic of Korea. [See the program here.](#)

1.5. Methodology

Desk Research

[MPact's analysis of HIV inclusion in the 2017 VNRs](#) covered five key search terms: incidence, key populations, prevalence, stigma, and the Fast Track 90-90-90 Targets. Preparing for the scan of the 2018 VNRs, MPact consulted [Free Space Process](#) (FSP) partners with regard to the scope covered. In the end, the scan included the following terms:

- Incidence (Indicator 3.3.1)
- Key populations (Indicator 3.3.1): men who have sex with men (MSM), trans people, people who use/inject drugs (PWUD/PWID), sex workers, prisoners
- Prevalence
- Fast Track 90-90-90 Targets
- HIV related stigma and discrimination
- HIV related deaths
- HIV/TB co-infection
- Universal health coverage (UHC) with a focus on HIV
- Sexual reproductive health and rights (SRHR) with a focus on HIV.

This year's research also looked at three additional dimensions, assessing whether the VNRs

- reported on HIV beyond SDG 3
- reported on each of the 17 SDGs
- included a standalone section on “leaving no one behind”.

Complementing the scan of the VNRs, MPact also looked at the inclusion of HIV related topics in civil society parallel reports this year. The search terms were the same as above, but because of the scarcity of mentions on HIV, these were not included in a table.

Interviews and questionnaires

In addition to desk research, MPact gathered oral and written input a number of key stakeholders. Interviews were held with government representatives from Jamaica and Lao PDR, and activists from Brazil and Ireland. Government and civil society representatives from Senegal provided input in writing. These five countries were selected because the respective reports were some of the best examples with regards to meaningful HIV inclusion, and also with a view to regional balance. On the basis of the five country inputs, the report presents case studies that highlight good practices of HIV inclusion and overall civil society engagement (Chapter 3).

2. HIV IN THE 2018 VNR AND CIVIL SOCIETY REPORTS

2.1. HIV in the VNR reports

Overview

MPact's scan included eight key terms, but only two of these, incidence and key populations, are explicitly mentioned in the agreed upon Indicator 3.3.1.

» **Indicator 3.3.1:** *Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations*

Regarding the other HIV related topics monitored in this report, there is currently no shared standardized approach for reporting on these in the 2030 Agenda framework. However, the main reporting system in which Member States report on progress achieving the Fast-Track targets is the annual [Global AIDS Monitoring \(GAM\)](#). Within the GAM framework, progress is measured against a set of [10 global commitments and expanded targets](#), which were agreed upon in the 2016 Political Declaration on Ending AIDS (see above). The data submitted to the annual GAM enable countries, UNAIDS and its 11 co-sponsors, and other stakeholders to monitor progress on controlling the epidemic with more tailored responses.

In 2018, 46 countries submitted VNR reports and only 28 of them referred to HIV (Table 5). Six of these 28 VNRs mentioned HIV, but not in relation to any of the eight categories MPact was analyzing. They were also included in Table 5.

The rate of HIV inclusion in the VNRs in 2018 was lower than in the previous year, with the rate of HIV inclusive VNRs dropping from 74% to 61% (Table 1). This might be explained by the fact that in 2017, SDG 3 was one of the SDGs included in the in-depth thematic review. Yet regardless of the theme and the SDGs under review, reporting States are encouraged to report on progress for all 17 SDGs. Indeed, of the 46 Member States reporting in 2018, 34 reported on all 17 SDGs.

Table 2. HIV Related Data and Topics in VNRs: 2017 and 2018

| | Total no. of VNRs | No. of VNRs including HIV | % |
|------|-------------------|---------------------------|-----|
| 2017 | 43 | 32 | 74% |
| 2018 | 46 | 28 | 61% |

⁹ In the case of Kiribati and Sudan, only the key messages document was available online. These did not include HIV but it is unclear whether the full reports did.

¹⁰ It is not clear which SDGs Sudan and Kiribati reported on, as their VNRs are not available.

HIV-Related Data and Topics

Table 3. HIV-Related Data and Topics in The 28 VNR Reports in 2018

In this table, an X indicates at least one reference to the topic of the column; inclusion of information about one topic does not necessarily imply overlap with other topics. A country without any X signifies that HIV was mentioned, but not with regard to the topics in the Table. For the exact wording in the VNR reports, see Appendix A.

| | HIV incidence | Key populations | HIV prevalence | HIV related stigma and discrimination | HIV related deaths | Fast Track 90-90-90 Targets | SRHR (relevant for HIV) | UHC (relevant for HIV) | HIV/TB co-infection |
|----------------------------------|---------------|-----------------|----------------|---------------------------------------|--------------------|-----------------------------|-------------------------|------------------------|---------------------|
| Armenia | | | X | | | | | | |
| Australia | | | | | | | | X | |
| Bahamas | | X | X | | | | | | |
| Benin* | | | | | | | | | |
| Bhutan | | | X | X | | | | | |
| Canada | X | X | | X | | | X | | |
| Dominican Republic | X | | X | | | | | | |
| Ecuador | | | | | | | X | | |
| Guinea | X | X | X | | X | X | | | X |
| Ireland | | | | | | | | | |
| Jamaica | X | X | X | X | | X | X | | |
| Lao People's Democratic Republic | | X | X | | | X | | X | |
| Latvia | X | | | | X | | | | |
| Lebanon | X | | | | | | | | |
| Lithuania | X | X | | | | | X | | |
| Mali | | | | X | | X | | | |
| Malta | | | | | | | | | |
| Mexico* | | | | X | | | | | |
| Namibia | | | X | | X | | | | |
| Poland | | | | | | | | | |
| Romania | X | X | X | | | | | | |
| Senegal | X | X | X | | | | | X | |
| Spain | | | | | | | | | |
| Sri Lanka | X | | X | | | | | | |
| State of Palestine | X | | | | | | | | |
| Switzerland* | | | | | | | | | |
| United Arab Emirates | | | X | | | | | | |
| Vietnam | X | | | | X | | | | |
| Total | 12 | 8 | 12 | 5 | 4 | 4 | 4 | 3 | 1 |

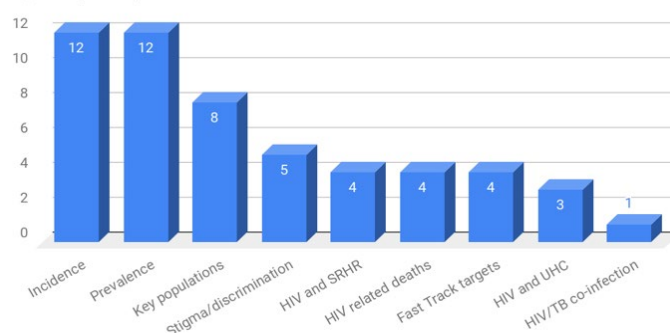
Incidence, Prevalence, and Key Populations

HIV incidence data is an agreed upon indicator and is also often routinely submitted via Global AIDS Monitoring or other national HIV monitoring initiatives. However, only 12 of the 46 VNR reports included such data (Chart 2). 12 VNRs contained prevalence data. [Similar to last year](#), incidence and prevalence were the most likely data to be mentioned with regard to HIV.

In addition to these countries, a few mentioned incidence or prevalence, but without including data. Canada noted that HIV prevalence was low, but did not add data. Vietnam included data about incidence, but was more vague about prevalence, saying it has increased in some regions. Benin, Niger, and Singapore included HIV-related SDG indicators in tables and charts, but did not add any corresponding data. The Bahamas and Bhutan mentioned incidence, but did not include any data. Namibia noted that there has been a drop in incidence in the past two decades, but did not include numbers.

Although Indicator 3.3.1 highlights that incidence data must be disaggregated, only eight VNRs mentioned key populations: gay men and other men who have sex with men (5) and people who use/inject drugs (5) were most often mentioned, followed by sex workers (3) and incarcerated people (3). Of these eight countries, only five included disaggregated data with regard to key populations. Alarming, trans people were not mentioned in the context of HIV at all. Roughly a dozen VNRs mentioned LGBT/LGBTI/etc. (terms varied) or sexual orientation and gender identity, but most of them not in the context of HIV.

Chart 2: Number of VNRs mentioning HIV related data and topics (2018)



Other Topics

A mere five countries mentioned HIV related stigma and discrimination, all of them briefly. Only four countries referred to the UNAIDS Fast Track Strategy and its 90-90-90 Targets. Only four countries included data on the number of HIV related deaths. In addition, the Bahamas mentioned the number of these deaths were reduced, but did not include data and Jamaica vaguely mentioned HIV related deaths.

A total of 22 reports mentioned SRHR, but only four included HIV with regard to national SRHR plans. Fifteen VNRs elaborated on universal health coverage (Target 3.8), but only three included HIV with regards to national UHC plans.

It is also noteworthy that no VNR linked HIV to any of the Goals under thematic review during 2018, whereas HIV was written about in the context of Goals 1, 2, 3, 5, 9, and 10.

Overall Trends and Good Practices for VNR Reports

- **Including disaggregated data by sex, age, and KPs:** Under Indicator 3.3.1, states agree to include incidence data disaggregated by sex, age, and key populations. Regrettably, only a handful of countries presented disaggregated data - Armenia, Lithuania, Namibia, Palestine by sex, Guinea by sex, age, and KPs. A total of eight countries highlighted the situation of key populations (see Table 1), but only Guinea and Lithuania included concrete data.
- **Going beyond the required minimum:** Although only incidence is an agreed upon HIV indicator in the SDGs framework, State reporting can and should go beyond including incidence data. Ten of the 12 VNRs including incidence data also reported on other topics and overall, 20 of the 28 countries reported issues beyond Indicator 3.3.1. For instance, Guinea reported on incidence and key populations, but also on prevalence, HIV/TB co-infection, HIV related deaths, and the Fast Track Targets. The Lao PDR did not include incidence data, but covered prevalence, key populations, the Fast Track Targets, and HIV in the context of universal health coverage.
- **Highlighting successes:** States are encouraged to report on successes they have achieved in the fight against HIV/AIDS. For instance, Armenia reported that it was one of the first four countries in the world to eliminate mother-to-child-transmission and that in 2017, the National AIDS Center of the Ministry of Healthcare won the UN Public Service Award in the category of Innovation and Excellence in Delivering Health Services, for supporting the implementation of the 2030 Agenda.
- **Acknowledging remaining gaps:** Recognizing remaining challenges are more a strength than a weakness, reflecting a commitment to combat HIV/AIDS. For instance, Jamaica acknowledged it had to increase efforts to fight HIV-related stigma and discrimination, Bhutan noted it needed to do better at data collection, Sri Lanka highlighted it needed to improve the identification of new cases, and Armenia to close the gap between prevalence and those knowing their status.
- **Identifying trends over time:** To gain understanding of a country's progress on eradicating HIV/AIDS, it is helpful to know how the country has done over the years. Armenia, the Dominican Republic, Lebanon, Namibia, and Senegal all reported a decrease in incidence over the years, specifically including data over certain periods of time. Sri Lanka reported that the incidence rate was the highest last year, since the first detected case in 1987.

- **Including a regional comparison:** Including information on the country's position within the region enriched several VNRs. Armenia noted that its prevalence rate is in 4.5 times lower than the Eastern Europe and Central Asia regional average, Latvia was concerned that it had the second highest growth rate of newly diagnosed HIV cases in the EU and the highest with regards to AIDS cases. The Bahamas reported that its prevalence rate is among the highest in the Caribbean, and Lebanon that its incidence rate is higher than in most Arab countries. Vietnam included a regional comparison within its own borders, noting that the number of PLHIV in its North Central, Central Coast, and South East regions has increased.
- **Elaborating on measures taken to end the epidemic:** States are encouraged to elaborate in detail on measures they take to end the AIDS epidemic by 2030. For instance, Bhutan reported that to decrease incidence, it revised its national HIV treatment guide, introduced voluntary counseling and testing to all Antenatal Care attendees. Malta set up HIV testing mobile clinics and introduced rapid HIV testing at genitourinary clinics and some private pharmacies. Senegal decentralized its care provision and introduced training for children living with HIV. Mali set up the National Council for AIDS Control and adopted its National Strategic Framework for the Fight against HIV and AIDS (2017-2121).
- **Reporting on HIV beyond SDG 3:** Some states discussed HIV beyond SDG 3, signaling a recognition that the SDGs are interconnected and that the HIV response requires a cross-sectional approach. Namibia, Vietnam and Senegal reported on the correlation between HIV and poverty under SDG 1 (No poverty), Namibia and Jamaica included HIV under SDG 5 (Gender equality), Bhutan, Mexico and Vietnam under SDG 10 (Reduced inequalities).
- **Reporting on vulnerable groups in addition to KPs:** In addition to key populations, some VNRs discussed other vulnerable groups, including indigenous people and people from HIV-endemic countries (Canada), women (Lithuania, Mexico, Namibia), women and girls (Guinea), pregnant women (the Bahamas), male outbound migrants (Armenia). Jamaica mentioned HIV among youth, and Bhutan and Senegal contained specific reference to HIV among children. Several countries expanded on mother to child transmission (Armenia, the Bahamas, Benin, Bhutan, Ecuador, Guinea, Jamaica, Mali, Namibia).
- **Complementing reporting with a recap of funding contributions:** A number of developed countries reported on their financial contributions to the global HIV response, including Australia, Canada, Ireland, and Spain. It is important that in addition to such reporting, the VNR also covers the situation at the national level, detailing what the states has done to eradicate AIDS at home. Regrettably, the Irish and Spanish reports mostly or exclusively focused on their efforts to fight HIV abroad or globally.

2.2 HIV in Civil Society Reports

Overview

Civil society parallel reports, sometimes called spotlight reports or status reports, are useful in highlighting gaps in the implementation of Agenda 2030 at the local level. Civil society coalitions may choose to form a parallel report to provide a different perspective than the official VNR report, or because official consultation of civil society was inadequate. Because the VNR process is State-driven, civil society parallel reports are not uploaded on any relevant UN websites or formally part of the VNR. However, they are an effective tool for civil society to respond to the State's report on progress at the international level, and also as part of national advocacy.

MPact identified a **total of 35 civil society reports** produced in 2018, **29 focusing on 24 countries** and **six covering larger thematic areas**.¹¹ The CSOs and coalitions that produced these reports came from varied sectors, including development generally, human rights, and trade unions. As these reports are not available on UN websites, such as the [SDG Knowledge Platform](#), MPact relied on partners and desk research in locating them. It is possible that more reports were written by civil society groups.

Of the 29 country reports, **only seven mentioned HIV**: Brazil, Ireland, Latvia, Senegal, Switzerland, Namibia, and Vietnam - the three latter, only vaguely or briefly. The Brazilian, Irish and Senegalese reports were most detailed with regards to HIV, and therefore MPact conducted interviews with three activists representing these countries (see Chapter 3). Interestingly, Brazil was not presenting a VNR this year, but civil society compiled a report regardless. Of the six thematic reports, only one mentioned HIV, very briefly.

¹¹ There were six reports submitted to cover Bahrain.

Figure 3. Civil society reports in 2018

Civil society reports that included HIV are indicated with a *

| | | | | |
|---|-----------------|---------------------------|------------------|---------------------------|
| Armenia | Bahrain | Benin | Bhutan | Brazil* |
| Canada | Colombia | Dominican Republic | Ecuador | Ireland* |
| Lao People's Democratic Republic | Latvia* | Lebanon | Mexico | Namibia* |
| Paraguay | Senegal* | Spain | Sri Lanka | State of Palestine |
| | Sudan | Switzerland* | Togo | Vietnam* |

Note: Brazil was the only country not to present an official VNR

The **Brazilian** civil society coalition wrote a comprehensive report despite Brazil not presenting a VNR this year. The report included detailed prevalence data, and incidence data disaggregated by sex, age, and key populations (MSM, trans people, and inmates). It also discussed HIV/TB coinfection, HIV-related deaths and HIV in the context of SRHR. The report included HIV topics under Goal 3 on Health and well-being, Goal 4 on Quality education, and Goal 16 on Peace, justice and strong institutions. It made strong recommendations, including long-term funding for civil society groups, particularly those working with KPs, and the expansion of the state budgets on HIV interventions.

The **Irish** report reflected on the gaps of the State report by including incidence data and highlighting the rising infection rates particularly among gay men and other MSM.

The **Latvian** report concluded that the area of sexual and reproductive health in the country complies with several SDGs, including Target 3.3. The VNR included performance indicators on incidence and also referred to the number of HIV-related deaths. The parallel report also noted with concern that the role of civil society in shaping SRHR and HIV-related policies was not mentioned in the VNR. Yet, these policies were the result of the long-term, persistent and continuous activity of various NGOs.

The **Senegalese** parallel report also highlighted the role of civil society in Senegal's fight against HIV/AIDS. It noted that in order for the State to translate its commitments into effective action, it needs to have accurate understanding of its target populations, including people living with HIV.

The **Swiss** civil society report acknowledged the country's support for fighting HIV globally, but called for more action at the local level.

The **Vietnamese** civil society report expressed concern at the lack of information in the VNR about welfare policies for people in special circumstances, including PLHIV. The VNR of Vietnam only included data on incidence and HIV related deaths.

According to the **Namibian** civil society statement, Namibia's VNR was limited in its scope and excluded vulnerable groups such as LGBTI people and PLHIV. The VNR included data on prevalence, incidence, and HIV-related deaths.

The report of the **Trade Union Development Cooperation Network** (TUDCN) made one brief reference to children orphaned by HIV/AIDS in the Republic of Congo.

Overall Trends and Good Practices for Civil Society Reports

- **Complementing the VNR with missing data:** Civil society reports are a good opportunity to report on issues that are missing from the VNR. Gaps in the VNR may be due to a lack of consultation with relevant civil society organizations, but may also signal reluctance by the state to report on some issues. For instance, the Irish report noted that the VNR failed to note the increasing incidence rate in the country, particularly among MSM. The Vietnamese and Namibian civil society statements noted that the VNRs failed to meaningfully cover issues affecting PLHIV, as well as LGBTI people.
- **Pointing out implementation gaps:** Although some VNRs highlight challenges remaining in implementation, not all do. Civil society has in-depth knowledge about implementation gaps and is well positioned to draw attention to these. For instance, the Irish coalition noted gaps in funding to sexual and reproductive health, Brazilian activists expressed concern over the alarming increase in new HIV cases, and Switzerland highlighted that the country is not doing enough to ensure the access of asylum seekers to SRHR.
- **Highlighting the role of civil society:** Several VNRs highlighted the important role of civil society partnerships in eradicating AIDS. Parallel reports are helpful in ensuring that the role of civil society gains ample visibility. For instance, Senegal highlighted that the increase in prevalence in recent years is partly due to civil society's efforts, and Latvia noted that recent policy changes are all thanks to the persistent advocacy work of NGOs.
- **Making recommendations:** Recommendations are important pillars of parallel reports, particularly if civil society will use them as part of their national advocacy work. The Brazilian coalition, for example, set out concrete recommendations in all thematic areas. With regards to HIV, they recommended that the State extends funding to the HIV response and that public funds are made available for civil society groups, particularly those working with key populations.
- **Working in coalitions:** Most parallel reports were coalition efforts, ensuring that a variety of voices are reflected. Over 70 groups worked on the Irish report, 34 on the Latvian submission, over 50 on the Senegalese, and roughly 40 on the Brazilian.
- **Reporting when the state is not presenting a VNR:** This year, the Brazilian civil society coalition prepared a parallel report, even though Brazil was not presenting a VNR. The coalition carries out ongoing monitoring of the implementation of SDGs, and will continue to prepare a civil society report each year.

3. CASE STUDIES

The five below case studies are based on interviews conducted with government and civil society representatives from each country. The case studies are intended to reflect the approaches, success factors, and challenges associated with including HIV-related content in VNR reports and civil society parallel reports.

3.1. State Voluntary National Reviews

3.1.1. Jamaica: Reporting on the Government's cross-cutting approach to HIV in the context of development

The Jamaican government conducted internal and external consultation processes to produce its first VNR report in 2018, which was one of the most inclusive of HIV-related data and topics that was published during the year. The VNR report formation and consultation was coordinated by the [Planning Institute of Jamaica](#) (PIOJ), an agency under the Ministry of Finance and the Public Service, charged with policy formulation on economic, social and environmental issues and external co-operation management to achieve sustainable development. The VNR report covered all 17 SDGs and the thematic area of “leaving no one behind.” The various chapters were written by technical specialists within the PIOJ based on their area of expertise, with support from external stakeholders, including the Statistical Institute of Jamaica (STATIN) in producing the Statistical Annex, the Ministry of Foreign Affairs and Foreign Trade (MFAFT), and the Sir Arthur Lewis Institute of Social and Economic Studies (SALISES) of the University of the West Indies (UWI). The report was compiled by Jamaica's SDG Secretariat, and then submitted for feedback to the National Sustainable Development Goals Core Group (comprising the PIOJ, STATIN, and MFAFT) and the multi-stakeholder National 2030 Agenda Oversight Committee. In addition, the report was shared with the relevant Ministries, Departments and Agencies (MDAs) for comments, subsequent to submission to the Cabinet for approval before its presentation at the HLPF.

As part of the VNR process, the PIOJ with support from UNDP, organized regional consultations for the period of May 2018, held in three locations: St. Thomas, Mandeville, and Montego Bay. The target group comprised farmers, fishers, young entrepreneurs, trade partners, local authorities, among others. Specific consultations were held with the Ministry of Health and the National Family Planning Board (Jamaica's sexual and reproductive health authority) on health-related issues. Also, the PIOJ hosted its high-level national consultation ‘Dialogue for Development Lecture’ Series in 2017, under the theme “The Jamaica We Want: Vision 2030 for Jamaica, advancing the SDGs... leaving no one behind”, with attendees including representatives from governmental bodies, international development partners, private sector, civil society, schools, and youth organizations. Notes from these consultations formed a pillar of the final report.

Reports and analyses on health-related issues and HIV/AIDS were derived from information provided to the PIOJ by civil society organizations and relevant ministries, as well as data, research, and results from annual publications such as the [Economic and Social Survey of Jamaica](#), Jamaica's Global AIDS Monitoring reports, and other thematic inputs. Regarding the areas of HIV/AIDS, the validation of the report was completed by main ministries tasked with the responsibility of coordinating and reviewing both government and non-government contributions to the overall HIV response to ensure an inter-sectoral and comprehensive whole-of-society approach aligned with national strategic priorities as well as meeting the timeline for submission of the VNR report. This first experience with VNR reporting was a learning opportunity, and both the PIOJ and UNAIDS envision closer collaboration in the preparation of future reports, especially with civil society groups working on HIV and key populations.

The VNR included extensive reporting on the strategic priorities and development results under [Vision 2030 Jamaica](#), the country's first long-term national development plan. The plan considers HIV a cross-cutting development issue and a priority area. The determinants and outcomes associated with HIV are recognized as cross-dimensional and interconnected, covering social, economic and environmental factors.

“We understand that all developmental issues are cross-cutting across these three areas. HIV/AIDS is generally a social issue, but we do recognize that there are economic and environmental implications too.” Planning Institute of Jamaica

This approach was reflected in the VNR. In addition to presenting core data, the VNR also expressed concern about HIV-related stigma and discrimination and recognized that Jamaica needs to improve its work in this area.

HIV-related data included the agreed upon indicator 3.3.1 on HIV incidence. The VNR also presented data on prevalence and the Fast Track 90-90-90 indicators. The report also explained that the national HIV/AIDS response framework is based on prevention, treatment, care and support; enabling environment; and monitoring and evaluation. It also highlighted that to reach key populations, the government has been relying on the indispensable work of civil society partners. In particular, the report highlighted three key population groups: men who have sex with men (MSM), sex workers, and prison inmates. In addition to SDG 3, the VNR also discussed HIV/AIDS under Goal 5 on Gender equality. In the context of sexual and reproductive health and rights (SRHR), it provided a list of key SRHR policies mainstreaming HIV/AIDS, for instance, noting the integration of the National HIV Programme into the work of the National Family Planning Board. It also identified Jamaica's main funding sources for the HIV response, including the Global Fund, and expressed concern about the lack of sustainable funding for NGOs.

Collecting the previous information required consultation and coordination of PIOJ with relevant ministries. Overall, Jamaica's 2018 VNR report presented a comprehensive summary of the Government of Jamaica's ongoing work on the HIV/AIDS response.

3.1.2. Lao PDR: Utilizing Government data on HIV in combination with consulting civil society

Lao PDR presented its first VNR report in 2018, including content on all 17 SDGs and one localized SDG under SDG 18: Lives Safe from UXO (unexploded ordnance), and distinguishing itself as one of the only reports that included disaggregated HIV-related data on key populations. Lao PDR was among the earliest countries to localize the SDGs and integrate them into its national planning framework, the [Eighth National Socio-Economic Development Plan](#) (NSEDP) for the period of 2016-2020. HIV/AIDS control is included under Outcome 2 Output 4 on Universal Access to Quality Health Care Services in the NSEDP.

[The VNR report](#) included HIV prevalence data among gay men and other men who have sex with men and sex workers. At the time of the reporting process, Lao had no available data on HIV incidence. The prevalence data was provided to the agency compiling the official VNR report by the Ministry of Health, as verified by the Lao Statistics Bureau (LSB), which is part of the Ministry of Planning and Investment. The sections of the VNR containing HIV data also relied on Lao PDR's reporting for Global AIDS Monitoring and included data on the Fast Track Targets. It highlighted HIV-related care as part of universal health coverage, which Lao aims to achieve by 2025. Overall, the VNR presented HIV-related issues in a comprehensive manner, including data wherever possible and effectively relying on existing monitoring processes.

In addition to relying on government data, Lao PDR engaged in a wide-ranging consultation process with civil society to produce the VNR report. The process was coordinated by the National SDG Secretariat, a government entity consisting of the Ministry of Foreign Affairs and the Ministry of Planning and Investment. The three-step consultation included a wide range of stakeholders, such as civil society, academia, UN agencies, central and local government representatives, and development partners. The Secretariat tasked the Ministry of Home Affairs to invite all domestic CSOs, and the Ministry of Foreign Affairs to invite all INGOs to participate. They first circulated an open invitation to all interested civil society stakeholders to comment on the draft VNR and week later, a two-day workshop brought together 30 representatives from 28 civil society groups, who shared their feedback on the draft report. As the final step, the amended VNR report was again shared with the focal point, and civil society groups could send written feedback. UN agencies were also invited to send final input.

The National SDG Secretariat plans to repeat the civil society consultation during its next VNR process, which is expected to take place in 2021. The Secretariat envisions the next consultation will focus more on standalone SDGs, with thematic working groups preparing the chapters and gathering specific civil society input along the way.

3.1.3. Senegal: Government Inclusion of HIV Data and Robust Civil Society Parallel Reporting and Involvement

Senegal also presented its [first VNR report](#) in 2018 and was one of 12 States to include incidence data and one of six that additionally presented prevalence data. The main source of HIV related data was the Demographic Health Survey (DHS), which is coordinated by the National Agency for Statistics and Demography (ANSD).

“[Incidence and prevalence] data are important because they will allow for more targeted public policies and decisions. Data also help the government allocate resources in a way that makes public spending more efficient and effective.” - Mahi Amadou Dème, Economist at the General Directorate of Planning and Economic Policies at the Ministry of Economy, Finance and Planning

Senegal’s VNR also described HIV related services that are available to people who use drugs, one of the five key populations. The VNR also discussed HIV in the context of universal health coverage and made a link between HIV and poverty, under SDG 1. It referenced several of Senegal’s national policies, including the Strategic Plan on the Fight against AIDS or the National Plan for Health Development.

The State actively cooperated with UN agencies in the VNR process. After the adoption of the 2030 Agenda, the Ministry of Economy and Financial Planning through the Directorate General of Planning and Economic Policies (DGPPE) put in place a multi-stakeholder roadmap in collaboration with UNDP. The cooperation with UNDP continued as part of the VNR process as well, and UN agencies were asked to provide feedback.

At the outset of the VNR process, the Senegalese government also set up a Technical Committee, including a variety of stakeholders, such as parliamentarians, civil society, and the private sector. The civil society coalition POSCO-Agenda 2030, which was established by Dakar-based NGO [COSYDEP](#), was an active member of the Committee.

Setting up the coalition, COSYDEP committed to include a wide range of stakeholders and did a mapping exercise to identify all key groups to invite to join. After two multi-sectoral meetings, the POSCO-Agenda 2030 coalition was officially launched on 24 August 2017 as a space for reflection and follow-up on the implementation of the 2030 Agenda in Senegal. The coalition's structure is guided by a governance charter, with an orientation committee (political body), an executive secretariat (operational body), and thematic sub-groups working on various SDGs. With over 50 member organizations, the coalition also provides a platform for civil society to consult, coordinate, and create synergies.

“We must work together if we want to be effective, given the indivisible nature of the SDGs.” - Oumar Sow, Executive Secretary, POSCO-Agenda 2030

With regards to the formulation of the VNR, members of the Technical Committee were invited to be part of the drafting process and the articulation of Senegal's key messages. The draft VNR was shared with the members, whose feedback was later incorporated into the report. Regarding HIV, there were no inconsistencies between the VNR and the coalition's expert input, but as noted by Mr Dème, civil society urged the government to have a more rigorous response to HIV. Overall, POSCO-Agenda 2030 found the official VNR consultation process to be inclusive and participatory. However, at the time of its establishment, the coalition also made a commitment to produce its [own parallel report](#).

According to Oumar Sow, Executive Secretary of POSCO-Agenda 2030, there were four main reasons the coalition decided to create the report. First, the coalition members wanted to note the government's positive commitments to the implementation of the 2030 Agenda. Second, they wanted to highlight areas where they had a different understanding of the progress made and challenges remaining. Third, they believed in the importance of well-structured, effective, and inclusive partnerships. Fourth, the coalition wanted to continue the dialogue on the implementation process and ensure that all stakeholders remain committed.

After the coalition agreed on methodology, thematic groups were formed and tasked with compiling thematic chapters on SDGs 3, 4, 10, 11 and 16. They were also supported by two consultants. Each group shared their main findings at a pre-validation workshop, a national validation workshop, and a launching workshop. The report was then sent to the authorities in charge of implementing the SDGs in Senegal. With the parallel report in hand, representatives from POSCO-Agenda 2030 then attended the HLPF in NYC to participate in events and the interactive dialogue with Senegal.

3.2. Civil Society Parallel Reports

3.2.1. Ireland: Civil society dissatisfied with consultation process, produces own shadow report

In the spring of 2016, a wide-ranging gathering of civil society groups formed the [Irish Coalition 2030](#) to ensure Ireland keeps its promise to achieve the SDGs, both at national and international levels. It was officially launched in November 2018, the alliance consists of [over 70 organisations](#) and continues to be open to new ones. The Coalition's stakeholder groups are domestic and international NGOs, youth groups, environmental groups, academics, and trade unions. They work on a broad range of issues and in over 50 countries.

Ireland was one of the co-facilitators of the 2015 negotiations that resulted in the adoption of the 2030 Agenda. In 2018, Ireland was one of the 46 Member States to submit a VNR report. As part of this process, the government organized a workshop in May to consult civil society. The coalition was concerned about the lack of meaningful consultation at the workshop and throughout the whole VNR process. They were highly critical of the fact that they did not get much notice prior to the event and that instead of a full draft of the VNR report, only its chapter headings were shared with them.

Following concerns about the lack of meaningful inclusion in the VNR consultation process, the Coalition decided to prepare its own shadow report.

“The general feeling was that the process should have been both meaningful and far more inclusive of civil society. In the end, our decision was to produce our own shadow report, which we felt would provide an independent and more critical assessment. The aim of the report was to provide a baseline that as we go forward on the road to 2030, shows where we are at the moment. We made recommendations where we felt policy responses needed to be enhanced. As the Goals are interconnected, we reported on all of them.” - Coalition 2030

With the help of voluntary financial contributions from its members, the Coalition hired a consultant to coordinate the process. The consultant actively engaged with the different stakeholder groups/pillars within the Coalition, ensuring that their expertise and policy priorities were reflected in the final report. Workshops were organized for each of the Coalition 'pillars', followed by one for the wider Coalition.

[The VNR report of Ireland](#) includes a number of brief references to HIV under SDG 1 (No Poverty), SDG 3 (Health and Well-being), SDG 5 (Gender Equality), and SDG 9 (Resilient Infrastructure, Inclusive and Sustainable Industrialization). However, most of these mentions are about Ireland's development work. The VNR only refers to the government's HIV related work at home in a summary table on SDG related policies (p. 228). It does not include any incidence data or explain in detail how Ireland is working on eradicating HIV at the national level.

[The comprehensive Coalition report](#) was published in July 2018, and covers all 17 SDGs. Although the Coalition does not include any groups purely working on HIV or with key populations, some members contributed with HIV related data. Some inputs focused on Ireland's HIV related projects abroad. In addition, the Coalition's parallel also reflected on the VNR report's failure to include HIV related data on Ireland. The report discusses this under SDG 3: "[r]ates of HIV infection – which are also omitted from the government report – have also been rising steadily in recent years, particularly among men who have sex with men (Indicator 3.3.1). The recording of 508 new diagnoses in 2016 was the highest since records began."¹² It is commendable that the report includes incidence data (Indicator 3.3.1) and also highlights MSM, one of the key populations.

The Coalition submitted the report to the government prior to the HLPF, to ensure that they are aware of the key priorities when presenting their own VNR. 10 delegates of the Coalition also participated at the 2018 HLPF - their participation was funded by the state. In New York, the delegation worked closely with the Major Groups and Other Stakeholders and managed to have their questions included in some interventions by the MGOS. The Coalition representatives also met the official delegation of Ireland, met with former President Mary Robinson, and with the Minister of Communications, Climate, and Environment, in charge of implementation of the SDGs in Ireland.

Since the HLPF, the Coalition has engaged in two main activities. First, the Coalition's members have continued to make contributions to the stakeholder forum, which was set up by the government in June 2018. Second, the Coalition also held an official launch of its report. The official launch took place in November 2018 and was attended by supportive TDs (MPs), MEPs and Senators. The launch of the report was widely reported both on TV news and in the print media.

As positive practice, the state not only funded the participation of the Coalition at the HLPF, but has since provided funding that allowed the Coalition to hire a coordinator. With increased capacity to engage, the Coalition is considering submitting a similar report to feed into Ireland's third Universal Periodic Review (UPR) next year. Although no decision was made yet, the Coalition is also considering publishing follow-up parallel reports on a regular basis, foreseeably every few years.

“We want to make sure that broader implementation of the SDGs and the VNR process in specific, are more collaborative processes. We want to shape the process.”
- Coalition 2030

¹² Coalition Report. Coalition 2030. July 2018. P. 22.

3.2.2. Brazil: Civil society coalition reports on implementation each year

The Brazilian Civil Society Working Group for Agenda 2030 (GT SC A2030) compiled its first [comprehensive spotlight report in 2017](#), when Brazil was presenting its first VNR. Despite the government of Brazil not volunteering to report in 2018, the civil society coalition decided to produce [a second spotlight report](#) to continue monitoring the implementation of the SDGs in the country. The report covered all 17 SDGs and a total of 122 targets this year, focusing on those most relevant for Brazil.

The report was very strong with regards to HIV, including data on incidence and prevalence, disaggregated by sex, age and the key populations, including trans people, MSM, and inmates. The report also covered HIV/TB co-infection. The detailed inclusion of HIV-related data and topics comes as no surprise given that several of the coalition's member organizations work on HIV/AIDS, gender equality, and LGBTI issues. The coalition, with over 40 members, is currently co-facilitated by Gestos - HIV, Communication and Gender. It also includes other HIV organizations, such as the Brazilian Network of People Living with HIV and AIDS (RNP+) and the National Movement of Positive Women Citizens (MNCP+), who also contributed to the report by highlighting HIV issues.

“It is really important to keep involving a broad group of organizations that work in different areas and ensure that HIV groups are engaged. It really makes a difference that HIV focused organizations are so deeply involved in debates on the SDGs in Brazil. As a result, we had a really strong presence of HIV in the report.” - Alessandra Nilo, co-facilitator of GT SC A2030

The coalition divided the chapters among the members, each focusing on their key thematic areas. Before the writing process began, common methodology was defined, to ensure that all chapters respond to the SDG indicators and only rely on official data. The report was launched at a public event before the HLPF and was attended by key national authorities. The coalition also sent its sectoral recommendations to the relevant ministries and government actors. Media was welcoming of the report, and covered it extensively.

[The GT SC A2030 coalition](#) maintains its monitoring work throughout the year, publishing news items or commenting on key developments in the country. This is particularly important right now, as the new government in Brazil has started waging a war on LGBTI people and indigenous communities. The coalition published press releases condemning the government's position, always referencing data used in the spotlight report. Although Brazil volunteered to report on implementation in 2018, it is not certain that this commitment will be kept. Particularly given the current political situation, the coalition's continued reporting will be crucial.

4. CONCLUSION

The inclusion of AIDS and TB, which is often an HIV co-infection, within the broader Goal 3 on Health in the 2030 Agenda offers opportunities and challenges to HIV advocates and activists. The development of powerful antiretroviral medications, including prophylaxis, and other biomedical interventions has greatly advanced the ability of Member States to control the HIV epidemic. However, there remains unfinished business in the HIV response, particularly among key populations, young women and girls, and migrants, as structural barriers and punitive laws, policies, and practices deter people living with and impacted by HIV from receiving the prevention, treatment, care, and support necessary to realize their right to health.

Given these dynamics, it is now more important than ever for HIV advocates and activists to continue to insist on an unwavering focus on HIV as a key barrier to achieving the SDGs. As the main mechanism of review of national SDG implementation, it is regrettable that no VNRs mentioned HIV with regard to the Goals under review in 2018, and in total even fewer VNRs in 2018 included HIV compared to 2017. Indeed, only 28 of the 46 reporting States covered HIV, and of those, only 12 reported incidence data, which is an agreed upon indicator in Goal 3. A mere eight States mentioned key populations, with only five including disaggregated data on the key populations and no State VNR reports mentioned trans people specifically, despite evidence that trans people are 12 times more likely to be living with HIV than adults of reproductive age.¹³ Significantly more HIV data are available than suggested by the VNRs, for instance as part of Global AIDS Monitoring, and yet most Member States missed the opportunity to rely on these data in the 2030 Agenda framework.

On a positive note, a number of States went beyond the minimum by not only including incidence data, but also discussing other HIV-related topics, such as stigma and discrimination, HIV/TB co-infection, or HIV affecting other vulnerable groups. Some States highlighted successes, concrete measures, and also remaining gaps that require more attention. A few States identified trends over time or included a regional comparison, placing the ongoing work into perspective. Overall, however, findings show that States have a long way to go with regard to HIV inclusion in their VNRs and that civil society needs to play a more prominent role in shaping the content of VNR reports.

¹³ UNAIDS. July 2018. Miles to Go <http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2018/july/miles-to-go>

Civil society engagement in monitoring SDG implementation through parallel reports is a promising trend for the VNR process. However, civil society reporting concerning HIV-related data and topics was low in 2018. It is hoped that more and more civil society actors will use parallel reports as a tool for advancing the 2030 Agenda in their countries. As seen in the case of Brazil, Ireland, or Senegal, civil society has made use of bringing their national advocacy priorities to the SDG framework, and building and strengthening coalitions. As shown in this report, parallel reports can be an effective opportunity to supplement official VNR reports with missing data or by highlighting implementation gaps, and present an entry point to advocates concerned about HIV and other related topics.

Some of the SDGs that will be reviewed in 2019 are particularly relevant for HIV, including Goal 10 on Reducing inequalities, Goal 16 on Peace, justice, and strong institutions, Goal 8 on Decent work and economic growth, and Goal 4 on Quality education. This will be an important opportunity for States and civil society alike to report on HIV in a holistic manner and as a cross-cutting issue, in line with principles of the 2030 Agenda and the position of UNAIDS. States should certainly also report on Indicator 3.3.1, as they are encouraged to address all 17 SDGs in their VNR. Most States fulfilled this in 2018 and the 51 States participating in VNRs in 2019 are encouraged to continue this good practice.

Implementation of the 2030 Agenda must be a joint effort by States, civil society, and other key stakeholders. Reporting on progress and challenges must be based on collaboration by relevant ministries, UN agencies, civil society, and others. It is important that these stakeholders double efforts to ensure that the 2019 VNRs will more meaningfully discuss HIV in the context of the 2030 Agenda. In particular, Member States should consult civil society more effectively, including organizations working on HIV and representing or working with key populations.

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APPENDIX A:

Excerpts from 2018 VNRs

ARMENIA

Topic:

HIV

Prevalence

SDG3 "Highlights: VNR Results. [...] Health protection: Effective programs have been implemented to combat HIV/AIDS, tuberculosis and other diseases." (p. 16-17); "Starting from August 2018, anyone infected with HIV is offered to initiate antiretroviral treatment after diagnosis, according to the National ART Guidelines, developed in line with the WHO "Treat all" policy and all tuberculosis cases were detected and cured under directly observed treatment. In 2016, Armenia became one of the first four countries in the world to eliminate mother-to-child transmission (EMTCT) of HIV. In 2017, the National AIDS Center of the Ministry of Healthcare was awarded with Certificate for winning the UN Public Service Awards, First Place, in the category of Innovation and Excellence in Delivering Health Services in recognition of the contribution for supporting the implementation of the 2030 Agenda for Sustainable Development. This success was part of the larger progress in its national HIV response in the last ten years. The UN in Armenia through WHO, UNAIDS and UNICEF supported the country in its tightly integrated system of services on HIV/AIDS, tuberculosis, maternal and child health, which ensures early diagnostics, provision of quality health care, effective treatment" (p. 40-41); "HIV prevalence among adult population in Armenia remains low making up 0.2 percent, which is in 4.5 times lower than HIV prevalence in the Eastern Europe and Central Asia region. The number of registered HIV cases increased till 2014, though started a decline since then (figure 18). The majority of HIV patients had a history of unsafe behavior abroad and most probably were infected there (in 2016 - 51.5 percent). The factor of outbound labor migration is significant (out of the 1,397 HIV cases registered in 2012-2016, 68.1 percent were outbound labor migrants and their partners). HIV prevalence among male migrants aged 18-49 originating from rural areas is 0.6 percent, and among male migrants aged 18-49 originating from urban areas - 1.2 percent, which exceeds 3 and 6 times respectively HIV prevalence among general population. The knowledge about HIV/AIDS in the age group 15-24 still remains low. Less than half (48 percent) of women and 44 percent of men know that HIV can be transmitted during pregnancy, delivery, and by breastfeeding. About 1 in 4 women and 1 in 5 men know that the risk of HIV transmission from mother to child can be reduced by the mother taking drugs during pregnancy. Less than half of Armenian women and men know where to get an HIV test. Even fewer have ever been tested and received their results; 12 percent of women and 1 percent of men have ever been tested for HIV and received their results. HIV Treatment Cascade 2017 shows that the gap between the estimated number of PLHIV and those PLHIV know their HIV status is the largest one and need to be addressed" (p. 43); "Armenia is graduating from GAVI Alliance support in 2019 and will graduate from GF support in 2020. Government midterm expenditures projections indicate decrease in health budget and MoH will face serious challenge of competing priorities like non-communicable diseases versus immunization, HIV/AIDS and TB." (p. 43).

AUSTRALIA **SDG3**

Topic:
UHC

Australia's health system centres on the principle of universal health coverage, providing access to timely, high-quality health services delivered without discrimination and addressing the differing needs which people have throughout their life. The universal public health insurance scheme, Medicare, provides free access to public hospitals and subsidised access to medical services. The Pharmaceutical Benefits Scheme supports affordable access to a wide range of medicines, with higher subsidies for frequent users and those on low incomes. For example, a new listing of the PrEP preventive drug for people at medium to high risk of HIV will put Australia in reach of being one of the first countries to end the transmission of HIV." (p. 33); "REGIONAL AND GLOBAL ACTION: We are a long-standing, major donor to global health funds and organisations, including the Global Fund to fight AIDS, Tuberculosis and Malaria, Gavi the Vaccine Alliance, UNAIDS and the United Nations Population Fund (UNFPA), as well as multilateral banks that work in the health sector." (p. 35); "KEY NATIONAL POLICIES AND COMMITMENTS RELEVANT TO THE SDGS: 03-GOOD HEALTH AND WELL-BEING: National HIV Strategy"

THE BAHAMAS

Topic:
HIV Prevalence

SDG1 "The Ministry of Social Services and Urban Development is responsible for administering non-contributory benefits which include unconditional and conditional transfers (in cash or kind); and targeted subsidies designed to ensure access to health, education, housing or public utilities, such as water or electricity, child care, elderly care, care for people with disabilities, home based care and referral support for people living with HIV, family and community support services, rehabilitation support for out-of-school youth, drug users and child labourers and psychosocial services." (p. 43);

SDG3 "Although there has been a reduction in newly diagnosed cases of AIDS and in AIDS-related deaths because of the use of anti-retroviral drugs, the fight against HIV/AIDS continues. The national adult HIV prevalence rate is 3.3%, which is among the highest in the Caribbean region, and there is a challenge with under-reporting of HIV transmission through injected drug use. Rates of HIV infection among pregnant women have remained relatively stable. Between 2003 and 2013, there were no reports of any child being born infected with HIV when the mothers received and adhered to appropriate Prevention of Mother-To-Child Transmission (PMTCT) ARV treatment" (p. 53); "Upcoming Minister of Health Initiatives The Ministry in its 2018/2019 budget has proposed the following: The launch of the "Treat All" people living with HIV strategy which makes life-saving antiretroviral medication available to all who need it, regardless of CD4 count or clinical stage" (p. 56).

BENIN

SDG3 "I- Renseignements des indicateurs des cibles prioritaires. Tableau 6 : Situation des données sur les indicateurs des cibles priorisées ODD. Objectif 3 : Donner aux individus les moyens de vivre une vie saine et promouvoir le bien-être de tous à tous les âges. 3.3 D'ici à 2030, mettre fin à l'épidémie de sida, à la tuberculose, au paludisme et aux maladies tropicales négligées et combattre l'hépatite, les maladies transmises par l'eau et autres maladies transmissibles. 3.3.1: Nombre de nouveaux cas positifs dépistés pour 1000 personnes { }% 3.3.2/3 Taux de transmission du VIH de la mère à l'enfant 2014 7,62 %. 3.3.4 Taux de couverture en ARV des PVVIH 2014 { }%." (p.70)

BHUTAN

Topic:
HIV Prevalence, Stigma & Discrimination

SDG3 "Summary of SDG progress (By Goals): Good Health and Wellbeing: On Track: HIV case detection has increased" (p. 19) [...]; Reduced Inequalities: On Track: Vulnerability Baseline Assessment conducted identifying 14 vulnerable groups (footnote includes People living with HIV/AIDS)" (p. 22); "Prevalence of HIV in Bhutan was estimated at 0.2 per cent among adults aged 15-45 years in 2012. In order to prevent and reduce the incidence of HIV, various methods have been adopted such as the revision of the HIV treatment guideline in 2016; hepatitis surveillance in 2017; provision of fixed-dose combination therapy; targeting zero mother-to-child

transmission by introducing voluntary counseling and testing for HIV/hepatitis B/syphilis to all Antenatal Care (ANC) attendees, and monitoring of CD4 count and viral load. Also, extensive awareness and advocacy campaigns on the use of contraceptives have resulted in increased contraceptive prevalence rate from 30.7 per cent in 2000 to 65.6 per cent in 2012.” (p. 36); “More investment is needed to strengthen pregnancy and delivery health service programmes for women residing in rural areas, and to collect data on child mortality related to non-communicable diseases as well as data on TB, Malaria, and HIV prevalence in children.” (p. 38);

SDG10 “Vulnerable Groups in Bhutan, Vulnerability Baseline Assessment 2016: People affected by HIV/AIDS [...] The fourteen socio-economic vulnerable groups are those considered most vulnerable to risk, stigma, discrimination, or to falling back into poverty.” (p. 56)

CANADA

Topic:
**HIV Incidence,
SRHR, Key
Populations,
Stigma &
Discrimination**

SDG3 “Significant health disparities still persist between Indigenous and non-Indigenous populations in Canada, including higher rates of infant and young child mortality, infectious and chronic diseases (e.g. tuberculosis, HIV/AIDS, diabetes and cardiovascular disease) and diseases caused by environmental contamination.” (p. 33); “The rate of HIV within the general population in Canada is very low, but it is higher among gay and other men who have sex with men, people from HIV-endemic countries, people who inject drugs and Indigenous people. Canada’s HIV and Hepatitis C Community Action Fund supports projects that could have the greatest impact through targeted, evidence based interventions focused on priority populations. These projects work to prevent new infections, reduce stigma and discrimination, and increase access to testing and treatment in Canada.” (p. 35); “(Table) SDG indicator 3.3.1: Number of new HIV infections per 100,000 uninfected population. 2015: 5.8 2016: 6.4” (p. 35); “Sexual and reproductive health and Rights: The Government of Canada recognizes the importance of ensuring that all Canadians have access to sexual and reproductive health information and services that are relevant and sensitive to their needs. The funding the Government provides through the Canada Health Transfer helps ensure Canadians have access to comprehensive health care, services and information aimed at promoting sexual and reproductive health, including family planning programs and services, STI/HIV clinics and programs and pregnancy health services” (p. 35); “Canada and the world: [...] In 2016, Canada hosted global leaders at the Fifth Replenishment Conference of the Global Fund to Fight AIDS, Tuberculosis and Malaria. The more than US\$12.9 billion raised is expected to save 8 million lives. Canada has contributed \$2.9 billion to the Global Fund since 2002.” (p. 36); (Table) SDG3: 3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations: Rate (per 100,000) 2016: 6.4 2015: 5.8” (p. 130);

DOMINICAN REPUBLIC

Topic:
**HIV
Prevalence,
HIV
Incidence**

SDG3 “En materia de incidencia de epidemias, los resultados evidencian progresos importantes en VIH/SIDA (los nuevos casos podrían acercarse a cero hacia 2030) y malaria, aunque en ambos casos se observa tasas todavía altas en provincias específicas asociadas a desarrollo de actividades de turismo y la inmigración haitiana. Respecto a la tuberculosis, se reflejan mejorías, aunque la relativamente alta incidencia persiste.” (p.14); “(Table) Incidencia del VIH/SIDA 2000-2013; Estimaciones oficiales del Ministerio de Salud Pública provistas en SISDOM 2016, ubican el número de nuevos casos de VIH-SIDA en 2015 en 2,600 (Indicador 3.3.1). La incidencia (nuevos casos) en 2013 fue estimada en 1.2 por cada 100 mil habitantes, la prevalencia a nivel nacional (porcentaje respecto a la población) en 0.8%, la prevalencia para la población en edad fértil en 1%, y en 1,900 el número de personas menores de 15 años viviendo con VIH. La prevalencia y la incidencia del VIH en la República Dominicana han venido declinado desde inicios de la década de 2000. En esos años, la incidencia estaba por encima de 5, y prevalencia alrededor de 2.2%. Las brechas urbano-rurales y entre hombres y

y mujeres en la prevalencia en ese año eran reducidas. Sin embargo, se registraron disparidades significativas por estrato de riqueza, nivel educativo y territorio. En el quintil inferior de riqueza, la incidencia fue más del doble de la nacional y nueve veces la registrada en el quintil superior. De igual forma, se reduce drásticamente con el nivel de educación. Por último, las provincias del noroeste y la del noreste registraron una incidencia más del doble de la nacional. En contraste, las provincias del sur y metropolitana verificaron tasas notablemente inferiores.” (p. 78-79); “Personas: ... Consejo Nacional de VIH SIDA” (p. 167); “(Table 15) Indicadores de VIH; (Table 16) Prevalancia de VIH en la población en edad fértil” (p. 234)

ECUADOR

Topic:
SRHR

SDG1 “Asimismo, a través de la asignación del bono “Joaquín Gallegos Lara” se han realizado transferencias monetarias mensuales de USD 240 para los cuidadores de las personas con discapacidad severa, enfermedad catastrófica, rara o huérfana y menores de 14 años con VIH.” (p. 30);

SDG3 En relación al cumplimiento de este objetivo, se han definido los siguientes mecanismos: (...) Plan Nacional de Salud Sexual y Salud Reproductiva: promueve la inclusión, la igualdad y el respeto de los derechos en el marco de la salud sexual y reproductiva y prevención de embarazo en adolescentes. (...) Tu bebé sin VIH - Hazte la Prueba: se enfoca en la eliminación de la transmisión materno-infantil de VIH y sífilis congénita. “ (p. 42)

GUINEA

Topic:
**HIV
Prevalence,
HIV Incidence,
HIV-Related
Deaths, Key
Populations,
Fast Track
Targets,
HIV/TB
Co-Infection**

SDG3 “Dans le domaine du VIH/SIDA L'épidémie de VIH semble relativement stable en Guinée selon les enquêtes démographiques et de santé de 2005 et de 2012, avec des taux d'incidence respectifs de 1,5 % et 1,7 % chez les personnes âgées de 15-49 ans. En 2012, les femmes étaient néanmoins nettement plus touchées (2,1 %) que les hommes (1,2 %). Chez les jeunes de 15-24 ans, la proportion de personnes infectées demeure stable à 0,9 %. Les jeunes filles de 15 à 19 ans sont 15 fois plus affectées que les garçons du même âge. Cela pourrait s'expliquer par le fait que les jeunes filles entretiendraient des relations sexuelles avec des adultes, plus enclins à être infectés. En 2016, la Guinée aurait enregistré 8300 (entre 6200 et 11000)10 nouvelles infections et 5800 (4600 - 7100) décès liés au VIH, d'après les estimations de l'ONUSIDA. Le nombre de personnes vivant avec le VIH était alors estimé à 120 000 (100 000 - 150 000) parmi lesquelles seulement 35 % (25 % - 43 %) avaient accès à des antirétroviraux. Parmi les femmes enceintes infectées, 43 % (32 % - 53 %) avaient accès aux traitements prophylaxies pour prévenir la transmission mère-enfant. Le nombre d'enfants infectés par la transmission mère-enfant était estimé à 1300. En Guinée, les populations clés les plus affectées par le VIH sont les professionnelles du sexe (14,2 %), les homosexuels et les hommes ayant des rapports sexuels avec d'autres hommes (56,6 %) ainsi que les prisonniers (8,5 %). Depuis 2010, les décès liés au VIH ont diminué de 7 % alors que les nouvelles infections ont, elles, augmenté de 11 %. Pour le contrôle de l'épidémie de VIH d'ici 2030, l'ONUSIDA a fixé les cibles 90-90-90 (largement adoptées au niveau mondial) à atteindre à l'horizon 2020 pour mettre l'épidémie du VIH sous contrôle et de virtuellement éliminer les occurrences de SIDA d'ici 2030. Celles-ci visent à ce que 90 % des personnes vivant avec le VIH connaissent leur statut sérologique, 90 % de celles-ci soient mises sous traitement antirétroviral et 90 % d'entre elles soient sous traitement de qualité optimale, c'est-à-dire ayant atteint une suppression virale. En revanche, à défaut d'atteindre ces objectifs avant la date limite, on verra l'épidémie rebondir, ce qui représenterait une menace encore plus grave. La Guinée est encore très loin de ces cibles et elle ne les atteindra sûrement pas d'ici 2020. Bien que la prévalence du VIH soit relativement faible en Guinée (1,7 % en 2012), son développement rapide pourrait être favorisé par le profil démographique du pays : forte croissance démographique, multiplication des déplacements et explosion urbaine, entre autres. La féminisation du VIH/SIDA reste aussi une préoccupation

majeure et tout doit être mis en œuvre pour que les femmes aient un accès égal aux services de prévention, de soins, de traitement et de soutien. La poursuite des progrès dans la lutte contre le VIH/SIDA devrait passer par l'amélioration du taux d'utilisation du préservatif lors des relations sexuelles à risque, celle du taux de connaissance exacte et complète du VIH et l'augmentation du nombre de cas de SIDA au stade avancé traités par les ARV. " (p. 40); "Dans le domaine de la lutte contre la tuberculose. La Guinée est classée parmi les pays à forte incidence de tuberculose et à forte incidence de la coïnfection TB/VIH. Le pays a déclaré la lutte contre la maladie comme une priorité du Ministère de la Santé au sein duquel a été créé le Programme National de Lutte contre la Tuberculose en 1990. Ce programme a démarré avec la stratégie DOTS dès 1990 et a intégré la plupart des éléments de la stratégie « Halte à la tuberculose » en 2007. Il bénéficie du financement de l'État ainsi que de plusieurs autres bailleurs dont le Fonds mondial, Action-Damien, l'OMS, l'Association Raoul Follereau, l'Ordre de Malte (OHFOM) et la Mission Phil africaine. (p.41); "Indicateurs de suivi des ODD. ODD 3 : Permettre à tous de vivre en bonne santé et promouvoir le bien-être de tous à tout âge. Nombre de nouvelles infections à VIH pour 1 000 personnes séronégatives, par sexe, âge et principaux groupes de population 2016. Nombre. 8 30043." (p. 102)

IRELAND

SDG1 "Case Study: Malawi Increasing Access to Social Protection in Balaka, Malawi. Balaka is a very vulnerable district in Malawi; it has one of the country's highest rates of HIV infection, it is a drought prone area, and, in the last two years, crops have failed." (p. 27);

SDG3 "HIV and AIDS remains the leading cause of death in adolescents aged 10-19 years in Sub-Saharan Africa. Working closely with UNAIDS and as a founding member of the Global Fund to fight AIDS, TB and Malaria, Ireland actively supports the SDG ambition to end the AIDS, TB and Malaria epidemics by 2030. The Global Fund mobilises and invests nearly US\$4 billion a year to support programmes in over 100 countries to support communities most in need, including in all Irish Aid partner countries. To date, it has saved 22 million lives and supports 11 million people on antiretroviral therapy for HIV - more than half the global total [SDG 3.3]." (p. 35-36); "Building on the international reputation of our work on HIV and AIDS, we continue to invest in effective prevention by addressing inequality, gender-based violence and targeting of key and vulnerable populations, including adolescent girls and young women. Protecting young adolescent girls, who are particularly vulnerable to HIV infection, is also a top priority as 90% of new infections are among this age group. Ireland works with United Nations Educational, Scientific and Cultural Organisation [UNESCO] and UNAIDS to increase the provision of comprehensive sexuality education in Sub-Saharan Africa to improve knowledge and reduce high-risk behaviour [SDG 3.1]." (p. 36);

SDG5 "In partnership with UNESCO, Ireland supports the delivery of good quality comprehensive sexuality education that empowers adolescents and young people, and builds agency while developing the skills, knowledge, attitudes and competencies required for preventing HIV, reducing early and unintended pregnancies and eliminating gender-based violence [SDG 5.6]." (p. 49);

SDG9 "Irish Aid is known for investing in innovation through piloting new initiatives and through its research. [...] Ireland's support to five Product Development Partnerships [PDPs] is leading to the development of new products to prevent HIV transmission and drugs to treat severe malaria and drug resistant tuberculosis. PDPs enhance scientific research, upgrade technological capabilities and increase the number of R&D workers in partnership with national research institutions and the private sector in developing health products, drugs and vaccines [SDG 9.5]." (p. 66);

SDG3 “(Table) SDG Policy Map SDG3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases: DoH: Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025; The National Sexual Health Strategy 2015-2020; Ireland’s National Action Plan on Antimicrobial Resistance 2017-2020. National Policy Key Objective: [...] Everyone in Ireland will receive comprehensive and age-appropriate sexual health education/ information and will have access to appropriate prevention and promotion services; Equitable, accessible and high-quality sexual health services, which are targeted and tailored to need, will be available to everyone; and Robust and high-quality sexual health information will be generated to underpin policy, practice, service planning and strategic monitoring. (p. 228).

JAMAICA

Topic:

**HIV
Prevalence,
HIV Incidence,
SRHR, Key
Populations,
Fast Track
Targets,
Stigma &
Discrimination**

SDG3 “Over the period under review, there have been major advances in health care delivery, resulting in increased efficiency and access. These included but not limited to: [...] (vii) increased efforts to end the epidemic of HIV/AIDS” (p.29); “Increased effort to end the epidemic of HIV/AIDS – Addressing the issues of HIV and AIDS are high on the country’s development agenda. Jamaica has an estimated HIV prevalence of 1.7 per cent among the general population. Based on both modelled estimates and the case-based surveillance data, it is estimated that 30 000 persons are currently living with HIV in Jamaica with approximately 12.0 per cent being unaware of their status. Approximately 12 000 adults and children have received antiretroviral treatment contributing to increasing viral suppression rates and decreasing mother to child transmission rates. The national HIV/AIDS response uses a multi-sectoral approach to reduce HIV incidence. The framework for HIV/AIDS response is focused on prevention, treatment, care and support, enabling environment, empowerment and governance. Funding for the HIV response was supported through agreements with donor agencies such as Global Fund, United States Agency for International Development (USAID) and the World Bank. The Government of Jamaica has supported the engagement of civil society organizations in HIV service provision and substantial interventions in reaching key affected populations. The advancements made in the delivery of HIV services have been in large part due to the partnerships with and commitment of several CSOs. ° Achievements and advances in the care of people living with HIV/AIDS included: the integration of HIV/AIDS services of the national HIV/AIDS programme into the National Family Planning Board; the development of the draft National Integrated Sexual Health Strategic Plan; establishment of a National HIV/AIDS-Discrimination Reporting and Redress System, development of the National HIV Workplace Policy; and the commissioning of several research to clarify issues for evidence based practice. Prevention strategies have proven successful in the most at risk populations (MARPs) in the continued fight against HIV/AIDS, however, challenges remain. ° Issues remain largely in the areas of reducing vulnerability to HIV/AIDS, stigma and discrimination that have not been sufficiently addressed. The vehicles for the spread of HIV in Jamaica are primarily among heterosexuals, youth and specific target groups such as men who have sex with men (MSM) and commercial sex workers (CSW) and are influenced by cultural and behavioural issues and must be carefully monitored in reducing the epidemic. Advocacy for resources have been based on generalized populations, however, strategic investments have shied to specific target groups such as MSM, CSW and inmates among others. ° With support from the Global Fund and UNAIDS, Jamaica has conducted a HIV Transition Preparedness Assessment to examine the country’s readiness to move from donor support to national sustainability for the response to ending AIDS.” (p.31-32); “Other significant efforts include: Government’s collaboration with development partners to conduct a HIV adolescent country assessment called the “All In” initiative revealed a 0.1 per cent prevalence of HIV among the cohort of girls and boys 10-14 years, this finding is a reflection of reduction in the mother-to-child...

...transmission of HIV [...]” (p.32); “Some of the challenges experienced in the sector include: lack of significant resources in high dependency care for newborns, as well as, external issues such as: indirect maternal deaths from complications of chronic diseases such as hypertension, diabetes, obesity, sickle cell, cardiovascular conditions and HIV impacted achievement of these targets [...], Increased personal responsibility for health, prevention and treatment of noncommunicable diseases and HIV/AIDS [...]” (p. 33).

SDG5 “Sexual and Reproductive Health. The GOJ is committed to ensuring universal and equitable access to sexual and reproductive health to all members of the society, especially to the most vulnerable. Lead by the Ministry of Health and the National Family Planning Board, in partnership with several CSOs, NGOs and IDPs, several initiatives were prioritised: Elements of the National HIV Programme were integrated into the National Family Planning Board. Arising from this process, the National Integrated Strategic Plan for Sexual and Reproductive Health and HIV (2014–2019) was developed. The priority areas of this strategic plan are Prevention and SRH, Outreach; Universal Access to Treatment, Care and Support and SRH Services, Enabling Environment and Human Rights; Monitoring and Evaluation of HIV; Family Planning and Sexual Health Responses; and Sustainability, Governance and Leadership [...]; Development of quality of care standards for adolescent health services. In 2016, the Women’s Centre of Jamaica Foundation (WCJF), with the affiliated Jamaica Family Planning Association, opened an Adolescent Resource Centre (ARC). The ARC provides a range of SRH clinical and counselling services to teen mothers and ‘baby fathers’. (Footnote: Services include individual and group counselling on contraceptive methods, screening and referrals for sexually transmitted infections (STI) and human immunodeficiency virus (HIV), mental health services to screen and treat post-partum depression, counselling for victims of gender-based violence. Users have access to gynecologists and midwives); Jamaica is the pilot country for the regional initiative ‘Every Caribbean Woman, Every Caribbean Girl (CARIWAC)’ designed to address health (including reproductive) needs of women and girls. [...]; A plan of action for advocacy around the main areas has been developed and it is expected that the project will help to fill an essential need for the development of evidence based policy around the issues of mother to child transmission of HIV, cervical cancer and the reduction of violence against women and girls. (Footnote: Other initiatives include: expand prevention, early diagnosis and treatment of cervical cancer by 2019; eliminate mother to child transmission of HIV in the Caribbean by 2019; advocate for the reduction of violence against women and children)” ” (p. 42-43); “Groups at Risk of Being left behind - SDG3: [...] HIV/AIDS cases” (p. 118); “Children at risk of being left behind: [...] Children living with and affected by HIV/AIDS [...]” (p. 121).

LAOS

Topic:
**HIV
Prevalence,
UHC, Key
Populations,
Fast Track
Targets**

SDG3 “HIV prevalence has been generally low. HIV prevalence among female sex worker remains stable (1 percent), but shows an increasing trend in men having sex with men, from 1.6 in 2014 to 2.4 percent in 2017. The overall knowledge on HIV remains low. Progress on the three global targets for HIV treatment scale-up beyond 2015 is constrained by difficulties in reaching people living with HIV (PLHIV) and referral to treatment. In 2017, around 75 percent (11,876) of the estimated PLHIV in Lao PDR knew their status and 47 percent of PLHIV were receiving antiretroviral therapy, which is well below the global target. Some 75 percent of those on antiretroviral therapy had suppressed viral load.” (p. 23); “Out-of-pocket spending has been a dominant source of financing for health. A persistently high level of out-of-pocket spending (45 percent in 2016) remains a major challenge for the country’s progress towards the universal health coverage target. The country is highly dependent on the Global Fund and Gavi - the Vaccine Alliance - for the financing of its immunization, malaria, tuberculosis (TB), and HIV/AIDS program. Lao PDR entered the accelerated transition phase of Gavi in 2017

and is now undergoing the transition process. The country needs to accelerate progress towards the universal health coverage target, while effectively managing the transition from external financing to more sustainable and predictable financing.” (p. 24); “Addressing behavioural and other factors impeding the response to HIV/AIDS. These factors include cultural taboos, difficulties in reaching the key high-risk populations, and the mobility of young migrant populations. The limited capacity and coverage of health care services constrain the integration of HIV testing and treatment into the health care system.” (p. 24);

LATVIA

Topic:
**HIV Incidence,
HIV-Related
Deaths**

“Also, recent data reveals an upsurge in new HIV cases that is to be addressed immediately” (p. 18); “The opportunities provided to civil society in 2000 to mobilize for the implementation of the eight UN Millennium Development Goals (MDGs) gave additional impetus to NGOs fighting HIV/AIDS, defending equal rights for women and men, environmental organisations, etc. In 2004, the government approved a policy for strengthening civil society and institutionalised a policy approach to public participation.” (p. 36);

SDG3 “The situation in Latvia is of heightened concern regarding the spread of HIV and AIDS. In 2015, Latvia had the second highest growth rate of newly diagnosed HIV cases in the EU, 3.5 times higher than the EU average. Latvia also has the highest growth rate of newly diagnosed AIDS cases in the European Union. In response, the availability of medicines for HIV and AIDS treatment has been improved over the last year, and more hepatitis C patients are receiving new generation medications and appropriate treatment at earlier stages of that contagious disease. To ensure a systematic approach, the government approved a plan in late 2017, further restricting the spread of HIV, sexually transmissible diseases, hepatitis B and C.” (p. 53); “Number of new HIV cases 2010/2016. Base value: 274 Latest value: 365 Trend assessment: -1” ; Deaths due to AIDS 2010/2016. Base value: 58 Latest value: 71 Target for 2020 <80 Trend assessment: 0” (p. 109).

LEBANON

Topic:
HIV Incidence

SDG3 “The latest available data shows there were 108 new cases of HIV/AIDS in 2016 compared with 113 in 2015. The HIV/AIDS incidence stands at 2.47 per 100,000. While this rate seems higher than that of other Arab countries, it is mainly because of greater awareness and openness about the subject that has led to higher reporting in Lebanon.” (p. 23)

LITHUANIA

Topic:
**HIV Incidence,
SRHR, Key
Populations**

SDG3 “Most persons infected with sexually transmitted diseases are young people between 20 and 34 years of age. The spread of sexually transmitted diseases is related to the perilous sexual behaviour. The number of persons infected with AIDS through sexual relations is on the rise every year, while the number of those infected through the use of injectable narcotic drugs is decreasing. More and more women get infected. AIDS detection is constantly improving. The number of AIDS tests carried out in recent years has increased by 20%. To implement the recommendations of international organisations, however, the availability of AIDS tests is extended to all levels of health care. The application of the most recent guidance on AIDS treatment has been ensured in Lithuania. AIDS treatment becomes AIDS prevention. The main challenge is the increased spread of AIDS infection at places of detention and the inadequate antiretroviral therapy coverage (29.8%) of persons diagnosed with AIDS. In 2018, the treatment of all AIDS infected persons has started immediately after diagnosing the disease (until now the beginning of treatment depended on the test results).” (p. 13);

“In Lithuania, the reproductive health services are integrated in the healthcare system, and the issues assigned to this sphere (primary health care, safe maternity, infant and child health, family planning, abortion prevention, containment of the spread of AIDS and sexually transmitted diseases, and prevention of cervical and breast cancer) have been included in respective programmes or services. The reproductive health related services of family doctors and obstetricians gynaecologists engaged in primary health care are free of charge and are available for all insured patients.” (p. 18); “LITHUANIA’S SUSTAINABLE DEVELOPMENT INDICATORS. SDG 3.3.1. Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations. Number of new HIV cases by sex, age and key population (new cases per 100 thousand population): 2010: 4.9, 2011: 5.5, 2012:5.4, 2013: 6.0, 2014: 4.8, 2015: 5.4, 2016: 7.5. Males: 2010: 8.8, 2011: 9.6, 2012: 8.3, 2013: 9.2, 2014: 6.7, 2015: 8.6, 2016: 12.5. Females: 2010: 1.7, 2011: 2.0, 2012: 2.9, 2013: 3.3, 2014: 3.2, 2015: 2.7, 2016: 3.2.” (p. 55).

MALI

Topic: Fast Track Targets, Stigma & Discrimination

“Sigles et abréviations. VIH Virus de l’Immunodéficience Humaine” (p.8); “1. FAITS SAILLANTS. L’évaluation finale des OMD a montré qu’au Mali, des progrès notables ont été accomplis dans bien des domaines, notamment en matière d’accès à l’eau potable, de réduction de la mortalité infantile (surtout en milieu rural), de réduction de la malnutrition, et de lutte contre le VIH/SIDA.” (p.11); “4. POLITIQUE ET ENVIRONNEMENT FAVORABLE. b) Intégration des Objectifs de Développement Durable dans les cadres nationaux. Sur le plan social. le mois de la solidarité et de la lutte contre l’exclusion, événement initié depuis 1994, se fête chaque année pendant le mois d’octobre et concerne les personnes âgées, les personnes vivant avec le VIH, les pauvres, les personnes handicapées, les enfants avec le 1er passage de la vaccination contre la poliomyélite, etc.” (p. 27);

SDG3 “Les maladies transmissibles (diarrhée, infections respiratoires, tuberculose, VIH/SIDA, etc.), les maladies non transmissibles et/ou chroniques (...) prennent de plus en plus de l’ampleur et contribuent de façon significative à l’augmentation des dépenses de santé.” (p.35);

“Dans le cadre de la lutte contre le VIH/SIDA, le Gouvernement a affiché sa volonté manifeste d’éradiquer le fléau en mettant en place le Haut Conseil National de Lutte contre le SIDA (HCNLS). Des progrès notables ont été réalisés, entre autres, la gratuité des soins, la distribution gratuite d’Anti Retro Viraux (ARV), la multiplication des Centres de Conseil de Dépistage Volontaire (CCDV), la Prévention de la Transmission Mère Enfant (PTME). Le nombre de patients suivis sous ARV est passé de 31 472 en 2014 à 34 974 en 2015 et à 37 902 en 2016. En outre, le Gouvernement a élaboré un Plan de rattrapage pour l’accélération de la réponse au VIH qui s’inscrit dans le cadre de l’atteinte des 3X90 recommandé par l’ONU-SIDA. Un Cadre Stratégique National de lutte contre le VIH et le Sida (CSN 2017 – 2021) a été adopté.” (p. 35-36)

MALTA

SDG3 “Addressing and preventing communicable and other diseases Under target 3.3, Malta has launched and is implementing the following strategies, which remain ongoing: • Prevention, Control and Management of Tuberculosis: A National Strategy for Malta (2012) • Communicable Disease strategy (2013) • National plan for the elimination of Hepatitis C by 2025 launched for consultation on February 2018. Plan includes widening entitlement to medications for the treatment of Hepatitis C • Updating current availability of HIV treatment • Introduction of rapid HIV testing at genitourinary clinic as well some private pharmacies. A mobile HIV testing clinics project is in the final stages of implementation. Additionally, persons with HIV are entitled to free medical treatment. Screening of all blood products for emerging viruses to ensure safety of blood products is undertaken.” (p. 25);

MEXICO

Topic:
**Stigma &
Discrimination**

NAMIBIA

Topic:
**HIV
Prevalence,
HIV-Related
Deaths**

SDG10 “Complementary Positions for SDG 10 Expressed in the Review Process: Actions need to be focused on populations that have been historic victims of discrimination and segregation: indigenous peoples, immigrants, women with HIV, homeless, prisoners, non-heterosexuals and people with disabilities.” (p. 66);

“As a country, Namibia prides itself for having made good progress in a number of areas ranging from poverty reduction to achieving universal access to primary education; increased access to safe drinking water; a reduction in HIV and AIDS infection rates; improvement in access to treatment; and an increase in life expectancy etc.” (p. 5); “For the period under the MDGs, including the transition to the SDGs, significant progress has been recorded in areas of HIV and AIDS (prevalence 13.3 percent, new infections reduced by 50 percent and treatment coverage of 95 percent); the incidence of TB has declined” (p. 7); “During the period between independence in 1990 and 2017 the country notably reduced poverty, increased access via free education at both primary and secondary school levels, broadened health services coverage (including stabilizing the HIV and AIDS epidemic), increased the coverage and value of old age, disability and OVC social safety grants, safeguarded biodiversity and ecosystem services in protected areas, adopted legislation to improve good governance and environmental management, and created specific institutions to target support for the poor.” (p. 10);

SDG1 “Current challenges to attaining the Goals’ aspirations: Even though Namibia is investing a great deal of resources to address poverty, there are still challenges that impact the implementation of interventions aimed at eradicating poverty. These include, amongst others: the spread of communicable diseases such as HIV has also impacted on productivity across all sectors of the economy” (p. 13);

SDG2 Food access and sufficiency: Food insecurity affects 25 percent of the population: most low earners spend 57 percent of their incomes on food (Zero Hunger Strategic Review 2016). Poverty, income inequality, high unemployment – particularly in urban areas –, high food prices, and HIV prevalence at 13.3 percent are all major factors limiting access to food.” (p. 14); “Gaps and Challenges There are several gaps and challenges linked to food security in the country. The Zero Hunger Strategic review conducted in 2015 identified five key challenges. These include the following: [...] Weak evidence and monitoring. Weak research and evidence collation combined with programing challenges makes it difficult to quantify the interactions among food and nutrition insecurity, poverty and HIV. [...]” (p. 16);

SDG3 “Namibia recognizes that health is fundamental to human rights and is committed to achieving health for all Namibians. The main health and wellbeing issues for Namibia are Child and Maternal Mortality, HIV and TB related deaths, Non-Communicable Diseases (NCDs) and Roads Accidents’ deaths.” [...] Combating communicable Diseases –HIV/AIDS. HIV/AIDS prevalence in the general population currently stands at 13.3 percent . Prevalence among pregnant women has declined from a peak of 22.5 percent in 2002 to 17.2 percent in 2016. In 2016, new HIV infections have reduced by over 50 percent since 2001, while AIDS-related deaths by 48 percent since 2001. The overall mother to child transmission (MTCT) rate declined from 23.7 percent in 2005 to 4.1 percent in 2015, with HTC and ART coverage for PMTCT at 95 percent by 2016. MTCT rate at six weeks dropped from 13.3 percent (2005) to less than 2 percent in 2015. HTC coverage of pregnant women has increased to 95 percent and treatment of HIV positive women is estimated to be more than 95 percent.” (p. 18);

SDG5 “Wellbeing of Women. [...] More men tend to die from HIV/AIDS at 158/100 000 compared to women at 138/100 000. The same applies to TB where the death rate stands at 37.5 percent for men and 14.0 percent for women. This situation calls for more increased effort by all actors to address issues of health from a gender perspective, to understand that factors contributing to disparities reflected in terms of effect.” (p. 23);

PALESTINE

Topic:

HIV Incidence

SDG3 “(Table): Baseline Data for SDGs Indicators: 3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations. Tier II. Available years: 2015, 2016. Baseline year: 2015. Palestine: 3 Gaza: 1 West Bank strip: 2 Males: NAV. Females: NAV. Source: Ministry of Health.” (p. 5)

POLAND

SDG3 “The policy of the state towards the HIV and AIDS epidemics has been defined in the law and in the National Programme for Preventing HIV Infections and Combating AIDS, under which the programme Antiretroviral treatment of people living with HIV in Poland 2017-21 is implemented.” (p. 36)

ROMANIA

Topic:

HIV

Prevalence,

HIV Incidence,

Key

Populations

SDG3 “Globally, in 2015 HIV declined by 45% and TB declined by 17% compared to 2000. Also 900000 deaths were attributed to hepatitis in 2015. HIV/AIDS: In Romania, at end of 2017, 22095 cumulative cases were reported since the beginning of the global epidemic, among which 15587 alive. The new yearly reported cases decreased by 27% in 2017, compared to 2000, with increased proportion of transmission among injecting drug users and men having sex with men. All diagnosed cases are included in a free antiretroviral treatment program. (Figure 7) Trend of the new cases of HIV/AIDS reported in Romania. 2003: HIV 309 cases, AIDS 383 cases. 2014: HIV 442 cases, AIDS 313 cases.” (p. 20)

SENEGAL

Topic:

HIV

Prevalence,

HIV Incidence,

UHC, Key

Populations

SDG3 “3.3: D’ici à 2030, mettre fin à l’épidémie de sida, à la tuberculose, au paludisme et aux maladies tropicales négligées et combattre l’hépatite, les maladies transmises par l’eau et autres maladies transmissibles. En termes de résultats, depuis 2005, le Sénégal a stabilisé le taux de prévalence du VIH/SIDA approché par l’incidence du VIH /SIDA autour de 0,5% grâce à la bonne mise en œuvre du Programme national de lutte contre le Sida. La proportion de personnes vivant avec le VIH sous Anti Retro Viraux (PVVIH) est passée de 85,3% en 2015 à 97,4% en 2016 puis 99% en 2017. Dans la même période, 5 740 nouvelles personnes dépistées séropositives au VIH ont été reçues dans les sites pour des soins et 5 441 anciennes et nouvelles PVVIH ont été mises sous ARV. Ce résultat s’explique par le démarrage de la décentralisation de la prise en charge devenue effective dans 118 postes de santé, l’application de la stratégie tutorat des enfants vivant avec le VIH dans 14 sites avec 904 EVVIH bénéficiaires et 632 tuteurs formés.” (p.34); “PNLS Programme National de Lutte contre le Sida” (p.3); “L’élimination de la pauvreté sous toutes ses formes est au cœur de nos politiques. La nécessité d’éliminer la pauvreté, l’exclusion sociale et l’inégalité dans notre pays, constitue une priorité du PSE. C’est pourquoi, le Sénégal compte développer des politiques efficaces, soutenues par des données statistiques fiables, pour protéger et d’autonomiser les personnes les plus vulnérables à savoir, les jeunes, les femmes, les personnes handicapées, les personnes vivant avec le VIH/sida et les personnes âgées.” (p.3); “Au plan national, les progrès socioéconomiques enregistrés pendant la période 2002-2011, montrent une baisse significative de la pauvreté. Globalement, des progrès significatifs ont été enregistrés même si toutes les cibles ne sont pas atteintes. Le bilan montre que le Sénégal a atteint au moins trois (03) des huit (08) OMD. Ainsi, l’OMD-1 (...), l’OMD-3 (...), l’OMD-6 (lutte contre le VIH-SIDA et les grandes maladies) et l’OMD-8 (...) ont été atteints à fin 2015.” (p.7);

SDG1 “A l’horizon 2025, le Sénégal devra renforcer la Couverture Maladie Universelle (CMU) pour atteindre un taux de couverture médicale de 80 % au moins. L’atteinte de cet objectif comprendra (...) les subventions des soins coûteux et affections rares des personnes atteintes de maladies chroniques (SIDA, insuffisance rénale, diabète, cancer, etc.) (...)” (p. 21); “Par ailleurs, depuis décembre 2014, le Sénégal a mis en place un Centre de prise en charge intégrée des addictions de Dakar (CEPIAD), logé à l’hôpital de Fann, le seul en Afrique de l’Ouest de traitement de la toxicomanie qui propose des services intégrés d’information, de soins de santé, de traitement, de réadaptation, de formation professionnelle et de réinsertion sociale aux personnes atteintes de troubles

liés à l'abus de drogues et à la toxicomanie. Il propose un traitement de substitution à la méthadone ainsi que des soins médicaux ambulatoires et dépêche des équipes mobiles chargées de nouer le contact avec les usagers de drogues et de leur fournir des trousse contenant des seringues stériles, des préservatifs et du matériel médical de base pour prévenir la transmission de maladies véhiculées par le sang telles que le Sida et l'hépatite C. En 2015, la prise en charge de 425 patients a été réalisée à travers, notamment, une consultation, un suivi addictologique, un accompagnement psychothérapeutique, ainsi qu'une prise en charge des infections liées au VIH/SIDA, à la tuberculose et aux maladies buccodentaires, dont 110 patients inclus dans le programme de substitution aux opiacés par méthadone et 314 sur rendez-vous." (p. 35); "Cibles nationales. 11.1 Entre 2016 et 2030, ne pas dépasser un taux de prévalence du SIDA de 0,1% de la population et assurer un traitement universel pour les patients atteints du VIH/sida." (p.112)

SPAIN

"The UN has been promoting and supporting this new way of working through such initiatives as "Sustainable Energy for All", "Every Woman, Every Child", "Education For All", "Zero Hunger Challenge", and the "Global Fund to Fight AIDS, Tuberculosis and Malaria". Spain has played an important part in all of them." (p. 116).

SRI LANKA

Topic:
**HIV
Prevalence,
HIV Incidence**

SDG3 "Moreover, the Demographic and Health Survey (DHS) 2016 shows that only 33% of women have comprehensive knowledge about HIV AIDS; although Sri Lanka's HIV prevalence is below 1%, there has been an increase in the reported HIV cases from 95 in 2009 to 285 in 2017. In fact, this is the highest number reported in a year since the identification of the first HIV infected Sri Lankan in 1987." (p. 74); "In terms of communicable diseases (Target 3.3), attention is required on eradicating/reducing emerging and re-emerging diseases such as dengue, rabies, HIV, leprosy, tuberculosis etc. even though they have not posed a threat for now. Additionally, the lack of awareness and the lack of multi-sectoral coordination have been identified as emerging issues, especially in the case of Dengue; there is a need for improvement in the identification of new cases." (p.75)

SWITZERLAND

SDG3 "A spread of the HIV epidemic among the general population was averted thanks to preventive approaches." (p. 9)

UNITED ARAB EMIRATES

Topic:
**HIV
Prevalence**

SDG3 "Target (3.3): [...] According to the World Economic Forum, UAE has the lowest HIV prevalence in the world (<0.2%) and the lowest tuberculosis rate (1.8/100,000)." (p. 58); "UAE Ranked # 1: [...] (Lowest) HIV prevalence, % adult population - Travel and Tourism Competitiveness Report by World Economic Forum 2017" (p. 61).

VIETNAM

Topic:

HIV Incidence, HIV-Related Deaths

SDG3 To achieve SDG 3, a number of key policies have been rolled out [...]. National statistics on new cases of HIV/AIDS and related deaths have declined in recent years.” (p. 15); “Maternal mortality was reduced by three-fourths and under-five mortality was reduced by two-thirds compared to 1990 and the spread of HIV/AIDS, tuberculosis and measles was controlled.” (p. 23); “In 2015, maternal mortality rate was reduced by three-fourths and under-five mortality was reduced by two-thirds compared to 1990 and the spread of HIV/AIDS, tuberculosis and measles was controlled.” (p. 25); “Review of policies related to SDG 3: Some current laws relating to the implementation of SDG 3 are the Law on Health Insurance, the Law on Medical Examination and Treatment, the Law on Children, the Law on HIV/AIDS, [...]” (p. 32); “Up to 2016, Viet Nam has had 9,912 new HIV infections, 5,976 new AIDS patients and 2,131 AIDS deaths. Recent statistics on HIV and AIDS cases and related deaths show a declining trend in recent years. Although the number of new infections has decreased in the whole country, the number of people with HIV has increased in some areas such as the North Central, Central Coast and South East regions.” (p. 34);

SDG10 “Relating to social subsidies for social protection beneficiaries, Viet Nam has provided monthly social subsidies and issued health insurance cards to 2,783,474 people, including [...] 5,006 people living with HIV/AIDS in poor households [...]” (p. 17 and 59);

APPENDIX B:

Excerpts from 2018 Civil Society Parallel Reports

BRAZIL

Topic:
**HIV/TB
Co-Infection,
HIV
Prevalence,
Key
Populations**

SDG3 Sobre as doenças transmissíveis (Meta 3.316), entre 1980 a 2017, o Brasil registrou 882.810 casos de AIDS. Apesar da terapia antiretroviral ser disponibilizada universalmente (ainda que com falhas na distribuição e acesso) e apesar da queda na mortalidade (que passou de 5,9 para 5,2 óbitos por 100 mil hab. no período), a situação preocupa. Há coeficientes acima da média em vários estados da federação e, entre 2006 e 2016, a incidência quase triplicou entre os homens de 15 a 19 anos (de 2,4 para 6,7 casos por 100 mil hab.), passando de 16 para 33,9 por 100 mil/ hab. entre a faixa de 20 a 24 anos. Houve aumento também entre as mulheres na faixa de 15 e 19 anos (de 3,6 casos para 4,1 por 100 mil hab.); as gestantes com HIV passaram de 2,1 casos por 1.000 hab. para 2,6 por mil no período. Em 2016, a prevalência do HIV entre homens que fazem sexo com homens (HSH) foi de 19,8% na faixa acima dos 25 anos e de 9,4%, na faixa de 18 a 24 anos; entre os conscritos a taxa foi de 0,12%. A população de travestis e mulheres trans apresentou prevalência de 30% em 2017 e a transmissão vertical foi responsável por 20,5% dos casos de HIV em crianças menores de 5 anos, dados que indicam uma grave crise na resposta brasileira ao HIV, antes considerada um exemplo para o mundo. Em 2017 o Brasil registrou 69,5 mil novos casos de tuberculose (TB), dos quais 13.347 foram de pessoas que voltaram ao sistema por abandono do tratamento ou por sofrerem algum insucesso terapêutico. O Brasil é responsável por 33% das pessoas vivendo com TB nas Américas e tem 33,5 casos de TB por cada 100 mil habitantes, taxa bem acima da meta da Organização Mundial de Saúde (10 casos/100 mil). Segundo o Ministério da Saúde, a população privada de liberdade respondeu por 10% dos novos casos. Tivemos 4.426 óbitos por TB e a proporção da coinfeção TB-HIV foi de 9,4% em 2016 – 6,5 mil, dos 69 mil novos casos de TB foram positivos para o HIV. Verifica-se uma redução média anual de 2% nas mortes de 2007 a 2016 (p. 14); Recomendações: [...] 3. Ampliar e garantir o orçamento público (e recursos técnicos) para respostas efetivas ao HIV, às Infecções Sexualmente Transmissíveis, à TB e às doenças crônicas não transmissíveis [...] 6. Garantir financiamento público e transparente, conforme o Marco Regulatório das Organizações da Sociedade Civil (MROSC), para que a sociedade civil atue no controle social da saúde, fortalecendo a organização de populações historicamente deixadas para trás como as pessoas vivendo com HIV, LGBTI+, trabalhadores/as do sexo, mulheres, adolescentes e jovens, populações rurais, indígenas, negras e quilombolas (p. 17);

SDG4 De forma também grave, a ausência de políticas de promoção de gênero e educação sexual se reflete na taxa de gravidez na adolescência – mais de 500 mil partos/ano são de mães adolescentes – o que compromete seu rendimento escolar: segundo o IPEA, entre as meninas entre 10 e 17 anos sem filhos, apenas 6,1% não estudam mas entre as com filhos, a proporção é de 75,7%. Outro reflexo da ausência de adequada educação sexual é que o aumento de novas infecções por HIV entre adolescentes de 15 a 19 anos mais do que triplicou entre 2007 e 2017, como informado no capítulo do ODS 3.46. (p. 21); Em 2016, dos 2.854.380 nascimentos registrados, 500.630 foram de mães com menos de 19 anos, das quais 16,7% portavam o vírus do HIV, a taxa que manteve-se praticamente igual em relação ao ano anterior. (p. 25);

SDG16 Um total de 826 pessoas se encontrava com agravos transmissíveis em junho de 2016. Na ocasião, foram registradas 391 ocorrências de casos de tuberculose; 219 de HIV; 135 de sífilis; 45 de hepatites e 72 de outras doenças. No primeiro semestre de 2016, foram registrados 68 óbitos no sistema prisional: 39 por morte natural ou por motivo de saúde (35 homens e quatro mulheres). As demais foram ocorrências apenas entre homens: 23 óbitos por crime; suicídio, acidentes e causas desconhecidas, tiveram duas ocorrências cada uma. (p. 80).

IRELAND

Topic:
**HIV Incidence,
Key
Populations**

SDG3 “Ireland dedicated 7 percent of its ODA budget to Health, HIV and AIDS in 2016. It also provides important supports to health in multi-sector responses along with water, sanitation, nutrition and health interventions in humanitarian emergencies, which are not reflected in its health spending figures.” (p. 21); “Rates of HIV infection – which are also omitted from the government report – have also been rising steadily in recent years, particularly among men who have sex with men (Indicator 3.3.1). The recording of 508 new diagnoses in 2016 was the highest since records began.” (p. 22); “Irish Aid should maintain its commitment to strategic prioritisation of HIV/Aids, tuberculosis and malaria targets within Agenda 2030, including through transparent, accountable funding support to the WHO, UNAIDS and the Global Fund to Fights AIDS, TB and Malaria.” (p. 25).

SDG5 “One area of particular concern is funding to sexual and reproductive health (SRH), which is not disaggregated or reported on separately from general health and HIV related funding. Core funding to the UN Population Fund has been reduced in recent years, and there is little consistency or predictability in funding to UNFPA thematic funds. Moreover, the 2004 Irish Aid gender equality policy has not been reviewed to reflect the stronger focus on sexual and reproductive health. There is no sexual and reproductive health policy that might form the basis of an accountability framework to ensure that funding is aligned to policy commitments” (p. 34)

LATVIA

Topic:
**HIV Incidence,
HIV-Related
Death, SRHR**

SDG3 “Association “Papardes zieds” [Latvia`s Family Planning and Sexual Health association] indicates that the area of sexual and reproductive health complies with several SDGs: 3.1, 3.3, 3.7, 3.8, 4.1, 4.7, 5.1, 5.2, 5.3, 5.6, 6.2, 8.5, 10.2, 10.3, 10.4, 16.1, 16.2 and 16.3. The Latvian performance indicators for only one of these targets are stated in the report of Latvia, in particular, the data on the number of newly identified cases of HIV infection (No. 21) and the fatalities caused by AIDS (No. 22) that correspond to SDG 3.3.1 indicator.” (p. 33); “The authors of the Latvian review refer to the plan for restriction of spreading of HIV, sexually transmitted infections, B and C hepatitis approved in 2017 and the Plan for improvement of the health of the mother and the child approved in 2018 as positive examples which comply with the SRHR questions compliant with the 3rd SDG. Still, it has to be pointed out that inclusion of these issues in relevant plans is only the result of long-term, persistent and continuous activity of various NGOs.” (p. 33).

NAMIBIA

“The VNR report is limited in its scope and may be perceived to exclude the minority and vulnerable groups such as LGBTI community, People living with HIV and may fall short in addressing the needs of the youth and people with disabilities.”

SENEGAL

“IV. LEVEL OF ACHIEVEMENT OF TARGET SDGs 4.1. Goal 3: Enable everyone to live in good health and promote the well-being of all at any age. Met (tick): Fight against HIV / AIDS [...] Civil society commitments in the implementation of SDG3: Some Flagship Actions Against HIV / AIDS, Fight against drugs, Sexual health, Against smoking” (p. 4);

SDG3 “Goal 3: To enable everyone to live in good health and promote the well-being of all at all ages. Fight against HIV / AIDS: Sector ministries and civil society organizations enter into partnership to promote responsible sexual behavior. These include the Ministry of Labor, Transport, Armed Forces, the Interior and the National Alliance of Communities for the Health (ANCS) in collaboration with CBOs and sub-recipients of Global Fund funding for HIV, tuberculosis and malaria and other partners. Most programs covers prevention, education and promotion (IEC / BCC). According to CILS, 35,341 people belonging to vulnerable groups have received at least one piece of information, education or communication encouraging change of behavior. The total number of condoms, male and female, distributed during the year 2016, amounted to 14,059,620.” (p. 23); “Civil society has distinguished itself in the fight against HIV / AIDS through mobilization, awareness and information of social actors and direct targets. According to a report published by Public Health Watch in 2007, there are more than 3,000 civil society organizations in the response HIV / AIDS CBOs and NGOs. These actions positively impacted the decline in prevalence of HIV / AIDS. It went from 0.7% to 0.5%” (p. 26); “Ensuring that these commitments translate into effective action requires accurate understanding of target populations, including vulnerable groups - children, young people, people with disabilities, people living with HIV, seniors, populations indigenous peoples, refugees, displaced persons and migrants. [...]” (p. 46).

SWITZERLAND

SDG3 “From a health perspective, the spread of non-communicable diseases (NCDs) presents a major challenge, as they account for 70% of the total disease burden. Further problems include the greater incidence of highly infectious pathogens (such as zika and ebola) and neglected tropical diseases, as well as HIV, tuberculosis and malaria. All of these are a huge burden on developing countries..” (p. 30); “A number of SDG 3 targets concern sexual and reproductive health, including the fight against HIV/AIDS and maternal mortality. In the latter instance, Switzerland pursues a broad approach as part of its international cooperation work. In addition to combating maternal mortality, its programmes also address the health of mothers, babies and children in general, as well as their sexual and reproductive health and rights. Action is also needed at the national level in this regard, as a study on sexual and reproductive healthcare for asylum seekers found significant shortcomings in the care provided to this population group.” (p. 32);

VIETNAM

SDG3 “The report is missing some important information about welfare policies for persons with disabilities and persons in special circumstances (orphans, children with HIV, the elderly, etc.)” (p. 5);

TRADE UNION DEVELOPMENT NETWORK (TUDCN)

SDG8 On the Republic of Congo: Furthermore, indicators for target 8.7 (eradicate the worst forms of child labour) show that 20% of children have been engaged in child labour in 2011 – due most likely to the high numbers of children displaced from the DRC and CAR as well as those made orphans due to conflict or the HIV/AIDS epidemic.” (p. 14);

ACKNOWLEDGEMENTS

MPact would like to acknowledge and extend our gratitude to the following organizations and individuals for their kind contribution to the case studies included in this report: the Planning Institute of Jamaica; the National SDG Secretariat of Lao PDR; the Ministry of Economy, Finance and Planning from Senegal; Manoela Manova and Nkhensani Mathabathe from UNAIDS Jamaica; Alessandra Nilo at the Brazilian Civil Society Working Group for Agenda 2030; the Irish Coalition 2030; and the Senegalese coalition POSCO-Agenda 2030.

We would like to thank the following individuals who have contributed towards the completion of this report:

- FSP partners Erika Castellanos (GATE), Paul-Gilbert Colletaz (Global Network of Sex Work Projects), Diane Kingston (Frontline AIDS), Marielle Hart and David Ruiz (Aidsfonds) for their crucial input in identifying this year's research scope.
- Stefano Prato (Society for International Development) and Emilia Reyes (Equidad de Genero) for their support in collecting civil society reports.
- Maria Aïcha Boumeddiene for her support analyzing the French, Spanish, and Arabic reports and transcribing interviews.
- Johnny Tohme for his support with French interviews and questionnaires.

ABOUT THIS REPORT

This report was researched and written by Dodo Karsay and edited by Stephen Leonelli. This work was carried out as part of the Free Space Process Collaborative with financial support from PITCH. Special thanks to the reviewers of this report: Richard Burzynski, Keith Sabin, Laurel Sprague, and Gang Sun from UNAIDS; Boyan Konstantinov from UNDP; David Ruiz from Aidsfonds; Diane Kingston from Frontline AIDS; Judy Chang from INPUD; George Ayala and Nadia Rafif from MPact.

About MPact

MPact, previously the Global Forum on MSM & HIV, was founded in 2006 at the Toronto International AIDS Conference by an international group of activists concerned about the disproportionate HIV disease burden being shouldered by men who have sex with men worldwide.

Today, we are an expanding network of advocates and experts in sexual health, human rights, research, and policy, working to ensure an effective response to HIV among gay men and other men who have sex with men. MPact watchdogs public health policies and funding trends; strengthens local advocacy capacity through our programs initiatives; and supports more than 120 community-based organizations across 62 countries who are at the frontlines of the HIV response.

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About Free Space Process

The Free Space Process (FSP) partnership brings together 11 international civil society, key population networks, and network organizations in an effort to proactively coordinate and collaborate on joint advocacy. FSP provides a “free space” for partners to discuss and work on common strategic policy and aims to maximize dynamic, experienced, and well connected advocacy for greater effect and combined policy impact.

<http://icssupport.org/what-we-do/free-space-process/>



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