

Response to the June 2nd Open Working Group's introduction and proposed goals and targets on sustainable development for the post-2015 development agenda

On behalf of a coalition of civil society organisations delivering programmes and advocacy on health priorities, including HIV, sexual and reproductive health, and youth living with and vulnerable to HIV.

1. Target 3.3 “end HIV/AIDS, tuberculosis, malaria and neglected tropical diseases needs to be strengthened through adding **“by guaranteeing equitable, universal and affordable access to prevention, treatment, care and support for all people across the life course, with a particular focus on adolescents and young people”**. It also needs to include disease-specific sub-targets and indicators including on HIV/AIDS such as **reducing new HIV infections, discrimination and AIDS-related deaths to 10% of 2010 levels** as recommended by UNAIDS. These sub-targets should be **disaggregated to measure inequalities in achieving these targets for people that experience stigma, discrimination, criminalization and exclusion**. These include men who have sex with men, sex workers, people who use drugs and transgender people. These populations experience high levels of HIV incidence in virtually every country, yet are often excluded from HIV prevention, treatment and care services, sexual and reproductive health services and from accessing the public health system overall.

2. We welcome the Open Working Group's formulation of the health goal **“attain healthy life for all at all ages.”** Target 3.4 is too broad and incoherent as it includes too many issues that are unrelated and the formulation of the target makes it impossible to measure. We recommend including the non-communicable diseases and mental health and wellbeing under **target 3.6 on universal health coverage** instead. It is obvious that universal health coverage should also deliver on communicable diseases **as well as address the social determinants of health**. Target 3.4 should read as follows: **reduce by x% the burden of health harm and premature death associated with unhealthy foods and alcohol, tobacco and other drugs**. The language proposed by the Open Working Group “strengthen prevention and treatment of narcotic drug and substance abuse” could result into an interpretation that does not

allow for effective interventions to treat opiate dependency, namely opiate substitution treatment, which is recommended in many WHO guidelines.

3. We are pleased to the inclusion of “particular attention to the most marginalized and people in vulnerable situations” in target 3.6. Governments must ensure that no one will be left behind and specifically seek to remove measures that pose barriers for marginalized, vulnerable groups to access health services and that stigmatize and criminalize people on the basis of HIV status, sexual orientation, gender identity, engagement in sex work and drug use. We further recognize that the **needs of adolescents and young people**, as the stewards of this next development agenda, must be integrated across all dimensions of sustainable development.

4. Target 3.8 “ensure universal access to sexual and reproductive health for all” should be changed into: “**ensure universal access to high-quality, comprehensive, equitable and integrated sexual and reproductive health services, information and education, and respect, protect and fulfill all human rights in this regard with a particular focus on young people, adolescents, and other marginalized as well as criminalized groups**”.

5. Proposed goal 4 on education must include an additional target addressing **universal access to comprehensive sexuality education that promotes respect for human rights, tolerance, gender equality and non-violence for all in and out of school youth** or amend 4.7 as follows: “**By 2030 integrate relevant knowledge and skills in education curricula and training programs, including comprehensive sexuality education, life skills, education for sustainable development, and human rights education.**”

6. Target 5.9 must be strengthened as follows: “**By 2030 ensure sexual and reproductive health and rights free from stigma, violence, coercion and discrimination for all women and girls of all ages**”

7. We applaud the Open Working Group’s proposal for a stand-alone goal to reduce inequality within and among countries (Proposed goal 10)

and in particular to reduce inequality among social groups within countries. Target 10.1 on eliminating discriminatory laws, policies and practices needs to be further specified to ensure that people from **all social groups, including marginalized, criminalized and stigmatized people have the right to an effective remedy to injustice, including related to human rights and gender equality, and that all barriers to the full realization of human rights are eradicated.** Target 10.7 to ensure the availability of high-quality, timely and disaggregated data to ensure monitoring of progress for marginalized groups and people in vulnerable situations is crucial. This should apply to all marginalized groups, and data should be collected in a way that **respects confidentiality and fully protects the human rights of these groups, in particular groups that are stigmatized and criminalized in the majority of countries,** including men who have sex with men, people who use drugs, sex workers and transgender persons.

8. Under Proposed goal 17 on strengthening and enhancing the means of implementation and global partnership for sustainable development, we urge the Open Working Group to include a target on domestic resource mobilization applicable to all countries, including by **implementing a progressive tax system,** improving tax collection and the efficiency of public spending, reducing tax evasion and avoidance, improving stolen asset recovery, and strengthening systems to harness domestic savings for investment. In addition, there needs to be a target to support the **implementation of global and national innovative financing mechanisms including financial transaction taxes, air ticket levies and other innovative financing tools as a complementary source of public revenue that provides predicable finance flows targeted towards health and other post-2015 goals.**

9. Target 17.4 on directing ODA and encourage financial flows to states where the need is greatest, in particular African countries, LDCs, SIDSs, LLCDs, and vulnerable states needs to reflect the fact that the majority of poor people live in **middle income countries** and by 2030, the majority of people living with HIV will live in middle income countries. This will require **dedicated ongoing financial assistance, both domestic and external** to ensure that the poorest and most marginalized people in middle income countries are not left behind.

10. **The meaningful engagement of civil society, including those most marginalized and young people and people living with and affected by HIV, in the development, implementation and monitoring of the post-2015 goals, targets and indicators is crucial.** This is true both for the needs of people to be more effectively addressed and for duty-bearers such as national governments and donors to be held accountable. The crucial role of civil society goes beyond being subcontractors and implementing partners. Civil society should be strengthened and empowered as service providers, advocates, and equal development partners to shape their own future.

11. We welcome target 17.11 on supporting research and development of vaccines and medicines for communicable diseases, however it should be amended to say: **“fully support research and development of vaccines, medicines and other health technologies for the communicable diseases that affect both developing countries as well as marginalized populations and people in vulnerable situations globally, including by using the flexibilities agreed in the DOHA Round for transferring technology for lowering costs of medicine production.**

12. Target 17.13 on the recruitment, development, training and retention of the health work force **must include a specific reference to the strengthening of the community health workforce as part of the overall health workforce.** Community-delivered health care and services, in particular to the poorest, most marginalized, criminalized and stigmatized people, have been crucial for an effective HIV/AIDS response. Community systems strengthening as part of overall health systems strengthening is outlined in **the Community Systems Strengthening Framework** of the Global Fund to fight AIDS, Tuberculosis and Malaria.