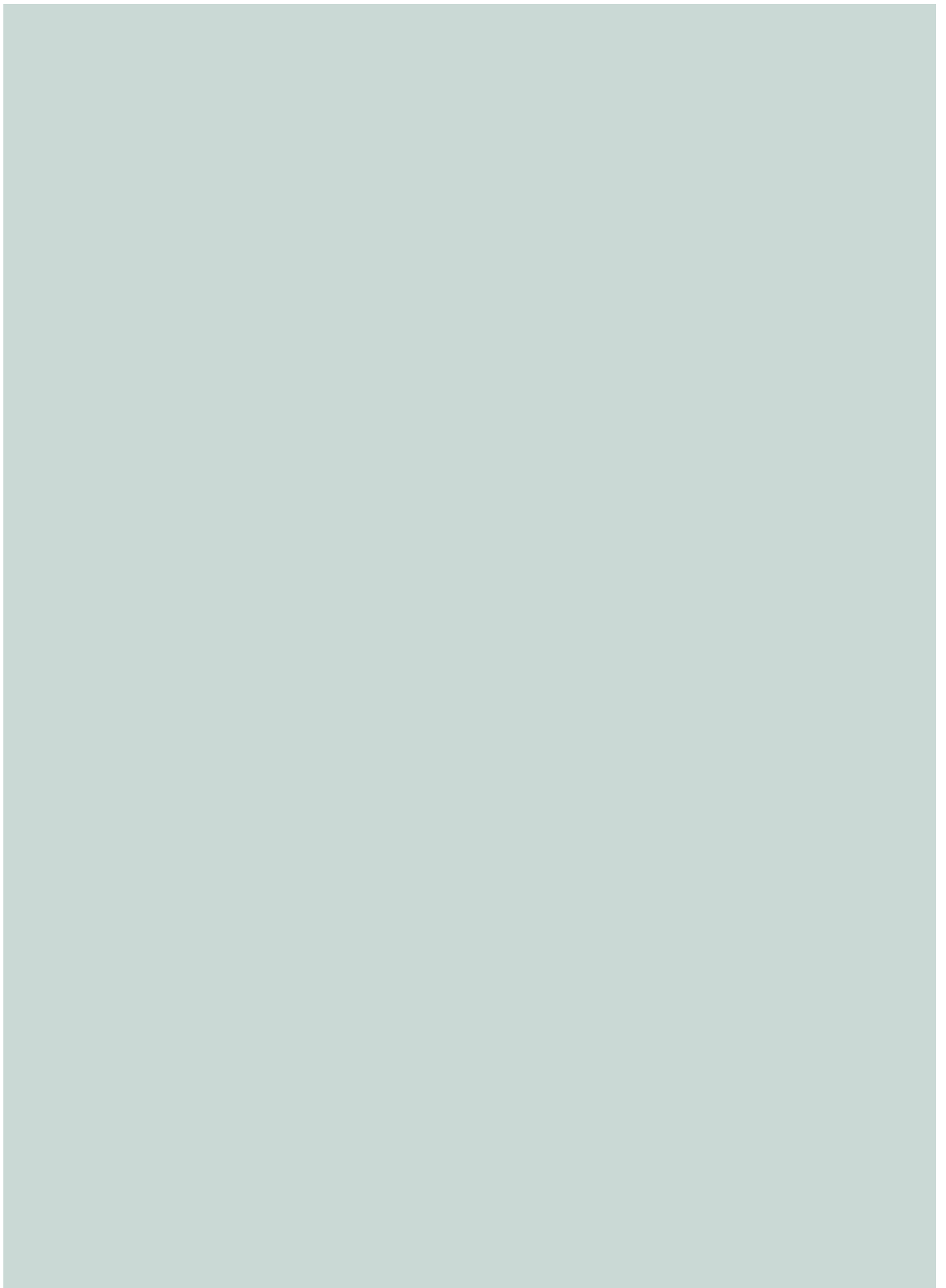


THE SUSTAINABLE DEVELOPMENT GOALS AND THE HIV RESPONSE

Stories of putting people at the centre





FOREWORD

Michel Sidibé

UNAIDS Executive Director

I am proud to say that the AIDS response has achieved historic and unprecedented progress over the past five years. Today, there are 18.2 million people on HIV treatment. Efforts to scale up services and increase access to treatment mean that more than 2 million additional people are beginning treatment each year. The rate of mother-to-child transmission of HIV in 21 priority countries declined from 22.4% in 2009 to 8.9% in 2015. AIDS-related deaths have fallen by 45% since peaking in 2005.

There is no room for complacency, however. It is clear to me that the challenges ahead are daunting. People are left behind because of prejudice, discrimination, poverty and poorly conceived laws. Young people and adolescents remain at higher risk because of policies and social and cultural norms that prevent them from receiving comprehensive sexuality education and deny them the skills and the autonomy to control their own sexuality and reproductive choices. Women and girls are particularly negatively affected by gender inequities and as a result face increased vulnerability to HIV.

Nevertheless, I am optimistic. Why? Because we are already seeing progress towards the achievement of the Sustainable Development Goals (SDGs). The 2030 Agenda for Sustainable Development is taking to scale what the AIDS response has been working towards for 30 years—a multisectoral, rights-based, people-centred approach that addresses the determinants of health and well-being. With the SDGs, we have a platform on which to take AIDS further out of isolation and Fast-Track the response while contributing to advances in the wider development goals. The AIDS response is deeply interwoven with, and dependent upon, progress across sectors covered by the different SDGs. Equally, ending the AIDS epidemic by 2030 will accelerate progress across a range of SDG targets.

We have much work to do. Achieving the 2030 Agenda for Sustainable Development will improve the lives of people comprehensively. All of the SDGs work together. People do not just need health. They need health, and education, and rights, and decent work, and clean water, and safety and stability. If one of the SDGs fails, they all fail.

But I am hopeful. The pages that follow tell the powerful and moving stories of people who are living with or affected by HIV and who have experienced positive improvements in their lives because of the synergies between the AIDS response and the related SDGs. Now more than ever I believe that we have the means, the science and the unity of commitment and spirit to deliver on the SDGs and to transform our world by 2030.

PEOPLE AT THE CENTRE

The Sustainable Development Goal (SDG) agenda reflects the interdependence and complexity of our changing global world. The SDG movement is underpinned by the recognition that in order to move forward, we can leave no one behind.

No one goal can be achieved in isolation from other complementary goals. The AIDS response has long led the way in making inclusive, multistakeholder and multisectoral development a reality. We have much to offer in terms of lessons learned that will be key to informing progress across all the SDGs.

The concept of “person-centred care” emerged early in the AIDS epidemic with the recognition that AIDS could not be ended without addressing the multiple factors that influence health, vulnerability, equality and economic independence. In placing the person—with all their complex and interconnected needs—at the centre of the response, services for people living with HIV had to become more integrated, more inclusive and more responsive.

In the pages that follow, personal stories of people living with or affected by HIV highlight how the AIDS response has increased inclusion, ensuring access to services for all, embracing diversity, and reaching vulnerable and marginalized people. The stories provide examples of how the AIDS response pioneered innovations, providing integrated service delivery, removing barriers to services, and working with communities. The stories also show that none of the remarkable progress in our efforts to end AIDS would have happened without partnerships, including with civil society, communities, the private sector, governments, international organizations and UNAIDS Cosponsors.

Each chapter highlights the linkages between progress towards ending AIDS and a related SDG and is told from the very personal perspective of people affected by HIV and their communities. From Desire to Mona, from Christine to Sergey, from SDG 1 to SDG 17, people’s lives, hopes and futures are interconnected and interdependent.



SDG 1: END POVERTY IN ALL ITS FORMS EVERYWHERE

HIV has a complex relationship with poverty. Poverty can make people more vulnerable to HIV infection. Women and girls may find that, in the absence of other means to raise resources, they are in situations where they sell sex in order to pay for food, housing or education. In their efforts to meet their most basic food and shelter needs, vulnerable people are often unable to negotiate condom use or to avoid intimate partner violence and are at risk of exposure to HIV.

Households affected by HIV are more vulnerable to falling into and remaining in poverty. People living with or affected by HIV may be unwell or spend long periods of time seeking health services. Consequently, they may be absent from their work, be unable to produce food or feed themselves, or be unable to maintain their homes. Parents may be forced to take their children out of school to work in the family home, business or farm. These children are then denied a proper education and the opportunity to secure a higher-paying job or a brighter economic future.

Desire's story shows how important it is to provide services for people where and when they need them as an essential step towards SDG 1—end poverty in all its forms everywhere. In the absence of services that respond to their needs, people vulnerable to HIV remain unaware of their HIV status and unable to access life-saving antiretroviral therapy. Without adequate services and treatment, people fall ill and quickly become unable to work, denying their families vital income and depriving the economy of valuable contributions.



ONE BY ONE: BRINGING HIV SERVICES TO HARD-TO-REACH PEOPLE IN ZIMBABWE

As a former bartender, Desire Mubila knows how to listen and talk to people. That's exactly what the North Star Alliance Clinic was looking for in a peer educator at a remote border crossing in Zimbabwe. The Victoria Falls native knew the area, and his boundless energy made him a perfect candidate.

His target audience is the many truck drivers and sex workers who travel back and forth between Zimbabwe and Zambia. The 26-year-old motivates people to get a check-up and encourages them to find out about their HIV status.

"I stress that we are friendly and free," explained Desire, saying his age and demeanour get people to pay attention.

Desire knows from experience that sex workers avoid using state-owned facilities.

"Owing to stigma and discrimination, most sex workers and men who have sex with men don't go to public health facilities," he said. Instead, he explained, they go to private clinics or nongovernmental organizations for condoms, but these are expensive.

He knows he plays an important role in his community because many people seek out the clinic's services who may not do so normally.

The Victoria Falls clinic on average sees about 35 female sex workers, half-a-dozen male sex workers and 50 truck drivers a week. Despite overall new HIV infections falling in the past decade (64 000 in 2015, down from 87 000 in 2005), HIV prevalence among sex workers remains extremely high, at nearly 60%.

The North Star Alliance brings health services to hard-to-reach people across Africa, usually in high HIV prevalence areas. Since 2007 the Alliance has grown from one clinic in Malawi to a network of 38 clinics across sub-Saharan Africa.

In Victoria Falls, Desire is most proud of his outreach and community mobilization work. For him, that means connecting with hard-to-reach people who are often left behind, so they not only access health services but also are more aware of HIV risks and prevention methods.

Flashing a huge smile, Desire said, "What I want is for everyone to keep themselves healthy."



SDG 2: END HUNGER, ACHIEVE FOOD SECURITY AND IMPROVED NUTRITION AND PROMOTE SUSTAINABLE AGRICULTURE

If a person living with HIV cannot eat, then they cannot take their antiretroviral medication. A person who does not take their medication consistently is less likely to benefit fully from treatment and will not be able to fully suppress the virus in their body. When the virus remains unchecked in their system, the person is more likely to experience illness and progress more rapidly from HIV to AIDS. Chronic lack of food creates a further downward spiral, where the person who is unable to take their medicines is living with advanced HIV-related illnesses and is no longer well enough to produce or earn the resources necessary to buy their food.

In situations where there is famine, not enough food or not enough money to buy

food, people may turn to risky options to feed themselves and their families. Women and girls may be forced to have sex in exchange for cash or food. Transactional sex not only exposes vulnerable women and girls to HIV infection but also places them at risk of gender-based violence.

Abdul's and Monica's stories highlight the vulnerability of people fleeing from famine and violence and the devastating effect that food insecurity can have on people living with HIV. Without progress on SDG 2—end hunger, achieve food security and improved nutrition and promote sustainable agriculture—food insecurity and hunger will continue to hinder the ability of people like Abdul and Monica to stop the progression of HIV.



THE INCREDIBLE RESILIENCE OF SOUTH SUDAN REFUGEES IN UGANDA

Conflict has forced more than a quarter of the population of South Sudan to flee their homes, disrupted crop production and destroyed livestock. The famine has already affected more than 100 000 people, and a further 1 million people are on the verge of famine. According to the United Nations Office for the Coordination of Humanitarian Affairs, nearly 2 million people have become internally displaced and another 1.6 million people have crossed the borders as refugees.

One of the regions most affected by the crisis is Equatoria, a region with the highest burden of HIV in South Sudan. Conflict and food insecurity in Equatoria are pushing people across the borders to Uganda and the Democratic Republic of the Congo and out of reach of essential health services.

Abdul* is a refugee in a camp near Ajumani in Uganda and a member of the South Sudan Network of People Living with HIV.

“A number of us were running out of antiretroviral medicines, and where we are settled there are no health facilities providing HIV treatment,” he explained. “So we put together the little money we had and sent one of us back to Nimule in South Sudan to collect medicine for all of us.”

Luckily the doctor allowed it and they had their medicines. Their worry is what they will do when they finish their supplies. Just as importantly, they need food.

Monica*, a young mother living with HIV in Juba, the capital of South Sudan, struggles to feed her kids.

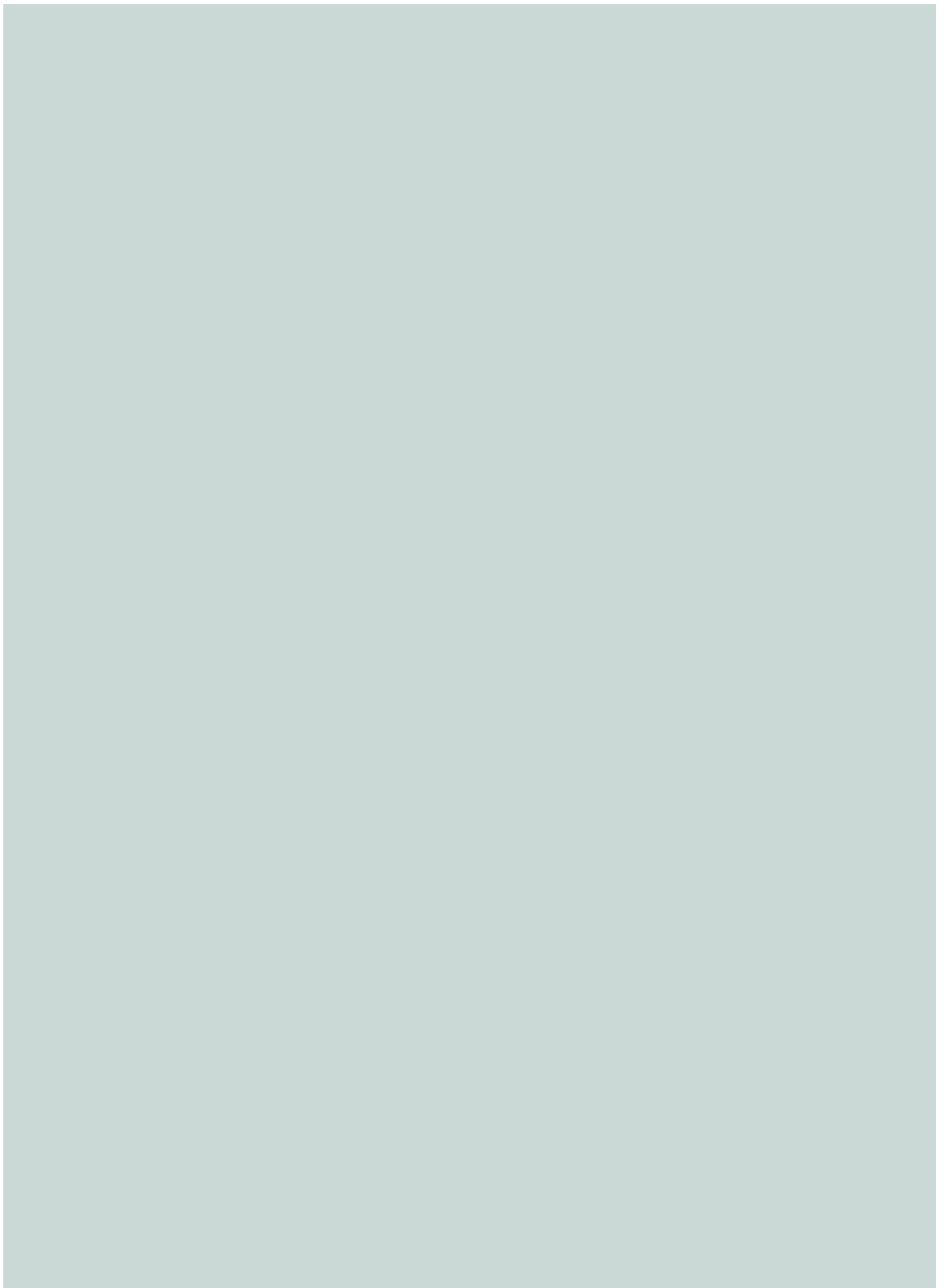
“If we get food, then we take one pill a day, as we only eat once a day because we cannot take these medicines on an empty stomach,” she said. That’s why so many people have stopped taking their medicines, she lamented.

Monica discovered her HIV status when she was pregnant with her third baby. Her husband and family abandoned her and the children, two of whom are living with HIV, once she revealed her status.

Despite the hardship, Monica volunteers as a “mentor mother” to help mothers stay healthy and keep their babies free of HIV.

“I like doing this, because we are many out there living with HIV and we fear discrimination,” Monica said. “But with counselling, some of us are disclosing our status.”

*Names have been changed.





SDG 3: ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

Good health is a prerequisite for progress on ending AIDS. Ensuring healthy lives and promoting well-being for all at all ages, including people living with or at risk of HIV, is essential to sustainable development. For example, successfully ending the AIDS epidemic will require enormous health service scale-up, with a focus on community services, targeted testing strategies, ensuring treatment is offered to people following diagnosis (including regimes appropriate for babies, children and adolescents), and regularly support and monitoring for people on antiretroviral medicines. Eliminating mother-to-child transmission of HIV depends on providing immediate treatment to pregnant women living with HIV, integrating HIV and sexual and reproductive health services, and engaging male partners in prevention and treatment services.

Increasing service integration in a way that responds to individuals' needs—whether that be combining tuberculosis (TB) and HIV services or providing youth-friendly HIV, sexual and reproductive health services—leads the way in reshaping efficient, accessible and equitable health services for HIV and beyond. HIV can be ended only by promoting the right of all people to access high-quality HIV and health services without discrimination.

The following stories explore how inextricably linked SDG 3—ensure healthy lives and promote well-being for all at all ages—and ending AIDS are. For every individual, protecting and maintaining good health underpins the capacity to fulfil their multiple roles within family, community, society and the economy. Mona's story recounts her struggles with HIV and TB, discrimination, and the right to be treated fairly and with dignity. Lidia works with partners in the health services, community health system and private sector to ensure female seasonal coffee pickers are given the information and services they need to prevent mother-to-child transmission of HIV. Sergey describes his experience of how a harm reduction programme helped him overcome his addiction while adhering to antiretroviral therapy. Christine tells her story of how, as a community health worker, she reaches out to women where and when they need her to prevent mother-to-child transmission.



COMMUNITY HEALTH WORKER LEADS THE WAY IN BURKINA FASO

As a young volunteer in a Burkina Faso hospital, Christine Kafando had a lot of convincing to do. HIV in 1997 meant deadly illness, so no one believed her when she told people living with HIV that she was positive. “People accused me of lying, saying I was too healthy looking,” she said. Once Christine took her treatment with her to show people she was indeed living with HIV.

Despite patients’ resistance, she persevered. She even started going to people’s homes to do routine check-ups. “At the time,” she explained, “the hospitals and staff did not know how to handle HIV, so we stepped in and filled the gap.”

It had been a year since Christine had found out that she was living with HIV. She and her university sweetheart (now husband) had gone for a test together. He was negative but she was not.

She describes being very scared and her dreams being dashed. Her husband desperately wanted children and left her six months after her diagnosis. With her family’s support, she started raising awareness around her. Christine became the first woman in Burkina Faso living with HIV to reveal her status publicly. “I realized that people thought HIV happened to others, but I proved to them that it can happen to anyone,” she said.

Having volunteered with the newly formed REVS+ organization, run and led by people living with HIV, she found her purpose. She became as trusted as the various doctors and often acted as a liaison between families and the hospital. Tirelessly Christine hammered over and over the same message: “Better to know what ails you than live in ignorance. Get tested!”

“The loudmouth”, as her peers call her, even got Burkina Faso’s president to pay attention. “I told him, ‘If you do nothing about HIV, you will have no one left to govern,’” she said proudly.

She knew her fighting spirit paid off because not only did the president get tested but also treatment costs decreased and testing became free of charge for women and children. By then Christine had adopted two children and gained quite a lot of experience in the health sector and beyond.

Reflecting back to 2003, she said that as community health workers, they had forgotten a key component. “A few times, couples living with HIV would come to see me and I would enquire about their baby and the mum would say, ‘He died,’” she said.

No one had thought about HIV transmission to babies, or the children’s well-being beyond birth, so Christine founded the Association Espoir pour Demain (AED). Her organization raised HIV awareness among expectant mothers and in maternity wards. In no time, AED became the reference for all pregnant women living with HIV.

Christine’s ambitions grew and the organization branched out beyond Bobo Dioulasso. She got various HIV organizations to join together to better coordinate funding and resources. Her proudest moment, she said, was getting French and Burkina Faso national recognition in 2011.

Christine added: “I realized upon getting those honours that I saved lives.”

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MONA'S DREAM: A WORLD FREE OF STIGMA

When friends and family stopped coming to Mona Balani's house, she was stoic. But worse was to come when no one would play with her six-year-old. "My elder son had to face so much discrimination at that time," Mona recalled, when she and her husband tested positive for HIV in 1999. "Relatives would say nasty things to him: 'Your parents will die one day, and you will die too'."

Holding back tears, she remembered that every time she came home in the evening, her son would hug her and ask her not to leave him alone. Mona's husband had been sick off and on for three years. He was eventually diagnosed with TB. Because of the couple's HIV status, sometimes medical staff would refuse to admit him to the hospital. "More than once, doctors, nurses or lab technicians made objectionable sexual remarks," Mona said. Because of how people responded to them, they often felt like they had committed a crime.

Meanwhile her youngest son became sick and was later diagnosed with TB. Mona explained that the mounting costs of medicines for her husband and her two-year-old meant she could not afford HIV treatment for herself as well. Sadly, her youngest son died a month later. "I knew I had to overcome everything and move forward and live for my older son," she said.

In 2002 Mona found out that she too had TB of the lungs. She began and completed treatment within the stipulated six-month period. Three years later, Mona's husband's condition worsened. He passed away in 2005. Her ordeal did not end there. The following year she developed abdominal TB.

"When I was getting tested for TB I had to be admitted to the hospital for a night to get my diagnosis done, but after looking at my HIV status the staff declined to take me in," Mona said. She called a retired doctor she knew, who contacted a colleague of his so that she could stay.

"Even after admitting me, the doctor who examined me asked me to replace all the equipment used and the bedsheet from the bed. The doctor would always wear double gloves before examining me," recalls Mona. By then, Mona had been on antiretroviral therapy and she started her TB treatment. She also decided she could help fight stigma surrounding TB and HIV.

In 2007 she began working with the Network for People Living with HIV/AIDS in remote areas of Rajasthan. Ten years later she lives in New Delhi and works for the India HIV/AIDS Alliance. She dreams of a world where people affected by HIV and TB have rights and are respected and can lead normal lives, ensuring healthy lives and well-being for all at all ages.

"People think that HIV only leads to death, but that is not true," Mona said. "I proved to the world that you can live a healthy life with HIV, and I am still leading a healthy life."



CHANGING LIVES WITH HARM REDUCTION IN BELARUS

After nearly 15 years of injecting drugs, Sergey gave up hope. He had tried a number of times to kick his addiction, but he had failed miserably.

In 2009, in a last ditch effort, he enrolled in the Belarus Opioid Substitution Therapy Programme.

“My relatives did not believe this programme would help me and thought of it as just another hopeless attempt to quit drug use,” Sergey said.

His biggest challenge, he explained, was to prove to doctors and his relatives that he really wanted to stop injecting drugs and that this would help him cope with his drug addiction.

He comes every day to the government opioid substitution therapy (OST) centre in Minsk to receive a medical dose of methadone, which helps to alleviate his dependence on opioids.

A friend who lived in Germany told him about harm reduction and substitution therapy, but he never believed that one day it would be available in Belarus.

Sergey is one of nearly 900 people enrolled in the OST programme, which started in 2007 with a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria. It includes the provision of methadone under strict medical supervision, regular medical check-ups, psychological support and social work services. In addition, OST helps people living with HIV who used to inject drugs to maintain adherence to their daily regimen of antiretroviral therapy.

Today there are 19 government OST sites across Belarus, but these still cover less than 5% of people who inject drugs in the country. Belarus wants to increase coverage to at least 40% of people who inject drugs in order to lower the number of new HIV infections among people who inject drugs.

In Sergey’s case, the programme helped him turn his life around. Not only did he get a job and keep it, but he suddenly had plans for himself.

“My friends who still inject drugs decided that I betrayed them,” Sergey said. “But the good thing is I became closer to my relatives again.”

All that seems long ago now. At a friend’s wedding, Sergey met his future wife.

“My wedding and the birth of our daughter are the happiest days in my life,” he said.



PREVENTING MOTHER-TO-CHILD TRANSMISSION OF HIV IN GUATEMALA

Preventing mother-to-child transmission of HIV remains one of the major challenges of the AIDS response in Guatemala. In 2015, testing coverage for HIV among pregnant women was only 42%. In response, the International Labour Organization (ILO) has teamed up with the Coffee Foundation for Rural Development (Funcafé), the national coffee association, the national AIDS programme and other United Nations agencies, such as UNAIDS and the United Nations Children's Fund (UNICEF), to promote access to HIV testing, treatment and prevention programmes among women who take up work on plantations during the coffee harvesting season.

Lidia Leticia is one of many women who live or work on coffee plantations, helping to grow some of the best coffee in the world. She has been trained as a community health promoter to raise awareness about HIV and health care. "This (training) has enabled me to learn and today I can speak and share my knowledge with other women and the rest of the community," she said. The experience, she explained, has empowered her and really made a difference to people.

The new programme leverages the network of 16 community health centres established by Funcafé in coffee producing areas of the country's highlands to promote HIV testing and treatment services for pregnant women. The innovative initiative increases women's access to health services by linking the community health system and the national health system and by promoting a multisectoral partnership with the private sector.

The project aims to diagnose pregnant women living with HIV and refer them to the official health system for further tests to confirm their status and to start antiretroviral treatment. ILO and its partners also provide technical support to train community health workers on HIV treatment and prevention for pregnant women.

During the coffee harvest season, Lidia organizes informative sessions about HIV, addressed to seasonal and permanent workers at the farm and to 30 families who live in the community. Funcafé and UNAIDS provided the educational materials she uses during the awareness talks.

"Workplace settings are an opportunity to provide access to information about HIV prevention tools as well as to promote health, not only among our employees and their families, but in the communities in which we operate, benefiting the entire population," explained Mynor Maldonado, Funcafé's Executive Director.

The coffee prevention project's success has encouraged the various partners to explore similar HIV outreach programmes with other agribusiness sectors in the country.



SDG 5: ACHIEVE GENDER EQUALITY AND EMPOWER ALL WOMEN AND GIRLS

Gender inequality, discrimination and harmful practices negatively affect women, girls, men and boys. Girls and women are disproportionately vulnerable to, and affected by, HIV infection. Frequently, girls and women do not have the ability to control or determine their own life choices, such as going to school, who they marry or have sex with, the number of children they have, the health-care services they access, their employment options or their ability to voice an opinion and be respected.

Programmes designed to educate and empower girls and women about the risks of HIV and that enable them to protect themselves are essential building blocks of the AIDS response. And yet, however necessary, they are insufficient. Access to comprehensive sexuality education and sexual and reproductive health services can only be partially successful in protecting girls and young women from HIV if their potential male partners remain

unaware of the risks associated with, or are unwilling to change, their behaviour. Increasing male awareness of the risks of HIV, providing men and boys with the means of prevention and enabling them to change their own behaviour and see the benefits of a balanced and respectful relationship, are essential to decreasing the number of new HIV infections and increasing gender equity.

Like many young women, Florence grew up without comprehensive sexuality education or access to sexual and reproductive health services. She has made it her life's work to expand youth-friendly HIV and health services and to mentor young women living with HIV, giving them hope for the future. Florence's story encapsulates how important progress on SDG 5—achieve gender equality and empower all girls and women—is to enabling young women and men to make informed decisions on protecting themselves from HIV infection.



SPEAKING OPENLY ABOUT SEX AND HIV

Eighteen years ago, at the age of 19, Florence Anam became pregnant. As a teenager she had been flattered by an older man showering her with attention. A good student in school and just about to start university, her parents told her that they were disappointed in her, but never brought up the subject again.

“When I was pregnant, there were never any questions of how I got in this situation or who was responsible,” Florence said. “Sex was a taboo topic and not a discussion that parents had with their children.”

Florence did not know of her HIV status until 2006. During a national Kenyan HIV prevention campaign, she and four other friends went to get tested. When the HIV tests confirmed she was living with HIV, she was shocked.

The reality hit when a year later Florence was dismissed from her job because of her HIV status. “Back then, there were no HIV networks for young people, neither was there as much information available, so I contacted a woman who had been featured in a newspaper and lashed out at her, asking, “Why am I not allowed to be productive if I am not sick yet?”” explains Florence.

That woman, Asunta Wagura, was the Director of the Kenya Network of Women with AIDS. Asunta asked Florence to come in and see the organization, for which she then started volunteering. She describes the experience as a serious reality check. She

heard other women’s stories, of how many of them lived in poverty and dealt with violence. “It was like plunging into this world that as a protected child I never even knew existed; all of a sudden my problems became trivial and I knew I needed to let other people know what I was seeing every day.”

She also became more vocal about HIV, bringing a lot of attention to herself and her status.

“I was done with having people dictate to me what their opinions about my life were, I missed the girl that I was and I desperately needed to get out that hole,” she says.

Part of Florence’s advocacy and communications work with the International Community of Women Living with HIV involves monthly mentoring meetings with girls and young women living with HIV. “I want to raise their consciousness regarding their life 20 years down the road,” Ms Anam says.

Florence considers that her life is full. Her 17-year-old son and 11-year-old adopted daughter affectionately chide her for bringing up sex and other “awkward” subjects at the dinner table.

“I am like the weird mother speaking about sex and responsible sexual behaviour in the most insane places,” Ms Anam says. “I keep repeating to them that decisions you make now, however immature, will have a long-term impact.”



SDG 9: BUILD RESILIENT INFRASTRUCTURE, PROMOTE INCLUSIVE AND SUSTAINABLE INDUSTRIALIZATION AND FOSTER INNOVATION

The scale-up of HIV treatment in low- and middle-income countries over the past 15–20 years is one of the greatest success stories of global health. In sub-Saharan Africa at the end of 2002, only 52 000 people were on treatment. Thanks to increased levels of production and full use of patent flexibilities, the number of people on treatment grew to 12.1 million in 2016. Lessons learned from the AIDS response have gone on to increase access to medicines for people living with TB, hepatitis C and noncommunicable diseases.

Researchers and scientists continue to innovate and improve the efficacy of antiretroviral medicines and to pursue a cure for HIV. Antiretroviral medicines have evolved so a person living with HIV who is taking their medicines regularly can now expect to live a normal lifespan.

When the Brazilian Government granted universal access to antiretroviral medicines in 1996 they changed the course of the national epidemic and increased survival rates remarkably. Dire predictions of large-scale AIDS-related deaths never came to pass. Brazil's Unified Health System is continuing to lead the way and has recently incorporated the most advanced scientific and medical technology into routine HIV services. Welber's story tells us how much SDG 9—build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation—is interwoven with increasing equitable access to medicines and achieving progress on ending AIDS.



UNIVERSAL ACCESS TO TOP-OF-THE LINE MEDICATION IN BRAZIL

New Year celebrations took a turn for the worse last year for Welber Moreira. The 23-year-old Brazilian found out he was living with HIV.

He described feeling ill the day after Christmas, so he went to a public health clinic to get some answers. Instead, the doctor posed a startling question. He asked me, “Can I see your most recent HIV test result?” Welber had never thought that a virus from some long-gone biology class would ever affect him. The doctor told him to go to one of the public voluntary counselling and testing centres in his hometown of Ribeirão Preto, north of São Paulo, where he took a rapid HIV test. His positive diagnosis was confirmed by a second test.

“After all the crying in front of the nurse, I thought of my girlfriend, because we had not been using condoms,” Welber said. His girlfriend tested negative for HIV. She began her 28-day prevention treatment even before Welber started taking his own antiretroviral medicine. Brazil’s public health system covers all HIV prevention and treatment costs, which made it easy for both of them to start taking medicines.

Something else worried him. “I was very scared and afraid of the side-effects,” Welber said. Surprisingly, he said, he has felt fine since starting his HIV treatment. Now, before going to bed he takes two pills a night. Shrugging his shoulders, he said, “I can’t imagine what it was like in the past, to take several pills a day, at different times.”

He is among more than 100 000 Brazilians to be given a new HIV medicine called dolutegravir (DTG), which has fewer side-effects and is more effective. The Brazilian Ministry of Health successfully negotiated to purchase DTG at a discount of 70%, bringing down the price per pill to US\$ 1.50 from US\$ 5.10. As a result, more people will have access to this new medicine within the approved budget for treatment in the country (which stands at US\$ 1.1 billion for 2017).

Welber is thankful for his girlfriend’s support and the efficiency of the clinic and centre, all of which helped him overcome the initial trauma.

Bringing up HIV and his status no longer upsets Welber. He said he speaks openly about it to his friends and at work. A small part of his family didn’t cope well with the news but he has not lost hope.

He has big plans with his girlfriend. “We plan to have two kids, starting three years from now,” he said.

He also said that he feels like he has to help others. “Whenever I can, for example, I pass by the local health clinic and grab some condoms for my colleagues at work and my friends,” Welber said. “It’s an opportunity for me to share what I know and to talk about prevention.”



SDG 17: STRENGTHEN THE MEANS OF IMPLEMENTATION AND REVITALIZE THE GLOBAL PARTNERSHIP FOR SUSTAINABLE DEVELOPMENT

Early in the AIDS response, in the absence of treatment options and the overwhelming scale of people affected by HIV, it was clear that a purely clinical response to the epidemic was not sufficient. Relatives, faith-based organizations and alliances of people affected by HIV stepped in to do what they could to help people die with dignity, to support the orphans, spouses and dependants left behind and to fight for a new way of doing things. Groups of vastly different people linked by the shared experience of the fear and stigma and horror of HIV and AIDS came together to demand that the response go beyond clinics, hospitals and the formal health service.

Embracing and expanding the concept of partnership was revolutionary, not for AIDS but also in the broader development sphere. Partnerships continue to be central to the AIDS response. Coordination and collaboration across a wide range of partners, including sex workers, scientists

and social workers, helps to identify and use expertise more effectively, overcome barriers more quickly and allocate resources more efficiently. Partnerships increase awareness and knowledge and create a critical mass of power and support that help to influence policy-makers and spur stakeholders to take action.

Cities are increasingly demonstrating their transformative power to build new partnerships and establish sustainable programmes and policies that deliver results. The story of the Sundown Clinic in Quezon City in the Philippines embodies SDG 17—strengthen the means of implementation and revitalize the global partnership for sustainable development. The success of the original clinic and the subsequent addition of two more clinics demonstrate how inclusivity continues to define the AIDS response and provide the inspiration for successful partnerships between a wide diversity of stakeholders.



QUEZON CITY'S HIV PROGRAMME BECOMES A MODEL FOR OTHER CITIES

Klinika Bernardo, popularly known as the Sundown Clinic, is located along a bustling highway. It operates from 15:00 until 23:00, allowing a maximum number of clients to visit. "We cater to men who have sex with men from all over the Philippines," said Leonel John Ruiz, head physician at Klinika Bernardo. "Only 40% of our clients are from Quezon City."

In 2012, Quezon City became the first city in the Philippines to open a clinic providing services for men who have sex with men and transgender people. From the start, demand for services at the Sundown Clinic was high. Almost 250 HIV tests and pre- and post-test counselling services were carried out in its first two months of operation, and 18 people tested positive for HIV.

Although same-sex relationships are legal in the Philippines, there is a high degree of stigma and discrimination towards men who have sex with men. Fear of being outed and ostracized prevents many men from accessing traditional health services. Studies by city health officials show that two-thirds of men who have sex with men in Quezon City have never had an HIV test.

"This is my first HIV test. I do not know what to expect," said one young man while filling out registration forms. "I tried to read up on HIV so I would have some background information, but it took me a while to gather the courage to come here." The young man found the staff supportive and skilled at calming his nerves. People who test positive for HIV receive counselling on antiretroviral

medicines and are accompanied by staff through their initial months of HIV treatment, which is free in the Philippines.

Quezon City now operates three Sundown Clinics and in the past few years has significantly increased investments in its HIV programmes. With nearly 3 million residents, Quezon City is the Philippines' most populous urban centre and has made stopping a burgeoning AIDS epidemic a top priority. Mayor Herbert Bautista has encouraged city residents to know their HIV status, and he has taken an HIV test in public. The city's effort to scale up HIV testing among men who have sex with men has proven successful, with such tests increasing 30 times. Forty per cent of the city's HIV tests take place in Sundown Clinics, effectively proving that removing barriers increases access to services.

"Since we have been operating, the perspective has definitely changed," says Leonel. "Before, we would have a hard time inviting people for testing. Now, most of our clients are walk-ins. People are personally and actively seeking information." Several other local city governments are starting to adapt the Quezon City model and establish their own clinics.

The Sundown Clinic staff speak proudly of their achievements, but they look forward to closing shop one day. "I pray before sleeping," says Adel, the only female peer educator at Klinika Bernardo. "I hope that one day there will be no one in need of our services. That's what I am working for."



UNAIDS
Joint United Nations
Programme on HIV/AIDS

20 Avenue Appia
1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org