

Civil Society Declaration for the UN High Level Meeting on AIDS

ZERO DRAFT

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On April 8, 2011 over 400 civil society activists gathered in New York for a one-day hearing with UN Member States on progress toward reaching Universal Access to HIV treatment, prevention, care, and support. This Civil Society Hearing took place as UN Member States began drafting a new Outcome Document on HIV, to be adopted at a United Nations High Level Meeting on AIDS on June 8, 2011.

The stark reality is 33.3 million people are currently living with HIV, at least 9.35 million people today are in urgent medical need of, but have no access to antiretroviral treatment (ART), and in 2009 2.2 million adults were newly infected with HIV. In light of this, advocates are calling for **a renewed and urgent commitment from member States to reach Universal Access goals by 2015.**

During the Hearing, civil society advocates stressed that in pursuing Universal Access goals the international community must prioritize public health over politics. They urged Member States to **make available to their citizens the full complement of evidence-based HIV prevention, care, treatment, and support technologies and tools—regardless of possible objections on moral, legal, or political grounds—as a commitment to the human right to health.**

The Outcome Document that will emerge from the UN High Level Meeting on HIV AND AIDS must acknowledge global failures to reach Universal Access by 2010, **re-commit to upholding and implementing priorities in the global AIDS response** articulated by key existing global frameworks on HIV, including the UNAIDS 2011-2015 Outcome Strategy, **and commit to bold, new targets.**

HUMAN RIGHTS

The UN High Level Meeting Outcome Document must commit Member States to the realization of the human rights to health and non-discrimination for all people, particularly key affected populations and the youth among those populations. These populations include people living with HIV, women and girls, young people, sex workers and their clients, transgender people, men who have sex with men, people who use drugs, migrants and mobile populations, refugees, prisoners, and people with disabilities.

Member States must:

1. Reaffirm commitments to a human rights approach to addressing HIV and AIDS and to respect, protect, and fulfill the human rights of people living with, affected by, and vulnerable to HIV and AIDS.
2. Ensure that the key affected populations listed above play a meaningful role in the design, implementation, monitoring, and evaluation of HIV prevention, treatment, care, and support programming.
3. Create an enabling environment that promotes and protects the human rights of women in the context of HIV and AIDS, including by enacting and/or reinforcing penal, civil, labour, and

administrative sanctions in domestic legislation to punish and redress the wrongs done to women and girls who are subjected to any form of violence, whether in the home, the workplace, the community or society^[1], protects women living with HIV from forced and coerced sterilization, ensures that women can exercise their right to have control over matters related to their sexuality in order to increase their ability to protect themselves from HIV infection^[2], guarantees access to comprehensive sexual and reproductive health services, and ensures women's equal access to property and inheritance.

4. Repeal laws, policies, and practices that block effective responses to AIDS, including laws that criminalize same-sex relationships, the unintentional transmission of or exposure to HIV, use and possession of drugs (for personal use), and sex work.
5. Include and budget for programs in national HIV strategies that promote and protect human rights, including programmes to reduce stigma and discrimination, sensitize police and judges, train health care workers in nondiscrimination, confidentiality and informed consent, monitor and improve the impact of the legal environment, know your rights campaigns, legal literacy, and legal services.
6. Promote laws and policies that protect the rights of young people, particularly those living with HIV from key affected populations, in order to significantly reduce the stigma and discrimination they face and create an environment for safe disclosure and the full enjoyment of their rights.
7. Recognize the vulnerabilities to HIV experienced by migrant and mobile populations and develop and support linked regional and global frameworks that acknowledge and protect their human rights to treatment, prevention, care, and support.

TREATMENT AND PREVENTION

Success to date in increasing access to life saving ART, although incomplete, shows that Universal Access goals are within our grasp. Ten years of experience about how to successfully treat and prevent HIV, and emerging evidence of the prevention benefits of treatment, should energize the global AIDS response to pursue the achievable goal of ending AIDS in our lifetime.

Member States must:

8. Reach 100% of the projected 18.3 million people estimated by the World Health Organization (WHO) as eligible for ART by 2015.
9. Develop and meet new strategies and targets for increased voluntary, consensual, and rights-based HIV counseling and testing with linkages to HIV services including inexpensive, simple

^[1] Beijing Declaration paragraph 124.c

^[2] Political Declaration on HIV and AIDS, paragraph 30

point of care diagnostics for adult and early infant diagnosis of both HIV and tuberculosis (TB).

10. Adopt and maximize utilization of public health flexibilities as described in the Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) in order to lower the price of essential medicines (including for HIV, TB, and hepatitis C) and reform national laws and reject bilateral and regional trade agreements that exceed the standard for intellectual property rights protection and enforcement set out in TRIPS and hinder access to low-cost, high-quality medicines.
11. Expand effective, targeted evidence-based prevention to achieve a 50% reduction in sexual HIV transmission by 2015 through the provision of an essential package of HIV and sexual and reproductive health services and education programmes for all communities, including people living with HIV, women and girls, young people, sex workers and their clients, transgender people, men who have sex with men, people who use drugs, migrants and mobile populations, refugees, prisoners, and people with disabilities.
12. Increase access to HIV prevention, treatment, care, and support for women in all of their diversity together with comprehensive sexual and reproductive health services including contraception (including female and male condoms), ante-natal and post-natal care, skilled birth attendance, emergency obstetric care, safe abortion and post-abortion care, and prevention, diagnosis, and treatment of sexually transmitted infections (STIs) and reproductive cancers.
13. Eliminate vertical transmission by 2015 through access to triple combination therapy and comprehensive sexual and reproductive health and family planning services for women throughout their lifecycles.
14. Prevent all new HIV infections among people who use drugs by 2015 through comprehensive, evidence-informed and human-rights-based harm reduction programmes that are 100% accessible to all who need them, including opioid substitution programmes, sterile needle and syringe access, as well as alignment of law enforcement approaches to public health goals.
15. Remove barriers to HIV services for young people such as age restrictions and mandatory parental consent for HIV testing, comprehensive sexuality education, reproductive health, treatment, care and support services and provide comprehensive, prevention, treatment care and support services which cater to the specific needs of children and young people living with HIV as they transition from paediatric care into adolescent and youth friendly services.
16. Commit to achieving Universal Access for adults and children to high-quality TB diagnostics, prevention, and treatment in line with the *Global Plan to Stop TB: 2011-2015*, including access to ART, treatment for drug-sensitive and resistant forms of TB, prevention interventions for TB including isoniazid preventive therapy (ITP), intensified TB case finding (ICF) among people with HIV, and infection control measures to prevent people living with HIV from contracting TB, by the year 2015.
17. Address the high rates of HIV and Hepatitis B and C co-infections by developing an estimate of the global treatment need by 2012 and providing vaccination,

diagnostics, and treatment of co-infections for at least 50% of people in need in low and middle income countries by 2020.

18. Intensify investment in the research, development and delivery of critically needed new prevention options, including ART as prevention, female condoms, male circumcision, pre-exposure prophylaxis (PrEP), microbicides, an AIDS vaccine, and a cure for AIDS, while making maximum use of the effective prevention and treatment strategies already available.

CARE AND SUPPORT PRIORITIZING COMMUNITY-BASED SERVICES

The UN High Level Meeting Outcome Document must commit Member States to recognize care and support as central to achieving Universal Access as well as MDGs 4, 5 and 6 and other key goals in broader health and development agendas. Care and support services, including palliative care, are required throughout the course of HIV-related illness, regardless of the ability to access ART.

Member States must:

19. Commit to Universal Access to comprehensive care and support services including psychosocial, physical, socio-economic, nutritional and legal care and support for adults and children living with, and affected by HIV, including caregivers.
20. Recognize and compensate secondary caregivers for their central contribution to the fight against HIV and AIDS and develop and improve sustainable and adequate social protection and/or insurance schemes, including pension and savings schemes that meet basic minimum needs of primary (family) caregivers.^[3]
21. Commit to ensure 100% of those who need it access home-based care and palliative care services including access to pain treatment by 2015.^[4]
22. Commit to ensure that 100% of all countries have comprehensive care and support policies.^[5]
23. Ensure that orphans and vulnerable children affected by AIDS are supported to stay in school at the same levels as their non-orphaned counterparts through the creation of safe and non-stigmatising learning environments and the expansion of social protection and care and support programmes for the most vulnerable families.

HIV AS A CATALYST TO STRENGTHEN HEALTH SYSTEMS

The HIV response has set a new standard for addressing global health concerns. Going forward in efforts to strengthen health systems more broadly, Member States should use the example set by the

^[3] 53rd Commission on the Status of Women Outcome Document

^[4] UN General Assembly Special Session on HIV and AIDS (UNGASS) National Composite Policy Index (NCPI)

^[5] Ibid.

HIV response as a catalyst and model to elevate their commitments to addressing other public health issues.

Member States must:

24. Increase dramatically the number of trained health workers in developing countries by 2015.
25. Support and promote the Global Fund to Fight AIDS, Tuberculosis and Malaria's Community Systems Strengthening framework and UNAIDS' Treatment 2.0 agenda to recognize and fully support civil society as an equal partner in helping governments reach care, support, treatment, and prevention targets.
26. Ensure that the health needs of key affected populations are addressed within efforts to strengthen health systems.
27. Strengthen efforts to integrate HIV and TB responses into reproductive, maternal, newborn, and child health and commit additional resources to support such engagement.
28. Fulfill the commitments made to the UN Secretary General's Global Strategy for Women's and Children's Health, including those made by the G8 countries.

FINANCING

Governments must follow through on commitments to fully fund the global AIDS response and create accountability mechanisms to ensure that commitments are met.

Member States must:

29. Fully fund the HIV response to a level of at least US\$24 billion per year by 2015 to meet Universal Access targets.
30. Support innovative global HIV AND AIDS investment strategies that maximize synergies and deliver sustainable programmes, including (but not limited to) the Treatment 2.0 agenda.
31. Maximize the value for money of HIV programs by investing in the most effective interventions focused on the most affected populations at the lowest price, while ensuring that HIV services are affordable, acceptable, accessible, and of good quality.
32. Implement the Global Plan to Stop TB 2011-2015, including providing \$2.8 billion to scale up access to collaborative TB/HIV interventions and \$9.8 billion to research and develop new TB drugs, diagnostics and a vaccine that are effective for use among people living with HIV/AIDS.
33. Fulfil commitments to the Abuja Declaration target of dedicating 15% of national budgets to health and ensure sufficient domestic resources for HIV and broader health needs.
34. In cooperation with donors and the private sector, support and implement innovative financing mechanisms to raise dedicated, predictable funds, prioritizing the financial transaction tax, to meet HIV, health, and other development needs.

35. Ensure that International Monetary Fund (IMF) policies are reviewed and revised to so that they do not have an adverse impact on health spending nor are they used to justify reduced spending on health.

Donor Member States Must:

36. Meet commitments to Overseas Development Assistance with contributions totalling 0.7 % of GNI.
37. Fully fund the Global Fund to Fight AIDS, Tuberculosis and Malaria to meet and sustain its essential demand-driven model and meet its 2011 – 2016 strategic targets in order to triple the number of lives saved by Global Fund funding.

ACCOUNTABILITY

Accountability of established commitments, targets, and indicators and performance-based funding of programmes of direct relevance to Universal Access and achieving the 2011 Outcome Document, must be ensured at national, regional, and international levels.

Member States must:

38. Agree on a 2011 Outcome Document that includes a clear accountability mechanism to review and report on progress and address shortcomings in achieving it, including:
 - a. Transparency of decision-making and the meaningful involvement of civil society, people living with HIV, and key affected populations in the design, implementation, allocation of resources, and monitoring and evaluation of policies and programs addressing HIV.
 - b. Sufficient resources for developing and sustaining national monitoring and evaluation systems that, for the sake of meaningful comparison, align with the set of global indicators developed by UNAIDS.
 - c. Reliable information that is accessible and available to the general public.
39. Commit to holding General Assembly Special Sessions on HIV every two years until Universal Access is reached.
40. Ensure that all reports on achieving the 2011 Outcome Document include progress made toward reaching spending targets on key affected populations and fully funding community-based responses led and implemented by key affected populations.

^[1] Beijing Declaration paragraph 124.c

^[1] Political Declaration on HIV and AIDS, paragraph 30

^[1] 53rd Commission on the Status of Women Outcome Document

^[1] UN General Assembly Special Session on HIV and AIDS (UNGASS) National Composite Policy Index (NCPI)

^[1] Ibid.

