Aktionsbündnis gegen AIDS

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Comments on the Zero Draft UN Declaration on HIV/AIDS (as of 28th April 2011)

3. Faith-based organizations and trade unions should be included in the list.

10. This paragraph should read as follows: "*Remain* deeply concerned by the overall expansion and feminization of the epidemic and the fact that women and girls now represent 50 per cent of people living with HIV worldwide and nearly 60 per cent of people living with HIV in Africa; that the ability of young women to protect themselves from HIV continues to be compromised by gender inequalities such as unequal legal, economic and social status, including poverty as well as other cultural and physiological factors, all forms of violence against women and girls, and by early marriage, child and forced marriage, premature and early sexual relations**, lack of access to sexual and reproductive health care services, including for adolescents and young people**, **sexual violence,** female genital mutilation, **and other violations of reproductive rights;"**

13. When considering sexuality education and HIV prevention it should be clear that a comprehensive, scientifically accurate, and participatory approach is necessary both from a human rights perspective and for public health reasons. Intensified efforts are required to reach and support the children and young people that are especially vulnerable due to social disadvantage and discrimination based on gender, sexual orientation, ethnicity or any other condition.
Young people need the information, the life skills and the means in order to decide on and make use of the methods of prevention which are the most appropriate. Their specific needs and living conditions must be taken into account while recognizing that every strategy of protection against HIV infection that is scientifically proven represents a responsible behaviour. Barriers to HIV services for young people such as age restrictions and mandatory parental consent for HIV testing must be removed.

16. In order to overcome discrimination and to advocate for an enabling approach for prevention efforts it is necessary to make clear that the affected population groups are made vulnerable to HIV through social marginalization and discrimination. The specification of key populations should also include: transgender people, mobile populations and refugees, people with disabilities and prisoners, indigenous people, women and girls, and young people in general.

19. There are an estimated 10 million people urgently in need of antiretroviral treatment in order to reduce the mortality risk that do not have access to this treatment.

25. In addition to the elements addressed in this paragraph it should be recognized that participatory models of planning and administration of health services are among the positive elements developed by many projects and initiatives responding to the HIV epidemic and that these models of community participation should be implemented broadly in health systems.

29. A major obstacle for evidence-informed responses is the lack of participatory social research on social conditions of vulnerability and barriers for the adoption of effective prevention strategies.

30. First and foremost Member States should recognize that the targets set in the 2001 Declaration of Commitment on HIV/AIDS and the UN Political Declaration on HIV/AIDS and especially the overarching goal of universal access to comprehensive services of HIV prevention, treatment, care and support were not achieved due to insufficient political will, lack of financial resources, and weakened health systems.

31. The mobilization of the required financial resources is indispensible for achieving an "end [to] the HIV epidemic".

Leadership – Uniting to end the HIV epidemic

35. The process of updating national strategies and plans should be completed no later than 2012 in order to have sufficient time for the implementation to achieve the respective targets by 2015.

36. Financing of national response plans should be secured no later than one year after finalizing the update of national strategies, i.e. by 2013. This paragraph should include the commitment to developing, by 2012, an international framework for funding the HIV response which establishes principles and targets for financing efforts by low and middle-income countries as well as fair contributions from donor countries. Financial strategies must also take into consideration sustaining funding sources beyond 2015.

37. This paragraph should read as follows: "*Commit* to fully supporting the leadership of young people, including those living with HIV **and from key affected populations**, in the fight against the epidemic at local, national and global levels; and agree to **include them in policy making and the design, implementation and monitoring of HIV and sexual and reproductive health programmes including the development of** specific measures to engage young people about HIV, including in communities, families, schools, tertiary institutions and workplaces;"

38. Recalling the principles agreed in the Declaration of Commitment on HIV/AIDS the last part of this paragraph should read as follows: to develop and scale up community-led HIV services and to take all necessary measures to **eliminate** stigma, discrimination and marginalization, fully promote and protect all human rights and fundamental freedoms, integrate a gender perspective and address risk, vulnerability, prevention, care, treatment, support and reduction of the impact of the epidemic. The full participation must be recognized as a fundamental principle.

Prevention – transform efforts to end new HIV infections

41. Efforts to reduce sexual transmission of HIV need to include intensifying efforts to challenge gender stereotypes and attitudes as well as gender inequalities in relation to the right to decide freely on their sexuality, encouraging the active involvement of men and boys. This approach is part of the Declaration of Commitment on HIV/AIDS.

43. The prioritization for targeting prevention efforts should not generate the illusion that it is normally well-known in which population groups how many HIV infections occur. Therefore, the paragraph should read as follows: "ensure that the allocation of financial resources for prevention prioritizes those population groups and regions where, according to scientific information including epidemiologic data and studies on vulnerability, the highest rates of new infections are expected."

44. Testing needs to respect the principles of confidentiality and informed consent and to protect human rights. It should be offered free of charge.

45-47. Time-bound targets for the impact of prevention efforts should be set for 2015 in accordance with the time period to achieve the MDGs.

Treatment, Care and Support – Eliminating AIDS-related illness and death

48. In view of the considerable uncertainty bounds of the estimated number of people in need of antiretroviral therapy it appears preferable to set the treatment target as a percentage instead of a figure in absolute terms. Proposal: ensure that by 2015 at least 80% of people living with HIV and in need of treatment are provided with access to antiretroviral therapy.

52. Member States should avoid trade agreements that impose intellectual property rights protections stricter than necessary under the TRIPS Agreement. Where a higher protection level has already been imposed, all political and legal means (so-called TRIPS flexibilities) should be used in order to reduce the negative effects for access to medicines. This should also include discouraging the use of anti-counterfeiting laws and enforcement mechanisms that can adversely affect access to generic medicines. Additionally, this paragraph should include the following statement: develop by 2012 first comprehensive evaluations of the effects of trade agreements on access to medicines and on research and development of new medicines, and an update of the evaluations by 2015.

53. In order to avoid impoverishment and to maximise treatment effectiveness the services of diagnosis, care and monitoring need to be free at the point of care.

48.-54. The section on treatment, care and support fails to recommit to the quality standards which were enunciated in the Declaration of Commitment on HIV/AIDS in para 55: *"make every effort to provide progressively and in a sustainable manner, the highest attainable standard of treatment for HIV/AIDS, including the prevention and treatment of opportunistic infections, and effective use of quality-controlled antiretroviral therapy in a careful and monitored manner to improve adherence and effectiveness and reduce the risk of developing resistance; and to cooperate constructively in strengthening pharmaceutical policies and practices, including those applicable to generic drugs and*

intellectual property regimes, in order further to promote innovation and the development of domestic industries consistent with international law." Likewise, the formerly established commitment to strengthen family and community-based care, health-care systems, and to support individuals, households, families and communities affected by HIV/AIDS should be reaffirmed (see Declaration of Commitment on HIV/AIDS, para 56). Furthermore, a commitment should be included which refers to the necessity to offer comprehensive care and support services including physical, psychosocial, socio-economic, legal, nutritional and palliative care services. Finally, it is absolutely necessary to reiterate the acknowledgement made in the Declaration of Commitment on HIV/AIDS (para 17) that prevention and treatment are mutually reinforcing elements of an effective response and must be integrated in a comprehensive approach to combat the epidemic.

Advancing human rights and reducing vulnerability – drives an effective global response to HIV

55. The wording "take account of local circumstances and culture" could be understood as an adaptation or limitation of the human rights principles and should therefore be avoided (the Declaration of Commitment on HIV/AIDS does not contain such a phrase in the context of human rights protection). Instead, it is necessary to overcome harmful social, **ideological, cultural** and legal conditions. The declaration should not accept any limitation of the protection and promotion of human rights.

56. Unfavourable laws and policies must be amended and not only be reviewed. Especially laws that criminalize same-sex relationships, the transmission of or exposure to HIV and sex work should be abolished. It is necessary to include the concept to treat drug use as a health issue, not as a criminal offense.

58. It is necessary to include as a precondition in order to *"empower women to have control over and decide freely and responsibly on matters related to their sexuality"* (Declaration of Commitment on HIV/AIDS, para 59) the commitment to address and overcome the social and economic inequality between men and women.

59. The commitment to protect orphans and vulnerable children against violence, exploitation and deprivation should be mentioned.

55.-60. The fundamental issue of vulnerability due to social and structural factors is practically neglected in the present draft. It is necessary to include a specific paragraph which could read as follows: "we commit to identify, address and make all necessary efforts to overcome the situations of vulnerability that are caused by socio-economic disadvantage, ethnic marginalization, discrimination based on sexual orientation and any other relevant condition including labour migration, lack of access to education, disability and destabilization by armed conflict, humanitarian emergencies and natural disasters."

Health Systems Strengthening and Integrating HIV responses with health and development

61. It is necessary to include, as a fundamental element of efforts to strengthen health systems, the development and implementation of structures and procedures for planning, administration,

monitoring and evaluation that promote the full participation of communities, especially people living with HIV and populations made vulnerable to HIV by social conditions and norms.

Research and development – the key to preventing, treating and curing HIV

65. The research agenda should mention specifically the necessity to conduct social participatory research on factors that contribute to vulnerability, impede the adoption of preventative behaviour and hamper treatment effectiveness.
It needs to be emphasized that Member States must commit to intensifying investment in the research, development and delivery (when effective options become available) of critically needed new prevention options, including microbicides, preexposure prophylaxis (PrEP) and an AIDS vaccine, while making maximum use of the effective prevention and treatment strategies already available. Engagement of all countries, especially those most burdened by the pandemic, will continue to be essential in research efforts to ensure that new technologies are both acceptable and accessible to those in greatest need.

Resources – Meeting the HIV challenge requires new, additional and sustained resources

68. With reference to mobilizing the resources required for the global HIV response Member States should commit to support UNAIDS and other relevant international organizations in producing comprehensive and updated estimates of funding needs. These estimates must take into account national plans to combat HIV/AIDS. However, they must principally be based on available scientific information including epidemiological and socio-demographic data, sound and effective approaches and strategies for key interventions as well as cost calculations for medical products that consider the consequent use of compulsory licensing and other safeguards included in the TRIPS Agreement, where needed.

69. The only correct phrasing is to urge **all developed countries** that have not done so to fulfil their commitment to contribute 0.7 per cent of their gross national income for overall official development assistance and to meet the target of allocating 0.15 per cent to 0.20 per cent of gross national income as official development assistance for least developed countries (as indicated in the Declaration of Commitment on HIV/AIDS, para 83 “Urge the developed countries that have not done so to strive to meet the targets of 0.7 per cent of their gross national product for overall official development assistance and the targets of earmarking 0.15 per cent to 0.20 per cent of gross national product as official development assistance for least developed countries as agreed, as soon as possible, taking into account the urgency and gravity of the HIV/AIDS epidemic;”). Additionally, Member States should applaud those developed countries that achieved the target level and welcome that others, especially the European Union Members, have established agreed plans to increase ODA volumes to the required level.

70. The commitments regarding the funding of relevant UN organizations should include the target to mobilize the resources necessary to allow these organizations to fulfil their mandate of international coordination, technical assistance and identification of good practices in their specific fields of competence.

71. The introduction of a Financial Transaction Tax for development and coping with climate change on the global level should be mentioned as an option to increase the resources urgently required for investments in human development and particularly international public health as well as addressing new challenges such as climate change. Innovative financial instruments directed at generating the necessary resources should be explored.

72. The commitment to support the Global Fund to Fight AIDS, Tuberculosis and Malaria should include the development of an agreed funding framework that establishes fair contribution shares for donor countries and other stakeholders based on plausible criteria, considering mainly economic capacity.

Coordination, Monitoring and Accountability – Maximising the Response

75. The further development of core indicators for monitoring the fulfilment of the new commitments on a global and national level needs to include the principle of full participation of people living with HIV, population groups made vulnerable to HIV and civil society in general.

Follow up – Sustaining progress to zero new infections, zero discrimination and zero AIDS-related deaths

78. The follow-up and evaluation of progress within the framework of events dedicated to the MDGs may not fall short of the level of participation of infected and affected people that was achieved for the high level meetings on HIV/AIDS. On a national level it is necessary to continue to produce country progress reports at least bi-annually with the full participation of people living with HIV, vulnerable groups to HIV and civil society.