Aktionsbündnis gegen AIDS
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Bericht zum High-Level Meeting zu HIV/Aids 2011

Von: Joachim Rüppel, Sandy Harnisch

Vom 8.- 10. Juni 2011 fand das High-Level Meeting zu HIV/Aids bei den Vereinten Nationen in New York statt. Diesem Treffen kam eine besondere Bedeutung zu, weil die Umsetzung der auf 2010 ausgerichteten Zielvorgaben der ursprünglichen UN-Verpflichtungserklärung rückblickend bewertet werden sollte und die Verabschiedung einer Anschlusserklärung für die kommenden Jahre vorgesehen war.

Das Aktionsbündnis gegen AIDS war durch Joachim Rüppel und Sandy Harnisch in der Regierungsdelegation Deutschlands und im Verbund mit den zivilgesellschaftlichen Vertreter/innen vertreten. Zudem konnte das Aktionsbündnis für die Regierungsdelegation eine Jugenddelegierte, Corinna Sewtz, benennen, die für das Aktionsbündnis vom Jugendgipfel am 7. Juni 2011 berichtete. Ziel der Reise war es, sowohl über die Regierungsdelegation als auch mittels der zivilgesellschaftlichen Foren auf die Verhandlungen der neuen Politischen Erklärung zu HIV/Aids einzuwirken. Die bereits im Vorfeld in kritischem Bezug auf den ersten Entwurf der Erklärung formulierten Positionen des Aktionsbündnisses (siehe Anhang 1) bildeten hierfür die Grundlage. Die wesentlichen Ergebnisse dieses Treffens und die zentralen Ereignisse sind auf der Homepage des Aktionsbündnisses dokumentiert.[3]

Die zum Abschluss der Konferenz verabschiedete Politische Erklärung ist wegweisend für die zukünftigen Maßnahmen der HIV-Prävention, Behandlung und Unterstützung. Die Präsentation (Anhang 2) stellt die Aussagen der neuen Erklärung zu den wichtigsten Themen den inhaltlich vergleichbaren Paragraphen der früheren Erklärungen sowie einigen unserer eigenen Vorschläge gegenüber. Das erlaubt es ohne langwierige Suche der betreffenden Textstellen die wesentlichen Tendenzen bei der Formulierung essentieller Handlungsprinzipien und aktueller Zielvorgaben für die weltweite Bewältigung der HIV-Epidemie selbst durch eine vergleichende Analyse nachzuvollziehen. Dabei zeigt sich nach unserer Auffassung, dass zwar quantitative und zeitgebundene Ziele für Prävention und Behandlung erwähnt werden, aber die Verpflichtung diese auch zu erreichen, deutlich weniger verbindlich formuliert wird als das bei den entsprechenden Vorgaben in den früheren Erklärungen der Fall war. Das gilt auch für die Neuformulierung des Ziels, den allgemeinen Zugang zu Prävention, Behandlung und Unterstützung zu erreichen. Es zeigt sich aber vor allem in der sinnwidrigen Formulierung der anvisierten Behandlung von 15 Millionen Menschen mit fortgeschrittener HIV-Infektion, wo praktisch die Arbeit daran- also quasi der Weg - zum Ziel erklärt wird. In den anderen Fällen verspricht man textuell auch nur an den betreffenden Zielen zu arbeiten. Darüber hinaus sind die folgenden Schwachstellen von ausschlaggebender Bedeutung:

- Gleich zu Beginn (Para 2) behält man sich vor, die Verpflichtungen nur insoweit umzusetzen, als sie mit nationalen Gesetzen und Prioritäten in Einklang stehen, statt umgekehrt diese Prioritäten auf die Notwendigkeiten der HIV-Antwort auszurichten
- Dass die Bedrohung durch HIV zuallererst das Leben und die Würde der Menschen betrifft wird nicht mehr gesehen

[3] Siehe: http://www.aids-kampagne.de/materialien/dossiers/aidsbekaempfung-international/

- Anstatt einer vollen Beteiligung sollen Menschen, die mit HIV leben oder von der Epidemie betroffen sind, von den Regierungsverantwortlichen lediglich einbezogen werden
- Statt alle Formen der Diskriminierung zu beseitigen, will man diese fatale gesellschaftlich-politische Reaktion nur noch „angehen".
- Die am stärksten bedrohten Schlüsselgruppen werden zwar benannt, aber ohne die Einsicht, dass diese besondere Gefährdung in erster Linie durch die gesellschaftliche Ausgrenzung und Benachteiligung bedingt ist.
- Wesentliche Präventionsmaßnahmen werden zwar aufgeführt, aber deren Umsetzung wird von lokalen Umständen und sog. Werten abhängig gemacht
- Das zentrale in der Verpflichtungserklärung von 2001 aufgestellte Ziel, 95% der jungen Menschen Zugang zu Informationen und Diensten der HIV-Prävention zu verschaffen (Para 53), taucht gar nicht mehr auf.
- Es ist zweifelhaft, ob die anvisierten 15 Millionen Menschen unter antiretroviraler Therapie ausreichen, um den universellen Zugang zu Behandlung wenigstens im technischen Sinn (definiert als 80% des Bedarfs nach UNAIDS) zu realisieren. Fatalerweise würde eine hohe Sterblichkeit bedingt durch eine verzögerte Realisierung von effektiven Behandlungsprogrammen die Anzahl der Menschen vermindern, die auf eine Therapie angewiesen sind, so dass dann die genannte Zielgröße eher ausreichen würde.
- Die volle Nutzung der Interpretationsspielräume und Schutzklauseln des TRIPS-Abkommens - wie durch die Doha-Erklärung bestätigt und präzisiert - wird zwar festgehalten, aber es fehlt die Perspektive zu überprüfen, ob diese WTO-Regelungen für die Sicherung des Zugangs zu Medikamenten ausreichend sind oder reformiert werden müssen. Das wird aber aller Voraussicht nach für den Zugang zu neueren Wirkstoffen nötig sein, wenn man sich die politischen und ökonomischen Grenzen der nationalen Souveränität und Gemeinwohlorientierung der meisten Staaten vor Augen führt.
- Der fundamentale Aspekt der Identifikation und Überwindung von strukturellen Gefährdungssituationen wie sozioökonomische Gegensätze, Arbeitsmigration unter prekären Bedingungen, fehlende Lebensperspektiven von jungen Menschen, etc. wird abgesehen von der Benachteiligung von Frauen ausgeblendet, während der Verminderung der Vulnerabilität 2001 noch ein eigenes Kapitel gewidmet war.
- Was den entscheidenden Punkt der Finanzierung der HIV-Bekämpfung angeht, wird behauptet, dass die Kostenentwicklung nicht tragbar sei. Wo es um Menschenleben geht, und die früher gesetzten Finanzierungsziele trotz bedeutender Mittelsteigerungen nie erreicht wurden, erscheint das vollkommen unverständlich und diese drohende Kostendeckelung kann gefährliche Folgen haben für die Effektivität bestehender Programme und die Erreichung des allgemeinen Zugangs zu elementaren HIV-Diensten.
- Die Aufnahme des kurz vor dem HLM im Lancet publizierten Finanzierungsziels für spezifische HIV-Maßnahmen von 22 bis 24 Mrd. US$ in Entwicklungsländern ist hoch problematisch, weil der betreffende Ansatz von höchst unsicheren Kosteneinsparungen ausgeht und sowohl das vorgesehene Spektrum als auch der anvisierte Deckungsgrad der Maßnahmen enger gefasst sind als in den bisherigen Bedarfsschätzungen, die daher auch deutlich höher ausfielen (vgl. Finanzierungsszenario in Teil B des Alternativberichts).
- In der Bezugnahme auf den UN-Richtwert von 0,7% der ODA-Leistungen in Relation zum BNE werden nur die Länder in die Pflicht genommen, die sich in einer zusätzlichen Zusage verpflichtet haben, dieses Quote bis 2015 zu erreichen. Damit sind im Klartext die EU-15-Staaten mit ihrem 2005 beschlossenen Stufenplan gemeint. Die Aufforderung an die übrigen Geberstaaten,

zusätzliche Anstrengungen zu unternehmen, ist zu unklar, während in den früheren Erklärungen unmissverständlich alle Industrieländer zur Erfüllung dieser bereits 1970 vereinbarten Quote gedrängt wurden.
- Die Staaten werden zwar „ermuntert“, den Globalen Fonds auf einem hohen Niveau zu unterstützen und dabei die bei der Zwischenkonferenz 2012 zu erstellenden Finanzierungsziele zu berücksichtigen, aber es fehlen Kriterien und Verpflichtungen für eine angemessene Beitragshöhe der wirtschaftlich privilegierten Staaten.

Andererseits lassen sich auch positive Elemente in der neuen Erklärung finden, die ganz oder weitgehend unseren Vorschlägen entsprechen. Darunter sind vor allem zu nennen:

- Der wohl bedeutendste Paragraph in diesem Sinne, der 2001 zu den in letzter Sekunde erreichten Errungenschaften gehörte, bezieht sich auf die Bestätigung des Selbstbestimmungsrechts der Frau mit der entsprechenden notwendigen Voraussetzung der Überwindung jeglicher Benachteiligung. Hier ist es gelungen, die Formulierungen von 2001 aufrecht zu erhalten.
- Die festgehaltenen Zeitfristen für die Aufstellung aktualisierter nationaler Pläne (bis 2012) im Hinblick auf die Erreichung des allgemeinen Zugangs bis 2015 sowie die Sicherung der Finanzierung dieser Pläne (bis 2013) sind identisch mit den betreffenden Vorschlägen in unserem Statement.
- Alle wissenschaftlich bestätigten Präventionsmethoden, einschließlich der Benutzung von Kondomen, werden in die Kategorie des verantwortlichen Sexualverhaltens aufgenommen.
- Die Aussage, dass bei der Förderung und dem Schutz der Menschenrechte lokale Umstände und Kulturen zu berücksichtigen seien, konnte vermieden werden, so dass an dieser Stelle keine Einschränkung bei der Anwendung der fundamentalen Rechte eingebaut ist.

Zusammenfassend lässt sich also konstatieren, dass die neue Erklärung zwar festhält, dass die HIV-Epidemie noch immer eine humanitäre Katastrophe darstellt, wie es sie nie zuvor gegeben hat. Trotz einiger zu begrüßender Vereinbarungen spiegeln aber die Ausführungen zu vielen wichtigen Punkten diese Einsicht nicht wider. Zentrale Aussagen insbesondere zu den grundlegenden Handlungsprinzipien fallen leider hinter die Selbstverpflichtungen zurück, wie sie in den beiden 2001 und 2006 beschlossenen UN-Erklärungen festgelegt waren. Und in der Gesamtsicht muss kritisiert werden, dass die Formulierungen in wesentlichen Aspekten deutlich schwammiger gehalten sind, als in den früheren Leitdokumenten. Es ist aber auch in einer Reihe von strategisch wichtigen Punkten gelungen, die 2001 von der Zivilgesellschaft und einigen fortschrittlicheren Regierungsdelegationen errungenen Grundsätze zu erhalten und diverse hochproblematische Formulierungen abzuwenden, die im ersten Entwurf enthalten waren oder von manchen Regierungen vertreten wurden. Ein wichtiges Anliegen der politischen Überzeugungsarbeit wird künftig sein müssen, der absehbaren Tendenz entgegen zu treten, dass die umfassenderen und eindeutigeren Einsichten und Leitlinien in der ursprünglichen Verpflichtungserklärung im öffentlichen Diskurs hinter die weniger verbindlichen und konsequenten Aussagen der neuen Erklärung zurücktreten. Dafür kann auf die ausdrückliche Erneuerung der 2001 und 2006 eingegangenen Verpflichtungen zurückgegriffen werden. In der abschließenden Pressemitteilung, die das Aktionsbündnis zusammen mit der DAH erstellte, wurde versucht, eine ausgewogene Bilanz zu ziehen und die zentralen Aspekte auf der positiven und der negativen Seite zu benennen (siehe Anhang 3).

Anhang 1: Positionen des Aktionsbündnisses

Anhang 2: Präsentation UN High Level Meeting zu HIV/AIDS – Prozesse und Ergebnisse (Joachim Rüppel)

Anhang 3: Pressemitteilung des Aktionsbündnis gegen AIDS und der Deutsche AIDS-Hilfe vom 8. Juni 2011

Aktionsbündnis gegen AIDS

Leben ist ein Menschenrecht!
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17th May 2011

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.

UN High Level Meeting zu HIV/AIDS, Juni 2011 Prozesse und Ergebnisse

Joachim Rüppel

Statement Secretary-General Ban Ki-Moon

The story of how we got here was written by many of you. The governments, the medical community, the private sector and, **above all, the activists who struggled against AIDS in their lives and around the world.**

…

Today, the challenge has changed.

Today, we gather **to end AIDS**.

That is **our goal: an end to AIDS within the decade – zero new infections, zero stigma and zero AIDS-related deaths**.

…

But if we are to relegate AIDS to the history books, **we must be bold**.

That means facing sensitive issues, including men who have sex with men, drug users and the sex trade.

I admit that those were not subjects I was used to dealing with when I came to this job. But **I have learned to say what needs to be said, because millions of lives are at stake.**

A/RES/65/277 Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS

Zero Draft Title (28 April 2011):

[Name] declaration on HIV/AIDS
"Zero New Infections – Zero Discrimination – Zero AIDS Related Deaths"

Farbliche Unterscheidung der Textquellen:

2011 Political Declaration

2001 Declaration of Commitment on HIV/AIDS, 2006 Political Declaration

Comments on the Zero Draft UN Declaration on HIV/AIDS (AgA)

A/RES/65/277 Political Declaration on HIV/AIDS:

2. (We) Reaffirm the sovereign rights of Member States, as enshrined in the Charter of the United Nations, and the need for all countries to **implement the commitments and pledges in the present Declaration consistent with national laws**, national development priorities and international human rights;

38. By 2003, **integrate HIV/AIDS prevention, care, treatment and support and impact-mitigation priorities into the mainstream of development planning**, including in poverty eradication strategies, national budget allocations and sectoral development plans

A/RES/65/277 Political Declaration on HIV/AIDS:

7. Recognize that HIV and AIDS constitute a global emergency, pose one of the most formidable **challenges to the development, progress and stability of our respective societies and the world at large** and require an exceptional and comprehensive global response that takes into account that the spread of HIV is often a consequence and cause of poverty;

2. …the global HIV/AIDS epidemic, through its devastating scale and impact, constitutes a global emergency and one of the most formidable **challenges to human life and dignity, as well as to the effective enjoyment of human rights**, which undermines social and economic development throughout the world and affects all levels of society

A/RES/65/277 Political Declaration on HIV/AIDS:

57. Commit to continue **engaging people living with and affected by HIV in decision-making, and planning, implementing and evaluating the response**, and to partner with local leaders and civil society, including community-based organizations, to develop and scale up community-led HIV services and **to address stigma and discrimination**

37. **eliminate** discrimination and marginalization; involve partnerships with civil society and the business sector and the **full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk**, particularly women and young people

A/RES/65/277 Political Declaration on HIV/AIDS:

50. Commit to seize this turning point in the HIV epidemic and through decisive, inclusive and accountable leadership to revitalize and intensify the comprehensive global HIV and AIDS response by **recommitting to the commitments made in the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS** and **by fully implementing the commitments, goals and targets contained in the present Declaration**

A/RES/65/277 Political Declaration on HIV/AIDS:

51. Commit to **redouble efforts to achieve, by 2015, universal access to HIV prevention, treatment, care and support** as a critical step towards ending the global HIV epidemic, with a view to achieving Millennium Development Goal 6, in particular to halt and begin to reverse by 2015 the spread of HIV

20. Commit ourselves to **pursuing all necessary efforts to scale up** nationally driven, sustainable and comprehensive responses to achieve **broad multisectoral coverage** for prevention, treatment, care and support, with full and active participation of people living with HIV, vulnerable groups, most affected communities, civil society and the private sector, **towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010** (Political Declaration 2006)

A/RES/65/277 Political Declaration on HIV/AIDS:

29. Note that many national HIV prevention strategies inadequately focus on populations that epidemiological evidence shows are at higher risk, **specifically men who have sex with men, people who inject drugs and sex workers**, and further note, however, that each country should define the specific populations that are key to its epidemic and response, based on the epidemiological and national context

64. By 2003, develop and/or strengthen national strategies, policies and programmes, supported by regional and international initiatives, as appropriate, through a participatory approach, to **promote and protect the health of those identifiable groups which currently have high or increasing rates of HIV infection or which public health information indicates are at greatest risk of and most vulnerable to new infection** as indicated by such factors as the local history of the epidemic, poverty, sexual practices, drug-using behaviour, livelihood, institutional location, disrupted social structures and population movements, forced or otherwise;

A/RES/65/277 Political Declaration on HIV/AIDS:

25. note that most young people still have limited access to good quality education, decent employment and recreational facilities, as well as limited access to sexual and reproductive health programmes that provide the information, skills, services and commodities they need to protect themselves...
recognizing the importance of reducing risk taking behaviour and encouraging responsible sexual behaviour, including abstinence, fidelity and correct and consistent use of condoms

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.

A/RES/65/277 Political Declaration on HIV/AIDS:

54. Commit **by 2012 to update and implement**, through inclusive, country-led and transparent processes and multisectoral **national HIV and AIDS strategies and plans, including financing plans**, which include time bound goals to be reached in a targeted, equitable and sustained manner, to accelerate efforts to achieve universal access to HIV prevention, treatment, care and support by 2015

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.

A/RES/65/277 Political Declaration on HIV/AIDS:

Commit to increase national ownership of HIV and AIDS responses, while calling on the United Nations system, donor countries, the Global Fund to Fight AIDS, TB and Malaria, the business sector and international and regional organizations, to **support Member States in ensuring that nationally driven, credible, costed, evidence-based, inclusive and comprehensive national HIV and AIDS strategic plans are, by 2013, funded and implemented** with transparency, accountability and effectiveness in line with national priorities

Financing of national response plans should be secured no later than one year after finalizing the update of national strategies, i.e. by 2013.

A/RES/65/277 Political Declaration on HIV/AIDS:

53. Pledge to **eliminate gender inequalities** and gender-based abuse and violence, …ensure that women can exercise their **right to have control over, and decide freely and responsibly on, matters related to their sexuality** in order to increase their ability to protect themselves from HIV infection,… free of coercion, discrimination and violence, and take all necessary measures to **create an enabling environment for the empowerment of women and strengthen their economic independence**, and, in this context, reiterate the **importance of the role of men and boys**…

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.

A/RES/65/277 Political Declaration on HIV/AIDS:

59. Commit to redouble HIV prevention efforts by taking all measures to implement comprehensive, evidence-based prevention approaches, taking into account local circumstances, ethics and cultural values, including through, but not limited to:

c Reducing risk-taking behaviour and encouraging responsible sexual behaviour including abstinence, fidelity and consistent and correct use of condoms;

d Expanding access to essential commodities, particularly male and female condoms and sterile injecting equipment;

h Giving consideration, as appropriate, to implementing and expanding risk and harm reduction programmes, taking into account the WHO, UNODC, UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users in accordance with national legislation;

j Sensitizing and encouraging the active engagement of men and boys in promoting gender equality;

k Facilitating access to sexual and reproductive health-care services;

A/RES/65/277 Political Declaration on HIV/AIDS:

62. **Commit to working towards** reducing sexual transmission of HIV by 50 per cent by 2015;

63. **Commit to working towards** reducing transmission of HIV among people who inject drugs by 50 per cent by 2015;

64. **Commit to working towards** the elimination of mother-to-child transmission of HIV by 2015 and substantially reducing AIDS-related maternal deaths;

47. By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to **reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent and by 25 per cent globally by 2010** ..

54. By 2005, **reduce the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 2010**, by ensuring that 80 per cent of pregnant women accessing antenatal care have information, counselling and other HIV-prevention services available to them,

A/RES/65/277 Political Declaration on HIV/AIDS:

60. by focusing on … populations vulnerable to HIV infection, according to the extent to which they account for new infections in each setting, in order to ensure that resources for HIV prevention are spent as cost-effectively as possible, and to ensuring that particular attention is paid to … **young people**, … depending on local circumstances

53. By 2005, ensure that at least 90 per cent, and **by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information,** education, including peer education and youth-specific HIV education, **and services necessary to develop the life skills required to reduce their vulnerability to HIV infection**, in full partnership with young persons, parents, families, educators and health-care providers;

A/RES/65/277 Political Declaration on HIV/AIDS:

66. Commit to accelerate efforts to achieve the goal of universal access to antiretroviral treatment for those eligible based on World Health Organization HIV treatment guidelines that indicate timely initiation of quality assured treatment for its maximum benefit, **with the target of working towards having 15 million people living with HIV on antiretroviral treatment by 2015**;

Fig, 3: Calculation of the Number of People Needing ART in 2015 according to different Scenarios

Scenario	ART need end of 2009 [1)]	Incremental need 2010-2015 [2)]	Mortality 2010-2015 [3)]	People needing ART in 2009	UA at coverage of 80%
1. High 2009 need - high incremental need - low mortality	16,80	18,75	7,71	27,84	22,27
2. Low 2009 need - low incremental need - high mortality	12,50	15,55	11,97	16,08	12,86
3. Middle 2009 need - middle incremental need - middle mortality	14,60	16,80	9,54	21,86	17,49
4. Middle 2009 need - middle incremental need - low mortality	14,60	16,80	7,71	23,69	18,95
5. Middle 2009 need - middle incremental need - high mortality	14,60	16,80	11,97	19,43	15,54

A/RES/65/277 Political Declaration on HIV/AIDS:

…optimize:

a The use, to the full, of existing flexibilities under the Trade-Related Aspects of Intellectual Property Rights Agreement specifically geared to promoting access to and trade of medicines, and, while recognizing the importance of the intellectual property rights regime in contributing towards a more effective AIDS response, ensure that intellectual property rights provisions in trade agreements do not undermine these existing flexibilities, as confirmed by the Doha Declaration on the TRIPS Agreement and Public Health,

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…. 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.

A/RES/65/277 Political Declaration on HIV/AIDS:

77. Commit to intensify national efforts to create enabling legal, social and policy frameworks in each national context in order to eliminate stigma, discrimination and violence related to HIV …and promote and protect all human rights and fundamental freedoms with particular attention to all people vulnerable to and affected by HIV

58. By 2003, enact, strengthen or enforce, as appropriate, legislation, regulations and other measures **to eliminate all forms of discrimination against and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV/AIDS and members of vulnerable groups**,

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…. 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.

A/RES/65/277 Political Declaration on HIV/AIDS:

60. … by focusing on geographic locations, social networks and populations vulnerable to HIV infection, according to the extent to which they account for new infections in each setting, in order to ensure that resources for HIV prevention are spent as cost-effectively as possible, and to ensuring that particular attention is paid to women and girls, young people, orphans and vulnerable children, migrants and people affected by humanitarian emergencies, prisoners, indigenous people and people with disabilities, depending on local circumstances

62. By 2003, … have in place in all countries strategies, policies and programmes that identify and begin to address those factors that make individuals particularly vulnerable to HIV infection, including underdevelopment, economic insecurity, poverty, lack of empowerment of women, lack of education, social exclusion, illiteracy, discrimination, lack of information and/or commodities for self-protection, and all types of sexual exploitation of women, girls and boys ... Such strategies, policies and programmes should ... specify the action that will be taken to address vulnerability and set targets for achievement

A/RES/65/277 Political Declaration on HIV/AIDS:

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.

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.”

A/RES/65/277 Political Declaration on HIV/AIDS:

45. Acknowledge that the current trajectory of costs of HIV programmes is not sustainable and that programmes must become more cost-effective and evidence-based and deliver better value for money ...

88. Commit by 2015, through a series of incremental steps and through our shared responsibility, **to reach a significant level of annual global expenditure on HIV and AIDS**, while **recognizing that the overall target estimated by the Joint United Nations Programme on HIV/AIDS is between $22 billion and $24 billion in low- and middle-income countries**

Member States should commit to support UNAIDS and other relevant international organizations in producing comprehensive and updated estimates of funding needs. …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.

A/RES/65/277 Political Declaration on HIV/AIDS:

89. Strongly **urge those developed countries which have pledged to achieve the target of 0.7 per cent of gross national product for official development assistance by 2015**, and urge those developed countries that have not yet done so, to make additional concrete efforts to fulfil their commitments in this regard;

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**;

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

A/RES/65/277 Political Declaration on HIV/AIDS:

90. Strongly urge African countries that adopted the Abuja Declaration and Framework for Action for the Fight against HIV/AIDS, Tuberculosis and other Diseases to take concrete measures to meet the target of allocating at least 15 per cent of their annual budget to the improvement of the health sector, in accordance with the Abuja Declaration and Framework for Action;

9. Welcoming the commitments of African heads of State or Government at the Abuja special summit in April 2001, particularly their pledge to set a target of allocating at least 15 per cent of their annual national budgets for the improvement of the health sector to help to address the HIV/AIDS epidemic; and recognizing that action to reach this target, by those countries whose resources are limited, **will need to be complemented by increased international assistance**

A/RES/65/277 Political Declaration on HIV/AIDS:

95. Appreciate that the **Global Fund to Fight AIDS, Tuberculosis and Malaria is a pivotal mechanism** for achieving universal access to prevention, treatment, care and support by 2015, recognize the programme for reform of the Global Fund, and encourage Member States, the business community, including foundations, and philanthropists to **provide the highest level of support for the Global Fund**, taking into account the funding targets to be identified at the 2012 midterm review of the Global Fund replenishment process;

90. Support the establishment, on an urgent basis, of a global HIV/AIDS and health fund to finance an urgent and expanded response to the epidemic based on an integrated approach to prevention, care, support and treatment….

Resolution on human rights violations based on sexual orientation and gender identity

(Geneva, June 17, 2011) In a groundbreaking achievement for upholding the principles of the Universal Declaration of Human Rights (UDHR), the United Nations Human Rights Council has passed a resolution on human rights violations based on sexual orientation and gender identity (L9/rev1).

Records of Vote and Co-Sponsorship

States supporting the resolution: Argentina, Belgium, Brazil, Chile, Cuba, Ecuador, France, Guatemala, Hungary, Japan, Mauritius, Mexico, Norway, Poland, Republic of Korea, Slovakia, Spain, Switzerland, Ukraine, Thailand, UK, USA, Uruguay

States against the resolution: Angola, Bahrain, Bangladesh, Cameroon, Djibouti, Gabon, Ghana, Jordan, Malaysia, Maldives, Mauritania, Nigeria, Pakistan, Qatar, Moldova, Russian Federation, Saudi Arabia, Senegal, Uganda.

Abstentions: Burkina Faso, China, Zambia

Absent: Kyrgyzstan, Libya (suspended)

Aktionsbündnis gegen AIDS
www.aids-kampagne.de
Leben ist ein Menschenrecht!

Deutsche AIDS-Hilfe

Politischer Deklaration der Vereinten Nationen 2011 zu HIV/Aids fehlt Entschlossenheit

New York/Tübingen, 10.Juni 2011: Zum Abschluss des „Hochrangigen Treffens" der Vereinten Nationen wird heute eine Politische Deklaration zu HIV und Aids beschlossen. Dazu erklären das Aktionsbündnis gegen AIDS und die Deutsche AIDS-Hilfe:

Die vom UNO-Generalsekretär erhobenen Forderungen nach Null neuen Infektionen, Null Diskriminierung von Menschen mit HIV/Aids und der am meisten von HIV bedrohten Gruppen und Null Aids-Toten sind realistisch und in absehbarer Zeit umsetzbar. Unsere Erwartung war, dass die versammelten Regierungsvertreterinnen und -vertreter die geeigneten Strategien formulieren würden, um diese Ziele zu erreichen. Gemessen an diesen Erwartungen und an den Herausforderungen der globalen Aids-Epidemie ist die Erklärung dieser Verantwortung nicht gerecht geworden.

Gleich zu Beginn der Deklaration bestehen die Mitgliedstaaten darauf, die vereinbarten Prinzipien und Ziele nur so weit zu realisieren, wie sie mit der nationalen Gesetzgebung übereinstimmen. Viele Länder haben aber noch immer rechtliche Bestimmungen, die Bevölkerungsgruppen wie sexuelle Minderheiten oder vom Verkauf sexueller Dienste lebende Menschen unterdrücken. Dadurch werden nicht nur die Menschenrechte verletzt, sondern auch die Prävention und Behandlung von HIV schwerwiegend behindert.

Das Dokument hält fest, dass alle wissenschaftlich bestätigten Ansätze der Prävention zu unterstützen sind. Anders als in den Erklärungen von 2001 und 2006 fehlt die Bezugnahme auf strukturelle und soziale Benachteiligungen, die es Menschen erschwert, sich vor einer Übertragung von HIV zu schützen oder die Folgen von HIV zu mildern. Einerseits wird die sexuelle Selbstbestimmung von Frauen bekräftigt, andererseits fehlen jegliche Aussagen zu sexuellen und reproduktiven Rechten. Einerseits wird der Zugang zu sterilem Spritzbesteck erwähnt, andererseits werden die sozialen Hintergründe auch hier völlig ausgeblendet.

Das schon 2006 gesetzte Ziel, allgemeinen Zugang zu Prävention, Behandlung, Pflege und Unterstützung zu erreichen, wird nun für 2015 anvisiert. Die dafür notwendige Finanzierung steht jedoch in den Sternen: die formulierten Verpflichtungen reichen jedenfalls nicht aus. Die afrikanischen Länder werden an ihre Zusagen erinnert, 15% ihrer jährlichen Haushalte für Gesundheit bereitzustellen. Auch die Industriestaaten hatten sich bereits 1970 darauf verpflichtet, ihre Mittel für die Entwicklungshilfe auf 0,7% ihres Bruttonationaleinkommens zu erhöhen. Die Deklaration mahnt jedoch nur die Länder, die dieses Ziel in den letzten Jahren bekräftigt haben, wie die Europäische Union. Der Globale Fonds wird als unverzichtbares Instrument zur Finanzierung des allgemeinen Zugangs erwähnt.

Mit 15 Millionen Menschen, die bis 2015 Behandlung benötigen, wird der Bedarf zwar benannt, der Weg zur Deckung dieses Bedarfs bleibt aber vage. Um den Zugang zu erschwinglichen Medikamenten zu sichern, unterstützt die Deklaration die volle Nutzung der im TRIPS-Abkommen der Welthandelsorganisation festgehaltenen Schutzklauseln, die nicht durch zusätzliche Freihandelsabkommen untergraben werden sollen. Damit könnten Generika produziert werden. Brasilien und Thailand haben diese rechtlichen Möglichkeiten bereits erfolgreich genutzt, auch gegen wirtschaftlichen und politischen Druck. Ob andere Länder diese politische Stärke und Unabhängigkeit entwickeln, wird sich zeigen müssen.

„Auch nach 30 Jahren sind wir weit davon entfernt, Aids zu besiegen! Die Anstrengungen dürfen nicht nachlassen, wenn es wirtschaftlich und politisch schwieriger wird“, sagt Joachim Rüppel, Sprecher für das Aktionsbündnis gegen AIDS. Silke Klumb, Geschäftsführerin der Deutschen AIDS-Hilfe, ergänzt: „Neue Herausforderungen brauchen neue und entschlossene Antworten – in der Erklärung finden wir diese Innovation und Entschlossenheit nicht.“

*Das **AKTIONSBÜNDNIS GEGEN AIDS** ist ein Zusammenschluss von über 106 Organisationen der Aids- und Entwicklungszusammenarbeit sowie mehr als 280 lokalen Gruppen. www.aids-kampagne.de*

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Die **Deutsche AIDS-Hilfe (DAH)** ist der Dachverband von rund 120 Organisationen und Einrichtungen in Deutschland. Sie betreibt Prävention und vertritt die Interessen von Menschen mit HIV/Aids in der Öffentlichkeit sowie gegenüber Politik, Wissenschaft und medizinischer Forschung.

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