Civil Society Recommendations
for the UNGASS Review Political Declaration

Leaders gathering at the UNGASS Review session hold the lives of millions in their hands. The unprecedented human catastrophe of AIDS can be halted if countries and international institutions live up to their commitments and deliver the effective HIV/AIDS prevention and treatment interventions that exist today. Failure to immediately provide these services will mean needless death for millions, further devastation in communities around the globe, and an end to any hope of accomplishing the Millennium Development Goals.

Twenty-four thousand people will die of AIDS and 42,000 people will become newly infected with HIV during the three-day UNGASS Review. This is not the time for vague promises and hollow declarations. Governments must meet their obligations to fully fund the response to AIDS and save the lives of their own citizens. The leaders of international institutions, including Secretary General Kofi Annan, UNAIDS Executive Director Peter Piot and WHO Director General LEE Jong-wook have all demonstrated leadership in the response to AIDS. However, they must mobilize their organizations more forcefully and effectively to deliver services and lead governments around the world in this cause.

Political failings drive AIDS and stand in the way of effectively addressing the epidemic: failure to commit adequate resources, disregard for human rights and dignity, decades of inattention to health workers and health care systems, refusal to base prevention interventions on the evidence of what is effective, and financing and trade policies that undermine access to lifesaving drugs.

All of these barriers can and must be removed. This UNGASS Review must herald an intensified and much more urgent and comprehensive response to AIDS. A comprehensive response must take into account the needs to deliver on the commitment of universal access to prevention, treatment and care interventions that we have today, and with equal urgency to develop better tools – drugs, diagnostics and prevention technologies, notably vaccines and microbicides – for the future.

The following proposed language for the Political Declaration reflects the work, discussions and consultations of a broad and diverse group of thousands of civil society organizations, and represents their priorities for the UNGASS Review (see end for specific civil society endorsements).

The 2006 UNGASS Review must:

1. Strongly reaffirm the 2001 Declaration of Commitment on HIV/AIDS, the commitments made at the 2005 World Summit and the major conferences and summits in the economic, social and related fields.

2. Reaffirm the commitment of national governments and the international community to universal access to HIV/AIDS prevention, care and treatment by 2010 as agreed at the 2005 World Summit.

3. Strongly recognize that a wide range of human rights abuses both fuel the epidemic and follow in its wake, and that addressing these abuses immediately should be an essential part of donor and government responses to HIV/AIDS.

4. Reaffirm that gender equality, poverty eradication and the promotion and protection of human rights are critical to an effective response to HIV and AIDS.

5. Reaffirm the commitment to the GIPA principles, formally recognized at the 1994 Paris AIDS Summit, to involve people living with HIV/AIDS in all aspects of the response to HIV.

6. Reaffirm the International Guidelines on HIV and AIDS and Human Rights prepared by OCHR/UNAIDS.

7. Commit to ensure and enable the involvement of civil society -- including people living with HIV/AIDS—at all levels of national and donor decision making, including in the setting of funding, policy, and programmatic priorities from their inception; the design and conceptualization of programs; and program implementation, monitoring and evaluation.

8. Recognize the urgency of meeting Millennium Development Goal 6 (MDG6)– to halt and begin to reverse the spread of the disease by 2015. Failure to meet the goal on HIV/AIDS will adversely affect the world's chances of progress on the other MDGs (to reduce extreme poverty and hunger, provide universal primary education, reduce child mortality, decrease the incidence of tuberculosis, and improve maternal health, among others)

9. Commit to universal access to HIV and AIDS prevention, care and treatment through a strategic plan of action with interim and final numerical targets at the global and national levels and clear assignments of responsibility for governments, multilateral agencies, donors and civil society.

Establish global and national targets

10. We commit that by 2010, at least 10 million people will have access to HIV treatment through an acceleration of HIV treatment scale-up efforts by all stakeholders, including governments, donor countries, multilateral institutions, civil society, people living with HIV, and the private sector. To ensure that this target is reached in an equitable and sustained manner, we will develop, in an inclusive manner, specific targets for the inclusion of vulnerable populations in national treatment plans, including, active injecting drug users, children, men who have sex with men, women, transgenders, youth, sex workers, prisoners and migrant populations. We will undertake annual interim reviews, starting in 2006, to monitor progress in reaching the targets.

11. Commit that by 2010 all pregnant women living with HIV have access to comprehensive sexual and reproductive health services, and to information and antiretroviral therapy to prevent parent to child transmission, and ensure and guarantee sustained treatment and care for all women in PMTCT programs before and after they have given birth.

12. Commit that by 2010 all people will have access to the information and means to avoid HIV infection including by guaranteeing universal access to comprehensive sexual and reproductive health services that integrate HIV prevention, treatment, and care.

13. We commit by 2008 to ensuring safe blood supplies, consistent application of universal precautions and other forms of infection control, and safe and appropriate injections and other health care practices.

14. We reaffirm our commitment to ensure by 2010 that at least 95 per cent of young men and women ages 15 to 24 have access to the information, education, skills, and services necessary to reduce their vulnerability to HIV infection while safeguarding their rights to privacy, confidentiality and informed consent. We further reaffirm our commitment to involving them in the design, execution and evaluation of these programs (based on ICPD+5 Key Actions para. 73(a))

15. We commit that by 2008, we will make comprehensive, evidence-based sexuality and reproductive health education a mandatory part of all levels of primary and secondary school curricula and to scale up access to such education and information for all out-of-school and marginalized youth.

16. We commit that by 2010, we shall provide universal access to comprehensive services to help people discover their HIV status, delay progression to AIDS and to prevent and treat HIV-associated conditions and opportunistic infections. In particular, all people who are co-infected with TB and HIV will have access to appropriate treatment for both diseases.

17. We commit that by 2010, we will reach the financing target of US$ 1.2 billion, as defined by the partners of the Global HIV Vaccine Enterprise [and endorsed by the G8 in 2004 (Sea Island) and 2005 (Gleneagles)) to speed research and development efforts towards an effective AIDS vaccine.

Track Progress on Universal Access

18. We commit that by June 2008 we will conduct a High-level Review of Progress, in close collaboration with civil society organizations and other key stakeholders, towards the goals of ensuring that a minimum of 10 million people (including 7 million Africans) have access to treatment services related to HIV and AIDS; ensuring that all pregnant women living with HIV have access to information and ARV therapy; and ensuring that all people have access to the information and means to avoid HIV infection.

Make human rights a central foundation of comprehensive HIV/AIDS services

19. Commit that by December 2006, in accordance with the 2001 Declaration of Commitment, we will review and assure implementation of existing legislation and policies and, where necessary, adopt additional legislation and policies and establish effective enforcement mechanisms to support gender equality and non-discrimination with regard to people living with and/or affected by HIV and AIDS, as well as those who are particularly vulnerable to HIV infection, including men who have sex with men, sex workers, injecting drug users, prisoners and migrants, and to facilitate prevention, care and treatment for these individuals.

20. We call on the Global Fund, the World Bank and other donors to support action to address human rights abuses as a central element of HIV/AIDS programs and to – by December 2006 -- increase funding for programs to eliminate human rights abuses against people living with and at high risk of HIV/AIDS – including sexual and gender-based violence; discrimination; and violations of the right to complete and accurate information about HIV/AIDS prevention, treatment, and care. Funded programs should include social mobilization campaigns at the national, district, and community levels, and specific programs to reduce stigma experienced by PLWHAs in health care settings.

21. We will enact and enforce legal, policy and policing reforms (and revitalize existing legislation) to protect the human rights and eliminate discrimination of people living with HIV and AIDS and other marginalized people in particular sex workers, injecting drug users, men who have sex with men, women, transgenders, youth, orphans and vulnerable children, migrants and prisoners.

22. We recognize and will take specific actions to ensure the right to complete, accurate, evidence-based information about HIV/AIDS prevention, care and treatment services, including development and improvement of health literacy among PLWHAs, particularly in relation to prevention, management and treatment of 'early' HIV-associated conditions.

23. We will ensure the human rights and extend legal protections to HIV/AIDS outreach workers and advocates for people living with HIV/AIDS and vulnerable groups (including injection drug users, sex workers, and men who have sex with men) to provide HIV/AIDS information and harm reduction services (such as condoms, methadone and other substitution therapies and safe injecting equipment) free from violence, and we will respect and protect advocates for the rights of PLWHA and vulnerable groups.

24. We will take measures to protect women and girls from violence and discrimination, including by enacting and enforcing laws and policies to ensure equal property and inheritance rights of women and girls; to prevent and eliminate all forms of violence against women, including domestic violence and marital rape, sexual violence, harmful traditional

and customary practices, trafficking in persons especially trafficking in women and girls, which makes women more vulnerable to HIV infection and hinders their access to prevention, care and treatment. We will also ensure that violence against women is addressed as an integral part of the national AIDS response and adequate prosecution for perpetrators of sexual and gender-based violence and redress for its victims.

25. We will ensure that the human rights of children are protected and that the needs of children affected by AIDS are met, including provision of appropriate ARV treatment for children living with HIV, and that programs are in place to mitigate the burdens placed on child headed families.

26. We will ensure that human rights and public health principles will be prioritized, including in countries with IDU-driven epidemics. We will reform current drug policies in order to protect the right to health for IDUs; protection and advancement of this right will be considered an integral part of a country's effective response to the AIDS epidemic.

27. We will eliminate policies and practices which impede universal access to prevention, care and treatment, including those that discriminate on the basis of residency or citizenship, age, gender, sexuality, occupation, employment, risk behavior, health status, and race or ethnicity.

28. We commit to appoint by December 2006 a Special Rapporteur on HIV and Human Rights under the auspices of the new UN Human Rights Council. The Special Rapporteur will work with states, civil society, regional governing bodies, and UN agencies to advance respect for human rights as a core principle of HIV/AIDS programs. We call on this Special Rapporteur to review policies to ensure inclusion of marginalized groups in country and international review bodies, investigate the service needs of prisoners, and monitor and report on progress toward fulfillment of national commitments made in the UNGASS Declaration of Commitment with regard to elimination of stigma and discrimination towards people living with and/or otherwise affected by HIV and AIDS.

29. We commit to monitor and report on progress toward fulfillment of our commitments made in the UNGASS Declaration of Commitment with regard to elimination of discrimination toward people living with and/or otherwise affected by HIV and AIDS and will submit an annual report to the Special Rapporteur on HIV and AIDS on progress made toward attainment of this goal.

30. We will promote, through national campaigns, the right of each person to know his or her HIV status, to have medically accurate information on HIV and AIDS, and to have HIV testing, counseling and related services readily available and accessible to him or her. We affirm that HIV testing programs must remain voluntary, not mandatory, and include counseling, informed consent and confidentiality protections.

31. We will establish, by December 2007, voluntary and confidential HIV counseling and testing programs and a social and legal environment, including community-based legal services, that are linked to a comprehensive range of AIDS and health services and that support those tested in making informed decisions about status disclosure. This will include programs to meet the needs of women and people who are vulnerable to HIV infection and their partners, and that are linked to a comprehensive range of AIDS and health services.

32. We commit to take all necessary measures to create an enabling environment for the empowerment of women and to strengthen their economic independence, establish and enforce their legal capacity, and to protect and promote their full enjoyment of all human rights and fundamental freedoms in order to enable them to protect themselves from HIV infection. We recognize the need to expand the range of preventive options that people, especially women and girls and other vulnerable groups, have at their disposal and that they can initiate, including vaccines and microbicides (based on CSW resolution on the Women, Girl Child and HIV/AIDS, 2006, para 6)

33. We reaffirm that women and youth must be empowered to protect themselves against violence and, in this regard, stress that women have the right to have control over and decide freely on matters related to their sexuality, including their sexual and reproductive health, free of coercion, discrimination, and violence. (based on CSW resolution on the Women, Girl Child and HIV/AIDS, 2006, para 18)

34. We reaffirm the right of people with HIV/AIDS and people vulnerable to HIV/AIDS to comprehensive HIV/AIDS services. Comprehensive HIV/AIDS services include those to help people discover their HIV status; to delay progression to AIDS; diagnosis, prevention and treatment of HIV-associated conditions and opportunistic infections, such as tuberculosis, hepatitis C and STIs, palliative care and the full range of prevention services including PMTCT; access to male and female condoms; opiate substitution treatment and clean injecting equipment; and information and education and post-exposure prophylaxis.

35. Acknowledging the deadly synergy between HIV and tuberculosis and the need for new strategies to tackle the challenges of TB/HIV co-infection, we will strive to achieve, by 2010, universal access to the full WHO-recommended package of 12 collaborative TB/HIV activities in all health systems, particularly in countries with high HIV burden.

Build and sustain human resources and health systems

36. We commit to developing and implementing national AIDS plans that strengthen community-level provision of prevention, treatment, care and support, and to incorporate these into comprehensive national health human resource plans. We commit to adapt, where appropriate, alternative and simplified and standardized delivery models. We commit to the development of new cadres of community based health workers, drawn from civil society networks and other local sources of new health workers, as well as the existing

health workforce, supported with appropriate training, supervision, remuneration, career development possibilities, and other support.

37. We commit as governments and call on the Global Fund, the World Bank and other donors to provide needed resources required to fully implement comprehensive health human resource plans, including to significantly expand health worker pre-service training capacity and to improve wages, housing, benefits, management, professional development opportunities, and working conditions. This should also involve providing health care, including HIV services, to health workers, to help retain and motivate health and social services personnel, educators and community workers providing HIV and AIDS services. We [developed country governments] commit to work towards health worker self-sufficiency and refrain from actively recruiting health workers from countries suffering severe health worker shortages without an agreement that ensures mutual benefits.

38. We commit to implement policies to better integrate HIV/AIDS programs with other services, including; prevention, care and treatment for tuberculosis, hepatitis C and other co-infections with HIV; treatment for substance use; and health services that increase women's access to HIV services, address their sexual and reproductive health needs and protect their sexual and reproductive rights. We commit to integrating HIV treatment and care into primary health care, particularly in countries with generalized epidemics and to more fully integrating HIV treatment and prevention programs.

39. We commit to strengthening the health systems involved in operational and clinical research, including to improve the delivery of prevention, treatment and care programs and to develop new technologies, including drugs, diagnostics and preventive technologies, notably vaccines and microbicides.

40. We commit to prioritize comprehensive interventions to foster more equitable distribution of health workers within countries in order to achieve AIDS goals in deprived areas, including through ensuring consistent provision of essential drugs and supplies in these areas; incentive schemes such as hardship allowances and special opportunities for in-service training and professional development for health workers serving in these areas; attention to quality of life issues; targeted recruitment of, including scholarship schemes for, rural students to enter health worker training institutions and programs; and innovative use of and full support for community-based health workers.

41. We reaffirm that civil society, including, but not limited to, people living with HIV/AIDS and representatives of vulnerable groups, should be centrally involved in the planning and design of national AIDS programs, human resource and health sector development plans, in program implementation and service delivery, advocacy, and monitoring and evaluation. We affirm that civil society representatives must be selected through peer-driven, democratic, transparent processes.

Reform financing policy

42. We call on the World Bank, the IMF and other international donors to establish, by December 2006, flexible and sustainable financial mechanisms to provide direct technical support and financing to civil society to deliver services to communities, and to be involved in formulating AIDS strategies, and monitoring performance including budget allocations and expenditures.

43. We call on the IMF to establish, by December 2006, a program for low and middle income countries to support more expansionary fiscal and monetary policies by national governments, so that spending on scaling up AIDS and health services can increase commensurate with AIDS, health, and other social sector funding needs. This needs to be accompanied by support for transparent dialogue among donors, government and civil society.

44. We commit to establishing fully inclusive and transparent national and international processes for public financial management and expenditure tracking at every stage, including PRSP/development planning; IMF and finance ministry loan compliance meetings; Poverty Reduction and Growth Facility-supported programs; budgeting (national and sectoral); expenditure/implementation (including distribution of resources to district and local-level); verification of outcomes – service delivery and impact.

45. We call on UNAIDS to facilitate an independent external process, involving all stakeholders, to develop criteria and an oversight mechanism for defining the credibility and sustainability of national AIDS plans, by July 2007.

46. We commit to ensuring that access to a comprehensive package of HIV/AIDS related services is in no way dependent on the ability to pay. In particular, users' fees—including, but not limited to CD4 and other health related tests, co-payments for ART, and school fees —should be eliminated wherever these have the potential to limit access to such services. User fees for all basic health services should be eliminated and strategies must be implemented to enable health services to effectively respond to increased utilization.

47. We commit to providing, with donor support, social protection measures that mitigate the economic impacts of AIDS on individuals, families and households and in particular address women's disproportionate burden of care. Social protection measures include cash payments to those caring for orphans and vulnerable children, cash payments for nutritional support, transport costs to attend health clinics, and payment of school fees and other costs associated with education.

48. We commit to implementing comprehensive responses that include food and income security as critical components in the fight against AIDS.

49. We commit to reducing the global HIV and AIDS resource gap by 50% by 2008, and by 100% by 2010.

50. We call on the donor community to provide the necessary resources for the Global Fund to launch and approve a new round of proposals by the end of 2006 and new rounds of proposals in 2007 to 2010.

Reform trade and commodities policy

51. The World Health Organization and UNAIDS, in consultation with civil society, national governments and international donors will define by September 2006 an essential package of AIDS commodities, including antiretroviral medicines (for both treatment and prevention of HIV infection); drugs to treat and prevent tuberculosis, hepatitis C, STIs and other co-infections; HIV testing kits and other diagnostic technologies; home-based care kits and related essentials; breast milk substitutes; male and female condoms, substitution treatments and clean injecting equipment. UNAIDS will compile estimates of national, regional and global demand for these commodities by December 2006.

52. We [resource-limited countries] commit to employ the flexibilities offered under the TRIPS agreement to secure access to a sustainable supply of affordable medicines and other essential health technologies. We [developed countries] commit to cease pressuring resource-limited countries that seek to utilize these measures. WHO will develop operational guidance to assist countries in implementing these commitments.

53. We [developed countries] commit to remove from bilateral HIV and AIDS funding all program conditionalities that reduce resource-limited countries' range of responses to the pandemic, including conditionalities attached to other donors' funding.

54. Countries and donors should remove laws and conditionalities that restrict or criminalize the use or promotion of HIV commodities and services including but not limited to male and female condoms, safe injecting equipment, and substitution therapies.

55. We commit to reforming our national legislation and regulations as necessary so that WHO prequalification permits provisional or interim marketing approval to allow immediate access to life-saving HIV medicines prior to full registration by national drug regulatory authorities, by December 2006.

56. We call for WHO, UNAIDS and other donor governments to work with generic producer countries and LDC governments without manufacturing capacity to set precedents for the use of compulsory licenses for export on first and second line antiretrovirals.

57. We [low- and middle-income countries with domestic pharmaceutical manufacturing capacity] commit to take appropriate legislative and executive steps by December 2006 to encourage and facilitate the local production of generic pharmaceutical products and call

for the WHO to assist in the identification of drugs and fixed dose combinations that are a priority for manufacture at affordable prices and in sufficient quantities to meet global need.

Research on new prevention and treatment technologies

58. We recognize the importance of investing in new prevention technologies - especially vaccines and microbicides - as a critical element of a comprehensive response to the AIDS pandemic and crucial for the sustainability of our commitment to universal access for prevention, treatment and care. While working to scale up access, we commit to sustaining and intensifying financing for vaccine and microbicide research and development, through traditional and innovative mechanisms. As part of this commitment, we will work to expand the human capacity and scientific and health system infrastructure of developing countries, so that they can continue to play an ever larger role in the discovery, testing, and production of vaccines and microbicides. We recognize the need to expand the range of preventive options that people, especially women and girls and other vulnerable groups, have at their disposal and that they can initiate.

Expanded involvement of civil society

59. We reaffirm our commitment to involving civil society at all levels as equal partners in the setting of goals and priorities; determination of funding streams and program guidance; and design, planning, implementation and evaluation of HIV/AIDS policies and programs. We will enable greater civil society participation by providing increased financial support for this participation; fostering an environment in which civil society actors can monitor AIDS policy and services freely without fear of harassment and with full access to resources and information; affirming our support for the progress report preparation process outlined in UNAIDS' "Guidelines on Construction of Core Indicators," including recommended steps for assuring broad civil society participation; assuring full and timely public access to government and global progress reports; strengthening monitoring and evaluation systems so that comprehensive, accurate data and information can be collected according to a participatory process and made publicly available in a timely manner; and supporting capacity-building for more effective civil society participation in monitoring and evaluation processes.

60. We commit that by 2008 we will sponsor an independent, external review of civil society involvement in decision making and in the management and delivery of national AIDS programs, including the number of PLWHAs and representatives of vulnerable groups included in key decision making bodies and involved in program design and implementation at all levels.

Primary sources for this proposed language

Much of the language provided above is based on extensive discussions, papers, meetings and demands developed by thousands of civil society organizations and individuals around the world. However, the following are references for documents that can be directly referred to in support of the proposed language. More is available on request:

- African Civil Society position paper on HIV and AIDS in Africa: Moving to Action
- Bottom line issues and recommendations on draft UNAIDS paper on universal access (civil society representatives to Universal Access Global Steering Group)
- IAVI Factsheet prepared for the UNGASS review
- Global HIV Vaccine Enterprise http://www.hivvaccineenterprise.org/plan/financing.html
- ICASO Project to Support monitoring of the implementation of the UNGASS Declaration of Commitment
- Solutions to the HRH Crisis: Proposal to the Global Steering Committee on Universal Access (Physicians for Human Rights)
- Stop TB Partnership's Global Plan to Stop TB, 2006-2015
- Summary Statement and Recommendations, Participation at the Centre (civil society organisations monitoring national progress on implementation of the UNGASS Declaration of Commitment)
- 10 by 10: Setting Global & National Targets to Achieve Universal Access
- Thematic area: "Human rights, stigma, discrimination, and gender equity;" Scaling Up Universal Access to HIV/AIDS Prevention, Care and Treatment
- Universal Access: Issues of Concern to Civil Society - Results from a consultation process and a literature review (ICASO)
- Working Group on Human Rights, Stigma, Discrimination, Gender and Inequity; 2nd Meeting of the Global Steering Committee (GSC): Universal Access to HIV Prevention, Treatment and Care
- With Women Worldwide: A compact to end HIV/AIDS, www.withwomenworldwide.org

Organizations currently supporting the recommendations:

1. ActionAid International, USA
2. Advocates for Youth, USA
3. African Council of AIDS Service Organizations (AfriCASO), Senegal
4. African Services Committee, USA
5. Agua Buena Human Rights Association, Costa Rica
6. Asia-Pacific Council of AIDS Service Organizations (APCASO), Malaysia
7. HelpAge International, UK
8. International Community of Women Living with HIV/AIDS, UK
9. International Council of AIDS Service Organizations (ICASO), Canada
10. International Women's Health Coalition, USA
11. Kenya AIDS NGOs Consortium (KANCO), Kenya
12. Latin American Council of AIDS Service Organizations (LACCASO), Venezuela

13. Public Health Watch – Open Society Institute, USA
14. Soropositividade, Comunicação e Gênero (GESTOS), Brazil
15. Tearfund, UK
16. Zambia National AIDS Network (ZNAN), Zambia

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