

Action for Universal Access 2010:

Myths

Realities



Key Messages from Civil Society at the High Level Meeting on AIDS

These key messages have been formulated by members of the Civil Society Task Force¹ of the 2008 UN High Level Meeting on AIDS to assist colleagues from civil society participating in the meeting.

- The United Nations review of the progress made in the response to HIV and AIDS should highlight the urgency of fulfilling commitments to the principle of Universal Access, as well as the dire consequences of failing to do so.
- Universal Access to HIV prevention, care, treatment and support must be achieved by 2010. We must stay the course, meet the targets and keep the promise, given member states' commitments at prior high level meetings.
- Human rights are inextricably linked to the success of the AIDS response. In order to achieve Universal Access by 2010, all aspects of human rights must be fully implemented, respected and enforced.
- Concrete actions must be taken to eradicate stigma and discrimination, in keeping with commitments made.
- The criminalization of HIV transmission is a violation of human rights and of the commitments made by member states. Governments and UN agencies work towards the elimination of laws that criminalize transmission.
- HIV-related travel restrictions are a violation of human rights and have negative public health effects. Governments and UN agencies alike must call for the eradication of such restrictions and implement concrete measures to sanction governments that continue to maintain such restrictions.
- Key populations at risk, such as men who have sex with men, people who use drugs, sex workers, transgender people, migrants, refugees, women and youth must be empowered to actively take part in the global response to HIV and AIDS. These populations must be recognized as partners and therefore, involved in the design, implementation and evaluation of programs to address their specific needs.
- Increased and sustainable financial resources need to be allocated to AIDS-related programs.
- Access to treatment is still far behind what has been committed, and to address this, concrete and urgent measures must be taken.
- Civil society, especially people living with HIV, must be recognized as partners in the response to HIV and AIDS at all levels. Tokenistic involvement must be overcome.

The official proceedings of the 2008 UN High Level Meeting on AIDS include five panel discussions on topics drawn from the Report of the UN Secretary General for the meeting. The overarching key messages (see reverse) are applicable to each of these topics, with additional supplementary messages suggested by members of the Civil Society Task Force.

1. The Civil Society Task Force (CSTF) was established by the President of the UN General Assembly to support effective and active participation of civil society organizations in the High Level Meeting on AIDS from June 10 – 11, 2008. For more information on the CSTF, its role and the High Level Meeting, go to: www.icaso.org/cstf.html

Panel 1: How Do We Build on Results Achieved and Speed Up Progress Towards Universal Access by 2010 – Moving on to Reach the Millennium Development Goals by 2015?

- Ensure that the focus is kept on meeting the aim of Universal Access to prevention, treatment, care and support by 2010. Governments, multilateral and bilateral funding organizations, the UN, and The Global Fund must be held accountable to ensure comprehensive and equitable access and treatment for HIV and HIV-related diseases such as TB and Hepatitis C.
- Invest financial and human resources in proportion to the vulnerability and epidemiological realities in all regions.
- Establish regional and global mechanisms for price negotiation and cost effective procurement of all HIV-related commodities, with special reference to affordability of second generation ARV drugs, pediatric formulations, diagnostic equipment, substitution drugs and clean needles.
- Ensure that standards of HIV care are consistent from region to region, in other words, universal standards should be adopted.

Panel 2: The Challenges of Providing Leadership and Political Support in Countries with Concentrated Epidemics

- Ensure that responses to concentrated epidemics start with immutable respect for the human rights of the most affected populations, and absolute dedication to the eradication of stigma and discrimination.
- End criminalization of HIV transmission, denouncing them as human rights violations. Criminalization of most affected communities and behaviours that put people at risk is one of the strongest barriers to effective programming in concentrated epidemics.
- Ensure that the allocation of financial resources involves communities most affected, to strengthen prevention programming and access to care and treatment. Communities most affected by concentrated epidemics must be able to determine their own priorities and lead in their national responses.

Panel 3: Making the Response to AIDS Work for Women and Girls – Gender Equality and AIDS

- Ensure that sexual and reproductive health and rights, including those of women living with HIV, are key in reviewing the progress and barriers in achieving commitments contained in the 2006 Political Declaration (paragraph 30) to increase the capacity of women and adolescent girls to protect themselves from HIV infection.

- Ensure that the intersection between violence against women and girls and HIV, including the need to scale up responses to both, is addressed.
- Allocate resources for specific programming that address the vulnerability of women and girls.

Panel 4: AIDS: A Multi-generational Challenge – Providing a Robust and Long-Term Response

- Guarantee the integration and full participation of civil society -- critical to ensuring that the long-term response is linked dynamically to changing and complex social environments. Systems and structures should enable community participation and greater grassroots mobilization as an integral part of the way the response is structured.
- Provide access to quality primary health care for people living with HIV. The current debate over strengthening of health systems vertically vs. horizontally creates a false dichotomy between broader health systems responding to many illnesses and specific services focused on the care and treatment for people living with HIV.
- Ensure care and support of people living with or affected by HIV, which are critical within the context of poverty reduction strategies.
- Ensure that the response to HIV integrates comprehensive and holistic approaches to well-being (e.g. a person living with HIV may also be at risk of TB or Hepatitis C.)
- Ensure that prevention of mother-to-child transmission is fully available, and accompanied by treatment access for mothers living with HIV.
- Address the need for programmatic responses and resources for children orphaned by AIDS that require a significant scaling up.

Panel 5: Resources and Universal Access: Opportunities and Limitations

- Ensure a shared commitment of financial resources from international donors, national governments, and private investors, through partnerships, to reduce the burden on any single sector.
- Address the need for more transparent, efficient and accountable mechanisms that are necessary to overcome bottle-necks, and ensure that resources move to sub-national levels where they benefit communities living with HIV and people at risk of HIV infection.
- Enhance the ability to absorb increased funding flows by addressing the urgent need for non-financial resources, including capacity building, skills development, technical assistance and grassroots mobilization.

Visit these web sites for more information:

UNGASS 2008: <http://www.ua2010.org/en/UNGASS>

UNAIDS: <http://www.unaids.org/en/Conferences/2008HLM/default.asp>

President of the UN General Assembly: <http://www.un.org/ga/president/62/issues/HLMonHIV.shtml>

For more information, contact:

Linda Hartke: + 41 76 321 6384 • lhartke@e-alliance.ch
Zonibel Woods: + 1 613 866 9264 • zonnyw@yahoo.co.uk

Media contact:

Callie Long: +1 647 267 9813 • calliel@icaso.org