

UNGASS in SHARP Focus **Sexual Health and Rights and the 2006 UNGASS Review**

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Editor's note: UNGASS in SHARP Focus is an initiative of the OSI/SHARP (sexual health and rights project). Its purpose is to provide information about key sexual health and rights issues and activities arising in the process of the UNGASS review. It is directed both toward those attending the special session and those who are not. There will be 6 issues released. The first two will be issued prior to the review, in order to provide background information about the status of negotiations and planned activities during the UNGASS. Three issues will be released during the UNGASS (May 31 – June 2), at the end of each day. Finally a wrap-up report will be issued following the end of the session. For more information or to share events, strategies and activities, please contact Susana T. Fried at susana.fried@gmail.com or Rachel Thomas, OSI/SHARP at rthomas@rosny.org.

PLEASE FEEL FREE TO SEND INFORMATION ABOUT EVENTS, STRATEGIES AND PROPOSED ACTIONS. WE WILL DO OUR BEST TO DISSEMINATE THE INFORMATION.

Issue 2, 31 May 2006

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1. Update on negotiations

Our thanks to the organizers of the Civil Society Orientation and Strategy Session! Currently, the negotiations on the **Political Declaration** (PD) have resulted in a third draft, as of the morning of May 31st. Member States participating in the negotiations will meet today at 3 pm to resume. The UNGASS Co-chairs (the Ambassadors from Thailand and Barbados) have been meeting with all the regional groups, as delegation members from their countries are now arriving to join the UN mission staff who have, up until now, been conducting the negotiations.

Civil society representatives have been largely barred from observing the “informal” negotiations, but have indicated their concern that the draft document (although improved) still lacks strong targets and indicators. In addition, language on sexual health and rights, sexual and reproductive rights, and human rights more generally are not strong and are not secure for inclusion in the PD.

Up until recently, the fairly strong African Common position developed at the recent UNGASS regional preparatory meeting of the African Union had not been disseminated to African delegates negotiating the PD. However, the document has been disseminated and received by delegates in New York. From a sexual health and rights perspective, this is a positive sign, since the African Common position takes a reasonably strong stance on women's rights.

Still, as it is, the document remains weak, with little emphasis on universal access, few timelines and targets, and weak references to vulnerable groups. It is critical to strengthen the language on sexual and reproductive rights and health (see, in particular, paragraphs 6, 13, 15, 23 [alt], **26****, **26 bis**** and 37) and human rights (see, in particular, paragraphs 7 bis, 8, 9, 13, 18, 18 bis, 21, 22, 23 alt, 23 bis, [section on human rights, paras. 25-28], 31 bis, 33, 38, 45).

Draft Civil Society Recommendations (28 May 2006) {*Editors Comments with regard to Sexual Health and Rights*}

Please note, however, the need to strengthen language with greater specificity and clarity about sexual health and rights, as well as human rights more generally.

- a. Sexual and reproductive health and rights (SRHR) including: addressing the link between HIV/AIDS and sexual and reproductive health and rights; noting the importance of ensuring the HIV/AIDS and SRHR programs and services are mutually reinforcing; ensuring that SRHR and HIV/AIDS interventions fully account for and address the significant role of gender-based violence in hampering the achievement of the highest attainable standard of health and in exacerbating HIV/AIDS; and strengthening the key role that SRHR organizations can play in HIV/AIDS prevention, treatment care and support (see , "2006 UNGASS Review: A key opportunity for the EU to stand up to its commitments," prepared by Brussels-based civil society actors working on HIV/AIDS) and on human rights more generally.
- b. Human rights strategies should be at the core of HIV/AIDS responses, including with a commitment to incorporating a gender analysis into all HIV/AIDS programming and in pursuing women's empowerment and gender equality through HIV/AIDS efforts. The PD should stress the importance of addressing violations of human rights associated with HIV/AIDS, including gender-based violence, discrimination and marginalization of those whose gender and sexuality do not conform to social and cultural standards of "appropriate" femininity and masculinity; violations of the rights of young people, including by denying them access to comprehensive sexuality education; and human rights informed prevention, care, treatment and support strategies.
- c. Moreover, it may be useful to try to ensure that government delegates have copies of these civil society PD recommendations, as well as the more fully elaborated recommendations attached, agreed to by over 250 civil society organizations.

2. Draft Political Declaration Recommendations from Civil Society

1. We, heads of State and Government and representatives of States and Governments participating in the comprehensive review of the progress achieved in realizing the targets set out in the Declaration of Commitment on HIV/AIDS on 31 May and 1 June 2006 and the High-Level Meeting on 2 June 2006;
2. **Note with alarm** that we are facing an unprecedented human catastrophe and that a quarter of a century into the pandemic, AIDS has inflicted immense suffering on countries and communities throughout the world, and that more than 65 million people have been infected with HIV, more than 25 million people have died, 15 million children have been orphaned by AIDS, with millions more made vulnerable, and 40 million people are currently living with HIV, more than 95 per cent of whom are in developing countries, **and that access to treatment is limited with only about one in five people in low and middle-income countries who need antiretroviral drugs obtaining them;**
3. **Further recognize** that HIV/AIDS constitutes a global emergency and poses one of the most formidable challenges to development, progress, and stability of our respective societies and the world at large and requires an exceptional and comprehensive global response;
4. **Acknowledge** that **while** national and international efforts have resulted in important progress since 2001 in the areas of funding, expanding access to HIV prevention, treatment, care and support and in mitigating the impact of AIDS, and in reducing HIV prevalence in a small but growing number of countries; **we have not yet succeeded in generating a response sufficient to reverse the spread of HIV infection and the toll of HIV/AIDS related illness and death, that we have fallen short on our efforts to fully implement the Declaration of Commitment on HIV/AIDS, and that many targets and milestones contained therein have not yet been reached.**
5. **Recognize** the contribution of, and the role played by various donors in combating HIV/AIDS as well as the fact that one-third of resources spent on HIV/AIDS responses in 2005 came from the domestic sources of low-and middle-income countries and therefore emphasize the importance of enhanced international cooperation and partnership in our responses to HIV/AIDS worldwide;
6. **Remain deeply concerned,**~~however,~~ by the overall expansion and feminisation of the pandemic and that women now represent half of all people living with HIV including nearly 60 percent in Africa, and in this regard, recognise that gender inequalities and all forms of violence against women and girls increase their vulnerability to HIV/AIDS;

7. **Also remain gravely concerned** that half of all new HIV infections are among ~~children and~~ young people under the age of 25 and **that their lack of access to youth-friendly information, education and services, which provide young people with the skills, knowledge and means to protect themselves from HIV infection** ~~that the lack of paediatric drugs in many countries significantly hinders the efforts to protect the health of future generation;~~
- 7 bis. **Recognize that gender inequality, stigma, discrimination, particularly discrimination based on race and sexual orientation social exclusion, denial of human rights and fundamental freedoms, poverty and lack of access to social services, including health and education, are major drivers of the global HIV epidemic that must be fully and urgently addressed at all levels of society;**
8. **Recognize** that the full realization of human rights and fundamental freedoms for all is an essential element in the global response to the HIV/AIDS pandemic, including in the areas of prevention, treatment, care and support; ~~and that it reduces vulnerability to HIV/AIDS and prevents stigma and related discrimination against people living with or at risk of HIV/AIDS;~~
9. **Recognize** that access to **treatment and** medication in the context of pandemics such as HIV/AIDS is one of the fundamental elements to achieve progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;
- ~~10. **Reiterate with profound concern** that the pandemic affects every region and that Africa, in particular Sub-Saharan Africa, remains the worst affected region and that urgent and exceptional action is required at all levels to curb the devastating effects of this epidemic;~~ (exact quote from DoC 18 – not necessary to repeat here).
11. **Recognize** that in many parts of the world, the spread of HIV/AIDS is a cause and consequence of poverty and effectively combating HIV/AIDS is essential to achieving internationally agreed development goals and objectives, including the Millennium Development Goals;
12. **Recognize** that we now have the means to reverse the global pandemic and to avert millions of needless deaths, and also recognize that to be effective, we must deliver an intensified, much more urgent and comprehensive response in partnership with people living with HIV, civil society, vulnerable groups and the private sector;
13. **Recognize also** that to mount a comprehensive response, we must overcome the legal, regulatory, trade and other barriers that inhibit access to prevention, treatment, care and support; commit adequate resources; promote and protect human rights and

fundamental freedoms for all; promote gender equality and **the** empowerment of women and girls; strengthen health systems and support health workers;; scale up use of ~~known-effective and~~ comprehensive, **evidence-informed** prevention interventions; do everything necessary to ensure access to life-saving drugs, **including anti-retroviral therapy in paediatric formulations**, and prevention tools; and develop just as urgently better tools – drugs, diagnostics and prevention technologies, including vaccines and microbicides – for the future;

14. **Convinced** that without renewed political will, strong leadership and sustained commitment and concerted efforts from all stakeholders at all levels, including people living with HIV/AIDS, civil society and vulnerable groups, and without increased resources, the world will not succeed in bringing about the end of the pandemic.

Therefore, we:

15. **Reaffirm and commit to** ~~our commitment to~~ implement fully the Declaration of Commitment on HIV/AIDS “*Global Crisis - Global Action*” adopted at the twenty-sixth special session of the General Assembly in 2001 and to achieve the internationally agreed development goals and objectives, including the Millennium Development Goals, and the agreements dealing with HIV/AIDS reached at all major United Nations conferences and summits, ~~and as well as the aim goal~~ of achieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development;
- 15 bis. **Also reaffirm and commit to fully implement the 2005 World Summit Outcome, in particular to scale up HIV prevention, treatment, care and support, with the aim of achieving the goal of universal access to treatment by 2010 for all those who need it,**
16. **Emphasize** the need to strengthen policy and programme linkages and coordination between HIV/AIDS and national development plans and strategies, including poverty eradication strategies, and to include, where appropriate, the impacts of HIV/AIDS in the core indicators for measuring progress in implementing such plans and strategies;
17. **Recognise** the importance of the ~~recommendations of the~~ inclusive, country-driven processes and regional consultations facilitated by the Joint United Nations Programme on HIV/AIDS and its cosponsors, **welcome the report on these processes “Scaling up HIV prevention, treatment, care and support” (A/60/737), for scaling up HIV prevention, treatment, care and support and commit to begin implementing by 2007 the recommendations and timelines contained therein for rapidly and dramatically improving the quality and scale of HIV prevention, treatment, care and support with the goal of achieving universal access;** ~~strongly recommend that this approach be continued;~~

18. ~~Resolve to pursue all necessary efforts~~ **Commit by the end of 2006**, to scale up ~~nationally driven~~, sustainable and comprehensive responses **to the pandemic, with the aim of achieving the goal of universal access to prevention, treatment, care and support by 2010**, 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, ~~with the aim of achieving the goal of universal access to prevention, treatment, care and support by 2010;~~

18 bis. Resolve to ensure the greater involvement of people living with HIV/AIDS at all levels of national and international responses, including in setting goals and priorities; allocation of resources; and planning, implementation, monitoring and evaluation of HIV/AIDS policies and programs; and request the Secretary-General to prepare a report by 2007 on steps that may be necessary to fully support the greater involvement of people living with HIV/AIDS as a core element of the global HIV response;

Prevention

19. ~~Reaffirm that prevention of HIV infection must be the mainstay of national, regional and international responses to the pandemic, and that HIV prevention, treatment, care and support for those infected and affected by HIV/AIDS are essential, indivisible and mutually reinforcing elements of an effective response to the HIV pandemic and must be integrated in a comprehensive approach in multisectoral national strategies to combat the pandemic;~~
20. ~~Agree to find appropriate solutions to overcome legal, regulatory or other barriers that inhibit access to effective HIV prevention, treatment, care and support, medicines, commodities and services; (repeat of Para. 37).~~
21. **Pledge to greatly accelerate** at all levels access to voluntary counselling and testing and related services, with full protection of confidentiality and informed consent, and to promote social and legal environment that is supportive of and safe for voluntary disclosure of HIV status;
22. **Commit by 2007** to address the rising rates of HIV infection among young people to ensure an HIV-free future generation through the implementation of comprehensive, evidence-informed prevention strategies, **including comprehensive sex education, and expanding access to youth-friendly health and social services, while safeguarding young people's rights to confidentiality, privacy and informed consent;**
23. ~~Resolve to ensure further that pregnant women have access to antenatal care, information, counselling and other HIV services and to increase the availability of and access to effective treatment to HIV-infected women and babies in order to reduce mother-to-~~

~~child transmission of HIV, as well as through effective interventions for HIV infected women, including voluntary and confidential counselling and testing, with informed consent, access to treatment, especially life long anti-retroviral therapy and, where appropriate, breast milk substitutes and the provision of a continuum of care;~~

23 alt. Commit to further ensure that pregnant women have access to antenatal care and HIV prevention information and services, including confidential voluntary counselling and testing with protection for their right to informed consent, and to increase our efforts to reach the goal that at least 80 per cent of pregnant women living with HIV have access to services to more effectively decrease the rates of parent-to-child transmission by 2010, especially access to long-term antiretroviral treatment and breast milk substitutes where appropriate, as well as sustained access to treatment, care and support after pregnancy;

23 bis. Commit to develop by 2007 clear targets in national prevention policies and plans to ensure the inclusion of all vulnerable populations, so that the goal of universal access to prevention is realized in an equitable and sustained way;

Treatment, care and support

23 ter. Commit to accelerate efforts to ensure that at least 10 million people living with HIV/AIDS have access to high quality and sustainable treatment by 2010 within the goal of achieving universal access;

24. Resolve by 2007 to integrate food and nutritional support and food security in comprehensive, multisectoral national strategies to combat the pandemic, as part of comprehensive response to HIV/AIDS recognizing the need for nutrition as a key element in successful provision of long-term antiretroviral treatment;

24 bis. Emphasize the need for accelerated scale-up of collaborative activities regarding tuberculosis and HIV in line with the Global Plan to stop TB: 2006-2015 and investment in new drugs, diagnostics and vaccines appropriate for people with TB-HIV co-infection; (paragraph 28 moved up)

24 ter. Urge Member States to develop by 2007 clear targets in national treatment, care and support policies and plans to ensure the inclusion of all vulnerable populations, so that the goal of universal access to treatment, care and support is realized in an equitable and sustained way;

Human Rights, Stigma and Discrimination

25. **Commit by 2007** to intensify efforts to eliminate **HIV/AIDS associated stigma and discrimination**, ~~as appropriate, through~~ legislation, policies, education, and national and international public awareness campaigns, and other measures, ~~HIV/AIDS associated stigma and discrimination~~, and to protect and promote all human rights and fundamental freedoms of all people living with HIV/AIDS **and members of vulnerable groups, including women and girls, youth, older people, men who have sex with men, injecting and other drug users, sex workers, transgenders, people living in poverty, prisoners, migrant labourers, orphans, people in conflict and post conflict situations, indigenous peoples, refugees and internally displaced persons, as well as HIV/AIDS outreach workers and advocates for people living with HIV/AIDS**, and facilitate their meaningful participation in all aspects of HIV/AIDS responses;
26. **Pledge to** ~~to address gender inequalities, as well as all forms of gender-based abuse and violence; and to take all necessary measures to~~ increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection, ~~;~~ ~~principally through the provision of~~ **including by creating an enabling environment for the empowerment of women; protecting and promoting their full enjoyment of all human rights and fundamental freedoms, including their reproductive rights and their right to have control over and decide freely on all matters related to their sexuality, including their sexual and reproductive health, free of coercion, discrimination and violence; ensuring universal access to comprehensive health care and health services, including, inter alia, sexual and reproductive health services; and ensuring full access to comprehensive information and education; and to strengthening their economic independence; and in this context, reiterate the importance of the role of men and boys in achieving gender equality;-**
- 26 bis. Commit by 2007 to strengthen legal, policy, administrative and other measures for the prevention and elimination of all forms of violence against women and girls, including harmful traditional and customary practices, abuse, early and forced marriage, rape, including marital rape, and other forms of sexual violence, battering and trafficking in women and girls, and to ensure that violence against women is addressed as an integral part of the national HIV/AIDS response; (based on CSW Res. 50/2, 2006, ¶ 17)**
27. **Commit** to address as a priority **by 2007** the vulnerabilities faced by children affected by and living with HIV/AIDS, to provide support and rehabilitation to these children and their families, their caregivers including the elderly, to promote child-oriented HIV/AIDS policies and programs, and increased protection for children orphaned and affected by HIV/AIDS, to ensure access to treatment and intensify efforts to develop new treatments for children, **to ensure access to long-term antiretroviral treatment for their parents**, and ~~to build, where needed, and to build~~ support the social security systems that protect **children** ~~them~~;

28. ~~Emphasize the need for accelerated scale-up of collaborative activities regarding tuberculosis and HIV in line with the Global Plan to stop TB: 2006-2015 and investment in new drugs, diagnostics and vaccines appropriate for people with TB-HIV co-infection;~~ (move to 24 bis)

Strengthening Health Systems and Human Resources for the HIV Response

29. **Resolve** to expand to the greatest extent possible **by 2010**, supported by international cooperation and partnership, our capacity to deliver comprehensive HIV/AIDS programmes in ways that strengthen existing national health and social systems, including by integrating HIV/AIDS intervention into programmes for primary health care, mother and child health, sexual and reproductive health, tuberculosis, hepatitis C, sexually transmitted infections, nutrition, children affected, orphaned or made vulnerable by HIV/AIDS, as well as formal and informal education;
30. **Undertake by 2008** to reinforce, adopt and implement, ~~where needed,~~ national plans and strategies, supported by international cooperation and partnership, to strengthen capacity of human resources for health, **to meet the urgent need for health care workers and improve training and management, and effectively govern the recruitment, retention and deployment of health workers, support existing health workers by providing them with proper equipment and safe working conditions, and ensure the development of community based health workers with an overall emphasis on improving working conditions, remuneration and other measures,** to mount a more effective HIV/AIDS response;
31. **Commit** ourselves and call on international financial institutions, the Global Fund to fight AIDS, Tuberculosis and Malaria, and other donors to provide resources to low- and middle- income countries for the strengthening of ~~HIV/AIDS-related~~ health systems and addressing human resources gaps, including the development of alternative and simplified service delivery models and the expansion of community-level provisions of HIV/AIDS prevention, treatment, care and support, as well as other health and social services;
- 31 bis. **Commit to ensure that access to comprehensive HIV/AIDS services is in no way dependent on the ability to pay, with the removal of user fees for all basic health services, and support is provided for social protection measures, such as cash payments for carers, nutritional support and payment of school fees, that mitigate the economic impacts of AIDS, in particular to address women's disproportionate burden of care.**
32. ~~Reiterate the need for governments, the United Nations agencies, regional and international organizations as well as non-governmental organizations involved with the provision and delivery of assistance to countries and regions affected by~~

~~conflicts, humanitarian emergencies or natural disasters to incorporate HIV/AIDS prevention, care and treatment elements into their plans and programmes;~~ (Exact language from DoC 76, not necessary here).

Resources

33. **Pledge** to ensure that **all** costed, inclusive, sustainable, credible and evidence-informed national HIV/AIDS plans are fully funded without the imposition of conditionalities, **and implemented with full transparency, accountability and effectiveness; other than those related to financial transparency, accountability and effectiveness;**
34. **Commit** to reduce the global HIV/AIDS resource gap through greater domestic and international funding to enable countries to have access to predictable and sustainable financial resources and to ensure that international funding is aligned with national HIV/AIDS plans and strategies, and in this regard welcome the increased resources that will become available as a result of the establishment of timetables by many developed countries to achieve the targets of 0.7 per cent of gross national product **for** official development assistance by 2015 and to reach at least 0.5 per cent of gross national product for official development assistance by 2010 as well as, pursuant to the Brussels Programme of Action for the Least Developed Countries for the Decade 2001-2010, **the allocation of** 0.15 per cent to 0.20 per cent for the least developed countries no later than 2010, and urge those developed countries that have not yet done so to make concrete efforts in this regard in accordance with their commitments;
- 34 bis. Urge developing countries to allocate at least 15 per cent of their annual national budgets for the health sector and to help to address the HIV/AIDS epidemic, while recognizing that efforts to reach this target, by countries whose resources are limited, will need to be complemented by increased international assistance;**
35. **Recognize** that 20 to 23 billion dollars is needed **on an annual basis** by 2010, as estimated by the Joint United Nations Programme on HIV/AIDS, to support rapidly scaled-up AIDS responses in low and middle income countries and therefore commit to take measures to ensure that the resources are made available from donor countries and also from national budgets and other national sources;
36. **Further commit** to support and strengthen existing financial mechanisms, including **by providing sufficient resources to approve yearly rounds of proposals for** the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria, as well as **supporting and strengthening** relevant United Nations organizations, through provision of funds in a sustained **and predictable** manner, including by generating additional funds through the continued development of innovative sources of financing **and identifying by 2007 more flexible mechanisms for funding civil society to deliver services to communities;**

36 bis. Commit to ensuring that international institutions and donor policies support more expansionary fiscal and monetary policies by national governments, so that spending on rapidly scaled up comprehensive HIV/AIDS programming is commensurate with needs.

Trade

37. ~~Agree to find appropriate solutions to overcome~~ **eliminate by 2007** barriers in pricing, tariffs and trade agreements, and to make improvements in legislation, regulatory policy, procurement and supply chain management, in order to accelerate and intensify access to affordable and quality HIV/AIDS prevention products, **including male and female condoms, opiate substitution therapy, and clean injecting equipment, as well as** diagnostics, medicines and treatment commodities;
38. Reaffirm the right to use the provisions in the World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights, the Doha Declaration on TRIPS Agreement and Public Health and the General Council decision of 2003 and the amendments to Article 31, when enforced, which provide flexibilities to **increase further affordability and** ~~promote access to~~ production of medicines and **access to** pharmaceutical products that are available and that will be developed in the future, including production of generic antiretroviral drugs and other medicines, microbicides, vaccines, diagnostics, paediatric formulations of antiretroviral drugs and other essential drugs for AIDS- related infections in ways that strengthen health care delivery, and resolve to strengthen the capacities of developing countries to employ these flexibilities ~~outlined above~~;
39. **Commit** to intensify investment in and efforts towards the research and development of new, safe and affordable HIV/AIDS-related medicines, products and technologies, such as vaccines, female-controlled **prevention** methods and microbicides, **and** paediatric antiretroviral formulations, **and to expand the human capacity and the scientific and health system infrastructure of developing countries in this regard;** ~~as well as encourage increased investment in HIV/AIDS related research and development in traditional medicine including through the protection of intellectual property rights;~~
40. ~~Encourage~~ pharmaceutical companies, donors, multilateral organizations, and other partners to develop public private partnerships in support of research and development and technology transfer, and in the comprehensive HIV/AIDS response; (Well-covered in the DoC and elsewhere).
41. **Develop by 2007 additional** ~~Also encourage~~ bilateral, regional and international efforts in to ~~promoting~~ **promote** bulk procurement, price negotiations, and licensing to lower prices for HIV prevention products, diagnostics, medicines and treatment commodities, **and in this regard welcome the initiative to establish an International Drug Purchase facility, based on**

innovative financing mechanisms, aimed at providing further drug access at affordable prices to developing countries on a sustainable and predictable basis;

- ~~42. Welcome the initiative to establish an International Drug Purchase facility, based on innovative financing mechanisms, aimed at providing further drug access at affordable prices to developing countries on a sustainable and predictable basis, and encourage the establishment of other such initiatives; (Combined with 41 above)~~

Follow-up

43. **Commit by the end of 2006 to complete and begin implementing multisectoral national strategies, including ambitious national targets and financing plans, to set in 2006, through an inclusive process, national targets which fully incorporate the commitments made in this Declaration and which also reflect** reflecting the urgent need to scale up significantly HIV prevention, treatment, care and support with the aim of achieving the goal of universal access to prevention, treatment, care and support by 2010, as well as to set and maintain sound and rigorous monitoring and evaluation frameworks within ~~their~~ **all** HIV/AIDS strategies,
44. **Call on** the Joint United Nations Programme on HIV/AIDS, including its cosponsors to assist national efforts to coordinate the HIV/AIDS response, as elaborated in the “Three Ones” principles, and in line with recommendations of the ‘Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors’, to assist national and regional efforts to monitor and report on efforts to achieve the targets above, and to strengthen global coordination on HIV/AIDS, including through the thematic sessions of the Programme Coordinating Board;
- 44 bis **Commit to ensure that by 2007 multisectoral national HIV/AIDS strategies and programs are supported by rigorous monitoring and evaluation mechanisms which are directly linked to national AIDS committees, health ministries and/or other ministries with HIV/AIDS responsibilities, thereby enabling countries to make informed changes to priorities, programs and funding in a timely way to meet new challenges; and request the United Nations system to strengthen assistance provided to Member States in establishing and maintaining sound monitoring and evaluation mechanisms;**
45. **Also call on** Governments, national parliaments, donors, regional and sub-regional organizations, organizations of the United Nations system, the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria, civil society, people living with HIV, vulnerable groups, private sector, communities most affected by HIV/AIDS and other stakeholders to work closely together to achieve the targets above, and to ensure accountability and transparency at all levels through **regular and formal** participatory reviews of HIV/AIDS strategies and programs responses;

46. **Request** the Secretary-General of the United Nations, with the support of the Joint United Nations Programme on HIV/AIDS, to include in his annual report to the General Assembly on the status of implementation of the Declaration of Commitment on HIV/AIDS in accordance with resolution S-26/2 of 27 June 2001 the progress achieved in realizing the commitments set out in the present Declaration;
47. **Decide** to undertake comprehensive reviews in 2008 and 2011 the progress achieved in realizing the Declaration of Commitment on HIV/AIDS “*Global Crisis – Global Action*” adopted at the twenty-sixth special session, **as well as progress made in achieving the goal of universal access towards prevention, treatment, care and support by 2010, and in implementing** this present Declaration.

3. Tentative Listing of Sexual Health and Rights-related NGO Side Events

(Please note: this is a **partial** listing based on a draft schedule and without full descriptions of events)

Date	Time	Location	Organization	Name of Event
30-May	8:30am - 5pm	Great Hall at Cooper Union located at 7E 7th Street at 3rd Avenue.	International Women's Health Coalition	UNGASS Review Civil Society Orientation and Strategy Meeting
	1pm - 2:45pm	2nd Floor Church Center	Global Network for Sex Work Projects, SANGRAM, Blety, Women's Network for Unity, Womyn's Agenda for Change, Prostitutes of New York, the Sex Workers Project, Davida, Stella, and the Asia Pacific Network of Sex Workers	The effects of new funding restrictions on HIV programs, including sex work programs and other projects
	3:00pm - 6:00pm	Church Center, 777 UN Plaza	AAI, US	Putting Violence Against Women on the HIV&AIDS Agenda: A Dialogue Between Women's Rights and HIV/AIDS Activists and Policy Makers
	6:30pm - 9pm	CUNY Graduate Center, room C205, 365 Fifth Avenue at 34th Street, (Across from the Empire State Building)	Network of Sex Work Projects (NSWP), Prostitutes of New York (PONY), The Center for the Study of Women and Society, Sex Workers Project at the Urban Justice Center (SWP)	reception
31 May	11am - 12pm	Beekman Towers Hotel	Global Youth Coalition on HIV/AIDS	Youth Caucus Meeting
	12:30 pm Assembling –Dag Hammarskjold Plaza	Dag Hammarskjold Plaza (47th Street btw 1st and 2nd Avenue)	CTUP - New York ACTUP - Philadelphia African Services Committee American Jewish World Service Community HIV/AIDS Mobilization	Civil Society Rally and March

	<p>1:00 pm Rally -- AIDS activist speakers from multiple countries</p> <p>1:40 pm March -- Leaving Dag Hammaraskjold Plaza to pass by several Missions to the UN and ending at the U.S. Mission</p>		<p>Network (CHAMP) Friends of TAC - North America Gay Men's Health Crisis Health GAP (Global Access Project) Housing Works New York City AIDS Housing Network Positive Health Project Student Global AIDS Campaign</p>	
	1pm - 3pm	2nd Floor, Church Centre, 777 United Nations Plaza	Amnesty International	a discussion on HIV and AIDS and Human Rights to mark the launch of its new report "I am not ashamed" HIV and AIDS and Human Rights in the Dominican Republic and Guyana
	1:30pm - 3:00pm	Beekman Tower Hotel (1st Avenue and 49th street)	The Coalition for Sexual and Bodily Rights	Panel 1: Sexuality and HIV/AIDS in South/Southeast Asia
	2pm - 3pm	12th Floor, Church Centre, 777 United Nations	FEIM/IWAC	Women and HIV/AIDS in Latin America
1-Jun	11:30am - 1pm	Church Center, 12th Floor (777 UN Plaza)	Center for Health and Gender Equity (CHANGE)	UNGASS PANEL: ARE US RESTRICTIONS UNDERMINING HIV PREVENTION?

	11:30am - 1pm	12th Floor Church Center	Center for Health and Gender Equity, Advocates for Youth, UK Global Working Group on U.S. Policy, Action Aid Uganda, Human Rights Watch, Int'l Council of AIDS Service Orgs., Canada, IWHC, Sangram, India	Are U.S. Restrictions Undermining HIV Prevention
	1pm - 3pm	12th Floor Church Center	FEIM/IWAC	How to address the feminization of the pandemic
	1:30 pm – 3:00 pm	Beekman Towers Hotel	Youth Coalition	Youth Activism and Sexual and Reproductive Rights
2-Jun	9:00 – 4:00 pm	12 th Floor	ACTIONAID Int'l	Connecting Communities
	9:30am - 11am	Beekman Tower Hotel	Center for Health and Gender Equity (CHANGE)	Prevention NOW! A Global Grassroots Advocacy Campaign for the Female Condom
	9:30am - 11am	Beekman Tower Hotel, 3 Mitchell Place, at 1st Avenue and East 49th Street	Prevention Now	Expanding Access to Female Condoms to Stem the Spread of HIV: Panel Discussion and Launch of New Campaign
	1:30pm - 3:00pm	Beekman Tower Hotel (1st Avenue and 49th street)	The Coalition for Sexual and Bodily Rights	Panel II: Sexuality Education in Muslim-Majority Countries and the Fight against HIV/AIDS
	1:45pm - 2:45pm	United Nations Church Center; 777 U.N. Plaza, SW corner of 44th and 1st Ave. Tillman Chapel	Global Youth Coalition on HIV/AIDS	Stigma, Choice, Change

3. Civil Society Recommendations

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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