

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@sorosny.org.

PLEASE NOTE THAT WE WILL BE ISSUING A FINAL UNGASS IN SHARP FOCUS THAT PROVIDES A WRAP UP AND EVALUATION OF THE UNGASS. LOOK FOR IT EARLY NEXT WEEK.

Issue 5, 2 June 2006

Table of Contents

1. Update on negotiations and final resolution – pp. 1-3
2. Full text of press releases and statements
 - a. Civil society press release – pp. 3-7
 - b. Human Rights caucus – pp. 7-8
3. Full text of the draft Political Declaration – pp. 8-16

1. Update on negotiations

At 3 am, June 2, 2006, after tough and contentious negotiations rife with civil society dissatisfaction and protest, a final draft document was released. Strong feelings of disappointment were articulated by civil society, although, on close read, the document contains some useful hooks to push for more progressive government HIV/AIDS policies. For example, the Youth Coalition offered this measured response,

There is good text related to youth in the declaration, such as mentioning of condoms, youth friendly health services, evidence based prevention strategies and women's full enjoyment of human rights. These are all core strategies in fighting HIV/AIDS, and we encourage all to take them home, and advocate for a youth perspective in policy and implementation. But, the absence of specific language such as comprehensive sexuality education, empowerment of girls, discriminated populations, sexual and reproductive rights and marital rape as one of the forms of sexual violence, leaves the declaration weak and ambiguous. These missing languages have profound impact in the lives of young people and their

chances to protect themselves from HIV/ AIDS. (The Watchdog, UNGASS HIV/ AIDS, Issue 3, p. 1)

Civil society groups were unabashed in articulating their dissatisfaction. In a joint press release, they noted (see full press release below, p. 2)

once more we are disappointed at the failure to demonstrate real political leadership in the fight against the pandemic” said The Most Revd Njongonkulu Ndungane, the Anglican Archbishop of Capetown. “Even at this late stage, we call on the world’s political leaders to rise up and meet the challenges that the pandemic presents and to set ambitious targets at a national level to guarantee universal access to treatment, care, support and prevention.”

UN Member States refused to commit to hard targets on funding, prevention, care and treatment. They rejected frank acknowledgement that some of the today’s fastest growing HIV epidemics are happening among injecting and other drug users, sex workers and men who have sex with men. “The final outcome document is pathetically weak. It is remarkable at this stage in the global epidemic that governments can not set the much needed targets nor can they name in the document the very people that are most vulnerable” said Sisonke Msimang of the African Civil Society Coalition.

Human rights groups noted the distinct disconnect between NGO speeches and panels (as well as those by some governments) that consistently stressed the centrality of human rights, from the “far from central place” of human rights in the Political Declaration. A statement issued by the human rights caucus (see full statement below, p. 7) noted that

Despite repeated appeals during the Interactive dialogue, panels and roundtables, and commitments already agreed to, the current political declaration undermines the realization of human rights and is detrimental to an effective response. For human rights to be respected, protected and fulfilled in relation to HIV and AIDS, cultural exceptionalism cannot qualify human rights provisions; ideology cannot inform programmatic responses; abstinence cannot be endorsed instead of comprehensive sexual education. The greater involvement of people living with HIV and AIDS must not be tokenism. In addition, fighting stigma and discrimination, while important in their own right, cannot be used as “stand-in” for fulfilling human rights.

The political declaration will be formally adopted at 6 pm., to close the review (see full draft document below, p. 8).

Throughout the day, the High Level Segment has seen speeches by government representatives. In a moment of irony, Laura Bush and the King of Swaziland

kicked off the high level segment. Perhaps this reflects the chasm of views that have been represented in this UNGASS review. At the other end of the chasm, UK International Development Secretary Hilary Benn commented "Tackling AIDS is not only about money. It is also about culture, social attitudes and not ignoring what we know works – sexual and reproductive health and rights, condoms and clean needles. HIV prevention, and care and support for people living with HIV and AIDS, must be based on evidence and not on ideology. Tackling stigma and discrimination, protecting human rights and promoting gender equality are essential to make progress" and further noted that "abstinence is fine for those who are able to abstain, but that human beings like to have sex and they should not die because they do have sex (at http://www.ukun.org/search/Search_show.asp?Aid=1277&T=1)

2. Press releases and statements

a. Civil Society Press release

Press release

Immediate Release:

June 2, 2006

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International civil society denounce UN meeting on AIDS as a failure

Civil society groups from around the world denounced the final UN Political Declaration on HIV/ AIDS, released after marathon negotiations during the UN High Level meeting on AIDS this week.

"Once more we are disappointed at the failure to demonstrate real political leadership in the fight against the pandemic" said The Most Revd Njongonkulu Ndungane, the Anglican Archbishop of Capetown. "Even at this late stage, we call on the world's political leaders to rise up and meet the challenges that the pandemic presents and to set ambitious targets at a national level to guarantee universal access to treatment, care, support and prevention."

UN Member States refused to commit to hard targets on funding, prevention, care and treatment. They rejected frank acknowledgement that some of the today's fastest growing HIV epidemics are happening among injecting and other drug users, sex workers and men who have sex with men. "The final outcome document is pathetically weak. It is remarkable at this stage in the global epidemic that governments can not set the much needed targets nor can they can

name in the document the very people that are most vulnerable” said Sisonke Msimang of the African Civil Society Coalition.

“African governments have displayed a stunning degree of apathy, irresponsibility, and complete disrespect for any of the agreements they made in the last few months” said Leonard Okello, Head of HIV/AIDS for Action Aid International. “The negotiation processes was guided by trading political, economic and other interests of the big and powerful countries rather than the glaring facts and statistics of the global AIDS crisis, seventy percent of which is in Sub-Saharan Africa.”

African government delegations reneged on their promises in the 2006 Abuja Common position agreed to by African Heads of State. South Africa and Egypt, in particular, took a deliberate decision to oppose the setting of targets on prevention and treatment, despite the fact that both participated in the Abuja Summit that endorsed ambitious targets to be reached by 2010. “The continent that is most ravaged by AIDS has demonstrated a complete lack of leadership. It is a sad, sad day as an African to be represented by such poor leadership” said Omololu Faloubi of the African Civil Society Coalition.

But the African governments were not alone. The United States was particularly damaging to the prospects for a strong declaration. Throughout the negotiations they moved time and again to weaken language on HIV prevention, low-cost drugs and trade agreements and to eliminate commitments on targets for funding and treatment. “It’s death by diplomacy,” said Eric Sawyer, veteran activist and 25-year survivor of HIV/AIDS. “Hour after hour, my government fought for its own selfish interests rather than for the lives of millions dying needlessly around the globe”

There has however been a strong recognition in the declaration of the alarming feminization of the pandemic. Commitments were made to ensure that women can exercise their right to have control over their sexuality and to the goal of achieving universal access to reproductive health by 2015.

This progress was undermined however by regressive governments. “Syria, Egypt, Yemen, Iraq, Pakistan and Gabon blocked efforts to recognize and act to empower girls to protect themselves from HIV infection” said Pinar Ilkkaracan, President of Women for Women’s Human Rights. “Their failure to commit to ensuring access to comprehensive sexuality education for young people, and promote and protect sexual rights will undermine the response to the HIV pandemic.”

This was compounded by the declaration failing to acknowledge that some of the today's fastest growing HIV epidemics are happening among injecting and other drug users, sex workers and men who have sex with men, despite strong support from the Rio Group of countries. For example, governments have ignored the needs of injecting drug users by not stating the need for substitution drug treatment, putting them at further risk. "Failing to fully address the needs of these groups, and particularly to counter stigma and discrimination by decriminalizing drug use and sexual behaviors, will render them more invisible and ultimately lead to even higher rates of HIV/AIDS" said Raminta Stuikyte of the Central and Eastern European Harm Reduction Network.

Again the US, along with other governments, ensured that the final declaration text contains a substantially weaker reference to the AIDS funding need. It now only acknowledges that more money is needed, rather than committing to raising the needed funds. An estimated \$23 billion is needed per annum by 2010 in order to fund AIDS treatment, care, prevention and health infrastructure. "At this stage in the pandemic, we expected government commitment to close the global funding gap," said Kieran Daly of the International Council of AIDS Service Organizations. "Instead they have tried to let themselves off the hook."

While there has been a failure of governments to face the realities of HIV/AIDS, civil society will be holding them to account. Civil society will hold governments to account to deliver on universal access. Civil society will make sure governments recognize and support vulnerable populations. The failure of governments to commit will not be accepted.

EDITORS NOTE: "Vulnerable populations" includes 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 laborers, orphans, people in conflict and post-conflict situations, indigenous peoples, refugees and internally displaced persons, as well as HIV/AIDS outreach workers and people living with HIV/AIDS.

Supporting organizations:

AAHUNG

ACT UP NY

Action Aid International

Advocates for Youth

AfriCASO

African Committee Services

AIDS Access Foundation

Aids Fonds

AIDS Foundation East-West

AIDS Law Project
 AIDS Task Force, Africa Japan Forum
 Asia Pacific Council of AIDS Service Organizations (APCASO)
 Australian Federation of AIDS Organisations (AFAO)
 Blue Diamond Society
 CALCSICOVA (Cordinadora de Asociacia Ves de Lucha Contra el SIDA de la Cournida Valenciana)
 Catolicas por el Derecho a Decidir (Brasil)
 Center for AIDS Rights, Thailand
 Center for Health and Gender Equity
 Central and Eastern European Harm Reduction Network (CEEHRN)
 CESIDA - Coodinadora Espanalu en Sida
 Colectivo Juvenil Decide/ Bolivia
 European AIDS Treatment Group
 GAT-Grupo Portugues de Activistas Sobre Tratamentos de VIH/SIDA
 Gender AIDS Forum
 Global AIDS Alliance
 Global Youth Coalition on HIV/ AIDS Eastern Africa Region
 Global Network of People Living with HIV/ AIDS (GNP+)
 Health & Development Networks
 Health GAP (Global Access Project)
 HelpAge International
 HIV Association Netherlands
 Housing Works, Inc
 ICW Latina
 International Council of AIDS Service Organisations
 International HIV/ AIDS Alliance
 International Women's AIDS Caucus & FEIM
 International Working Group in Social Policies and Sexuality
 International Parenthood Planning Federation (IPPF)
 Journalists Against AIDS (JAAIDS/Nigeria)
 Namibia Network of AIDS Service Organizsations (NANASO)
 National AIDS Trust (UK)
 National Association of PLWHA in Namibia (Lironga Eparu)
 National Empowerment Network of PLWHA in Kenya
 Nepal HIV/ AIDS Alliance
 New Ways
 NNIWA
 OSISA
 Positive Action Movement, Nigeria
 Positive Women's Network
 Red Latinoamericana y Caribena de Jevenes pro la Derecliora Sexuales y Reproduction (REDLAC)

Red Tra Sex
RED2002 (Spain)
RSMALC
Rutgers Nisso Group, The Netherlands
Sensoa V2W
SEICUS
Share - Net
Stop Aids Liberia
Student Global AIDS Campaign
Tenemos Sida (Spain)
Treatment Action Group (TAG)
Treatment Action Movement, Nigeria
UK Coalition of People Living with HIV and aids
Unitarian Universalist United Nations Office
United Nations Association in Canada
VSO
Women for Women's Human Rights (WWHR)
World AIDS Campaign
World Population Foundation, Netherlands

b. Human Rights Caucus statement

In 2001, governments acknowledged that the full realization of human rights for all persons is central to mounting an effective response to the pandemic. Today's political declaration does not implement this basic insight. It marginalizes human rights based approaches.

Governments and civil society actors from all sectors, such as health service provision, law, advocacy, PLWHA, research and development, private sector and labor, trade, faith-based, youth and health – articulated at many points during the High-Level meeting, the importance of ensuring a human rights approach in addressing the HIV and AIDS pandemic. Despite repeated appeals during the Interactive dialogue, panels and roundtables, and commitments already agreed to, the current political declaration undermines the realization of human rights and is detrimental to an effective response. For human rights to be respected, protected and fulfilled in relation to HIV and AIDS, cultural exceptionalism cannot qualify human rights provisions; ideology cannot inform programmatic responses; abstinence cannot be endorsed instead of comprehensive sexual education. The greater involvement of people living with HIV and AIDS must not be tokenism. In addition, fighting stigma and discrimination, while important in their own right, cannot be used as “stand-in” for fulfilling human rights.

We, as human rights activists, are deeply concerned by the inadequate and weak human rights language in the current political declaration.

Firstly, people around the world face human rights abuses in relation to the epidemic. These violations include acts perpetrated and/or tolerated by governments such as restrictions of movement, gender-based violence, discrimination, police harassment, threats to privacy and freedom of assembly. It also includes denial of care and treatment, education and access to basic health and social services, especially for marginalized groups.

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Secondly, we are concerned by the dearth of language stressing the necessity of rights-based approaches to HIV and AIDS policy, programming and services. We are concerned not only because this is an obligation of governments but also because it makes work more effective. Rights-based approaches require ensuring the participation of affected communities, non-discrimination in program delivery, attention to the legal and policy environment in which interventions take place, and accountability for what is done, and how it is done.

Human rights must be at the centre of a comprehensive response, including: specific, measurable and time-bound targets - implemented according to a human rights principles in the areas of universal access to treatment, prevention, care and support; protection and empowerment of vulnerable groups; harm reduction and substitution therapy; sexual and reproductive health and rights; comprehensive, evidence-based sexuality education.

The political declaration represents a missed opportunity and must not undermine the crucial role of human rights in the response to HIV and AIDS.

4. Full text of political declaration

2 June 2006

Draft Political Declaration

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;

3. **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 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, and also acknowledge that many targets contained in the Declaration of Commitment on HIV/AIDS have not yet been met;
5. **Commend** the UNAIDS Secretariat and the Cosponsors for their leadership role on HIV/AIDS policy and coordination, and for the support they provide to countries through the Joint United Nations Programme on HIV/AIDS;
6. **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;
7. **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, recognize that gender inequalities and all forms of violence against women and girls increase their vulnerability to HIV/AIDS;
8. **Express grave concern** that half of all new HIV infections are among children and young people under the age of 25 and that there is a lack of information, skills and knowledge regarding HIV/AIDS among young people;
9. **Also remain gravely concerned** that today 2.3 million children are living with HIV/AIDS, and recognize that the lack of paediatric drugs in many countries significantly hinders efforts to protect the health of children;
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 pandemic, and recognize the renewed commitment by African governments and regional institutions to scale up their own HIV/AIDS responses;

11. **Reaffirm** that the full realization of all 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 recognize that addressing stigma and discrimination is also a critical element in combating the global HIV/AIDS pandemic;
12. **Reaffirm** that access to 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;
13. **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;
14. **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 the United Nations system, intergovernmental organizations, people living with HIV and vulnerable groups, medical, scientific and educational institutions, non-governmental organizations, the business sector including generic and research – based pharmaceutical companies, trade unions, the media, parliamentarians, foundations, community organizations, faith-based organizations and traditional leaders;
15. **Recognize also** that to mount a comprehensive response, we must overcome any legal, regulatory, trade and other barriers that block access to prevention, treatment, care and support; commit adequate resources; promote and protect all human rights and fundamental freedoms for all; promote gender equality and empowerment of women; promote and protect the rights of the girl child in order to reduce their vulnerability to HIV/AIDS; strengthen health systems and support health workers; support greater involvement of people living with HIV; scale up use of known effective and comprehensive prevention interventions; do everything necessary to ensure access to life-saving drugs and prevention tools; and develop just as urgently better tools – drugs, diagnostics and prevention technologies, including vaccines and microbicides – for the future;
16. **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, civil society and vulnerable groups, and without increased resources, the world will not succeed in bringing about the end of the pandemic.
17. **Solemnly declare** our commitment to address the HIV/AIDS crisis by taking action as follows, taking into account the diverse situations and circumstances in different regions and countries throughout the world;

Therefore, we:

18. **Reaffirm** 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 in particular the goal to halt and begin to reverse the spread of HIV/AIDS, Malaria and other major diseases, the agreements dealing with HIV/AIDS reached at all major United Nations conferences and summits, including the 2005 World Summit and its statement on treatment, and the goal of achieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development;
19. **Recognize** the importance and encourage the implementation 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 for scaling up HIV prevention, treatment, care and support and strongly recommend that this approach be continued;
20. **Commit** to pursue all necessary efforts to scale up nationally driven, sustainable and comprehensive responses to achieve broad multisectoral coverage for prevention, treatment, care and support, with full and active participation of people living with HIV, vulnerable groups, most affected communities, civil society and the private sector, towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010;
21. **Emphasize** the need to strengthen policy and programme linkages and coordination between HIV/AIDS, sexual and reproductive health, national development plans and strategies, including poverty eradication strategies, and to address, where appropriate, the impact of HIV/AIDS on national development plans and strategies;
22. **Reaffirm** that prevention of HIV infection must be the mainstay of the national, regional and international responses to the pandemic and therefore commit to intensify efforts to ensure that a wide range of prevention programs which take account of local circumstances, ethics and cultural values, is available in all countries, particularly the most affected countries, including information, education and communication, in languages most understood by communities and respectful of cultures, aimed at reducing risk-taking behaviours and encouraging responsible sexual behaviour, including abstinence and fidelity; expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm-reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmitted infections;

23. **Reaffirm** that prevention, treatment, care and support for those infected and affected by HIV/AIDS are mutually reinforcing elements of an effective response and must be integrated in a comprehensive approach to combat the pandemic;
24. **Commit** to overcome legal, regulatory or other barriers that block access to effective HIV prevention, treatment, care and support, medicines, commodities and services;
25. **Pledge** to promote at the international, regional, national and local levels access to HIV/AIDS education, information, 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;
26. **Commit** to address the rising rates of HIV infection among young people to ensure an HIV-free future generation through the implementation of comprehensive, evidence-based prevention strategies, responsible sexual behaviour, including the use of condoms, evidence- and skills-based, youth specific HIV education, mass media interventions, and the provision of youth friendly health services;
27. **Commit** 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 women living with HIV and infants in order to reduce mother-to-child transmission of HIV, as well as through effective interventions for women living with HIV, including voluntary and confidential counselling and testing, with informed consent, access to treatment, especially life-long antiretroviral therapy and, where appropriate, breast-milk substitutes and the provision of a continuum of care;
28. **Resolve** to integrate food and nutritional support, with the goal that all people at all times, will have access to sufficient, safe, and nutritious food to meet their dietary needs and food preferences, for an active and healthy life, as part of a comprehensive response to HIV/AIDS;
29. **Commit** to intensify efforts to enact, strengthen or enforce, as appropriate, legislation, regulations and other measures to eliminate all forms of discrimination against and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV and members of vulnerable groups, in particular to ensure their access to, inter alia, education, inheritance, employment, health care, social and health services, prevention, support and treatment, information and legal protection, while respecting their privacy and confidentiality; and develop strategies to combat stigma and social exclusion connected with the epidemic;
30. **Pledge** to eliminate gender inequalities, gender-based abuse and violence, and to increase capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and services,

including, inter alia, sexual and reproductive health, and full access to comprehensive information and education, and ensure that women can exercise their right to have control over and decide freely and responsibly on matters related to their sexuality to increase their ability to protect themselves from HIV infection, including their sexual and reproductive health, free of coercion, discrimination and violence, and take all necessary measures to create an enabling environment for the empowerment of women and to strengthen their economic independence and in this context, reiterate the importance of the role of men and boys in achieving gender equality;

31. **Commit** to strengthening legal, policy, administrative and other measures for the promotion and protection of women's full enjoyment of all human rights and reduction of their vulnerability to HIV/AIDS through the elimination of all forms of discrimination, as well as all types of sexual exploitation of women, girls and boys, including for commercial reasons, and all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls;
32. **Commit** to address as a priority the vulnerabilities faced by children affected by and living with HIV, to provide support and rehabilitation to these children and their families, women and the elderly, particularly in their role as caregivers, to promote child-oriented HIV/AIDS policies and programmes, 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, and to build, where needed, and to support the social security systems that protect them;
33. **Emphasize** the need for accelerated scale-up of collaborative activities on 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;
34. **Commit** to expand to the greatest extent possible, 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;
35. **Undertake** to reinforce, adopt and implement, where needed, national plans and strategies, supported by international cooperation and partnership, to increase capacity of human resources for health to meet the urgent need for training and retention of a broad range of health workers including community-based health workers, improve training and management and working conditions including treatment for health workers, and to effectively govern the recruitment, retention

and deployment of new and existing health workers to mount a more effective HIV/AIDS response;

36. **Commit** ourselves, invite international financial institutions and the Global Fund to fight AIDS, Tuberculosis and Malaria according to its policy framework and encourage other donors to provide additional resources to low- and middle- income countries for the strengthening of HIV/AIDS programmes and health systems, and for addressing human resources gaps, including the development of alternative and simplified service delivery models and the expansion of community-level provision of HIV/AIDS prevention, treatment, care and support, as well as other health and social services;
37. **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;
38. **Pledge** to provide the highest level commitment to ensure that costed, inclusive, sustainable, credible and evidence-based national HIV/AIDS plans are funded and implemented with transparency, accountability and effectiveness, in line with national priorities;
39. **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 are being made available through bilateral and multilateral initiatives, as well as those 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, 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;
40. **Recognize** that the Joint United Nations Programme on HIV/AIDS estimated that 20 to 23 billion dollars is needed per annum by 2010 to support rapidly scaled-up AIDS responses in low and middle income countries, and therefore commit to take measures to ensure that new and additional resources are made available from donor countries and also from national budgets and other national sources;
41. **Commit** to support and strengthen existing financial mechanisms, including the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria, as well as relevant

United Nations organizations, through provision of funds in a sustained manner, while continuing to develop innovative sources of financing, as well as pursuing other efforts, aimed at generating additional funds;

42. **Commit** to find appropriate solutions to overcome barriers in pricing, tariffs and trade agreements, and to make improvement in legislation, regulatory policy, procurement and supply chain management, in order to accelerate and intensify access to affordable and quality HIV/AIDS prevention products, diagnostics, medicines and treatment commodities;
43. **Reaffirm** that the World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights does not and should not prevent members from taking measures now and in the future to protect public health. Accordingly, while reiterating our commitment to the TRIPS Agreement, reaffirm that the Agreement can and should be interpreted and implemented in a manner supportive of the right to protect public health and, in particular, to promote access to medicines for all including production of generic antiretroviral drugs and other essential drugs for AIDS- related infections. In this connection, we reaffirm the right to use, to the full, the provisions in the TRIPS Agreement, the Doha Declaration on TRIPS Agreement and Public Health and the World Trade Organization's General Council Decision of 2003 and the amendments to Article 31, which provide flexibilities for this purpose;
44. **Resolve** to assist developing countries to enable them to employ flexibilities outlined in the World Trade Organization's Agreement on TRIPS and to strengthen their capacities for this purpose;
45. **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 methods and microbicides, paediatric antiretroviral formulations, including through such mechanisms as Advance Market Commitments, as well as encourage increased investment in HIV/AIDS-related research and development in traditional medicine;
46. **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;
47. **Also encourage** bilateral, regional and international efforts in promoting bulk procurement, price negotiations, and licensing to lower prices for HIV prevention products, diagnostics, medicines and treatment commodities, while recognizing that intellectual property protection is important for the development of new medicines and also recognize the concerns about its effects on prices ;
48. **Recognize** the initiative by a group of countries such as the International Drug Purchase facility, based on innovative financing mechanisms which are aimed at

providing further drug access at affordable prices to developing countries on a sustainable and predictable basis;

49. **Commit** to set in 2006, through inclusive, transparent processes, ambitious national targets, including interim targets for 2008 in accordance with core indicators recommended by the Joint United Nations Programme on HIV/AIDS, that reflect the commitment of this Declaration and the urgent need to scale up significantly towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010, as well as to set and maintain sound and rigorous monitoring and evaluation frameworks within their HIV/AIDS strategies;
50. **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;
51. **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 participatory reviews of HIV/AIDS responses;
52. **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;
53. **Decide** to undertake comprehensive reviews in 2008 and 2011 within the annual review of the General Assembly on the progress achieved in realizing the Declaration of Commitment on HIV/AIDS “*Global Crisis – Global Action*” adopted at the twenty-sixth special session and this present Declaration.