



Work in Progress

Comparison of political documents pertaining to the response to AIDS

**High Level Meeting on AIDS
June 8th- 10th 2011**

Reference Document

February 4th 2010

Disclaimer

This reference document is not intended to provide a comprehensive comparison of every major declaration but presents a starting point for analysis of authoritative language on key issues facing the AIDS response. It is based on a small selection of landmark United Nations-General Assembly declarations, as well as other recent international and regional resolutions and declarations relating to HIV. The selection of documents and the language extracted in the tables represent illustrative examples. There are many other resolutions and declarations which have not been included in this document, which may be equally important.

Please note that each key issue does not necessarily draw text from all of the documents for review. Some documents do not refer specifically to the key issues that have been identified, or similar language may have been extracted from other documents within this comparison.

If you have any comments or queries please contact Chloe Swift, Policy and Strategy Officer, UNAIDS swiftc@unaids.org

Background and Overview

In preparation for the June 2011 United Nations General Assembly High Level Meeting (HLM) on AIDS, a comparison of regional and international consensus statements on key issues facing the AIDS response was undertaken. While the June HLM will undertake a comprehensive review of the progress made in relation to meeting previous commitments and a rigorous analysis of the rate-limiting factors to inform future action, the 2011 commitments need to build on commitments that have already been agreed by the international community.

The purpose of this document is to recall manner in which the General Assembly, and other relevant bodies, have treated specific issues and proposed relevant commitments and actions regarding the AIDS response. The documents drawn upon for this comparison include the 2001 General Assembly Declaration of Commitment on HIV/AIDS, the 2006 General Assembly Political Declaration on HIV/AIDS and the 2010 General Assembly Millennium Development Goals (MDG) Outcome Document ([Keeping the promise: united to achieve the Millennium Development Goals](#)). Additionally a number of other regional and international documents have been included for comparison. These are some of the more recent declarations and resolutions that provide authoritative language on the identified issues relating to the AIDS response. As such, this document does not provide a comprehensive representation of all resolutions and declarations issued. The comparison is supplemented by the inclusion of relevant goals, objectives and text from the recently adopted UNAIDS Strategy 2011-2015 where it delves into areas not necessarily covered by other documents.

The following list contains the select documents that were reviewed as part of this exercise:

1. [Declaration of Commitment on HIV/AIDS, A/RES/S-26/2, 2001](#)
2. [Political Declaration on HIV/AIDS, A/Res/60/262, 2006](#)
3. [Abuja call for Accelerated Action towards universal access to HIV and AIDS, Tuberculosis and Malaria Services in Africa, 2006](#)
4. [Maputo Plan of Action for the Operationalisation of the Continental Policy Framework for Sexual and Reproductive Health and Rights, 2007-2010, 2006](#)
5. [Yaoundé Call for Action \(on older people\), 2006](#)
6. [SADC Protocol on Gender and Development, 2008](#)
7. [Caribbean Regional Strategic Framework on HIV and AIDS, \(CRFS\), 2008-2012](#)
8. [OAS, Declaration of Commitment of Port of Spain, \(Securing Our Citizens' Future by Promoting Human Prosperity, Energy Security and Environmental Sustainability\), April 2009](#)
9. [Human Rights Council Resolution 12/27, October 2009](#)
10. [ECOSOC Ministerial Declaration on Global Public Health, 2009](#)
11. [ECOSOC resolution on UNAIDS, 2009](#)
12. [Commission on Status of Women, \(CSW\), Res 54/2, March 2010](#)
13. [Regional call for action to achieve universal access to HIV prevention, treatment, care and support in Asia and the Pacific, Res. 66/10, The Economic and Social Commission for Asia and the Pacific, \(UN-ESCAP\) May 2010](#)
14. [African Commission on Human and People's Rights Resolution, 47th Ordinary Session, The Gambia, May 2010](#)
15. [Human Rights, Sexual Orientation, and Gender Identity Resolution, Organization of American States \(OAS\), June 2010](#)
16. [CARICOM-US Commitment of Bridgetown: Partnership for Prosperity and Security, June 2010](#)
17. [Decision on the five-year review of the Abuja call for accelerated action towards universal access to HIV/AIDS, tuberculosis and malaria services in Africa, African Heads of State Summit, Kampala, July 2010](#)
18. [Decision on the partnership for the eradication of mother-child transmission on HIV/AIDS, African Heads of State Summit, Kampala, July 2010](#)
19. [Actions on Maternal, Newborn and Child health and Development in Africa by 2015, African Heads of State Summit, Kampala, July 2010](#)
20. [European Parliament resolution on a rights-based approach to the EU's response to HIV/AIDS, 2010](#)
21. [Millennium Development Goals \(MDG\) Outcome Document, A/Res/65/1, 2010](#)
22. [UNAIDS Strategy 2011-2015, 2010](#)

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1 GENERAL

2001 Declaration of Commitment

- Reaffirms goals of Millennium Declaration (2000), including halt and begin to reverse spread of HIV.
- (8) Noting with grave concern that Africa, in particular sub-Saharan Africa, is currently the worst-affected region, where HIV/AIDS is considered a state of emergency which threatens development, social cohesion, political stability, food security and life expectancy and imposes a devastating economic burden, and that the dramatic situation on the continent needs urgent and exceptional national, regional and international action;
- (37) By 2003, ensure the development and implementation of multisectoral national strategies and financing plans for combating HIV/AIDS that: address the epidemic in forthright terms; confront stigma, silence and denial; address gender and age-based dimensions of the epidemic; eliminate discrimination and marginalization; involve partnerships with civil society and the business sector and the full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people; are resourced to the extent possible from national budgets without excluding other sources, inter alia international cooperation; fully promote and protect all human rights and fundamental freedoms, including the right to the highest attainable standard of physical and mental health; integrate a gender perspective; and address risk, vulnerability, prevention, care, treatment and support and reduction of the impact of the epidemic; and strengthen health, education and legal system capacity;

2006 Political Declaration

- Commits to goal of universal access to comprehensive prevention, treatment, care and support by 2010.
- (13) ...effectively combating HIV/AIDS is essential to the achievement of internationally agreed development goals and objectives, including the MDGs;
- (23) Reaffirm also that prevention, treatment, care and support are mutually reinforcing elements of an effective response and must be integrated in a comprehensive approach to combat the pandemic;
- (20) Commit ourselves to pursuing all necessary efforts to scale up nationally driven, sustainable and comprehensive responses to achieve broad multisectoral coverage for prevention, treatment, care and support, with full and active participation of people living with HIV, vulnerable groups, most affected communities, civil society and the private sector, towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010;

UNAIDS Strategy

It is paramount that new HIV infections are stopped. We need to achieve a transition that will see fewer people infected than are newly placed on treatment. Doing so will require decisive action guided by a groundbreaking vision: zero new HIV infections, zero AIDS-related deaths, zero discrimination.

2010 MDG Res

- (76a) Redoubling efforts to achieve universal access to HIV/AIDS prevention, treatment, care and support services as an essential step in achieving MDG 6 and as a contribution to reaching the other MDG;

ESCAP66/10

- *Recognizing* HIV and AIDS as major public health and development challenges that threaten to reverse many of the social and economic gains achieved in the Asian and Pacific region, including progress in attaining the Millennium Development Goals (MDG),
 - *Taking note* of the need to address the multisectoral elements that drive HIV epidemics and work with all relevant stakeholders in carrying out a comprehensive response,
- (1b) *Calls upon* all members and associate members to reinforce commitments to the MDG target of universal access to treatment for HIV and AIDS for those who need it, in terms of measurable, sustained advances towards a significantly higher level of coverage for treatment and effective prevention interventions needed to manage diverse epidemics, with services being equitable, accessible, affordable, comprehensive and responsive to individual needs, especially for women and girls, through evidence-based and gender-responsive national strategic plans, taking into account relevant recommendations from the Commission on AIDS in Asia and the Commission on AIDS in the Pacific;
- 2(d) *Requests* the Executive Secretary, within the existing ESCAP mandate, and in close coordination with UNAIDS, WHO and other relevant stakeholders to convene a high-level intergovernmental review for the Asian and Pacific region to assess progress against commitments in the Political Declaration on HIV/AIDS and the Millennium Development Goals and efforts to ensure universal access, and identify areas for regional cooperation, in particular in such areas as identifying and removing policy and legal barriers to universal access and promoting dialogue between health and other sectors, including justice, law and order and drug control;

Decision on Abuja Review, 2010

- (6) URGES Member States to accelerate the implementation of the Abuja Call through the strengthening of health systems, financing of health research, partnerships with relevant stakeholders; and a multi-sectoral and integrated approach to disease control;

(17a) Significantly scaling up efforts towards meeting the goal of ensuring universal access to HIV prevention, treatment, care and support by 2010 and the goal of halting and reversing the spread of HIV/AIDS by 2015. We commit ourselves, with the support of international cooperation and multisectoral partnerships, to maximizing synergies between the HIV/AIDS response and strengthening of health systems and social support;

- (7) ...main challenges and obstacles to accelerated action towards UA to HIV and AIDS, TB and Malaria services in Africa:
- The triple burden of disease including NCDs and injuries;
 - The difficulty in ensuring predictable and sustainable financing for HIV, TB and malaria services;
 - Weak planning partly because of lack of institutional and human resource capacity at national level;
 - The health crisis reflected in terms of weak health systems, infrastructures inadequate laboratory network for diagnosis of diseases, human resources in terms of numbers, mix of skills, motivation, and retention which have become major barrier to the implementation of disease control programmes in general and HIV&AIDS, TB & Malaria programmes in particular;
 - Lack of adequate policies and legislation protecting the human rights of PLWHA and TB by most countries;
 - Failure to take into account the link between HIV and AIDS and sexual and reproductive health;
 - Stigma, discrimination and gender inequity, which result in inadequate application of the human rights of people infected or affected by HIV and AIDS and directly hampers their ability to access services;
 - Poor or inadequate coordination of regional and national and international partnerships;
 - Weak M&E systems and cumbersome M&E framework for the Abuja Declaration on HIV&AIDS & TB and ORID;
 - Conflicts that result in mass displacement, violence, loss of livelihood and property as well as major breakdowns in essential services.
 - Other cross-cutting issues such as ensuring good nutrition and food security, and internal and inter-country migration for reasons other than conflicts;
 - Policy planning and programming for addressing health in national development frameworks by most countries which is reflected by inadequate health system development, low coverage and access to services for the three diseases;
 - An increasing burden of disease and other development challenges
- (8) We still consider AIDS, TB and Malaria as a State of Emergency in our continent. They are major threats to our national and continental socioeconomic development, peace and security. We reaffirm the commitments contained in the 2000 & 2001 Abuja Declaration and Plans of Action, the MDGs & subsequent commitments;
- (9) After reviewing the progress made to date, the challenges confronted by individual and Member States, acknowledging *progress made by member-states* and the contributions of civil society and the international community, and bearing in mind that HIV, TB and Malaria are preventable and treatable while malaria and TB are curable, we resolve to intensify the fight against HIV&AIDS, TB and malaria and to achieve the targets adopted by the Summit and other internationally agreed goals on health.

We note the continuing HIV/AIDS emergency in the region, and reaffirm our commitment to implementing the United States-Caribbean Regional HIV and AIDS Partnership Framework. The Framework will strengthen the efforts of governments, regional organizations, and national health systems in reducing the incidence of HIV and AIDS among populations most at risk and provide treatment to those affected by the disease.

Substantially reduce the spread and impact of HIV in the Caribbean through sustainable systems of universal access to HIV prevention, treatment, care and support.

2 PREVENTION

2001 Declaration of Commitment

- (17) Acknowledging that prevention of HIV infection must be the mainstay of the national, regional and international response to the epidemic, and that prevention, care, support and treatment 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 epidemic;
- (18) Recognizing the need to achieve the prevention goals set out in the present Declaration in order to stop the spread of the epidemic, and acknowledging that all countries must continue to emphasize widespread and effective prevention, including awareness-raising campaigns through education, nutrition, information and health-care services;
- (23) Recognizing that effective prevention, care and treatment strategies will require behavioural changes and increased availability of and non-discriminatory access to, inter alia, vaccines, condoms, microbicides, lubricants, sterile injecting equipment, drugs, including anti-retroviral therapy, diagnostics and related technologies, as well as increased research and development;
- (47) By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 % and by 25 % globally by 2010, and to intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys;
- (51) By 2003, implement universal precautions in health-care settings to prevent transmission of HIV infection;

2006 Political Declaration

- (15) ... scale up the use of known effective and comprehensive prevention interventions;
- (22) Reaffirm that the prevention of HIV infection must be the mainstay... (same as (17) in 2001 DoC)
- (22) same as (b) in MDG outcome doc
- (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 a social and legal environment that is supportive of and safe for voluntary disclosure of HIV status;

UNAIDS Strategy

- Goals- *Sexual transmission of HIV reduced by half, including among young people, men who have sex with men and transmission in the context of sex work; All new HIV infections prevented among people who use drugs*
- Shift the debate from HIV prevalence to incidence, enabling us to identify transmission hotspots, empower people, particularly young people, to demand and own the response and incentivize political leaders to focus on populations and programmes that will make a difference in reducing new infections.
 - The potential of peer-led approaches involving men who have sex with men, people who use drugs and sex workers, as well as people living with HIV through the “Positive Health, Dignity and Prevention” approach, should be maximised.
 - (1) generating commitment to prevention throughout society by improving its political palatability; (2) ensuring that strategic information on epidemics, socio-economic drivers and responses serves to focus prevention efforts where they will deliver the greatest returns to investment; (3) incorporating new technologies and approaches as they are developed; and (4) facilitating mass mobilisation for transformation of social norms to empower people to overcome stigma and discrimination and their risk of HIV including through Comprehensive Sexuality Education and the engagement of networks of people living with HIV and other key pops.
 - To direct resources to epidemic hotspots through the right interventions countries will be challenged to develop national AIDS strategies which place emphasis on prioritized prevention programmes and include bold prevention targets based on know your epidemic, know your response.

2010 MDG Res

- (76b) Significantly intensifying prevention efforts and increasing access to treatment by scaling up strategically aligned programmes aimed at reducing the vulnerability of persons more likely to be infected with HIV, combining biomedical, behavioural and social and structural interventions and through the empowerment of women and adolescent girls so as to increase their capacity to protect themselves from the risk of HIV infection and the promotion and protection of all human rights. Prevention programmes should take into account local circumstances, ethics and cultural values, including information, education and communication in languages most understood by local communities and should be 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, and should promote policies that ensure effective prevention and accelerate research and development into new tools for prevention, including microbicides and vaccines;

2 PREVENTION

Abuja call for Accelerated Action, 2006

- (10) We therefore, individually and collectively rededicate ourselves and our countries to:
- invest heavily in evidence-based prevention as the most cost-effective intervention with focus on young people, women, girls and other vulnerable groups.
 - ensure access to a comprehensive package of prevention interventions for the prevention of primary and secondary infections with HIV and AIDS, and STIs (including post-exposure prophylaxis following sexual violence), TB and malaria, reduction of vulnerability to HIV and AIDS, TB and malaria;
 - improve information, education and communication;
 - disseminate, correct, reader-friendly information on prevention, treatment, care & support on HIV&AIDS, malaria and TB
 - ensure universal access to male and female condoms for all sexually active persons.
 - awaken traditional values on abstinence but continually increase condom use.

Maputo Plan of Action, 2006

Strategic actions:

- (1.1.2) Develop policies and legal frameworks for STI/HIV/AIDS prevention to support the provision of appropriate and comprehensive HIV/AIDS/STI and malaria prevention, care and treatment options for all including pregnant women, mothers, infants, families and PLWHA
- (1.1.6) Develop policies to ensure access to condoms especially among PLWHA
- (2.1.4) Develop and implement behaviour change communication strategy for community mobilisation and education on health promotion and utilisation of integrated SRH with STI/HIV/AIDS, malaria & nutrition.
- (1.3.11) Develop and implement strategies for ensuring blood safety
- (6.3.4) Develop a mechanism for provision of adequate safe blood supply
- (4.2.1a) Develop and implement information and communication strategies that support both abstinence and condom use as effective strategies to prevent HIV/AIDS/STIs and unplanned pregnancies and link information to service delivery
- (3.2.1) Develop or implement structures and systems for increasing access to FP

HRC Res.12/27, 2009

- (5) *Recalls* the commitment... to intensifying efforts to ensure that a wide range of prevention programmes that take into account 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 counseling and testing, safe blood supplies, and early and effective treatment of sexually transmitted infections;

By 2012, to reduce the estimated number of new HIV infections by 25%;

CRSF, 2008-2012

- (3.1) To prevent sexual transmission of HIV:
- Universal access to HIV testing and counselling services ensured through an expansion of HIV testing sites, including provider-initiated (rapid) testing.
 - Condom acceptability and accessibility improved and expanded.
 - Condom negotiation and condom use skills strengthened.
 - Healthy and responsible sexual behaviour, attitudes, and practices promoted and increased through innovative behavioural change communication strategies.

Other

[CSW 54/2, 2010](#):(11) *Urges* Governments, in the context of HIV and other sexually transmitted infection prevention programmes, to ensure accessible and affordable procurement of safe and effective prevention commodities, in particular male and female condoms, to ensure that their supply is adequate and secure, and to promote their ongoing research, including that for safe and effective microbicides;

[ECOSOC/UNAIDS, 2009](#): (5) *Emphasizes* the importance of comprehensive, evidence-informed HIV prevention programmes as an essential element of national, regional and international responses, through which actions and policies are tailored to the local profile of the epidemic, and commits to further intensifying efforts in this regard;

[Eur. Parl res. on right-based approach to HIV/AIDS, July 2010](#): (G) whereas there is a major gap in programming with regard to involving people living with HIV/AIDS in prevention efforts – particularly those targeting people living with HIV/AIDS – and in efforts to reduce stigmatisation and discrimination,

3 YOUNG PEOPLE

2001 Declaration of Commitment

- (47) By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent and by 25 per cent globally by 2010, and intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and young boys.
- (53) By 2005, ensure that at least 90%, and by 2010 at least 95% of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection; in full partnership with youth, parents, families, educators and health-care providers;
- (63) By 2003, develop and/or strengthen strategies, policies and programmes, which recognize the importance of the family in reducing vulnerability, inter alia, in educating and guiding children and take account of cultural, religious and ethical factors, to reduce the vulnerability of children and young people by: ensuring access of both girls and boys to primary and secondary education, including on HIV/AIDS in curricula for adolescents; ensuring safe and secure environments, especially for young girls; expanding good quality youth-friendly information and sexual health education and counselling service; strengthening reproductive and sexual health programmes; and involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible;

2006 Political Declaration

- (8) Express grave concern that half of all new HIV infections occur 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;
- (26) Commit ourselves to addressing 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;

Goal- *Sexual transmission of HIV reduced by half, including among young people, men who have sex with men and transmission in the context of sex work*

UNAIDS Strategy

- Evidence is mounting that comprehensive sexuality education empowers young people to make informed decisions regarding their sexual health and behaviour while playing a part in combating damaging beliefs and misconceptions about HIV and sexual health. Family-centred approaches recognize that social norms are set at the family and community level and that parents, other kin and community leaders can have a defining impact on the aspirations and choices of young people. Efforts to make health services “youth friendly” by breaking down barriers to use are providing access to sexual and reproductive health services and commodities. Enabling young people to act as change agents, and focusing social and political movements around specific initiatives, will energize the revolution from the bottom up and the top down.
- It is critical that we empower and facilitate young people as change agents in activating their communities to redress harmful social norms governing sexuality, gender roles and other behaviours.
- (Strategy partnership example) Engage with networks of young people to disseminate prevention messages and support education programmes that allow young people to understand and exercise their rights to information and to services.

Maputo Plan of Action, 2006

Strategic actions:

- (4.1.1) Strengthen implementation and/or advocacy for policies that support the provision of SRHR services addressing the needs of young people
- (4.2.2) Build capacity of SDPs and all levels of service providers to provide a comprehensive, gender sensitive package of care for young people
- (4.2.3) Develop and implement IEC strategies for parents and educators to communicate to young people.
- (4.3.1) Assess and establish/ strengthen youth-friendly services at SDPs
- (4.3.2) Integrate provision of youth friendly services including promotion of abstinence and dual protection methods within existing services
- (4.3.3) Develop alternative service delivery mechanisms to reach young people including outreaches, peer education, CBD and social marketing.
- (4.3.4) Provide sexuality education for young people in and out of school
- (3.3.5) Support the meaningful participation of young people, including young PLWHA, and communities in the positioning and delivery of youth-friendly services

(3.3) To establish comprehensive, gender-sensitive and targeted prevention programmes for children (9-14 years old) and youth (15-24 years old):

- Access to accurate, gender-sensitive information and skills on adolescence, sexuality and their HIV/STI vulnerability ensured for young people particularly within school settings.
- Improved Behaviour change communication programmes to address youth, developed and implemented.
- Comprehensive condom programmes for youths developed, addressing the accessibility and availability of condoms as well as condom negotiation skills.
- Youth-led comprehensive HIV behaviour change communication prevention programmes developed.
- Peer education programmes for school and community-based youth strengthened.
- Access for out of school youth to HIV prevention and other services ensured.
- National policies ensuring access to HIV testing and counselling for minors developed.
- Civil society organisations supported to reach youths with programs to reduce their HIV vulnerability, including life skills and income-generating activities.

[CSW 54/2, 2010](#): (31) *Stresses* the importance of ensuring that young men and women have access to information and education, including peer education and youth-specific HIV education, sex education and services necessary for behavioural change, to enable them to develop the life skills required to reduce their vulnerability to HIV infection and reproductive ill health, in full partnership with young persons, parents, families, educators and health-care providers;

[Eur. Parl res. on rights-based approach to the EU's response to HIV/AIDS, 2010](#): (9) Expresses grave concern at the fact that half of all new HIV infections occur among children and young people; calls, therefore, on the Commission and the Member States to address children's and young people's needs for HIV/AIDS prevention, treatment, care and support and to ensure that they have access to HIV/AIDS services, particularly early-infancy diagnosis, appropriate and affordable antiretroviral formulations, psycho-social support, social protection and legal protection;

4 KEY POPULATIONS / VULNERABLE GROUPS

2001 Declaration of Commitment	<p>(48) By 2003, establish national prevention targets, recognizing and addressing factors leading to the spread of the epidemic and increasing people's vulnerability, to reduce HIV incidence for those identifiable groups, within particular local contexts, which currently have high or increasing rates of HIV infection, or which available public health information indicates are at the highest risk for new infection;</p> <p>(50) By 2005, develop and begin to implement national, regional and international strategies that facilitate access to HIV/AIDS prevention programmes for migrants and mobile workers;</p> <p>(62) By 2003, in order to complement prevention programmes that address activities which place individuals at risk of HIV infection, such as risky and unsafe sexual behaviour and injecting drug use, have in place in all countries strategies, policies and programmes that identify and begin to address those factors that make individuals particularly vulnerable to HIV infection, including underdevelopment, economic insecurity, poverty, lack of empowerment of women, lack of education, social exclusion, illiteracy, discrimination, lack of information and/or commodities for self-protection, all types of sexual exploitation of women, girls and boys, including for commercial reasons; such strategies, policies and programmes should address the gender dimension of the epidemic, specify the action that will be taken to address vulnerability and set targets for achievement;</p>
2006 Political Declaration	<p>(20) Commit ourselves to pursuing all necessary efforts to scale up nationally driven, sustainable and comprehensive responses to achieve broad multisectoral coverage for prevention, treatment, care and support, with full and active participation of people living with HIV, vulnerable groups, most affected communities, civil society and the private sector, towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010;</p> <p>(29) Commit ourselves to intensifying 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 developing strategies to combat stigma and social exclusion connected with the epidemic;</p>
UNAIDS Strategy	<p>Goals: <i>Sexual transmission of HIV reduced by half, including among young people, men who have sex with men and transmission in the context of sex work; All new HIV infections prevented among people who use drugs</i></p> <ul style="list-style-type: none"> • We must achieve a balance between intensifying work in the hardest hit countries and identifying other settings, such as cities, where the impact of HIV is affecting specific communities. • People with disabilities. • HIV responses must create space to involve the marginalised and disempowered, including people living with HIV, sex workers, people who use drugs, men who have sex with men, transgender people, prisoners and migrants. • Prisoners, pre-trial detainees and people in immigration detention are often at higher risk of HIV infection where closed settings fail to provide access to prevention, treatment, care and support. • 200 million people affected by humanitarian emergencies annually, of which two million are people living with HIV. • (Strategy partnership examples) Partner with networks of people living with HIV and other key populations in the context of peer-led, rights-based initiatives, to increase voluntary HIV testing and counselling, treatment adherence and HIV and human rights literacy and protection.
2010 MDG Res	<p>(28) We also recognize that policies and actions must focus on the poor and those living in the most vulnerable situations, including persons with disabilities, so that they benefit from progress towards achieving the Millennium Development Goals. In this respect there is a particular need to provide more equitable access to economic opportunities and social services.</p> <p>(76b) Significantly intensifying prevention efforts and increasing access to treatment by scaling up strategically aligned programmes aimed at reducing the vulnerability of persons more likely to be infected with HIV, combining biomedical, behavioural and social and structural interventions.</p>
Maputo Plan of Action, 2006	<p>(3.3.1.1) Develop gender and culture appropriate information to enhance family planning (FP) knowledge in the target populations</p> <p>(20) Reproductive Health encompasses the whole life span of an individual from conception to old age as such SRH services shall be provided to all who need them. Emphasis will be on men and women of reproductive age, newborns, young people rural, mobile, and cross-border populations, displaced persons and other marginalized groups.</p>
ECOSOC UNAIDS, 2009	<p>(20) Welcomes the promulgation of the UNAIDS Action Framework: Universal Access for Men Who Have Sex with Men and Transgender People, and the follow-up action that is already under way, and calls on the Joint Programme and other partners to support further action and strengthen partnerships to address the political, social, legal and economic barriers to universal access, as part of the agreed Unified Budget and Workplan priorities;</p>

4 KEY POPULATIONS / VULNERABLE GROUPS

HRC Res.12/27, 2009	<p>(P.3) Recognizing the need for UNAIDS to expand significantly and strengthen its work with national Governments and to work with all groups of civil society to address the gap in access to services for injecting drug users in all settings, including prisons, to develop comprehensive models of appropriate service delivery for injecting drug users, to tackle the issues of stigmatization and discrimination, and to support increased capacity and resources for the provision of a comprehensive package of services for injecting drug users, including harm-reduction programmes in relation to HIV, as elaborated by the WHO, UNODC and UNAIDS in the Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, in accordance with relevant national circumstances,</p> <p>(P.5) Recalls the obligations of State parties to the Convention on the Rights of Persons with Disabilities of 2006 to provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other people;</p> <p>(13) Urges all States to consider taking the steps necessary towards the elimination of criminal and other laws that are counterproductive to HIV prevention, treatment, care and support efforts, including laws directly mandating disclosure of HIV status or that violate the human rights of people living with HIV and members of key populations affected by the epidemic, and also urges States to consider the enactment of laws protecting these persons from discrimination in HIV prevention, treatment, care and support efforts;</p>
Yaoundé Call for Action, 2006	<ul style="list-style-type: none"> • Following the AU plan of Action and the Madrid Conference in 2002, Governments and civil society organisations are increasingly aware of the need to address issues of ageing in their respective countries. Delegates underlined the importance of policies that protect and nurture the rights of older people and recognition of their roles and contributions. They also called for the various departments, ministries, development partners and the civil society to coordinate support for older people. • Delegates called for: National HIV/AIDS policies must address the issues of older care-givers of PLWAS and OVC and support to them in this critical role. The conference noted: Inadequate recognition of the needs and conditions of the poor, disabled, critically ill older people and those outside the formal social insurance covers; The lack of sensitisation on ageing and the need for support for ageing policies which will in the future affect them. • Of particular concern... is the devastating impact of HIV/AIDS and the burden of care and support for orphans and PLWAS that older people continue to bear, often without recognition and support.
CRSF, 2008-2012	<p>(3.4) To achieve universal access to targeted prevention interventions among most-at-risk populations (such as MSM, SW, drug users, prisoners, and migrant populations):</p> <ul style="list-style-type: none"> • Targeted behaviour change communication interventions to increase safer sexual practices among most-at-risk populations developed and implemented. • Improved health seeking behaviour including early HIV/STI diagnosis and treatment promoted. • Access to HIV testing and counselling ensured. • National policies based on regional best practices developed to facilitate the design of prevention programmes for vulnerable groups. • Peer education programmes for MARPs developed, especially SW and MSM. • HIV/STI policies and prevention services are implemented in the prison system. • Innovative approaches to secure access to HIV preventive services by migrant populations implemented.
ESCAP66/10	<p>(pp8) Noting with particular concern the continuing high prevalence of HIV among key affected populations, including sex workers, injecting drug users and men who have sex with men, as well as the extent of legal and policy barriers that impede progress in developing and implementing effective ways of responding to HIV and related risks among them;</p> <p>(2b) [ESCAP, UNAIDS, WHO et al] To support members and associate members in their efforts to enact, strengthen and enforce, as appropriate, legislation, regulations and other measures to eliminate all forms of discrimination against people living with HIV and AIDS and other key affected populations, and to develop, implement and monitor strategies to combat stigma and exclusion connected with the epidemic;</p>
Eur. Parl res. on right-based approach to HIV/AIDS, 2010	<p>(J) whereas there is increased evidence of higher levels of infection and risk among key populations, including sex workers, men who have sex with men, transgender people, prisoners, injecting drug users, migrant populations, refugees and mobile workers in nearly all regions, and also in countries with generalised epidemics, and HIV/AIDS prevention programmes for those populations are commonly under-prioritised and under-financed,</p> <p>(Q) whereas the relationship between HIV/AIDS and disability has not received due attention, although persons with disabilities are found among all key populations at higher risk of exposure to HIV/AIDS, and face disadvantages in accessing prevention, treatment and care services,</p> <p>(10) Asks the Commission and the Member States to support participation by people with disabilities in the HIV/AIDS response, to incorporate observance of their human rights into national HIV/AIDS strategic plans and policies, and to ensure they have access to HIV/AIDS services which are both tailored to their needs and equal to the services available to other communities;</p> <p>11) Calls on the Commission and the Member States to support harm-reduction programmes for prisoners and injecting drug users;</p>

5 ORPHANS & VULNERABLE CHILDREN

2001 Declaration of Commitment	<p>(65) By 2003, develop and by 2005 implement national policies and strategies to: build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS including by providing appropriate counseling and psycho-social support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; to protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;</p> <p>(66) Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatization of children orphaned and made vulnerable by HIV/AIDS;</p> <p>(67) Urge the international community, particularly donor countries, civil society, as well as the private sector, to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions and in countries at high risk and to direct special assistance to sub-Saharan Africa;</p>
2006 Political Declaration	<p>(32) Commit ourselves also to addressing as a priority the vulnerabilities faced by children affected by and living with HIV; providing support and rehabilitation to these children and their families, women and the elderly, particularly in their role as caregivers; promoting child-oriented HIV/AIDS policies and programmes and increased protection for children orphaned and affected by HIV/AIDS; ensuring access to treatment and intensifying efforts to develop new treatments for children; and building, where needed, and supporting the social security systems that protect them;</p> <p>(34) See HSS section of this matrix: ... 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, <i>children affected, orphaned or made vulnerable by HIV/AIDS</i>, as well as formal and informal education</p>
UNAIDS Strategy	<ul style="list-style-type: none"> Economic strengthening of poor HIV-affected households, providing comprehensive social care, overcoming stigma and discrimination and ensuring affordable HIV-related services are important components of a multisectoral approach to HIV. HIV care and support demands a comprehensive set of services, including psychosocial, physical, socio-economic, nutritional and legal care and support. These under-prioritised services are crucial to the well-being and survival of people living with HIV and their caregivers as well as orphans and vulnerable children. Grandparents often provide care for vulnerable children affected by AIDS; however, the contributions of older people, and their own needs for care and support, must be adequately recognized and supported through cash transfers and other forms of social protection.
2010 MDG Res	<p>74(g) Working to ensure... increasing access to paediatric HIV treatment services;</p>
HRC Res.12/27, 2009	<p>(8) <i>Calls upon</i> States to address as a priority the vulnerabilities faced by children affected by and living with HIV, including those who find themselves trapped in armed conflicts, providing support and rehabilitation to these children and their families, women and older persons, particularly in their role as caregivers, promoting child-oriented HIV/AIDS policies and programmes, including the issue of pediatric HIV services and drugs, and increased protection for children orphaned and affected by HIV/AIDS, and intensifying efforts to develop new treatments for children, and building, where needed, and supporting the social security systems that protect them;</p>
Other	<p>European Parl res. on rights-based approach to EU's response to HIV/AIDS, 2010: (P) whereas an estimated 17.5 million children lost one or both parents to HIV/AIDS in 2008 – the vast majority of these children living in sub-Saharan Africa – and such children frequently suffer stigmatisation and discrimination and may be denied access to basic services such as education and shelter, while at the same time having an increased level of vulnerability to HIV/AIDS infection,</p>

6 VERTICAL TRANSMISSION

2001 Declaration of Commitment	(54) By 2005, reduce the proportion of infants infected with HIV by 20%, and by 50% by 2010, by: ensuring that 80% of pregnant women accessing antenatal care have information, counseling and other HIV prevention services available to them, increasing the availability of and by providing access for HIV-infected women and babies to effective treatment to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV-infected women, including voluntary and confidential counseling and testing, access to treatment, especially anti-retroviral therapy and, where appropriate, breast milk substitutes and the provision of a continuum of care;
2006 Political Declaration	(27) Commit ourselves also to ensuring that pregnant women have access to antenatal care, information, counseling and other HIV services and to increasing 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 to ensuring effective interventions for women living with HIV, including voluntary and confidential counseling 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;
UNAIDS Strategy	<p>Goal: <i>Vertical transmission of HIV eliminated, and AIDS-related maternal mortality reduced by half</i></p> <ul style="list-style-type: none"> • Current PMTCT definition of WHO names 4 prongs which expand earlier focus on HIV+ pregnant women to all women of reproductive age. • UNAIDS Strategy has much more ambitious goal than originally set by previous documents—elimination of MTCT. • Strategy partnership examples: Build synergies by working with sexual and reproductive health communities and leveraging the maternal, newborn and child health initiative of the Health 4+ (WHO, UNICEF, UNFPA, World Bank and UNAIDS). Make efforts to eliminate vertical HIV transmission as an entry point to increasing maternal survival by providing antiretroviral therapy to pregnant women; to promote links to antenatal care, including antenatal syphilis screening and treatment; and to provide full access to contraception through sexual and reproductive health services, including for adolescents.
2010 MDG Res	(74g) Working to ensure that the next generation is born HIV-free by providing, on an urgent basis, extended and sustainable coverage and improved quality of services to prevent mother-to-child transmission
CRSF, 2008-2012	<p>(3.5) To provide services for the prevention of mother-to-child transmission of HIV to all pregnant women and their families:</p> <ul style="list-style-type: none"> • Service delivery capacity of prevention of mother-to-child transmission sites strengthened and the geographic coverage at primary care facilities expanded. • Community mobilisation and referral networks to include prevention of mother-to-child transmission of HIV strengthened. • PMTCT Plus programmes introduced. • Positive prevention promoted for PLWHIV at PMTCT sites
Other	<p>CSW 54/2, 2010: (29) <i>Welcomes</i> the call by the Joint United Nations Programme on HIV/AIDS to eliminate mother-to-child transmission of HIV by 2015, and urges Governments to rapidly scale up access to prevention and treatment programmes to prevent mother -to-child transmission of HIV and to encourage men to participate with women in programmes designed to prevent mother-to-child transmission, to encourage women and girls to participate in those programmes and to provide sustained treatment and care for the mother after pregnancy, including care and support for the family;</p> <p>Decision on partnership for the eradication of MTCT, AUDec.320(XV), July 2010:</p> <ol style="list-style-type: none"> (3) EXPRESSES its preoccupation with the seriousness of the phenomenon of the transmission of HIV/AIDS from mother to child, which constitutes a threat to the future of the Continent; (4) INVITES all Member States to intensify efforts relating to antiretroviral treatment and prevention of mother to child transmission and to extend such efforts to primary health centres; (5) UNDERSCORES the need to promote throughout the continent, programs for the total eradication of mother to child transmission so that no child is born with HIV/AIDS; (6) REQUESTS the coordination, within the shortest time possible, of collective action of all African actors concerned, with help of interested international partners, to put a final end to the transmission of HIV/AIDS from mother to child. <p>OAS, Declaration of Port of Spain, 2009: We commit to strengthening public policies aimed at reducing the incidence of mother-to-child transmission of HIV to less than 5% by 2015</p>

7 ACCESS TO TREATMENT

2001 Declaration of Commitment	(15) Recognizing 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; Also, in an urgent manner make every effort to: provide progressively and in a sustainable manner, the highest attainable standard of treatment for HIV/AIDS, including the prevention and treatment of opportunistic infections, and effective use of quality-controlled anti-retroviral therapy in a careful and monitored manner to improve adherence and effectiveness and reduce the risk of developing resistance; to cooperate constructively in strengthening pharmaceutical policies and practices, including those applicable to generic drugs and intellectual property regimes, in order further to promote innovation and the development of domestic industries consistent with international law;
2006 Political Declaration	(12) Reaffirms (15) of 2001 Declaration of Commitment (15) ...do everything necessary to ensure access to life-saving drugs and prevention tools; (24) Commit ourselves to overcoming legal, regulatory or other barriers that block access to effective HIV prevention, treatment, care and support, medicines, commodities and services; (42) Commit ourselves also to finding appropriate solutions to overcome barriers in pricing, tariffs and trade agreements, and to making improvements to 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; (44) Resolve to assist developing countries to enable them to employ the flexibilities outlined in the TRIPS Agreement, and to strengthen their capacities for this purpose;
UNAIDS Strategy	<p>Goal: <i>Universal access to antiretroviral therapy for people living with HIV who are eligible for treatment</i></p> <ul style="list-style-type: none"> • Gaps in treatment driven by grievous social inequity can only be filled through relentless political pressure and novel approaches to the development, pricing and delivery of treatments for HIV, TB, malaria and other health issues. • Treatment 2.0 is a radically simplified treatment platform that is good for people living with HIV and will also cut new infections by scaling up treatment access. The next phase of treatment, based on new drug regimens, will adopt innovative delivery models that both reduce unit costs and recognise and empower communities to demand and deliver better and more equitable treatment, care and support services that maximise linkages with other health and community services. • Catalyse a coordinated global effort to achieve the goal of simpler, more affordable, more effective drugs and point-of-care diagnostic and patient monitoring tools. Major cost-savings are to be gained by reducing non-drug-related costs of providing treatment. • Enhanced capacity for rapid registration will increase access to medicines, as will countries' abilities to make use of Trade Related Aspects of Intellectual Property Rights (TRIPS) flexibilities.
2010 MDG Res	(76e) Planning for long-term sustainability, including addressing the expected increase in demand for second and third line drug regimens to treat HIV, malaria and tuberculosis; (74g) Working to ensure... increasing access to paediatric HIV treatment services;
CSW 54/2, 2010	(15) <i>Further urges</i> Governments to prioritize and expand access to treatment for all people in all settings, in a progressive and sustainable manner, including the prevention and treatment of opportunistic infections and other HIV-related diseases and the effective use of and adherence to antiretroviral medication, including through access to clinical and laboratory testing and post-exposure prophylaxis, with the full protection of their human rights, including their reproductive rights and sexual health, in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Declaration ²⁴ and Platform for Action and other relevant international human rights instruments; (16) <i>Urges</i> Governments to promote access to affordable, high-quality, safe and effective drugs, and HIV and maternal health-related pharmaceutical products for women and girls, and to collect data on treatment disaggregated by age, sex, marital status and continuity of care;
Abuja call for Accelerated Action, 2006	(10) We therefore, individually and collectively rededicate ourselves and our countries to <ul style="list-style-type: none"> • enact and utilize appropriate legislation and international trade regulations and flexibilities, to ensure the availability of medicines and commodities at affordable prices as well as technologies for the treatment, care and prevention of HIV and AIDS, TB and malaria including vaccines, medicines and ART. • promote regional bulk purchase and local production of generic medicines and other commodities; • support work on regional local production of generic ARV drugs.

7 ACCESS TO TREATMENT

Maputo Plan of Action, 2006

Strategic actions:

- (8.1.4) Revise essential medicines lists to include reproductive health commodities
- (8.2.1) Develop and implement logistics management system (LMS) for RHCS
- (8.2.3) Establish effective commodity management system for the full range of commodities

CRSF, 2008-2012

By 2012, to reduce mortality due to HIV by 25%;

- (4.1) To increase access to treatment, care, and support services for persons living with HIV. Universal access to antiretroviral (ARV) treatment and increased adherence to treatment and care achieved through:
- Increased access to treatment by expanding the number of treatment sites.
 - Staff trained with updated HIV management protocols (see Priority Area 5).
 - Laboratory research to support ARV treatment and monitoring available.
 - Confidentiality for clients strengthened through national policies on privacy and confidentiality.
 - Ongoing training of PLHIV and support groups in comprehensive self-care and prevention.
 - Availability of drugs and other HIV commodities ensured (see Priority Area 5).
 - Systems to monitor treatment and adherence established.
 - Mechanisms for the prevention, monitoring, and surveillance of HIV drug resistance established.

Other

[Yaoundé Call for Action, 2006](#): Delegates called for: Increase access to ARTs and treatment for opportunistic infections equitably in urban and rural areas

[European Parl res. on right-based approach to HIV/AIDS, July 2010](#): (19) Calls on the Commission, the Member States and the international community to enact legislation to provide for affordable HIV-effective medications, including antiretroviral and other safe and effective medicines, diagnostics and related technologies for the preventive, curative and palliative care of HIV and related opportunistic infections and conditions;

8 INTELLECTUAL PROPERTY RIGHTS / PRICING

2001 Declaration of Commitment

- (24) Recognizing also that the cost availability and affordability of drugs and related technology are significant factors to be reviewed and addressed in all aspects and that there is a need to reduce the cost of these drugs and technologies in close collaboration with the private sector and pharmaceutical companies;
- (25) Acknowledging that the lack of affordable pharmaceuticals and of feasible supply structures and health systems continue to hinder an effective response to HIV/AIDS in many countries, especially for the poorest people and recalling efforts to make drugs available at low prices for those in need;
- (26) Welcoming the efforts of countries to promote innovation and the development of domestic industries consistent with international law in order to increase access to medicines to protect the health of their populations; and noting that the impact of international trade agreements on access to or local manufacturing of, essential drugs and on the development of new drugs needs to be further evaluated;
- (103) Explore, with a view to improving equity in access to essential drugs, the feasibility of developing and implementing, in collaboration with non-governmental organizations and other concerned partners, systems for voluntary monitoring and reporting of global drug prices;

2006 Political Declaration

- (43) Aspects of IPR do 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 the 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 the TRIPS Agreement and Public Health and the World Trade Organization's General Council Decision of 2003 and amendments to Article 31, which provide flexibilities for this purpose;
- (47) Encourage bilateral, regional and international efforts to promote 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 recognizing 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 that aim to provide further drug access at affordable prices to developing countries on a sustainable and predictable basis;

UNAIDS Strategy

- The historic role of the BRICS countries (Brazil, Russian Federation, India, China, South Africa) in relation to TRIPS and essential medicines is a potential advantage for the HIV response.
- Ensuring access to affordable medicines will also require concerted action to support national governments to make use of TRIPS flexibilities, advocating for the exclusion of legal provisions that could negatively affect access to essential medicines.
- Partner with the pharmaceutical industry to implement tiered pricing for ARVs and other HIV commodities in low- and middle-income countries to increase access to affordable medicines and speed up access to the next generation of treatment.
- More countries should be encouraged to initiate public sector production of generics through new and strengthened South-South cooperation and public-private partnerships. The bulk purchasing of HIV medicines by the Global Fund, UNITAID, the United States President's Emergency Plan for AIDS Relief and others and work on forecasting led by the Clinton Health Access Initiative and WHO should continue to support treatment scale-up.
- Strategy partnership example: Partner with the pharmaceutical industry to implement tiered pricing for antiretroviral drugs and other HIV commodities in low- and middle-income countries to increase access to affordable medicines and speed up access to the next generation of treatment.

HRC Res.12/27, 2009

- (10) Reaffirms that the Agreement on Trade-Related Aspects of Intellectual Property Rights of the World Trade Organization does not and should not prevent members from taking measures now and in the future to protect public health and, while reiterating the commitment to that Agreement, 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 the production of generic antiretroviral drugs and other essential drugs for AIDS-related infections;
- (11) Recalls the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property of the World Health Assembly, and urges States, relevant international organizations and other relevant stakeholders to support actively its wide implementation, in particular in the context of HIV/AIDS and opportunistic infections;
- (12) Encourages all States to apply measures and procedures to enforce intellectual property rights in a manner that avoids the creation of barriers to legitimate trade of medicines, and to provide for safeguards against the abuse of such measures and procedures;

- (20) Criticizes bilateral and regional trade agreements that include provisions which go beyond the WTO's TRIPS Agreement ('TRIPS-plus'), thus effectively hindering, if not actually limiting, the safeguards established by the 2001 Doha Declaration on TRIPS which asserts the primacy of health over commercial interests; points out the responsibility borne by those countries that put pressure on developing countries to sign such free-trade agreements;
- (21) Emphasises that compulsory licensing and differential prices have not fully solved the problem, and calls on the Commission to propose new solutions to ensure genuine access to HIV/AIDS treatments at affordable prices

9 CARE & SUPPORT / SOCIAL PROTECTION

2001 Declaration of Commitment	<p>(19) Recognizing that care, support and treatment can contribute to effective prevention through increased acceptance of voluntary and confidential counseling and testing, and by keeping people living with HIV/AIDS and vulnerable groups in close contact with health-care systems and facilitating their access to information, counselling and preventive supplies;</p> <p>(57) By 2003, ensure that national strategies are developed in order to provide psycho-social care for individuals, families, and communities affected by HIV/AIDS;</p> <p>(68) By 2003, evaluate the economic and social impact of the HIV/AIDS epidemic and develop multisectoral strategies to: address the impact at the individual, family, community and national levels; develop and accelerate the implementation of national poverty eradication strategies to address the impact of HIV/AIDS on household income, livelihoods, and access to basic social services...adjust and adapt economic and social development policies, including social protection policies, to address the impact of HIV/AIDS;</p> <p>(49) By 2005, strengthen the response to HIV/AIDS in the world of work by establishing and implementing prevention and care programmes in public, private and informal work sectors;</p> <p>(69) By 2003, develop a national legal and policy framework that protects in the workplace the rights and dignity of persons living with and affected by HIV/AIDS and those at the greatest risk of HIV/AIDS;</p>
2006 Political Declaration	<p>(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;</p>
UNAIDS Strategy	<p>Goal: <i>People living with HIV and households affected by HIV are addressed in all national social protection strategies and have access to essential care and support</i></p> <ul style="list-style-type: none"> To significantly scale up access to care, support and social protection by people living with and affected by HIV relevant services need to be tailored to individual, household and community needs, and HIV-sensitive social transfers must be embedded into national social protection systems. We will generate national and international consensus on HIV-sensitive social protection policy in order to accelerate the establishment of effective and transformative programmes. Strategy partnership examples: Work with families, communities and faith-based organizations and strengthen community and social welfare systems to ensure continuous access to treatment and supplies for vulnerable and socially excluded populations—and to recognize and support caregivers; Broker relationships with companies, business associations and employers' federations to promote HIV programmes in the workplace and in the communities where they operate to increase the access of workers and their families to HIV prevention, treatment, care and support services; Strengthen faith-based organizations in expanding their pivotal role in the community; in integrating HIV prevention, care and support; and in steadily addressing stigma and discrimination.
CSW 54/2, 2010	<p>(17) Requests Governments to promote and provide equal and equitable access for all persons, throughout their life cycle, to social services related to health care, including education, clean water and safe sanitation, nutrition, food security and health, education programmes and social protection schemes, especially for women and girls living with or affected by HIV and AIDS, including prevention and treatment for opportunistic infections and other HIV-related diseases;</p> <p>(34) Encourages Governments to increase the provision of resources and facilities to women who find themselves having to provide care and/or economic support for those infected with HIV or affected by the pandemic and to address the challenges faced by the survivors and caregivers, in particular children and older persons, as well as to provide the balanced sharing of the provision of care by both men and women;</p>
CRSF, 2008-2012	<p>By 2012, to reduce the social and economic impact of HIV and AIDS on households by 25%.</p> <p>(4.3) To improve access to nutritional and psychosocial services for persons living with HIV:</p> <ul style="list-style-type: none"> Staff responsible for providing nutritional and psychosocial services trained with updated HIV management information (see Priority Area 5). Availability of nutritional supplements ensured. Referral systems to social support services established, including poverty alleviation interventions. Care and support for children made vulnerable by HIV addressed.
Other	<p>Yaoundé Call for Action, 2006: Delegates called for: Encourage VCT among older people; Implement the LCA and adopt comprehensive social protection schemes for older people with particular emphasis on universal social pensions; Coordinate social protection measures being implemented with various ministries through a comprehensive national coordination framework. The conference noted: The deplorable situation of older people, especially women, in relation to poverty, abuse, access to healthcare and access to property; There is urgency to strengthen access to healthcare for older people especially those living in the rural areas; Home based care is increasingly important in providing care yet remains unrecognised and unsupported.</p>

10 HUMAN RIGHTS

2001 Declaration of Commitment

- (16) Recognizing that the full realization of human rights and fundamental freedoms for all is an essential element in a global response to the HIV/AIDS pandemic, including in the areas of prevention, care, support and treatment, and that it reduces vulnerability to HIV/AIDS and prevents stigma and related discrimination against people living with or at risk of HIV/AIDS;
- (23)non-discriminatory access to, inter alia, vaccines, condoms, microbicides, lubricants, sterile injecting equipment, drugs including anti-retroviral therapy, diagnostics and related technologies as well as increased research and development;
- (58) By 2003, enact, strengthen or enforce as appropriate legislation, regulations and other measures to eliminate all forms of discrimination against, and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV/AIDS and members of vulnerable groups; in particular to ensure their access to, inter alia education, inheritance, employment, health care, social and health services, prevention, support, treatment, information and legal protection, while respecting their privacy and confidentiality; and develop strategies to combat stigma and social exclusion connected with the epidemic;

2006 Political Declaration

- (11) Reaffirms (16) of 2001 DoC.
- (15) Recognize further 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;
- (29) Commit ourselves to intensifying efforts to... (58 from 2001 DoC).

Goals: *Countries with punitive laws and practices around HIV transmission, sex work, drug use or homosexuality reduced by half; HIV-related restrictions on entry, stay and residence eliminated in half of the countries that have such restrictions*

UNAIDS Strategy

- To support countries to protect human rights in the context of HIV and create protective social and legal environments that enable access to HIV programmes we will intensify our work with people living with and at higher risk of HIV to know and claim their rights and with governments to realise and protect those rights. This requires the generation of more complete, timely and transparent information on country-level rights and legal frameworks and their impact on HIV; support for expansion of programmes on legal literacy, legal assistance, and law reform; and support to leadership and programmes in government, parliament and the judiciary to strengthen systems of justice in the context of HIV.
- To advance country capacity to reduce S&D and to realise equitable service provision for those most affected by HIV, countries will be supported to eliminate S&D in communities, health systems, and in the allocation of resources. To do so, data collection on S&D as well as on programme coverage and barriers to access for people at higher risk of infection will be enhanced. Discriminatory policies and practices that limit access to HIV services by vulnerable groups will be reviewed and countries will be supported to address them.
- Strategy partnership examples: Support regional and country networks of PLHIV, including young people, men who have sex with men, transgender people, sex workers, people who use drugs, to gather evidence about the social and legal barriers to accessing HIV programmes and to organize themselves to influence regional economic and political agendas; Work with civil society networks to conduct research, such as on the People Living with HIV Stigma Index, and disseminate research findings and messages to affect policy and funding changes.

2010 MDG Res

- (3) We also reaffirm the importance of freedom, peace and security, respect for all human rights, including the right to development, the rule of law, gender equality and an overall commitment to just and democratic societies for development.
- (13) We acknowledge that peace and security, development and human rights are the pillars of the United Nations (UN) system and the foundations for collective security and well-being. We recognize that development, peace and security and human rights are interlinked and mutually reinforcing. We reaffirm that our common fundamental values, including freedom, equality, solidarity, tolerance, respect for all human rights, respect for nature and shared responsibility, are essential for achieving the MDGs.

Abuja call for Accelerated Action, 2006

- (10) We therefore, individually and collectively rededicate ourselves and our countries to
 - continue promoting an enabling policy, legal and social environment that promotes human rights particularly for women, youth and children and ensure the protection of people infected and affected by HIV and AIDS, TB and Malaria and to reduce vulnerability and marginalization including conflict-affected and displaced persons, refugees and returnees;
 - adapting national legislation to take cognizance of HIV and AIDS and TB issues specifically discrimination and stigmatization and encourage Member States to ratify relevant International Conventions such as the Convention on Discrimination and Employment.
 - enact or repeal laws and policies related to gender & human rights in order to align them with AU frameworks incl. the Solemn Declaration on Gender Equality in Africa and the AU Protocol on Women.

- (P.3) Emphasizing, in view of the increasing challenges presented by HIV/AIDS, including apparent trends to enact criminal and other laws that are counterproductive to HIV prevention, treatment, care and support efforts, and the ongoing application of HIV-specific restrictions on the entry, stay and residence of HIV-positive people, the need for intensified efforts to ensure universal respect for and observance of human rights and fundamental freedoms for all in order to reduce vulnerability to HIV, prevent HIV/AIDS-related discrimination and stigma and reduce the impact of AIDS;
- (P.4) Recalling that HIV-related stigma and discrimination are major obstacles to an effective HIV response and that discrimination on the basis of HIV or AIDS status, actual or presumed, is prohibited by existing international human rights standards...
- (1) Calls upon all States, United Nations programmes and specialized agencies, and international and non-governmental organizations to continue to take all necessary steps to ensure the respect, protection and fulfillment of human rights in the context of HIV/AIDS, as referred to in the Guidelines, as an essential part of efforts to achieve the goal of universal access to HIV prevention, treatment, care and support;
 - (4) Encourages all countries to eliminate HIV-specific restrictions on entry, stay and residence and ensure that people living with HIV are no longer excluded, detained or deported on the basis of their HIV status;
 - (13) Urges all States to consider taking the steps necessary towards the elimination of criminal and other laws that are counterproductive to HIV prevention, treatment, care and support efforts, including laws directly mandating disclosure of HIV status or that violate the human rights of people living with HIV and members of key populations affected by the epidemic, and also urges States to consider the enactment of laws protecting these persons from discrimination in HIV prevention, treatment, care and support efforts;
 - (14) Invites the human rights treaty bodies, when considering reports submitted by States parties, to give particular attention to the protection of human rights in the context of HIV/AIDS, and invites States to include appropriate relevant information in the reports they submit to the relevant treaty bodies;
 - (15) Invites all special procedures, in particular the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, within their existing mandates, to contribute to the analysis of the human rights dimensions of the HIV/AIDS epidemic, which particularly affects developing countries;
 - (16) Encourages all States to consider including appropriate information on human rights in the context of HIV/AIDS in the national report to be submitted to the Council in the framework of the universal periodic review mechanism;

REAFFIRMING That the Universal Declaration of Human Rights affirms that all human beings are born free and equal in dignity and rights and that everyone is entitled to all the rights and freedoms set forth in that instrument, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth, or other status;

REAFFIRMING the principles of universality, indivisibility, and interdependence of human rights;

RESOLVES:

1. To condemn acts of violence and human rights violations committed against persons because of their sexual orientation and gender identity; and to urge states to investigate these acts and violations and to ensure that their perpetrators are brought to justice.
2. To encourage states to take all necessary measures to ensure that acts of violence and related human rights violations are not committed against persons because of their sexual orientation, gender identity, and to ensure that the victims are given access to justice on an equal footing with other persons.
3. To encourage member states to consider ways to combat discrimination against persons because of their sexual orientation and gender identity.

- (1.1) To develop policies, programmes, and legislation that promote human rights, including gender equality, and reduce socio-cultural barriers in order to achieve universal access:
 - Caribbean countries have legislation that addresses issues related to the legal, ethical, and human rights of those infected with, or affected by HIV.
 - Caribbean countries have policies and systems that ensure all residents have access to HIV services including HIV policies to ensure condom access and provide services to minors and the populations most at risk.
 - Formative research utilised to design strategies and programs that empower men and women to be less vulnerable to infection and more able to access services.
 - Integration of gender equality into national and regional HIV responses.
- (1.2) To reduce the stigma and discrimination associated with HIV and vulnerable groups.

- (M) whereas same-sex behaviour is still heavily stigmatised, most notably in sub-Saharan Africa...
- (N) whereas criminalisation of illicit drug users in many countries prevents their access to HIV/AIDS prevention, treatment, care and support, and has the effect of increasing the transmission of HIV/AIDS related to injected drug use,
- (O) whereas 106 countries report that they still have laws and policies which present significant obstacles to effective HIV/AIDS responses,
- (R) whereas a rights-based approach in response to HIV/AIDS is crucial in efforts to end the epidemic,
- (1) Reaffirms that access to health care is part of the Universal Declaration of Human Rights and that governments have a duty to fulfill their obligation by providing a public health service to all;
- (2) Considers, at the same time, that the EU must give high priority to the protection and promotion of human-rights defenders, inside and outside the EU, including those who focus their action mainly on educating communities on HIV/AIDS; calls, in this respect, on the Vice-President of the Commission/ High Representative of the Union for Foreign Affairs and Security Policy to ensure that all practical actions and measures provided for in the EU Guidelines on Human Rights Defenders be duly implemented in respect of civil-society representatives active in the field of HIV/AIDS;
- (3) Requests the Commission and the Council to meet their commitments and step up efforts to address HIV/AIDS as a global public health priority, with human rights as a central aspect of HIV/AIDS prevention, treatment, care and support, including in EU development cooperation;
- (4) Calls on the Commission and the Council to promote efforts towards the decriminalisation of unintentional HIV/AIDS transmission and exposure, including by encouraging the recognition of HIV/AIDS as a disability for the purposes of existing and future non-discrimination legislation;
- (5) Calls on the Baltic States, Russia and Ukraine to put in place policies for vigorously combating HIV/AIDS in their respective countries;
- (6) Calls on the Commission and the Council, in political dialogue at both global and country level, to promote best policies and practices regarding rights-based responses to HIV/AIDS in:
- ensuring the promotion, protection and observance of the human rights – including the SRH rights– of people living with HIV/AIDS and other key populations,
 - addressing the major economic, legal, social and technical barriers, as well as punitive laws and practices, which impede effective responses to HIV, in particular for key populations,
 - supporting the review and amendment of laws that constitute a barrier to effective, evidence-based HIV/AIDS programmes and services, especially for key populations,
 - fighting any legislation or decisions that criminalise unintentional HIV transmission, or fuel discrimination against people living with HIV/AIDS, and in condemning and taking action against legal barriers which hinder effective HIV measures for women and girls, such as restrictive sexual and reproductive health laws and policies, inheritance and property laws, child marriage laws, etc.,
 - placing human rights at the centre of decisions on the allocation of funding for responses to HIV/AIDS within and outside the EU,
 - HIV/AIDS programming targeted at PLWHIV and other key pops and aimed at empowering individuals and communities to respond to HIV/AIDS, at reducing risk and vulnerability to HIV/AIDS infection and at mitigating the impact of HIV/AIDS
 - facilitating and promoting meaningful participation by key populations in the design, implementation, monitoring and evaluation of HIV/AIDS prevention, treatment, care and support programming, and in reducing stigmatisation and discrimination,
 - facilitating universal access to health care, whether with respect to HIV/AIDS-related prevention, treatment, care and support, or to other non-HIV/AIDS-related medical provision,
 - facilitating access by people living with HIV/AIDS, and other key pops, to education and employment,
 - ensuring that future monitoring of progress in the fight against HIV/AIDS incorporates indicators that directly address and assess human-rights issues in relation to HIV/AIDS,
 - respecting the '3C' (informed consent, confidentiality and counselling) principles in HIV/AIDS testing and other HIV/AIDS-related services,
 - fighting the stigmatisation of, and discrimination against, people living with HIV/AIDS and other key populations, and in protecting their rights to safety and protection from abuse and violence,
 - promoting & facilitating greater participation by PLWHIV and other key pops in responses to HIV/AIDS,
 - providing objective and non-judgmental information on the disease,
 - providing people with the power, skills, knowledge & resources to protect them from contracting HIV/AIDS;
- (14) Asks the Commission and the Council to support the work of the recently established Global Commission on HIV and the Law to ensure that legislation works for an effective response to HIV/AIDS;
- (15) Calls on the Commission and the Council to engage the European Union Agency for Fundamental Rights to gather further evidence on the human-rights situation of people living with HIV/AIDS and other key populations in Europe, taking particular account of their vulnerability to multiple and inter-sectional discrimination;

- (22) Commends the adoption by the Council's Working Party on Human Rights of the Toolkit to Promote and Protect the Enjoyment of all Human Rights by Lesbian, Gay, Bisexual and Transgender People, and calls on the Council and Commission to implement its recommendations;
- (23) Calls on those EU institutions which, under their terms of reference, prepare annual reports on the human-rights situation, to incorporate into such reports a focus on HIV-related human rights, in such a way as to give a voice to people living with HIV and those vulnerable to infection;
- (24) Calls on the Commission and the Member States to reiterate their support for Paragraph 16 of the Council's Conclusions on the Programme for Action of November 2009: to initiate a broad consultative process with Member States and other stakeholders for the preparation of a European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis through External Action for 2012 and beyond; and to put their weight behind the establishment of EU Action Teams as a vehicle for joint action by the Commission and Member States in established priority areas;

- *Recognising...* that a unique feature of the HIV pandemic is the overwhelming nature of the accompanying stigma;
- *Nothing* that in circumstances where the rule of law and human rights are not respected as an integrated part of society, the most vulnerable groups within that society are often denied the level of protection they require and hence, are exposed to increased vulnerability;
- *Recognising* that people living with HIV and those at risk are currently one of the most vulnerable groups exposed to serious violations of human rights in Africa.
- *Recalling* the Resolution on the HIV/AIDS Pandemic – Threat Against Human Rights and Humanity (2001) calling upon African governments, State Parties to the African Charter to allocate national resources that reflect a determination to fight the spread of HIV/AIDS, to ensure human rights protection of those living with HIV/AIDS against discrimination and to take appropriate actions so that international pharmaceutical industries make affordable and comprehensive health care available for African govts;
- *Concerned further* that despite commitments undertaken by State Parties and regional bodies, PLHIV and those at risk continue to face serious violations of their basic human rights;
- *Deeply disturbed* by the growing trend by various State Parties across Africa towards criminalisation and mandatory testing of PLHIV which leads to greater stigmatisation and discrimination;
- *DECIDES* to establish a Committee on the Protection of PLHIV and Those at Risk for a period of 2 years with a mandate to:
 - To seek, request, receive, analyze and respond to reliable information from credible sources including individuals, community-based organizations, non-governmental organizations, specialized agencies, inter-governmental organizations, and State Parties, on the situation and rights of PLHIV and those at risk;
 - To undertake fact-finding missions, where necessary, to investigate, verify and make conclusions and recommendations regarding allegations of human rights violations;
 - To engage State Parties and non-state actors on their responsibilities to respect the rights of people living with HIV and those proven to be vulnerable to these infections;
 - To engage State Parties on their responsibilities to respect, protect and fulfill the rights of people living with HIV and those at risk;
 - To recommend concrete and effective strategies to better protect the rights of people living with HIV and those at risk;
 - To integrate a gender perspective and give special attention to persons belonging to vulnerable groups, including women, children, sex workers, migrants, men having sex with men, intravenous drugs users and prisoners; and
 - To report regularly to the African Commission on Human and Peoples' Rights.
- After the period of two years and after review, the committee could make recommendation for the establishment of a special rapporteurship procedure.

- (1c) *Calls upon* all members and associate members to ground universal access in human rights and undertake measures to address stigma and discrimination, as well as policy and legal barriers to effective HIV responses, in particular with regard to key affected populations;
- (2b) *Requests* the Executive Secretary, within the existing ESCAP mandate, and in close coordination with UNAIDS, WHO and other relevant stakeholders to support members and associate members in their efforts to enact, strengthen and enforce, as appropriate, legislation, regulations and other measures to eliminate all forms of discrimination against people living with HIV and AIDS and other key affected populations, and to develop, implement and monitor strategies to combat stigma and exclusion connected with the epidemic;
- (pp8) Noting with particular concern the continuing high prevalence of HIV among key affected populations, including sex workers, injecting drug users and men who have sex with men, as well as the extent of legal and policy barriers that impede progress in developing and implementing effective ways of responding to HIV and related risks among them;

[ECOSOC/UNAIDS, 2009](#): (18) *Welcomes* the report of the International Task Team on HIV-related Travel Restrictions and further encourages all countries to eliminate HIV-specific restrictions on entry, stay and residence and ensure that people living with HIV are no longer excluded, detained or deported on the basis of HIV status;

[Decision on Abuja Review, AU/ Dec.291\(XV\), July 2010](#): *Mindful* that universal access to quality healthcare is a human right and that large segments of our population do not have access to this right which impact on their dignity and leads to morbidity and death;

11 WOMEN AND GIRLS

2001 Declaration of Commitment

- (14) Stressing that gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS;
- (59) By 2005...develop and accelerate the implementation of national strategies that: promote the advancement of women and women's full enjoyment of all human rights; promote shared responsibility of men and women to ensure safe sex;
- (60) By 2005, implement measures 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 health services, including sexual and reproductive health, and through prevention education that promotes gender equality within a culturally and gender sensitive framework;
- (61) By 2005, ensure development and accelerated implementation of national strategies for women's empowerment, 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 forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence;

2006 Political Declaration

- (7) recognize that gender inequalities and all forms of violence against women and girls increase their vulnerability to HIV/AIDS;
- (15)promote gender equality and empowerment of women; promote and protect the rights of the girl child in order to reduce the vulnerability of the girl child to HIV/AIDS;
- (30) Pledge to eliminate gender inequalities, gender-based abuse and violence...and the provision of full access to comprehensive information and education; ensure that women can exercise their right to have control over, and decide freely and responsibly on, matters related to their sexuality in order to increase their ability to protect themselves from HIV infection, 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 strengthen their economic independence; and in this context, reiterate the importance of the role of men and boys in achieving gender equality;
- (31) Commit ourselves to strengthening ((61) of 2001 DoC), 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;

Goals: *HIV-specific needs of women and girls are addressed in at least half of all national HIV responses; Zero tolerance for gender-based violence*

UNAIDS Strategy

- ... wide range of prevention, treatment, care and support programmes that are tailored to the particular realities of their lives. Integration of HIV and sexual and reproductive health programmes marks one such critical step.
- In sub-Saharan Africa, 60% of people living with HIV are women and girls. But most funding dedicated to women provides ART to prevent vertical transmission. It is essential to combine HIV-related funding with other resources to address the full range of women's vulnerabilities, for example, programmes for discordant couples, young women and female sex workers and to change harmful gender norms and economic disempowerment.
- To ensure the needs and rights of women and girls in the context of HIV are addressed in national HIV strategies, a much broader range of programmes are needed that address the HIV-related needs of girls and women across the span of their lives. These must include programmes to reduce harmful gender norms, to provide legal support for equality in property and inheritance rights and to enhance economic and social empowerment, including for caregivers. We will support countries to prohibit gender-based violence and discrimination, including through the active involvement of men and boys. We will do more to mobilise women leaders to inform the development and implementation of HIV strategies and to integrate these into the women's movement, including through the implementation of the principles and recommendations of UNAIDS' *Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV*.
- Strategy partnership examples: Partner with women's rights advocates to create demand for voluntary testing and counselling and to enable women and girls to learn and demand their rights to HIV prevention and treatment and to protection from coercion and violence. Build bridges with micro-finance and nutrition initiatives for maximum effect.

2010 MDG Res

- (12) We recognize that gender equality, the empowerment of women, women's full enjoyment of all human rights and the eradication of poverty are essential to economic and social development, including the achievement of all the MDGs. We reaffirm the need for the full and effective implementation of the Beijing Declaration and Platform for Action. Achieving gender equality and empowerment of women is both a key development goal and an important means for achieving all of the MDGs. We welcome the establishment of the UN Women, and pledge our full support for its operationalization.

HRC Res.12/27, 2009

- (6) Urges all States to eliminate gender inequalities, gender-based abuse and violence, increase the capacity of women and girls, including those in prison or detention, to protect themselves from the risk of HIV transmission, principally through the provision of health care, and services, including sexual and reproductive health, and the provision of full access to comprehensive information and education, ensure that women can exercise their right to have control over and decide freely and responsibly on matters relating to their sexuality in order to increase their ability to protect themselves from HIV transmission, including their sexual and reproductive health, free of coercion, discrimination and violence, integrate the promotion and protection of reproductive rights, as understood in previous international commitments, such as the Programme of Action adopted by the ICPD in September 1994 and the Beijing Declaration and Programme of Action, adopted by the Fourth World Conference for Women in September 1995, as strong and robust components of their national strategies on HIV/AIDS, and take all necessary measures to improve legal access and protection for women and girls, and to create an enabling environment for the empowerment of women and strengthen their economic independence, and in this context, reiterates the importance of the role of men and boys in achieving gender equality;

SADC Protocol on Gender & Dev, 2008

- Adopt and implement legislative frameworks, policies, programmes and services to enhance gender sensitive, appropriate and affordable quality health care, in particular to: reduce the maternal mortality ratio by 75% by 2015; ensure the provision of hygiene and sanitary facilities and nutritional needs of women, including women in prison.
- States Parties shall ensure that the policies and programmes referred to in sub-Article 1 take account of the unequal status of women, the particular vulnerability of the girl child as well as harmful practices and biological factors that result in women constituting the majority of those infected and affected by HIV and AIDS.
- One of the key targets: 50% women in all areas of decision-making by 2015.

Maputo Plan of Action, 2006

Strategic actions:

- (1.1.3) Develop and/or implement strategies to address Gender Based Violence (GBV) in collaboration with other relevant stakeholders.
- (1.1.4) Conduct R&D and/or implement strategies to address early marriages and HTP (HTP) such as FGM
- (1.1.5) Incorporate health management of GBV in training curricula of health workers & providers of legal services
- (3.1.2) Develop and/or implement gender and culture sensitive policies/legislation to ensure universal access to quality FP services; Supportive legislation, protocols and guidelines for family planning.
- (5.1.1a) Compile and disseminate data on the magnitude and consequences of unsafe abortion,
- (5.1.2a) Enact policies and legal frameworks to reduce incidence of unsafe abortion
- (5.1.3a) Prepare and implement national plans of action to reduce incidence of unwanted pregnancies and unsafe abortion

Commission on the Status of Women 54/2 on Women and Girls, 2010

- Deeply concerned by the increased vulnerability to HIV infection faced by women & girls living with disabilities resulting from, inter alia, legal and economic inequalities, sexual and gender-based violence, discrimination and violations of their rights,
 - Concerned that the vulnerability of women and girls to HIV is increased by their unequal legal, economic and social status, including poverty as well as other cultural and physiological factors, violence against women and girls and adolescents, early marriage, child and forced marriage, premature and early sexual relations, commercial sexual exploitation and female genital mutilation,
 - Further concerned that women and girls are more vulnerable to HIV and have different and unequal access to the use of health resources for the prevention of HIV infection and treatment of and care and support for people living with HIV and affected by AIDS,
 - Also stressing that gender equality and the political, social and economic empowerment of women and girls are fundamental elements in the reduction of their vulnerability to HIV and are essential to reversing the pandemic,
 - Expressing its concern that the HIV and AIDS pandemic reinforces gender inequalities, that women and girls are disproportionately affected by the pandemic, that they are more easily infected, especially at an earlier age than men and boys, that they bear the disproportionate burden of caring for and supporting people living with and affected by HIV and AIDS and that they become more vulnerable to poverty as a result of the pandemic,
- (4) Stresses the need to significantly increase and coordinate political and financial commitment to address gender equality and equity in national HIV and AIDS responses, and urges Governments to effectively reflect in their national policies, strategies and budgets the gender dimension of the pandemic, in line with the time-bound goals of the DoC on HIV/AIDS, the Beijing Platform for Action and the Political Declaration on HIV/AIDS;

- (1) whereas current HIV prevention options are not sufficiently effective in protecting women, and prevention methods such as condoms and abstinence are not realistic options for many women, especially those who are married, who want to have children or who are at risk of sexual violence, and whereas a safe and effective vaccine or microbicide could provide women with powerful new tools to protect themselves from HIV without limiting reproductive choice,
- (7) Calls on the Commission and the Member States to address women's needs for HIV/AIDS prevention, treatment and care as an essential measure for curbing the epidemic, notably by expanding access to sexual and reproductive health-care programmes – with HIV/AIDS testing, counselling and prevention services fully integrated into such programmes – and by reversing the underlying socioeconomic factors contributing to women's HIV/AIDS risk, such as gender inequality, poverty, lack of economic and educational opportunity, and lack of legal and human-rights protection;

- (5) Urges Governments to take all necessary measures to create an enabling environment for the empowerment of women and girls, to strengthen their economic independence and their right to property and inheritance, 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 and to mitigate the impact of the pandemic;
- (6) Urges Governments and other relevant stakeholders to address the challenges faced by older women in accessing HIV prevention, treatment, care and support as well as in caring for people living with or affected by HIV and AIDS, including orphaned children in vulnerable situations;
- (7) Also urges Governments and other relevant stakeholders to address the increased vulnerability to HIV faced by women and girls living with disabilities, ensuring their equal access to prevention, treatment, care and support, as an integral part of their HIV and AIDS response;
- (9) Urges Governments to strengthen initiatives that would increase the capacities of women and adolescent girls to protect themselves from HIV infection, principally through the provision of health care and health services, including for sexual and reproductive health, in accordance with the Programme of Action of the International Conference on Population and Development, and that integrate HIV and AIDS prevention, treatment, care and support and include voluntary counseling and testing, including through prevention education that promotes gender equality within a culturally and gender-sensitive framework;
- (10) Urges Governments and other relevant stakeholders to address the situation faced by girls caring for people living with or affected by HIV and AIDS, who are often forced to drop out of school;
- (13) Urges Governments to strengthen and implement 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, female genital mutilation, domestic violence, abuse, early marriage, child and forced marriage, rape, including marital rape, and other forms of sexual violence and coerced sexual activity, battering and trafficking in women and girls, and to ensure that violence against women is addressed as an integral part of the national HIV and AIDS response;
- (14) Also urges Governments, where they have not yet done so, to institute and ensure the enforcement of laws to protect women and girls from early marriage, child and forced marriage and marital rape;
- (18) Calls upon Governments to intensify efforts to eliminate all forms of discrimination against women and girls in relation to HIV and AIDS, including through challenging gender stereotypes, stigmatization, discriminatory attitudes and gender inequalities, and to encourage the active involvement of men and boys in this regard;
- (19) Stresses that women and girls should be empowered to protect themselves against violence and that, in this regard, women have the right to have control over and decide freely and responsibly on matters related to their sexuality, including their sexual and reproductive health, free of coercion, discrimination and violence;
- (20) Calls upon all Governments and the international donor community to integrate a gender perspective in all matters of international assistance and cooperation and to take measures to ensure that resources concomitant with the impact of HIV and AIDS on women and girls are made available, in particular in funding provided to national HIV and AIDS programmes to promote and protect the human rights of women and girls in the context of the epidemic, to promote economic opportunities for women, including to diminish their financial vulnerability and their risk of exposure to HIV, and to achieve the gender-related goals found, inter alia, in the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS; (25) Calls upon Member States to accelerate action on women, girls, gender equality and HIV, in partnership with all relevant stakeholders, including civil society organizations, in accordance with the Beijing Declaration and Platform for Action and the Programme of Action of the International Conference on Population and Development
- (26) Recommends the development and use of gender analysis, the harmonization of data, and the development and refinement of indicators as part of the process to update the core indicators on HIV and AIDS for the reporting system for the special session of the GA on HIV/AIDS, to help measure women's and girls' inequalities in the context of HIV;

[SADC Protocol on Gender and Development, 2008](#): States Parties shall take every step necessary to adopt and implement gender sensitive policies and programmes, and enact legislation, that will address prevention, treatment, care and support in accordance with, but not limited to, the Maseru Declaration on HIV and AIDS.

[Yaoundé Call for Action, 2006](#): The conference noted the deplorable situation of older people, especially women, in relation to poverty, abuse, access to healthcare and access to property.

[Decision on Abuja Review, AU/ Dec.291\(XV\), July 2010](#): *Also Mindful* of the important role we have to play in improving the wellbeing of women and children for Africa's development through provision of an enabling environment, including strong leadership and political will for concrete actions, allocation of resources as well as effective governance of our health delivery systems

- (9) Welcoming the commitments the Abuja Special Summit in April 2001, particularly their pledge to set a target of allocating at least 15 % of their annual national budgets for the improvement of the health sector to help address the HIV/AIDS epidemic; and recognizing that action to reach this target, by those countries whose resources are limited, will need to be complemented by increased international assistance;
- (80) By 2005, through a series of incremental steps, reach an overall target of annual expenditure on the epidemic of between US\$ 7 billion and US\$ 10 billion in low and middle-income countries and those countries experiencing or at risk of experiencing rapid expansion for prevention, care, treatment, support and mitigation of the impact of HIV/AIDS, and take measures to ensure that needed resources are made available, particularly from donor countries and also from national budgets, bearing in mind that resources of the most affected countries are seriously limited;
- (82) Increase and prioritize national budgetary allocations for HIV/AIDS programmes as required and ensure that adequate allocations are made by all ministries and other relevant stakeholders;
- (83) Urge the developed countries that have not done so to strive to meet the targets of 0.7 % of their gross national product for overall official development assistance and the targets of earmarking of 0.15 % to 0.20 % of gross national product as official development assistance for least developed countries as agreed, as soon as possible, taking into account the urgency and gravity of the HIV/ AIDS epidemic;
- (87) Without further delay implement the enhanced Heavily Indebted Poor Countries (HIPC) Initiative and agree to cancel all bilateral official debts of HIPC.

- (39) Commit ourselves to reducing 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 ensuring 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% of gross national product for official development assistance by 2015 and to reach at least 0.5% 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% to 0.20% for the least developed countries no later than 2010;
- (40) Recognize that UNAIDS has estimated that 20 to 23 billion USD per annum is needed by 2010 to support rapidly scaled-up AIDS responses in low- and middle-income countries;
- (41) Commit ourselves to supporting and strengthening existing financial mechanisms, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as relevant United Nations organizations, through the 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;

- Getting to zero depends on a global response that sees power in solidarity and that rejects the trap of destructive competition for finite resources. As such, it is imperative that investments in the response through long-term and sustainable financing continue to be made and are scaled up.
- Recognizing financial constraints, the need to generate greater efficiencies is paramount to success and is possible if we approach service delivery differently. Success also depends on intensifying what we know works and focusing efforts where they are most needed.
- The HIV response demands a new global compact of solidarity and shared responsibility. A renewed advocacy effort must be launched to encourage the continued commitment of the global North to support development efforts in the global South, with a focus on long-term predictable financing, particularly through multilateral mechanisms. In return, working through mechanisms such as the G20, emerging economies will need to be encouraged to shoulder an increasing share of domestic HIV financing as well as contributing funding to international efforts.
- Stronger and more diversified funding sources must be pursued to make the delivery of results possible. Yet financing must be linked to robust financial sustainability transition plans, and external funding must be harmonized and aligned to support domestic financing mechanisms.
- Countries will be supported to ensure that strategies account for an understanding of both the economic and social returns on investments and define optimal levels of programme scale-up.

- (22) ...financial and economic crisis has reversed development gains in many developing countries and threatens to seriously undermine the achievement of the Millennium Development Goals by 2015.
- (27) We recognize that attention must be focused on the particular needs of developing countries and on the large and increasing economic and social inequalities. Disparities between developed and developing countries and inequalities between the rich and the poor, and between rural and urban populations, inter alia, remain persistent and significant and need to be addressed.
- (61) We consider that innovative financing mechanisms can make a positive contribution in assisting developing countries to mobilize additional resources for financing for development on a voluntary basis. Such financing should supplement and not be a substitute for traditional sources of financing.
- (76j) Increasing efforts to achieve universal access to HIV prevention, treatment, care and support, strengthening the fight against malaria, tuberculosis and other diseases, including through providing adequate funding for the Global Fund to Fight AIDS, Tuberculosis and Malaria and through United Nations agencies, funds and programmes and other multilateral and bilateral channels, strengthening innovative financing mechanisms, as appropriate, and contributing to the long-term sustainability of the response.

- (10) We therefore, individually and collectively rededicate ourselves and our countries to:
- Mobilize local resources for sustainable and predictable financing, including the implementation of the Abuja Declaration Call for 15% of the National Budget to health and strengthen our collaboration with national and international partners to mobilize adequate financial resources to fight the epidemics; and ensure that financial resources mobilized to fight all the three epidemics can actually be spent by the removal of the medium- term expenditure ceilings on public spending imposed on African countries by the International Financing Institutions.
 - Negotiate for debt cancellation and the availability of grants at national and regional levels that would specifically be targeted at financing prevention, treatment, care and support of the three diseases.
 - Undertake collective advocacy with multi-lateral and bilateral donors to end all conditionalities except normal fiduciary requirements;

- Acknowledging the adverse impact of the global economic and financial crisis on funding for the AIDS response and the need to mitigate its impact on the gap that already exists between available resources and the human, technical and financial resources necessary to combat HIV/AIDS,
- Recognizing the contribution of new, voluntary and innovative financing approaches and initiatives, such as UNITAID, as well as the need to support and strengthen existing financial mechanisms, including the Global Fund..., and relevant United Nations organizations, through the provision of funds in a sustained manner to address the funding gap so as to ensure an effective and successful response to the HIV/AIDS pandemic

- (7) While recognizing the need for an emphasis on SRH the Plan recognizes that this must be built into and on an effective health system and sufficient financial and human resources and that SRH interventions will be impeded until the crisis in these is resolved. It is therefore essential to mobilize domestic resources to support health programmes including complying with the Abuja 2001 commitment to increase allocation of resources to the health sector to at least 15% of the national budget.
- (19) The cost estimates provided in this PoA is a global requirement for the delivery of affordable quality SRHR services in the continent during the 4-year period 2007 - 2010. This PoA will mainly be financed through domestic resources and the shortfall will have to be mobilised.
- (24) ...what is most important is that national plans include detailed definitions of interventions appropriate to meeting national needs for sexual and reproductive health and that investments reflect and improve national capacity for their implementation and monitoring.
- (25) The principles of the current analysis, however, should be adhered to, including that: plans should be geared to achieving universal access to reproductive health by 2015, increased investment and action to improve human resources for health are required, such plans and estimates include resources to strengthen the health system including allocations for monitoring, supervision, basic public health functions, community action and other necessary support functions, that additional resources will be needed to address elements explicitly not included (such as capital investments) and that further investment will be needed in sectors other than health that support and advance progress towards health-related objectives, including those in the MDGs. The current estimates are indicative of the scale of the required effort and should mobilize an appropriate response by governments, donors, civil society and the private sector.

Strategic actions:

- (7.1.1) Implement the Abuja Heads of State Declaration on national budgetary allocation for health to at least 15% of the total national budget, with an appropriate proportion of that for SRHR

Actions on MNCH & dev in Africa, 2010

- (v) Provide sustainable financing by enhancing domestic resources mobilization including meeting the 15% Abuja target, as well as, mobilizing resources through public-private partnerships and by reducing out-of-pocket payments through initiatives such as waiving of user fees for pregnant women and children under five and by instituting national health insurance;
- (vii) Call on the Global Fund for Fight against HIV/AIDS, Malaria and TB to create a new window to fund maternal, Newborn and Child Health. In this context, we appeal to development partners and donors for the replenishment of the Global Fund during its October 2010 meeting and to ensure that the new pledges are earmarked for Maternal Newborn and Child Health. We also appeal for equitable access to the Global Fund resources for all African Union Member States;

Euro- Parl res. on rights-based approach HIV/AIDS, 2010

- (8) Calls on the EU and the Member States to provide fair and flexible funding for research into new preventive technologies including vaccines and microbicides;
- (16) Calls on all the Member States and the Commission to allocate at least 20% of all development spending to basic health and education, to increase their contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria and to increase their funding for other programmes designed to strengthen health systems and community systems; calls, too, on developing countries to prioritise health spending in general and combating HIV/AIDS in particular; and calls on the Commission to provide incentives to partner countries in order to encourage the prioritisation of health as a key sector in Country Strategy Papers;
- (17) Calls on all the Member States and the Commission to reverse the worrying decline in funding for the promotion of sexual and reproductive health and rights in developing countries and to support policies for the treatment of sexually transmitted infections and the provision of reproductive-health supplies consisting of life-saving drugs and contraceptives, including condoms;
- (18) Calls on the EU to continue to work through a mix of financial instruments at global and country level, in addition to budget support, and through relevant organisations and mechanisms which have proved successful in addressing the human-rights dimension of HIV/AIDS, in particular civil-society organisations and community-based organisations;

Other

ESCAP66/10: 1(d) *Calls upon* all members and associate members to ensure the sustainability of the AIDS response by maintaining a sufficient level of investment, both domestic and external, with the financial and human resources necessary to halt and reverse the spread of HIV in the countries in the region, including by linking HIV and AIDS with Millennium Development Goals and development plans;

Decision on Abuja Review, AU/ Dec.291(XV), July 2010: (7) CALLS UPON Development Partners and stakeholders at national, regional and international levels to provide sustained, well-coordinated and harmonized support, including fulfilling their commitment for adequate funding;

Yaoundé Call for Action, 2006: Delegates called for: Increase access to healthcare for older people by eliminating user fees and integrating traditional health practice within national healthcare frameworks. Delegates called for: Mobilise resources at national levels towards and equitable allocation towards issues of older people.

2001 Declaration of Commitment

- (94) Conduct national periodic reviews involving the participation of civil society, particularly people living with HIV/AIDS, vulnerable groups and caregivers, of progress achieved in realizing these commitments and identify problems and obstacles to achieving progress and ensure wide dissemination of the results of these reviews;
- (95) Develop appropriate monitoring and evaluation mechanisms to assist with follow-up in measuring and assessing progress, develop appropriate monitoring and evaluation instruments, with adequate epidemiological data;
- (96) By 2003, establish or strengthen effective monitoring systems, where appropriate, for the promotion and protection of human rights of people living with HIV/AIDS;
- (97) Include HIV/AIDS and related public health concerns as appropriate on the agenda of regional meetings at the ministerial and Head of State and Government level;
- (98) Support data collection and processing to facilitate periodic reviews by regional commissions and/or regional organizations of progress in implementing regional strategies and addressing regional priorities and ensure wide dissemination of the results of these reviews;
- (100) Devote sufficient time and at least one full day of the annual General Assembly session to review and debate a report of the Secretary-General on progress achieved in realizing the commitments set out in this Declaration, with a view to identifying problems and constraints and making recommendations on action needed to make further progress;
- (101) Ensure that HIV/AIDS issues are included on the agenda of all appropriate United Nations conferences and meetings;

2006 Political Declaration

- (38) Pledge to provide the highest level of commitment to ensuring 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;
- (49) Commit ourselves to setting, in 2006, through inclusive, transparent processes, ambitious national targets, in accordance with the core indicators recommended by UNAIDS, and to setting up and maintaining sound and rigorous monitoring and evaluation frameworks within their HIV/AIDS strategies;
- (50) Call upon UNAIDS to assist national efforts to coordinate the AIDS response, as elaborated in the "Three Ones" principles and in line with the recommendations of the GTT on Improving AIDS Coordination; and strengthen global coordination on HIV/AIDS, including through the thematic sessions of the Programme Coordinating Board;
- (51) Call upon Governments, national parliaments, donors, regional and sub-regional organizations, organizations of the UN system, the Global Fund, civil society, people living with HIV, vulnerable groups, the private sector, communities most affected by HIV/AIDS and other stakeholders to work closely together to achieve the targets set out above, and to ensure accountability and transparency through participatory reviews of responses to HIV/AIDS;
- (52) Request the Secretary General to include in his annual report to the General Assembly (GA) on the status of implementation of the 2001 DoC 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 reviews of the GA, of the progress achieved.

UNAIDS Strategy

- The present economic and development climate makes it absolutely essential that resources are put to optimal use. This demands far greater efforts to focus resources where they deliver the greatest returns through more disciplined approaches to priority setting and resource allocation. Progress continues to be held back through fragmented and externally inspired solutions to local epidemics. Development partners must improve their adherence to internationally agreed frameworks for alignment to country-determined priorities and harmonization of procedures which are fundamental to country ownership, mutual accountability and improved use of resources.
- Country ownership can be reinforced by refocusing our approach to technical support on building and strengthening lasting local institutional capacity. Experts from within countries, as well as those living with and affected by HIV, represent the key to nationally-owned and sustainable technical support. The market for technical support must be improved; increased transparency will foster ownership through accountability.
- Creating space for national debate and dialogue on the governance of the response, including its financing, can improve public accountability and foster more widespread ownership.
- We must better incentivize political leaders to take bold decisions in addressing the epidemics of their countries and dismantle incentives that perpetuate short-term "fixes." These incentives must be shaped by people-centered approaches, guided by evidence and the protection of human rights and reinforced through enhanced systems of accountability.

2010 MDG Res	<p>(23o) Working towards greater transparency and accountability in inter-national development cooperation, in both donor and developing countries, focusing on adequate and predictable financial resources as well as their improved quality and targeting;</p> <p>(78c) Recognizing that the commitments made by developed and developing countries in relation to the MDG require mutual accountability;</p> <p>(78f) ...To build on progress achieved in ensuring that ODA is used effectively, we stress the importance of democratic governance, improved transparency and accountability, and managing for results. We strongly encourage all donors to establish, as soon as possible, rolling indicative timetables that illustrate how they aim to reach their goals, in accordance with their respective budget allocation process. We stress the importance of mobilizing greater domestic support in developed countries towards the fulfillment of their commitments, including through raising public awareness, and by providing data on aid effectiveness and demonstrating tangible results;</p>
Abuja call for Accelerated Action, 2006	<p>(10) We therefore, individually and collectively rededicate ourselves and our countries to:</p> <ul style="list-style-type: none"> • strengthen in collaboration with all relevant stakeholders particularly Civil Society partners affected by the three diseases, planning, monitoring and evaluation and generation of information for quality, sustainability and accountability of programmes, and for advocacy; • ensure networking and sharing of best practices and submit progress reports regularly to appropriate Organs of the AU;
Maputo Plan of Action, 2006	<p><i>Strategic actions:</i></p> <p>(1.2.1) Conduct comprehensive assessments of health care delivery systems to assess management, infrastructure and resource needs for effective integration of STI/HIV/AIDS into SRHR services</p> <p>(9.3.1) Institutionalise M&E at the public administration and NGOs levels and allocate adequate human and financial resources to support it.</p> <p>(9.2.1) Establish a continental monitoring and tracking system to aggregate, analyse and disseminate data received from the national level</p> <p>(9. 3.4) Collaborate with UN and donor agencies in harmonizing data collection systems to ensure consistency</p> <p>(9.3.4) Harmonized data collection system in place</p> <p>(9.3.5) Put in place coordination mechanisms to monitor and evaluate the efficient allocation of resources and implementation of laws</p> <p>(9.3.6) Institutionalise exchange and sharing of best practices including south-south technical exchanges</p> <p>(9.3.6b) Best practice web platform established and maintained</p> <p>(9.3.7) Develop and/or implement coordination and supervisory structure and mechanism for implementation of SRHR at regional and national levels.</p> <p>(9.3.7b) Regional coordination structure and mechanism established.</p>
Other	<p>Yaoundé Call for Action, 2006: Delegates called for: Studies, data and information on the impact of HIV/AIDS and social protection measures on older people be undertaken and be disaggregated by age and gender</p> <p>HRC Res.12/27, 2009: (7) <i>Requests</i> States to develop further and, where necessary, to establish coordinated, participatory, gender-sensitive, transparent and accountable national policies and programmes for the HIV response, and to translate those national policies at the district level into local action, in prisons or detentions, involving, in close cooperation with civil society and in all phases of development and implementation, non-governmental, faith- and community-based organizations, women's organizations, advocacy groups and representatives of people living with HIV and other key populations affected by the epidemic;</p> <p>Decision on Abuja Review, AU/ Dec. 291(XV), July 2010: (9) ALSO REQUESTS the Commission, in collaboration with other AU Organs, RECs and partners to monitor and conduct an evaluation of the implementation of the Abuja Call and to submit a progress report in 2013 and a final report in June/July 2015 in preparation for the review of the MDGs in 2015.</p> <p>Actions on MNCH and development in Africa by 2015, 2010: (viii) Institute a strong and functional monitoring and evaluation (M&E) framework at country level to provide accurate, reliable and timely maternal, newborn, and child data to monitor progress against agreed indicators and targets, measure health performance and for informed decisions and actions including making maternal deaths notifiable and institute maternal death reviews. (3) FINALLY COMMIT to annually report on progress and REQUEST the Commission to establish a Task force on Maternal, Newborn and Child Health to amongst others, prepare such reviews and reports.</p> <p>Euro. Parl. Res. on a rights-based approach to the EU's response to HIV/AIDS, 2010: (12) Calls on the Commission and the Council to urge countries most affected by HIV and AIDS to establish coordinated, transparent and accountable national HIV policy frameworks guaranteeing the accessibility and effectiveness of HIV-related measures for prevention and care; in this context, asks the Commission to support national governments, and engage civil society, in improving the poor level of coverage of programmes to reduce stigmatisation and discrimination and in increasing access to justice in national HIV/AIDS responses;</p>

14 INTEGRATION

2001 Declaration of Commitment	<p>(11) Recognizing that poverty, underdevelopment and illiteracy are among the principal contributing factors to the spread of HIV/AIDS and noting with grave concern that HIV/AIDS is compounding poverty and is now reversing or impeding development in many countries and should therefore be addressed in an integrated manner;</p> <p>(38) By 2003, integrate HIV/AIDS prevention, care, treatment and support and impact mitigation priorities into the mainstream of development planning, including in poverty eradication strategies, national budget allocations and sectoral development plans;</p> <p>(85) Integrate HIV/AIDS actions in development assistance programmes and poverty eradication strategies as appropriate and encourage the most effective and transparent use of all resources allocated;</p>
2006 Political Declaration	<p>(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;</p> <p>(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 for investment in new drugs, diagnostics and vaccines that are appropriate for people with TB-HIV co-infection;</p>
UNAIDS Strategy	<p>Goal: <i>TB deaths among people living with HIV reduced by half</i></p> <ul style="list-style-type: none"> • Investing more strategically to achieve multiplier effects across MDGs is one of the most promising approaches to making resources go further, promoting equity and securing better human development results. • ... integrate the HIV response with other health and development efforts. Integrating services to end vertical HIV transmission with sexual and reproductive health services provides one of many opportunities to do more with less—while serving people better. • Elimination of vertical transmission provides a platform to deliver a continuum of care and a package of antenatal, maternal, child health and reproductive health services. This would ensure that pregnant women are not only offered HIV screening, but that they and their partners are also offered services to prevent HIV and other sexually transmitted infections, unwanted pregnancies and sexual violence. • We can deliver quick wins by integrating HIV and TB services, and integrating both with primary health care. • (Partnership Strategy) Collaborate with public-private partnerships, such as Stop TB, to improve the early detection and treatment of HIV, to improve chronic disease management and to integrate the prevention and treatment of co-infection.
2010 MDG Res	<p>(78f) Strengthening support to affected countries in order to respond to HIV co infection with tuberculosis, as well as multi-drug resistant and extensively drug resistant tuberculosis, including through earlier detection of all forms of tuberculosis;</p> <p>(78d) Building new strategic partnerships to strengthen and leverage the linkages between HIV and other health- and development-related initiatives, expanding, to the greatest extent possible and with the support of international cooperation and partner-ships, national capacity to deliver comprehensive HIV/AIDS programmes, as well as new and more effective antiretroviral treatments, in ways that strengthen existing national health and social systems, including using HIV platforms as a foundation for the expansion of service delivery. In this regard, expediting action to integrate HIV information and services into programmes for primary health care, sexual and reproductive health, including voluntary family planning and mother and child health, treatment for tuberculosis, hepatitis C and sexually transmitted infections and care for children affected, orphaned or made vulnerable by HIV/AIDS, as well as nutrition and formal and informal education;</p>
CSW 54/2, 2010	<p>(P12) Stressing that the HIV and AIDS pandemic, with its devastating scale and impact on women and girls, requires urgent action across all internationally agreed development goals, including the Millennium Development Goals, in all fields and at all levels,</p> <p>(3) Further reaffirms the commitment to achieve universal access to reproductive health by 2015, as set out in the Programme of Action of the International Conference on Population and Development and in Millennium Development Goal 5, integrating this goal into strategies to attain inter-nationally agreed development goals, including those contained in the United Nations Millennium Declaration aimed at reducing maternal mortality, improving maternal health, reducing child mortality, promoting gender equality, combating HIV and AIDS and eradicating poverty;</p> <p>(8) Emphasizes the need to strengthen policy and programme linkages and coordination between HIV and AIDS and sexual and reproductive health, and their inclusion in national development plans, including poverty reduction strategies and sector-wide approaches, where they exist, as a necessary strategy for fighting the HIV and AIDS pandemic and mitigating its impact on the population, which could result in more relevant and cost-effective interventions with greater impact;</p> <p>(21) Calls upon Governments to integrate HIV prevention, voluntary counselling and voluntary testing of HIV into other health services, including sexual and reproductive health, family planning, maternity and tuberculosis services, as well as the provision of services for the prevention and treatment of sexually transmitted infections in the mother-to-child transmission services for pregnant women living with HIV;</p>

Strategic actions:

Maputo Plan of Action, 2006

- (17i) Integrating STI/HIV/AIDS, and SRHR programmes and services, including reproductive cancers, to maximize the effectiveness of resource utilization and to attain a synergetic complementary of the two strategies;
- (1.3.10) Integrate nutrition education and food supplementation programmes with SRHR and HIV/AIDS/STI services and training
- (1.3.1) Ensure access to routine HIV counselling and testing in STI, family planning and maternal and newborn and reproductive cancer services
- (1.3.2) Integrate comprehensive HIV/STI prevention, management and treatment with SRHR, including dual protection
- (1.3.3) Ensure access to services that address GBV incl. management of sexual abuse, emergency contraception & HIV post-exposure prophylaxis & STI treatment in an integrated & coordinated manner
- (1.3.5) Provide appropriate information on the provision of integrated STI/HIV/AIDS and SRHR services
- (3.3.3) Integrate and provide FP as a component of Maternal, New born and Child Health service package
- (6.2.2) Incorporate Emergency Obstetric Care in pre-service training of health care providers
- (6.3.5) Integrate STI/HIV/AIDS, malaria and nutrition services into obstetric care
- (7.1.2) Advocate for prioritisation of SRHR in national poverty reduction strategy papers (PRSPs) and other national development plans

Abuja call for Accelerated Action, 2006

- (10) We therefore, individually and collectively rededicate ourselves and our countries to ensure the integration of HIV and AIDS, TB and Malaria programmes to Poverty Reduction Strategies and Programmes and country programmes; and thus ensure access to adequate nutrition and food security by pursuing the realization of an integrated African food production, storage and distribution plan and other social protection measures including adequate social security schemes to address sustainability of treatment as well as treatment, care and support; ensuring community involvement and participation.
- ensure the promotion and integration of access to prevention treatment, care and support in primary health care services, and in education institutions;
 - integrate HIV&AIDS issues into ongoing immunization programmes and SRH programmes, and conversely sexually and reproductive health issues into HIV and AIDS programmes;

Other

[HRC Res.12/27, 2009](#): (Pg 3) ... recognizing the need to link the AIDS response more closely with the overall response to achieving the Millennium Development Goals, particularly those related to health, and underlining in this regard the interrelated nature of health- and gender-related Millennium Development Goals,

[2009 ECOSOC/UNAIDS](#): (7) *Recognizes* the need to link the AIDS response more closely with the overall response to achieving the Millennium Development Goals, particularly those related to health; (Same as HRC Res. 12/27)

[2010 ECOSOC/ Coord. Segm](#): (3) *Stresses* the importance of strengthening health systems and improving coordinated health-care service delivery as they relate to the MDGs, in particular goals 4, 5 and 6,

[ESCAP66/10](#): *Emphasizing* the mutually reinforcing interrelationship between MDG Goal 6, which includes targets to halt and reverse the spread of HIV and to achieve, by 2010, universal access to treatment for HIV and AIDS for all who need it, and other MDGs, in particular Goal 1 on eradicating extreme poverty and hunger, Goal 3 on promoting gender equality and empowerment of women, Goal 4 on reducing child mortality and Goal 5 on improving maternal health, where progress is mutually reinforcing,

15 HEALTH SYSTEMS STRENGTHENING

2001 Declaration of Commitment

- (22) Noting the importance of establishing and strengthening human resources and national health and social infrastructures as imperatives for the effective delivery of prevention, treatment, care and support services;
- (55) By 2003, ensure that national strategies, supported by regional and international strategies, are developed in close collaboration with the international community, including Governments and relevant intergovernmental organizations as well as with civil society and the business sector, to strengthen health care systems and address factors affecting the provision of HIV-related drugs, including anti-retroviral drugs, inter alia affordability and pricing, including differential pricing, and technical and health care systems capacity.
- (56) By 2005, develop and make significant progress in implementing comprehensive care strategies to: strengthen family and community-based care including that provided by the informal sector, and health care systems to provide and monitor treatment to people living with HIV/AIDS, including infected children, and to support individuals, households, families and communities affected by HIV/AIDS; improve the capacity and working conditions of health care personnel, and the effectiveness of supply systems, financing plans and referral mechanisms required to provide access to affordable medicines, including anti-retroviral drugs, diagnostics and related technologies, as well as quality medical, palliative and psycho-social care;

2006 Political Declaration

- (15)strengthen health systems and support health workers;
- (34) Commit ourselves to expanding 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 the capacity of human resources for health to meet the urgent need for the 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 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, 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 the community-level provision of HIV/AIDS prevention, treatment, care and support, as well as other health and social services;

UNAIDS Strategy

- Though it has been thirty years since communities began leading and demanding HIV responses, national programmes and global partners are just beginning to actively support, deepen and strengthen community engagement. We must insist on and institutionalise the principles and practices of community system strengthening in the global HIV response, and resist short-sighted notions that doing so is too costly, too complicated, or too indirect. On the contrary—the HIV response requires smarter and more sustained multisectoral support for the community systems that shape people's lives and complement human resources for health.
- To strengthen national and community systems to deliver treatment, care and support community system capacity needs major expansion in order to deliver decentralised, integrated services. Successful models of partnership between health service providers and community-level providers will need to be scaled up.
- To mobilise communities to effectively demand transformative social and legal change movements will be fostered that create shared social commitment to health, overcome stigma and discrimination and support people in changing their behaviours.
- A harmonised approach to strengthening HIV responses and community and health systems is essential.
- Country capacity to advance treatment access requires scaled-up systems which provide for faster registration of quality HIV-related medicines.

2010 MDG Res

- (c) Dealing with HIV/AIDS from a developmental perspective, which requires a national network of sound and workable institutions and multisectoral prevention, treatment, care and support strategies, addressing the stigmatization of and discrimination against people living with HIV and promoting their social integration, rehabilitation and greater involvement in HIV response, as well as strengthening national efforts at HIV/AIDS prevention, treatment, care and support and strengthening efforts to eliminate the mother-to-child transmission of HIV;

- (10) We therefore, individually and collectively rededicate ourselves and our countries to:
- strengthen health systems and building on existing structures (infrastructure, human resource, financing, supplies etc.) for scaling up and accelerating Universal Access to prevention, treatment, care and support for HIV and AIDS, B and Malaria;
 - strengthen data management and surveillance;
 - meet WHO standards for doctors and nurses
 - Enhance and support implementation of comprehensive strategic programmes at country and regional levels against HIV and AIDS, TB and malaria;
 - Implement the Three-Ones

Strategic actions:

- (1.1.1) Integrate SRHR and HIV/AIDS/STI and malaria in key national health policy documents and plans:
- (1.2. 2) Review training curricula for service providers to incorporate integration of SRH with STI/HIV/AIDS and nutrition.
- (1.2.3) Provide pre- and in-service training for health service providers in the provision of integrated SRHR STI/HIV/AIDS and malaria services
- (1.2.5) Develop a Human Resource plan for training various cadres for local consumption, distribution, utilisation, and retention of health workers at all levels
- (2.1.1) Build capacity of community structures and referral networks to provide a continuum of STI/HIV/AIDS services within SRHR SDPs
- (2.1.2) Build capacity of all categories of SRHR service providers (including nurses, TBAs, CBDs) to facilitate effective integration of STI/HIV/AIDS into SRHR service delivery
- (3.2.2) Train health care providers for the delivery of a comprehensive range of FP services
- (3.3.2) Develop systems to increase coverage for FP services, including community based distribution and alternative models of service delivery
- (6.1.3a) Develop and implement human resource strategy to orient and train, deploy and retain health system workers
- (6.2.5) South-South Staff exchange
- (8.1.1) Develop national/regional strategies and action plans for forecasting, procurement and distribution of RH commodities
- (8.2.5) Provide training in commodity management
- (10) Reproductive health conditions are devastating the African Continent... high unmet need for family planning with rapid population growth often outstripping economic growth and the growth of basic social services (education and health), thus contributing to the vicious cycle of poverty and ill-health. Addressing poverty (MDG1) and addressing SRHR are mutually reinforcing.
- (11) ...Under current trends and with business as usual, Africa will not reach universal access to RH. The challenge is one of scale, to redouble our efforts and to accelerate programmes towards rapid increases in access and coverage towards the ultimate goal of universal access to RH by 2015.
- (29) African leaders have a civic obligation to respond to the SRH needs and Rights of their people. This Action Plan is a clear demonstration of their commitment to advance SRH and Rights in Africa.

Yaoundé Call for Action, 2006: Delegates called for: Include training on ageing in curriculum of all health and social workers.

SADC Protocol on Gender and Development, 2008: Adopt and implement legislative frameworks, policies, programmes and services to enhance gender sensitive, appropriate and affordable quality health care, in particular to: develop and implement policies and programmes to address the mental, sexual and reproductive health needs of women and men

ECOSOC Min Decl, 2009: (9) We reaffirm our commitment to strengthening health systems that deliver equitable health outcomes as a basis of a comprehensive approach. This will require appropriate attention to, inter alia, health financing, the health workforce, procurement and distribution of medicines and vaccines, infrastructure, information systems, service delivery and political will in leadership and governance.

ECOSOC/ UNAIDS, 2009: (8) *Acknowledges* the need to address the underlying obstacles to the achievement of the goal of universal access to prevention, treatment, care and support, including the gap in available human, technical and financial resources, as well as inadequately functioning health systems, in order to ensure an effective and successful response to HIV/AIDS;

Actions on MNCH and development in Africa by 2015, 2010: (ii) Strengthen the health system to provide comprehensive, integrated, maternal, newborn and child health care services, in particular through primary health care, repositioning of family planning including reproductive health commodities security, infrastructure development and skilled human resources for health in particular to train Community Health Workers to mitigate the human resource crisis in the Health sector; (iv) Provide strong support for sharing and scaling up of identified good practices that have high impact and that are cost effective; and request the AU Commission to map and disseminate such practices;

16 INCLUSION

2001 Declaration of Commitment

- (33) Acknowledging the particular role and significant contribution of people living with HIV/AIDS, young people and civil society actors in addressing the problem of HIV/AIDS in all its aspects and recognizing that their full involvement and participation in design, planning, implementation and evaluation of programmes is crucial to the development of effective responses to the HIV/AIDS epidemic;

2006 Political Declaration

- (15) ...support greater involvement of people living with HIV;

UNAIDS Strategy

- The global HIV movement's partnership agenda must place renewed emphasis on ensuring the full involvement of people living with and affected by HIV, support young people to exercise increasing leadership, catalyse governments to use strategic information to develop evidence-informed and rights-based responses that generate the highest returns on investments, engage the private sector to promote innovation and leverage contributions from other sectors for the HIV response.
- We will also ensure the greater participation of people living with HIV, women and vulnerable populations in decision-making forums and intensify support to people living with HIV to lead efforts to mobilise as forces for change, self-protection and empowerment.

Other

[Yaoundé Call for Action, 2006](#): Delegates called for: Mainstream ageing and the concerns of older persons in national development plans and poverty alleviation strategies; Inclusion of older people in HIV/AIDS information and programmes (prevention, C&S, stigma etc) with particular focus on appropriate and relevant messages for older people

[Maputo Plan of Action, 2006](#): *Strategic actions*— (1.1.7) Develop policies that promote involvement of civil society private sector in SRHR service delivery within national programmes; (1.3.7) Develop and implement a programme ensures partnership with, support from and inclusion of men in SRHR services.

17 POLITICAL COMMITMENT / LEADERSHIP

2001 Declaration of Commitment	Welcoming the progress made in some countries to contain the epidemic, particularly through: strong political commitment and leadership at the highest levels, including community leadership;
2006 Political Declaration	(16) Convinced that without renewed political will, strong leadership and sustained commitment and concerted efforts on the part of 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;
UNAIDS Strategy	<ul style="list-style-type: none"> • A revolution in prevention politics, policies and practices is critically needed. This can be achieved by fostering political incentives for commitment, catalysing transformative social movements regarding sexuality, drug use and HIV education for all, led by people living with HIV and affected communities, women and young people. • To generate political commitment to address how and why people are getting infected we will create positive incentives for leaders to do the right things in responding to HIV by better recognising these critical efforts. We will ensure mapping of vulnerability and risk—as well as programmatic gaps in the response—and political, legal and cultural blockages and opportunities, which will influence leaders and empower civil society to undertake more effective advocacy.
2010 MDG Res	(10) We reaffirm that national ownership and leadership are indispensable in the development process. There is no one size fits all. We reiterate that each country has primary responsibility for its own economic and social development and that the role of national policies, domestic resources and development strategies cannot be overemphasized. At the same time, domestic economies are now interwoven with the global economic system and, therefore, an effective use of trade and investment opportunities can help countries to fight poverty. Development efforts at the national level need to be supported by an enabling national and international environment that complements national actions and strategies.
Other	<p>HRC Res.12/27, 2009: (Pg 3) <i>Welcoming also</i> the positive steps taken to implement previous resolutions, including the enactment of legislation in some countries to promote human rights in the context of HIV/AIDS and to prohibit discrimination against all persons infected or presumed to be infected, living with and affected by HIV/AIDS, and members of all populations vulnerable to and affected by the epidemic, but noting with concern that one third of countries still do not have laws protecting people living with HIV/AIDS from discrimination,</p> <p>ESCAP66/10: (pp7) Recognizing that political commitment at the highest level, and effective leadership at all levels of society, are vital in achieving universal access to comprehensive prevention programmes, treatment, care and support, as well as for the success of other HIV and AIDS interventions;</p> <p>Abuja call for Accelerated Action, 2006: (10) We therefore, individually and collectively rededicate ourselves and our countries to intensify our practical leadership role at national, regional, and continental levels to mobilize society as a whole to fight HIV and AIDS, TB, and Malaria more effectively;</p> <p>Maputo Plan of Action, 2006: <i>Strategic actions</i>—(3.1.1) Mobilise political will and leadership for provision of quality planning services.</p> <p>Actions on MNCH and development in Africa by 2015, 2010: (iii) Provide stewardship as national Governments and achieve policy coherence by developing integrated health plans within the development plan with cross disease and cross sector health goals and coordinate multi-sectoral actions and multi-agency partnerships;</p>

- (32) Affirming that beyond the key role played by communities, strong partnerships among Governments, the United Nations system, intergovernmental organizations, people living with HIV/AIDS and vulnerable groups, medical, scientific and educational institutions, non-governmental organizations, the business sector including generic and research-based pharmaceutical companies, trade unions, media, parliamentarians, foundations, community organizations, faith-based organizations and traditional leaders are important;
- (46) Foster stronger collaboration and the development of innovative partnerships between the public and private sectors and by 2003, establish and strengthen mechanisms that involve the private sector and civil society partners and people living with HIV/AIDS and vulnerable groups in the fight against HIV/AIDS;
- (99) Encourage the exchange between countries of information and experiences in implementing the measures and commitments contained in this Declaration, and in particular facilitate intensified South-South and triangular cooperation;
- (39) Urge and support regional organizations and partners to: be actively involved in addressing the crisis; intensify regional, sub-regional and interregional cooperation and coordination; and develop regional strategies and responses in support of expanded country level efforts;
- (42) Encourage and support local and national organizations to expand and strengthen regional partnerships, coalitions and networks;

- (56) We resolve to work with all stakeholders and strengthen partnerships in achieving the MDGs. The private sector plays a vital role in development in many countries, including through Public Private Partnerships (PPPs) and by generating employment and investment, developing new technologies and enabling sustained, inclusive and equitable economic growth. We call upon the private sector to further contribute to poverty eradication, including by adapting its business models to the needs and possibilities of the poor. Foreign direct investment and trade, as well as PPPs, are important for the scaling-up of initiatives. In this connection we note the work of the UN Global Compact, in which companies have committed to corporate social responsibility and action in support of the MDGs.
- (62) We welcome the ongoing efforts to strengthen and support South-South cooperation and triangular cooperation. We stress that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation. We call for the effective implementation of the Nairobi outcome document of the High-level United Nations Conference on South-South Cooperation.
- (d) Building new strategic partnerships to strengthen and leverage the linkages between HIV and other health- and development-related initiatives, expanding, to the greatest extent possible and with the support of international cooperation and partnerships, national capacity to deliver comprehensive HIV/AIDS programmes, as well as new and more effective antiretroviral treatments, in ways that strengthen existing national health and social systems, including using HIV platforms as a foundation for the expansion of service delivery.

- By uniting movements—such as joining forces with the women's health movement to implement the UN Secretary-General's Joint Action Plan to Improve the Health of Women and Children—we can strengthen shared political commitment and action.
- Effective partnerships remain fundamental to successful and sustainable HIV responses. Partnerships give voice to those infected and affected, act as a catalytic force for change and provide accountability for political commitments. However, the changing environment, and its demands for new and innovative ways of working, signals the need for different kinds of partnerships—those that enable nationally owned responses, foster South-South cooperation and those that move beyond the traditional HIV and health sectors to broader development areas. These partnerships must include political alliances that link HIV movements with movements seeking justice through social change.
- Exercise selectivity in partnership building to leverage and optimise resources, assess new and existing partnerships on the basis of shared objectives and value-added, and hold partnerships to account through strengthened mutual accountability mechanisms

Reaffirming the importance of global coordination efforts to scale up sustainable, intensified and comprehensive HIV/AIDS responses, in a comprehensive and inclusive partnership, as called for in the Political Declaration, with people living with HIV, vulnerable groups, most affected communities, civil society and the private sector, within the framework of the "Three Ones" principles,

- (16) *Acknowledges* the critical importance of people living with HIV to all aspects of national AIDS responses, global advocacy efforts and the work of the United Nations system on AIDS, and encourages increased support for the capacity of civil society to carry out programme implementation and advocacy, directed towards the goal of ensuring universal access to prevention, treatment, care and support;

- (2a) Requests the Executive Secretary, within the existing ESCAP mandate, and in close coordination with UNAIDS, WHO and other relevant stakeholders to support members and associate members in the implementation of the Political Declaration on HIV/AIDS and in reaching the MGD target of ensuring universal access to comprehensive prevention programmes, treatment, care and support, by promoting regional cooperation among countries of Asia and the Pacific, as appropriate, and partnerships with people living with HIV and AIDS, civil society and faith-based and private-sector groups, guided by the priorities of the UNAIDS Outcome Framework 2009-2011 which most concern the drivers of the epidemic in each country;
- (2c) Requests the Executive Secretary, within the existing ESCAP mandate, and in close coordination with UNAIDS, WHO and other relevant stakeholders to support and collaborate with sub-regional organizations, including the Association of Southeast Asian Nations, the South Asian Association for Regional Cooperation and the Pacific Islands Forum, in enhancing cooperation in developing and implementing effective interventions to deal with HIV/AIDS as a development challenge, giving special attention to trans-boundary issues which require inter-country collaboration, such as cross-border movement of people and HIV vulnerability, access to affordable medicines, the identification of regionally appropriate and innovative intervention paradigms and models and the promotion of South-South sharing of expertise and experience;

- (10) We therefore, individually & collectively rededicate ourselves and our countries to further develop and support comprehensive frameworks and mechanisms of well-coordinated partnerships, particularly public, private, civil society, regional and international including donors, to promote UA to prevention, treatment, care & support for HIV & AIDS, TB and Malaria;
- (11) We request Ministries of Health, National AIDS Councils or equivalent and Ministries of Finance and Economic Planning to coordinate the realization of a multi-sectoral and integrated approach to disease control, in collaboration with other Sectors, including the involvement of the community in the planning and implementation.
- (13) Recognizing and commending the progress made by Member States, the efforts and achievements of the Civil Society and Private Sector; We call upon the respective national, regional, continental and international partners including NGOs, and civil society, (including, youth, women, people with disability, religious organizations, trade unions, employers organizations, traditional health practitioners, traditional rulers, people living with HIV and AIDS and other Groups) to:
- Intensify their efforts more than ever before for the fight against HIV and AIDS, TB and malaria.
 - In this connection, they should develop and implement well coordinated and harmonized frameworks which will provide concrete results.
 - Support the mobilization of additional resources for prevention, care and support and treatment-related activities;
 - Facilitate through enhancing their monitoring role, the operationalization of commitments at all levels.
- (14) We call upon Regional Economic Communities (RECs) and other Regional Groupings to:
- Intensify the implementation of inter-country and cross-border health initiatives
 - Coordinate inter-country efforts and provide support to Member States
 - Mobilize resources for HIV and AIDS, TB and Malaria programmes in their respective regions.
- (18) We solemnly call upon:
- Development partners to continue to work closely with Member States, the AU Commission and the RECs to ensure long term, predictable financing commensurate with the burden of these diseases and to provide financial and technical support to our efforts in a coordinated, efficient and country and AU led manner.
 - The UN Agencies and other Development Partners to provide technical, material and financial support and to facilitate follow up on the implementation of this Call.
 - The Development partners to mobilize additional and adequate resources on long-term basis for the fight against HIV and AIDS, TB and Malaria;
 - The international community to reaffirm its commitment to strengthening the partnership with Africa for the fight against HIV and AIDS, TB and malaria, other major causes of morbidity and mortality.

- (14) The ultimate goal... is for African Governments, civil society, the private sector and all development partners to join forces and redouble efforts, so that together the effective implementation of the continental policy including universal access to SRH by 2015 in all countries in Africa can be achieved
- Strategic actions:*
- (1.1.8) Advocate for multi-sectoral effort to create a supportive environment for promotion of national SRHR policies and programmes
- (2.1.3) Build capacity and empower communities to effectively partner with SRHR/STI/HIV/AIDS SDPs for enhanced community-based responses
- (7.2.1) Develop partnerships with local & international institutions, private sector and civil society organizations for technical and financial support, and for advancing the implementation of the Plan of Action.
- (7.1.3a) Advocate for increased support to SRHR programmes from donors and development partners

CARICOM, 2010

- To meet the common challenges of the 21st Century, we declare our intention to act in concert to improve the social and economic well-being of our peoples, to ensure the safety of all our citizens, to advance towards a secure and clean energy future, and to defend and strengthen our democratic institutions.
- We underscore our commitment to work together to promote the health and development of our people. We note the continuing HIV/AIDS emergency in the region, and reaffirm our commitment to implementing the United States-Caribbean Regional HIV and AIDS Partnership Framework. The Framework will strengthen the efforts of governments, regional organizations, and national health systems in reducing the incidence of HIV and AIDS among populations most at risk and provide treatment to those affected by the disease. The Framework will strengthen the efforts of governments, regional organizations, and national health systems to reduce the incidence of HIV and AIDS among populations most at risk and provide treatment to those affected by the disease.

Other

[Yaoundé Call for Action, 2006](#): The conference noted: Civil society organisations, especially NGOs have made substantial contributions to the improvement of the conditions of older people. Delegates called for: Identify lead national coordinating agency on ageing; Urgently develop national policies on ageing in collaboration with older people, civil society and other stakeholders

[CSW 54/2, 2010](#): (36) *Urges* Governments to continue to promote the participation and the significant contribution of people living with HIV, young people and civil society actors, in particular women's organizations, in addressing the problem of HIV and AIDS in all its aspects, including promoting a gender perspective, and to promote their full involvement and participation in the design, planning, implementation and evaluation of HIV and AIDS programmes, as well as in creating an enabling environment to combat stigmatization;

[Euro. Parl. Res. on a rights-based approach to the EU's response to HIV/AIDS, 2010](#): (13) Calls on the Commission and the Council to work with UNAIDS and other partners to improve indicators for measuring progress and sharing knowledge at global, national and programme level in order to reduce HIV/AIDS-related stigmatisation and discrimination, including indicators specific to key populations and HIV-related human-rights issues and protection mechanisms at international level;

19 HUMANITARIAN EMERGENCIES

2001 Declaration of Commitment

- (75) By 2003, develop and begin to implement national strategies that incorporate HIV/AIDS into programmes or actions that respond to emergency situations, recognizing that populations destabilized by armed conflict, humanitarian emergencies and natural disasters, including refugees, internally displaced persons, and in particular women and children, are at increased risk of exposure to HIV infection; and, where appropriate, factor HIV/AIDS components into international assistance programmes;
- (76) Call on all UN agencies, regional and international organizations, as well as NGOs involved with the provision and delivery of international assistance to countries and regions affected by conflicts, humanitarian crises or natural disasters, to incorporate as a matter of urgency HIV/AIDS prevention, care and awareness elements into their plans;
- (77) By 2003, have in place national strategies to address the spread of HIV among national uniformed services - consider ways of using personnel from these services to assist with HIV/AIDS awareness and prevention;
- (78) By 2003, ensure the inclusion of HIV/AIDS awareness and training, including a gender component, into guidelines designed for use by defense personnel and other personnel involved;

2006 Political Declaration

- (37) Reiterate the need for Governments, United Nations agencies, regional and international organizations and 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;

UNAIDS Strategy

- Focus must also be placed on the very specific epidemics spreading in various megacities around the world and on humanitarian emergencies.
- An estimated 200 million people are affected by humanitarian emergencies annually, of which 2 million are people living with HIV. These groups face multiple interacting vulnerabilities and service needs, and their human rights must be protected.
- Discriminatory policies and practices that limit access to HIV services by vulnerable groups, including people affected by humanitarian emergencies, will be reviewed and countries will be supported to address them.

Other

[CSW 54/2, 2010: \(Pp6\)](#) *Recognizing* that populations destabilized by armed conflict, humanitarian emergencies and natural disasters, including refugees, internally displaced persons and, in particular, women and children, are increasingly vulnerable to HIV infection,

- (22) *Encourages* the continued collaboration among the Secretariat and co-sponsors of the Joint United Nations Programme on HIV/AIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria and other international organizations in order to continue to scale up efforts to reduce the transmission of HIV and other sexually transmitted infections, in particular in the context of emergency situations and as part of humanitarian efforts, and to seek actively the achievement of results for women and girls, and also encourages the integration of the mainstreaming of a gender perspective throughout their work;

[Maputo Plan of Action, 2006: Strategic actions--](#) (1.3.6) Provide services for the SRH needs of all persons including vulnerable groups and mobile populations especially migrant women, IDPs and those in conflict situations

2001 Declaration of Commitment

- (70) Increase investment and accelerate research on HIV vaccines... and in biomedical, operations, social, cultural and behavioural, in traditional medicine R&D to: improve prevention and therapeutic approaches; accelerate access to technologies (and associated OIs and STDs), including female controlled methods and microbicides, safe and affordable HIV vaccines and their delivery, and to diagnostics, tests, methods for PMTCT; and improve our understanding of factors which influence the epidemic and actions which address it, through increased funding and PPPs; create a conducive environment for research and ensure highest ethical standards;
- (71) Support and encourage the development of national and international research infrastructure, lab capacity, improved surveillance systems, data collection, processing and dissemination, and training of basic and clinical researchers, social scientists, health-care providers and technicians, with a focus on the countries most affected by HIV/AIDS.
- (73) Strengthen international and regional cooperation, related to transfer of relevant technologies, suitable to the environment in prevention and care of HIV/AIDS, the exchange of experiences and best practices, researchers and research findings and strengthen the role of UNAIDS in this process.
- (74) By 2003, ensure that all research protocols for the investigation of HIV-related treatment including anti-retroviral therapies and vaccines based on international guidelines and best practices are evaluated by independent committees of ethics, in which PLHIV and caregivers for anti-retroviral therapy participate;

2006 Political Declaration

- (15) ...develop with equal urgency better tools – drugs, diagnostics and prevention technologies, including vaccines and microbicides – for the future;
- (45) Commit ourselves to intensifying 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, and to encouraging 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 response to HIV/AIDS;

UNAIDS Strategy

- Influence research spending towards better strategic information, analysis of return on investment, programmatic gap analysis and mapping of risks, vulnerability and barriers
- Optimize drug regimens. UNAIDS calls for the development of new pharmaceutical compounds that will lead to a "smarter, better pill" that will be less toxic, longer-acting and easier to use. Combined with dose optimization and improved sequencing of first- and second-line regimens, this will simplify treatment protocols and improve efficacy. Optimizing HIV treatment will also result in other health benefits, including much lower rates of TB and malaria among people living with HIV.
- Provide access to point-of-care diagnostics. Monitoring treatment requires complex equipment and specialized laboratory technicians. Simplifying diagnostic tools to provide viral load and CD4 cell counts at the point of care could help to reduce the burden on health systems. Such a simplified treatment platform could defray costs and increase people's access to treatment.

ECOSOC/ UNAIDS, 2009

- (1) Urges the Joint United Nations Programme on HIV/AIDS (UNAIDS) and other relevant organizations and bodies of the United Nations system to intensify their support to Governments, with a view to achieving the goals contained in the United Nations Millennium Declaration and the goals and targets contained in the 2001 Declaration of Commitment on HIV/AIDS, the 2005 World Summit Outcome and the Political Declaration on HIV/AIDS;
- (2) Commends the support provided by the Joint Programme to the process of achieving universal access to prevention, treatment, care and support by 2010, in particular the assistance to countries in setting their national targets for universal access;
- (6) Welcomes the UNAIDS outcome framework, 2009-2011, for moving towards the goal of universal access, including the recognition by the Joint Programme of the need to improve the effectiveness of efforts to prevent the sexual transmission of HIV, the elimination of vertical transmission from mother to child and the importance of linking HIV and sexual and reproductive health;
- (14) Encourages the Joint Programme to fully participate in the process of the reform of the operational activities of the United Nations, including in the context of progress made in increasing coherence in United Nations delivery of development assistance, in particular in the programme country pilot countries, within the framework of the role of the Joint Programme as the coordinator of responses to HIV/AIDS;

[CSW 54/2, 2010](#): (33) Encourages Governments and all other relevant actors to promote funding, both domestically and externally, and to support and expedite action-oriented research leading to affordable, safe and effective methods controlled by women to prevent HIV and other STIs, including microbicides and vaccines and research on strategies that empower women to protect themselves from sexually transmitted infections, including HIV, and methods of care, support and treatment for women of various ages, and to promote their involvement in all aspects of such research;

[2009 ECSOC/UNAIDS](#): (11) Urges Governments to... support both biomedical and socio-economic research on new products to prevent HIV infection, including those controlled by women, diagnostics, medicines and other treatment commodities and technologies related to HIV;

(12) Urges Governments, donors and other stakeholders to continue to provide financial and political support for research and development of an effective HIV vaccine;

[Abuja call for Accelerated Action, 2006](#): (10) We therefore, individually and collectively rededicate ourselves and our countries to

- promote and support research and development of microbicides, vaccines, diagnostics and treatment for HIV and AIDS, TB and malaria, including traditional medicine;
- monitoring of drug resistance in the treatment of HIV and AIDS, TB and Malaria;
- Demographic and Health Surveys every five years;
- Research ethics including for HIV and AIDS;
- Conduct regular incidence surveys on HIV.

2001 Declaration of Commitment

- (35) Commending the leadership role on HIV/AIDS policy and coordination in the United Nations system of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS); and noting its endorsement in December 2000 of the Global Strategy Framework on HIV/AIDS, which could assist, as appropriate, Member States and relevant civil society actors in the development of HIV/AIDS strategies, taking into account the particular context of the epidemic in different parts of the world;
- (73) Strengthen international and regional cooperation, in particular North-South, South-South and triangular cooperation, related to the transfer of relevant technologies suitable to the environment in the prevention and care of HIV/AIDS, the exchange of experiences and best practices, researchers and research findings and strengthen the role of UNAIDS in this process. In this context, encourage ownership of the end results of these cooperative research findings and technologies by all parties to the research, reflecting their relevant contribution and dependent upon their providing legal protection to such findings; and affirm that all such research should be free from bias;
- (91) By 2002, launch a worldwide fund-raising campaign aimed at the general public as well as the private sector, conducted by UNAIDS with the support and collaboration of interested partners at all levels, to contribute to the global HIV/AIDS and health fund;
- (93) Provide the UNAIDS co-sponsoring agencies and the UNAIDS secretariat with the resources needed to work with countries in support of the goals of the present Declaration;

2006 Political Declaration

- (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;
- (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;
- (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;
- (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;

UNAIDS Strategy

- UNAIDS will leverage its collective assets to set a strategic agenda for the global HIV response and will maximize its resources to deliver results.
- (*Prevention*) HIV response and will maximize its resources to deliver results. UNAIDS will support the attainment of these goals, including by: (1) generating commitment to prevention throughout society by improving its political palatability; (2) ensuring that strategic information on epidemics, socioeconomic drivers and responses serves to focus prevention efforts where they will deliver the greatest returns to investment; (3) incorporating new technologies and approaches as they are developed; and (4) facilitating mass mobilization for transforming social norms to empower people to overcome stigma and discrimination and their risk of HIV infection, including through comprehensive sexuality education and the engagement of networks of people living with HIV and other key populations.
- (*Treatment, care and support*) UNAIDS will support the attainment of these goals, including by: (1) catalysing the development of simpler, more affordable and effective treatment regimens and tools (2) strengthening national and community systems to deliver decentralized and integrated services, such as by reducing factors that put people at risk of HIV-related TB and promoting the sexual and reproductive health and rights of people living with HIV; and (3) working with partners to scale up access to tailored care and support for people living with and affected by HIV, including through national social protection programmes.
- (*Human rights*): UNAIDS will support the attainment of these goals, including by: (1) intensifying work with people living with HIV and at higher risk of HIV infection to know and claim their rights and work with governments to realize and protect these rights, including by implementing evidence-informed, actionable and human rights-based recommendations of the Global Commission on HIV and the Law; (2) advancing county capacity to reduce stigma and discrimination and ensure equitable access to services, including by working with civil society networks to affect policy change informed by the People Living with HIV Stigma Index; and (3) supporting countries and partners in fully implementing the UNAIDS Agenda for Accelerated Action for Women, Girls, Gender Equality and HIV.
- Also see in particular, UNAIDS focus and added value in part 2 and How UNAIDS will deliver its goals, on part 3 of the Strategy