

## Annex II

### Summary of existing United Nations commitments and proposals

Challenge	Existing goals and targets	Proposed strengthening
1. Leadership		<p>By 2003, all affected countries should have in place national strategies which operationalize the Global HIV/AIDS Strategy for addressing the HIV/AIDS epidemic which:</p> <ul style="list-style-type: none"> <li>• are endorsed and promoted by the most senior political leadership, working closely with civil society,</li> <li>• urgently address risk, vulnerability and impact reduction, and</li> <li>• include explicit plans to regularly monitor progress and report internationally the status of the national response.</li> </ul>
2. Alleviating the impact	<p>(a) Orphans The Millennium Summit (September 2000) resolved “<i>to provide special assistance to children orphaned by HIV/AIDS</i>”.</p> <p>The special session on Copenhagen+5 (July 2000) committed to “<i>accelerate the economic, social and human resource development of Africa and the least developed countries</i>” and “<i>support African Governments in expanding and strengthening programmes related to young people and HIV/AIDS ... in order to ensure the necessary multisectoral response and the interventions to raise the awareness and address the needs of young people, as well as the needs of those living with HIV/AIDS and children orphaned by AIDS</i>”.</p> <p>The special session on Beijing + 5 (June 2000) called for national and international action to “<i>assist boys and girls orphaned as a result of the HIV/AIDS pandemic</i>”.</p> <p>(b) Women and girls The special session on Beijing +5 (June 2000) sought government action to “<i>adopt policies and implement measures to address, on a prioritized basis, the gender aspects of emerging and continued health challenges, such as malaria, tuberculosis, HIV/AIDS and other diseases having a proportionate impact on</i></p>	<p>By 2003, all affected countries would have in place explicit plans to provide orphans and children in families affected by HIV/AIDS with access to education, health and social services on an equal basis with other children, and to regularly monitor the care, health and well-being of all orphaned children.</p> <p>Additional targets that address the need to alleviate the social and economic impact need to be developed.</p>

	<p>women's health, including those resulting in the highest mortality and morbidity rates".</p> <p>(c) Poverty reduction The Millennium Summit (September 2000) confirmed previous global commitments to poverty reduction and sustainable development, resolving to <i>"halve, by the year 2015, the proportion of the world's people whose income is less than one dollar a day"</i> and reaffirming <i>"principles of sustainable development."</i></p> <p>(d) Workforce The International Labour Conference (June 2000) called on governments to <i>"raise national awareness, ... particularly of the world of work, with a view to eliminating stigma and discrimination attached to HIV/AIDS, as well as to fight the culture of denial, thereby preventing the spread of HIV/AIDS"</i>, and to <i>"formulate and implement social and labour policies and programmes that might mitigate the effects of AIDS."</i></p>	
<p>3. Reducing vulnerability</p>	<p>The Millennium Summit (September 2000) resolved <i>"to promote gender equality and the empowerment of women as effective ways to combat poverty, hunger and disease and to stimulate development that is truly sustainable."</i> In addition, the Millennium Summit resolved <i>"to ensure that (by the year 2015) children everywhere, boys and girls alike, will be able to complete a full course of primary schooling and that girls and boys will have equal access to all levels of education"</i>.</p> <p>The special session on Beijing +5 (June 2000) called for action at the national and international level to <i>"encourage, through the media and other means, a high awareness of the harmful effects of certain traditional or customary practices affecting the health of women, some of which increase their vulnerability to HIV/AIDS and other sexually transmitted infections, and intensify efforts to eliminate such practices"</i>.</p> <p>The Security Council (July 2000) recognized that the HIV/AIDS epidemic is <i>"exacerbated by conditions of violence and instability, which increase the risk of exposure to the disease through large movements of people, widespread uncertainty over conditions, and reduced access to medical care"</i> and encouraged the development of <i>"effective long-term strategies for HIV/AIDS education, prevention, voluntary and confidential testing and counselling, and treatment of their (international peacekeeping) personnel, as an important part of their preparation for their participation in peacekeeping operations"</i>.</p>	<p>By 2003, all affected countries should have completed a comprehensive review of their economic, education, human rights and social policies, with respect to their potential impact on the HIV/AIDS epidemic, and should have in place the legislation and policy measures required to address individual and societal vulnerability to HIV/AIDS, including the achievement of their goals for reducing gender disparity and improving education, with particular emphasis on girls and women.</p>

	<p>Resolution 44/2 of the Commission on the Status of Women (March 2000) reaffirmed <i>“the rights of women and the girl child infected and affected by HIV/AIDS to have access to health, education and social services and to be protected from all forms of discrimination, stigma, abuse and neglect”</i>.</p> <p>Commission on Human Rights resolution 1999/49 addressed the issue of the protection of human rights in the context of HIV/AIDS, urging governments <i>“to ensure that their laws, policies and practices respect human rights in the context of HIV/AIDS, prohibit HIV/AIDS-related discrimination, promote effective programmes for the prevention of HIV/AIDS, including through education and awareness-raising campaigns and improved access to high quality goods and services for preventing transmission of the virus, and promote effective programmes for the care and support of persons infected and affected by HIV, including through improved and equitable access to safe and effective medication for the treatment of HIV infection and HIV/AIDS-related illnesses”</i>.</p> <p>The Copenhagen Declaration (March 1995) committed to <i>“strengthen national efforts to address more effectively the growing HIV/AIDS pandemic by providing necessary education and prevention services, working to ensure that appropriate care and support services are available and accessible to those affected by HIV/AIDS, and taking all necessary steps to eliminate every form of discrimination against and isolation of those living with HIV/AIDS”</i>.</p>	
4. Prevention	<p>The special session on the International Conference on Population and Development (ICPD+5, July 1999) committed to <i>“by 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent, of young men and women aged 15 to 24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. Services should include access to preventive methods such as female and male condoms, voluntary testing, counselling and follow-up. Governments should use, as a benchmark indicator, HIV infection rates in persons 15 to 24 years of age, with the goal of ensuring that by 2005 prevalence in this age group is reduced globally, and by 25 per cent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 per cent”</i> and that <i>“Governments should ensure that prevention of and services for sexually transmitted diseases and HIV/AIDS are an integral component of reproductive and sexual health programmes at the primary health care level. Gender, age-based and other differences in vulnerability to HIV infection should be addressed in prevention and education programmes and services”</i>.</p>	By 2002, all affected countries will have identified the quantitative targets for programme action required to achieve these goals and, in particular, will have intensified programme efforts to protect the health and human rights of those young people most vulnerable to HIV infection, including commercial sex workers and injecting drug users.

	<p>The special session on Copenhagen+5 (July 2000) committed to “<i>accelerate the economic, social and human resource development of Africa and the least developed countries</i>” and “<i>encourage the 25 African countries most affected by HIV/AIDS to adopt time-bound targets for reducing infection levels, such as a target of reducing infection levels in young people by 25 per cent by 2005</i>”.</p> <p>The special session on Beijing+5 urged governments to “<i>adopt measures to ensure non-discrimination against and respect for the privacy of those living with HIV/AIDS and sexually transmitted infections, including women and young people, so that they are not denied the information needed to prevent further transmission of HIV/AIDS and sexually transmitted diseases and are able to access treatment and care services without fear of stigmatization, discrimination or violence</i>” and urged action to “<i>as a matter of priority, especially in those countries most affected, and in partnership with non-governmental organizations, wherever possible, intensify education, services and community-based mobilization strategies to protect women of all ages from HIV and other sexually transmitted infections, including through the development of safe, affordable, effective and easily accessible female-controlled methods, including such methods as microbicides and female condoms that protect against sexually transmitted infections and HIV/AIDS; voluntary and confidential HIV testing and counselling; the promotion of responsible sexual behaviour, including abstinence and condom use; and the development of vaccines, simple low-cost diagnosis and single dose treatments for sexually transmitted infections</i>”.</p>	
5. Care and support	<p>The Millennium Summit (September 2000) resolved “<i>to encourage the pharmaceutical industry to make essential drugs more widely available and affordable by all who need them in developing countries.</i>”</p> <p>The special session on Copenhagen+5 (July 2000) sought strengthened “<i>political commitment and efforts at the international and national level against HIV/AIDS, with a focus on developing countries and countries with economies in transition ... based on a multisectoral approach encompassing, among other things, education and prevention programmes and services, care, including prenatal care, access to affordable medications and other pharmaceutical agents, and support for people living with HIV/AIDS, including home-based care, family planning programmes and the empowerment of women</i>”.</p> <p>The special session on the ICPD+5 (July 1999) concluded that “<i>Governments should enact legislation and adopt measures to ensure non-discrimination against people living with HIV/AIDS and vulnerable populations, including women and young people, so that they are not denied the information needed</i>”.</p>	<p>By 2003, governments will have in place strategies and targets which provide for the sustained development of HIV/AIDS-related health and social services and take the necessary measures, working with the private sector and others, to assure that essential care is made available on an affordable basis to those who need it.</p> <p>By 2003, essential medicines for HIV, including antiretroviral therapy, should be available in the most affected countries at prices commensurate with local purchasing power.</p>

	<i>to prevent further transmission and are able to access treatment and care services without fear of stigmatization, discrimination and violence”.</i>	
6. International public goods	<i>The special session on Copenhagen+5 (July 2000) sought action to “encourage, at all levels, arrangements and incentives to mobilize commercial enterprises, especially in pharmaceuticals, to invest in research aimed at finding remedies that can be provided at affordable prices for diseases that particularly afflict people in developing countries, and invite the World Health Organization to consider improving partnerships between the public and private sectors in the area of health research”.</i>	Governments will set specific targets for substantially increasing their investments in the research and development required to assure broad access to new preventive and therapeutic approaches and technologies, including in particular HIV/AIDS vaccines and microbicides.
7. Financial resources		Governments, acting individually and collectively, will take immediate steps to make national and international financial resources available commensurate with the estimated US\$ 7-10 billion annually required to contain the epidemic.

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