

Manila 2008 Declaration
**of the 2nd Regional Consultative Meeting on Universal Access to
HIV Prevention and AIDS Treatment, Care and Support in
Low Prevalence Countries**

28 August 2008, Manila Philippines

Introduction

We, the participants of the 2nd *Regional Consultative Meeting on Universal Access to Prevention, Treatment, Care and Support in Low Prevalence Countries* have come together on 26-28 August 2008 in Manila, Philippines, as testament of our commitment made in 2006 in Ulaanbaatar, to move towards Universal Access to HIV prevention, treatment, care and support.

We acknowledge the Political Declaration adopted at the High Level Meeting on AIDS at the General Assembly in June 2006, the 2001 UNGASS Declaration of Commitment of HIV/AIDS and the Millennium Development Goal 6 – Combat HIV/AIDS, Malaria and other diseases.

We reaffirm the principles enshrined in the Ulaanbaatar 2006 Call for Action, which states that national AIDS responses must be based on:

- An understanding of the epidemic through enhanced collection, use and reporting of strategic information;
- A national framework which includes a strong national multi-sectoral coordination mechanism and a costed and prioritized national AIDS strategic plan;
- A legal framework which protects the rights of people most at risk of being infected and those already affected and which facilitates access to prevention, treatment and care programmes and commodities;
- Political leadership with increased and sustainable national financing;
- Coordination and harmonization between government, civil society (including affected and infected communities) and development partners.

We note the findings and recommendations of the Independent Commission on AIDS in Asia, including that:

- High impact interventions, such as prevention focused on populations at risk and anti-retroviral treatment should constitute the core of the HIV response.
- An investment of USD 50 cents to USD1.00 per capita could reverse the AIDS epidemics in Asia, 40% of AIDS-related deaths could be averted and 80% of women and orphans could be provided with livelihood support.
- Additional funds from outside the national AIDS budget should be mobilized to address the country-specific underlying drivers of the HIV epidemic.

We further note that the report of the Independent Commission on AIDS in the Pacific will be released in early 2009.

Progress from Ulaanbaatar

We recognize the actions taken by several participating countries since the first meeting in Ulaanbaatar, including:

- Established or upgraded functional national AIDS coordinating authorities
- Developed national strategic plans and/or M&E Frameworks
- Expanded Voluntary Confidential Counselling and Testing services
- Developed standards for youth friendly health services
- Integrated HIV counseling and testing into reproductive health services
- Expanded ARV programmes
- Enhanced engagement of civil society
- Increased targeting of programmes to vulnerable populations
- Decentralised response to provincial or district levels
- Amendment of AIDS law, with anti-stigma and discrimination provisions
- Implemented harm reduction programmes, including needle exchange and methadone maintenance therapy

Actions

We are committed to:

- Achieve Universal Access targets and Millennium Development Goals
- Mobilize resources, generate political support and scale up high impact prevention and treatment programmes to halt and reverse the epidemic by 2015.

Towards that goal we will:

Delivering Quality Interventions and Reaching Coverage

- Estimate or update the size of most at risk populations, using external technical assistance as required.
- Accelerate the implementation of targeted interventions to achieve adequate coverage.
- Build the capacity of human resources and institutions to plan, implement and monitor AIDS programmes.
- Increase engagement of civil society (including affected and infected communities) and private sector in national planning, implementing and monitoring and evaluation.
- Share experiences on involving religious organizations and private sector in the national AIDS response.

Accessing Commodities and Low-Cost Technology

- Develop guidelines for improved access and availability of low cost quality commodities.
- Project country needs and cost estimation, with external support as required.
- Explore the potential of introducing revolving funds and/or social marketing programs.
- Undertake collaborative research (model development, improved access, improved awareness).
- Ensure access to diagnosis, treatment and care of STIs and HIV at low or no cost.
- Strive to have essential STI and HIV commodities included in national health procurement lists and distribution systems.

Sustainable Financing

- Prioritise resources to high impact interventions.
- Involve relevant Ministries, e.g. planning and finance, to ensure appropriate AIDS budget and distribution.
- Consider implementing legislation or policies to ensure appropriate AIDS budget and distribution and commitment from all stakeholders.
- Sustain the national AIDS response by mobilizing resources and establishing specific AIDS funding mechanism.
- Decentralise AIDS responses to ensure that they are more appropriately targeted, funded and managed.
- Invest in health systems to ensure sustainability.
- Promote donor harmonization and alignment around the national AIDS response.

Human Rights, Stigma and Discrimination

- Implement national programmes to reduce stigma and discrimination and to promote and protect human rights, including through media and education systems.
- Integrate HIV/STI and/or reproductive health education into the school curriculum and community based education.
- Involve religious leaders and faith based organizations in anti-stigma and discrimination programmes.
- Develop and implement national workplace policies for public and private sectors.
- Advocate against mandatory HIV testing for migrant workers.
- Support the HIV positive community to adapt and implement the stigma index to define the types and levels of discrimination.
- Promote development or enactment of national legislation which protects the rights of people living with HIV and which decriminalizes sex work, the use of drugs and sex between men.
- Consider inclusion of representatives from Human Rights Commissions/Organisations in National AIDS coordinating mechanisms.
- Train health care and social workers to provide better services for HIV positive persons and for most at risk populations, including young persons.

- Train people living with HIV for positive prevention.

Civil Society Engagement

- Build and enhance the capacity of civil society – individuals and communities for better implementation of programmes.
- Establish a platform which enables civil society to coordinate, communicate and address issues among themselves.
- Ensure that communities are involved in designing, implementing and monitoring programmes.
- Promote transparency and accountability of civil society.

Human Resource and System Constraints

- Strengthen multisectoral involvement in National AIDS Coordination mechanism.
- Build capacity of the local government officials who manage national, provincial and local level programmes.
- Create human resource plans to retain and train health care and social workers.

Conclusion

Through this 2nd Regional Consultative Meeting on Universal Access to Prevention, Treatment, Care and Support in Low HIV Prevalence Countries, we have reaffirmed our commitment to an enhanced and effective response to HIV in Asia and Pacific which ensures equal access to services for all persons regardless of their age, culture, sexual orientation or gender identity.

We note that availability of services does not necessarily equate to access to these services for most at risk populations, and that access to services does not necessarily equate to quality services. We are committed to providing universal access to comprehensive and quality services for all populations at risk of HIV infection.

We affirm that countries must clearly identify their priorities and effectively allocate their resources in order to maintain a financially sustainable response to the HIV epidemics in the region.