



First Global Parliamentary Meeting on HIV/AIDS

Parliaments and Leadership in combating HIV/AIDS

Manila, Philippines, 28 to 30 November 2007

FINAL CONCLUSIONS

Providing strong leadership

1. We, parliamentarians, meeting at the First Global Parliamentary Meeting on HIV/AIDS, acknowledge the many examples of leadership provided by members of parliament in the response to HIV/AIDS, while recognizing that we can and should do even more. Leadership requires abandoning rhetoric and initiating and promoting a rights-based response to the AIDS epidemic.
2. We welcome the Handbook for Parliamentarians, *Taking action against HIV*. We will bring it to the attention of our fellow parliamentarians and urge them to work to implement the many actions it proposes.
3. We should take advantage of our position as leaders in society to do everything possible to break the silence about HIV/AIDS and encourage openness when discussing the epidemic. We are in a unique position to speak out against stigma, discrimination, gender inequality and the other drivers of the epidemic, and to demand that governments take action. We can meet publicly and regularly with people living with HIV/AIDS, and speak out for tolerance, non-discrimination and the rights of women, children and other vulnerable populations in the context of the epidemic. We can promote compassion and understanding within families and communities, in the workplace and across society.
4. For those of us who are HIV-positive, taking the courageous step of declaring our status would make a significant impact on how society subsequently treats people living with HIV.
5. We will provide strong, informed and committed leadership on HIV prevention and use every opportunity to speak out openly about the need to take effective

action to prevent the spread of HIV and encourage voluntary HIV testing and counselling.

Affordability and accessibility of treatment for persons living with HIV/AIDS

6. We recall that governments have committed to the goal of getting as close as possible to universal access to prevention, treatment, care and support by 2010. We are concerned that access to treatments for persons living with HIV/AIDS is restricted by the fact that the necessary drugs are not affordable in many countries.

7. We strongly urge parliaments to make full use of the flexibilities under the WTO Agreement on Trade-related Aspects of Intellectual Property Rights (the TRIPS Agreement).

8. Particular attention should be paid to reforming national intellectual property laws to ensure that TRIPS flexibilities are incorporated fully into legislation. For instance, LDCs should take advantage of the WTO Doha Declaration on the TRIPS Agreement and Public Health which exempts them from granting pharmaceutical patents until 2016. Provisions containing the international exhaustion of rights should be enacted, as well as simple and operational compulsory licensing and government use provisions. Furthermore, governments should take advantage of the WTO 30 August 2003 Decision which authorises them to import generic essential medicines produced under compulsory license.

9. Bilateral trade agreements sometimes include provisions with more extensive patent protection than that required under the TRIPS Agreement. We urge parliamentarians in developing countries to discourage their governments from entering into such agreements. We also urge parliamentarians from developed countries to encourage their governments not to demand intellectual property protection exceeding that which is contained in the TRIPS Agreement, when negotiating bilateral trading agreements. We are also concerned that second-line antiretroviral medicines used in public programmes are increasingly patented, which is starting to reverse the downward trend in prices of drugs caused by wider use of generic medicines.

10. We would like to see more information made available in a systematic manner on comparative pricing of pharmaceutical products among different countries in order to assist countries and procurement agencies during procurement negotiations with pharmaceutical companies.

11. We appeal for more information to be provided to parliaments on the multilateral intellectual property regime, since fuller knowledge of intellectual property rights can lead to lives being saved through the enactment of appropriate intellectual property legislation.

12. Moreover, we should pay close attention to our national generic industries and apprise ourselves of the anti-monopoly legislation that is in place.

13. We shall encourage our governments and the regional economic organizations to which they belong to support initiatives aimed at sharing pricing information on essential medicines procured, and to cooperate more in pooling the procurement of essential medicines.

Criminalization of transmission

14. Some countries have enacted HIV-specific criminal legislation making it a crime to transmit or expose another person to HIV, and there are public calls for such legislation in other countries where it does not yet exist.

15. We have asked whether criminal laws and prosecutions represent sound policy responses to conduct that carries the risk of HIV transmission. On the one hand, it is obviously reprehensible for a person knowingly to infect another with HIV or any other life-endangering health condition. On the other hand, using criminal sanctions for conduct other than clearly intentional transmission may well infringe upon human rights and undermine important public policy objectives.

16. We accept that the use of criminal law may be warranted in some circumstances, such as in cases of intentional transmission of HIV or as an aggravating factor in cases of rape and defilement. Individual parliaments will determine the specific circumstances, depending on their local context.

17. Before rushing to legislate, however, we should give careful consideration to the fact that passing HIV-specific criminal legislation can: further stigmatize persons living with HIV; provide a disincentive to HIV testing; create a false sense of security among people who are HIV-negative; and, rather than assisting women by protecting them against HIV infection, impose on them an additional burden and risk of violence or discrimination.

18. In addition, there is no evidence that criminal laws specific to HIV transmission will make any significant impact on the spread of HIV or on halting the epidemic. Therefore, priority must be given to increasing access to comprehensive and evidence-informed prevention methods in the fight against HIV/AIDS.

Fighting stigma and discrimination

19. Stigma and discrimination remain formidable obstacles to effective responses to HIV and AIDS. We will speak out against stigma and discrimination, support the development of a strong movement of people living with HIV, and have increased interaction with other stakeholders in the fight against HIV/AIDS, including AIDS service organizations, women's organizations, trade unions, faith-based groups and other representatives of the different branches of civil society.

20. In addition, we will work to bring about policy and legal change to eliminate discrimination. In particular, we will strengthen legislation, regulations and other measures to eliminate discrimination against people living with HIV and members of vulnerable populations, and ensure that these laws are properly enforced.

21. We will also work to eliminate travel restrictions for people living with HIV/AIDS and oppose mandatory HIV testing of immigrants and refugees.

Reducing vulnerability among populations at risk

22. While endorsing strong action to reduce vulnerability to HIV of women, children, and youth, we are concerned that others are neglected in the response to HIV/AIDS. They include men who have sex with men, people who use drugs, sex workers, prisoners, refugees and internally displaced persons, and people with disabilities. In many countries, there is a high prevalence of HIV infection among such people. Nevertheless, nearly everywhere, the resources devoted to their HIV prevention, treatment and care are not proportional to the HIV prevalence.

23. We must take stock of where, among whom and why new HIV infections are occurring. Only when we acknowledge that all people, including the most ostracized, need access to prevention, treatment, care and support, will we be able to develop national strategic plans that bring evidence-informed HIV prevention and treatment to scale and act on the drivers of the epidemic, including gender inequality and neglect of human rights.

Tailoring the national budget to meet the needs of HIV/AIDS

24. We have witnessed a significant growth in financial resources available to address the HIV/AIDS pandemic in low- and middle-income countries from US\$ 2.1 billion in 2001 to US\$10 billion this year. We are concerned nonetheless that these

resources remain well below the US\$ 30–40 billion these countries need to fund comprehensive programmes. We recall that providing access to medicine and treatment will require strengthening infrastructure in the health sector, which adds significantly to the costs.

25. We call on the international community to step up its efforts to increase funding. We commend the proposal to convert 1 per cent of the combined debt of developing countries into funds that can be used by the 20 most-affected nations in the world to help them in their fight against the HIV/AIDS pandemic.

26. We will provide input to and parliamentary oversight of the country coordinating mechanisms (CCM) in our countries and identify needs and programmes to address HIV/AIDS and other epidemics. Through the parliamentary budget process and examination of the audited accounts, we will ensure closer scrutiny of the implementation of programmes funded by the national budget. We will explore avenues for providing greater transparency and accountability of both government and non-government HIV/AIDS programmes.

27. We welcome the support extended by the international funding mechanisms, including the Global Fund. We encourage countries to make full use of the flexibilities available, such as the provision of support both to feed patients receiving anti-retroviral treatment and to help build up essential health infrastructure.

28. Finally, we call for international assistance to help strengthen our parliaments in performing their legislative and oversight functions in relation to the HIV/AIDS pandemic as effectively as possible.

29. We resolve to convey these conclusions to our parliaments and urge them to do everything within their power to ensure that they are followed up in an effective manner. We call on the IPU to convene a second Global Meeting of Parliamentarians on HIV/AIDS to review progress in implementing these recommendations and to chart our future path of action to combat the HIV/AIDS pandemic.