



Supporting Document for the Session: Towards Universal Access

Bottom line issues and recommendations on draft UNAIDS paper on universal access *Civil society delegation to the Global Steering Committee on universal access* 14 March 2006

1. Human rights

- 1.1 In accordance with the 2001 Declaration of Commitment¹, countries will review and assure implementation of existing **legislation and policies** and, when necessary, promote additional legislation and policies – and establish **effective enforcement mechanisms** – that support **gender equality** and **non-discrimination** with regard to people living with and/or affected by HIV and AIDS, as well as those who are particularly vulnerable to HIV infection, including men who have sex with men, sex workers, injecting drug users, prisoners and migrants, and that facilitate prevention, care and treatment, by December 2007.
- a. The Global Fund, World Bank, and other donors – with technical assistance from civil society – will increase funding of **programmes to eliminate stigma and discrimination**, including social mobilisation campaigns at national, district, and community levels, by December 2006.
 - b. States will enact and enforce **legal reforms to protect PLWHA and other marginalised people** (in particular sex workers, injecting drug users, men who have sex with men, young women, orphans and vulnerable children, migrants and prisoners) from discrimination, extend protections to outreach workers providing HIV/AIDS services (e.g., clean needles, condoms, methadone, etc.) and respect and **protect advocates** for the rights of PLWHA and vulnerable groups.
 - c. States will further enact and enforce **property and inheritance rights of women** and to **criminalize domestic violence, sexual assault and harmful traditional practices** which make women more vulnerable to HIV infection and block access to prevention, care and treatment.
 - d. States will **eliminate policies and practices which block universal access** to prevention, care and treatment, including those that discriminate on the basis of **residency/citizenship, age, gender, risk behaviours, and race/ethnicity**.
- 1.2 A **Special Rapporteur on HIV and Human Rights** will be appointed and empowered (including budget and staff) under the auspices of the new UN Human Rights Council.
- a. The Special Rapporteur will work with states, civil society, regional governing bodies, and UN agencies to advance respect for human rights as a core principle of HIV/AIDS programs.
 - b. The Special Rapporteur will, in particular, engage in an examination of **gender and the AIDS epidemic** and ensure the **inclusion** of PLWHA, women and socially marginalised people - including people who use drugs, sex workers, transgendered persons, MSM, and migrants – in **country and international review** bodies.

¹ At the 2001 UNGASS meeting, governments pledged: “by 2003, 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 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 and treatment, information, and legal protection, while respecting their privacy and confidentiality; and develop strategies to combat stigma and social exclusion connected with the epidemic.”

- c. Among other efforts, the Special Rapporteur will investigate the prevention, care and treatment needs of **prisoners** as a population that is widely neglected, and will contribute human rights-based analysis and recommendations on the rights of all populations to comprehensive HIV information and services to various UN and other fora (e.g., the 2008 UNGASS on Drugs).
 - d. **States** will monitor and report on progress toward fulfilment of their commitments made in the UNGASS Declaration of Commitment with regard to **elimination of discrimination** towards people living with and/or otherwise affected by HIV and AIDS and recalled in Recommendation #1 above and will submit an **annual report** to the Special Rapporteur on HIV and AIDS on progress made toward attainment of this goal.
 - e. The preparation of the above-mentioned annual report will be presented as a checklist against government commitments and progress on key legal reforms and on the enforcement of anti-discrimination laws and protections, while identifying on-going barriers to universal access. The report should be prepared with the active and full inclusion of PLWHAs, persons who are particularly vulnerable to HIV infection, and civil society.
- 1.3 Countries will promote, through national campaigns, the right of each person to know his or her HIV status, to have basic information on HIV and AIDS, and to have HIV testing, counselling and related services readily available and accessible to them. **Expanded HIV testing programs must remain voluntary, not mandatory**, and include counselling, informed consent and confidentiality.
- a. countries will establish **HIV testing programs and a social and legal environment**, including community-based legal services, that is **supportive and safe** for testing and disclosure of HIV status, including targeted programmes for women, people who are vulnerable to HIV infection and their partners, and is linked to a comprehensive range of AIDS services, by December 2007.
- 1.4 States will commit to the **rights** of people with HIV/AIDS and people vulnerable to HIV/AIDS to **comprehensive HIV/AIDS services**. Comprehensive HIV/AIDS services include not only ARV treatment and HIV testing but also treatment for opportunistic infections, TB, hepatitis C and STIs, and the **full range of prevention services** including PMTCT, access to condoms and clean injecting equipment, information and education and post-exposure prophylaxis.
- 1.5 **States will endorse**, and include in their national AIDS programmes, the revised **International Guidelines on HIV and AIDS and Human Rights** (OHCHR/UNAIDS).

2. People

- 2.1 All credible, sustainable national AIDS plans must include **good public health planning** that includes:
- a. a commitment to strengthen **community-level provision** of prevention, treatment, care and support, including specific measures to enable "**task shifting**" (e.g., drug prescribing, HIV testing and counseling, behavior change communications) to nurses, educators, community workers and civil society, including people living with HIV.
 - b. a commitment by countries facing severe human resource shortages to adapt alternative and **simplified and standardised delivery models**, and to promulgate **laws and regulations ensuring that health and social sector workers can undertake the maximum responsibilities for the delivery of AIDS services** to communities within their competencies, by December 2006.
 - c. the development of **new cadres of community based health workers**, drawn from civil society networks, as well as more traditional health care fields, supported with appropriate training and remuneration.

- d. a commitment by Global Fund, World Bank and other donors and national governments to **improve wages, housing, benefits and working conditions** where needed to help retain and motivate health and social services personnel, educators and community workers providing AIDS services.
- 2.2 Promote the **integration of HIV programs** with other services, including a commitment to:
- a. the integration of **HIV programs with sexual and reproductive health services** to enhance women's access to HIV services while addressing their sexual and reproductive health needs.
 - b. the integration of **tuberculosis, hepatitis C** and other co-infections into HIV treatment and care and support.
 - c. the integration of **HIV treatment and care into primary health care**, particularly in countries with **generalised epidemics**.
 - d. the integration of HIV **treatment and prevention** programs.
 - e. **civil society**, including, but not limited to, people living with HIV/AIDS and representatives of vulnerable groups, should be centrally **involved in the planning and design of national AIDS programs, in program implementation and service delivery, advocacy, and monitoring and evaluation**. Civil society representatives must be selected through **peer-driven, democratic, transparent** processes.

Indicators:

- number of PLWHAs, representatives of vulnerable groups in key decision making bodies, involved in programme design and implementation.
- by 2008, all countries must embark upon an independent, external review and assessment of civil society involvement in decision making and in the management and delivery of AIDS programmes.

3. Money

- 3.1 International donors to establish **flexible and sustainable financial mechanisms** by December 2006 to provide direct **technical support and financing to civil society** to deliver services to communities, and to be involved in formulating AIDS strategies, monitoring performance including budget allocations and expenditures.
- 3.2 The **International Monetary Fund** to establish, by December 2006, a programme to work with low and middle income countries to support **more expansionary fiscal and monetary policies by national governments**, so that spending on scaling up AIDS services can increase. This needs to be accompanied by support for transparent dialogue among donors, government and civil society.
- 3.3 Countries to establish fully **inclusive and transparent national processes for public financial management and expenditure tracking** at every stage, including PRSP/development planning; IMF and finance ministry loan compliance meetings; budgeting (national and sectoral); expenditure/implementation (including distribution of resources to district and local-level); verification of outcomes – service delivery and impact.
- 3.4 UNAIDS should facilitate an **independent, external process**, involving all stakeholders, to develop criteria and an oversight mechanism for defining the **credibility and sustainability of national AIDS plans**, by September 2006.
- 3.5 National governments should ensure that **access to** a comprehensive package of HIV/AIDS related **services** is in no way dependent on the **ability to pay**. In particular, **users' fees**—including, but not limited to, co-payments for ART and school fees—should be eliminated wherever these have the potential to limit access to such services.

- 3.6 National governments should provide, and donors support, **social protection** measures that mitigate some of the **economic impacts of AIDS** on individuals, families and households. Social protection measures include **cash payments to carers of orphans**, cash payments for **nutritional support** and **transport costs** to attend health clinics, and payment of **school fees** and other costs associated with education.
- 3.7 The size of the **global AIDS resource gap** must be **reduced by 50% by 2008, and by 100% by 2010**. In particular, the **GFATM** must be supported to enable it to launch and approve a new round of proposals by the **end of 2006** and new rounds of proposals in 2007 to 2010.

4. Trade and commodities

- 4.1 WHO/UNAIDS—in consultation with civil society, national governments and international donors—to define by September 2006 an **essential package of AIDS commodities**, such as antiretroviral medicines (for both treatment and prevention of HIV infection); drugs to treat and prevent opportunistic infections, STIs and co-infections; HIV testing kits and other diagnostic technologies; breast milk substitutes; male and female condoms, and; clean injecting equipment. UNAIDS to compile estimates of national, regional and global demand for these commodities by December 2006.
- 4.2 A commitment from developing countries to employ the **flexibilities offered under the TRIPS agreement** to secure access to a sustainable supply of affordable medicines and other essential health technologies. **Developed countries** should cease and desist from **undermining those countries that seek to utilize these measures**. WHO should develop operational guidance to assist countries in implementing these commitments.
- 4.3 Countries and donors should **remove laws that restrict or criminalise the use or promotion of HIV commodities and services** including but not limited to condoms, safe injecting equipment, and substitution therapies.
- 4.4 Countries to reform their national legislation and regulations as necessary, so that **WHO prequalification permits provisional or interim marketing approval** to allow immediate access to life-saving HIV medicines prior to full registration by national drug regulatory authorities, by December 2006.
- 4.5 WHO, UNAIDS and donor governments should work with **generic producer countries and LDC governments without manufacturing capacity to set precedents for the use of compulsory licenses for export on first and second line antiretrovirals**. In addition, low- and middle-income countries with domestic pharmaceutical manufacturing capacity to take appropriate legislative and executive steps by December 2006 to encourage and facilitate the **local production of generic pharmaceutical products**.² WHO should **identify drugs and fixed dose combinations** that are a **priority** for manufacture at affordable prices and in sufficient quantities to meet global need.

² For the purposes of this recommendation, “pharmaceutical product” means any product of the pharmaceutical sector, including medicines, active pharmaceutical ingredients and other commodities necessary for the manufacture of medicines, and monitoring and diagnostic tests and/or kits, necessary for the prevention and/or treatment of HIV/AIDS, sexually transmitted infections and opportunistic infections associated with HIV/AIDS.