UNAIDS/PCB(17)/05.1.6
18 June 2005

PROGRAMME COORDINATING BOARD

Seventeenth meeting
Geneva, 27–29 June 2005

Provisional agenda item: 1.6

Report by the NGO Representative

Introduction

I. Prevalence

Global response to the AIDS epidemic is experiencing massive scale up. Efforts to contain the epidemic have never been so drastic. Ironically, there is continuing increase in the number of new infections and AIDS-related deaths across the regions. Being a hidden epidemic, the true magnitude of the epidemic remains under-estimated, as observed in all the regions. Still worrisome is the fact that infected persons who know their status form a small percentage of people estimated to be living with HIV.

UNAIDS needs to develop a strong policy platform for promoting access to voluntary counselling and confidential testing for 100% of the population in all countries.

II. Treatment

Access to antiretroviral drugs for many people living with HIV is increasing. But for many, access to treatment is still an abstract concept, a dream that may never come true. In most regions, less than 10% of antiretroviral therapy needs have been met. Part of efforts to ensure that people access locally-affordable drugs would include addressing Doha round trade rules, concerning access to and production of branded antiretroviral and generic antiretroviral medications, as well as bridging the gap between people living with HIV and policy makers-and this includes UNAIDS representatives in the countries and regions. The WHO de-qualification of selected generic antiretroviral drugs is also threatening a consistent supply of treatment and highlights the need for greater availability of generic products through expanded numbers of production facilities.

For those currently enjoying new access to antiretroviral therapy, courtesy of the Global Fund to Fight AIDS, TB, and Malaria, PEPFAR, World Bank, and other bilateral aid, the issue of monitoring for drug resistance and preparing for availability of second- and third-line regimens is paramount. Also worthy of urgent consideration is clinical management of serious antiretroviral side-effects, without which optimal treatment adherence may be impossible.

It is imperative for UNAIDS to consider as priority the strengthening of weak health-service infrastructure and human-resource capacity of countries within the low- and middle-income nations, in every treatment plan.

III. Stigma and Discrimination

AIDS-related stigmatization and discrimination is frustrating efforts to contain the epidemic. Governments within the regions should be compelled to take a stand and legislate against AIDS-related stigmatization and discrimination. Immigration policies of most government of developing nations which are stigmatizing should be revisited.

Mobility amongst regions is increasing.

Governments must cease to put barriers to health care in place for migrants.

These barriers in themselves are apparently stigmatizing and they threaten to increase the transmission of HIV. Furthermore, immigrants from high HIV-prevalence countries should not be discriminated against or criminalized. .

Governments should be challenged to create policies and laws that uphold the human rights of people living with HIV and AIDS and work to prevent further suffering caused by AIDS-related stigma and discrimination.

Stigma and discrimination continue to be serious hindrances to HIV and AIDS efforts in prevention, confidential voluntary counselling and testing, treatment, and in obtaining reliable data, as well as a further challenge to those living with HIV and AIDS. In Bangladesh and Nepal, discrimination in 2004 led to arrests and beatings of men having sex with men (MSM) and transsexuals, reported by independent investigators (Human Rights Report 2004 and Blue Diamonds Report 2004, respectively).

Inadequate prevention efforts threaten to allow the epidemic to expand from localized epidemics among high-risk groups to the general population, Harm-reduction efforts have been effective in all regions, especially in Cambodia and Thailand, but availability of political support and resources fall short of what is needed. Critically, recent policy changes blocking support for harm reduction programmes will have devastating implications in Asia, where most of the localized epidemics are among those for whom harm-reduction approaches are most effective. It is essential that those concerned with HIVAIDS and human rights work to block the implementation of these adverse policies which are inconsistent with preservation of the public health.

IV. Prevention

Women have been the most vulnerable and have become the population most affected, since the advent of the epidemic. A sharply-increased level of commitment and action is expected with regards to reducing the rate of infection among women.

To this end, ***UNAIDS must take effective leadership and exert consistent pressure in encouraging research into new preventive technologies, such as microbicides and vaccines***.

Many women who have died due to AIDS-related illnesses might be alive today if they had had access to the female condom. Further infections and deaths among women could still be prevented by widespread access to female-controlled barrier methods.

HIV prevention among special vulnerable populations must not remain neglected.

To reduce the impact of the epidemic, issues such as men who have sex with men, drug use, sex work, gender vulnerability, and prison populations must be incorporated into prevention plans in all regions.

To reduce the impact of the pandemic, it is crucial that discussions around these themes are opened, so as to assess need and develop plans of action for prevention.

V. Resource needs and mobilization

Global funding for HIV prevention and control has increased steadily, although at differing rates by country and region, and at insufficient levels in some of the poorest of the low-income countries. For some regions, this increase is not addressing critical needs as determined by truly participatory needs assessments.

Funding support should be targeted at areas of critical need as identified by beneficiaries, which include both health authorities and community level partners and recipients.

Areas where rapid increase in application of funding is needed includes programmes for vulnerable populations such as women and girls, men who have sex with men, lesbians and transsexuals, injecting drug users, prison inmates, refugees, and displaced persons. This funding should address their specific needs in terms of prevention, care and support.

VI. Human resource capacity

The February 2005 Oslo meeting on building human resource capacity for AIDS and development set the stage for more comprehensive inclusion of human and infrastructural costs in planning for a full response to AIDS.

For the global campaign against HIV/AIDS to be effective, UNAIDS must ensure that capacity constraints to expanded programme implementation at country level be reduced, and that the WHO "3 x 5" and Millennium Development Goals for HIV/AIDS are realized.

The Millennium Development Goal progress meeting in September 2005, to take place in New York, must be the focus of advocacy for human resource capacity support, particularly at the civil society and community-based level, in order to meet these goals.

VII. Coinfection (TB/HIV/Hepatitis B and C)

Aside from the management of opportunistic infections, in which UNAIDS has shown little policy leadership, there is need to provide leadership in addressing the problem of dual infection. Coinfections such as HIV with TB or Hepatitis B and C viruses, and/or TB are at chronic, epidemic levels. More attention needs to be paid to adapting antiretroviral treatment protocols to address coinfection with other pathogens.

UNAIDS should encourage the developers of national AIDS-response strategies to make issues of coinfection top priority.

VIII. Policy

Currently, the policy environment in all regions hinders effective implementation of one or more potential HIV and AIDS prevention and control programme areas. For instance, while certain governments see abstinence as a core strategy for prevention, populations most at risk of HIV infection would often prefer that condom and clean needle distribution are incorporated into the local response strategy. Similarly, some governments have immigration policies that discriminate against infected immigrants.

UNAIDS should confront injurious policies such as this, which cannot prevent HIV from crossing borders and which further marginalizes people living with HIV and AIDS.

Microfinance and the development of micro-enterprise schemes in the poor and hard-hit countries of the world must be seen as an integral part of any strategy to fight HIV/AIDS.

Donor organizations should consider respective countries' particular prevention and people living with HIV and AIDS support needs on a country-by-country basis.

Review of Progress on Key UNAIDS themes for 2004-2005

The NGO PCB Delegation to the UNAIDS Programme Coordinating Board:

1. Further encourages UNAIDS to advocate that technical-assistance providers, including operations within the UN system, and other public and private sector partners, such as civil society and NGOS, are adequately financed to meet the scale of demand.

The NGO PCB delegation is unaware of activities undertaken during 2004-2005 by UNAIDS to advocate for adequate financing of technical-assistance providers in any sector. This is an HIV-intervention area which, like human resource and institutional capacity development, remains seriously underfinanced.

There is an important role for NGOs to play in conducting sustained advocacy among G-7 governments, to support dedicated technical assistance funding streams for HIV prevention, treatment, care and support and monitoring and evaluation scale up.

2. Recognizes the essential role of civil society in the multisectoral response to HIV/AIDS, and requests UNAIDS, in partnership with civil society representatives, to establish indicators to more formally identify, document, and evaluate best practices of civil society. These indicators should relate to the goals of the Declaration of Commitment on HIV/AIDS, *the "Three Ones", the "3 by 5" Initiative, and the UN System Strategic Plan for HIV/AIDS for 2001–2005.*

UNAIDS has not yet undertaken to establish indicators to more formally identify, document, and evaluate best practices of civil society in the fight against AIDS, despite a commitment at its 15th Board meeting to initiate this process. This is an outstanding task which must be taken up by UNAIDS, guided by the PCB NGO members, in consultation with other civil society advisors (e.g., ICASO and other networks). There will need to be a work plan and timeline set in place, which outlines steps to be taken to develop indicators which can be presented to the NGO PCB delegation.

3. Recognizes the need to further promote coherence in actions at country-level and the importance of the "Three Ones". Further endorse specific actions by UNAIDS to support the implementation of the "Three Ones" at country level, including selection of a number of countries to identify good practices in country-specific situations

UNAIDS has held a series of face-to-face and telephone consultations on the Three Ones through the country support teams. The civil society e-forum on Three Ones has sparked some level of discussion on the implementation of the Three Ones at country level, though participation on the e-forum is still limited. It is requested that UNAIDS share with the PCB its findings of best practices in the implementation of the "Three Ones" at country level, by the end of 2005.

The March 9th "Three Ones" meeting in London was the first opportunity this year for the PCB NGO delegates to have concrete input into the process of implementation of the "Three Ones", resulting in the inclusion of civil society in both the Resource Estimates Steering Committee and the Global Task Team on Harmonization, which have met during April, May, and beyond. We ask for UNAIDS to demonstrate greater recognition of the valuable work of civil society and communities around the world in its response to the epidemic.

4. Urges UNAIDS to promote discussions within countries to propose legislation against discrimination and assist countries who may wish to declare HIV and AIDS a health emergency.

The PCB NGO delegation is unaware of efforts taken by UNAIDS to promote discussions within countries to propose legislation against discrimination. Likewise, we are unaware of specific efforts taken to respond to requests of countries for assistance in declaring HIV and AIDS a health emergency.

5. Endorses the recommendation that UNAIDS Cosponsors, and Member States promote and support evidence-based HIV-prevention interventions

In the development of an Intensified Prevention Strategy, UNAIDS has come under pressure from some governments to vilify certain vulnerable populations, such as injecting drug users and sex workers, sanctioning evidence-based HIV-prevention interventions as overly permissive or sex and drug-use promoting. The PCB NGO delegates and the voices of the civil society community at large urge UNAIDS to stand strong on the inclusion of clear, explicit language recommending evidence-based HIV prevention interventions.

The current situation of HIV and AIDS is both a challenge and an opportunity. The nature of the diverse epidemics in Africa, Asia, Latin America and the Caribbean, and the sociocultural, religious and political realities here pose real challenges to preventing further infection and caring for those already infected or affected. Effective action here will go a very long way in protecting future generations throughout the world from the AIDS epidemic.

This year, 2005, marks the 5-year review of the Millennium Development Goals (MDGs), as well as the UN Special Summit to review the Declaration of Commitment on HIV/AIDS. *It is essential that global leaders and the UN system use these opportunities to recognize that the reality of AIDS in the world has increased since the historic UNGASS in 2001 and step up efforts to respond accordingly.*

The NGO Delegation to the UNAIDS Programme Coordinating Board

Africa:
Omololu Falobi
Journalists Against AIDS (JAAIDS) Nigeria

Asunta Wagura
Kenyan Network of Women with AIDS (KENWA)

Asia/Pacific
Imran Rizvi
AMAL Human Development Network, Pakistan

Rachel Ong
Asia Pacific Network of People Living with HIV/AIDS (APN+)

Europe
Alena Peryshkina
AIDS Infoshare, Russia

Maria José Vazquez
International Community of Women living with HIV/AIDS (ICW)

North America
Kim Nichols
African Services Committee

T. Richard Corcoran
Health Global Access Project (Health GAP)

Latin America and the Caribbean
Luis Leiva Friedman
Red Latinoamericana de Personas Viviendo con el VIH/SIDA (RED LA+)

Gabriela Silva Leite
Network of Sex Work Projects (NSWP)