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Provisional agenda item 2:

**Outcomes of the High Level Meeting 2006-moving the global response
forward**

Executive Summary

The world has entered a major new phase in the effort to end AIDS. In the face of massive challenges and the continuing spread of HIV, the international community committed in the UN General Assembly on 2 June 2006 to scale up towards the goal of universal access to comprehensive HIV prevention programmes, treatment, care and support by 2010.

At its June 2005 meeting, the Programme Coordinating Board (PCB) called on the Joint United Nations Programme on HIV/AIDS (UNAIDS) to promote the goal of universal access to comprehensive AIDS programmes and to support countries' efforts to achieve this goal. Political momentum built throughout the second half of 2005, including an international commitment made at the September 2005 World Summit and a December 2005 UN General Assembly resolution that decided to undertake a Comprehensive Review of the progress on the 2001 Declaration of Commitment on HIV/AIDS, and to convene a High-Level Meeting on HIV/AIDS. In preparation for the High Level Meeting, UNAIDS facilitated a process including more than 100 countries that identified common obstacles to scaling up, and made recommendations for overcoming these obstacles.

The UN General Assembly meeting ended in a strengthened commitment to scale up towards universal access. The critical actions required to fulfil this commitment are embedded in the lessons learned from HIV treatment scaling up, including "3 by 5"; the UNAIDS policy position paper, *Intensifying HIV prevention*; the "Three Ones" principles on national coordination of the AIDS response; UNAIDS ongoing estimation of resource needs and monitoring of resources available; the recommendations of the Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors; and the *Towards universal access* assessment of UNAIDS. An important immediate step in this accelerated scale up will be fulfilment of Member States' commitment to set national targets for HIV prevention, treatment, care and support to scale up towards the goal of universal access by 2010. The declaration also makes clear that reaching national targets will require solutions to the obstacles identified in country, regional and global consultations earlier in the year.

Intensified global action against AIDS requires intensified support from the Joint UN Programme. This paper concludes with five proposed actions regarding UNAIDS support to countries' efforts to fulfil the commitments in the 2006 Political Declaration on HIV/AIDS:

1. Immediate priority support to low- and middle-income countries setting of national targets for 2010 through transparent government-led, multi-stakeholder processes. (see paragraph 49 of the declaration)
2. Improving coordination and accountability through the expansion of the biennial thematic PCB meeting into a global coordination forum, and through intensified support to national participatory reviews. (see paragraphs 50 and 51 of the declaration)
3. Intensified engagement with civil society—including networks of people living with HIV—to facilitate social mobilization and human rights-based approaches. (see paragraphs 20 and 29 of the declaration)
4. Development of scenarios to meet global financial resource needs—estimated to reach US\$ 20-23 billion annually by 2010—by mobilizing new and additional and strengthening existing financial mechanisms and continuing development of innovative sources of additional funds. (see paragraph 40 and 41 of the declaration)
5. Development of an action plan for the Joint Programme's support to countries' efforts in 2007-2010 to fully implement the 2006 Political Declaration on HIV/AIDS.

The PCB is requested to endorse the five proposed actions.

Introduction

The UN General Assembly High Level Meeting on AIDS marked the beginning of a new phase in efforts to halt the spread of HIV and end the death and suffering caused by AIDS. In the face of massive challenges and the continuing spread of HIV, the international community committed on 2 June 2006 to scale up towards the goal of universal access to comprehensive HIV prevention programmes, treatment, care and support by 2010.

The actions taken by all stakeholders in the coming months and years will determine how far we will travel along this road by the end of 2010. The UN Secretary-General, in his report to the General Assembly, *Declaration of Commitment on HIV/AIDS: five years later*, stated that success will require unprecedented willingness on the part of all actors to fulfil their potential, embrace new ways of working with each other and be committed to sustaining the response over the long term. The critical elements required to achieve this are embedded in the lessons learned from HIV treatment scaling up initiatives, including “3 by 5”¹; the renewed emphasis on prevention elaborated in the UNAIDS policy position paper, *Intensifying HIV prevention*; the “Three Ones” principles on national coordination of the AIDS response; UNAIDS ongoing analysis of estimated resource needs for a comprehensive and effective response and monitoring of resources available; the recommendations of the Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors; and the *Towards universal access* assessment of UNAIDS.

This paper reviews efforts over the past year to work with more than 100 countries to review progress, identify the biggest obstacles to universal access, develop strategies to overcome these obstacles and translate them into the Political Declaration of the High Level Meeting. It concludes with five proposed actions regarding UNAIDS efforts to support countries’ implementation of the 2006 Political Declaration on HIV/AIDS.

The road towards universal access

At its June 2005 meeting, the Programme Coordinating Board (PCB) called on UNAIDS to promote the goal of universal access to comprehensive AIDS programmes and to support countries’ efforts to achieve this goal. Political momentum built throughout the second half of 2005, as G8 countries at the July 2005 Gleneagles Summit and then all nations at the World Summit in September 2005 committed to scaling up HIV prevention, treatment and care, with the aim of coming as close as possible to universal access to treatment for all those who need it by 2010. Then, on 23 December 2005, the UN General Assembly decided to undertake a Comprehensive Review of the progress achieved in realizing the targets set out in the 2001 Declaration of Commitment on HIV/AIDS, and to convene a High Level Meeting aimed at continuing the engagement of world leaders in a comprehensive global AIDS response. The resolution called for strong civil society participation throughout the process, assistance from UNAIDS, and a comprehensive and analytical report of the global AIDS response by the UN Secretary-General.

In its December 2005 resolution, the UN General Assembly also called on the UNAIDS Secretariat and its Cosponsors to assist in facilitating inclusive, country-driven processes to identify common obstacles to scaling up, and to make recommendations for overcoming these obstacles in an assessment for consideration at the High Level Meeting. This decision resulted in more than 100 consultations in low- and middle-income countries, seven regional consultations², and three meetings of a multi-partner Global Steering Committee co-chaired by the UNAIDS Secretariat and the United Kingdom’s Department for

¹ See WHO/UNAIDS (2006). *Progress on global access to HIV antiretroviral therapy: a report on “3 by 5” and beyond*. Geneva, Joint United Nations Programme on HIV/AIDS.

² Regional consultations were held under the leadership of the African Union, the Caribbean Community Secretariat and Pan-Caribbean Partnership against HIV/AIDS, the Commonwealth of Independent States and the Latin American Horizontal Technical Cooperation Group on HIV/AIDS in Latin America and the Caribbean, and with the participation of the Association of Southeast Asian Nations and the South Asian Association for Regional Cooperation.

International Development. On the basis of the regional and global consultations, UNAIDS produced a *Towards universal access* assessment for review by Member States. The assessment identified six major requirements for significantly increasing the pace of scale-up³:

1. Setting and supporting national priorities: No credible, costed, evidence-based, inclusive and sustainable national AIDS plan should go unfunded.
2. Predictable and sustainable financing: Meet AIDS funding needs through greater domestic and international spending, and enable countries to have access to predictable and long-term financial resources.
3. Strengthening human resources and systems: Adopt large-scale measures to strengthen human resources in health, education and social systems for the AIDS response.
4. Affordable commodities: Remove major barriers—in pricing, tariffs and trade, regulatory policy, and research and development—to speed up access to affordable quality HIV prevention commodities, medicines and diagnostics.
5. Stigma, discrimination, gender, human rights: Protect and promote the AIDS-related human rights of people living with HIV, women, children and people in vulnerable groups, and ensure that they are centrally involved in all aspects of the response.
6. Targets and accountability: Every country should set in 2006 ambitious AIDS targets reflecting the urgent need to massively scale up HIV prevention, treatment, care and support and move as close as possible to universal access by 2010.

UNAIDS progress on implementation of the prevention strategy

One of the striking consistent messages from the country-led consultations was the critical need for a renewed emphasis on HIV prevention within a comprehensive response. In 2005-2006, the Joint Programme has worked at headquarters, regional and country levels to support partners' and stakeholders' efforts to implement the essential policy and programmatic actions endorsed by the PCB in June 2005 in the UNAIDS paper, *Intensifying HIV prevention*¹. This section and Annex A respond to the Programme Coordinating Board's request at its 17th "to provide a progress report in June 2006 on UNAIDS' efforts to intensify HIV prevention".

The UNAIDS Secretariat led consultations with all Cosponsors to develop an action plan based on the prevention policy paper that lays out an 18-point roadmap of key deliverables for UN system action to intensify HIV prevention at country level. This action plan was shared with PCB members on 9 March 2006. Data were solicited from UNAIDS offices in selected countries in each region, to establish a baseline against which to monitor the UN system's actions in support of these deliverables. Annex A presents the findings for 37 countries, demonstrating the range of accomplishments in intensifying HIV prevention, and specifically highlighting the role of the Joint Programme in assisting countries scale up towards universal access to comprehensive prevention programmes.

We hosted in November 2005 a global stakeholders meeting on "scaling up HIV prevention and care among men who have sex with men". The outcomes and recommendations of the meeting were summarized in a report, which is now being converted into a policy brief on men who have sex with men. Best practice case studies on prevention programmes related to sex work and injecting drug use were also disseminated in recent months. A pioneering review of HIV prevention needs among indigenous populations was presented at the UN Forum for Indigenous Issues in May 2006. The UNAIDS Secretariat commissioned the Institute of Medicine of the United States' National Academy of Sciences to review effectiveness of harm reduction among injecting drug users. Results of this independent review will be available in August 2006.

Cosponsor action to intensify prevention included the following: UNICEF supported the expansion of programmes to prevent mother-to-child transmission in 79 countries, peer education initiatives in 63 countries and youth-oriented media programmes in 43 countries. WHO is producing a series of systematic reviews of the effectiveness of HIV prevention interventions, and facilitated the expansion of sites implementing the 100% condom use programme among sex workers and their clients in China, Lao People's Democratic Republic, Mongolia and the Philippines. UNFPA's Country Commodities Manager, a tool to assist countries in assessing reproductive health commodity requirements, stock positions and possible shortfalls is now in use in 85 countries. UNESCO continued work in non-health sectors and assisted the incorporation of HIV prevention in national education policies in the Russian Federation and seven South-East Asian countries. ILO is partnering with the United States Department of Labor to implement workplace prevention and education programmes in 23 countries.

³ For each requirement, specific recommendations were made by UNAIDS in its assessment.

In the months between the completion of the assessment and the High Level Meeting, UNAIDS and its partners continued to push forward the “towards universal access” agenda. For example, the African Regional Consultation led by the African Union resulted in the adoption of the Brazzaville Commitment on Scaling Up Towards Universal Access. This commitment then served as the foundation of the African Union’s Common Position Paper for the High Level Meeting, which was agreed in Abuja on the occasion of the 2-4 May 2006 Special Summit of the African Union on HIV/AIDS, Tuberculosis and Malaria. UNAIDS also developed and disseminated guidance on national target-setting for scaling up towards the goal of universal access, based on the core and recommended indicators presented in the *Towards universal access* assessment. Additional technical guidance on setting targets—specifically for antiretroviral treatment, prevention of mother-to-child transmission of HIV and other prevention interventions—will be provided to countries later in the year. A number of countries, with support of UNAIDS, are developing Round 6 proposals to the Global Fund to help finance an accelerated response.

Results of the AIDS Review and High Level Meeting

Summary of AIDS Review events

The UN General Assembly Comprehensive Review and High Level Meeting on AIDS, held from 31 May to 2 June 2006, enjoyed strong and active participation by UN Member States and civil society. More than a dozen Heads of State/Government attended the High Level Meeting, and about 80 Member States were represented at ministerial level. Almost 700 civil society delegates attended, and most national delegations included representatives of civil society and people living with HIV—pushing the total number of civil society attendees to nearly 1,000.

As called for in the December 2005 General Assembly resolution, the Comprehensive Review comprised plenary meetings, an informal interactive hearing with civil society, panel discussions and roundtables. The results of these sessions reinforced the UNAIDS assessment’s identification of the chief obstacles faced by countries as they scale up towards universal access. They emphasized:

- the need for a comprehensive approach to scaling up, including evidence-based prevention programmes, treatment, care and support—there must be no dichotomy between prevention and treatment;
- political will, coordination and partnerships between government and civil society need to be strengthened at all levels, and the “Three Ones” principles must be systematically applied to avoid inefficient duplication and creation of parallel systems;
- women and youth are disproportionately affected by the epidemic and require special attention;
- a strengthening of programmatic prevention for vulnerable groups—including injecting drug users (e.g. through harm reduction programmes), sex workers, and men who have sex with men—is required;
- people living with and affected by HIV must be empowered by enshrining their rights in law, building political commitment, ensuring adequate funding to eliminate stigma and discrimination, and monitoring progress;
- linkages between AIDS and health programmes need to be strengthened, especially regarding tuberculosis and sexual and reproductive health programmes;
- the capacity of health, education and social systems require strengthening, and particular focus is required on existing wage bill ceilings in the health sector, which are severely limiting the development of human resources for health;

- HIV and AIDS are lifelong problems and therefore commitment cannot waver. A multi-pronged approach to more sustainable and predictable funding is required, including debt relief, new innovative financing mechanisms, increased support of the Global Fund and increased private sector participation.

Several side events contributed to the rich debates in the panels, roundtables and negotiations for the Political Declaration. Two side events should be highlighted:

- The Global Coalition on Women and AIDS launched its Agenda for Action, which included a call to: (1) secure women's rights, particularly in the areas of property and inheritance, and protecting against gender-based violence; (2) invest more money in AIDS programmes that work for women, and thereby expand access to the services women need and use, including sexual and reproductive health services, education, prevention of mother-to-child transmission of HIV and antiretroviral treatment; and (3) allocate more seats at decision-making tables to women.
- The UNAIDS 2006 *Report on the global AIDS epidemic* was released. This report contains the most in-depth data from countries to date, based on progress reports from 126 countries and civil society groups from more than 30 countries. The new data indicate that the global AIDS epidemic appears to be growing at a slower rate than in previous years, but new HIV infections continue to increase in most regions. Six of the 11 most affected African countries reported declines of 25% or more in HIV prevalence among 15–24-year-olds in capital cities; and 21 countries were providing antiretroviral therapy to 50% or more of those in need at the end of 2005.

Civil society participation

Civil society played an active and visible role in the High Level Meeting. There was increased representation from youth and women's movements alongside strong representation from AIDS organizations and faith-based organizations, and reasonable representation and involvement from the labour and private sectors. Of particular note was the first-ever address to a General Assembly plenary session by a person openly living with HIV, followed by strong involvement of civil society and private sector representatives in both presentations and interactive sessions of plenary sessions, panels and roundtables. A civil society hearing, chaired by the President of the General Assembly, reinforced calls for greater participation of people living with HIV in the response, greater attention to the needs of vulnerable groups, and a stronger response to the feminization of the epidemic.

Civil society also played a critical advocacy role during Member States' negotiation of the principle outcome of the High Level Meeting: a 53-paragraph political declaration. Representatives from more than 200 civil society groups from all regions held a series of caucus meetings during the week to discuss strategies around the political declaration. During the final days of negotiations—co-chaired by the Permanent Representatives of Barbados and Thailand, with the UNAIDS Secretariat providing technical support—sections on vulnerable groups, harm reduction, condom use, gender and target-setting were significantly strengthened as a result of civil society activism.

Political Declaration on HIV/AIDS

The Political Declaration on HIV/AIDS commits Member States to taking specific action to scale up nationally driven, sustainable and comprehensive AIDS responses—including the full and active participation of civil society—towards the goal of universal access to comprehensive HIV prevention programmes, treatment, care and support by 2010 (see full declaration in Annex B). The declaration acknowledged the findings of the Secretary-General's report, including the fact that many of the targets contained in the 2001 Declaration of Commitment have not yet been met. In response, the declaration reaffirms Member States' commitment to fully implement the 2001 Declaration, and commits Member States to pursue all necessary efforts to scale up nationally driven, sustainable and comprehensive responses

towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010. An important immediate step in this accelerated scale up will be the setting in 2006 of national targets for prevention, treatment, care and support—including interim targets for 2008—that reflect the commitments within the 2006 Declaration and the urgent need to scale up significantly towards the goal of universal access by 2010. Member states also committed to maintain sound and rigorous monitoring and evaluation frameworks and to regularly report on progress towards their targets.

The 2006 Declaration also makes clear that reaching national targets will require solutions to the obstacles identified in country, regional and global consultations earlier in the year. In this respect, the 2006 Declaration strengthens the commitments made in the 2001 Declaration by:

- Pledging to provide the highest-level commitment to ensure that costed, inclusive, sustainable, credible and evidence-based national HIV/AIDS plans are funded and implemented with transparency, accountability and effectiveness, in line with national priorities;
- Recognizing the UNAIDS estimate that US\$ 20–23 billion will be required annually by 2010 to fund sufficiently scaled up AIDS responses, and committing countries to reduce the current funding gap by making new resources available from domestic and international sources in a way that is more predictable, sustainable and aligned with national plans and strategies;
- Emphasizing the need to strengthen policy and programme linkages and coordination between AIDS, sexual and reproductive health, national development plans and strategies, including poverty eradication strategies, and to address, where appropriate, the impact of AIDS on national development plans and strategies;
- Pledging to increase capacity of human resources for health, and committing additional resources to low- and middle-income countries for the development and implementation of alternative and simplified service delivery models and the expansion of community-level provision of comprehensive AIDS, health and other social services;
- Reaffirming the right to use agreed trade flexibilities (e.g. the World Trade Organization’s Agreement on Trade-Related Aspects of Intellectual Property Rights), and resolving to assist developing countries to employ these flexibilities;
- Committing to an intensification of efforts to eliminate all forms of stigma and discrimination against people living with HIV and members of vulnerable groups, and to ensure their full enjoyment of all human rights and fundamental freedoms, in particular their access to comprehensive AIDS programmes;
- Pledging to eliminate gender inequalities, gender-based abuse and violence; to increase the capacities of women and girls to protect themselves from HIV infection, principally through the provision of health care and services, including sexual and reproductive health; to provide women full access to comprehensive information and education, interventions to prevent mother-to-child transmission of HIV and “life-long” antiretroviral therapy;
- Committing to address the rising rates of HIV infection among young people through the implementation of comprehensive, evidence-based prevention strategies that promote responsible sexual behaviour, including the use of condoms;
- Pledging to promote access to HIV/AIDS education, information, voluntary counselling and testing and related services, with full protection of confidentiality and informed consent, and to promote social and legal environments that are safe for voluntary disclosure of HIV status.

The declaration also calls on UNAIDS to play a greater coordination role at country, regional and global level, including through the thematic sessions of the Programme Coordinating Board, and to assist national and regional efforts to monitor and report on progress towards their 2010 targets. It calls for participatory

reviews of progress at country level, annual reporting of global progress by the Secretary-General, as well as comprehensive global reviews in 2008 and 2011, within the existing process to annually review progress on the 2001 Declaration of Commitment on HIV/AIDS.

Proposed UNAIDS actions for moving towards universal access by 2010

Intensified global action against AIDS requires intensified support from all 10 Cosponsors and the Secretariat of UNAIDS. The PCB is requested to endorse the five proposed immediate actions below regarding UNAIDS support to countries' efforts to fulfil the commitments in the Political Declaration of the High Level Meeting. In 2006, implementation of these five actions would primarily be financed by US\$ 5 million of the anticipated and available fund balance under the 2006–2007 Unified Budget and Workplan⁴. In 2007, the Joint Programme's support to countries' efforts to implement the Political Declaration would be financed by existing resources and the phased increase in UNAIDS technical support⁵ to be considered by the PCB in agenda item 3. After 2007, funding for this work would be included in the Unified Budget and Workplan for 2008-2009 and 2010-2011.

- 1. Setting national targets:** An inclusive national effort to set and monitor progress towards a small number of targets will mobilize civil society, promote alignment around national priorities and inspire improved planning. Public national commitment to a set of national targets will also put the focus on implementation and support efforts to improve accountability. UNAIDS will provide immediate priority technical assistance and, where necessary, small amounts of financial support to countries for transparent, government-led, multi-stakeholder target-setting processes, building on the consultations held earlier this year, and specifically involving civil society organizations, networks of people living with HIV and the private sector. (see paragraph 49 of the declaration)
- 2. Improving coordination and accountability:** In response to the Political Declaration's call for the Joint Programme to play a greater coordination role at country and regional level, UNAIDS will:
 - 2.1. Expand the biennial thematic PCB meeting into a global coordination forum focused on reviewing and stimulating efforts to implement the "Three Ones" and set global policy on critical elements of the AIDS response (see paragraph 50 of the declaration); and
 - 2.2. Intensify support to national participatory reviews, including through the development and use of the Country Harmonization Assessment Tool, a scorecard-style accountability tool for measurement of national stakeholders' participation in the AIDS response and international partner alignment to the national AIDS action framework. (see paragraph 51 of the declaration)
- 3. Intensifying social mobilization:** Building on the strong participation of civil society during the towards universal access consultations and the High Level Meeting, UNAIDS will increase its engagement with civil society—including networks of people living with HIV—to facilitate:
 - 3.1. Strong civil society participation in target setting and monitoring and reporting on progress over the next five years; and
 - 3.2. Intensified social mobilization for the broadening of national AIDS responses to ensure they reach the community level, as well as protect and promote the AIDS-related human rights of people living with HIV, women and children, and people in vulnerable groups. (see paragraphs 20 and 29 of the declaration)

⁴ See the section *Utilization of the anticipated and available fund balance under the 2006–2007 Unified Budget and Workplan*, of the paper for provisional agenda item 6.1 of the 18th PCB meeting, *Interim financial management information for the 2006–2007 biennium and financial update as at 30 April 2006*.

⁵ See Section 2.2 of the paper for provisional agenda item 3 of the 18th PCB meeting, *Effectiveness of multilateral action on AIDS: Harmonized support to scaling up the national response*.

4. **Resource mobilization:** UN Member States have recognized the UNAIDS estimate that US\$ 20-23 billion will be required annually for AIDS by 2010. UNAIDS will therefore work with national governments, international donors, the Global Fund and other stakeholders to develop scenarios to meet this financial requirement on a sustainable basis. These scenarios would include mobilization of new and additional resources from donor countries and from national budgets and other national sources, as well as the strengthening of existing financial mechanisms—including the Global Fund and relevant United Nations organizations—and the continued development of innovative sources of additional funds. (See paragraph 40 and 41 of the 2006 Declaration)
5. **Developing a four-year action plan:** UNAIDS Secretariat and Cosponsors will develop an action plan for the Joint Programme's support to countries' efforts in 2007-2010 to fully implement the Political Declaration of the 2006 High Level Meeting and the 2001 Declaration of Commitment on HIV/AIDS. This action plan would be presented to the PCB at its December 2006 thematic meeting.

Annex A

Progress made on intensifying HIV prevention

Introduction

Based on the UNAIDS policy position paper on *Intensifying HIV prevention*, endorsed by the UNAIDS Programme Coordinating Board at its June 2005 meeting, the UNAIDS Cosponsors and Secretariat worked intently at headquarters, regional and country levels to support partners' and stakeholders' efforts to scale up HIV prevention and implement the paper's essential policy and programmatic actions.

This Annex provides selected highlights of the progress made in intensifying HIV prevention, based on information provided through routine reporting by UNAIDS Country Coordinators and Regional Support Teams. In-depth information was also gathered through a questionnaire from 41 UNAIDS country offices on the status of HIV prevention scale-up.

Table 1. UNAIDS Country Offices that provided additional in-depth information on HIV prevention

East and Southern Africa:	Botswana, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, South Africa, Tanzania, Uganda, Zambia, Zimbabwe
West and Central Africa:	Mali, Nigeria
Middle East and North Africa:	Algeria, Egypt, Lebanon, Yemen
Caribbean:	Guyana
Asia and Pacific:	China, Indonesia, Philippines
Latin America:	Brazil, Guatemala, Honduras, Peru, Venezuela
Eastern Europe and Central Asia	Armenia, Belarus, Croatia, Kazakhstan, Kosovo, Macedonia, Moldova, Romania, Russia Federation, Tajikistan, Ukraine, Uzbekistan

This report has two sections. The first section deals with the status of HIV prevention at country level. The second section deals with the UNAIDS contribution in scaling up HIV prevention.

2. Status of HIV prevention response—major trends

- **Increased civil society participation in HIV prevention**

Civil society organizations took on more prominent HIV prevention work in national AIDS programmes. Fifty-six country offices reported that national partnership forums fully encouraged the participation of civil society. In Malawi, for example, civil society organizations programmed up to 50% of all the AIDS funds from the National AIDS Commission. Civil society organizations also worked with emerging most-at-risk populations such as people in prisons (Lebanon) economic migrants (Philippines), and greater involvement of people living with HIV in Global Fund grants and national strategic planning (Belarus, Honduras).

In the 41 countries surveyed, all reports indicate a strong endorsement by their governments for civil society participation in the implementation of HIV prevention activities. The role of civil society organizations has been varied and they are increasingly fulfilling key roles in the HIV prevention response. These include being part of the National AIDS Council, national HIV prevention task forces, members of Country Coordinating Mechanisms for

Global Fund grants and implementers of advocacy and HIV prevention programmes for key populations. For example, in Romania, civil society organizations were seen as the implementing arm of Government and were able to programme 80% of the US\$ 28 million available from the Global Fund.

Faith-based organizations are increasingly engaging in HIV prevention issues, consistent with approaches outlined in *the UNAIDS policy position paper on intensifying HIV prevention*. In Nigeria, faith-based groups play a major role in the national response to HIV prevention.

Civil society organizations are playing a major role in advocacy for HIV prevention and shaping national policies on HIV prevention. In Egypt, for example, the umbrella body of Egyptian Network of NGOs against AIDS (ENNAA) has provided a voice to civil society contribution to the response. In Algeria, the Universal Access consultations were instrumental in increasing civil society participation in the country response.

- **National policies on HIV prevention are setting standards for scaling up HIV prevention**

In the absence of specific AIDS-related legislation in most parts of the world, national policies on HIV prevention (often as part of the national AIDS policy) are setting the standards for scaling up HIV prevention. China issued national AIDS regulations in 2006 which support HIV prevention programmes.

Some countries, such as the Philippines, have embarked on reviewing national laws, where the government (through the House of Congress Special Committee on Millennium Development Goals) is now in the process of reviewing the impact and effectiveness of the AIDS law. Algeria is also considering review of laws with a view to intensify HIV prevention efforts in the country. In Guyana, a policy paper on HIV prevention was tabled in parliament.

Countries such as Madagascar and Mozambique have enacted anti-discrimination legislation and are training legal officers and jurists on applying the law. Honduras has a law for protecting the rights of people living with HIV, while Romania and Kazakhstan have specific AIDS laws.

- **Slow progress in setting up HIV prevention task forces**

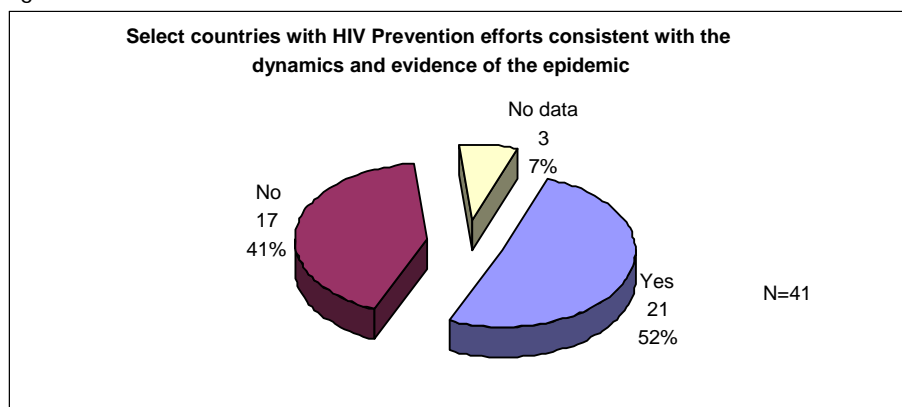
Fifteen countries have established national HIV prevention task forces, an action stipulated in section 3 of the UNAIDS policy position paper. Twelve of these are under the umbrella of the national AIDS authority. However, five of these task forces do not yet have an action plan. Additional countries indicate that they will set up such task forces in the current year.

- **Prioritization and investment in HIV prevention efforts not consistent with the epidemic dynamics**

Over the last few years, investments in HIV prevention have increased. Some countries have disaggregated data on specific types of spending related to HIV prevention. Algeria, Lebanon, Uganda, and Yemen have mechanisms to track expenditures.

While 52% of the 41 countries surveyed had prioritized their HIV prevention programmes based on epidemiological and behavioural data, 41% of the surveyed countries still need to adjust their HIV prevention programmes to become evidence-based (see Figure 1). In Latin America, there is still inadequate attention to HIV prevention programmes for men who have sex with men.

Figure 1



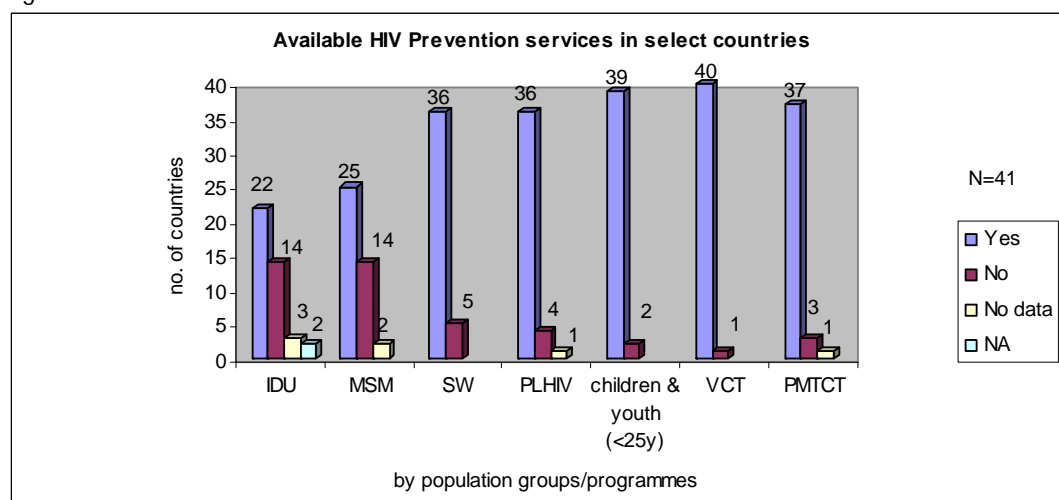
An analysis of the reports showed common factors contributing to inappropriate prioritization. These include:

1. A continued adoption of project modes for delivery of HIV prevention programmes;
 2. Inadequate data quality on most-at-risk populations and therefore coverage (e.g. in four countries less than 1% of men who have sex with men are covered by HIV prevention interventions);
 3. Inadequate attention to the underlying causes of vulnerability of women and emerging most-at-risk populations;
 4. Distribution of services and funds concentrated in certain geographic locations, mostly urban locations; and
 5. Decline in established HIV prevention programming, particularly with condom programming in a few countries.
- **Coverage of HIV prevention services for most-at-risk populations increasing but not at a sufficient scale and speed**

Policy Action 9 of the UNAIDS policy position paper on Intensifying HIV Prevention called for promoting programmes targeted at HIV prevention needs of key affected groups and populations. While there has been some progress in coverage of HIV prevention services for key affected groups and populations, the optimum levels required for changing the course of the epidemic is far from reached. In many countries, even basic access to HIV prevention services for key populations is not available. Figure 2 shows the availability of services for different population groups.

Access to services for injecting drug users in sub-Saharan Africa and Latin America continues to be insufficient. On a positive note, access to HIV prevention services for female sex workers increased globally.

Figure 2



Where HIV prevention services are available, the coverage is poor. Services are more likely to be available in major urban areas than in smaller towns and rural areas. Most projects are designed in a project mode and their sustainability over the long term is not factored into national plans. Few of these projects are able to scale up rapidly and expand to other areas. Regular and continuous availability of HIV prevention commodities also needs to be established, especially with regard to male and female condoms. Access to voluntary counselling and testing and prevention of mother-to-child transmission of HIV interventions are often hampered by geographical challenges and lack of availability of trained staff.

Many countries have started the process of defining their most-at-risk populations based on available epidemiological data. In some of countries of eastern and central Africa, refugees, truck drivers and prison inmates are emerging as those most at risk. In the Middle East and North Africa, where coverage of HIV prevention programmes are slowly but steadily increasing, countries such as Algeria and Lebanon have begun providing services for men who have sex with men. In Asia, most countries focus on sex workers, men who have sex with men and injecting drug users. However, assessment and disaggregated data about at-risk bridge populations such as clients of sex workers, economic migrants, truck drivers, etc. are not widely available. Countries like the Philippines, which have a large number of migrants, have established routine pre-departure programmes, but few programmes are available in host countries.

In west and central Africa, the focus has been on addressing adult male sexual behaviour. HIV prevention programmes in this region focus on reducing the number of sexual partners, fidelity and delay of sexual debut for young people. However, progress in reducing the vulnerability of women and young girls is far from satisfactory.

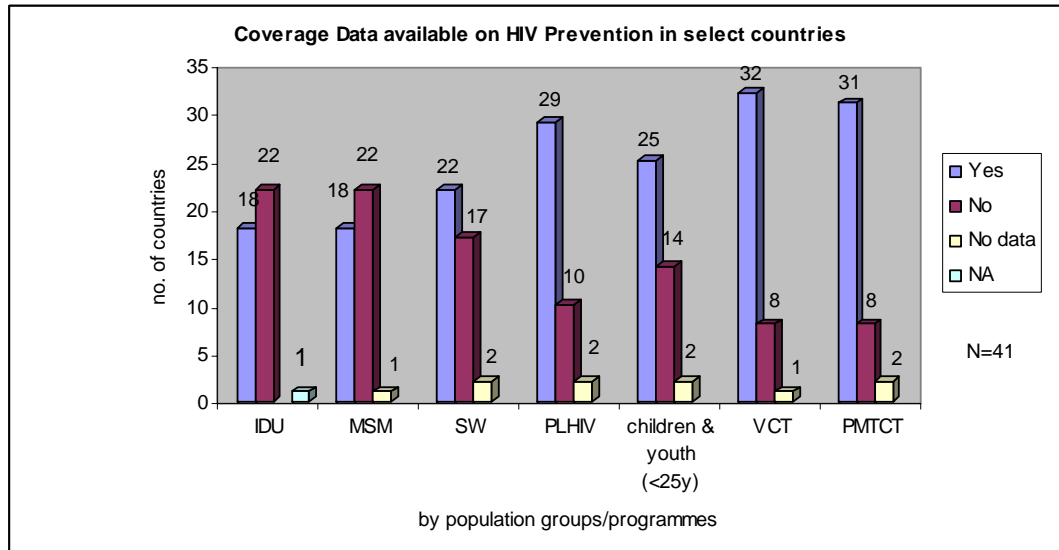
- **Advocacy for inclusion of most-at-risk populations in HIV prevention strategies**

Most countries report undertaking advocacy with policy makers and key stakeholders for inclusion of most-at-risk populations in national HIV prevention strategies and programmes. While it is still early to gauge the impact of the advocacy efforts, increasing coverage in some countries shows the growing attention being paid to the issue by policy makers and planners.

- **Increasing trend in collecting disaggregated data on most-at-risk populations**

Disaggregated data on the coverage of HIV prevention for key populations exist in the surveyed countries, but there is concern over the quality of these data (figure 3). The most commonly available disaggregated data are for people living with HIV and those accessing voluntary counselling and testing, and services for prevention of mother to child transmission.

Figure 3



In Africa, there is very little epidemiological or prevalence data about men who have sex with men and injecting drug users.

3. United Nations support to scaling up HIV prevention

- **Global actions**

UNAIDS Global Action plan for intensifying HIV prevention developed

As directed by the PCB, UNAIDS developed an action plan for the UN system⁶, to clarify roles and responsibilities in supporting the scale-up of HIV prevention. The action plan also defines a process for agreeing on the United Nations division of labour for intensifying HIV prevention at country level. It also spells out a global division of labour in line with the recommendations made by the Global Task Team⁷. The primary audience for the action plan is the staff of UN agencies, and its goal is to guide the UN system at country level in providing support to the implementation of the HIV prevention policy position paper, and delineate the activities and results that are within the role and manageable interest of the UN family.

The plan specifies 18 “key UNAIDS deliverables” that will contribute to effective HIV prevention scale-up, and for which the Secretariat and Cosponsors agreed to be jointly accountable. The 18 UNAIDS deliverables in the action

⁶ UNAIDS (2006). UNAIDS action plan on intensifying HIV prevention (2006–2007). Geneva, Joint United Nations Programme on HIV/AIDS.

⁷ UNAIDS (2005). Global Task Team on improving AIDS coordination among multilateral donors and international donors. Geneva, Joint United Nations Programme on HIV/AIDS. And UNAIDS (2005). Making the money work through greater UN support for AIDS responses. Geneva, Joint United Nations Programme on HIV/AIDS.

plan were developed and organized according to outcome areas that match UNAIDS' core functions. The outcome areas are:

- 1) Evidence,
- 2) Advocacy,
- 3) Policy Development,
- 4) Normative Guidance and Technical Support,
- 5) Coordination and Harmonization, and
- 6) Monitoring and Evaluation.

Evidence for HIV Prevention

Systematic reviews of the research and programme evidence for the effectiveness of HIV prevention interventions have been conducted at the regional and global levels by the UNAIDS Secretariat and Cosponsors, in collaboration with leading universities and academic groups. These will be released in a phased manner between the Toronto International AIDS Conference and the end of the year.

Advocacy for creating a vocal constituency for HIV prevention

To revive global interest in HIV prevention, the UNAIDS Secretariat, with the government of Sweden, co-hosted an international meeting to discuss how to mobilize a global movement. The participants of the meeting included ministers, policy-makers, AIDS activists, civil society and private sector leaders and campaign experts.

Focus on marginalized populations

In November 2005, UNAIDS hosted a stakeholders meeting on "scaling up HIV prevention and care among men who have sex with men." Based on recommendations made at the meeting, a policy brief on men who have sex with men is currently being finalized by UNAIDS.

UNFPA and the UNAIDS Secretariat convened a UN consultation on sex work and HIV to discuss a common UN framework on the issue. A global consultation involving key stakeholders is planned in July 2006. WHO facilitated the expansion of sites implementing the 100% condom use programme among sex workers and their clients in China, Lao People's Democratic Republic, Mongolia and the Philippines.

UNAIDS Secretariat also commissioned the Institute of Medicine of the National Academy of Sciences to review effectiveness of harm reduction programmes. Results of the review will be available in August 2006. In addition, best practice case studies in sex work and injecting drug use were produced and disseminated.

Preventing mother-to-child transmission of HIV

UNICEF supported the expansion of programmes to prevent mother-to-child transmission in 79 countries.

Increasing access to HIV prevention commodities

With the aim of preventing condom shortages, 85 countries are now using UNFPA's Country Commodities Manager, a tool to assist countries in assessing reproductive health commodity requirements, stock positions and possible shortfalls. UNFPA contributed US\$ 40 million in 2005 to address emergency condom shortfalls in 51 countries.

Increasing access to HIV education for young people and workplace

Significant efforts were made to engage non-health sectors in HIV prevention activities. As a result of advocacy and technical support by UNESCO, HIV prevention education was incorporated into national education policies in the Russian Federation and in seven countries in South-East Asia. ILO is partnering with the United States Department of Labor to implement workplace HIV prevention and education programmes in 23 countries. UNICEF support peer education initiatives in 63 countries, and youth-oriented media programmes in 43 countries.

- **Regional and country-level actions**

In addition, UNAIDS Regional Support Teams and Cosponsor regional offices supported efforts to define and advance the HIV prevention agenda through numerous strategies, in partnership with governments, civil society and donors.

Regional action was epitomized by the WHO Regional Committee for Africa's declaration of 2006 as the year for accelerating HIV prevention in Africa—a decision re-affirmed at the African Union's Special Summit on HIV/AIDS, Tuberculosis and Malaria held in Abuja on 1–3 May 2006. UNAIDS has succeeded in promoting learning and exchange regarding vulnerable and most-at-risk populations, including a pioneering consultation in the Middle East and North Africa that brought together representatives from sex work projects in 14 countries to learn from each others' experiences. The first Asia-Pacific regional conference on HIV prevention and care for men who have sex with men will take place in September 2006 in New Delhi, India.

The regional offices of the UNAIDS Secretariat and Cosponsors in Southern Africa have convened a Regional HIV Prevention Group, which in May 2006 hosted a "think tank" meeting under the auspices of the Southern African Development Community (SADC) to better understand the drivers of HIV and the necessary actions needed to intensify HIV prevention. Similar plans are underway for west and central Africa. Regional task forces to scale up HIV prevention on harm reduction, intervention in sex work settings and among men who have sex with men have been reorganized in Asia.

Other regional entities are engaged in discussions and planning to scale up HIV prevention within the context of moving towards the goal of universal access by 2010, including SADC, the Caribbean Community Secretariat and Pan Caribbean Partnership Against HIV/AIDS, the Commonwealth of Independent States and the Latin American Horizontal Technical Cooperation Group, the Association of Southeast Asian Nations and South Asia Association for Regional Cooperation.

Joint UN teams on AIDS engaged on intensifying HIV prevention

UN Theme Groups on HIV/AIDS and Joint UN Teams on AIDS have been leading UN efforts to support an intensification of HIV prevention at country level. Joint programming for HIV prevention is increasingly becoming the main strategy for providing support at country level. At the end of 2005, 72 UNAIDS country offices reported that the Joint Programme of support at country level included specific activities that supported national efforts in the prevention of HIV among most-at-risk populations.

Provision of normative guidance and technical support

UN Theme Groups on HIV/AIDS and individual Cosponsors in most countries surveyed have been actively involved in providing funding for improved data collection on HIV prevention, and for normative guidance and technical support. In Ethiopia, for example, the Theme Group has funded the consultations that led to the development of new HIV prevention policies and guidelines. Similar support was provided in other countries and regions.

Annex B



General Assembly

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Resolution adopted by the General Assembly

[without reference to a Main Committee (A/60/L.57)]

60/262. Political Declaration on HIV/AIDS

The General Assembly

Adopts the Political Declaration on HIV/AIDS annexed to the present resolution.

*87th plenary meeting
2 June 2006*

Annex

Political Declaration on HIV/AIDS

1. We, Heads of State and Government and representatives of States and Governments participating in the comprehensive review of the progress achieved in realizing the targets set out in the Declaration of Commitment on HIV/AIDS,⁸ held on 31 May and 1 June 2006, and the High-Level Meeting, held on 2 June 2006;
2. Note with alarm that we are facing an unprecedented human catastrophe; that a quarter of a century into the pandemic, AIDS has inflicted immense suffering on countries and communities throughout the world; and that more than 65 million people have been infected with HIV, more than 25 million people have died of AIDS, 15 million children have been orphaned by AIDS and millions more made vulnerable, and 40 million people are currently living with HIV, more than 95 per cent of whom live in developing countries;
3. Recognize that HIV/AIDS constitutes a global emergency and poses one of the most formidable challenges to the development, progress and stability of our respective societies and the world at large, and requires an exceptional and comprehensive global response;
4. Acknowledge that national and international efforts have resulted in important progress since 2001 in the areas of funding, expanding access to HIV prevention, treatment, care and support and in mitigating the impact of AIDS, and in reducing

⁸ Resolution S-26/2, annex.

HIV prevalence in a small but growing number of countries, and also acknowledge that many targets contained in the Declaration of Commitment on HIV/AIDS have not yet been met;

5. Commend the Secretariat and the Co-sponsors of the Joint United Nations Programme on HIV/AIDS for their leadership role on HIV/AIDS policy and coordination, and for the support they provide to countries through the Joint Programme;

6. Recognize the contribution of, and the role played by, various donors in combating HIV/AIDS, as well as the fact that one third of resources spent on HIV/AIDS responses in 2005 came from the domestic sources of low- and middle-income countries, and therefore emphasize the importance of enhanced international cooperation and partnership in our responses to HIV/AIDS worldwide;

7. Remain deeply concerned, however, by the overall expansion and feminization of the pandemic and the fact that women now represent 50 per cent of people living with HIV worldwide and nearly 60 per cent of people living with HIV in Africa, and in this regard recognize that gender inequalities and all forms of violence against women and girls increase their vulnerability to HIV/AIDS;

8. Express grave concern that half of all new HIV infections occur among children and young people under the age of 25, and that there is a lack of information, skills and knowledge regarding HIV/AIDS among young people;

9. Remain gravely concerned that 2.3 million children are living with HIV/AIDS today, and recognize that the lack of paediatric drugs in many countries significantly hinders efforts to protect the health of children;

10. Reiterate with profound concern that the pandemic affects every region, that Africa, in particular sub-Saharan Africa, remains the worst-affected region, and that urgent and exceptional action is required at all levels to curb the devastating effects of this pandemic, and recognize the renewed commitment by African Governments and regional institutions to scale up their own HIV/AIDS responses;

11. Reaffirm that the full realization of all human rights and fundamental freedoms for all is an essential element in the global response to the HIV/AIDS pandemic, including in the areas of prevention, treatment, care and support, and recognize that addressing stigma and discrimination is also a critical element in combating the global HIV/AIDS pandemic;

12. Reaffirm also that access to medication in the context of pandemics, such as HIV/AIDS, is one of the fundamental elements to achieve progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

13. Recognize that in many parts of the world, the spread of HIV/AIDS is a cause and consequence of poverty, and that effectively combating HIV/AIDS is essential to the achievement of internationally agreed development goals and objectives, including the Millennium Development Goals;

14. Recognize also that we now have the means to reverse the global pandemic and to avert millions of needless deaths, and that to be effective, we must deliver an intensified, much more urgent and comprehensive response, in partnership with the United Nations system, intergovernmental organizations, people living with HIV and vulnerable groups, medical, scientific and educational institutions, non-governmental organizations, the business sector, including generic and research-based pharmaceutical companies, trade unions, the media, parliamentarians, foundations, community organizations, faith-based organizations and traditional leaders;

15. Recognize further that to mount a comprehensive response, we must overcome any legal, regulatory, trade and other barriers that block access to prevention, treatment, care and support; commit adequate resources; promote and protect all human rights and fundamental freedoms for all; promote gender equality and

empowerment of women; promote and protect the rights of the girl child in order to reduce the vulnerability of the girl child to HIV/AIDS; strengthen health systems and support health workers; support greater involvement of people living with HIV; scale up the use of known effective and comprehensive prevention interventions; do everything necessary to ensure access to life-saving drugs and prevention tools; and develop with equal urgency better tools – drugs, diagnostics and prevention technologies, including vaccines and microbicides – for the future;

16. Convinced that without renewed political will, strong leadership and sustained commitment and concerted efforts on the part of all stakeholders at all levels, including people living with HIV, civil society and vulnerable groups, and without increased resources, the world will not succeed in bringing about the end of the pandemic;

17. Solemnly declare our commitment to address the HIV/AIDS crisis by taking action as follows, taking into account the diverse situations and circumstances in different regions and countries throughout the world;

Therefore, we:

18. Reaffirm our commitment to implement fully the Declaration of Commitment on HIV/AIDS, entitled “Global Crisis – Global Action”, adopted by the General Assembly at its twenty-sixth special session, in 2001; and to achieve the internationally agreed development goals and objectives, including the Millennium Development Goals, in particular the goal to halt and begin to reverse the spread of HIV/AIDS, malaria and other major diseases, the agreements dealing with HIV/AIDS reached at all major United Nations conferences and summits, including the 2005 World Summit and its statement on treatment, and the goal of achieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development;

19. Recognize the importance, and encourage the implementation, of the recommendations of the inclusive, country-driven processes and regional consultations facilitated by the Secretariat and the Co-sponsors of the Joint United Nations Programme on HIV/AIDS for scaling up HIV prevention, treatment, care and support, and strongly recommend that this approach be continued;

20. Commit ourselves to pursuing all necessary efforts to scale up nationally driven, sustainable and comprehensive responses to achieve broad multisectoral coverage for prevention, treatment, care and support, with full and active participation of people living with HIV, vulnerable groups, most affected communities, civil society and the private sector, towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010;

21. Emphasize the need to strengthen policy and programme linkages and coordination between HIV/AIDS, sexual and reproductive health, national development plans and strategies, including poverty eradication strategies, and to address, where appropriate, the impact of HIV/AIDS on national development plans and strategies;

22. Reaffirm that the prevention of HIV infection must be the mainstay of national, regional and international responses to the pandemic, and therefore commit ourselves to intensifying efforts to ensure that a wide range of prevention programmes that take account of local circumstances, ethics and cultural values is available in all countries, particularly the most affected countries, including information, education and communication, in languages most understood by communities and respectful of cultures, aimed at reducing risk-taking behaviours and encouraging responsible sexual behaviour, including abstinence and fidelity; expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm-reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmitted infections;

23. Reaffirm also that prevention, treatment, care and support for those infected and affected by HIV/AIDS are mutually reinforcing elements of an effective response and must be integrated in a comprehensive approach to combat the pandemic;
24. Commit ourselves to overcoming legal, regulatory or other barriers that block access to effective HIV prevention, treatment, care and support, medicines, commodities and services;
25. Pledge to promote, at the international, regional, national and local levels, access to HIV/AIDS education, information, voluntary counselling and testing and related services, with full protection of confidentiality and informed consent, and to promote a social and legal environment that is supportive of and safe for voluntary disclosure of HIV status;
26. Commit ourselves to addressing the rising rates of HIV infection among young people to ensure an HIV-free future generation through the implementation of comprehensive, evidence-based prevention strategies, responsible sexual behaviour, including the use of condoms, evidence- and skills-based, youth-specific HIV education, mass media interventions and the provision of youth-friendly health services;
27. Commit ourselves also to ensuring that pregnant women have access to antenatal care, information, counselling and other HIV services and to increasing the availability of and access to effective treatment to women living with HIV and infants in order to reduce mother-to-child transmission of HIV, as well as to ensuring effective interventions for women living with HIV, including voluntary and confidential counselling and testing, with informed consent, access to treatment, especially life-long antiretroviral therapy and, where appropriate, breast-milk substitutes and the provision of a continuum of care;
28. Resolve to integrate food and nutritional support, with the goal that all people at all times will have access to sufficient, safe and nutritious food to meet their dietary needs and food preferences, for an active and healthy life, as part of a comprehensive response to HIV/AIDS;
29. Commit ourselves to intensifying efforts 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 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 developing strategies to combat stigma and social exclusion connected with the epidemic;
30. Pledge to eliminate gender inequalities, gender-based abuse and violence; increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and services, including, inter alia, sexual and reproductive health, and the provision of full access to comprehensive information and education; ensure that women can exercise their right to have control over, and decide freely and responsibly on, matters related to their sexuality in order to increase their ability to protect themselves from HIV infection, including their sexual and reproductive health, free of coercion, discrimination and violence; and take all necessary measures to create an enabling environment for the empowerment of women and strengthen their economic independence; and in this context, reiterate the importance of the role of men and boys in achieving gender equality;
31. Commit ourselves to strengthening legal, policy, administrative and other measures for the promotion and protection of women's full enjoyment of all human rights and the reduction of their vulnerability to HIV/AIDS through the elimination of all forms of discrimination, as well as all types of sexual exploitation of women, girls and boys, including for commercial reasons, and all forms of violence against

women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls;

32. Commit ourselves also to addressing as a priority the vulnerabilities faced by children affected by and living with HIV; providing support and rehabilitation to these children and their families, women and the elderly, particularly in their role as caregivers; promoting child-oriented HIV/AIDS policies and programmes and increased protection for children orphaned and affected by HIV/AIDS; ensuring access to treatment and intensifying efforts to develop new treatments for children; and building, where needed, and supporting the social security systems that protect them;

33. Emphasize the need for accelerated scale-up of collaborative activities on tuberculosis and HIV, in line with the Global Plan to Stop TB 2006–2015, and for investment in new drugs, diagnostics and vaccines that are appropriate for people with TB-HIV co-infection;

34. Commit ourselves to expanding to the greatest extent possible, supported by international cooperation and partnership, our capacity to deliver comprehensive HIV/AIDS programmes in ways that strengthen existing national health and social systems, including by integrating HIV/AIDS intervention into programmes for primary health care, mother and child health, sexual and reproductive health, tuberculosis, hepatitis C, sexually transmitted infections, nutrition, children affected, orphaned or made vulnerable by HIV/AIDS, as well as formal and informal education;

35. Undertake to reinforce, adopt and implement, where needed, national plans and strategies, supported by international cooperation and partnership, to increase the capacity of human resources for health to meet the urgent need for the training and retention of a broad range of health workers, including community-based health workers; improve training and management and working conditions, including treatment for health workers; and effectively govern the recruitment, retention and deployment of new and existing health workers to mount a more effective HIV/AIDS response;

36. Commit ourselves, invite international financial institutions and the Global Fund to Fight AIDS, Tuberculosis and Malaria, according to its policy framework, and encourage other donors, to provide additional resources to low- and middle-income countries for the strengthening of HIV/AIDS programmes and health systems and for addressing human resources gaps, including the development of alternative and simplified service delivery models and the expansion of the community-level provision of HIV/AIDS prevention, treatment, care and support, as well as other health and social services;

37. Reiterate the need for Governments, United Nations agencies, regional and international organizations and non-governmental organizations involved with the provision and delivery of assistance to countries and regions affected by conflicts, humanitarian emergencies or natural disasters to incorporate HIV/AIDS prevention, care and treatment elements into their plans and programmes;

38. Pledge to provide the highest level of commitment to ensuring that costed, inclusive, sustainable, credible and evidence-based national HIV/AIDS plans are funded and implemented with transparency, accountability and effectiveness, in line with national priorities;

39. Commit ourselves to reducing the global HIV/AIDS resource gap through greater domestic and international funding to enable countries to have access to predictable and sustainable financial resources and ensuring that international funding is aligned with national HIV/AIDS plans and strategies; and in this regard welcome the increased resources that are being made available through bilateral and multilateral initiatives, as well as those that will become available as a result of the establishment of timetables by many developed countries to achieve the targets of 0.7 per cent of gross national product for official development assistance by 2015 and to

reach at least 0.5 per cent of gross national product for official development assistance by 2010 as well as, pursuant to the Brussels Programme of Action for the Least Developed Countries for the Decade 2001–2010,⁹ 0.15 per cent to 0.20 per cent for the least developed countries no later than 2010, and urge those developed countries that have not yet done so to make concrete efforts in this regard in accordance with their commitments;

40. Recognize that the Joint United Nations Programme on HIV/AIDS has estimated that 20 to 23 billion United States dollars per annum is needed by 2010 to support rapidly scaled-up AIDS responses in low- and middle-income countries, and therefore commit ourselves to taking measures to ensure that new and additional resources are made available from donor countries and also from national budgets and other national sources;

41. Commit ourselves to supporting and strengthening existing financial mechanisms, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as relevant United Nations organizations, through the provision of funds in a sustained manner, while continuing to develop innovative sources of financing, as well as pursuing other efforts, aimed at generating additional funds;

42. Commit ourselves also to finding appropriate solutions to overcome barriers in pricing, tariffs and trade agreements, and to making improvements to legislation, regulatory policy, procurement and supply chain management in order to accelerate and intensify access to affordable and quality HIV/AIDS prevention products, diagnostics, medicines and treatment commodities;

43. Reaffirm that the World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights¹⁰ does not and should not prevent members from taking measures now and in the future to protect public health. Accordingly, while reiterating our commitment to the TRIPS Agreement, reaffirm that the Agreement can and should be interpreted and implemented in a manner supportive of the right to protect public health and, in particular, to promote access to medicines for all including the production of generic antiretroviral drugs and other essential drugs for AIDS-related infections. In this connection, we reaffirm the right to use, to the full, the provisions in the TRIPS Agreement, the Doha Declaration on the TRIPS Agreement and Public Health¹¹ and the World Trade Organization's General Council Decision of 2003¹² and amendments to Article 31, which provide flexibilities for this purpose;

44. Resolve to assist developing countries to enable them to employ the flexibilities outlined in the TRIPS Agreement, and to strengthen their capacities for this purpose;

45. Commit ourselves to intensifying investment in and efforts towards the research and development of new, safe and affordable HIV/AIDS-related medicines, products and technologies, such as vaccines, female-controlled methods and microbicides, paediatric antiretroviral formulations, including through such mechanisms as Advance Market Commitments, and to encouraging increased investment in HIV/AIDS-related research and development in traditional medicine;

46. Encourage pharmaceutical companies, donors, multilateral organizations and other partners to develop public-private partnerships in support of research and development and technology transfer, and in the comprehensive response to HIV/AIDS;

47. Encourage bilateral, regional and international efforts to promote bulk procurement, price negotiations and licensing to lower prices for HIV prevention products, diagnostics, medicines and treatment commodities, while recognizing that

⁹ A/CONF.191/13, chap. II.

¹⁰ See *Legal Instruments Embodying the Results of the Uruguay Round of Multilateral Trade Negotiations, done at Marrakesh on 15 April 1994* (GATT secretariat publication, Sales No. GATT/1994-7).

¹¹ See World Trade Organization, document WT/MIN(01)/DEC/2. Available from <http://docsonline.wto.org>.

¹² See World Trade Organization, document WT/L/540 and Corr.1. Available from <http://docsonline.wto.org>.

intellectual property protection is important for the development of new medicines and recognizing the concerns about its effects on prices;

48. Recognize the initiative by a group of countries, such as the International Drug Purchase Facility, based on innovative financing mechanisms that aim to provide further drug access at affordable prices to developing countries on a sustainable and predictable basis;

49. Commit ourselves to setting, in 2006, through inclusive, transparent processes, ambitious national targets, including interim targets for 2008 in accordance with the core indicators recommended by the Joint United Nations Programme on HIV/AIDS, that reflect the commitment of the present Declaration and the urgent need to scale up significantly towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010, and to setting up and maintaining sound and rigorous monitoring and evaluation frameworks within their HIV/AIDS strategies;

50. Call upon the Joint United Nations Programme on HIV/AIDS, including its Co-sponsors, to assist national efforts to coordinate the AIDS response, as elaborated in the “Three Ones” principles and in line with the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors; assist national and regional efforts to monitor and report on efforts to achieve the targets set out above; and strengthen global coordination on HIV/AIDS, including through the thematic sessions of the Programme Coordinating Board;

51. Call upon Governments, national parliaments, donors, regional and subregional organizations, organizations of the United Nations system, the Global Fund to Fight AIDS, Tuberculosis and Malaria, civil society, people living with HIV, vulnerable groups, the private sector, communities most affected by HIV/AIDS and other stakeholders to work closely together to achieve the targets set out above, and to ensure accountability and transparency at all levels through participatory reviews of responses to HIV/AIDS;

52. Request the Secretary-General of the United Nations, with the support of the Joint United Nations Programme on HIV/AIDS, to include in his annual report to the General Assembly on the status of implementation of the Declaration of Commitment on HIV/AIDS, in accordance with General Assembly resolution S-26/2 of 27 June 2001, the progress achieved in realizing the commitments set out in the present Declaration;

53. Decide to undertake comprehensive reviews in 2008 and 2011, within the annual reviews of the General Assembly, of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS, entitled “Global Crisis – Global Action”, adopted by the General Assembly at its twenty-sixth special session, and the present Declaration.