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UNAIDS HIV Prevention Policy Position Paper
Missions Briefing, 2 May 2005
9 am - 12pm
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This is a note on the main points raised during the mission's briefing on 2 May 2005. Missions requested that these comments be posted on the UNAIDS website in addition to the written comments that they may subsequently provide, or have provided earlier.

SUMMARY

- About 50 missions participated in the 1 and 1/2 hour meeting and provided substantial feedback.
- Participants welcomed the approach of the document. Many asked for the document to be shortened (15-20 pages) and made suggestions for combining different sections and avoiding repetition. They also said that the document should be written in a motivational tone that could encourage people to act. The redefinition of the paper as a policy paper was not an issue of concern.
- The need to give prominence to gender (including feminisation of the epidemic), sexual and reproductive health rights and their linkage to HIV prevention, and young people was emphasised.
- Several missions stated the need to find a balance between human rights and a public health perspective. The missions stated that the document has strong human rights language but needs to include references to the language used at the Cairo and Beijing conferences.
- The Principles for Prevention and the 10 Essential Actions were welcomed. Many commented that these constituted the main message of the document and should therefore be mentioned early on in the document.
- A number of missions requested that condoms be placed upfront and that a discussion be included concerning approaching the 'ABC' approach (Abstinence, be faithful, use condoms) also through the angle of the right to control sexuality.
- Missions stated that HIV prevention should stand on its own merit and legs. It should of course, recognise linkages with treatment but emphasise comprehensive HIV prevention. Also there was a need to elaborate the role of people living with HIV in prevention.
- The document should include work done by the Global Task Team on HIV Prevention, especially on targets, the policy paper should also be flagged at the UNGASS round table on prevention early June this year.

I. Briefing by Dr. Purnima Mane

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Dr. Purnima Mane thanked the missions for their sustained interest in the development of the document and underlined that the document was being developed through a transparent and broadly consultative process.

She introduced the history of the present UNAIDS HIV Prevention Policy Position paper and provided a timeline of events until the UNAIDS PCB meeting in June 2005. She underlined that the structure of the document will keep evolving. Certain paragraphs of section 2 will be included in section 1 (e.g., scope and purpose of the document), and outlined the 6 key principles and 10 essential actions that had been developed from 20 years of experience of work with HIV.

Purnima announced that in early June, a discussion on HIV prevention targets will be initiated within UNAIDS. These targets might not be finalised for the PCB meeting but a process will have been started bringing in other partners beyond UNAIDS.

II. Missions' comments on the Draft UNAIDS HIV Prevention Policy Position paper

The Netherlands:

The delegate from the Netherlands complimented UNAIDS for progress made on the HIV prevention policy position paper. She expressed agreement with the written comments provided by Switzerland that are on the UNAIDS website. The delegate stated that many of their main points had been provided in the earlier consultations on the document, and stated that:

- It respects the need to balance between what should be done on an evidence basis and the necessary respect for cultural and religious sensitivities.
- The document could be stronger in order to incite countries to move forward with prevention.
- The feminisation of the epidemic needs to be highlighted in the document.
- The focus on young people could be stronger in the document.
- When it comes to prevention actions, a public health perspective is essential, particularly with regard to drug use.
- The link between prevention and treatment needs to be maintained and strengthened. However, links between HIV prevention and reproductive and sexual rights should be further developed.

Concerning the structure and detail of the document, the Netherlands felt that:

- In the "principles for success", gender sensitivity should be an overarching principle.
- The Three Ones and Monitoring and Evaluation be placed in the preamble as a context for HIV prevention action.
- Greater emphasis be placed on strengthening basic services and health services since a weak health system cannot deal with all the prevention actions.

The United States of America:

- Great care should be taken when referring to certain rights that have not been accepted by the international community in earlier discussions.
- It would be best to avoid a discussion like the one that took place at the Commission on Human Rights in terms of specific rights.
- The USA will provide written comments shortly.

Australia:

- The document needs to be shortened to a maximum of 15-20 pages.
- Web-references could be included.
- The interim draft that will be sent out to Cosponsors on 17 May should be shared with PCB members.

Canada:

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- Canadian civil society provided extensive comments to the Canadian delegation. Canada stated that civil society has requested that its role be further enhanced in the document.
- Canada also supported the comments made by Switzerland in writing, and those of the Netherlands.
- Expressed concern that section 4 was not yet completed. Canada would like to see this section before the PCB meeting.
- Encouraged the co-sponsorship of UNAIDS to be bold; it specifically encouraged UNAIDS to strengthen human rights language throughout further into the document, in particular with regard to the right of an individual to control their own sexuality.
- Canada stated that the capacity to control sexuality has to be affirmed as essential, with none of the other prevention actions being possible without the capacity to control sexuality.
- The text is still a little narrow in its approach to human rights.
- Sexual and reproductive health should be in Essential Prevention Actions.
- Canada suggested introducing the language used in the Jamaica PCB framework document, and using the language of the UNAIDS-UNFPA paper on Sexual and Reproductive Health when referring to reproductive and sexual health.
- Prevention action 6: Canada warned that UNAIDS' focus on prevention of drug use needs to be balanced by a recognition of lack of success in prevention of drug use and a gap in access to treatment for drug use. Success stories in dealing with links between HIV and drug use such as those of Brazil and Spain, need to be mentioned. Hepatitis C also needs to be included in the list.
- Specific reference should be made to 'harm reduction'.
- Sexual education should be included.
- Concerning sexual education, the role of the ministries of education and of provision for out-of-school youth is not addressed.
- The importance of informed consent for Voluntary Testing and Counselling should be highlighted.
- Prevention in prisons needs to be mentioned.
- Gender inequalities that are putting girls at risk need further highlighting.
- Greater involvement of people living with HIV in prevention should be emphasised.
- HIV prevention in the world of work should be included.
- The policy position paper does not refer to the problem of the condom gap.

Sweden:

- Sweden agreed with comments made by the Canadian, Netherlands and Swiss delegates.
- The paper as it stands may not move prevention forward a great deal in its ability to inspire people.
- Sweden does not see the difference between section 2 and section 3 and would like them merged.
- It would like to see globally agreed principles and values in the document, in particular with regard to Sexual and Reproductive Health.
- Reproductive health and rights are not sufficiently upfront, and abstinence is given more prominence.
- The gender dimension and youth issues should be emphasised.
- Certain elements of the paper should be further developed such as the need to scale-up Voluntary Counselling and Testing, and the obstacles that stigma and human rights violations can be to HIV prevention.
- The language of the Cairo and Beijing conferences should be included in the document.
- Although the link between prevention and treatment is very important, HIV prevention can and should stand on its own legs.

Switzerland:

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- The Cairo and Beijing Conferences' agendas should be cited in the policy paper.
- The document should address risk-taking behaviour rather than pinpoint groups that are at risk.
- Add gender inequality, access to vaccines, microbicides and female condoms to the list of 4 bullet points on page 11.
- The human rights section, page 13, could include children's rights and inheritance rights.
- Reduction of violence against women and children could be addressed in the document. An effort could be made to make the text more attractive to those who will implement it.

Senegal:

- The Permanent Mission of Senegal, like some other missions, had not received the document until that morning (The UNAIDS Secretariat apologised for this lapse).
- The difference between sections 3 and 4 does is unclear.
- Senegal raised a question concerning the involvement of country level consultations in the process of developing this strategy (Mexico also asked a similar question).
- The 1st paragraph of section 2 is not appropriately placed. It should be in section 1.
- For ease of reading and providing comments, paragraphs should be numbered.
- In the 5 priorities for country level action, leadership should take the first place, after resources.
- The role of religious leaders in HIV prevention is missing; these leaders are very important in ensuring effective prevention in Senegal.

Norway:

- Norway endorses Switzerland's written comments.
- Human rights need to be emphasised.
- Emphasis should be placed on UNGASS, using the language of UNGASS concerning risk-taking behaviour.
- Reproductive health should be included in the key actions, linked to health services.

Dominican Republic:

- The Dominican Republic supported Canada on the issue of sexual education and agreed with Switzerland on the use of the term 'risk-taking behaviour'.
- Sexuality at all stages of life, youth and adulthood should be addressed.
- The representative requested a discussion of the paper at the UNGASS roundtable on HIV prevention in early June.

India:

- Page 8 is a repetition of the preamble and needs editing.
- The numbering of paragraphs would be a good idea.

III. Section 4 of the HIV Prevention Policy Position Paper: What would PCB members like to see fleshed out in this section?

Switzerland:

- Action of the international community should be linked to cross-references to Poverty Reduction Strategic Plans (PRSP) and Triennial Comprehensive Policy Review (TCPR) at the country level.

Sweden:

- The document should feed into and derive from the work of the Global Task Team which could also integrate its efforts into this work.

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The Netherlands:

- A clear reference to the different roles of cosponsors in HIV Prevention is needed.
- All cosponsors should have an element of prevention in their programmes.
- This section should have links to the UBW 2006-2007, which would also be discussed at the June PCB meeting.

Senegal:

- Senegal expressed satisfaction at hearing the words “UN Family” concerning the development of section 4 of the HIV prevention policy position paper.
- The document should outline how the prevention actions will integrate with existing programs at the local level.

Norway:

- Norway would like to see the UN cosponsors involved in the development of these sections.

Ethiopia:

- Ethiopia supported the issue raised by Senegal.

UNAIDS Response

Purnima clarified that section 4 of the document would be posted on the website by 20 May and available for feedback. However, the timeline for such feedback would necessarily be tight in view of the PCB document preparation deadlines for the June meeting.

She stated that paragraphs were not numbered in order to make the document more motivational and for general use beyond the UN. Purnima stated that UNFPA is in the lead on the prevention roundtable and the preparation of UNGASS review 2 June 2005

Finally, Purnima gave the list of country level consultations that have taken place with UNAIDS Country Coordinators and with PCB NGO representatives as well as broader civil society.

Purnima thanked the missions for an active discussion and stated that UNAIDS looks forward to additional comments.

UNAIDS Action Points:

- The draft of section 4 will be circulated around 23 May.
- UNAIDS will continue to post comments received on the website.
- UNAIDS will work to incorporate the comments received till the 22 of May.
- UNAIDS will seek ways to flag the document at the UNGASS Roundtable on HIV Prevention.

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UNAIDS Briefing for Permanent Missions to the UN and the UN System in Geneva

Date: Monday 2 May 2005

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