

**Report from the HIV Services Network (HSN)/Irish Civil Society
representative on the Irish delegation attending the Mid-term Review of
the United Nations Declaration of Commitment on HIV/AIDS**

31st May to 2nd June, United Nations, New York

**The Political Declaration and speeches summarised and/or referred to in
this paper may be viewed in full on www.un.org/ga/aidsmeeting2006**

Introduction

The 2006 follow-up meeting on the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS took place from 31 May - 2 June at the United Nations in New York, USA. The Secretary-General presented the report to the General Assembly on progress made until the end of 2005, a year when targets in the Declaration were due. The main focus of the meeting was to review progress achieved in realizing the commitments set out in the Declaration of Commitment and to:

- review progress in implementing the 2001 Declaration of Commitment on HIV/AIDS, focusing on both constraints and opportunities to full implementation;
- consider recommendations on how the targets set in the Declaration may be reached, including through the "towards universal access processes" and to
- renew political commitment.

The meeting involved all sectors of the international community including 191 member states, governments, civil society and the private sector. The opportunities provided for civil society organizations to take part in the meeting was unprecedented. For the first time, a person living with HIV addressed the General Assembly plenary, normally reserved for Member States and UN officials. There was also a civil society hearing, which provided civil society an opportunity to exchange views with Member States.

The meeting featured a series of panel discussions as well as roundtables covering diverse topics. Building on these discussions, a high-level meeting took place on the third day. This meeting culminated in the adoption of a political declaration aimed at reaffirming and expressing recommitment to the full implementation of the Declaration in the coming years.

The following provides a brief summary in bullet point format of key statements presented at the opening plenary on 31st May; a summary of global civil society statements in advance of finalisation of the Political Declaration; key points emerging from roundtable and panel discussions; An Taoiseach's statement in summary at the high level meeting on 2nd June and a brief discussion of what the outcome of this meeting means for NGO's working in the HIV sector throughout Ireland. Panel discussion notes agreed in advance by the Irish delegation and Irish civil society key messages are attached at appendices A and B respectively.

Opening Plenary Meeting, 31st May 2006

1. Statement by GA President, Jan Eliasson

- paid tribute to the life of Dr. Lee Jong-Wook, DG WHO

- called for commitment to ensure that 2006 goes down in history as the moment the world turned the tide of the HIV and AIDS pandemic
- the responsibility to fight the pandemic is a responsibility we all share
- welcomed the unprecedented number of civil society representatives engaged in the meeting
- noted the importance of putting people living with HIV at the centre of the response, and highlighted the symbolic step of inviting Khensani Mavasa from South Africa to address the assembly
- expressed hope that the feminisation of the epidemic would form a major element in the deliberations
- noted that the global response to the pandemic has gathered strength, but that it is far from good enough
- twenty-five years into the pandemic and it remains uncontrolled
- called for a partnership response commensurate with the threat faced
- concluded by calling for commitment to strengthen and deliver on the response promised in 2001

2. Statement by Secretary General, Kofi Annan

- paid tribute to Dr. Lee Jong-Wook, who as leader of the World Health Organisation gave so much to the fight against HIV and AIDS
- noted that the time before HIV and AIDS, 25 years ago, seemed like it belonged to a different world
- said that it has spread further, faster and with more catastrophic effects than any other disease
- highlighted that we face a global emergency
- in recent years the response has gained genuine momentum particularly since the assembly held its special session in 2001
- progress has been made as per the Secretary Generals report but the vast majority of countries have fallen short of meeting targets in the 2001 Declaration
- noted that the world has been particularly slow to implement measures to fight the spread of AIDS among women and girls
- argued that we when we work together with determination we can win against this disease; involves partnerships among Governments, the private sector and a fully engaged civil society
- heartened by the fact that Khensani Mavasa of SA would address the assembly
- called on delegates to ensure that the meeting would chart the course towards universal access to prevention, treatment, care & support by 2010 and the Millennium Development Goal of halting and reversing the spread of HIV and AIDS by 2015
- concluded by saying that the personal leadership of all present would take us to those goals as nothing less than the future of the world is at stake

3. Statement by UNAIDS Executive Director, Dr. Peter Piot

- paid tribute to Dr. Lee Jong-Wook, adding that the fight against AIDS has lost an inspiring and determined force
- argued that more has been achieved in the last five years of the epidemic since the Declaration in 2001 than in the previous 20 years
- added that despite significant progress, we have missed more targets agreed in 2001 than achieved

- stated that what we need to do is a lot more of what we are already doing but doing it better
- the roadmap towards universal access is clearly laid out in the assessment report prepared by UNAIDS
- added that we also need to change the way we think about and approach the epidemic, while moving away from a 'crisis management' approach towards managing like it is a passing emergency
- fighting HIV and AIDS requires the kind of 'anything it takes' resolve that Member States apply to preventing a global financial meltdown or wars
- resolve must remain a permanent global political priority
- resolve must remain financial with \$20 billion required every year from 2008 if universal access is to be realised
- resolve must remain technological, speeding innovation in the development of microbicides, next generation drugs and vaccines
- resolve must be a commitment to true partnership involving PLWHA, the most vulnerable groups, civil society, faiths and business working shoulder to shoulder
- resolve must address the fundamental drivers of the epidemic especially gender inequality and the low status of women, homophobia, and AIDS-related stigma and discrimination
- fighting AIDS is an exceptional challenge but if the world applies the resolve it has applied to safeguarding international trade, finance or peace and security, it can succeed
- called on delegates to make this the meeting where Member States found the resolve to stop the epidemic
- appealed to delegates for a strong Declaration and to let AIDS cross international politics

4. Statement by Khensani Mavasa, Treatment Action Campaign, South Africa

- greeted everyone in the name of progress, but highlighted that most countries have not reached the targets agreed in the 2001 Declaration
- born in 1978, survived rape and living openly with HIV
- highlighted that 77% of new infections in South Africa are among women and added that we must rage against women's oppression
- asked the assembly not to fail women and girls at this meeting but to make violence against women a political priority
- argued that new infections today deserve the hope of treatment
- that condoms must be readily available to all if we are to create a culture of use
- concluded by highlighting that since 2001 Declaration, 20 million people have become infected with HIV and called on Member States to use this meeting to agree a platform for action and not a document of empty promises

Informal Interactive Civil Society Hearing – Exchange Between Civil Society & Member States on Implementation of the Declaration of Commitment 2001

The following summarises some of the key points raised in statements prepared by in excess of thirty civil society organisations from around the world. It should be noted that most civil society representatives called for *vulnerable groups* to be

named in the Political Declaration; this was not achieved despite widespread support for the naming of groups: -

- Participation of PLWHA in some countries is often unwanted by Governments and in some countries is dangerous. Some Governments perceive PLWHA as deviant and will not participate. Called for an opportunity to participate in decisions that affect their lives. Don't want to be remembered as victims but as people who drove policy forward. (Ukrainian Network of PLWHA)
- Acknowledgement that this meeting constitutes the first opportunity for sex workers to be heard at the UN and called for recognition of the role of sex workers in HIV prevention. They are part of the solution and not part of the problem.
- Despite the huge body of literature demonstrating the effectiveness of needle exchange, the US will not fund such programmes. Argued the USA is guilty of prioritising ideology over public health. Called for a reform of legal frameworks that criminalise the most marginalised populations including MSM, people who use drugs, sex workers and for the political declaration to name 'vulnerable groups'. (Harm Reduction Coalition, USA)
- In India the spread of HIV among women and girls is affected by class and cast and the actions of Government are supporting this. Argued that rights based approaches are critical and that women have been silenced for far too long. (Women Living with HIV, India)
- HIV+ people must be recognised as people whose sex lives have not ended and require training and skills to continue to enjoy and negotiate sex in their lives.
- Priority medicines not being produced; we don't need another "better" form of Viagra. Argued that there is insufficient funding for treatment medicines, and sub-optimal for AIDS-defining illnesses. Called for increased funding for vaccines and microbiscides and political will and leadership; it was available for SARS, why not HIV and AIDS? (Research & Development Programme, Netherlands)
- Workplace AIDS programme in Sth Africa with 3,000 employees on ARV treatment. 90% of employees are well and recording better productivity and retention of skilled, competent staff. The workplace AIDS policy was negotiated between the company and employees. Argued that the private sector can be of enormous value in the fight against HIV and AIDS. (Anglo American PLC., SA)
- Call for fairness in global trading system; bilateralism should not supplant multilateralism. Bilateral agreements inhibit the underdeveloped world and pricing of ARVs should not be left to pharmaceuticals. Called for affordable drugs for all. (Catholic Medical Missionaries, India)
- Governments need to strengthen human resources systems in health care. Financial HIV health care needs to include prevention programme costing. Budgets to health should be in the region of 15% of GNP. Concluded that targets and milestones need to be included in the political declaration. (International Coalition of Women Living with HIV/AIDS)
- Civil society does not wish to fight with those who govern them, but it is often observed that they are not valued.
- Sexual and reproductive health is paramount given that gender inequality is a primary driver of the epidemic. Prevention needs to be comprehensive. (Netherlands)

- Political discourse focuses on personal responsibility but what of public responsibility? We don't talk about the human rights of people we don't want to see. (Centre for Health & Gender Equity, USA)
- Tackling gender inequality and violence against women first requires the elimination of poverty. Education in Pakistan is oftentimes informal in order to overcome literacy barriers. Called for sustained financial support from donors. (Parliamentarian, Pakistan)
- What many Governments promised, few have done. Called for evidence based strategies rather than political or ideological preference. The instability of the global fund renders it impossible to develop long-term strategies. (Civic Council of AIDS Organisations)
- Discrimination and stigma of HIV+ people is an enormous problem in China and people don't want to test for HIV for fear of being identified in testing centres. Called on Chinese Government to end discrimination of Gay community and also to upscale education in schools in order to tackle the wider social belief that condom use is immoral. (Civil Society Representative, China)
- Design and evaluation of programmes requires meaningful inclusion of civil society and PLWHA. It is an uncomfortable truth that success in the fight against HIV and AIDS is dependant on our willingness to place human rights at the core of our efforts. (Human Rights Watch)
- While agreeing that the best possible approach to stemming the crisis in HIV/AIDS is through partnership, it was argued that civil society and PLWHA often have difficulty accessing capacity skills training. (Young People Against AIDS)
- In Swaziland 70% to 80% of the population are unemployed; there is no infrastructure and no clean water. The only thing available is ARV's and the speaker requested that they continue so that a future may be realised for her country. (HIV/AIDS Healthcare Outreach, Swaziland)
- The work of NGO's contributes to social capital and Governments need to end resourcing barriers to equal participation. The role of civil society is to speak out and they should not fear loss of funding for doing so. (Civil Society Representative, France)
- Commitment means a long term response and we need sustainable investment in HIV/AIDS services. We know what works but sometimes what works challenges our moral thinking; we need to overcome this. (Civil Society Representative, Romania)
- Governments must not be afraid to participate with sex workers & MSM (Parliamentarian, Mexico)
- We need to form international partnerships for research & development. (IAVI, India)
- In 2004, Zambia declared ARV's free of charge and established a Cabinet Ministry for Women's Affairs to deal specifically with vulnerability of women and girls to HIV. (Minister of Foreign Affairs, Zambia)
- Religious have made many mistakes but have learned from them. It is not appropriate to continue to exclude religious organisations in the process of decision-making. (World Council of Religious Organisations)
- Call on Governments to engage with PLWHA and to please keep the promise. (PLWHA, Ukraine)

- Argued that we can all be stewards of god. Trade agreements violate the bonds of human community. Pharmaceuticals can be part of the solution. (Church World Service)

Panel and Round Table Discussions

The panel and round table discussions covered a wide range of issues from HIV prevention, stigma, discrimination, feminisation of HIV and AIDS and health systems among others. The Irish delegation, statutory and civil society representatives, agreed a number of key messages for inclusion at panel discussions in advance of the meeting. These agreed notes may be viewed at Appendix A. Rather than feedback on each of the 10 panel and round table discussions, it is perhaps more useful to draw attention to the key messages that emerged and were reflected at each session. The fact that there was unified agreement and identification of priority issues across the range of subjects discussed suggests that at least in dialogue Member States share a common purpose that is largely reflected in the political declaration. Common and priority responses identified in each of the 10 panel and round table discussions were as follows: -

1. The need for strong political leadership to ensure that HIV and AIDS remains a global political priority.
2. Intensification of prevention efforts and elimination of the dichotomy between prevention & treatment. Prevention initiatives should be targeted at those most 'vulnerable' to HIV and 'vulnerable groups' should be named to ensure their visibility; these include Men-who-have-sex-with-men (MSM), people who use drugs and their sexual partners, commercial sex workers, women exposed to trafficking, prisoners, migrant and refugee populations.
3. Address the underlying causes of gender inequality that render women and girls more vulnerable to HIV globally.
4. Engaging civil society and PLWHA in meaningful partnerships designed to support the development of HIV/AIDS policies and programmes.
5. Recognise that the best preventative response to HIV and AIDS is to respond to poverty.
6. That human rights should form the cornerstone of the global response to HIV/AIDS.
7. That universal access to prevention, treatment, care and support by 2010 remains a political priority for all Member States.

High Level Plenary Meeting, 2nd June 2006

The thrust of the speeches made by Assembly President Jan Eliasson, Secretary General Kofi Annan and UNAIDS Executive Director, Peter Piot was the need to address the primary drivers of the HIV and AIDS pandemic at country level and to enable universal access to prevention, treatment, care and support by 2010. All speakers called on Member States to adopt the Political Declaration and to make it in conjunction with the Declaration of Commitment, the framework for moving forward. Richard Feacham, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria called on global leaders and the private sector to find the vital resources necessary to make universal access a reality. He said that \$22 billion is required by 2008 but current income constitutes only half that need. The first speaker, Mrs. Laura Bush representing the USA highlighted the outcomes of PEPFAR since 2003 adding that the United States will soon be

proposing the designation of an International HIV Testing Day and urged Member States to join the U.S. in support of the initiative.

National Statement Ireland, An Taoiseach, Bertie Ahern T.D.

The full text of An Taoiseach's speech may be viewed at www.taoiseach.gov.ie/index.asp?docID=2684 or at www.un.org/webcast/ga/aids/2006/statements02june06.html

An Taoiseach's statement reflected on the fact that Ireland pledged €30 million per year to the fight against HIV/AIDS at UNGASS in 2001, but highlighted that since then Ireland through the national programme of development assistance has spent over €250 million in the last five years. An Taoiseach pledged that Ireland's spending on HIV and other communicable diseases will increase to at least €100 million per year from this year forward. He also confirmed that the Irish Government is committed to reaching the UN target of spending 0.7% of GNP on official development assistance by the year 2012. As part of Ireland's overall commitment, he pledged the following over the coming years: -

1. double Ireland's funding to UNAIDS to €6 million per year
2. increase Ireland's funding to the Global Fund to Fight AIDS, TB and Malaria to €20 million this year
3. continue to invest in new technologies, which can prevent HIV
4. spend an additional €30 million per year on HIV in Ireland's partner countries
5. prioritise women in Ireland's programmes and spend up to 20% of the increased resources for HIV and other diseases of poverty on interventions that will benefit children

An Taoiseach went on to state that Ireland has invested in expanding HIV services to respond to rising infection levels in Ireland and also announced that as a first step, a National Campaign to combat stigma and discrimination against people infected with HIV in Ireland will be launched to coincide with World AIDS Day this year. He called for leadership to tackle the feminisation of AIDS, children living with and affected by HIV/AIDS and the stigma and discrimination experienced by people living with HIV/AIDS globally. He commended the role of civil society both at home and overseas in terms of their centrality to the response, and concluded by committing the Irish Government to the vanguard of the global response to HIV/AIDS.

Conclusion – *What does UNGASS mean for NGO's working in the HIV sector throughout Ireland?*

HIV+ people and representatives of the NGO sector working in HIV throughout Ireland agreed and submitted in advance of the UNGASS Midterm Review of the Declaration of Commitment on HIV/AIDS a number of key points for consideration by the Department of Health & Children, Department of Foreign Affairs and Department of the Taoiseach (see Appendix B). That submission has resulted in very positive outcomes in that many of our key points were included in the delegation submissions to the panel discussions (see Appendix A). The most salient success has been however the Taoiseach's commitment to a National Campaign to combat stigma and discrimination against people infected with HIV in Ireland as per recommendation two of our submission, echoing target 37 of the UNGASS Declaration of Commitment on HIV/AIDS 2001 and article 20 of the Dublin Declaration 2004. This is most welcome because we all know that while equality legislation exists to protect people including those who are HIV+ from discrimination, in reality stigma prevents those who are experiencing discrimination on the basis of their HIV+ to challenge it in the courts.

The fact that the Political Declaration was finalised without timelines and benchmarks was contentious, however article 49 commits Member States to set national targets for implementation. While much of the political declaration focuses, and rightly, on mobilising national and international responses to the devastation caused by HIV/AIDS in areas of the world where HIV and AIDS is endemic, there are many articles therein which simply reflect best practice in terms of national and international responses to HIV and AIDS as advocated by UNAIDS and the WHO. The Political Declaration is not legally binding but at the same time our Taoiseach has adopted the Political Declaration on behalf of the Irish Government and so his commitment is to fight the pandemic overseas but also at home. The Political Declaration might assist civil society in Ireland to hold Government to account in some of the following areas cited as examples of service and policy development: -

- article 21 emphasizes the need to strengthen policy and programme linkages between HIV/AIDS, sexual and reproductive health, while Ireland remains without a sexual health strategy in 2006
- article 22 reaffirms that prevention of HIV infection must be the mainstay of national and regional responses while throughout Europe the cost of treatment has precluded sufficient investment in prevention and consequently young people are highly complacent about HIV¹; this article also raises awareness of the need for 'education and communication in languages most understood by communities and respectful of cultures' and yet while 50% of people testing HIV+ in Ireland are from areas of the world where HIV is endemic, there is a dearth of translation services, linguistically and culturally appropriate education tools; article 22 further raises that prevention also means expanded access to sterile injecting equipment, which as per sections 5.23 and 5.24 of the Mid-term Review of the National Drugs Strategy is not a reality in Ireland to a sufficient extent given that out-of-hours, evening and weekend services are not accessible
- article 23 reaffirms that prevention, treatment, care and support are mutually reinforcing elements of an effective response, and in the context of the emerging debate around disclosure, notification and in the current climate of criminalisation of HIV transmission, secondary prevention efforts are paramount and need to be resourced in parallel with efforts to combat stigma and discrimination;
- article 26 commits to addressing the need for youth-specific HIV education, mass media interventions and the provision of youth friendly health services, and while Ireland has made some progress in this regard the review of the National Health Promotion Strategy in 2005 highlighted our failure to adequately address sexual health in the first five year phase of this programme. Furthermore, 'mass media interventions' have been confined to convenience advertising and a less than annual HIV awareness advertisement shown in cinemas around World AIDS Day.

The process of consultation in advance of this meeting has again underscored the value of working in partnership with our colleagues in overseas aid organisations. Continuing that partnership has been recommended by Irelands shadow report and while we recognise that we operate different strategies, there are areas of our work where cross-over occurs while mutual benefit and learning can be facilitated through greater consultation and participation. Irish Aid and the

¹ Peter Piot, Breaking the Barriers; Partnership to Fight HIV in Europe and Central Asia, 2004

Dochas group have proposed a meeting with representatives of the HIV Services Network and the Department of Health & Children on our return from UNGASS to further that proposal and to effectively explore ways in which we might work together into the future. The partnership approach fostered in advance of UNGASS has resulted in positive outcomes for both the national and international HIV sector, and I would recommend that it is potentially beneficial to continue to foster that relationship.

Prepared by:

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Irish Civil Society Representative, UNGASS
Midterm Review of the Declaration of
Commitment on HIV/AIDS 2006

13th June 2006

UNGASS 2006 PANEL DISCUSSION
Panel 1: Breaking the Cycle of Infection
Critical Issues and Action Points

Prevention has failed, and treatment cannot keep up with the existing and escalating number of HIV infections.

Recognizing that HIV/AIDS is both a cause and consequence of underdevelopment, and is driven by poverty and marginalization, urgent and intensified commitments are required to contain and redress this pandemic. This includes both addressing the context of underdevelopment and marginalization that drives HIV while at the same time scaling up prevention, care and support strategies.

The following critical issues and action points will help to break the cycle of infection:

Empower girls and women to reduce their vulnerability to HIV infection.

- A commitment from leaders to address the legal, economic, and educational inequalities which contribute to the increasing numbers of young girls and women who are infected with HIV.

Identify populations most a risk of HIV infection. Each country needs to:

- Identify those most a risk of HIV infection.
- Target prevention campaigns, and provide support services, to high risk groups.
- Advance legal and policy reforms most at-risk populations.

Access to effective STI treatment is an essential component of a national response to HIV.

- National HIV/AIDS responses need to include and resource STI treatment programmes.
- STI services need to be provided to at risk population groups.
- The effective delivery of STI services need to be supported by predictable supplies of drugs and accessibility to protocols to guide effective treatment.

Invest in new prevention technologies such as microbicides and vaccines.

- An intensified commitment and additional financing are required to accelerate the development of new technologies such as microbicides and vaccines.

Ensure the protection of infants and children from HIV infection.

- Accelerate efforts to decrease the price and improve the accessibility and quality of paediatric diagnostics and treatment formulations.
- Accelerate efforts to include programmes to prevent and treat HIV infections in children, in national responses.
- Greatly increase efforts to prevent mother-to-child transmission and to use PMTCT as the opportunity to enrolling mothers in national treatment programmes.

UNGASS 2006 PANEL DISCUSSION

**Panel 2: Overcoming Health Worker Shortages and other Health Systems and Social Sector constraints to the movement towards Universal Access to Treatment
Critical Issues and Action Points**

HIV/AIDS cannot be addressed without effective health services. Strong health systems are essential if the goal of universal access to HIV/AIDS prevention, treatment, care is to be achieved. HIV treatment has to be continued for life and this requires well functioning and sustainable health systems.

Throughout the development world, there is a growing crisis in the health work force, which is the back-bone of the health system. This is a critical constraint to the scaling up of health services to achieve universal access to HIV prevention, care and support.

The following critical issues and action points will help to strengthen the health care systems in resource poor, low capacity environments:

An effective response to HIV and AIDS needs functioning health care systems.

This can be supported by:

- The strengthening of health-care responses to HIV/AIDS in a manner that builds up, rather than weakens, the overall health system.
- Ensuring greater alignment between national health systems and global funds and programmes.
- Agreement between national governments, donors and International Financial Institutions on the level of financial resources needed to plan and deliver a comprehensive package of health services.

Decrease the exposure of health workers to the risk of HIV infection. This includes:

- The provision of adequate prevention training for health care workers.
- The provision of preventive barriers, such as a clean work environment, sterile instruments and rubber gloves.
- Facilitating the availability of post-exposure prophylaxis in health-care settings.
- Improving access to treatment for HIV infected health-workers.

Review the roles and responsibilities of health workers to expand access to HIV prevention, care and treatment. This includes:

- Involving professional organisations in discussions to agree a revision of responsibilities with a view to expanding access to prevention, care and treatment facilities at national, district and community levels.

UNGASS 2006 PANEL DISCUSSION
Panel 3: Ending the increased Feminisation of AIDS
Critical Issues and Action Points

Urgent strategies are needed to redress the feminisation of the HIV/AIDS epidemic. In the context of HIV, gender inequalities are providing lethal for women and girls. In sub-Saharan Africa, females constitute a staggering 75% of all infected in the 15-24² age group. 25 years into the HIV/AIDS pandemic, there remains insufficient commitment to address the gender dimensions of the epidemic.

The following critical issues and action points will help to reverse the feminisation of HIV/AIDS:

The recognition that the feminisation of HIV needs to be reflected in global and national AIDS control programmes. This can be supported by the following:

- Increased advocacy about the impact of the pandemic on women and girls.
- Accumulation and application of evidence relating to the feminisation of the pandemic, to inform the development of international and national policies and plans.
- Support the strengthening of capacity building within international and national organisations, to facilitate analysis of the gender dimensions of HIV and AIDS.
- Allocation of additional resources to programmes that empower women and girls to reduce their vulnerability to HIV infection.
- Initiatives to confront the very high incidence of gender-based-violence.

The acknowledgement that reversing the feminisation of HIV and AIDS requires the active support of both men and women. This includes:

- An urgent need to engage men and boys to better recognise their responsibilities in respecting the sexual rights of women and in preventing the transmission of HIV.
- The provision of accessible sexual and reproductive health services for both men and women.

Strengthening the quality of information about the impact of HIV/AIDS on women and men. This includes:

- Working to strengthen the quality and reliability of national data in respect of HIV prevalence, incidence and distribution.
- Ensuring national data is disaggregated by age and sex and that this data informs national policy choices.
- Ensuring national monitoring and evaluation frameworks are responsive to the gender impacts of HIV.

² UNAIDS figure quoted in “A Pandemic within the Pandemic”, Stephen Lewis, July 11, 2004.

UNGASS 2006 PANEL DISCUSSION

Panel 4: Sustainable And Predictable Financing For Scaled-up AIDS Responses Critical Issues and Action Points

The sheer scale of the global HIV/AIDS pandemic, the likelihood that numbers of new infections will continue to increase for many years to come and its correlation with poverty and under-development implies the need to plan for a response that is long-term and well resourced.

The following critical issues and action points will support sustainable and predictable financing for scaled-up AIDS responses.

The International community should live up to the commitments made to increase the volume of development assistance in support of the attainment of the Millennium Development Goals

- Donor countries should increase levels of official development assistance to reach the agreed 0.7% GNI target.

More financial support for HIV/AIDS is needed.

- The international community should agree the volume of resources that are required to respond to the HIV/AIDS pandemic.
- Donors should work to achieve a greater degree of predictability and flexibility in the commitments they make globally and at country level.
- Governments of highly affected countries should ensure plans for responding to HIV/AIDS are adequately financed, both from domestic and external resources.
- The criteria agreed to determine eligibility for debt relief should fully reflect the scale and impact of HIV/AIDS at country level.

A commitment to promote transparency and improve coordination of national AIDS responses.

- Ensure that funding channelled globally and at country level is fully supportive of the “Three Ones” Initiative – one national strategy and work plan, one coordinating mechanism and one monitoring and evaluation framework.

Ensure that HIV/AIDS resources reach the communities they are intended to support.

- As a matter of urgency develop mechanisms to ensure that the additional resources made available at country level are made accessible at district and community level.
- Accelerate efforts to ensure resources are directed to children, parents and grandparents made vulnerable by the HIV pandemic.

UNGASS 2006 PANEL DISCUSSION
Panel 5: Overcoming Stigma And Discrimination And Changing The Way Societies
Respond To People Living With HIV
Critical Issues and Action Points

Stigma and discrimination are among the greatest barriers to effectively addressing HIV and AIDS. The impact is wide-ranging, discouraging decision-makers from pursuing evidence-based responses, deterring individuals from finding out their HIV status, and inhibiting those who know they are infected from taking action to seek treatment and care for themselves and to protect others.

The following critical issues and action points will address HIV and AIDS-related stigma and discrimination:

Strengthen political leadership to acknowledge and address the basic human rights of vulnerable and marginalized populations.

- Support the enactment of legislation that can improve access to prevention and treatment services for population groups at high risks of HIV infection (commercial sex workers; intravenous drug users, men who have sex with men etc)
- Public figures should be encouraged to speak out against HIV/AIDS stigma and discrimination.
- All HIV/AIDS programmes should acknowledge the rights of people living with HIV and integrate a robust response to stigma and discrimination.
- Policies to eliminate stigma and discrimination against adults and children living with HIV, and other vulnerable populations need to be advanced and supported by necessary legislative change.
- Recognise the particular vulnerability of women to stigma and discrimination and support policies to protect their rights and access to services.

Accelerate efforts to include People Living with HIV/AIDS in the development and delivery of HIV/AIDS policies and programmes.

- Facilitate the representation of people living with HIV/AIDS on national HIV/AIDS committees, delegations, or bodies designed to support the development of HIV/AIDS policies and programmes.

Funding to address stigma and discrimination needs to be increased.

- Increase funding and support for network and organisations of people living with HIV to combat stigma and discrimination.
- Provide funding for national campaigns to eliminate HIV associated stigma and discrimination.

**Irish Civil Society key Messages in advance of the
Mid-Term Review of the UNGASS Declaration of Commitment on
HIV/AIDS**

1. As per target 16 the UNGASS Declaration of Commitment on HIV/AIDS 2001, Ireland recognises that full realisation of human rights and fundamental freedoms for all is essential in reducing vulnerability to HIV/AIDS, while preventing stigma and related discrimination against people living with or at risk of HIV/AIDS. Therefore, a concrete and measurable commitment to promoting human rights should be the cornerstone of Ireland's response to HIV/AIDS. This will include enacting necessary policy and legislation, providing essential resources and guaranteeing that all Government supported initiatives to address HIV/AIDS will be consistent with Ireland's obligations in regard to international human rights law.
2. As per target 37 of the UNGASS Declaration of Commitment on HIV/AIDS 2001 and article 20 of the Dublin Declaration 2004, that An Taoiseach, Bertie Ahern will publicly commit to the development and resourcing of a national education and awareness campaign to combat the stigma associated with HIV/AIDS, while further challenging direct and indirect discrimination³ experienced by people living with HIV/AIDS in Ireland.
3. That Ireland will make a strong statement at the Mid-Term Review of the UNGASS Declaration of Commitment on HIV/AIDS 2006, opposing the practice of criminalising the sexual transmission of HIV under any circumstances.
4. Ireland recognises in the context of disclosure, notification and in the current climate of criminalisation of HIV transmission, that secondary prevention efforts are paramount and must be resourced in parallel with efforts to combat stigma and discrimination.
5. In recognition that the cost of treatment has precluded sufficient investment in prevention in Ireland and Europe-wide, that commitments are made to reinvigorate and resource prevention in the context of broader sexual health, drugs and population health strategies, while developing the bio-psycho-social model of prevention, treatment and care at National and Regional levels as recommended by UNAIDS and the World Health Organisation.
6. That Ireland will upscale both prevention and support responses to HIV/AIDS among populations at particular risk including, Men-who-have-sex-with-men (MSM), drug users and their sexual partners, commercial sex workers, women exposed to trafficking, prisoners, migrant and refugee populations.

³ Including travel restrictions affecting HIV+ people; restricted access to 'life' and other insurance products; insufficient awareness among primary health care providers, educational institutions, housing bodies, employers etc. of their obligations to HIV+ people under equality legislation.

7. That Ireland will not deport people living with HIV and in receipt of treatment and care, back to areas of the world where HIV is endemic and where continuation of treatment may be restricted.
8. That Ireland recognises the particular challenges faced by ethnic minorities living with HIV in Ireland and commits to ensuring that prevention, treatment and support services are at all times culturally and linguistically appropriate.
9. As per article 27 of the Dublin Declaration 2004, that Ireland re-commits to the meaningful and equal participation of civil society and people living with HIV/AIDS in the development of policy and services at national level.
10. As per the Dublin Declaration 2004, that Ireland recognises that success in the fight against HIV/AIDS is linked to the fight against other sexually transmitted infections, and that the Irish Government will ensure that a National Sexual Health Strategy is developed as a matter of priority.
11. That Ireland will strongly oppose the politicisation of global sexual health strategies and/or treatment funds that prioritise religious or moral beliefs over public health outcomes.
12. That Ireland will commit to accelerating the implementation of provisions made under targets 65-67 of the UNGASS Declaration of Commitment on HIV/AIDS 2001 and article 3 of the Dublin Declaration 2004 relating to children living with and affected by HIV/AIDS.
13. That Ireland will continue to support and work at EU level to ensure continued investment in research around vaginal microbicides and HIV vaccines, which are potentially significant to the future prevention of HIV.

Contributors include & statement endorsed by:

Dublin AIDS Alliance

Cáirde

Sexual Health Centre

Red Ribbon Project

Open Heart House

ACET

Irish Penal Reform Trust

Gay HIV Strategies

Gay Health Network

Irish AIDS & Mobility Network

Member individuals & agencies of the HIV Services Network