

APRIL 10, 2001

**FROM: NYC UNGASS COMMUNITY ADVOCACY
TREATMENT WORKING GROUP**

TO: UNGASS MEMBER STATES AND DELEGATES

**RE: CONSENSUS STATEMENT ON RESPONSE
TO UNGASS DRAFT DECLARATION OF COMMITMENT**

NOTE: The following consensus statement limits its comments to the section of the UNGASS Declaration of Commitment regarding Care and Support (reprinted below). It directly addresses the UNGASS Declaration's statement that prevention must be the mainstay of the global community's efforts to address the AIDS epidemic.

>From the draft UNGASS Declaration of Commitment on HIV/AIDS (April 6, 2001) and the section dealing with care and support:

"Care and support are inseparable elements of an effective response"

"By 2003, ensure that comprehensive care strategies are developed to strengthen health care systems; provide access to affordable medicines and drugs for those who need time; support individuals, households and communities affected by HIV/AIDS; and address factors affecting the provision of essential drugs, including technical and system capacity, prices, international trade rules and intellectual property rights;

"By 2003, ensure that national strategies are developed in close collaboration with the international community and the private sector to increase substantially the availability of essential medicines for HIV, including antiretroviral therapy for people with symptomatic HIV infection."

Response of UNGASS Community Advocacy Treatment Working Group:

The world's HIV-infected and - affected populations cannot wait until 2003 for their countries to act. 1,300 people die of AIDS every day. In two years time, the epidemic will have claimed nearly 10 million lives. The UNGASS Declaration of Commitment overlooks many measures which are of the utmost importance to saving lives and preventing new infections.

As it stands, the United Nations Declaration of Commitment is wholly inadequate with respect to treatment and care. Taking immediate measures to improve access to care, treatment and support should be of equal priority to prevention efforts in the global response TO HIV/AIDS. The Declaration should be altered to reflect the following:

TREATMENT IS PREVENTION

The Declaration of Commitment presents a false dichotomy between prevention and treatment. Treatment and care services are known to enhance prevention efforts and are efficient routes to many prevention goals, including uptake of voluntary counseling and testing, treatment of STDs, and condom use. The Declaration should reflect that treatment and prevention are inextricably linked and that:

- Treatment strengthens prevention efforts, expands local health infrastructure, and improves overall delivery of care and support.
- Access to treatment is a known incentive for HIV testing, and helps address stigma and discrimination against individuals living with HIV, as well as denial associated with HIV.
- Effective treatment of HIV and sexually transmitted diseases, as well as opportunistic infections in HIV-infected individuals helps reduce their risk of HIV transmission. Member countries must commit to developing programs which reflect the immense public health impact - including reductions in new infections - of basic treatment interventions such as treatment for STDs and opportunistic infections.

The Declaration must clearly state that access to care and treatment are basic human rights, and must provide an expanded definition of treatment and an outline of immediate steps that every member country can take and will commit to taking to improve care, treatment and support for those already infected with HIV.

The Declaration should set a specific timetable and specific numeric targets for providing immediate access to antiretroviral and OI therapy to the neediest individuals with HIV now, not in 2003, and should address criteria for selection of those who are most likely to benefit. Priority must be given to individuals with symptomatic HIV illness and late-stage AIDS. Since HIV treatment is an incentive to HIV testing, any treatment initiatives will also facilitate the identification of newly-exposed or recently seroconverted individuals who are known to be at high risk of transmitting HIV to others and could potentially benefit from early access to short-course antiretroviral therapy that would in turn represent an important prevention strategy.

AN EXPANDED DEFINITION OF TREATMENT

Treatment and care have many components. The current wording is too broad and gives inadequate direction to member countries. As the Health GAP Coalition has stated with regard to the Declaration: "Generality is an excuse for inaction; abstraction is a foreshadowing of failure."

The many interrelated aspects of disease management include: treatment for STDs and opportunistic infections; palliative care; nutrition; diagnostics (including HIV antibody tests, viral load and CD4 T-cell counts), "best practice" clinical management of HIV disease; education of communities about HIV treatment through culturally-appropriate

treatment literacy materials; and training of physicians and health-care professionals. Many of these aspects can be translated into concrete goals which member countries can and should begin to pursue immediately, and not in 2003.

The Declaration should state that:

- Member states commit to outlining and implementing immediate and clear action steps for increasing access to treatment and care, with clear standards for action.
- While they recognize that access to antiretrovirals remains a difficult challenge, member states must immediately begin to: train physicians, health-care professionals and community advocates in appropriate strategies for managing HIV/AIDS; identify and take concrete steps to enhance the existing health infrastructure of their countries for the introduction and delivery of HIV-related medicines and care; identify and establish national programs and successful community-based models of HIV treatment; immediately establish mechanisms that will prioritize the care and support individuals with symptomatic HIV or late-stage AIDS and their families.

COMMUNITY REPRESENTATION

These goals cannot be met without the involvement and guidance of the diverse communities of people with HIV and AIDS and other members of Civil Society. It is imperative that people with HIV/AIDS be offered representation at all levels of decision-making with regards to access to care and treatment. This includes full participation in the administration of any proposed "global AIDS fund," participation member state UNGASS delegations; and decisions by member states about resource allocation.

The Declaration should state that:

- Governments of member states must commit to work in equal partnership with people with HIV/AIDS and Civil Society with respect to the allocation of funds, financial and technical resources for HIV prevention, treatment and care.
- Governments of member states must commit to transparency and accountability in these partnerships.

AN END TO ECONOMIC AND TRADE BARRIERS

Allocation of new funds and resources for treatment and care is a priority for all member countries. For developing nations crippled by the burden of debt, this can only be accomplished by debt cancellation and reallocation of these funds to programs for HIV/AIDS prevention, treatment and care. The use of funds freed up by debt cancellation can become an essential element in the ability of developing countries to address the AIDS pandemic, since it will free up needed internal national resources and make it more possible for them to increase the effectiveness of their response to AIDS and other health,

education and civil issues. We wish to emphasize the need for government transparency and civil society participation in any reallocation of funds freed up by debt cancellation.

The Declaration should also commit member states to:

- clearly address and, where necessary, remove trade barriers that negatively impact on access to essential medicines for HIV, including antiretroviral drugs;
- support the highest possible protection of public health in international, regional, and national trade, patent, and intellectual property laws, including TRIPS-compliant safeguards.
- support developing countries to provide the most affordable, highest quality health care for their HIV-affected populations as possible, using such mechanisms as generic production, compulsory licensing and parallel importing of HIV medicines.
- develop patent legislation in accordance with these principles and with a view to fulfilling the basic human right of each citizen to health care.
- avoid using litigation or other pressures, particularly bilateral ones, to prevent another country from measures designed to implement the fundamental human right to health.

FOLLOW UP MEASURES & INDEPENDENT MONITOR

- The Declaration should address follow-up plans and steps that member states will be required to take to fulfill their stated commitment to this document of action, along with a timetable for action.
- The Declaration should establish a clear mechanism for review of the follow-up actions of member states, with clear standards for evaluating their commitment to providing access to HIV treatment and care for HIV-positive individuals.
- UN member states should establish an independent monitoring body that would include HIV-positive individuals and other members of Civil Society, to review the UNGASS Plan of Action and the immediate, mid-and longer-term strategies of member states to provide access to treatment to HIV-positive citizens and other steps outlined in this document of commitment to action. Funding and administration for this independent monitoring body should be provided by the UN body and member states with a clear timetable for action, clear standards and a clear mechanism for review.

NOTE: THE NYC UNGASS Community Advocacy Treatment Working Group is an ad-hoc group of individuals living with HIV and AIDS, community advocates, HIV professionals, journalists, policy makers, and concerned citizens who represent a broad sector of the HIV/AIDS community.