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Agenda item 10

**Implementation of the Declaration of Commitment
on HIV/AIDS and the Political Declaration on HIV/AIDS**

**Informal interactive hearing of the General Assembly with
representatives of non-governmental organizations, civil
society organizations and the private sector on the 2011
High-level Meeting on HIV/AIDS**

Note by the President of the General Assembly

The President of the General Assembly has the honour to transmit the summary of the informal interactive hearing of the General Assembly with representatives of non-governmental organizations, civil society organizations and the private sector, prepared pursuant to paragraph 10 of General Assembly resolution 65/180 (see annex).

Annex

Summary of the informal interactive hearing of the General Assembly with representatives of non-governmental organizations, civil society organizations and the private sector on the 2011 High-level Meeting on HIV/AIDS

Introduction

1. An all-day civil society hearing was held on 8 April 2011 at United Nations Headquarters. Presided over by the President of the General Assembly, the hearing aimed to inform preparations for the 2011 High-level Meeting on HIV/AIDS, including negotiations by Member States of an outcome document for the meeting.
2. Planned with the support of a civil society task force convened by the President of the General Assembly for purposes of preparing for the 2011 High-level Meeting, the hearing included an opening session, followed by three thematic sessions. Each moderated thematic session included brief comments by individual panellists, comments from designated civil society representatives and a question-and-answer session between the moderator and the panel.¹
3. More than 400 civil society representatives participated in the hearing, including more than 100 individuals who either participated as panellists or made statements from the floor. The present report summarizes key outcomes of the day-long hearing, providing summaries of each session. The purpose of the summary is to provide Member States with a resource in their consultations on the outcome document for the High-level Meeting.

Opening session

4. Welcoming participants to the day-long hearing, the President of the General Assembly reminded attendees that five years had passed since the General Assembly embraced the ambitious goal of universal access to HIV prevention, treatment, care and support. The hearing had been convened not to reach decisions but rather to promote sharing of knowledge and best practices.
5. The Secretary-General expressed gratitude and recognition for the leadership of civil society in the HIV response. The report of the Secretary-General to the General Assembly for the High-level Meeting (A/65/797) urged endorsement of new goals for the response, including reducing HIV transmission by half by 2015, providing treatment to at least 13 million people by 2015, eliminating vertical transmission and sharply reducing the number of countries with punitive laws. The Secretary-General reminded participants of the global vision of a world with zero new infections, zero AIDS deaths and zero discrimination.
6. The Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), advised that the HIV response was undergoing an important transformation, transcending a silo approach and linking more closely to other

¹ For background documents prepared for the hearing, see http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/20110408_CSH_Bgrd_en.pdf.

movements. Jeanne Gapiya-Niyonzima, founder of the Association nationale de soutien aux séropositifs et aux malades du SIDA in Burundi, emphasized the importance of continuing commitment in the HIV response, advising that there was no room for complacency and urging a strong working partnership between Governments and civil society.

Panel I: enhancing community level access: opportunities for healing social and systemic ills

7. The first panel focused on strategies to leverage community resilience and insight to address underlying issues that contribute to the epidemic's continued expansion. Speakers highlighted the urgent need for robust and predictable funding for civil society organizations to ensure meaningful community engagement in the response. Participants warned against the imposition on communities of service models and HIV strategies that are externally formulated and implemented by actors outside the community.

8. A key theme of the first panel was the critical importance of sufficient financial resources to sustain an effective response and to advance progress towards universal access to HIV prevention, treatment, care and support. Speakers emphasized the need for clear funding targets for the response, for intensified advocacy to encourage countries to make sufficient financial contributions and for maximized use of innovative financing mechanisms. The potential of innovative financing is evident in such instruments as the Global Fund to Fight AIDS, Tuberculosis and Malaria and UNITAID, which make major contributions to financing national responses even though they are underfunded.

9. Speakers stressed that without additional increases in funding for HIV programmes and improved efficiency in the use of resources, it would be impossible to achieve universal access. Universal treatment access is not only critical to saving the lives of people living with HIV, but treatment also lowers viral load and thereby supports efforts to prevent new infections. Treatment is an essential element of "combination prevention", which involves the strategic use of biomedical, behavioural and social/structural strategies. It was noted that effective use of therapies to address HIV/tuberculosis co-infection would dramatically reduce HIV-related morbidity and mortality. Speakers also emphasized the importance of comprehensive care and support, including psychosocial support, financial assistance and access to palliative care. Optimal and creative use of flexibilities in intellectual property regulations was cited as an essential element of a successful strategy to achieve universal access. In particular, speakers warned that bilateral trade agreements are increasingly being used to undermine both the availability of generic drugs and the freedom of countries to maximize access to essential medicines.

10. The need to focus HIV resources in a strategic manner was highlighted, as well as the importance of protecting against misuse of limited financing. In Asia, it was observed that roughly 90 per cent of prevention funding for young people is targeted at low-risk youth, with minimal financing for programmes focused on the young people at greatest risk of infection, such as sex workers, men who have sex with men and people who use drugs.

11. Speakers emphasized the pernicious effects of persistent stigma and discrimination, combined with the failure of national leaders to acknowledge the existence of key populations at higher risk. It was noted that throughout much of Eastern Europe and Central Asia, official resistance to evidence-informed harm reduction programmes continues to result in avoidable HIV infections and needless human suffering. In the Caribbean, where HIV prevalence is second only to sub-Saharan Africa, all countries criminalize consensual sexual contact between men. It was stated that such institutionalized discrimination, combined with weak political leadership was contributing to the continued expansion of the epidemic.

12. Speakers stated that the ongoing revolution in communications technologies offered possibilities for accelerating community mobilization and social support and for educating young people about HIV. It was observed that 5 billion of the world's 7 billion people have mobile devices and are connected to the communications grid, suggesting possibilities for new strategies for intervention.

Panel II: a new generation of national partnerships: diversity in dialogue

13. The second panel examined strategies to maximize collaboration and partnership between diverse constituencies and sectors to strengthen the HIV response. It was agreed that collective efforts had been essential to the successes in the response to date and that partnership would be central to future success.

14. Speakers agreed that engaging civil society in effective partnerships required a respectful and reality-based recognition of the value of strong civil society engagement in national responses on all continents. For projects funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria, the percentage of civil society projects receiving high performance rates is notably higher than the percentage for government-administered projects. Although many country coordinating mechanisms for the Global Fund reflect robust engagement of civil society, it was noted that participation of civil society remains inadequate in many country coordinating mechanisms and that countries with inadequate civil society engagement in country coordinating mechanisms should take steps to correct these weaknesses.

15. It was agreed that Governments, donors and other partners should recognize the humanity and rights of all individuals and communities affected by HIV, including those who might be considered "different" from prevailing social norms. In Nepal, it was noted that the decision by the Supreme Court to legalize homosexuality and recognize the rights of transgender people played an important role in reducing violence and abuse by security forces and strengthening the engagement of key populations in the national response. Universal decriminalization of sexual behaviours was urged as a prerequisite to meaningful partnerships. Countries also need to have meaningful and transparent measures in place to monitor their efforts to address HIV stigma and to promote effective responses for key populations at higher risk, including but not limited to sex workers, men who have sex with men and people who use drugs.

16. Too often, speakers observed, countries fail to allocate specific resources to programmes that address the needs of women and girls or to approaches that empower women and girls. In addition, too many national responses regard women

as vectors of transmission or passive victims of their circumstances, failing to address women's own health and support needs or to leverage women's considerable strengths and resilience. Speakers emphasized that the reliance of national responses on women's unpaid services is neither fair nor sustainable.

17. Although the importance of engaging young people is often noted, speakers advised that young people are seldom involved as full and meaningful partners in decision-making regarding HIV policies and programmes. Global Fund country coordinating mechanisms, for example, include little participation by young people. The failure to cultivate young people as future HIV leaders is short-sighted, undermining the long-term sustainability of national responses. In partnering with young people, national Governments and other stakeholders must recognize the extraordinary diversity of young people, avoid strategies that treat young people as a homogenous population, and ensure focused funding and programmatic attention to the needs of young people most at risk.

18. Speakers noted that the private sector needs to be actively engaged, and companies should be encouraged to demonstrate corporate social responsibility by contributing to HIV responses. A sustained and authentic business response extends well beyond the initial commitment, requiring companies to make long-term investments and build needed expertise and capacity.

Panel III: synergies among global movements: opportunities for shared action

19. The final thematic panel examined strategies to forge enhanced linkages and coalitions between HIV and other global movements. It was agreed that civil society, the private sector and Governments bring unique skills and capacities to national responses, and that the engagement of each is essential to future progress.

20. Speakers emphasized that decisive proof exists of the effectiveness of HIV prevention and treatment strategies, underscoring the urgent need to bring those to scale. Biomedical strategies to address HIV must be complemented by the engagement of diverse non-health sectors, with civil society playing a key role in linking these multiple approaches. To play its optimal role in supporting national responses, civil society requires access to information on epidemiology, national responses, and social and structural factors that affect HIV risk and vulnerability. Speakers also stressed the importance of building strong and durable national capacity for the response, including addressing the inadequacy of human resources. Urgent calls were made to strengthen efforts to protect children affected by HIV.

21. Effective responses to HIV depend on a strong and demonstrated commitment to social justice. Although a significant percentage of people living with HIV experience discrimination in employment and access to health care and other services, mechanisms to document and address instances of discrimination are generally inadequate.

22. The emergence of new prevention technologies, such as vaginal microbicides and pre-exposure prophylaxis, has the potential to strengthen national responses. Recent scientific advances underscore the critical importance of strong and continued support for HIV research, including, but not limited to, the development of safe and effective preventive vaccines. As new prevention and treatment tools

emerge, they must be effectively used and swiftly brought to scale in combination with already-existing tools, such as condoms.

Closing session

23. Maged El Syed Rabey, Programme Coordinator for the Friends of Life Organization in Egypt, reminded participants that decisions by Member States at the High-level Meeting would have permanent effects on the lives of people living with HIV and affected communities. Noting that young people in Egypt had changed the country's future, in part through the innovative use of communications technology, he called on young people to help change the course of the epidemic worldwide. Reiterating the continuing importance of universal access, he called for a response to HIV grounded in human rights. The Deputy Executive Director of UNAIDS seconded the call for a rights-based response, characterizing the HIV response as a movement for development, equity and social justice.

24. The President of the General Assembly closed the session by highlighting key themes from the day's proceedings. The President emphasized the importance of mobilizing sufficient resources for the response, citing the need for shared responsibility among donor countries, emerging economies, affected countries and the private sector. He called on Member States to ensure that no one is left behind in the AIDS response, urging that countries move from rhetoric to reality by aligning national laws with human rights principles and implement formal mechanisms to engage all communities affected by the epidemic.

25. The President emphasized the importance of cultivating and empowering a new generation of young leaders to fight stigma, influence public opinion, and affect social norms regarding sexual behaviour and human rights. He called on young people to be essential participants in policies and programmes that affect their lives.

26. Expressing deep appreciation to all speakers and participants in the civil society hearing, the President of the General Assembly adjourned the meeting and urged Member States to take the results of the day's deliberations into account in developing an outcome document for the High-level Meeting.

Principal recommendations

27. Principal recommendations made at the hearing include the following:

(a) Donors, national Governments and other partners should develop specific sources and mechanisms to supply community organizations with sufficient funding to support strong national responses and deliver essential services;

(b) The outcome document for the High-level Meeting should include clear funding targets for the response, including calling on all Member States to honour all prior financial commitments made to the Global Fund and to commit to sustainable, predictable and reliable funding to achieve universal access targets by 2015;

(c) Countries that are currently funding HIV below national capacity or offering HIV assistance at inadequate levels should be openly challenged to increase their contributions to the response. Emerging economies need not only self-finance

their own domestic responses, but should also transition to donors for the global response;

(d) Serious and expedited consideration should be given to innovative new financing strategies, including a surtax on financial transactions, to fund essential health and development programmes in resource-limited settings;

(e) Recognizing the goal of universal access to HIV prevention, treatment, care and support, a goal of 15 million people on antiretroviral therapy should be adopted for 2015;

(f) Countries should adopt and implement revised treatment guidelines that recommend earlier initiation of antiretroviral therapy, and strong and well-monitored linkage and referral systems should be in place to ensure that individuals receive the services they need, including, but not limited to, sexual and reproductive health services, services for hepatitis C and other co-morbidities, sexual education and programmes to eradicate gender-based violence;

(g) Countries urgently need to maximize the use of the flexibilities of the Agreement on Trade-Related Aspects of Intellectual Property Rights (the TRIPS Agreement) and other international intellectual property treaties and frameworks to obtain the most favourable prices for medicines and other essential commodities. Steps should be taken to ensure that bilateral trade agreements do not diminish the availability of generic drugs or the willingness of countries to use flexibilities that are available under international rules. The outcome document should reflect clear and unambiguous support for generic competition in order to lower drug prices. Innovative strategies, such as patent pools for HIV medicines and strategies that de-link the cost of research from the price of drugs, should be implemented in order to ensure further expansion of treatment access;

(h) Donors should take steps to minimize overhead costs for HIV assistance and prevent improper use of limited HIV financing;

(i) Resources must be strategically focused on the strategies, populations and geographic settings where they will have the greatest impact;

(j) Political leaders must demonstrate the courage to support rights-based, evidence-informed programming for key populations, including sex workers, men who have sex with men and people who inject drugs, and for other vulnerable populations, including migrant populations, prisoners and homeless people. The outcome document for the High-level Meeting should reinforce the vital need for Governments to recognize and implement evidence-based prevention programmes, especially for those focusing on key populations at higher risk. Donor restrictions on services for key populations (such as restrictions on services for sex workers, opioid substitution therapy, and needle and syringe programmes) should be eliminated, and countries should repeal punitive laws that block effective responses, including, but not limited to, laws or policies of criminalization;

(k) Countries should review and revise national legal and policy frameworks and ensure access to justice and legal services for all people affected by HIV;

(l) Member States should forge strong partnerships with civil society, taking into account the autonomy of civil society and basing partnership activities on principles of equality and mutual respect. In particular, Member States should

recognize the right of civil society to determine its own representatives in policymaking bodies;

(m) The risks and vulnerabilities of women and girls must be taken into account in national responses, including through budgeted activities with clear outcomes and accountability mechanisms;

(n) Young people must be involved in all levels of the response, including the planning, implementation and monitoring of policies and programmes that affect their lives. National responses should pay particular attention to the needs of young people who are most at risk, recognize young people's rights to sexual expression and autonomy, and ensure meaningful access to accurate, evidence-informed sexual education. Adequate and accessible funding streams must be created to support programming by and for young people. Intensified support is urgently needed to cultivate a new generation of HIV leaders;

(o) Donors, countries and other partners should take steps to ensure recognition and adequate compensation for all caregivers, who make critical contributions to national responses in all regions;

(p) Governments, organized labour and businesses should adopt the International Labour Organization's 2010 HIV recommendation, and employers and workers should forge strong working partnerships to implement successful, evidence-informed HIV workplace policies and programmes;

(q) Health workers should be recognized as a critical asset in the response, and their right to HIV prevention, treatment, care and support should be ensured. Member States should commit to reversing the loss of trained health professionals in low-income countries to higher-paid jobs in high-income countries. Countries should make more extensive use of appropriately compensated community health workers and take steps to integrate HIV in mainstream health and social support services;

(r) Social protection systems need to be strengthened and expanded to address the needs of children orphaned or made vulnerable by HIV. Urgent attention is also needed to close access gaps for paediatric HIV treatment and care, including scaling up early infant diagnosis. Linking the HIV response to broader social protection and child health programmes will exhibit the kind of synergistic response needed in future years to strengthen and sustain efforts to address the epidemic.
