Draft Political Declaration

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 on 31 May and 1 June 2006 and the High-Level Meeting on 2 June 2006;

2. Note with alarm that we are facing an unprecedented human catastrophe and that a quarter of a century into the epidemic, 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, 15 million children have been orphaned by AIDS, and 40 million people are currently living with HIV, more than 95 per cent of whom are in developing countries;

3. Further recognize that HIV/AIDS constitutes a global emergency and poses one of the most formidable challenges to development, progress, and stability of our respective societies and the world at large and requires an exceptional world 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 in mitigating the impact of AIDS, and in reducing HIV prevalence in a small but growing number of countries;

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

6. Remain deeply concerned, however, by the fact that the epidemic continues to expand and that women now represent half of all people living with HIV, including nearly 60 percent in Africa, and that over half of all new HIV infections are in young people aged 15 to 24;

7. Reiterate with profound concern that the epidemic affects every region and Africa, in particular Sub-Saharan Africa, remains the worst affected region and that urgent and exceptional action is required at all levels;

8. Recognize that we now have the means to begin to reverse the global epidemic and to bring an end to millions of needless deaths, and also recognize that to be effective, we must deliver an intensified, much more urgent and comprehensive response in partnership with civil society, people living with HIV/AIDS, and the private sector; to remove the legal, regulatory, and trade barriers that stand in the way to prevention, treatment, care and support; to commit adequate resources; to promote and protect human rights and fundamental freedoms for all; to strengthen
health systems and support health workers; to base prevention interventions on
evidence of what is effective; to do everything necessary to ensure access to life-
saving drugs and prevention tools; and to just as urgently develop better tools –
drugs, diagnostics and prevention technologies, including vaccines and
microbicides – for the future.

Therefore, we:

9. **Convinced** that without renewed political will, strong leadership and sustained
commitment and concerted efforts from all stakeholders at all levels, and without
increased resources, the world will not succeed in bringing about the end of the
epidemic;

10. **Reaffirm** our commitment to implement fully the Declaration of Commitment on
HIV/AIDS “Global Crisis - Global Action” adopted at the twenty-sixth special
session of the General Assembly in 2001 and to achieve the Millennium
Development Goals, in particular Millennium Development Goal 6, and implement
the provisions of the 2005 World Summit Outcome Document dealing with
HIV/AIDS;

11. **Acknowledge** that effectively combating HIV/AIDS is essential to achieving
internationally agreed development goals, including those contained in the
Millennium Declaration, and therefore emphasize the need to strengthen policy and
programme linkages and coordination between HIV/AIDS and national
development strategies, including poverty eradication strategies;

12. **Recognize** that in many parts of the world, HIV/AIDS is a cause and consequence
of poverty and undertake, where appropriate, to include the impacts of HIV/AIDS
in the core indicators for measuring progress in implementing national development
plans and strategies;

13. **Undertake** to integrate food and nutritional support as part of a comprehensive
response to HIV/AIDS;

14. **Recognise** the importance of the recommendations of the inclusive, country-driven
processes and regional consultations facilitated by the Joint United Nations
Programme on HIV/AIDS and its cosponsors for scaling up HIV prevention,
treatment, care and support and strongly recommend that this approach be
continued;

15. **Commit** to undertake all necessary efforts to scale up a comprehensive response to
achieve broad multisectoral coverage for prevention, treatment, care and support,
with full participation of people living with HIV/AIDS, most affected communities,
civil society and the private sector, with the aim of achieving the goal of universal
access to treatment by 2010 for all those who need it;

16. **Reaffirm** that prevention of HIV infection must be the mainstay of national,
regional and international responses to the epidemic, and 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 epidemic;

17. **Commit** to remove, as appropriate, legal, regulatory or other barriers that block access to effective HIV prevention, treatment and care, medicines, commodities and services;

18. **Agree** to promote at all levels access to appropriate HIV/AIDS education, information, voluntary counselling and testing and related services, in a social and legal environment that is supportive of and safe for confidential testing and voluntary disclosure of HIV status;

19. **Commit** to address the rising rates of HIV infection among young people to ensure an HIV-free future generation through the implementation of evidence-based prevention strategies, including the use of condoms, comprehensive, evidence-and skills-based education, youth-specific HIV education, mass media interventions, and the provision of youth friendly health services;

20. **Also agree** to increase substantially our efforts to ensure that pregnant women have access to antenatal care, information, counselling and other HIV services and to increase the availability of and access to effective treatment to HIV-infected women and babies in order to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV-infected women, including voluntary and confidential counselling and testing, access to treatment, especially anti-retroviral therapy and, where appropriate, breast-milk substitutes and the provision of a continuum of care;

21. **Emphasize** the need for accelerated scale-up of collaborative tuberculosis and HIV activities in line with the Global Plan to stop TB: 2006-2015 and investment in new drugs, diagnostics and vaccines appropriate for people with TB-HIV co-infection;

22. **Resolve** to expand significantly 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, sexually transmitted infections, nutrition, children affected, orphaned or made vulnerable by HIV/AIDS, as well as formal and informal education;

23. **Undertake** to reinforce, adopt and implement, where needed, national plans and strategies, supported by international cooperation and partnership, to strengthen human resources, improve training and management and effectively govern the recruitment, retention and deployment of health workers to mount a more effective HIV/AIDS response;

24. **Commit** ourselves and **call on** the Global Fund to fight AIDS, Tuberculosis and Malaria, international financial institutions, and other donors to provide needed resources to low-income and other countries highly affected by AIDS for the
strengthening of national health systems and addressing human resources gaps, including the development of alternative and simplified service delivery models and the expansion of community-level provisions of HIV/AIDS prevention, treatment, care and support, as well as other health and social services;

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

26. **Pledge** to provide the highest-level commitment to ensure that costed, inclusive, credible and evidence-based national HIV/AIDS plans be fully funded without the imposition of conditionalities and be implemented with full transparency, accountability and effectiveness;

27. **Commit** to reduce 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 to ensure that international funding is aligned with national HIV/AIDS plans and strategies, and welcome the establishment of timetables by many developed countries to achieve the targets of 0.7 per cent of gross national product as official development assistance by 2015, and urge those developed countries that have not yet done so to make concrete efforts in this regard;

28. **Recognize** that an estimated 22.1 billion US dollars is needed by 2008 to support rapidly scaled-up AIDS responses in low and middle income countries and therefore commit to take measures to ensure that the resources needed are made available from donor countries and also from national budgets and other national sources;

29. **Further commit** to support and strengthen existing financial mechanisms, including the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria, as well as relevant United Nations organizations, through provision of funds in a sustained and predictable manner, whilst also seeking ways to generate additional funds through innovative approaches;

30. **Agree** to remove major barriers in pricing, tariffs and trade, regulatory policy, procurement and supply chain management and research and development, in order to accelerate and intensify access to affordable and quality HIV prevention products, medicines, diagnostics and treatment commodities;

31. **Also agree** to employ the flexibilities as outlined in the World Trade Organization’s Agreement on Trade-Related Aspects of Intellectual Property Rights as well as in the Doha Declaration on TRIPS Agreement and Public Health to increase further affordability and production of medicines and access to pharmaceutical products that are available and that will be developed in the future, including production of
generic antiretroviral drugs and other medicines, microbicides, vaccines, diagnostics, paediatric formulations of antiretroviral drugs and other essential drugs;

32. **Commit** to intensify 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, as well as encourage increased investment in HIV/AIDS-related research and development in traditional medicine;

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

34. **Also encourage** bilateral, regional and international efforts in promoting bulk procurement, price negotiations, and licensing to lower prices for HIV prevention, diagnostic and treatment commodities;

35. **Reaffirm** that the full realization of human rights and fundamental freedoms for all is an essential element in global response to the HIV/AIDS epidemic;

36. **Commit** to intensify efforts to eliminate, as appropriate, through legislation, policies, education and national and international public awareness campaigns, and other measures, HIV/AIDS associated stigma and discrimination, and to protect and promote all human rights and fundamental freedoms of people living with HIV/AIDS, women, children, youth, and vulnerable groups and facilitate their meaningful participation in all aspects of HIV/AIDS responses;

37. **Recognize** that gender inequalities and all forms of violence against women and girls increase their vulnerability to HIV/AIDS, and therefore pledge to address gender inequalities, gender-based abuses and violence;

38. **Agree** to increase capacities 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 access to information and education, in full partnership with young persons, parents, families, educators and health-care providers, and take all necessary measures to create an enabling environment for the empowerment of women and to strengthen their economic independence;

39. **Commit** to address the vulnerabilities faced by children affected by and living with HIV/AIDS, to provide support and rehabilitation to these children and their families, to promote child-oriented HIV/AIDS policies and programs, and to increase access to treatment and intensify efforts to develop new treatments for children;

40. **Also commit** to set in 2006, through an inclusive process, national targets reflecting the urgent need to scale up significantly HIV prevention, treatment,
care and support with the aim of achieving the goal of universal access to treatment by 2010 for all those who need it;

41. Call on the Joint United Nations Programme on HIV/AIDS, including its cosponsors to assist national efforts to coordinate the HIV/AIDS response, as elaborated in the “Three Ones” principles, and to assist national and regional efforts to monitor and report on efforts to achieve the targets above;

42. Also call on Governments, national parliaments, donors, regional organizations, organizations of the United Nations system, the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria, civil society, private sector, communities most affected by HIV/AIDS and other stakeholders to work closely together to achieve the targets above, and to ensure mutual accountability and transparency at all levels through participatory review of HIV/AIDS responses;

43. 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 resolution S-26/2 of 27 June 2001 the progress achieved in realizing the commitments set out in the present Declaration;

44. Decide to undertake comprehensive reviews in 2008 and 2011 the progress achieved in realizing this present Declaration within the context of paragraph 100 of the 2001 Declaration of Commitment.