

06/25/12 - 6.1: Follow-up to the thematic segment from the 29th PCB meeting

Calls upon States, in implementation of the 2011 Political Declaration and bearing in mind its paragraphs relevant to this decision, with the support of UNAIDS and civil society, to¹ :

i. Work towards achieving an enabling legal environment supportive of effective national AIDS response by intensifying national efforts to create enabling legal frameworks through law, law enforcement, and access to justice;

ii. Review, as appropriate, laws, law enforcement and access to justice and policies that adversely affect the successful, effective and equitable delivery of HIV prevention, treatment, care and support programmes to people living with and affected by HIV and to consider their review in accordance with relevant national review frameworks and time frames;

iii. Implement programmes to support police, lawyers, parliamentarians, religious leaders, and judges (including labour judges, labour administration authorities and labour inspectors) to be sensitized to and informed about HIV-related issues and protect people living with, vulnerable to or affected by HIV from discrimination and violence and support their access to HIV services;

iv. Implement programmes to ensure that national responses to HIV and AIDS meet the specific needs of women and girls, including those living with and affected by HIV, across their lifespan, by providing sexual and reproductive health care services and, by strengthening legal, policy, administrative and other measures for the promotion and protection of women's full enjoyment of all human rights and the reduction of their vulnerability to HIV through the elimination of all forms of discrimination, as well as all types of sexual exploitation of women, girls and boys, including for commercial reasons, and all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls;

v. Increase access to justice for people living with, and affected by HIV, including their families, women, young persons, children, and key populations²;

vi. Expand programmes to reduce stigma and discrimination with a view to ensure confidentiality and informed consent in health care settings and remove barriers to HIV prevention, treatment, care and support; as well as to improve legal literacy and provision of legal services;

vii. Commit to remove before 2015, where feasible, obstacles that limit the capacity of low- and middle-income countries to provide affordable and effective HIV prevention and treatment products, diagnostics, medicines and commodities and other pharmaceutical products, as well as treatment for opportunistic infections and co-infections, and to reduce costs associated with life-long chronic care, including by amending national laws and regulations, as deemed appropriate by respective Governments, so as to optimize:

(a) The use, to the full, of existing flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights specifically geared to promoting access to and trade in medicines, and, while recognizing the importance of the intellectual property rights regime in contributing to a more effective AIDS response, ensure that intellectual property rights provisions in trade agreements do not undermine these existing flexibilities, as confirmed in the Doha Declaration on the TRIPS Agreement and Public Health, and call for early acceptance of the amendment to article 31 of the TRIPS Agreement adopted by the General Council of the World Trade Organization in its decision of 6 December 2005;

(b) Addressing barriers, regulations, policies and practices that prevent access to affordable HIV treatment by promoting generic competition in order to help to reduce costs associated with life-long chronic care and by encouraging all States to apply measures and procedures for enforcing intellectual property rights in such a manner as to avoid creating barriers to the legitimate trade in medicines, and to provide for safeguards against the abuse of such measures and procedures;

(c) Encouraging the voluntary use, where appropriate, of new mechanisms such as partnerships, tiered pricing, open-source sharing of patents and patent pools benefiting all developing countries, including through entities such as the Medicines Patent Pool, to help to reduce treatment costs and encourage development of new HIV treatment formulations, including HIV medicines and point-of-care diagnostics, in particular for children;

1 Disassociation: "The Arab Republic of Egypt and the Islamic Republic of Iran disassociate themselves from those parts of this Decision Point that may be interpreted as recognition, protection or promotion of unethical/illegal behaviours; or may contradict with cultural, moral and religious values, national sovereignty, and legal and social systems of the countries concerned. Accordingly, the Arab Republic of Egypt and the Islamic Republic of Iran shall not be bound by any results related to or arising from the abovementioned parts."

2 As defined in the UNAIDS 2011-2015 Strategy 'Getting to Zero', footnote n. 41:

?Key populations, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context'.