



# Solidarity for Universal Access: the International Advisory Group consensus

Johannesburg, South Africa - April 2011

*We are pleased to share this important consensus statement as we prepare to renew global commitment to HIV at the High Level Meeting on AIDS (United Nations General Assembly, 8-10 June 2011) and beyond. It has been prepared by an independent, high level group of expert stakeholders and is based on the work of thousands of people around the world.*

*Sincerely,*

*IAG Co-chairs*

*Bathabile Dlamini, Minister of Social Development, Republic of South Africa*

*Paul De Lay, Deputy Executive Director, UNAIDS*

Only history will be able to judge the impact AIDS has on humanity, but one thing is certain: the global response to this epidemic has changed the paradigm of economic and social development by identifying and acting on shared principles that are essential for success: *HIV does not stand alone; partnerships are essential. Human rights are fundamental. The most affected communities must be at the centre. Traditional gender norms can be obstacles. Resource allocations and flows need rigorous coordination and mutual accountability. Young people will inherit the problems the current generation cannot solve.*

A worldwide crisis requires worldwide mobilization, which 182 countries embraced in the United Nations General Assembly 2006 Political Declaration, aptly titled Universal Access. The premise is simple: when every nation achieves for all its populations Universal Access to HIV prevention, treatment, care and support, this epidemic will end.

In 2010 and 2011, 117 countries took stock of their progress towards Universal Access. Those assessments fed into multiple regional consultations. A multi-stakeholder International Advisory Group (IAG), mandated by the UNAIDS Programme Coordinating Board, reviewed the findings of countries and regions, as well as other global and regional studies and declarations. The IAG found overwhelming and ongoing support for the Universal Access movement. This diverse group endorsed the recommendations from these aggregate consultations and concluded that five global challenges are pivotal now. The IAG consensus does not extend to every detail of every response, but its collective perspective highlights where action is critical.

## HUMAN RIGHTS SAVE LIVES

No HIV response can be effective unless it combats discrimination and exclusion. Punitive laws and stigma against people living with HIV, men who have sex with men, transgender people, people who use drugs, sex workers and migrants undermine the programmes.

Girls and women are routinely denied their human rights. They have less access to education, nutrition, health care and economic opportunity than men. Many societies continue to tolerate or justify violence against girls and women.

Until the human rights of all people are protected, HIV will continue to spread.

- International human rights legal frameworks should be updated to include sexual rights.
- Regional and national mechanisms, from charters to legal services, should be used to provide access to justice for those whose rights are violated.
- Parliamentarians, the judiciary, law enforcement, educators, media, and civil and religious leaders should be mobilized to build a culture of non-discrimination, tolerance and respect.
- UNAIDS should lead the development and use of a set of human rights indicators for national monitoring, accountability and budgeting.
- There must be zero tolerance of violence against girls and women. Homophobia must be fought. There must be zero tolerance of violence against gay and other men who have sex with men, and transgender people.

## PREVENTION AND TREATMENT: TWO SIDES OF THE SAME COIN

Treatment has transformed AIDS from a death sentence into a challenge for lifelong care, giving hope, restoring productivity, and providing incentives for knowing your HIV status. It has created a new understanding of HIV prevention. Yet the costs of AIDS drugs remain too high and often are subject to narrow commercial interests. Tuberculosis (TB) is the biggest killer of people living with HIV, and viral hepatitis and other coinfections need to be addressed.

Prevention has fallen dangerously behind treatment because the causes of new infections – sexuality, gender inequalities, socioeconomic disparities and drug use – are hard to talk about, and hard to change. Stigma around these issues, and around HIV itself, continues to block support for and uptake of services. Well-designed prevention programmes work. Families and communities are central to their success.

- Countries and communities need to own their HIV responses and demand full implementation of proven strategies with ambitious targets.
- Young people must have unfettered access to quality sexuality education and comprehensive sexual and reproductive health services.
- Harm-reduction services for HIV prevention need to be available for all people who use drugs.
- Every country should provide and promote access to continuous and comprehensive HIV treatment, as early as possible. Treatment services should be integrated with strengthened TB, sexual, reproductive and maternal health-care services.
- All countries should remove barriers to the manufacture, import and export of life-saving generic medications in order to lower the costs of treatment, and use all available mechanisms to achieve simpler, affordable, high-quality antiretroviral therapy.
- National programmes should bring combination prevention to scale. Cultural and religious differences should not deter the provision of life-saving services.

*We need to strengthen the human rights approach in our response to AIDS and establish mechanisms to ensure that both public and private services are free of stigma and discrimination or homophobia.*

Dr José A. Córdova  
(Secretary of Health of Mexico at the Latin America regional consultation)

*Universal Access means being selfless, dedicated and committed to advancing the right to health for ALL by all leaders.*

Boemo Sekgoma  
(African regional consultation participant)

*Without young people, I don't think we can achieve the goals of MDG or Universal Access.*

Linda John  
(Youth Lead Papua New Guinea at the Asia-Pacific regional consultation)

*Universal access means: Functioning health care services, functioning justice system, and functioning community system.*

Linda Mafu  
(African regional consultation participant)

## INSPIRING LEADERS

Strong leaders have a clear vision and use all ethical technical and political means to achieve it. They take on difficult topics, seek evidence from stakeholders, and lead by example.

AIDS cuts across health, education, economics, justice, gender, religion, labour and politics worldwide, and in hyperendemic settings it intersects with agriculture, water, sanitation, transport, housing, culture and sport. Because of this diversity, informed leadership is needed not only in government, but also from civil society, affected communities, scientists, trade unions, the media, faith-based organizations and the private sector.

- Countries should invest in new and courageous leaders, especially young people, to drive coordinated partnerships that engage with the communities where AIDS hits hardest.
- Leaders should challenge conventional wisdom and prejudices, promote fairness, and ensure that the voices of the marginalized and other minorities are heard.
- Programmes should be led by people who understand and use the power of inclusion and solidarity.

## INVESTING AND RESOURCING: GETTING SMARTER

All current and future investments need to be based on evidence and allocated with the “know your epidemic, know your response” principle. If done correctly, this will deliver high-impact interventions, ‘tipping point’ strategies, and evidence-informed planning, all designed to yield the maximum return on investment: the end of AIDS.

Long-term responses need to be financed by domestic expenditures where possible, although there will always be a need and a role for international financing. More resources are required to scale up the response. Current and new donors should review and increase their contributions to The Global Fund to Fight AIDS, Tuberculosis and Malaria and other innovative financing mechanisms.

- UNAIDS should lead the development of a long-term (20-year) global investment and financing strategy, identifying the key elements, and the most cost-effective and efficient ways to fund them.
- Countries need to develop and apply evidence-informed investment criteria and tools to support the most effective and efficient use of resources at community and national levels.
- National AIDS authorities should require all partners, domestic and international, to adhere to these criteria in order to maximize value for money.

## SHARED ACCOUNTABILITY

Thousands of people and organizations are involved in Universal Access at all levels. With so many resources on the line and so many millions of lives at stake, stronger systems are needed to monitor and account for how human and financial resources are deployed, and to measure their impact.

- National programmes must include people living with HIV and those most at risk in decision-making. They have the biggest stake in effective HIV programming; they know what is working, what is not, and why.
- Governments should be responsible and accountable for allocating resources where they are most needed, and for monitoring the impact of investments on achieving national targets aligned with global indicators.
- Recognized government authorities, such as parliaments, should exercise their oversight functions by calling for regular reporting from governmental, civil society and international partners in their national responses.
- The United Nations General Assembly should continue to hold biennial reporting on progress towards Universal Access. Regional economic and political communities should also hold routine reviews of progress until Universal Access is achieved.

Only global solidarity on these issues will change the trajectory of the epidemic and lead to:

*Zero new infections. Zero discrimination. Zero AIDS-related deaths.*

## CO-CHAIRS:

**Paul De Lay**, Deputy Executive Director, UNAIDS

**Bathabile Dlamini**, Minister of Social Development, Republic of South Africa

## MEMBERS:

**Aleksandra Blagojevic**, Inter-Parliamentary Union, Switzerland

**Pamela Bolton**, Global Business Coalition on HIV/AIDS, TB and Malaria, USA

**Hafedh Chekir**, United Nations Population Fund, Arab States Regional Office, Egypt

**Michaela Clayton**, AIDS & Rights Alliance for Southern Africa/UNAIDS Reference Group on HIV and Human Rights, Namibia

**José Angel Córdova Villalobos**, Secretary of Health, Mexico

**Clifton Cortez**, United Nations Development Programme, Asia Pacific Regional Centre, Thailand

**Kieran Daly**, International Council of AIDS Service Organizations, Canada

**Mary Guinn Delaney**, United Nations Educational, Scientific and Cultural Organization, Latin America and the Caribbean Regional Bureau of Education, Chile

**Lucica Ditiu**, Stop TB Partnership, Switzerland

**Nicole Fraser-Hurt**, The World Bank, USA

**Loon Gangte**, International Treatment Preparedness Coalition, India

**Javier Hourcade Bellocq**, International HIV/AIDS Alliance, Argentina

**Marie Laga**, Institute of Tropical Medicine/Scientific Advisory Panel for the High Level Commission on HIV Prevention, Belgium

**Innocent Laison**, African Council of AIDS Service Organizations, Senegal

**Kyomya Macklean**, Women's Organization Network for Human Rights Advocacy, Uganda

**Ian McKnight**, Caribbean Vulnerable Communities Coalition, Jamaica

**Ren Minghui**, Ministry of Health, China

**Amirreza Moradi**, Iranian Positive Life, Iran

**Svitlana Moroz**, All-Ukrainian Network of People Living with HIV/AIDS/ Civil Society Task Force for the HLM, Ukraine

**Mia Amor Mottley**, Member of Parliament, Barbados

**Zuzanna Muskat-Gorska**, International Trade Union Confederation, Belgium

**Litha Musyimi Ogana**, African Union Commission, Ethiopia

**Alloys Orago**, National AIDS Control Council, Kenya

**Vadim Pokrovsky**, Russian AIDS Centre, Russian Federation

**Peter Prove**, Ecumenical Advocacy Alliance, Switzerland

**Nadia Rafif**, Fight Against AIDS Association/UNAIDS Programme Coordinating Board NGO, Morocco

**Milinda Rajapaksha**, South Asian Regional Youth Network/International Planned Parenthood Foundation, Sri Lanka

**Yves Souteyrand**, World Health Organization, Switzerland

**Papa Salif Sow**, African Network for Care of People Living with HIV/AIDS, Senegal

**Elhadj As Sy**, United Nations Children's Fund, Eastern and Southern Africa Regional Office, Kenya

**Jérôme Traoré**, Minister of Justice, Burkina Faso

**Marijke Wijnroks**, AIDS Ambassador, Netherlands

**Georgina Theodora Wood**, Chief Justice, Ghana

The challenges highlighted by the IAG can be explored in detail in the reports of country and regional Universal Access consultations and the Report of the UN Secretary-General: *Uniting for universal access: towards zero new HIV infections, zero discrimination and zero AIDS-related deaths* (March 2011). All documents can be accessed at [www.unaids.org](http://www.unaids.org)

For further information on the IAG and universal access please contact Richard Burzynski: [burzynskir@unaids.org](mailto:burzynskir@unaids.org)