



Attachment 1

Panel 1: How do we build on results achieved and speed up progress towards Universal Access—moving on to 2015 in order to reach Millennium Development Goals?

Overview

During the 2006 High Level Meeting on HIV/AIDS, countries committed to set ambitious national targets for scaling up towards Universal Access to HIV prevention, treatment, care and support by 2010. This commitment was intended as a mid-point towards achieving the Millennium Development Goals, recognizing that many obstacles in the path to Universal Access were systemic and would impinge upon the achievement of several Goals (e.g. 4, 5, 6 and 8). Reinvigoration of interest in and action towards achieving the Millennium Development Goals has the potential to contribute significantly to HIV efforts.

Current situation

The 2008 *Secretary-General's Report on the Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS* confirm that countries have utilized the Universal Access process as a catalyst to accelerate their national HIV responses. Most countries have made good but variable progress in responding to the HIV epidemic, especially in the areas of antiretroviral treatment, prevention of mother-to-child transmission and confidential voluntary testing and counselling. Significantly less progress has been made on other HIV prevention efforts, and progress towards ensuring the care of orphans and vulnerable children remains poor in many countries. Moreover, it would appear that most progress has been in areas that have allowed for easier 'wins', not necessarily facilitating equal access for those most in need. This variable progress raises serious unease about whether Universal Access and the health-related Millennium Development Goals can be achieved at the current rate of progress.

Outline of the Panel discussion

The panel will reflect on progress made towards Universal Access and the actions required to speed up progress towards Universal Access by 2010 in order to reach the Millennium Development Goals in 2015. The panel will consider specific actions to be taken in the following key areas:

1. Improving national political leadership and coordination

Countries that have made good progress have demonstrated strong leadership and coordination of the HIV response and fostered linkages with other development issues. Clear political direction from the very highest levels enables a comprehensive, multisectoral and decentralized HIV response. This also encourages development partners to align closely with the national priorities. However, few countries have been able to put all these elements in place, with the main challenges continuing to be weak multisectoral and local government commitment and low levels of national funding.

Question: What are the catalysts that will improve and enhance political will so that countries, with less engaged leadership and weaker coordination mechanisms, can accelerate their response?

2. Addressing obstacles to Universal Access and Millennium Development Goals

Country reports indicate that progress on scaling up has been achieved when national HIV strategies have successfully identified and addressed critical obstacles through an inclusive process. These obstacles include systems strengthening, affordable commodities, predictable and sustainable financing, countering stigma and discrimination and the lack of integration of HIV into key services, such as sexual and reproductive, maternal and child health and tuberculosis services. Investments in HIV programming have longer-term benefits to broader health-system provision, such as increasing human resource capacity for service delivery, improving access to commodities and equipment and making efforts to improve health systems. However, it is also clear that significant capacity constraints remain, and are in some cases exacerbated by the strain placed on service provision due to accelerated scale up of services.

Question: What strategies can be put in place to unblock these obstacles to scaling up towards Universal Access and achieving Millennium Development Goals and ensure that international partners sustain their commitment to support countries to achieve these Goals?

3. Enhancing an evidence-informed response

While many countries have reported substantial improvements in their understanding of the HIV epidemic, scaling up of HIV prevention programmes remains patchy. Key at-risk populations are barely being reached in many countries. Until decision makers at national and local levels use evidence to inform HIV prevention and treatment programmes, it will be impossible for them to halt and reverse the epidemic.

Question: What are the mechanisms and incentives to ensure countries increase demand for, and use evidence for implementation of the national HIV programmes?

4. Tackling stigma and discrimination

Countries report that stigma and discrimination against people living with HIV, most-at-risk populations, and orphans and vulnerable children, continue to be a main challenge to achieving Universal Access. Some countries have put in place strong policies and strategies in support of a human rights-based approach, especially for people living with HIV, women, men who have sex with men, injecting drug users, refugees, and/or migrants. Other countries continue to have policies and regulations that actively criminalize and discriminate against people living with HIV and members of other populations at high risk of exposure to HIV, often resulting in inappropriate prevention programmes, inequitable access to services, and low levels of care for orphans and vulnerable children.

Question: How can we eliminate stigma and discrimination so that we can normalise HIV in society?

5. A greater role for civil society

Significant civil society engagement has been key to successful scaling up, in particular in expanding implementation capacity in countries and ensuring service availability for marginalised populations and those most in need. Unfortunately, in a number of countries, despite the fact that civil society organizations, including networks of people living with HIV are at least partly meeting needs left unmet by inadequate government responses, the legal status of these organizations remains opaque, and civil society remains only marginally included in the national HIV response, including access to sustainable financing.

Question: How can governments provide political and programmatic space for civil society participation in scaling up towards universal access?



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Uniting the world against AIDS

Attachment 2

Panel 2: Challenges of providing leadership and political support in countries with concentrated epidemics

Overview

A concentrated HIV epidemic is one where HIV has spread rapidly in one or more defined subpopulations but is not well-established in the general population. In a concentrated epidemic there is still the opportunity to focus HIV prevention, treatment, care and support efforts on those populations which are most affected, while recognizing that no subpopulation is fully self-contained. In many regions of the world, including Europe, Asia, Latin America and West Africa, most countries are experiencing concentrated epidemics.

In most situations, a combination of social vulnerabilities, and biological and behavioural factors place the following populations at differentially higher risk of acquiring and/or transmitting HIV: sex workers and their clients; injecting drug users; men who have sex with men; and incarcerated people (prisoners).

Members of other populations, such as people with sexually transmitted infections, mobile or migrant workers who endure long periods of spousal or partner separation, uniformed services personnel and ethnic or cultural minorities may also be likely to be exposed to HIV at a significant level, depending on the local situation.

Current situation

The 2008 *Secretary-General's Report on the Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS* show some progress but many remaining challenges. Many most-at-risk populations lack meaningful access to HIV prevention services which is a key concern—for example, the use of contaminated injection equipment accounts for more than 80% of all HIV infections in Eastern Europe and Central Asia. It is also one of the main entry points for HIV epidemics in countries in the Middle East, North Africa, South and South-East Asia and Latin America.

The Secretary-General's *Report* also shows three quarters of reporting countries have protections in place for those most-at-risk populations, principally for women and young people, but only around one third have protection against discrimination for sex workers, men who have sex with men and injecting drug users. In half of all reporting countries there are laws or policies which actually impede access by the most-at-risk populations to HIV prevention, treatment, care and support. It is also notable that while women's access to antiretroviral medicines has reached parity with or exceeded that of men in countries with generalized epidemics, women in need are significantly less likely to be on antiretroviral medicines in several countries with concentrated epidemics.

Outline of Panel Discussion

This panel will consider specific actions which can be taken in countries with concentrated epidemics to increase the leadership and political support for more effective responses to AIDS, and especially those which address the main barriers to access to HIV prevention, treatment, care and support. The following key issues will be considered.

1. Tailoring responses to AIDS to the context of the epidemic

Only through a process of 'knowing your epidemic and response' is it possible to ensure responses to AIDS are fully effective. Situational analyses of size of the vulnerable populations, where they can be reached, and rates of HIV infection should be undertaken to inform responses. Concentrated HIV epidemics can be prevented, stabilized and even reversed using a comprehensive programme of HIV prevention, treatment, care and support activities.

Question: How do political leaders in concentrated epidemics ensure that responses to AIDS are on track?

2. Addressing underlying drivers of HIV risk and vulnerability among most at risk populations

Underlying drivers of concentrated epidemics include gender inequality, stigma and discrimination, and human rights violations. These drivers need to be addressed through a range of measures including: training and community awareness raising, especially involving policy makers, law enforcement and health care and other service providers. Also legal and policy reform is needed to help remove barriers to accessing HIV prevention, treatment, care and support, including access to essential commodities and services for HIV prevention and care.

Question: How can political, religious and social leaders work together to overturn stigma and break taboos on sensitive subjects?

3. Involving most-at-risk populations in devising and delivering the response to AIDS

Where injecting drug users, sex workers, men who have sex with men, and prisoners have been engaged in responses to the epidemic, they have often been among the most effective actors in those responses. The legitimate incorporation of civil society actors into responses to AIDS has proven particularly successful in addressing concentrated HIV epidemics. Funding and capacity-building initiatives for civil society organizations representing those most at risk and vulnerable is important, particularly with regard to participation and peer provision of information, education and commodities and "know your rights" programmes.

Question: Are the right voices being heard in guiding the response to AIDS?

4. Creating partnerships between policy makers and affected populations

Key HIV programmes for most-at-risk populations include implementing public health approaches to the management of sex work, injecting drug use and sex between men. Partnerships which include health and law enforcement agencies can be highly effective in moving beyond legal constraints in reaching key populations at higher risk with HIV prevention, treatment, care and support and are particularly important in reaching some of the most marginalized and abused populations, such as transgender populations.

Question: How do law enforcement, justice and other sectors work with and not against most affected populations?



Attachment 3

Panel 3: Making the response to AIDS work for women and girls: gender equality and AIDS

Overview

HIV infections in women have continued to rise in each region of the world. Globally, women comprised half of adults living with HIV in 2007. In sub-Saharan Africa, 61% of people living with HIV are women, and in all other regions, the proportions of women living with HIV are steadily growing. Even as many countries have accelerated their national responses, the epidemic continues to spread among women due to deeper underlying factors of gender inequality, persistent stigma and discrimination against women and girls, and lack of empowerment to reduce their vulnerabilities to HIV.

In order to sustain the progress countries have made in responding to their HIV epidemics, national programmes must address the factors that continue to put women and girls at risk. The social, cultural and economic factors that make women vulnerable to HIV and that disproportionately burden them with the epidemic's impact are major challenges in national AIDS responses.

Current situation

Young women represent about two thirds of all people aged 15–24 in developing countries newly living with HIV, making them the most-affected group in the world. The vulnerability of women to HIV starts well before they become adults. Many girls under the age of 18 years are at particular risk due to early sexual initiation, unsafe sex, early marriage and widespread sexual exploitation and violence. Because they are experiencing gender discrimination and often have less access to education, health services, and income-earning opportunities than men and boys, women and girls bear a heavy burden of the epidemic, often including providing care and support to household members with AIDS.

We are falling short of fulfilling the commitments of governments in the 2001 *Declaration of Commitment on HIV/AIDS* and in the 2006 *Political Declaration on HIV/AIDS* which acknowledged that HIV services and programmes reaching women and girls need to be scaled up, if the course of the epidemic is to be reversed.

For example, services to provide women living with HIV with antiretroviral prophylaxis to prevent mother-to-child transmission reach only 34% of women living with HIV, far below the 80% target. Ways of reducing gender inequalities are not sufficiently integrated in national strategies, thus hindering adequate scaling up and funding of programmes that will benefit women and girls. While women's leadership and participation help make HIV services and programmes more sensitive to gender inequalities, opportunities for their participation in decision-making are limited. Women are too often absent from policy dialogues that shape global and national AIDS policies and programmes.

Outline of Panel discussion

The panel will reflect on progress in meeting the commitments to women and girls since the last substantive review of the *Declaration of Commitment* in 2006 and will consider specific actions which can be taken on three key areas: importance of the funded multisectoral approach, making the response work for young women and girls, and women's participation and leadership.

1. Creating an enabling environment for HIV programmes through a fully-funded, multisectoral approach

In order to make the response work for women and girls, national strategies should reflect a *multisectoral* approach with strong commitments and accountable leadership, sufficient resources and concrete plans for implementation in all sectors, not just the health sector. An empowering approach to reducing inequalities of women and girls ensures availability of comprehensive HIV services and of social and economic services including those that reduce their burden of care. A multisectoral approach covering social and economic empowerment of women and girls confers many benefits, including reduction in intimate partner violence and facilitation of women's access to services.

Question: How can countries better operationalize a multisectoral response to achieve universal access to prevention, treatment, care and support, and to empower women and girls?

2. Prioritizing young women and girls

Young people need accurate and relevant information about HIV transmission, the skills to put this information into practice, and access to appropriate services. However, national surveys undertaken in 2007 found that only 40% of young men and 36% of young women had accurate knowledge of HIV. Access of adolescent girls to HIV prevention services and other sexual and reproductive health services is still constrained by factors such as community norms and shortage of youth-friendly, gender-sensitive health facilities.

Question: What can be done to overcome the barriers to universal access to HIV prevention services faced by young women and girls? What can be done to translate information into knowledge, and knowledge into behaviour change? How can men and boys be involved in promoting knowledge and behaviour change?

3. Ensuring participation and leadership of HIV-positive women in the response

Commitments to ensuring women's and girl's voices are incorporated in decision-making processes and mechanisms need to be reinforced and implemented in order to ensure that those most affected are in a leading role. AIDS policies and programmes are more effective when women's organizations—particularly those of HIV-positive women—help form their content and direction. In a UNAIDS 2007 survey of 80 countries, only one third of these countries had full formal participation from women living with HIV, and only 28% had full formal participation from women's organizations. In addition, an analysis of 45 current national strategic plans shows minimal effort to scale up economic and psychosocial programmes and services targeting women living with HIV.

Question: How can governments, bilateral and multilateral organizations strengthen the resilience of and further engage women living with HIV and those on the front-line of care-giving in households so that they are successfully engaged as leaders in the response and key participants in formal decision-making processes?



Attachment 4

Panel 4: AIDS: A Multigenerational Challenge – Providing a Robust and Long-Term Response

Overview

New and old challenges face the global community in building a long term and robust response to HIV. Many impediments, from poverty to tuberculosis, are proving to be powerful obstacles, and in some instances turning back advances gained. Enduring and collective efforts are required over generations to come and depends on actions taken now by national leaders, donors, researchers, non-governmental organizations, and all other stakeholders engaged in the HIV response. The response to HIV requires investment in both HIV disease-specific interventions and broad health systems strengthening. More research and investments are required, while scaling up of proven and effective HIV prevention tools and strategies is urgent. Social protection for the most vulnerable populations, especially orphans and children, must remain a priority.

Current situation

Substantial progress has been made in the past decade in scaling up essential HIV prevention, treatment, care, and support services, reinforcing health system components such as procurement and laboratory capacity. Important developments have also been achieved in the search for new technologies to prevent HIV transmission. Mobilising sustained support commensurate with the long-term effects of the HIV epidemic is a challenge for both governments and development partners to meet.

Outline of the Panel discussion

This panel addresses the importance of HIV to overall development, the role of social protection, the urgent need for a combined approach to tuberculosis and HIV, the value of health systems strengthening, and the promise of scientific innovation. The panel will consider specific actions to be taken in the following key areas:

1. Progress in HIV key to overall development

The global response to HIV, while specifically linked to Millennium Development Goal 6, also supports the achievement of most of the other Goals. For example, mitigating the epidemic's impact will advance Goal 1 – eradicating extreme poverty and hunger, and Goal 3 – to empower women and promote gender equality. With more than half of all HIV-infected infants dying before age two, the prevention of mother-to-child HIV transmission and the provision of paediatric HIV treatment together contributes towards Goal 4 – reducing child mortality. The multisectoral response that is essential to effectively address the broad nature of HIV must give equal importance to health, education, employment, development, humanitarian and human rights concerns, and the perspectives of women and children. Thus, progress towards reversing the HIV epidemic is central to the human development agenda.

Question: How can national development plans better integrate and reinforce the response to HIV?

2. Social Protection for affected populations

Social protection, including family and child support programmes, helps mitigate the social and economic impact of HIV on families and communities and builds social support foundations for long-term development. Children orphaned by AIDS and other vulnerable children require special attention to reduce their vulnerability and to ensure access to education, health care, and legal support to address child abuse and inheritance rights. They also need to be protected from stigma and discrimination.

Question: How can social protection programmes be innovative and contribute towards Universal Access?

3. “One life, two diseases” – Combined approach needed for tuberculosis and HIV

HIV responses that integrate HIV and tuberculosis prevention and treatment programmes into poverty reduction strategies and national development plans can address the long-term and multi-generational challenges of these co-infections. Tuberculosis, particularly drug-resistant tuberculosis, poses an urgent threat to people living with HIV. It is critical to build the capacity of affected populations to respond to tuberculosis and HIV, helping to ensure programme relevance, transparency and improved accountability.

Question: How can collaboration between national TB and HIV programmes be facilitated?

4. Need for health system strengthening

Health system strengthening aims to improve the six building blocks of health systems, managing their interactions to achieve more equitable and sustained improvements across health services and health outcomes. These blocks are service delivery; health workforce; strategic information; medical products, vaccines, and technologies; financing; and leadership/governance. HIV has highlighted a range of chronic health systems problems and has stimulated interest in and investment in addressing them. The challenge is to achieve the right balance between HIV disease interventions and broad health system strengthening.

Question: How can HIV investments best contribute to overall health outcomes?

5. Scientific innovation for securing the future

Despite some setbacks, the search for new technologies to prevent HIV transmission has been rewarded by the compelling findings of male circumcision trials which have proven to reduce the risk of female-to-male sexual transmission by approximately 60%. A number of countries are now introducing or scaling up male circumcision services within comprehensive prevention programmes emphasising safer sex practices. Trials of pre-exposure prophylaxis hold out for hope for discordant couples and those at high risk. However, the main diagnostic test for TB is over 120 years old, and there have been no new anti-tuberculosis drugs in 40 years.

Question: How can we support scientific innovation and prepare for rapid implementation of new technologies?



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Attachment 5

Panel 5: Resources and universal access: opportunities and limitations

Overview

Responding to the call for increased resources to support to the global AIDS response in 2001, new initiatives by multilateral institutions such as the World Bank's Africa Multi-Country HIV/AIDS Program and by bilateral donors, such as the United States President's Emergency Plan for AIDS Relief were launched to mobilize international resources in response to the spread of the AIDS epidemic. The Global Fund to Fight AIDS, Tuberculosis and Malaria was established to provide low- and middle-income countries with additional financing. Prices of some HIV medicines have been greatly reduced and now millions of people are on antiretroviral treatment.

At the High-Level Meeting on AIDS in 2006, governments capped these achievements with an even bolder commitment: to achieve universal access to HIV prevention, treatment, care and support by 2010. National, regional and global consultations leading up to the High-Level Meeting of 2006 cited predictable financing as one of the major challenges to achieving universal access.

Current situation

From 1996, when UNAIDS was launched, to 2005—the annual funding available for the response to AIDS in low- and middle-income countries increased 28-fold. Funding reached a projected US\$ 8.9 billion in 2006 and US\$ 10 billion in 2007. While impressive, there is still a gap between the needs and the estimated available funding.

Outline of Panel Discussion

This panel will consider specific actions and steps which can be taken to ensure predictable funding well into the future, from all sources, including domestic budgets, without imposing excessive burdens on poor nations and the poorest communities. The following key issues will be considered.

1. Predictability and sustainability of HIV funding

HIV is a long-term epidemic and although there are more financial resources available now, governments need to demonstrate increased national commitment and responsibility to respond to HIV and the health issues of those in need over the long term.

Question: What can countries do to minimize the impact of uncertain and variable external funding? How can countries ensure it is sustainable?

2. Mobilizing adequate financing

If the scaling up of HIV services continues at the current pace, the funding required is estimated to be US\$ 15.7 billion in 2010 and US\$ 23.6 billion in 2015. Even with these resources, the world will not achieve universal access by either 2010 or 2015. Of the nearly 9.6 million who will be in need of antiretroviral treatment in 2010, only 4.7 million people will receive it. The Universal Access by 2010 scenario envisages the need for significant increases in available resources—between US\$

27 billion–US\$ 43 billion in 2010 and between US\$ 35 billion–US\$ 49 billion in 2015. To close the gap, existing international donor commitments must be fulfilled and new ones made.

Question: Can adequate financing be achieved in the short and long term? If yes, then how will we do this?

3. Moving governments to mobilize their own resources

A long-term effort to support HIV programmes also depends on an increase in public expenditure by low- and middle-income countries. In low-income countries, official development assistance will continue to be the main source of HIV financing. However a greater percentage of national budgets could still be dedicated to health (for example as proposed in the 2001 Abuja declaration by African leaders to allocate 15% of annual national budgets to the improvement of the health sector). Governments, if they have not done so, need to put in place national HIV strategies and operational plans that are prioritized, costed and based on evidence. Governments must reduce tariffs on HIV commodities and exploit fully the flexibilities of international trade law.

Question: What can low- and middle-income countries do to increase public expenditure on HIV? Is there a role for social health insurance?

4. Mobilizing new and innovative sources of finance

In addition to donor and public sources of funding, various initiatives have used innovative ways such as channelling monies from debt relief to health programmes. Resources have also been raised from corporate champions and products, private sector, philanthropists and the general public.

Question: What role are these initiatives likely to play in bringing additional resources to the HIV response?

5. Making the money work

The development and use of comprehensive, credible, costed strategic and action plans is a first step in making the money work. Investments on HIV programmes must be evidence informed and tailored to local realities. National and international partners must make policies, procedures and financial flows transparent so as to militate against all forms of waste and misallocation of funds. Civil society organizations and communities must be involved in decision making at all levels and have an influence on the proper use of funds. How can we show returns for investment made on HIV?

Only through a process of 'knowing your epidemic and response' is it possible to ensure that AIDS responses are fully effective. Situational analyses of the sizes of vulnerable populations, where they can be reached, and rates of HIV infection should be undertaken to inform responses.

Question: How can we show return on investments made in HIV programming? How can it be ensured that countries develop sufficient and quality strategic information to know their epidemic and act accordingly?



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Attachment 6

Civil Society Interactive Hearing

Action for Universal Access 2010: Myths and Realities

Overview

During the 2006 High Level Meeting on AIDS, countries committed to set ambitious national targets for scaling up towards Universal Access to HIV prevention, treatment, care and support by 2010.

It is important that all sectors show leadership in ensuring that this commitment leads to action in achieving Universal Access by 2010. The urgent need for action has to be clearly communicated at the High Level Meeting and then acted upon because millions of lives depend on this commitment, which cannot be delayed. A failure to fulfill international commitments has human and social costs which are unacceptable.

Current situation

Twenty-seven years into the epidemic, millions of lives have been lost and hundreds of millions more changed forever. We are not keeping pace with, let alone overcoming the impact of the AIDS epidemic. We are slipping behind on the target of reaching Universal Access by 2010 and the 6th Millennium Development Goal. Many are falling short in the response to HIV and AIDS – in matching action, commitment, leadership, and resources to the rhetoric.

Outline of the Civil Society Hearing

Following remarks from the President of the General Assembly and the Secretary-General, civil society speakers will bring frontline experience to the session, addressing the challenging issues underlying the spread of the epidemic, while stressing the importance of accountability and involvement as we near the targets set to fulfil the Declaration of Commitment and Universal Access.

The civil society hearing will address the current reality of an insufficient response to HIV and the impact it has on communities around the world. The hearing will also address some of the myths that themselves have become barriers to effectively responding to the epidemic. It will provide an open, honest and dynamic forum to discuss these myths and realities in the urgent work needed to achieve Universal Access by 2010.

The Hearing aims to:

- Actively engage with government representatives on key issues for the high level meeting.
- Provide a space for the voices of those who face marginalization, stigma, and discrimination, in particular people living with HIV, to push for accountability and urgent action to achieve Universal Access by 2010.

- Demonstrate the strength, diversity and commitment of civil society in the response to the epidemic.
- Provide official civil society input to the high-level meeting.

Issue for discussion in the Civil Society Hearing

The overall theme of the Civil Society Hearing is **Action for Universal Access 2010: Myths and Realities**. Speakers will address issues related to achieving Universal Access from a number of different perspectives:

- HIV and Human Rights
- Sex Workers
- Sexual Minorities
- People who Use Drugs
- Women and Girls
- Children
- Young People Living with HIV
- Access to Treatment
- HIV-related Travel Restrictions, Mobility and Migration
- Workplace Responses
- Civil Society Involvement and AIDS Accountability