CIVIL SOCIETY AND COMMUNITIES DECLARATION TO END HIV: HUMAN RIGHTS MUST COME FIRST

PREAMBLE:

Recognizing the urgent need for strong, forward-thinking action, and evidence-informed, rights-based, well-resourced, community-led HIV responses, civil society emphatically call for a more progressive vision in the 2016 Political Declaration on Ending AIDS. It is toward this goal that we, the undersigned civil society advocates and organizations, engage with the process of the 2016 Political Declaration on Ending AIDS in good faith and with hope for ending the HIV epidemic by 2020. We seek to align the HIV response to the 2030 Agenda, and were encouraged by the initial (zero) draft of the Political Declaration, and to that end commend the co-facilitators (H.E. Jürg Lauber from Switzerland and H.E. Mwaba Patricia Kasese Bota from Zambia) and recognize the efforts made by many member states to secure a bold and progressive vision and set of commitments.

We were disappointed when the process began with the exclusion of a number of key HIV advocacy organizations representing gay and other men who have sex with men, transgender people, and drug users. We were further disappointed with the draft declaration, as it falls short of the commitments required for “ending AIDS” and for an effective HIV response.

Civil society organizations are united in our call to all member states to take this critical opportunity to secure:

- **Stronger commitments for funding and tailored service access for key populations, regardless of where they live**

- **Consistent commitments to respecting, protecting and fulfilling human rights, gender equality and the rights of key populations and of women and girls**

- **Commitments to implementing full sexual and reproductive health and rights, including comprehensive sexuality education and sexual rights**

- **Strengthened language on commitments to funding for civil society and community engagement**

- **Clear assertions that meaningful participation of people living with and affected by HIV is central to local, national, and global HIV responses**

- **Commit to fully optimize the use of existing flexibilities under the TRIPS Agreement specifically geared to promoting access to and trade in medicines, including through easier to use and effective mechanisms**

It is important to highlight that we recognize the areas of advancement in the draft, such as:

- Increased attention to children, adolescents and young people
- Attention to addressing social and economic drivers of HIV
- More specific and explicit references to address HIV among children
- Strong references to the connection between gender-based violence and HIV (with an important list naming a variety of forms of violence)
- Explicit positive references to harm reduction as an important HIV strategy
- Specific references to rights to privacy, confidentiality, and informed consent
- Consistent attention to stigma and discrimination as significant challenges to effective HIV responses
- Addressing social and economic drivers of HIV
- Commitment to funding the response, including for CSOs
- Meeting replenishment goals for the Global Fund to Fight AIDS, TB and malaria
- Explicit reference to the importance of meaningful stakeholder participation including people living with HIV, women, youth groups, feminists, human rights defenders, national human rights institutions, and other civil society organizations
- Recognition of the need to use existing TRIPS flexibilities to their fullest and ensure that intellectual property provisions in trade agreements do not undermine existing flexibilities
- Bold treatment targets, including the goal of achieving 30 million people on treatment by 2020 and a target of 25% funding for prevention.
- Commitments on financing and an accountability process that is linked to the 2030 Agenda review process.

However, despite the positive statements, the draft Political Declaration misses the mark, and **we declare our profound dissatisfaction. Slogans and simple answers will not end the AIDS epidemic.** The diversity of today's HIV epidemics demands diverse, evidence-informed, rights-based and gender-transformative responses. Political leaders at the community, national, regional and global levels must recommit to take real steps to end this epidemic.

We are especially outraged with language the highlights victimization and blames key populations and fuels discrimination. Euphemisms have no place in evidence-based HIV responses, and leave the door open for HIV responses that are driven by ideology, rather than informed by evidence and rights-based obligation. People in vulnerable contexts are the people leading the fight against the epidemic, and should be recognized for their leadership role and as subjects of rights.

By 2020, upper- and lower-middle-income countries will be home to 70% of the people living with HIV. Member states must commit to expand both international and domestic funding so that it is sufficient to fully finance the response, taking special note of the need for services in these countries to reach all those affected by HIV, particularly key populations.

Therefore, we call for a forward-looking agenda to end the HIV epidemic that advances human rights for all without distinction of any kind, addressing the needs and rights of key populations (including gay and other men who have sex with men, transgender people, sex workers and people who use drugs and prisoners), and committing to address persistent and multiple and intersecting forms of discrimination and human rights abuses, including those based on real or perceived sexuality, sexual orientation, or gender identity.

A VISION FOR ENDING THE AIDS EPIDEMIC

Therefore, we, civil society organizations and individuals gathered here for the 2016 High Level Meeting on Ending AIDS, call on Member States, the United Nations, the private sector and civil society to commit to the following 10 steps:

I. LEAVE NO ONE BEHIND.

To uphold the promise of Agenda 2030 and the Sustainable Development Goals (SDGs), we recognize and commit to address the fact that key populations, including people who use drugs, gay men and other men who have sex with men, bisexual people, transgender people, male, female and transgender sex workers, young key populations and prisoners, as well as young women and adolescents (especially in sub-Saharan Africa), are the groups most affected by HIV but also the groups leading the AIDS response everywhere. We commit to collecting age- and sex-disaggregated data, and information about all groups, including those that are often invisible to data collectors. This requires governments to work in close collaboration and consultation with community members, using human rights metrics to capture the diversity of communities affected by HIV.

II. PROTECT AND UPHOLD HUMAN RIGHTS:

Member States commit to take immediate steps to eliminate discriminatory laws, policies and practices, adversely affecting people living with HIV, gay men and other men who have sex with men, sex workers, people who inject drugs, transgender people, and women and girls, while ensuring human rights are upheld and protected, including the right to health. Along with multilateral financial institutions, all member states will support action to address human rights abuses, including gender-based violence, including sexual violence, discrimination, and stigma. To do this effectively, governments will invest in human rights interventions as part of the HIV response, recognizing that the risk of inaction is a failure to achieve healthy lives (SDG 3).

III. DECRIMINALIZE HIV TRANSMISSION, EXPOSURE AND NON-DISCLOSURE:

To achieve healthy lives (SDG 3) and access to justice (SDG 16), Member States commit to eliminate draconian laws aimed at criminalizing people living with and affected by HIV, recognizing that such laws in fact, often have adverse effects on public health. Member States will also eliminate the unjust application of criminal law on the sole basis of HIV status and discrimination against people living with and in vulnerable conditions to HIV, in line with SDG 16. National governments will ensure access to justice for

all, understanding that the risk of inaction is a renewed epidemic among the groups who are most at risk of contracting HIV.

IV. ENSURE TREATMENT ACCESS NOW:

Access to treatment, care, and support, particularly among key populations, is a staple element of the response and of the right to health. Member States, with the support of donors, international organizations and the UN, will ensure that all people living with HIV needing and wanting treatment are able to receive it. In addition, Member States will ensure that access to treatment in developing countries is consistent with the World Trade Organization Declaration on TRIPS and Public Health (Doha Declaration).

V. REVIVE THE PREVENTION REVOLUTION:

Prevention will remain central to all HIV responses. Combination HIV programs include a full range of complementary, acceptable, accessible, quality bio-medical (e.g., condoms, pre and post exposure prophylaxis – PrEP and PEP and voluntary medical male circumcision (VMMC)), behavioral, community, social, and structural interventions. HIV-related programs will meaningfully involve communities at all levels, will be well-managed with necessary capacity, scaled up to reach at least 90% of those in need, and will be aligned with global guidance developed and supported by the WHO and UNAIDS.

VI. ACHIEVE GENDER EQUALITY:

Gender inequality and violence heighten vulnerability to HIV. We commit to meaningfully address gender inequality (SDG 5) and gender-based violence across all levels of the AIDS response, including IPV. We will ensure greater and more effective linkages between sexual and reproductive health and rights and HIV service. SRHR services will be fully funded and include programs for caregivers of family members living with HIV, the majority of whom are women and girls. SRHR programs will also address gender-based violence and be tailored to the needs of women and girls in all their diversity, including key populations, and specifically transgender women. Responses will be evidence-informed, and be ready to address emerging issues, such as cervical cancer, HPV, and gender-specific presentation of tuberculosis and malaria.

VII. RECOGNIZE AND RESPOND TO HIV AMONG SOCIALLY AND POLITICALLY MARGINALIZED GROUPS:

We must align our HIV response with reliably and systematically collected epidemiological data. This includes understanding disproportionate disease burden and disparities among young women and girls (SDG 5), particularly in Sub-Saharan Africa, and discrimination, criminalization, and inequality that leads concentrated epidemics among gay men and other men who have sex with men, sex workers, transgender woman, and people who inject drugs (SDG 10). National AIDS programs will address the specific and differential needs of young people and people living with HIV who are aging (complementing SDG 3).

VIII. FULLY FINANCE A COMPREHENSIVE HIV REPONSE:

Resources match need[1]. Member states, donors, the international community and the UN will reenergize strained funding sources (SDG 17), implementing creative thinking and bold action to scale up and sustain the investments required. In order to meet the UNAIDS Fast Track target to ending the AIDS epidemic by 2030, public health, human rights' stakeholders, leaders and partners in financing and development will

1 AIDS has calculated that US$ 31.3 billion are needed in 2020 to reach the UNAIDS 2020 fast track targets. At current levels, this means a gap of US$ 9 billion globally.

work in close partnership. Middle-income countries will develop and implement costed plans supported, when needed, by international donors, including the Global Fund. This will include enabling legal and policy environments to allow for contracting between governments and community-based organizations (social contracting). National government will firmly commitment to continuing services for key populations and donor governments and multilateral organizations should continue funding advocacy and monitoring activities to ensure responsible transition planning.

IX. SUPPORT COMMUNITY RESPONSES:

Funding will reach communities, since community health services, community mobilization and community monitoring play critical roles in the HIV response. All Member States and multilateral funding institutions will place particular emphasis on closing resource gaps and on fully funding community engagement and mobilization. Action will include quantifying, costing, and funding all community-driven responses, including involvement of faith-based organizations.

X. IMPLEMENT STRONG ACCOUNTABILITY MECHANISMS TO ENSURE THAT COMMITMENTS ARE MET.

All member states must commit to supporting robust accountability mechanisms to ensure that the commitments made in this 2016 AIDS Declaration are translated into effective AIDS responses. We also commit to periodic and inclusive reviews and reporting of progress towards meeting the targets set, with the full and meaningful involvement of civil society, in particular people living with HIV and key populations.

3rd Sector Support Africa, Nigeria
Action against AIDS, Germany
Action for Health Initiatives, Inc., Philippines
Advocacy Core Team Zimbabwe
Advocates for Youth, USA
Africa Coalition on Tuberculosis, Nigeria
African Black Global Diaspora Network on HIV and AIDS, Canada
African Men for Sexual Health and Rights [AMSHeR], Continental Africa
African Services Committee, USA
Afrique Arc En Ciel, Togo
AIDS and Rights Alliance for Southern Africa (ARASA), Namibia
Aids Fonds - STOP AIDS NOW!, Netherlands
AIDS Healthcare Foundation, USA
AIDS-Free World, Canada/USA
Alay Sa Bayan Ns Foundation, Philippines
Alliance for Public Health, Ukraine
Alliance for South Asian AIDS Prevention, Canada
Alliance Lanka, Sri Lanka
American Medical Student Association (AMSA), USA
amfAR, The Foundation for AIDS Research, USA
APCASO, Thailand
APCOM, Thailand
ASAD, Cameroon
Asia Catalyst, USA
Asia pacific transgender network (APTN), Thailand
Asian-Pacific Resource and Research Centre for Women, Malaysia
Association of people living with HIV (APLHIV), Pakistan
Athena Network, Global
AVAC, US
Balance, Mexico
BIMBA, Kiribati
C-NET+ Belize
Canadian HIV/AIDS Legal Network, Canada
Canadian Positive People Network (CPPN)/Réseau canadien des personnes séropositives (RCPS), Canada

Canadian Society for International Health, Canada
Caribbean Vulnerable Communities Coalition, Jamaica
Center for Health and Gender Equity (CHANGE), USA
Centre for Popular Education and Human Rights, Ghana
Centre for the Development of People (CEDEP), Malawi
CITAMplus, Zambia
Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-SIDA), Canada
Coalition of Asia-Pacific Regional Networks on HIV/AIDS (7 Sisters), Thailand
Coalition of Zambian Women Living with HIV, Zambia
Coalition PLUS, International
Coalition Sida des Sourds du Québec, Canada
Community Health Alliance Uganda
Community Health Education Services & Advocacy, Tanzania
Community Working Group on Health (CWGH), Zimbabwe
Derechohabientes Viviendo con VIH del IMSS (DVVIMSS), México
Desmond Tutu HIV Foundation, South Africa
Dignitas International, Canada
DSW - Deutsche Stiftung Weltbevölkerung, Germany
El Centro de Orientacion e Investigacion Integral, Dominican Republic
Elizabeth Glaser Pediatric AIDS Foundation, USA
Espolea, Mexico
Eurasian Coalition on Male Health (ECOM), Estonia
Eurasian Women's network on AIDS, Ukraine
European AIDS Treatment Group, Germany
Fokus Muda, Indonesia
For Impacts on Social Health (FIS), Cameroon
Friends Of Rainka Zambia
Friends of the Global Fund Europe
G-link Việt Nam, Vietnam
Gaurav CBO, India
Georgian Harm Reduction Network, Georgia
Gestos, Brazil
Global Action for Trans* Equality (GATE), U.S.
Global Coalition of TB Activists, India
Global Fund Advocates Network Asia-Pacific (GFAN AP), Thailand
Global Network of People Living with HIV (GNP+), Netherlands
Golomoti Active AIDS Support Organisation (GASO), Malawi
Good Health Educators Initiative, Lagos
Grandmothers Advocacy Network, Canada
Harm Reduction Coalition
Harm Reduction International, UK
Health GAP (Global Access Project), USA
HIV Young Leaders Fund, Netherlands
HOPS-Healthy Options Project Skopje, Macedonia
Hornet Gay Social Network, Hong Kong
Housing Works, USA
Human Rights Campaign, USA
Humanist Institute for Co-operation with Developing Countries (HIVOS), Netherlands
Humraz Male Health Society, Pakistan
ICAD - Interagency Coalition on AIDS and Development, Canada
IFMSA - International Federation of Medical Students' Associations, Netherlands
Igat Hope Inc., Papua New Guinea
India HIV/aids alliance, India
Indonesia AIDS Coalition, Indonesia
Inerela Zambia
INPUD, UK
Interagency Coalition on AIDS and Development (ICAD), Canada
Interculturalidad, Salud y Derechos A.C. (INSADE), México
International AIDS Society (IAS), Switzerland
International Civil Society Support, Netherlands
International Community of Women Living with HIV, Kenya
International HIV/AIDS Alliance, UK
International Planned Parenthood Federation (IPPF), International
International Reference Group on Transgender Women and HIV/AIDS (IRGT), USA
International Treatment Preparedness Coalition (ITPC), Botswana
International Women's Health Coalition, USA

Ishtar-MSM, Kenya
Jamaican Network of Seropositives, Jamaica
KELIN, Kenya
Kenya NGO Alliance Against Malaria (KeNAAM), Kenya
Kuala Lumpur AIDS Support Services Society (KLASS), Malaysia
Myanmar Youth Stars Network, Myanmar
National Committee For Children and Young People on HIV, Philippines
Nava Kiran Plus, Nepal
NGO Shah – Aiym, Kyrgyzstan
NGO Tais Plus, Kyrgyzstan
Odyseus, Slovakia
One for Nursing Empowerment, Philippines
Osservatorio Italiano sull'Azione Globale contro l'AIDS, Italy
Pacific Friends of the Global Fund, Australia
Pacific Sexual Diversity Network, Fiji
Pangaea Global AIDS, USA
Parwaz Male Health Society, Pakistan
Patriot Vision In Action, Lesotho
Peer Educators Movement for Empowerment of Pasay, Manila, Caloocan, and Quezon City, Philippines
Philippine ACT!2015 Alliance, Philippines
Philippine Medical & Law Students' Alliance, Philippines
PILS, Mauritius
Positive Action for Treatment Access (PATA), Nigeria
Positive-Generation, Cameroon
Princess of Africa Foundation, South Africa
Prostitutes of New York, USA
Réseau Accès aux Médicaments, Burkina Faso
RAP, Central Africa
Red Balance, Mexico
Red de Jóvenes Positivos de Latinoamerica y el Caribe Hispano, LatinoAmérica
Regional Charity Organization "Open Heart", Ukraine
RESULTS Canada, Canada
Reviving Hope Uganda, Uganda
Rotaract Club of Malate, Philippines
Salamander Trust, UK
Salud por Derecho, Spain
SANGRAM, India
Sexuality Education Resource Centre Manitoba (SERC), Canada
Silver Rose of sex workers and their supporters, Russia
SOLTHIS (Solidarité Thérapeutique et Initiatives pour la Santé), France
SOMOSGAY, Paraguay
Spiritia Foundation, Indonesia
STOPAIDS, UK
StopVIH, Venezuela
Swaziland Migrant Mineworkers Association (SWAMMIWA), Swaziland
The Coalition for Children Affected by AIDS, Global
The Family Planning Association of Sri Lanka, Sri Lanka
The Global Forum on HIV & HIV (MSMGF), USA
The Initiative for Equal Rights, Nigeria
The Student Advocates for Gender Equality (SAGE) Network, Philippines
The Teresa Group, Canada
Treasureland Health Builders initiative, Nigeria
Turning Point Society of Central Alberta, Canada
UCO "LEGALIFE-UKRAINE", Ukraine
Uganda Network of Young People Living with HIV&AIDS (UNYPA), Uganda
Union if adolescent and youth Teenergizer, Ukraine
Women for Global Fund (W4GF), Global
YKAP Nepal
Youth diversity alliance, Indonesia
Youth Engage, Zimbabwe
Youth LEAD (Asia Pacific Network of Young Key Populations), Thailand
Youth Voices Count, Thailand
Yugoslav Youth Association Against AIDS - Youth of JAZAS, Serbia