World AIDS Day 2009
“Universal Access & Human Rights”
Global Health Community Statement

“The full realization of all human rights and fundamental freedoms for all is an essential element in the global response to the HIV/AIDS pandemic.” - 2006 UN Political Declaration on HIV/AIDS

In observance of December 1st as World AIDS Day, and in recognition of the significant opportunities and challenges we face in addressing the epidemic worldwide, we, the undersigned organizations, stand in support of the following statement.

Successes in the fight – progress toward universal access

With 33 million people living with HIV and 2.7 million new infections in 2007, the HIV/AIDS epidemic continues to be a major challenge for global health. Together, the United States President’s Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria have signaled a strong commitment to address the HIV/AIDS epidemic over the last six years and saved millions of lives.

With continued strong leadership and robust investments, in partnership with host nations and local, national and international organizations, PEPFAR is poised to build upon these achievements:

- Reaching 58.3 million people in fiscal year 2008 alone through community programs to prevent sexual transmission, providing a strong baseline for future prevention interventions that capitalize on lessons learned
- Care for more than 10.1 million people, including more than 4 million orphans and vulnerable children, and support of testing and counseling for nearly 57 million in PEPFAR’s first five years
- Prevention of mother-to-child HIV transmission services during nearly 16 million pregnancies and antiretroviral prophylaxis for nearly 1.2 million women, averting an estimated 240,000 infant infections in PEPFAR’s first five years
- Support of 3.7 million training encounters for health care workers through September 2008

The Global Fund is the world’s most powerful tool in the fight against HIV/AIDS, TB and malaria. As the largest global health financier in the world, the Global Fund provides nearly three-fifths of all international financing to fight malaria and tuberculosis, as well as nearly one-quarter of all financing to fight HIV/AIDS. About 35 percent of spending is used to build and strengthen health systems to ensure sustainability. Since its creation in 2002, the Global Fund has financed:

- 105 million HIV/AIDS voluntary counseling and testing sessions
- Antiretroviral therapy (ART) for 2.5 million people
- Treatment for 790,000 HIV-positive pregnant women to combat mother-to-child transmission
- Care for more than 10 million individuals, including 4.5 million orphans and vulnerable children
- The training of 11.3 million community workers to deliver health services

Challenges remain – universal coverage and human rights

Donor commitments and country efforts have resulted in increased access to HIV-related services, yet the number of new infections continues to outpace the increase in the number of new patients receiving treatment. More than 5 million of the estimated 9.5 million people needing ART still do not have access. Program sustainability and persistent inequity in access to services are further challenges.

Stigma, discrimination and human rights violations against people living with HIV and AIDS and other marginalized populations continue to be some of the greatest barriers to effectively addressing the epidemic. Punitive laws and policies interfere with effective prevention, treatment and care programs by
further entrenching stigma, violating human rights and driving vulnerable populations away from HIV-related services. These include the criminalization of sex between men, prohibition of needle access, criminalization of HIV transmission and required disclosure of HIV status. Various laws and regulations protecting people from discrimination are not widely enacted, fully implemented or faithfully enforced. Until we acknowledge and address these structural barriers, universal access will continue to elude us.

Many countries where the HIV and AIDS burdens are the highest are the least developed countries. In Africa alone, the loss of $12 billion dollars annually is attributed to HIV/AIDS. Furthermore, downturns in the economy exacerbate the spread of the disease, as seen in Asia during the 1990s. The global economic crisis affects every sector and health issue, and it threatens to undermine progress made against HIV/AIDS.

Opportunities to bolster a comprehensive, global HIV/AIDS response

Evidence-based approach to prevention: This year marked hopeful progress toward the development of an HIV vaccine and biological prevention methods such as pre-exposure prophylaxis with antiretroviral drugs. We must continue to support efforts to develop effective vaccines and microbicides, prevent mother-to-child transmission, and scale up existing interventions proven to reduce new infections: comprehensive sex education and condom education and distribution; male circumcision; and needle and syringe programs and substitution therapy for injection drug users. Community-based approaches must address sexual partnerships that increase the risk of HIV transmission, particularly multiple concurrent partnerships and discordant couples, and the structural and cultural barriers that impede prevention efforts, such as the disadvantaged socioeconomic status of women and urban poverty and unhealthy living conditions.

Treatment as an integral part of prevention: The debate between prevention and treatment is a false argument – treatment IS prevention. ART lowers viral load, the single greatest risk factor for HIV transmission. The global community must work towards universal access to HIV prevention, treatment and care in addition to meeting other global health commitments. Treatment must be scaled up not only for adults, but also for children, who lag dramatically behind adults in accessing these lifesaving medicines.

Combating stigma and realizing human rights: We must continue to fight stigma and discrimination so that individuals living with HIV and AIDS are empowered to advocate for themselves and adopt practices to protect their health. We must continue to break down structural barriers that infringe on human rights and encourage policy changes that promote universal access to high quality services free from discrimination and fear of criminal penalties. It is imperative that policies are implemented to protect and promote the rights and dignity of at-risk populations – particularly women, orphans and vulnerable children, sex workers, men who have sex with men, injection drug users, and unstably housed and impoverished individuals. Development interventions also should refrain from unwittingly perpetuating discrimination against children affected by HIV/AIDS.

A fully funded U.S. Global Health Initiative to enhance coordination between the HIV/AIDS response and health systems strengthening: The Global Fund and PEPFAR represent the United States’ most effective tools to create country ownership and good governance, as well as fight three treatable and preventable diseases that kill millions of people every year. These programs should be funded at the level authorized by Congress in the 2008 Lantos-Hyde Act, including $9.25 billion in fiscal year 2011. With effective leadership and proper investments, mortality in Africa from HIV/AIDS can be reversed and mother-to-child transmission of the disease can be virtually eliminated by 2015. The six-year, $65 billion Global Health Initiative, announced in May 2009 by President Obama, presents a crucial opportunity to move away from a siloed approach to disease prevention and improve on what works across systems. The Obama Administration and Congress must recommit to universal access goals, continue the accelerated scale-up of HIV/AIDS prevention and treatment, and use these efforts as a foundation on which to build broader and more sustainable health care capacity in low- and middle-income countries.