*"You can love people with AIDS.
You can touch them. You can be
Their friends. You can look after
Them. We are all the same."*
Nkosi Johnson, South Africa

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1. Introduction to the Report

The intention of this report is to serve the wider public of Botswana to share information and experiences gathered at the first United Nations General Assembly Special Session on HIV / AIDS (hereafter referred to as UNGASS). Six delegates from civil society organisations attend this meeting and tried, not only as much as possible, to make the voice of Botswana heard within an international context but also gathered information to share with others in their country after their return.

The report is structured into several parts; with the first part describing the events that led to UNGASS from the perspective of civil society participants. Included in this part is a slightly shortened version of a report that was produced with the support of UNAIDS / UNDP by civil society, government agencies and the private sector with the aim to have a brief, but comprehensive, document that would give an insight into the situation in relation to HIV / AIDS in Botswana. The report may seem not entirely reflective of all the activities and challenges in Botswana but readers should bear in mind that it was produced in a very short period of time and that it was meant to avail very basic information to international stakeholders who may have no understanding of the Botswana context at all.

The next section of the report consists of a short essay that highlights the difficulties and discrimination experienced by People Living With HIV / AIDS (PLWHA) when travelling to the session. It is important to understand these issues in order to get an impression of the emotional situation some of the delegates were in, even before the start of the actual session. Additionally, this part of the report provides an insight into the way human rights of people living with the virus are violated not only on a national but also on an international level. The essay is followed by a description of the opening of UNGASS, including the speech delivered by The President Mr. Festus Mogae.

The remainder of the report are essays and impressions by the delegates, describing the activities that took place at UNGASS, under different sub-headings, covering a variety of themes. Many of these activities were actually part of a wider NGO forum that had been organised because of the many difficulties that civil society groups faced in terms of truly participating in the main assembly. Readers need to understand that in addition to the civil society delegation, an

official delegation from government attended UNGASS and despite all the ideas that had been developed before the session, no actual communication between the two delegations took place during our stay in New York. This is an important point to note because it gives a good indication of the very difficult situation NGO delegates found themselves in, in terms of understanding the main proceedings and in terms of the possible influence civil society could have on the final document. The latter is even more so unfortunate because civil society did not participate in the meetings that were held prior to UNGASS when the initial text of the declaration was negotiated.
In summary, the following are mainly reports from the NGO Forum rather than reports on the proceedings that took place in the UN Assembly For a report of the latter, readers will have to refer to the report of the delegation once it has been published. The only essay which covers one of the official proceedings is the report on the roundtable on Human Rights. The report concludes with some final remarks of the delegates who participated in putting together this report and the Declaration of Commitment, the document that was accepted by the international community during UNGASS. We hope that readers do not only find this report interesting to read but that many of the ideas noted here will lead to healthy and critical debates in Botswana, assisting us in the fight against the virus. We invite everybody to contact the delegates for any further questions, suggestions and remarks.

Finally, we would like to thank UNAIDS, UNDP and UNOPS for their generous support which made it possible for us to travel to and participate at UNGASS.

2. Events leading to UNGASS

2.1. Preparatory Meetings for UNGASS in Botswana

A reference group was formed under the auspices of NACA, as the lead body, and UNAIDS. The composition of the this group was aimed at reflecting the multi-sectoral nature of the national response in Botswana by including UN agencies, Government, Civil Society Organisations, the Private Sector, Media, Disciplined Forces, Youth, People Living With AIDS. The committee was comprised of:

♠ UN Agencies:

* Ms. Rosalind Saint-Victor (UNAIDS)
* Mr. Hans-Peter Wiebing (UNAIDS)
* Mr. I Modisaotsile (UNICEF)
* Ms. Temane (UNFPA)
* Ms. Shashane (WHO)
* Ms. Dorothy Tlagae (UNDP)

♠ Government Agencies:

* Dr. Banu Khan (NACA)
* Dr. Chifakacha (NACA)
* Ms. Modise (Office of the President)

♠ Civil Society Organizations:

* Mr. Martin Mosima (BONASO)
* Mrs. Christine Stegling (BONELA)
* Mr. Edward Dladla (BONEPWA)
* Mrs. Helen Ditsebe-Mhone (BONEPWA)
* Mrs. Patricia Maputle (Holy Cross Hospice)
* Mrs. Ruth Thiersen (BOCAIP)

♠ Youth:

* Ms. Pako Sello (COCEPWA)
* Ms. Itumeleng Thahane (YWCA)

♠ Business Sector:

* Ms Bikini Leburu

Representatives from the media and the disciplined forces did not participate in this process. Off those who participated in the process only the following participated at the conference. These were: Martin Mosima, Christine Stegling, Itumeleng Thahane, Helen Mhone, David Ngele, Patricia Maputle and Dorothy Tlagae.

One of the major tasks of the UNGASS reference or working team was to facilitate the effective participation of Botswana at UNGASS. This included helping people from the various sectors to get accredited and mobilise resources to ensure their participation. However, by the time

the meetings of the reference group were convened some sectors, especially the civil society, had already started the long and complicated accreditation process with UN New York. Therefore, some of the conference participants were already known. UNAIDS assisted participants to acquire visas through the issuing of letters to the US embassy, providing prove of accreditation. They also supported the delegation with administrative guidance and support.

The working group decided write a country report that would allow international stakeholders to understand the epidemic within the context of Botswana. The report was to include, among other aspects, the nature/magnitude of the HIV/AIDS situation in Botswana and the mitigation/prevention, care and support strategies. The report was also expected to show the multi-sectoral nature of the response to HIV/ AIDS. That is, showing the different roles played by key stakeholders as well as how the players co-ordinate their work. The procedure of writing the report was designed in such a manner that each sector was tasked to prepare a report based on their response. However, only the youth and the civil society organisations fulfilled their tasks while other sectors failed to present their reports. In the final analysis the whole group worked on the report though the reports of both the youth and civil society were not well reflected on the final country report. The team also agreed to task the conference attendants to carry in addition to the country report, the UNDP Human Development Report and materials on HIV/AIDS responses from all the sectors for display in New York.

The team observed that more often than not when people attend international conferences, representing Botswana, they never report back to the national structures and their own constituencies, and that this tendency was a cause for concern. It was reported that the recent UNAIDS conference in Ethiopia had had a similar fate in terms of the absence of a report, even though a consensus had been reached before the actual conference to produce a report after the event. It was noted that reports that are facilitated by major agencies, involving many key players are rarely written. The Addis Ababa report was supposed to have been spearheaded by NACA and no initiative was done to that effect. It was, however, resolved that each conference participant, especially when state or UN money has been used, is duty

bound to ensure that he/she reports back to the relevant constituencies on his/her return.

2.2. The Botswana NGO Delegation

1. The Coping Centre for People Living with HIV / AIDS (COCEPWA)

⇒ **Helen Ditshebe-Mhone**

2. The Young Women Christian Association

⇒ **Tumi Thahane**

3. The Botswana Network on Ethics, Law and HIV / AIDS (BONELA)

⇒ **Christine Stegling**

4. The Botswana Network of People Living with HIV / AIDS (BONEPWA)

⇒ **David Ngele**

5. The Botswana Network of AIDS Service Organisations (BONASO)

⇒ **Martin Mosima**

6. United Nations Development Programme (UNDP)

⇒ **Dorothy Tlagae**

7. The Holy Cross Hospice

⇒ **Particia Maputle**

The following is a slightly shortened version of the report the Botswana delegation took to UNGASS in order to network and inform participants from other countries about the situation in Botswana.

3. AN OVERVIEW OF THE HIV/AIDS RESPONSE AND CHALLENGES IN BOTSWANA

CONTEXT

Since the first AIDS case was reported in 1985 the Government, people and development partners of Botswana have been and are responding to the HIV/AIDS pandemic in a serious and concerted manner. Behind the process is strong Government leadership with the President in the forefront. The decisive leadership within the highest level of Government and associated efforts undertaken to match the magnitude of the epidemic have 'scaled

up' the national response and provided a new policy direction in which institutions and communities are responding in a holistic manner.

These have not stopped the epidemic from spreading at an increasing rate. What this means to the present and future development of Botswana is disturbing. The productive and reproductive group of the society, which currently stands at 60 percent of the estimated 1.7 million people, is the most affected group.

Besides the country's remarkable record of effective leadership, good governance and prudent financial management, a number of selective policies and programmes have strengthened the implementation process of the national response. Significant is the government's deep commitment to high levels of expenditure on meeting the basic needs of the population. Since the mid-1970s, 30-40 percent of the annual budget has been allocated to the social sector: Primary and secondary school education, for example, are provided free of charge. Government health facilities provide primary health care and first-level hospital treatment free or for only a token payment. Providing communities with safe drinking water is another high priority for government. Plans are far underway to formulate a comprehensive poverty reduction strategy and programme. These and other initiatives have, in many ways, enhanced the national response.

Action is being taken at several levels resulting in the following major developments:

- Knowledge of HIV transmission and the need for individuals to take precautionary measures is now widespread throughout the society.
- An overall national policy framework and a national strategic plan are in place.
- Private sector businesses, the civil society, community based organisations (CBOs), non-governmental organisations (NGOs) and the international community are setting up structures, policies and programmes within the context of the policy framework.

- National, district, village and ward level AIDS action-plans have been formulated, and implementation for most is underway with communities and local NGOs participating in varying degrees.
- Sixteen (16) of the country's twenty-four (24) districts have constituted functioning District Multi Sectoral AIDS Committees (DMSACs). Beyond the district level, the expanded multi-sectoral response links up with community and family initiatives to reach directly into homes.
- Key stakeholders have been identified and given specific responsibilities within the framework of the national response. These include government ministries, private sector establishments, judiciary and police services, parliamentarians, NGOs, community based organisations (CBOs), farmers associations, traditional leaders, women groups, churches, trade unions, academic institutions, businesses, youth and people living with HIV/AIDS.

A DEVELOPMENTAL PROBLEM

Botswana has made significant progress in the fight against hunger, poverty, injustice, illiteracy and unemployment over the last thirty years. The country has risen from being one of the poorest in the world at the time of independence to becoming one of the middle-income developing nations.

However, that rate of progress is now threatened by the HIV/AIDS pandemic, and could be reversed in the absence of a concerted national fight against the epidemic. Lack of economic empowerment, particularly amongst women and young girls, inter-generational transmission and stigma are among the important factors that are sustaining the epidemic.

Available estimates show that the HIV/AIDS epidemic has reached crisis proportions in Botswana:[1]

- At least 17 % of the entire population is living with HIV.

- According to the Botswana 2000 HIV/AIDS seroprevalence and STD survey, 38.8 % of Batswana aged

15-49 years are infected with HIV, with women constituting the larger proportion.

· In 2000, 25-29 year olds, with an HIV prevalence of 52.3%, were the worst affected age group. Next in line were the 20-24 year olds with a prevalence of 43.6%.

· The HIV prevalence among pregnant women in Francistown increased from 23 % to 44.4% between 1992 and 2000. In Gaborone, within the same cohort, figures rose from 14.9 % to 36.2% over the same period.

· By the year 2010, about 20 percent of all children in Botswana would have lost their mothers to AIDS.

· There is hardly any difference between urban and rural HIV prevalence. In fact, over the past few years, rural rates have begun to climb and, in some instances, to surpass urban rates.

Basic to the developmental problem posed by these and other existing indicators is the devastating impact of the HIV/AIDS epidemic on the social, economic and political lives of people and the nation. The country is experiencing such impact in different forms and at various levels. For example:

· Sickness and deaths among the productive and reproductive segment of the population will constrain individual household and collective productivity levels.

· Health care, education and other and social services are becoming increasingly over stretched within given financial and human resource constraints.

· Life expectancy in Botswana is likely to fall dramatically, with women being the most affected. By the 2010, life expectancy among women is expected to be decreased by 50%.

· Economic growth rates are projected to fall regressively

by 1.5 percent.

THE NATIONAL RESPONSE

Historical Development of the National response

The national response to the HIV and AIDS epidemic evolved over time through three inter-connected phases:

- The early phase (1987-1989) focused attention mainly on screening of blood to eliminate the risk of HIV transmission through blood transfusion. An interim Short-Term Plan of Action (STP) for 1987-1989 was developed and an AIDS Control Programme formulated as the centerpiece of the response.

- The second phase (1989-1997) took on a new and broader dimension with public awareness and advocacy programmes introduced and pursued vigorously. A Medium Term Plan I (1989-93) was formulated to support the programme.

- The third and current phase is multi-sectoral and participatory in nature. Key features are manifested in the expanded scope of programmes, greater involvement of stakeholders in the fight at all levels and vocations and the revamping of national HIV/AIDS programme management and coordination structures.

A New HIV/AIDS Policy Direction

The third phase marked a great turning point in mounting an effective national response. The policy shift from a narrow to an all-embracing approach comes largely out of the recognition that HIV/AIDS is not simply a health issue, but one also having developmental, political and psychosocial implications. With this new approach, emphasis moved rapidly towards developing and implementing a large-scale national mobilisation strategy with support and commitment galvanized at the highest political leadership.

Most significantly, Government has recently declared, as a matter of policy, the HIV/AIDS epidemic as being greater than a national crisis. The epidemic is now considered as and has been declared a national emergency followed by two critical policy pronouncements:

- All stakeholders are required by Government to provide strategic emergency responses to the epidemic

- Government's budgetary allocations to redress the consequences and impact of HIV/AIDS shall be treated as an emergency and as such, acted upon outside of regular budgetary approval and allocation processes.

Four major national initiatives provide the overall HIV/AIDS Policy Framework to guide the national response to HIV/AIDS in Botswana.

These are:

- The national Vision 2016 with its goal of achieving an AIDS-Free generation by the year 2016 and the epidemic brought under.

- The Mid-Term Review of the Eighth National Development Plan (NDP8) which has underscored HIV/AIDS as a new critical policy issue of the day and given it high priority.

- The Revised 1998 National Policy on HIV and AIDS with a renewed call made to the civil society, government agencies, non-governmental organisations and community based organisations to mount a collective Concerted Multi-Sectoral National response.

- The Botswana HIV and AIDS Second Medium Term Strategic Plan (MTP II) 1997-2002 has also been formulated to guide policy and the implementation process. This plan establishes the strategic goal of the national response as: to reduce HIV infection and transmission and the impact of HIV and AIDS at all levels of society while

promoting a humane and compassionate response to the HIV/AIDS crisis. The plan's strategy is focused on "policy development, institutional strengthening and service delivery".

Institutional Framework

Within the Public Sector

The Government has established an integrated institutional framework to manage, co-ordinate and implement the national response:

- The National AIDS Council (NAC), which is chaired by the President and mandated to establish and monitor broad guidelines in dealing with issues of HIV/AIDS policy and programme implementation. The Minister of Health serves as Secretary to the NAC.

- The National AIDS Co-ordinating Agency (NACA) which provides secretariat support to the Council and is particularly responsible for co-ordinating the country's multi-faceted response to HIV/AIDS and providing policy guidance to other sectors.

- Sector Committees which have been formed to guide the National AIDS Council and operate under the chairpersonship of Permanent Secretaries. These represent the following key categories: agriculture, children, education, finance, health, labour, local government, men, trade and commerce, youth and women.

- A Parliamentary Select Committee on HIV/AIDS whose aims are to ensure that HIV/AIDS remains as a priority issue on the political and economic agenda as well as to sustain political interest and commitment at national level.

- District and Village Multi-Sectoral AIDS Committees (DMSACs) charged with the responsibility to co-ordinate

the national response at district and local government levels.

Civil Society Structures

The response from civil society is growing in accordance with the Government's call for a multi-dimensional, multi-level and multi-sectoral approach. It is critical to the fight against HIV/AIDS because, through its NGOs and CBOs, it:

- Acts as a catalyst in mobilising the community's various responses
- Supplements existing government services
- Challenges the government response by lobbying, advocating and monitoring on behalf of all people infected and affected by the virus
- Responds to situations promptly due to minimal bureaucracy
- Provides a response at international, national, district and local levels.

Four main networks co-operate in the civil society's struggle against HIV/AIDS in Botswana:
BONEPWA+, the Botswana Network of People Living with AIDS, exists to improve the quality of life of people living with HIV/AIDS

- BONASO, the Botswana Network of AIDS Service Organisations, acts an umbrella organisation for NGOs and CBOs providing HIV/AIDS services
- BONELA, the Botswana Network of Ethics, Law and HIV/AIDS, acts as an advocate and resource organisation to address legal and human rights issues within the context of HIV/AIDS
- BOCAIP, the Botswana Christian AIDS Intervention Programme, is the umbrella organisation for many faith-based grass-roots and community based responses to AIDS, offering counselling-training, counselling and home visits, orphan care, IEC, support groups, youth work and material assistance.

Private Sector

Within the private sector, as the impact of the epidemic has increased, so too has the sectoral response. HIV/AIDS co-ordinators are being appointed and workplace HIV/AIDS programmes developed across a wide spectrum of companies from banks to breweries. In addition, the Botswana Business Coalition against AIDS (BBCA) has been created by private sector enterprises to serve as a co-ordinating element among them and to complement public sector and civil society interventions.

PROGRAMMES

Public Sector

Public Sector programmes have for the most part, been focused on both prevention and care. Initially, key activities were focused on the syndromic treatment of STDs, blood safety, use of disposable syringes in clinics and hospitals and IEC. As the response evolved, other key interventions have been introduced. These have had the effect of changing the national response from being predominantly health institution-focused to being a broad-based, multisectoral effort also targeting socio-economic, cultural and psychological issues.

These interventions include:

- Community home based care (CHBC), a cornerstone in the continuum of care of HIV/AIDS and other terminal illnesses.
- Financial and material support to orphans and vulnerable children, particularly to ensure that their education is not affected by the impact of HIV/AIDS following their parents death.
- A national, regional and local capacities building programme geared towards equipping the country, at every level, with the vision and skills needed to reduce the HIV/AIDS transmission rate, provide care for infected and affected and mitigate the impact of the epidemic on

development efforts and trends.

- Sector ministries' operational plans have been developed or are in the process of being developed.
- A vibrant response from the uniformed services in which the Botswana Defence Force has taken a lead role in the campaign to reach males with the message of sexual responsibility.
- A comprehensive national anti-HIV and AIDS social mobilisation exercise.
- The prevention of mother to child transmission interventions that are being integrated into the primary health care system.
- Integrating education on HIV and AIDS into primary and secondary school curricula.

Civil Society Structures

Within the heart of the Civil Society, in homes and in communities – that is perhaps were the brunt of the epidemic is most acutely felt. That, also, is where hope lies. Botswana's foot soldiers against HIV/AIDS are it people, in homes and in communities. In recognition of this, there are an ever growing number of initiatives by and for civil society. They focus on a wide spectrum of targets and issues dealing with both prevention and care. These include the following emphases:

- Youth-focused programmes
- Psycho-social support for through faith-based and community based counselling
- Several PLWHA support groups, some targeting empowerment for positive living and the greater involvement of PLWHAs (GIPA), others providing counselling, or training or other support in an environment where stigma is very high
- Programmes for orphans and vulnerable children
- An emphasis on ethics and human rights in the context of HIV/AIDS
- IEC, addressing the cultural and language diversity of Botswana
- The provision of care including, home-based care, feeding programmes and hospice care
- A faith-based care and support

Currently, their activities are co-ordinated through the aforementioned networks, BONASO, BONEPWA, BONELA and BOCAIP, and others. But there are also individual NGOs and CBOs, without network affiliation, which are making a valuable input.

Private Sector

Private sector enterprises have enhanced their social and corporate responsibilities within the national response. Targeted programmes have been instituted. Notable amongst on-going private sector based programmes are:

- preventive and supportive counselling and free condom distribution
- medical aid subscriptions that enable PLWHAs to purchase drugs
- financial support to community based interventions
- peer education programmes using to a large degree educational materials such as posters, leaflets, film, and in some cases, in-house newsletters
- in-house surveys to evaluate on-going programmes; determine the prevalence rates; and assess the impact of HIV/AIDS on their respective business
- company-specific HIV/AIDS policies with provisions for non-discrimination in employment opportunities and the protection of their rights

INTERNATIONAL PARTNERSHIPS

While, Botswana's response to the epidemic has been characterised by almost lone government financing, it is important to note the continued presence of a few stalwarts and some growing support from the international sector.

Among those international partners providing support to the country's response are:

- The Government of Sweden

- The United Nations System through UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, UNV and WHO
- The Government of the United States of America through its Centers for Disease Control Programme and through Embassy initiatives
- The Government of the United Kingdom through DFID
- The Harvard AIDS Institute Initiative
- The African Comprehensive HIV/AIDS Partnerships (Merck/Gates Foundation)
- Bristol, Myer, Squibb

Some the key areas in which their support is being felt are as follows:

- The launching of a major and scaled up care initiative, with antiretroviral as its centre piece
- HIV/AIDS research
- A growing network of voluntary counselling and testing centres
- A comprehensive tuberculosis programme
- Provision of technical support and guidance.

MAJOR CHALLENGES

Despite achievements made, the Government and people of Botswana are still faced with a number of challenges to make the national response to HIV/AIDS more effective. Foremost, is the challenge to keep abreast with the sheer scale and rising demands for measures to address the spread and impact. Challenges that require immediate attention over the next few years include the following:

- Individuals and communities translating the significant level of public and civil society awareness on HIV/AIDS prevention and consequences into the desired behaviour change to curb the spread of the epidemic.

- Getting the general society to overcome stigma and denial, which not only promote a culture of silence but also hamper significantly all efforts against the epidemic.

· Responding adequately to the need for enhancing co-operation and partnership between the government, the private sector, civil society organisations and the communities.

· Mainstreaming HIV/AIDS mitigating concerns and factors into public and private sector policies, strategies and programmes.

· Providing, at affordable costs, anti retroviral drugs to a wider spectrum of the society. The President's vision is free ARV's for all in need. But that may be a long way off. The sheer logistics and financing needed to support such an initiative are daunting.

· Sustaining skilled human capital required for continued economic growth.

· Strengthening the national, regional, district HIV/AIDS programme management structures and capacities to co-ordinate and implement the National response.

4. UNGASS AND ENTRY OF PEOPLE LIVING WITH HIV / AIDS TO THE UNITED STATES OF AMERICA

By Christine Stegling

> **'alien[s] who [are] determined …. to have a communicable disease of public health significance, which shall include infection with the etiologic agent for acquired deficiency syndrome … are ineligible to receive visas and ineligible to be admitted to the United States.'**
>
> *-Section 212(a)(1)A(I)of United States Immigration and Nationality Act*

As the above indicates, the U.S. has made a clear decision that People Living with HIV / AIDS should not enter the country, with the underlying assumption that people who are infected will carry the virus into the U.S., posing a potential danger to others because they may infect them during their stay. It is also feared that an infected person who will become a resident or who just visits the U.S. will become sick and will need treatment and care which will then have to be provided by the U.S. government at the expense of U.S. taxpayers. It is, therefore, required by anybody entering the U.S. to declare their HIV

status and it is than by the discretion of the immigration authority to allow an infected person to enter the U.S., however, according to the law, entry should be refused.
There are instances in which the U.S. allows PLWHA to receive a waiver, e.g. in very limited circumstances people may be allowed to receive a waiver because they have close family members living in the U.S., either as citizens or as residents. However, the definition of family members is restricted to legal spouses, parents and children. This arrangement does clearly not take into consideration any non-traditional family relationships. Further, these waivers are issued at the discretion of immigration officers and are granted on a case by case base.

> *"(…) in reality we have found that these applications are almost always denied. U.S. Consular Officers make 'discretionary' decisions using the outdated discriminatory rationalizations of economic burden and domestic transmission" (Robert Bank of Gay Men's Health Crisis).*

UNGASS was defined by the U.S. Attorney General as a 'designated event' for which PLWHA would receive a waiver. Many people, at least in Botswana, were under the impression that the waiver had been designed in a way that there would be no difference between infected and non-infected people travelling to UNGASS. Unfortunately, as our delegation found out, once they arrived at JFK Airport, this was not the case.

Before the delegation left Botswana, the two PLWHA travelling, were called by the American Embassy and told that they needed to get their waivers stamped in their passports, that was regardless of the fact that both already had acquired multi-entry visa for the U.S. prior to UNGASS. Both asked the personnel at the embassy whether the waiver would identify them as HIV positive and both were insured that that would not be the case. However, when we arrived in New York, those passengers who were HIV positive were clearly identified through the bar-code of their visas. Their passports were put in a plastic envelope, which was then handed from one immigration officer to another until it ended at a specific officer in a separate room. The so identified passengers were then told to go to this particular room.

When others, who had not travelled on a waiver, tried to follow, they were denied access to the room. In the room, an immigration officer then had a short conversation with the passenger, asking whether they knew why they had been singled out and also explaining that any visa for entry to the U.S. that had previously been stamped into their passport was now invalid.

The entire experience was degrading, traumatising and absolutely discriminating. People infected with HIV who were travelling to a UN meeting on HIV / AIDS were treated as criminals and definitely as people who are different from anybody, who is assumedly not infected. For the Botswana delegation this was a bad start to the meeting. Those who had been subjected to this behaviour were extremely upset, at least one of the delegates could hardly enjoy the meeting because of the trauma experienced and the thoughts about what the consequences of the waiver in the passport would be, i.e. future travelling to the U.S. Basically, those PLWHA who had used the waiver will in future always need a waiver; a long process, as one of our delegates has since found out, and they will most probably never be able to enter the U.S. as a tourist again, i.e. they need to be on an official trip to receive a waiver.

When two members of our delegation raised this issue at the first NGO meeting, we were told that we should have not used the waiver and that most of the delegates from developing countries, who had not been identified by their governments as PLWHA, did not utilise the waiver. However, most delegates from Africa did not now that getting a waiver has such severe consequences and non of us had received any information that we should avoid using the waiver. In the case of Botswana, it is unfortunate that the U.S. embassy personnel could so easily identify those PLWHA travelling to UNGASS and perhaps naively ask them to come and get their waiver. If the delegation had been fully informed about the waivers, we could have chosen different delegates to travel; saving known PLWHA from this experience and its consequences.

In New York, we received no assistance concerning the degrading and discriminatory treatment of some of our delegates and since the NGO delegation never met with the government delegation, we could also not voice our concerns with government representatives. It is still mind

boggling that a special session on HIV / AIDS should take place in a country that is so obviously discriminating against people living with the virus. When we inquired why this session could not have taken place somewhere else in the world, a place where human rights are applied to all people, e.g. Geneva, we were told by American activists that w then would have missed out on meeting all the wonderful NGO activists in New York. I think, I can speak for all Botswana civil society delegates when I say that we would have gladly missed meeting New York activists in exchange for a fair and humane treatment of those of us who have publicly declared their status.

In conclusion, we would like to ask government and civil society actors whether this incidence should not have an impact on the relationship Botswana has with the U.S. There are many U.S. agencies working in the field of HIV / AIDS in Botswana and it seems crucial that the government of Botswana should question the way its own citizens are treated when entering the U.S., despite the claims of support by the U. S. government to heavily affected countries such as Botswana.

> *"Despite its role as one of the world's leaders in the fight against AIDS, its vast wealth of treatment resources and current knowledge of HIV transmission, the U.S. ignores global communal responsibility with this outmoded remnant of the early years of the epidemic" (Robert Banks of Gay Men's Health Crisis).*

In Botswana, AIDS activists and government agencies (including American donor agencies) are urging Batswana to test themselves for HIV with the constant message that knowing and being open about your status is the best thing to do. However, as the above described experience shows, travelling to UNGASS penalised those of us who are open about their status and exposing them to very cruel and degrading treatment. As a society we need to question whether that is how we want our PLWHA to be treated and we need to appeal to government agencies and the international agencies such as UNAIDS and UNDP (who facilitated the trip to UNGASS) to address these issues with the American Government and their representatives in Botswana.

5. Opening of UNGASS

The UN Secretary General, Mr. Kofi Annan, has undeniably put AIDS at world centre stage. In his opening speech, he emphasised that he has made it his personal priority to form a global alliance and commensurate it with the challenges. Over the past few months prior to UNGASS, Annan had been campaigning to urge governments, non-governmental organisation (NGOs) and the private sector to join forces for a massive mobilisation against the pandemic. He also called for the creation of a global AIDS and Health Fund to channel additional funding towards fighting the epidemic. Annan emphasised that the world has resources to defeat the epidemic. Public health experts estimate that an effective global campaign against AIDS could cost between US$ 7 billion and US $ 10 billion a year, for at least a decade.

UNGASS was attended by high level delegations from 180 member states, including 24 heads of states or governments. Also, 350 NGOs were participating at the event. The centrepiece of the meeting was the adoption of a Declaration of Commitment. The UN Deputy Secretary General, Louise Frechette, pointed out that during the preliminary sessions, solid agreements on commitments and strategies were reached. Among those were:

- To set by 2003, time-bound national targets of reducing HIV infection among youth (15-24 years old) by 25 per cent, in the most affected countries by the year 2005 and globally by 2010.
- To ensure that, by 2005, at least 90 per cent of youth have access to the information and services they need, to reduce their vulnerability.
- To reduce the proportion of infants infected with HIV by 20 per cent by the year 2005, and by 50 per cent by 2010.
- To develop, by the year 2003, national strategies to strengthen health care systems, and address the affordability and pricing of HIV related drugs.
- To develop and implement by the year 2005, national strategies to help support orphans and children affected by HIV / AIDS.

During the opening speeches, officials stressed the importance of the meeting's timing, pointing out that in the past few weeks several drug companies had slashed their prices for anti-retroviral medications and

that several countries had recently stepped up their financial commitments to efforts fighting the epidemic.
An article in the daily conference paper from the 26.06.2001, by Theodore W. Kheel, stated that the US Secretary of State, Colin L. Powell, had indicated that the U.S. will support the Global Fund with US $ 7 to US $ 9 billion to combat AIDS and other infectious diseases, notable malaria and tuberculosis. The article further states, that UN Secretary General Annan made a passionate plea for tolerance in his continuing effort to curb divisions and antagonisms in all forms, including prejudices against AIDS patients.

His Excellency, Festus Mogae, President of Botswana was one of the first speakers on the first day of UNGASS. He said, that when Botswana realised the seriousness of the AIDS pandemic, the country resorted to campaigning on information, education and counselling, which aimed at prevention. He further remarked that Botswana discovered that, if HIV positive mothers are given AZT, the transmission of the virus to the unborn baby will be prevented. Mogae also stated that Botswana is hoping to establish 64 voluntary testing and counselling centres, a project that is partly supported by USAID.

6. The President's Speech

The following is a transcript of the full speech delivered by the President Mr. Festus Mogae.

Address to the United Nations General Assembly Special Session On HIV/AIDS

BY HIS EXCELLENCY MR. FESTUS G. MOGAE
PRESIDENT OF THE REPUBLIC OF BOTSWANA
25th JUNE 2001

Mr. President,
I wish at the outset to commend the Secretary-General for his strong leadership in the struggle against HIV/AIDS, and in particular the initiative to establish the Global Fund to fight it. The HIV/AIDS pandemic is the most serious global challenge facing humanity at the present time. The convening of a UN Special Session of the General Assembly on HIV/AIDS is therefore fitting and opportune, but perhaps a little overdue. But

if we all act decisively, we can redeem ourselves.

2. HIV/AIDS poses a threat to global security, peace as well as sustained development through reversal of development gains that the world has achieved. If resolute and concerted action is not taken against the spread of HIV/AIDS, the human death toll and suffering that will be inflicted will be catastrophic.

3. Furthermore, if the HIV/AIDS pandemic is not contained, it will accentuate disparities in living standards between developed and developing countries. Developing countries, particularly the poorest, many of which are on the African continent, are also the countries least able to put into effect efficacious strategies to counter the pandemic. This is so because of their lack of human and material resources, under-developed health care systems; lack of health scientific research capability, social security and generally low level of development, which is made worse by low rates of economic growth and declining levels of Official Development Assistance.

4. The HIV/AIDS pandemic is severely limiting development prospects of the affected countries, through loss of skilled human resources, decline in productivity and re-allocation of budgetary and human resources from development activities towards HIV/AIDS related courses. The unchecked spread of the HIV/AIDS pandemic therefore poses a serious threat to the goal of the reduction of global poverty by half by the year 2015. Increased disparities in living standards between developed and developing countries are unacceptable.

5. In the global village in which we live today, which is characterised by high mobility of people across countries, no country is safe from the ravages of the pandemic. Therefore, it is in the interest of each and every one of us to ensure that we do everything in our power to eliminate the spread of HIV/AIDS in the quickest possible time and in the most effective way.

6. The international community needs to commit substantial financial and other resources to:

- support strengthened HIV/AIDS prevention strategies,

especially information, education, communication and counselling, including voluntary counselling and testing;

- provide assistance to develop and extend social support systems to deal with the consequences of HIV / AIDS;
- support scientific research for AIDS drugs and vaccines;
- improve access to anti-retroviral drugs for poor and most affected countries and make the drugs available at affordable prices on sustained basis;
- deal decisively with traditional, cultural and religious beliefs and practices that inhibit the fight against HIV/ AIDS and, most importantly;
- ensure that the fight against HIV/AIDS does not come at the cost of sustainable development and improved living standards for developing nations.

7. In Botswana, the National HIV/AIDS Strategic Plan embodies a multi-sectoral approach and a close working relationship among the public and private sector as well as Non-Governmental Organisations. The implementation of the Plan is overseen by a committed leadership across the broad spectrum of our society. Our key prevention strategies include, house to house counselling, behaviour change targeted at the youth and other vulnerable groups, voluntary counselling and testing as well as prevention of mother to child transmission programmes. A combination of hospitalisation and Community Home Based approach is the cornerstone of care for AIDS patients and support to orphans, vulnerable children and affected families. Treatment strategies include pain management and symptomatic treatment as well as prevention and treatment of opportunistic infections. We shall shortly introduce anti-retroviral treatment in our public health facilities to complement all these activities, as part of the strategy for fighting AIDS.

8. I appeal to the international community, NGOs, the private sector, and humanity at large to do all that is necessary to avert the aggravation of human suffering, death and misery that the HIV/AIDS catastrophe brings to many people. Needless to say, substantial resources are necessary to mount an effective fight against the pandemic. This is an urgent matter, which calls for

immediate action and committed leadership from all of us.

9. Although not reflected in the film footage of the United Nations system, as it was done by an insignificant African member of the United Nations, at the Millennium Summit I devoted my entire speech to the issue of HIV/AIDS. I am gratified that the Secretary-General and some of his top officials were listening as reflected in their current positions.

10. In this respect, Botswana fully supports the proposal to establish a Global Fund for HIV/AIDS. It is encouraging to note that the United States Government and the Bill and Melinda Gates Foundation have already taken the lead by pledging contributions to the Fund. It is important for the Fund to have criteria that will ensure that its resources are used to meet the needs of countries most seriously affected by HIV/AIDS such as Botswana. It would be unjust to exclude countries such as my own on account of per capita income. The Fund should have efficient and flexible rules of operation and mechanisms for the disbursement of the funds and give priority to the most affected countries.

Mr. President,

11. I wish to conclude by stating that without doubt, the challenge of the millennium is to reverse the effects of the pandemic, not only through prevention and care strategies but through meaningfully addressing the structural determinants such as poverty and gender inequality which exacerbate the spread of HIV/AIDS.

12. I appeal to the world community to be innovative, bold and courageous in embracing and respecting this challenge. What is really required of us is a social revolution, a willingness to commit, to share and to prioritise - a social vaccine against harmful, practices and the violation of human rights. We have inner strength in our humanity to win this war. This is my conviction and if nothing else, let us all leave this room with the determination to persist and to give our children a viable future. The time for action is now.

I thank you all.

7. HIV/AIDS IN RURAL AFRICA
By Martin Mosima

7.1. Vulnerability of Rural Populations in Africa
The presenters in this session showed concern about the fact that we are in the 3rd decade of the epidemic yet the response is failing to effectively contain the epidemic. It was mentioned that 4 million people in Africa are living with HIV. There are countries that have high infection and incidents rates in Africa, such as Botswana (with 38.5% among the sexually active population), but at the same time there are countries that offer some sense of hope such as Uganda (slowing rates) and Senegal (low and stable rates).

HIV/AIDS as such should be considered in Africa as both a developmental and socio- economic crisis.

7.2. Factors that fuel HIV/AIDS in Rural Africa:
- High levels of illiteracy-In most African countries illiteracy is quite high and it disadvantage many people to comprehend with the many messages that are intended to bring awareness and behaviour change.
- High levels of poverty-Most African countries are poor and can't even afford to buy preventative measures like condoms and basic medical treatment.
- Denial
- High degree of stigma in African societies.
- Lack of information on HIV/AIDS due to no coverage and / or lack of access to radio, TV and newspapers in the rural areas.
- Language differences especially important in relation to IEC material.
- Lack of training infrastructure.
- Cultural practices, e.g. polygamy, practised in many countries exposes both men and women to high risk of HIV infection.
- Gender relations, especially important in relation to the negotiating of safer sex.
- Most African countries are patriarchal, making gender equality difficult.
- The belief that AIDS is witchcraft.

- The belief that sleeping with a virgin will cleanse one from HIV infection.
- Violent and political conflicts in Africa also fuel the spread of HIV by diverting the attention/priorities of government and political leaders away from fighting the epidemic.
- Lack of access to basic treatment for opportunistic diseases.
- The burden of servicing debts by most African countries, freeing less resources for HIV / AIDS.
- Lack of political will.

7.3. What Africa should do to deal with HIV/AIDS in rural areas:

African countries should launch effective prevention strategies such as:

- Building infrastructure in rural areas to reduce rural-urban migration.
- Lobby pharmaceutical companies to reduce prices for ARV drugs.
- Intensify education and literacy programmes.
- Lobby developed countries to drop debts.
- African leadership should own up to the problem of HIV/AIDS and have the political will to spearhead national efforts.
- Mobilisation of appropriate resources.
- Africans know what works for them and they should commit themselves to such working strategies instead of accepting 'outsider' strategies.
- Convene conferences and / or avenues for the exchange and sharing of information on the problems and the solutions to them.
- Governments should support communities in their efforts such as those provided by NGOs and CBOs with resources to complement those of the Government.
- Africa should fight poverty and produce more food for the afflicted to ensure good nutrition.
- There is a need for more research in African traditional medicine.
- Ethical considerations.
- Increased involvement of PLWHAs in

programmes, “Nothing for us without us”.

- Africa should stop wars and re-prioritise their focus.
- Africa should get a sufficient share from the Global AIDS Fund because it is the most affected continent.

8. SESSION ON COLLABORATION AND NETWORKING OF CIVIL SOCIETY ORGANISATIONS IN AFRICA

By Martin Mosima

This session focused on the failure of civil society organisations in Africa in working together as well as being sustainable. Successful networking was identified as the key to success and effectiveness of civil society in Africa. It was observed that most NGOs do not have sufficient resources and, therefore, it would make sense economically if organisations complement rather than compete with each other.

It was reported that NGOs in Africa have managed to form regional networks but such networks are failing to support national structures hence the collapse of many NGOs, addressing HIV/AIDS.

Some participants questioned the wisdom of having two continental networks that always sabotage instead of supporting each other (African Council of AIDS Service Organisations -AFRICASO- and Action AID. The former seems to be popular in East and Southern Africa while the latter is more popular in North and Western Africa.

It was however, resolved that civil society organisations should collaborate to deal with issues like:

- Challenge governments in Africa to take political responsibility.
- To ensure that the Declaration is implemented or followed accordingly by their respective governments.
- To ensure that the AIDS Global Fund is evenly and equitably distributed and that CSOs especially in Africa be involved in management.
- To ensure the sharing of information within civil society organisations.
- Advocacy and lobbying for resources for civil society

organisations to ensure effective delivery of services to their constituencies.

- African CSOs to be involved in the follow up of UNGASS.
- To ensure GIPA -Greater Involvement of People living with AIDS.
- Demand that money be made available as grants not as loans.
- To ensure the scaling up of the response to the orphans crisis.
- Scaling up of human rights.

9. STATEMENT BY RICHARD BURZYNSKI ON BEHALF OF THE INTERNATIONAL COUNCIL OF AIDS SERVICE ORGANISATIONS - NEW YORK, 27TH JUNE 2001

Mr. President, Excellencies, Ladies and Gentlemen,
I stand here before you on behalf of the International Council of AIDS Service Organizations (ICASO), a global network of non-governmental and community-based organizations. We are the community groups throughout the world that provide care to people living and affected by HIV/AIDS, advocate for their human rights, and work to implement, and where necessary create, meaningful and sustainable public policies and programs.

ICASO has played a significant role in coordinating and facilitating civil society inputs and activities related to this Special Session. The vast majority of us in civil society strongly believe that what the General Assembly says and does is critical to intensifying and accelerating the global response to AIDS. That is why we have been working so hard to influence the drafting of the Declaration of Commitment over the past months.

You have been wrestling with issues that have never before been raised in the General Assembly - indeed, it is important to acknowledge that this is the first time that this body has convened specifically to discuss AIDS. That is both an indictment ' of the General Assembly's inactivity over two decades, and a striking testimonial to the leadership of the Secretary General and the President of this General Assembly.

If we are to turn back the tide of AIDS, if we are to reverse HIV infection rates, if we are to save the lives of millions of people - in

fact, if we are to have any affect on this pandemic at all, we cannot shy away from being very specific about the groups who are most vulnerable to infection, who need to be educated about prevention, and who need care and treatment. You have decided that you cannot name them - I can. They include men who have sex with men, injecting drug users and their sexual partners, and sex workers and their clients.

Religious beliefs and cultural practices cannot impede the progress we have made thus far. Governments that place religious tenets above a candid and comprehensive response to the epidemic are committing an egregious sin. No god, in any religion, in any culture, could countenance the death and devastation this disease has caused. It is up to us, not to any deity, to stop this thing now.

The Secretary-General has said and popular opinion agrees that the financial resources needed to accelerate and intensify a global response to AIDS exist- all that's needed is leadership and political commitment to meet the targets. You, the governments of the world, must act to mobilize those resources through whatever mechanism is most efficient. If that mechanism is the much talked about Global Fund for AIDS, I urge you to include civil society in the governance and administration of the Fund, in the monitoring and evaluation, and you must do all you can to ensure that the money from the Fund goes directly to the community groups who need it most, and who know best how to spend it. Civil society will pursue this agenda aggressively in the coming weeks, as the architecture of the Fund is deliberated.

From our perspective, the Declaration that you have agreed and will now adopt has all the right targets, all the ambitions, and all the ideology required to become a powerful tool. We all know that the United Nations system cannot realize this Declaration alone. You need partners and we stand ready. We have been working on this for 20 years, and we know what to do.

ICASO intends to use the Declaration to call for better policies that lead to more effective programs at all levels. We will hold governments accountable to the commitments made in this document, and we will be your allies in making this more than just

another global policy statement - we will help you make this document a viable program of action, that defines our collective ambitions, that provides governments with reasonable, attainable goals, and that can be easily translated into more effective and aggressive programs. You have provided a comprehensive global policy - now we will be your partners and mm it into action.

One of the subtle devastation of AIDS is its ability to divide us: north from south, black from white, gay from straight, bureaucrats from activists - we cannot let those divisions widen. If we don't work together, AIDS will win.
Thank you.

BACK

10. CIVIL SOCIETY PERSPECTIVE ON THE DECLARATION OF COMMITMENT (25 June 2001)

Introduction

The following statement presents the outcome of meetings involving civil society organizations held at the UNGASS on HIV/AIDS in June 2001. This document builds upon "Comment on the draft declaration of commitment for UNGASS on HIV/AIDS - civil society organizations meeting in Geneva, 25-27 April 2001", comments submitted to the Break the Silence forum and meetings among civil society members during the UNGASS itself.

It is intended to highlight the issues in the Declaration of Commitment that are missing or should be strengthened to make the Declaration an even more valuable tool; the document can be used:

- As input for presentations by civil society representatives during plenary sessions and Round Tables
- For lobbying governmental delegations
- For informing the media about the civil society perspective
- For follow-up in people's respective countries after the UNGASS.

*This document could possibly be used as a reflection of a unified civil society response to the Declaration that will be signed by multiple civil society organizations. It can provide a framework for highlighting how the Declaration can be more representative of the true situation of the epidemic worldwide.

Preamble

Members of civil society welcome governments' response to the global HIV/AIDS crisis through the formulation of a Declaration of Commitment. In this document, we wish to offer a civil society perspective on the Declaration.

Civil society members present at the UNGASS insist on the political commitment of all governments to implement the Declaration.

It is essential that we continue to speak about vulnerable groups in relation to the epidemic; this is not simply a question of semantics but of ensuring the avoidance of inappropriate policies and programmes. We insist on the need for specific reference to vulnerable groups regarding decision-making and implementation of prevention, care and treatment strategies; these groups include men who have sex with men, sex workers and their partners/ clients, injecting drug users and their sexual partners, persons confined in institutions, prison populations, mentally and physically disabled people, refugees and internally-displaced persons, migrants and other people separated from their families due to work or conflicts and indigenous populations, ethnic minorities and racial groupings, and women and girls.

Though the Declaration notes that prevention, care, support and treatment are mutually reinforcing elements of an effective response to the epidemic, we think it is necessary to link these components within a comprehensive approach that recognizes the impact of HIV/AIDS on multiple sectors. Additionally, these measures should actively involve people living with HIV/AIDS and organizations in the economic, social, judicial, political and cultural sectors. Such an approach is essential to address one of the underlying contributory factors to the widespread advancement of the epidemic - poverty.

The Declaration should not only refer to making prevention programmes "available", or "efforts" to provide high standards of treatment - wording which implies a somewhat passive approach. On the contrary, governments should commit themselves to ensuring the implementation of such programmes, in great part by actively empowering vulnerable groups and civil society in the design, implementation and monitoring of programmes within a human-rights framework.

Such empowerment, including the mobilization of financial and human resources, is a necessary condition for the success of programmes; only when people are aware that they have rights to prevention and care programmes and services can they adequately act to defend and implement those rights.

The following points, some of which have only been briefly mentioned in the Declaration, need much more attention.

Openness

Twenty years of experience with this pandemic has clearly shown that openness about HIV/AIDS, in all its aspects, is crucial to curb further spread of HIV and guarantee access to care, support and treatment. Real leadership is needed to address the denial, stigma and discrimination, which to this date remain major obstacles to an effective response.

Prevention

Prevention efforts for the most vulnerable groups should include:

- Information, education and communication strategies as awareness-raising tools - including sexuality and sexual & reproductive health.
- Risk and harm-reduction strategies, including the availability and accessibility of STI diagnosis/treatment, condoms, microbicides and lubricants; as well as needle and syringe exchange and drug substitution programmes for all people.
- Political leadership, commitment and action to address legislative, cultural and economic factors that increase vulnerability to HIV/AIDS.

Human Rights

We reiterate that the response to HIV/AIDS should be framed within a strong and meaningful human rights-based approach avoiding the use of discriminatory language, with an emphasis on all those rights that are related to HIV/AIDS - in particular international agreements and conventions adopted by the UN such as International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment of Punishment. Special attention must be paid to ensuring all human rights, including freedom from poverty, racism, gender bias and violence against those affected by the epidemic and working in the field, as well as promoting the rights of people living with HIV/AIDS to work, shelter and medication.

We emphasize the importance of meaningful participation by, and support of, people living with HIV/AIDS at all levels of decision-making, planning, implementation and evaluation.
We note the crucial importance of developing a culture-specific approach. We do not support a rationale in which culture is used to weaken the Declaration and limit the universal necessity to curb the HIV/AIDS epidemic.

Gender

The gender-based and gender-biased social norms and beliefs prevalent in most societies form a major contributory factor to the spread of HIV and people's inability to confront the consequences of the epidemic in an adequate and effective manner. All prevention and care programmes must be gender-sensitive, challenging and addressing gender-based stereotypes in socialization processes that prevent men from sharing decision-making and responsibility with their partners. These programmes must also ensure that adult and adolescent men and women - irrespective of their sexual orientation - can enjoy their human rights to appropriate prevention and care services.

Within this context, special attention is needed for empowering

women and girls, so that they can have control over, and make decisions about their sexuality and reproduction in a voluntary, responsible and informed manner, free from any coercion whatsoever.

Within the health sector, it is vital that HIV/AIDS programmes be carried out as part of a broader sexual and reproductive health policy and programming framework to ensure that the multiple needs of those affected by HIV/AIDS - both HIV-negative and -positive - are addressed in an integrated manner that is meaningful to their daily lives. It is often the same factors and situations that place people at risk of suffering gender-based violence, HIV/STI infection, lack of access to harm-reduction measures, pre- and post-natal care, unwanted pregnancy and unsafe abortions.

Race and Ethnicity

Discriminatory practices based on race and ethnicity limit basic human rights, especially for women, to education, employment, housing and access to services. This makes members of specific racial and ethnic groups particularly vulnerable to HIV infection. Recognition of the intersection of race, gender and HIV/AIDS is crucial for taking urgent action.

Youth

It is often said that young adults and adolescents represent our world's future. However, they are also a part of our present and represent one of the groups who are most vulnerable to risk-taking situations, such as unsafe sex and unsafe injecting drug use. Young people, especially marginalized and out-of-school youth, have the least access to full enjoyment of their rights. It is vital that young adults and adolescents actively participate in, and have guaranteed access to, youth-friendly comprehensive information, education and services related to sexual and' reproductive health. This includes measures to reduce their vulnerability to HIV infection and other sexual and reproductive health problems, taking into account that young people are also members of other vulnerable groups. We stress that community participation is needed to protect and promote the rights of adolescents to address their sexuality positively. These community-based efforts should include strategies to promote changes in the social norms

that act as barriers to adopting responsible sexual behaviour.

Care, Support and Treatment

An effective response to HIV must include prevention, care and support (including treatment) and impact mitigation, especially the continuing support for orphans and vulnerable children.

In many countries, the burden of care has gone beyond the capacities of families, communities and institutions. Therefore, we insist that more attention be given to supporting caregivers, with special attention for women and older persons, who bear a disproportionate part of this burden.

Internationally approved treatment policies and strategies must be adapted as needed and integrated into national treatment and care programmes by 2003, not 2005.

Client-centred counselling and education on all the elements of promoting a healthy life constitute an essential component of treatment and support for PLWHAs. Ongoing education and training for health-care providers on internationally recommended treatment protocols and regimes, on the technical aspects of treatment and appropriate client-centred counselling, and on education is essential within this context.

Antiretroviral drugs and medications for the treatment of opportunistic infections must be made available and accessible to all PLWHA. The pricing of treatments should be differentiated and adapted, so that all countries have equitable opportunities to provide such treatment. The global threat posed by HIV/AIDS does not allow people's health and lives to be traded against companies' intellectual property rights: human rights are not negotiable. Therefore, the international community, governments, civil society and the business sector should take extraordinary initiatives to make full use of existing mechanisms to guarantee access to treatment and care.

Provision of treatment should be continuous and sustainable in order to avoid drug-resistance. This implies that governments should make investments in the health-care infrastructure and

human resources to ensure such continuity and sustainability.

Civil Society Access to Resources

Governments of industrialized and resource-poor countries alike should be held accountable for providing adequate funding for HIV/AIDS-related policies and programmes. We not only urge, but demand all governments of industrialised countries to uphold their commitment to 0.7% of their GNP for overall official development assistance. These funds should be allocated to countries according to challenges and needs. New resources should also be drawn from an accelerated strategy of debt cancellation, especially for the poorest countries that have been most affected by HIV/AIDS. We reiterate that all governments should not only commit themselves to a substantial increase in their national budgets made available for HIV/AIDS, but that they immediately implement a precise, time-framed and publicly transparent plan for these funds, in particular describing how they will be made accessible to NGOs and organizations of persons living with HIV/AIDS.

It is critical to ensure that new global funding mechanisms, like the Global Health Fund, recognise, complement and strengthen existing efforts with additional resources and reinforcing strategies. Civil society involvement in the management of the Fund is essential for transparency of funding decisions, and to guarantee civil society has access to these additional funds.

Governments, particularly in poor countries, should provide data and information on the impact of ' the epidemic on various sectors of the community and the policies, programmes and funding allocated to reduce the impact.

Follow-up

In conclusion, we acknowledge that the Declaration expresses many good intentions on the part of member states of the UN General Assembly. However, good intentions are not enough: all governments must be held accountable. Follow-up should not only include periodic national reviews and an annual General Assembly, one-day review. We propose the establishment of an international Declaration Monitoring body, similar to the Treaty Monitoring

Committees for international conventions, to which governments must submit biannual or triennial reports on their compliance with the provision of the Declaration. This monitoring Body should also review shadow reports generated by civil society and present recommendations to Governments regarding their compliance with the commitments made in the Declaration. Furthermore, the monitoring Body should include the active involvement of civil society and PLWHAs as a key criterion in assessing compliance.

BACK

11. AIDS NGOs AT UN SPECIAL SESSION JOIN IN PROTESTING EXCLUSIONARY PRACTICES
June 26, 2001

FOR IMMEDIATE RELEASE

Human rights group threatened with removal, Youth denied fair representation NGO representatives denied entry visas by US Government

(New York, NY) Dozens of Non-Governmental Organizations (NGOs)---representing groups and communities around the world affected by HIV/AIDS--are attending a United Nations General Assembly Special Session (UNGASS) on HIV/AIDS. These groups are convening over the next three days to participate in and contribute to this discussion on the global crisis.

NGOs have been in the forefront of the fight against AIDS since the discovery of the disease over twenty years ago. Although NGO participation is essential in developing effective strategies to combat the disease, the UN General Assembly is engaging in practices that limit this participation.

The process of providing input over the last many weeks leading up to the UNGASS has been frustrated by the exclusion of NGO representatives from key discussions, repeated refusal to accept NGO suggestions, and a negligible representation of youth from the delegations attending. The exclusionary conduct of the UN General Assembly is also embodied in aspects of the declaration

currently being worked on. "NGOs throughout this process have been blocked from open and effective interaction with delegations and unnecessary restrictions have been placed upon their participation," said Vivek Divan of the Lawyers Collective HIV/ AIDS Unit from India.

Esther Tharao of Women's Health in Women's Hands, an NGO from Toronto, states that "The impact of racism upon the epidemic as well as other forms of oppression including gender based discrimination and homophobia has largely been ignored in the declaration. The intersection of race, gender and HIV/AIDS is the biggest contributing factor to the vulnerability of communities of color in the North. It is tragic that the declaration has failed to mention this factor."

Several accredited NGO representatives were subjected to lengthy interrogations by US consulates in their own countries. Worse yet others were denied visas outright by the US Government. "Despite the official promise of free access to the host country, some NGO representatives have been denied entry visas," said Mohammed Farouk from Nigeria AIDS Alliance. "Others have faced harassment and discrimination when they applied for visas." This conduct silences the important contributions of people living with HIV/AIDS and those coming from poor countries.

Young people have also been vocal about the fact that they have not had a role in the UN General Assembly process. Young people make up 50% of all new HIV infections, but are 1/6 of the world's population. There are only a handful of youth on official delegations and only one was included in the preparatory meetings. Youth activists are demonstrating on Tuesday in front of the UN to express their discontent that member states--although encouraged by the General Assembly--have not made listening to the voice of youth a priority.

"The UN forgot someone---me and one billion other young people," says Naina Dhingra, a nineteen year-old activist from Advocates for Youth. "Young people are the key to fighting this epidemic. We need to be included in the designing and implementation of local, national, and international AIDS programs."

The lessons civil society has learned, the experience it has amassed in this twenty-year history, and its suggestions and demands should be central to these deliberations. Exclusion of NGO points of view, a refusal to confront head on the conditions that facilitate the spread of HIV, are failures that could lead to accelerated spread of the virus. The restrictions placed on NGOs therefore call into question the credibility of the entire UNGASS process.

NGOs welcome those statements in the draft declaration that contain concrete commitments to which governments have pledged themselves, and to which they can be held accountable. Unfortunately, some States have not kept faith with the intentions of the General Assembly. They have misused this process for particular and political ends. Some have placed the economic interests of the developed world above the urgent needs of those affected by HIV/AIDS.

Some States have pitted vulnerable groups against one another, and reinforced the stigma and discrimination this process was meant to overcome. This was manifest in the unnecessary and prolonged debate regarding the inclusion and participation of the International Gay and Lesbian Human Rights Commission (IGLHRC)---an accredited NGO to the UN Special Session--to the Human Rights Roundtable. "This attempt to discriminate against a gay and lesbian organization," stated Karyn Kaplan, IGLHRC's representative, "negates the moral claim that HIV/AIDS makes upon us: to speak out in defense of lives."

- We call on the General Assembly, at this crucial hour, to ensure that the voices of those who have struggled against the pandemic--the views of those most vulnerable to it--are heard and understood in this process.

- We call on the General Assembly to name and condemn the forms of stigma and discrimination that facilitate the spread of HIV/AIDS.

- We call on all States to renew their efforts toward a

declaration that will recognize the centrality of a human rights-based approach to HIV/AIDS.

It is our hope that the General Assembly and civil society will work together in a real partnership to honestly and constructively address the challenges HIV/AIDS presents to each and every one of us.

BACK

12. THE ROLE OF YOUNG PEOPLE IN THE FIGHT AGAINST HIV/AIDS

By Tumi Thahane

Throughout the world, young people constitute a sixth of the world population and an estimated 80% of all the HIV infections are thought to be amongst this age group(15-24). Young people, especially in the developing states, are thought to be more susceptible to the HIV/AIDS epidemic, especially because of the varying socio-economic and political/legal aspects of their existence. However, this does not exclude the vulnerability of Young people in affluent countries. Young people in developed countries are still susceptible to the virus but the aspects of their vulnerability are quite different.

12.1. YOUNG PEOPLE IN DEVELOPING COUNTRIES

Young people in developing countries are faced with varying degrees of problematic situations. As a result the trends of the HIV epidemic within global regions tend to differ.

a) YOUNG PEOPLE AND POVERTY

Globally, many countries are faced with difficult financial situations and economic instabilities. Most African countries are well below the poverty datum line and are deep in financial debts to the International Monetary Funds and the World Bank. Poverty in African countries is characterised by poor education systems, inadequate health and sanitation facilities, under developed infrastructure and recurring debts and lack of upgrading strategies for the national development plans.

To young people, the problem of poverty is more intense and diverse.

Poor education systems result in less young people getting educated and getting employed. With no qualifications and skills to survive the real harsh world, a considerate number of young people resolve to commercial sex work and dating older, financially stable people. This often results in unprotected sexual activities, forced sexual relations and different cases of sexual abuse. Obviously in a continent worst hit by the epidemic this can only mean one thing, increased vulnerability to the HIV virus. Countries such as Zimbabwe and Zambia are currently going through difficult economic situations and the rate of spread of the virus amongst young people is on the increase. Statistics have shown that more people are dying because of AIDS related illnesses.

Inadequate health and sanitation facilities cannot cater for vast populations. People presenting with Sexually transmitted illnesses and other forms of diseases may not get adequate help or afford to pay for the sometimes exorbitant medical fees. At times, due to such poor working conditions for health workers, services offered at these medical facilities are not user friendly, but most importantly, not youth friendly. Sadly, most of the users are young people, and if the service does not cater for them, there is little else for them to do. Increasing rates of teenage pregnancies have a direct impact on HIV prevalence amongst the youth.

The most dominant issue currently is that of Debt relief for developing countries. Many young people have supported their governments in the bid to get Debt relief from the International Monetary Fund and the World Bank. Many young people hope that once countries' debts are cancelled, their respective governments will be able to allocate more funds to the fight against HIV/AIDS. These resources could be forwarded to Youth friendly IEC campaigns and intervention strategies. On the other hand, some young people contest that uniform debt relief to all countries would not exercise responsibility over handling of finances and responsibilities of governments to making informed decisions about funding.

b) YOUNG PEOPLE AND CIVIL WARS

In Africa, thousands of young people have been displaced from their homes because of civil wars. Countries in the Western and Eastern

regions of Africa have seen more child refugees than it had ever been anticipated. Wars spell misery and poverty for young people, at times children of war not only face dangers of the effects of war, but also of the brutal emotional and physical abuse they suffer at the hands of guerrillas and enemies. Wars displace a lot of families and children end up having to take care of their siblings if both parents get killed. Some children are forced into armies to fight wars and some children resort to destructive means to care for their families, but most flee their countries of residence in search for more peaceful locations. This may not be the direct cause of the high HIV prevalence, but it is one of the reasons that make young people susceptible to infection because of disrupted families and the need to find alternative means of survival. Sadly, refugees seeking asylum in more stable countries still face dangers of abuse at the hands of those whose duties are to protect them.

c) YOUNG PEOPLE AND SOCIALISATION

"A NATION WTHOUT CULTURE IS A LOST NATION"

Late president of Botswana, Sir Seretse Khama

Young people today exist in societies influenced by different cultural norms and beliefs. Some of these ancient practices no longer hold any place in the modern world. In Africa, one of the most dominant practices is that of forced marriages of young girls to older men. The African society has in the past not allowed the girl-child to voice her opinion. If such marriage practices prevail more girls become vulnerable to the virus because of being married to older and sexually active men, who in most cases also are polygamous. Some Asian and Indian cultures still adhere to the rule of polygamy, but more people globally, are finding alternative options. Many people still contest that some of these age-old norms could actually deter the spread of the virus. Practices such as:

- Punishment for premarital sexual activity and adultery as in the biblical eras.
- Arranged marriages into respected families
- Preserving the role of the woman to child bearing and taking care of the household

On a different note though, it is thought that ever since women were liberated, many have been able to stand up for their rights. More

women are entering the workforce which initially was a male territory, and enforce their reproductive and sexual rights.

Another aspect to consider is that of how most young people are perceived and treated in their different social settings. Issues of gender continue to reflect on some of the reasons why young people are more vulnerable to the HIV epidemic. One important aspect of sex and gender is that of inter-generational sexual activity. Young women tend to date older men because of material satisfaction reasons i.e. cars, clothes and cash. This reason coupled with the lack of self esteem amongst young women, tends to make them vulnerable as they do not have any say over sexuality matters.

There are many more social aspects that make young people more vulnerable to the HIV pandemic. It is evident that many efforts of the medical world could be thwarted if aspects of socialisation are not well dealt with. Not all cultural norms and beliefs are negative, there is just need to change some of them to suit the modern world in which young people exist within.

d) YOUTH AND LEADERSHIP

Young people, world wide, should be involved in decision making fora and policy establishing frameworks. One logical reason to this would be that, one cannot possibly make decisions affecting someone else without consultation. Different governments have realised the need to involve young people at decision making and leadership levels. Countries such as Zimbabwe and Namibia have highly effective and active youth structures set up within their governments and these initiatives have had a great impact on Youth sexual and health rights. Giving young people a chance to participate in International events can, and proved to be, a most successful tool when it comes to issues of networking and setting up regional organisations aimed at combating different aspects affecting young people. Some of these structures are the African Development Forum and the Global Youth Advocacy Network.

Young people also need to be involved in the political arenas of their governments. This would enhance appropriate decision making on issues affecting young people in view of governance and political

responsibility. Zimbabwe has a remarkable example of a Youth parliament complete with a junior president. Such set-ups could assist in representation of youth views and concerns.
In a nut-shell, young people are faced with problems of varying circumstances. Young people in affluent countries could be battling with drug abuse and prostitution while young people in developing countries could be dealing with the after math of wars and social oppression. What is most important is the role that these young people should play in the fight against HIV/AIDS, and what policy makers are prepared to do to help these young people.

12.2. THE ACTIVIES OF THE YOUNG PEOPLE AT UNGASS
THE YOUTH PROTEST MARCHES

The United Nations Fund for Women (UNIFEM) department, had organised youth specific sessions to run parallel to the other UNGASS activities. These UNIFEM sessions were attended by at least sixty-four young people from various regions around the globe. Some of these youth delegates had been part of their governmental delegations while others were representing their respective Non-governmental organisations. It was during these youth caucus sessions that the young delegates highlighted that the UN had forgotten a very important element in the struggle against the AIDS epidemic; the young people themselves.

It is reported that eighty percent of all the new HIV infections occur amongst the age group(15-24) that constitutes a sixth of the world population. We, the young people expressed concerns that the special session had failed to cater for the youth delegates and that the various government delegations had not properly addressed these concerns. Some of the main events did have the Youth and HIV component, but failed to reflect the needs of young people. The youth group also felt that some young people could have been given a chance to present their experiences to the General Assembly. It was resolved, however, that these issues would be deferred to a prospective UN special session on children later this year, and that better arrangements would be made to include children in the proceedings and not have them as audience members.

It was in light of all these concerns that the youth delegates decided to

host two protest marches aimed at highlighting these errors to the public and UNGASS participants. Both marches were successful and the media covered the activities well.

12.3. THE YOUTH POSITION PAPER

During the youth meetings, the draft declaration was scrutinised and amendments made in the interest of youth. The young delegates interviewed members of the official delegations on various aspects of dispute concerning the draft declaration and made presentations on their findings. It was after many sessions of interviews and amendments that the young people came up with the Youth position paper addressing the needs of the young people in relation to the UN declaration.

As much as a lot of work had gone into preparing a youth position paper, the young delegates had to come to terms with the fact that their efforts would not immediately be recognised as the paper could only be attended to by the right authorities after the UNGASS events. This means that all the amendments the youth had made on the draft declaration would not feature on the final version of the UN declaration, hence their input could only be a follow-up.

12.4. SETTING UP OF A GLOBAL YOUTH ADVOCACY NETWORK

After the successful draw up of the Youth position paper, the young delegates formed a Global Youth Advocacy Network (GYAN), that would work at strengthening the networks young people would set-up in the various regions, globally, on activities pertaining to the component of Youth and HIV/AIDS. The steering committee of the GYAN will be assisted by various NGOs and Youth advocacy networks. It is for this network that Itumeleng Thahane was chosen to be Africa's focal person.

Please find below a press statement released by the youth caucus and the position paper the youth developed.

13. YOUTH CAUCUS DEMANDS A RESPONSE FROM THE UN GENERAL ASSEMBLY

Youth From Around the Globe Urge Greater Commitment to Leadership, Prevention, Treatment and Human Rights Issues

Wednesday, June 27, 2001 (New York City)- - On the last day of the United Nations General Assembly Special Session on HIV/ ADS in New York City, sixty-two young people representing 26 countries presented a Youth Position Paper, calling on world leaders to address the most critical youth-related issues left out of the Declaration of Commitment. Members of the Youth Caucus, part of Africa Action' s Youth Action Network, have included a list of highly vulnerable populations in their document, unlike in the UN Declaration. The failure to admit who is most at risk is one of the greatest challenges to ending the pandemic.

The Declaration sets the agenda for the global response to HIV/ ADS but fails to highlight the need to involve youth in the decision-making processes at all levels, including governments, the United Nations and international agencies, and non-governmental organizations. Young people currently account for more than half the HIV/AIDS cases and represent more than half the new infections globally. There are 12 million orphans who have lost one or both parents to AIDS, and the numbers are rising hourly. **"Since less than ten countries have official youth delegates, we felt the position of young people was not clearly articulated. We have come together to express our outrage at our exclusion from these processes and we have drafted an official response,"** said Thomas Tchetmi, a youth representative and journalist from Cameroon.

The Youth Caucus has focused on issues of youth leadership and empowerment; prevention, treatment and access to care; the socio-economic impact of HIV/AIDS; and human rights. According to the Youth Position Paper, young people "must be involved in initiating, designing, and implementing programs and strategies to fight HIV/AIDS," rather than having decisions made for them. The socio-economic impact of HIV/AIDS is crucial because young people represent the future of economic stability. Every minute, five people ages 15-24 contract HIV, said Marcela Howell, Director of Public Policy at Advocates for Youth. "The United Nations may talk about young people and HIV, but youth still do

not have a voice that reflects both the impact this epidemic has on their age group and the role they must play in determining how to effectively reach their generation."

Young people need to be equal partners in the global response to HIV/AIDS and the Youth Caucus has demanded that 50% of the resources for the Global AIDS and Health Fund be allocated to youth issues and that a significant proportion of the decision-making power be accorded to young people. As a commitment to curbing the spread of the pandemic, the Youth Caucus has launched a global youth advocacy network. The Caucus is comprised of young people from developing and developed countries, official country delegations, and non-governmental organizations from around the world and has been meeting daily since Sunday to foster discussion and action. UNIFEM and UNICEF supported the attendance of several young people from around the world. "We call on other organizations to follow this example and to facilitate youth participation in issues affecting them," said Faye Burke, a youth representative from Trinidad and Tobago. Youth Caucus members are available for interviews.

Africa Action is the oldest and largest advocacy organization on African affairs in the United States. Fighting for freedom and justice since 1953.

BACK

14. Youth Position Paper on the United Nations General Assembly Special Session on HIV/AIDS*

Preamble

We, the young women and men present at the United Nations General Assembly Special Session on HIV/ADS, reaffirm our collective commitment to fighting the AIDS epidemic while pledging solidarity with the struggles of all people affected by HIV/ADS.

We recognize the efforts of young people worldwide, who have been at the forefront of fighting the epidemic as peer educators, caregivers and activists.

In particular, we refer to the Abuja Declaration; the African Development Forum Consensus Document, including the ADF Youth Statement; the Beijing Platform of Action; the International Conference on Population and Development; and the World Program of Action for Youth to the Year 2000 and Beyond, and pledge solidarity with young people in all regions of the world ' engaged in the fight to prevent transmission, save lives and end discrimination and injustice.

We call upon youth structures, governments and international partners to join us in the following:

1. Recognizing that young women and men must occupy positions of leadership in the global fight against AIDS.

2. Adopting a rights-based approach to HIV prevention that affirms young people's rights to sexual and reproductive health information and care and services, as an indispensable way to stop the spread of ADS.

3. Acknowledging that the rights of children and young people orphaned by AIDS to education, shelter and a life free from discrimination must be respected.

4. Affirming that care, support and treatment are a fundamental right for all people living with HIV/AIDS.

5. Ensuring that the following groups of vulnerable young people are directly targeted for prevention, care and support, and treatment services: young women, people confined to prisons and institutions, young people in refugee settings, homeless youth, unemployed youth, out of school youth, young people from ethnic minorities and/or stigmatized social groups, young people living with AIDS, rural youth, young injecting drug users, young commercial sex workers, young men who have sex with men and young people living in extreme poverty.

6. Establishing a Youth Advisory Board is put in place by the General Assembly, to monitor funds and programs of the Global AIDS Health Fund, and integrate youth into all other decision-making structures established by the Fund at national, regional, and global levels.

In order to ensure the implementation of the aforementioned goals we call upon youth to make the following commitments, and

further call upon civil society and governments to take the necessary actions outlined below for ending the AIDS pandemic.

Leadership

Young people are and will remain at the front lines of combating the global AIDS pandemic, however, we can and must do more. We must be bold and assume leadership in breaking the conspiracy of silence and shame that drives AIDS underground and stigmatizes PLWHAs. Youth **commitments**

- We agree to assume leadership responsibilities in our communities, in full partnership with families, schools, faith-based groups, advocates, and grassroots organizations.
- We further agree to play a dual role of both direct service provision and engaging in broader processes to advocate, lead, inform, and mobilize communities to demand action on AIDS where enough is not being done.
- We commit ourselves to ensuring that young people living with HIV/AIDS assume key leadership positions in youth organizations and are an integral component of our collective efforts to end the epidemic.
- At the national level we pledge to hold governments accountable for their commitments at global and regional level - words are no longer enough.
- We will work with youth organizations globally to monitor governments' progress in ensuring that the rights of young PLWHAs are respected, by using networks and calling to attention the violation of young people's human rights wherever they come under attack.

Call to Civil Society and Government

- All relevant governments, international institutions, and non-governmental organizations at all levels must accept youth leadership, and provide resources to allow and empower youth to meaningfully participate in decisions that affect us.
- We call on civil society to assist us in a monitoring role, by providing technical support to our efforts and ensuring that young people's human rights are integrated into their rights agendas globally.

Prevention

Young people (15 - 24) represent half of new HIV infections. This is an unacceptable situation that can be reversed if young people continue to fight the epidemic with greater political and economic commitment from their governments. Young people have a right to protect themselves against HIV, and our prevention efforts must use this as a basis for all activities geared toward stopping the spread of AIDS.

Youth commitments

- We will address the power relations between young women and men as central to prevention, ensuring that all prevention programs are gender sensitive and provide young women with the skills to negotiate safer sex while teaching young men to respect the human rights of girls and young women.
- We will obtain and provide full and complete sexual and reproductive education,
information and services to allow youth to make informed decisions about sex.

- Our prevention efforts will confront the range of situations in which young people may trod themselves, in order to address all vulnerable youth, including but not limited **to:** young women, people confined to prisons and institutions, young people in refugee settings, homeless youth, unemployed youth, out of school youth, young people from ethnic minorities and/or stigmatized social groups, young people living with AIDS, rural youth, young injecting drug users, young commercial sex workers, young men who have sex with men and young people living in extreme poverty;
- We will demand access to male and female condoms for all young people who are sexually active, and will support and encourage young people who choose to abstain from sex;
- We will take HIV/AIDS tests and encourage our peers to find out their sero-status so that we can live healthy and productive lives.

Call to Civil Society and Government

- We call on civil society and governments to develop and distribute sound female-controlled methods of prevention such as microbicides and female condoms;
- We will work with governments and international agencies to specifically target young people, especially those most vulnerable to HIV/AIDS who include the groups named above;
- We will work in partnership with our communities, governments and relevant international agencies to develop programs that create economic opportunities for young people, particularly young women, so that they are able to make more informed choices.

Orphans

Those orphaned by AIDS include both children and young people. Eldest siblings are often left as heads of household, breadwinners and caretakers for younger siblings. Young people orphaned by AIDS are not just tragic victims who deserve pity. They are human beings with rights, needs and an enormous capacity to survive adverse circumstances. We are outraged that societies continue to watch as more and more orphans turn to the streets and a life of sex work to survive.

Youth commitments

- We dedicate ourselves to designing youth managed programs that offer orphans safe spaces in which to play and grow.
- We will work to eliminate the stigma associated with being orphaned by or living in a family affected by HIV/AIDS.

Civil Society and Government

- We call upon our governments to ensure that orphans are provided with the same basic human rights that should be afforded to all children and young people;
- Children and young people in families affected by HIV/AIDS must receive support for shelter, nutrition, health, and full education.

We further recommend that orphans should not be denied inheritance and urge that support be provided to mothers and/or older women who are caring for families so as not to erode the rights of women caretakers where they are responsible for the care of the family.

We strongly call upon governments to put in place mechanisms to ensure that homeless children are included in all orphan initiatives

Treatment, Support, and Care

HIV/AIDS treatment is a fundamental human right, and is indispensable for effective prevention. Therefore care, treatment and support to young PLWHAs must be a critical element of comprehensive HIV/AIDS response.

Youth commitments

· We dedicate ourselves to work at community levels to develop programs in which young people assist their peers and women, who bear the brunt of caring for the sick and providing psycho-social support, in ways that promote community acceptance of HIV/AIDS, positive living, and the sharing of responsibility for the care and treatment of people living with HIV/AIDS.

· We pledge solidarity to a global network of young people living with HIV/AIDS to provide guidance to youth organizations regarding program and policy frameworks for combating discrimination and stigma and ensuring the respect of the human rights of YPLWHAs.

Call to Civil society and Government

· We demand that governments adopt and implement trade agreements that will guarantee access to AIDS medicines.

· We call on the private sector and governments to significantly scale up financing for infrastructure and treatment.

Socio-economic Impact

In some regions, AIDS has deeply affected social and economic infrastructure. In parts of Sub-Saharan Africa, teachers and health-workers are contracting HIV at a rapid rate. Economies are unable to compete with a smaller workforce and increasing health care needs. AIDS represents a serious threat to socioeconomic development. As a result, in resource poor settings, AIDS may also represent a threat to peace and stability. The socioeconomic impact of AIDS will only become more devastating unless definitive action is taken.

Youth commitments:

- We recognize that AIDS is a development crisis, and therefore necessitates a response that addresses the underlying poverty and inequality that fuels the epidemic.

Call to Civil Society and Government

- We call on governments and civil society to prioritize poverty eradication programs that place young people at the center.
- We call for complete debt cancellation for all countries with high HIV prevalence rates, in order to free resources, which must be effectively spent on social services such as health and education.

*This document was drafted by 64 youth participants coming from 25 countries representing the Youth Caucus of the UNGASS on HIV/AIDS.

BACK

15. Orphans

By Patricia Maputle

15.1. Community-based Orphan Care in Uganda

Attending a meeting that addressed Uganda's experience in relation to the AIDS orphans crisis, enabled me to get an insight into the way women in Uganda made contributions towards addressing orphans within the socio-economic aspects of the viral epidemic.

Initially, the response was aimed towards the alarming number of

destitute orphans of the Ugandan war and HIV / AIDS. The women formed a safety network. The situation of orphans in Uganda is not different to the situation of orphans in Botswana. That is, in both countries, orphans are cared for by their old grandmothers, aunts and older siblings in the family.

15.2. Plan International - Orphan Support and Succession Planning / Uganda

The main aim of Plan International is to preserve a sense of dignity and to improve the quality of life of the children and families, living with and/or affected by HIV / AIDS. They do this by investing in their health, economic and social well-being. Plan International has been working in Uganda for more than fifteen years.

The costs of caring for a sick family member combined with the decreases in household income leaves many AIDS affected families impoverished. Children face stigmatisation and discrimination associated with HIV / AIDS. Orphan support is a reactive intervention, that aims at addressing the immediate needs of children orphaned by AIDS. Plan International assistance is designed on a case by case basis, depending on the situation of the orphan, their age, whether or not there are siblings, the family's social and economic situation, and the presence of community-based organisations, actively working in orphans' support.

The organisation's assistance ranges from the basic provision of shelter and food, counselling, education, school fees, vocational training to the initial funding of income generating projects. Plan International, however, hopes to move away from the emergency mode of assistance to a preventive strategic approach in addressing the needs of orphans, vulnerable children and their families.

Succession Planning

Although relatives are willing to take orphans into their homes, studies have shown that adult care-givers themselves are often HIV positive. It is in light of this that some children can become repeatedly orphaned. Plan International feels that the HIV positive parent needs practical and emotional support, such as to prepare for the best possible future of the children. Addressing issues such as the economic, legal, emotional and practical aspects, could assist in activities such as

obtaining birth certificates for the children, setting-up income generating projects, the writing of wills and the provision of vocational training for adolescents who are not attending school. Most importantly the establishment of discussion groups, where orphans could share their thoughts and fears. Parents are encouraged to tell their children about their family's history and the programme recommends the writing of a memory book. The idea of a memory book was started in Uganda in 1998, and since then hundreds of women have passed on their family histories to their children in this manner. The memory book is said to serve three important purposes: First it informs children about their parents' health condition. Secondly, it enables parents and children to make better plans about the children's future. Thirdly, it provides an opportunity for passing on the family history to the children. Through this memory project, HIV infected parents are encouraged to feel free in disclosing their health conditions to their children.

Objectives of the Project

The orphan support and succession planning interventions aim at:

- To encourage parents living with HIV / AIDS to share, with appropriate counselling support, their health and psychological concerns with their children.

- To educate at least 450 parents and guardians in families affected by AIDS to make plans for their children's future. To provide them with the knowledge and skills needed, to so in an effective manner.

- To enable at least 450 HIV positive parents to start and manage sustainable income-generating projects, in order to supplement for the family's loss of income due to AIDS

- To enable at least 450 children orphaned by AIDS, to receive basic education, vocational training and start-up grants for small businesses of their own.

- To train 36 family / child counsellors on basic counselling skills, sexual and reproductive health and succession techniques.

Lessons Learnt in Uganda

The Plan International Project has generated a lot of enthusiasm in the communities where it was implemented. It has resulted in many people going to voluntary testing and counselling centres to get tested. Those who have tested positive have shown signs of willingness to make plans for their children and have joined Post Test Clubs to increase HIV / AIDS awareness among other community members. Those testing HIV negative also became members of the Post Test Clubs. The grants for income generating projects are given only after the families have actively engaged in writing wills, designated guardians and began writing memory books. The points stated above, have been regarded as equally important activities for the psychological well-being of the families as it is a sustainable source of revenue.

Research into this work has revealed that intervention is needed to focus on the children of the guardian or foster family, as they too will be affected when a child orphaned by AIDS is coming into the family. The foster parents too, need to be prepared psychologically for taking the responsibility of an orphan. At times, it is stated, that the orphan is taken to live in a rural environment while having been brought up in an urban environment. In such cases, special efforts are required to provide counselling to the guardian and orphan and refer them to local groups that can offer professional assistance and support.

15.3. Post Test Clubs

As the name suggest, the main criteria for joining a Post Test Club, is to have gone for HIV testing and counselling. Members of Post Test Clubs are both HIV positive and negative. The idea was introduced by the AIDS Service Organisation (TASO) of Uganda. Members meet regularly to discuss HIV related concerns in their communities. They try to find solutions to the most urgent problems and organise awareness events, such as drama competitions, public rallies and the establishment of group schools. Selected members of Post Test Clubs are also trained as AIDS counsellors to serve as a link with the nearest HIV health clinic and to provide support and care to those who are living with HIV / AIDS. In a survey carried out by Plan International on why people join such clubs, the most common answer given, was that ‘we join the club because we can live among people who have the same problem as we do’. When some of the members get sick, the AIDS counsellors organise home care visits, in collaboration with the

local HIV health clinic.

15.4. UNICEF East Asia & Pacific Regional Office, HIV / AIDS Programme, Bangkok

UNICEF organised a presentation, based on a booklet, on orphans and vulnerable children and how help could be sought. The presentations covered: planning response, raising awareness, psycho-social support, telling children that you are HIV positive, camps for children and others.

15.5. Children and HIV / AIDS organised by Save the Children Fund

The Save the Children Fund's presentation covered HIV / AIDS and children's rights; the right to survival, the right to have a voice, the right to freedom. The topic of children and poverty was also covered. Save the Children Fund's principle is to work through other key institutions, such as UNICEF and USAID to develop a set of principles to guide programming for orphans and other vulnerable children. Some of the main aspects of the principles are :

To foster links between HIV / AIDS prevention activities, home based care and efforts to support orphans and other vulnerable children.

- To give particular attention to the gender specific needs of boys and girls.
- To involve children and adolescents as part of the proposed solutions.
- To enhance the capacity of families and communities to respond to the psycho-social needs of orphans and vulnerable children and their care givers.

15.6. Increased Partnership between Faith Based Organisations, Governments and Inter-governmental Organisations

The above faith based organisations, facilitated by the World Council of Churches prepared a statement for UNGASS. They also distributed a booklet 'Faith Based Reflection on Adolescent Life'. The booklet states that the religious principles embodied in the World Declaration and Plan for Action are: equality, justice, respect and care.

Christian AID is urging members at the UN General Assembly to consider the following points:

- That extra money needs to be used to tackle poverty as well as

HIV / AIDS.

- That existing aid channels be reformed in order to prioritise aid to community based organisations and to strengthen national health and educational systems in poor countries.
- That the HIV / AIDS crisis must serve as a final call to G8 leaders, the World Bank and IMF on the cancellation of debts of poor countries.

Christian Connection for International Health (CCIH)

The organisation began in 1987 as a forum for Christian agencies and individuals who were concerned about international health from a Christian Perspective. CCIH provides field oriented information, resources and a forum for discussion, networking and fellowship to a wide spectrum of Christian organisations and individuals.

The Christian Connection for International Health organised sessions every morning where various leaders led the worship.

Religious Leaders Open To God

The religious leaders in Uganda, Catholics, Protestants and Muslims health centres, have played a leading role in providing medical care, counselling and social support to people with HIV / AIDS. It is, however, noted that some religious leaders have also added misery to people living with HIV / AIDS, by condemning them as wrong doers or sinners.

The Reverend Gidesh Byamugisha, an ordained priest of the Church of Uganda, was one of the priests who lead the morning devotions. He also shared his experiences as a person living with HIV / AIDS. He is the director of the HIV Prevention and Care Project in the Diocese of Namiyembe in Kampala. He also works as an AIDS educator and campaigner on behalf of people living with HIV / AIDS, both within Uganda and internationally. He stated that the Diocese of Namiyembe in Kampala operates an integrated health programme, consisting of the following components:

- Reproductive Health
- Hygiene and Sanitation
- Nutrition and Immunisation
- HIV Prevention and AIDS Care

The Reverend stated that the programme is based on the local church structures and works through a series of clubs in four different age groups:

- Sunday schools and primary schools, using a child to child approach.
- Young people, using a youth to youth approach.
- A Post Test Club, consisting of people, mostly in the age group between 20 and 30 years, who have been tested for HIV, some of whom have tested positive and others who have tested negative.
- Parents, through a positive parenting programme, which helps spouses to improve their relationship skills with each other and also to develop better communication with their children.

He said that all the groups carry out prevention work as well as care and support activities. The Post Test Club presents HIV prevention messages through music and drama. They also visit people who are chronically ill with AIDS and provide emotional, spiritual and practical support. He further stated that in 1999, Namiyembe Diocese started a series of fortnightly prayer services for volunteers, supporters, service providers and other staff involved in HIV / AIDS and reproductive health programmes. Such meetings are held at St. Paul's Cathedral and are addressed by prominent church leaders and representatives of the government of Uganda and international agencies. The Islamic Medical Association of Uganda took the lead in educating Muslim religious leaders about HIV / AIDS in mobilising their support in response to the HIV / AIDS pandemic.

BACK

16. Statement by Faith Based Organisations facilitated by the World Council of Churches For the UN Special General Assembly on HIV/AIDS

June 25 -27, 2001

HIV/AIDS has been correctly described as the greatest threat to human well - being and public health in modem times. Millions of people have already died from this disease and millions more are directly or indirectly affected. The Faith-Based Organisations ("FBOs") presenting this statement wish to express our appreciation and respect to the United Nations for organising this timely and most important Special General Assembly. We are

committing ourselves to support ail efforts already undertaken by local communities, governments, non-governmental and inter-governmental organisations to alleviate the human suffering caused by this pandemic and to prevent its further spread. FBOs are acutely aware of the complex nature of the infection and the root causes that have fuelled this pandemic, such as global socio-economic inequalities, marginalisation of vulnerable people, poverty and gender issues. It has become increasingly apparent that the prevalence of HIV/AIDS rises' in association with poverty and indeed causes poverty. Women and girls are disproportionately represented among the poor. Women often bare a triple burden as a result of HIV/AIDS, and men carry a special responsibility to change these factors:

1. Women are particularly vulnerable to HIV infection due to biological and social factors including their lack of rights in regard to self-determination in sexual relationships.
2. If HIV positive women often face a greater degree of discrimination when trying to obtain treatment, look after children etc.
3. Women are the traditional caregivers to the sick and HIV/ AIDS orphans.

FBOs are joining many other actors in the global fight against this devastating pandemic and can offer our specific resources and strengths. At the same time we acknowledge that we have not always responded appropriately to the challenges posed by HIV/ AIDS. We deeply regret instances where FBOs have contributed to stigma, fear and misinformation.

However, it is also fair to say that FBOs have often played a positive role in the global fight against HIV/AIDS. Countries such as Senegal, Uganda, and Thailand, which have involved religious leaders early on in the planning and implementation of national AIDS strategies, have seen dramatic changes in the course of the epidemic. For example, religious communities in Uganda, working hand in hand with AIDS service organisations and the government, have championed peer education, counselling and home care programmes. A church leader has led the National AIDS Commission in Uganda since 1995. In Uganda, Zambia and Tanzania,

prevention efforts have resulted in changed sexual behaviour including delayed sexual activity among adolescents, and a reduction in the number of sexual partners. These modifications of behaviour have been part of the message of many FBOs. In Thailand, Buddhist and Christian groups have introduced home based care services and greatly contributed to the destigmatisation of the disease.

Right from the beginning of the HIV/AIDS crisis, local communities have been at the very forefront of caring for those affected by HIV/AIDS. FBOs are rooted in local structures end are therefore in an excellent position to mobilise communities to respond to the HIV/AIDS crisis. In many cases, religious organisations and people of faith have been among the first to respond to the basic needs of people affected by the disease, and indeed have pioneered much of the community based work. And yet these FBOs are often overlooked. More often then not, the capacity of FBOs has not been maximised because we have not received adequate levels of training or resources to address the impact of the disease.

We have learnt that prevention works provided there is openness end dialogue. Many HIV prevention strategies, such as promoting temporary abstinence leading, for example to delayed sexual activity in young people, voluntary testing end counselling, mutual faithfulness in sexual relationships, end the use of condoms have contributed to the reduction of the risk of HIV transmission. These methods should be promoted jointly by governments end civil society including FBOs.

Resources that FBOs offer in the fight against HIV/AIDS

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REACH - FBOs are present in communities all over the world. We have deep historical roots and are closely linked to the cultural and social environment of the people end have effective channels of communication that can be utilised.

EXPERIENCE/CAPACITY - FBOs have been seeking to serve the needs of people affected by HIV/AIDS since the beginning of the pandemic. We have developed pioneering innovative approaches such as home based care, both for people living with HIV/AIDS

and for affected children. In many countries, particularly in Africa, we provide a significant proportion of health end educational services. These institutions can end should be utilised in any extended programs on care end treatment.

SPIRITUAL MANDATE - FBOs are in a unique position to address the spiritual needs of people affected by the disease. We provide a holistic ministry for those infected end affected by HIV/AIDS, addressing the physical, spiritual, end emotional well-being of the individual end the community.

SUSTAINABILITY - It is not just the scale of the AIDS pandemic that presents a fundamental challenge to the world, but also its duration. Long-term commitments are necessary to control this disease. As FBOs, we have proven our sustainability through continuous presence in human communities for centuries. We have withstood conflict, natural disaster, political oppression end plagues. Members of religious organisations have demonstrated commitment to respond to human needs based on the moral teachings of their faith, and they do this voluntarily end over long periods of time. It is acknowledged that HIV/AIDS has decimated communities end fragmented families, resulting in the breakdown of traditional caring relationships; community-based FBOs are in a position to make sustained efforts to address this deficit.

Recommendations For Future Collaboration

We are asking the leaders of Faith-Based Organisations to consider:.

1. Putting in place programmes that would eliminate traditional and cultural inequalities that exacerbate the vulnerability of women and children.
2. Using resources to ensure that all people living with or affected by HIV/AIDS are receiving the highest possible level of care, respect, love and solidarity.
3. Raising the consciousness of leaders and members at all levels and training them on HIV/AIDS prevention and care.
4. Strongly advocating fair and equal access to care and treatment according to need and not depending on economic

affluence, ethnic background or gender.

We are asking governments to consider:

1. Providing extensive support to FBOs (access to information, training and financial resources) in order that we may fulfil our role effectively.
2. Acknowledging and promoting the importance of community involvement in prevention efforts, including community-based health care as the basis for effective care and treatment.
3. Continuing all efforts for debt relief of highly indebted countries to make sure that a significant proportion of the released funds are used for the fight against HIV/AIDS.
4. Governments of countries belonging to the Organisation of Economic Co-operation and Development (OECD) should re-intensify their efforts to meet the 0.7 % of Gross National Product (GNP) target for Official Development Aid (ODA). HIV/AIDS can only be controlled if serious efforts to overcome global economic inequalities are undertaken.
5. Ensuring access to life saving drugs for the treatment of HIV/AIDS and its opportunistic infections, including antiretroviral drugs. This should include the reduction of prices of patented drugs and generic production in highly affected countries where appropriate.

We are asking UNAIDS and other UN organisations to consider:

1. Involving FBOs in the planning, implementation and monitoring of HIV/AIDS programmes at local, national and international levels.
2. Calling on religious leaders wherever possible to make use of their moral and spiritual influence in all communities to decrease the vulnerability of people for responding to HIV/AIDS and to contribute to the highest level of care and support that is attainable.

The international community can take this opportunity offered by UNGASS to build on the unique resources offered by FBOs given our local community presence, influence, spirit of volunteerism and genuine compassion facilitated by our spiritual mandate. Governments alone will not be able to launch the broad-based

approach that is required to address this problem decisively. This Special Session on HIV/AIDS should lead to a broad coalition between governments, UN organisations, civil society, and NGOs including faith-based organisations. Given this joint co-operation and the necessary resources we can make a tremendous difference to the fight against AIDS in terms of prevention, care and treatment.

The FBOs represented at this Special General Assembly on HIV/AIDS realize that we cannot claim to speak for all world religions and religious organisations. But we wish to express our sincere commitment to continuing to work within our own communities for the dignity and rights of People Living with HIV/AIDS, for an attitude of care and solidarity that rejects all forms of stigma and discrimination, for an open atmosphere of dialogue in with the sensitive root causes of HIV/AIDS can be addressed and for a strong advocacy to mobilise all the necessary resources for an effective global response to the pandemic.

This statement has been endorsed and supported by:

Anglican Communion
Catholic Organisation for Relief and Development Aid in the Netherlands
Christian Aid, UK
Evangelical Church in Germany - Office for Ecumenical Relations and Ministries Abroad
Institute for Islamic Studies, Mumbai India
International Christian AIDS Network
International Council of Jewish Women, UK
Presbyterian Church USA - International Health Ministries Office
Religion Counts, Interfaith Organisation based in Washington, D.C.
United Evangelical Lutheran Church in India
World Conference on Religion and Peace, Interfaith Organisation based in New York
World Council of Churches
World Vision International

BACK

17. THE EXPERIENCE OF UNGASS AS A PERSON LIVING WITH HIV / AIDS

By David Ngele

As has been pointed out elsewhere in this report, our UNGASS experience did not start of on a good note because of the treatment we received at the airport, due to the UNGASS Visa Waiver PLWHA had received before travelling to the USA. Being singled out at the airport and treated in such a degrading manner definitely had an impact on how I perceived the meeting, being obviously upset and in a negative mind set at the start of the conference.

Furthermore, the whole issue of the visa waiver affected me even after returning from the U.S. because I had a problem receiving a second waiver which I needed to attend an international conference in Philadelphia in September this year. Being aware that after UNGASS, it will not be easy for me anymore to receive an American visa, I applied for the waiver immediately after my return from New York which was at the beginning of July. It still took me until the beginning of September to get my waiver for the Philadelphia meeting. This whole incidence makes it very clear that attending UNGASS has had long-term negative implications for myself, implications that I had not been aware of when I volunteered to become part of the NGO delegation.

I attended several meetings during UNGASS, many of which are already covered by the reports of my colleagues and the additional documents provided in this report. However, there are some aspects of UNGASS I would like to highlight. I took part in an NGO meeting that addressed specifically the issue of African networks and the representation of African civil society organisations. Many African countries complained that the umbrella body that is supposed to represent African NGOs, AFRICASO, has failed to work effectively (please also see Martin Mosima's report on this issue). A heated debate took place concerning these issues and the Director of AFRICASO took the stage to explain the challenges and difficulties the organisation has been faced with. In summary, the main difficulties AFRICASO has been facing, are a serious lack of funding for the organisation and a lack of key contacts, especially in Southern Africa.

Participants discussed at length what structures are needed in order to be able to reach member organisations in a better way and it was resolved that an extra committee should be formed which would assist in this process.

Another debate centred around the issue of the Global Fund and the way resources would become available to Africans. It was decided that instead of creating new structures, AFRICASO should play a key role in the distribution of funds and as a contact for the Global Fund administration. However, bearing in mind the difficulties AFRICASO has experienced in the past, an extra committee was established to assist with the administration of funds in order to ensure that funding will definitely be channelled towards Africa. In this regard, I was personally elected as a member for this four member committee, to provide an initial contact for the administrative structures of the Global Fund.

In general, as a PLWHA, my major interest during UNGASS was to share experiences with and learn from other PLWHA and advocate for the involvement of people living with the virus in any initiative responding to the epidemic on a global level. However, to my surprise and disappointment, there was a definite lack of representation in relation to PLWHA. In some ways it seemed that there were no appropriate structures in place by the PLWHA themselves, e.g. NAP+ was not represented in many of the fora. However, in the main proceedings of the UN Assembly and the NGO Forum, PLWHA were not invited to make presentations and therefore very little was said on our behalf.

Personally, I felt disadvantaged in two ways; as a person living with HIV and as an African. Most of what was being discussed during UNGASS seemed to have little relation to the problems and challenges in Africa and in many ways as an African, one felt left out and ignorant. There had been so many meetings and initiatives proceeding UNGASS, none of which we were part of or informed about. In this way, a lot of the time things were being discussed above our heads while people were actually discussing our fate. Overall, the NGO Forum was mainly led and characterised by organisations of the developed world, often with little sensitivity and interest in the input of those the meetings appeared to be about.

As much as I was able to make my small contribution and network on behalf of the organisation I represented (BONEPWA) while participating at UNGASS, one of the lessons learnt from this event needs to be that PLWHA, in particular Africans and NGOs from Africa in general, need to be much more part of the global initiative than they have been so far. It is only if and when we can be truly incorporated into the global fight, that a real difference can be made in terms of fighting the further spread and the devastating impact of HIV in Africa.

BACK

18. REPORT ON THE ROUNDTABLE ON HIV / AIDS AND HUMAN RIGHTS

By Christine Stegling

Chair: Mr. Grzegorz Opala, Minister of Health - Poland

Welcoming Comments by the Chairperson

The chairperson stressed the fact that a human rights approach to HIV / AIDS should also include the discussion of responsibilities of people infected with the virus and those who are not infected. Equally important, and perhaps the starting point to a human rights discussion addressing HIV / AIDS is the recognition and tackling of gender inequalities. As far as UNHRC is concerned, it is imperative to further the promotion of the protection of human rights, including the promotion and protection of the right to health, if one wants to make a meaningful difference in the fight against the pandemic.

Internationally, some attempts have been made in this regard, for example the International Guidelines on HIV / AIDS and Human Rights have been developed. The chairperson also pointed out that it is of utmost importance to recognise the contributions that NGOs and civil society actors in general have made in addressing the pandemic and that they have an important role to play, therefore, they need to be respected and supported in any possible way by the other stakeholders, such as national governments and the international community.

♦ Mary Robinson - United Nations Human Rights Commission (UNHRC)

Mrs. Robinson posed the question whether there is currently any greater human rights challenge than the HIV pandemic. However, the human rights dimension is causing the greatest resistance within the HIV / AIDS discourse, internationally and on a global scale, while it should be at the core. Several human rights issues and themes are of major importance when it comes to HIV / AIDS; to name but a few: racism, gender inequality and freedom of expression. In this respect, governments must lead a very open, frank and constructive debate HIV / AIDS and human rights. However, this discussion is not always easy but characterised by many complexities, especially when it comes to different cultural and political settings of nations states, since subjects such as sex workers, men having sex with men and injecting drug users need to be approached.

Mrs. Robinson also emphasised that the discussion on the access to treatment should not depend on the geographical location of a person living with HIV / AIDS. In this regard, she expressed her hope that the establishment of the Global Fund would make a meaningful difference. She also expressed her astonishment concerning the resistance to use the existing International Guidelines on HIV and Human Rights. This is regardless of the fact that many states are already using these guidelines **and** that they should be perceived by the international community as workable and accepted guidelines.

♦ Executive Director of UNICEF

The Executive Director stressed that the most basic argument you can make in relation to HIV / AIDS and human rights, is the observation that HIV / AIDS is a human rights violation, with the epidemic violating and affecting a great number of human rights. For example, there is the interconnection of HIV, poverty and child labour which has been documented in a recent study undertaken by UNICEF in southern and eastern Africa. It is important that clear goals and targets are set within the response to the epidemic. Everybody has the right to information, in that way, everybody has the right to know how the virus is spread and how to protect oneself from infection. People have the right to be involved in decision making processes concerning the policies of their nation and concerning their personal lives. In particular, we need to

ensure that vulnerable groups, women and young people are part of the decision making of a nation. The adoption of the declaration presently discussed at this Special Session will make a major contribution to the UNGASS on children which will be held later this year.

♦ Executive Director of the United Nations Fund for Women

The speaker pointed out that the fact that HIV / AIDS has developed into a pandemic is directly and fundamentally linked to issues of gender inequalities, namely, the weak position of women in many societies. Furthermore, one needs to recognise the important role of women as care givers, since the great majority of people suffering from the virus are depending on wives, mothers and sisters for their care. Unfortunately, the care of the care-givers becomes a secondary concern and in many cases, carers go uncared for.

There are many inter-linkages between HIV and poverty and between those and gender. The speaker therefore suggested that gender equality needs to form the core of the response to the epidemic. In this regard, she also pointed out, that the connection between violence against women and HIV / AIDS needs to be made as visible as it is in reality.

♦ Country and NGO Contributions:

The Prime Minister of **Mozambique** asserted the urgent need for the identification of factors and obstacles that hinder our effective response to the epidemic. For Mozambique, he observed, that one of the major obstacles is the prevalence of gender inequality which is deeply rooted in tradition and culture. Another problem the country is currently facing is the issue of protective legislation within the business community. He pointed out that it is difficult as a developing country to force foreign investors, especially from the developed world, to protect PLWHA while at the same desperately trying to convince them to make investments. He, therefore, posed the question to the developed nations, what their ideas / understanding of this problem is and challenged them to assist developing nations in this regard.

The representative of **Brazil** pointed out that in Brazil the protection of human rights lies at the very heart of the HIV programme. Of particular importance are strong partnerships between civil society organisations

and the government, e.g. with gays, lesbians, injecting drug abusers and the women movement. Brazilians now see that these partnerships have borne fruits and are invaluable for a successful response to the epidemic. In terms, of the human rights aspects, the representative pointed out that low income groups have access to free legal services and that the government opposes the mandatory testing of migrant workers.

In the same manner as the previous speaker, the representative of the **International Labour Organisation (ILO)**, stressed that the only way to conquer the pandemic is by recognising fundamental human rights, such as the right to associate, the right to care, non-discrimination and the right to equality between men and women. It is only with increased protection of the rights of those who are infected, that one can protect those who have not yet been infected. Within their own area of interest, the ILO has suggested to establish a collection of best practices in the area of HIV / AIDS and labour.

Iceland asserted that from their point of view, the most basic issue in terms of rights, is the fact that the access to drugs and the access to health care should be perceived as a human right and that it is only through the access to drugs, that the HIV infection rates will reduce.

Slovenia referred to the long debate, concerning the inclusion or exclusion of a representative of the International Commission on Gay and Lesbian Rights that member states had had during the first day of UNGASS. The representative expressed his concern that this debate pointed to a crucial importance of the inclusion of all actors in civil society, including those who are socially, politically, economically and otherwise marginalised. Above all, the free expression of one's sexual identity is a human right.

Israel agreed with these concerns, stating that the UN language is exclusive and that debates are often left to experts, therefore, contributing very little to those who are affected by the issues discussed. The representative strongly commended that Africa needs to become visible at the global level and concluded that in the area of HIV / AIDS and human rights, the main issue is the protection of the right to life.

The representative of the **Francois Xavier Bagnoud Centre for Health and Human Rights** commented further on the issue of inclusion of marginalised people, stressing that it is crucial to facilitate for the right to participation as much as it is important to emphasise people's right to treatment. She concluded by pointing out the importance of accountability, in that all stakeholders need to account for their actions in terms of fighting the epidemic.

Still on the subject of inclusion of marginalised groups, the **HIV-Unit of the Lawyers Collective (India)**, asserted that laws and policies need to be in place for all affected, nationally and internationally. This legal protection is particularly important for marginalised groups. Furthermore, people have a right to treatment and to access to the best available services and medication, and these rights need to be continuously reinforced.

The representative of the **Democratic Republic of Congo** emphasised in his contribution that ever since the beginning of the epidemic, his government has made an active effort to protect human rights. For example, the Democratic Republic of Congo has always insisted to protect the right to confidentiality. However, despite these efforts, one needs to understand that the protection of human rights in post-conflict areas, such as Congo, is a problematic issue when it comes to HIV / AIDS. For example, women have been particularly vulnerable in these areas and often have been raped during the conflict / war, making it likely that they have been infected with the virus.

The **Czech Republic** commented on the possible conflict between the protection of human rights of infected and non-infected people in the context of HIV / AIDS. There is, therefore, a need for extensive research to assess the impact of legislation on infection rates. However, action and research need to be happening at the same time.

In regards to how the safe-guarding of human rights could be enforced, the representative from **Uruguay** pointed out that it would be unfair to measure countries in the developed and the underdeveloped world in the same manner. Because of the unequal distribution of wealth globally, it is impossible to penalise non-implementing countries through economic sanctions, because it would be unfair to those

countries that cannot afford the enforcement of the right to treatment and care. Enforcement of this right should take place through the co-operation between poor and wealthy nations. The developed world has to take on board the enormous responsibility to fund the global response to the epidemic, or, in the words of the delegate 'the way has to be paved with dollars'.

Norway also commented on the unfortunate debate about the inclusion or exclusion of the Gay and Lesbian representative by saying that gays and lesbians should make their rights heard and acknowledged by governments and the international community. The representative also thanked civil society organisations all over the world for the work they have done in the last twenty years, fighting the epidemic. She emphasised that a human rights approach is fundamental in the response to the epidemic, in particular, there is a special need to protect workers from discrimination based on their HIV status.

The representative of **Belize** pointed out that her country has the highest rate of HIV per capita in the Central American region. As far as they are concerned, one of the major issues is the shared responsibility of men and women in responding to the challenges of the epidemic. Belize recognises the importance of the contribution civil society can make in the fight; the delegation that travelled to UNGASS consists by two thirds of NGOs. She pledged the international community to protect human rights, regardless of whether or not people are citizens in the countries where they reside.

The Special Advisor to the UN General Secretary on Gender and the Advancement of Women commented that the international community has several very powerful documents / instruments at their hands to protect human rights. She asked why delegates forget these instruments when they discuss human rights in a context such as HIV / AIDS. It seems that people try and re-invent the wheel rather than to work with already agreed on documents.

The representative of **Costa Rica** emphasised the importance of universal access to anti-retroviral therapy . Speaking from their own experience, he pointed out, that providing medication is the only way to go in responding to HIV / AIDS, globally. He further stressed the

importance of contributions made by civil society in the fight against AIDS and urged delegates to acknowledge these contributions, especially on an international level.

Switzerland pointed to the fundamental issue at the heart of the rights discussion: Criminal legislation increases the silence surrounding the virus. From the experience in her own country, the Swiss representative reported that opening up such legislation helped marginalised groups to be at the forefront of fighting HIV / AIDS, such as commercial sex workers, drug abusers, migrants and gays and lesbians. It is, therefore, fundamental to protect human rights in order to enable everybody in society to participate in HIV / AIDS work.

Haiti reiterated that access to health is a fundamental human right and everybody in any society should be able to utilise this right. However, the freezing of international aid to Haiti makes it impossible for the government to provide basic health services to its population and therefore the non-delivery of aid should be seen as a violation of fundamental rights. The representative stressed that AIDS should not be perceived as a political problem.

A representative of the **Canadian AIDS Law Project** made a presentation on behalf of the **South African AIDS Law Project**, emphasising that human rights take supremacy over other international agreements such as economic treaties / agreements. A certain degree of flexibility of international trade agreements is needed in the fight against HIV / AIDS. That is particularly the case in regards to the production and distribution of anti-retroviral medication. Further, the root to the right to health is the right to dignity. Please see the attachment for the full speech delivered by Richard Elliott.

In the same manner as many of the other speakers, the representative for **OASIS (men having sex with men in Guatemala)** remarked that discrimination is the closest enemy to the epidemic. He also stressed the fact that the participation of civil society at this UNGASS should be perceived as a historical moment, in particular the representation of the International Gay and Lesbian Human Rights Commission (IGLHRC).

Presentation of the **International Gay and Lesbian Human Rights**

Commission, please see attachment.

♦ Concluding Remarks by the Chairperson

The chairperson started his summary with pointing to the four major reasons why the protection of human rights in the response to the epidemic is crucial:

1. Respect of human rights is vital to prevent the further spread of the epidemic because it is through this respect that people are in a better position to protect themselves.
2. Respecting human rights empowers individuals to address social, cultural and legal factors of the epidemic, thus reducing their vulnerability to infection.
3. Respect for human rights reduces stigma and discrimination.
4. Respect for human rights allows individuals and communities to better respond to the epidemic because they are able to access relevant information for prevention and care.

The chair also argued that the message on human rights is positive with many participants in the session underlining that protecting the rights of people with HIV / AIDS means treating them not as victims but rather as bearers of rights. As can be observed from the statements above, many representatives pointed to the link between poverty and HIV and the need to address this link adequately by taking the right to development seriously.

Much of what was said about breaking the silence can be summarised as the need to address stigma and discrimination, especially with regard to gender, sexual behaviour, inequality and justice. As the chairperson pointed out: 'The principle of non-discrimination is also the basis for effective realisation of all other rights'. Again, the relationship between men and women lies at the heart of the epidemic, resulting in the urgent need to address gender imbalances.

BACK

19. Contribution by the International Gay and Lesbian Human Rights Commission (IGLHRC)

The following remarks were delivered by Karyn Kaplan of the

International Gay and Lesbian Human Rights Commission (IGLHRC) at the Human Rights Roundtable during the United Nations General Assembly Special Session on HIV/AIDS, June 26 2001.

Honorable Chairs, Your Excellencies, Distinguished Delegates

I have one message for you today. It would be wrong--it would be deadly and disastrous--not to place human rights at the center of our responses to the HIV/AIDS pandemic.

We have beard much discussion of a rights-based response to HIV/AIDS. Such a response is not a luxury. It is indispensable to saving communities, societies, and lives.

What, honorable Chairs does a rights-based approach to HIV/AIDS mean?

It means that recogonizing human rights are universal, interdependent, and indivisible. Guaranteeing the full range of human rights to all human beings does not and will never contradict our responsibilities to defend peoples health, or to care for those afflicted. It reinforces and strengthens those efforts with a third responsibility: to empower people, to treat them not as objects but as bearers of rights. And it means that governments must not merely refrain from violating people's rights, but must protect them against violation by others-and fulfill those rights by creating the conditions in which all people can exercise all their rights, freely, fully, equally.

A rights-based approach applies to all people. We do little to address the epidemic if we restrict our work to the rights of people living with HIV/AIDS. We must indeed safeguard those people against the discrimination and abuse, the silencing and murder they face across world. This epidemic gives rise to human rights violations. Yet it is enabled and exacerbated by other human rights violations as well. Whenever people are victimized by stigma out for hate, they are made vulnerable to HIV, Wherever economic or political inequality roads a society, it opens the doors to HIV.

A fight-based approach therefore is comprehensive. It means recognizing the intersection of forms of oppression- It means that States must name, condemn--and take all measures to eliminate--racism, gender-based discrimination, and homophobia, as well as other forms of discrimination, in fulfillment of their

responsibilities under international law. In this year of the World Conference Against Racism, no State can fail to see that persistent racial inequality is a threat to health and life, not just hearts and minds. After the Beijing World Conference on Women, end its affirmations of women's reproductive and sexual rights as human rights, no State can fail to see that the disempowerment of half the human race is a mortal threat to all of it. In the light of the United Nations groundbreaking work to combat human rights violations based on sexual orientation and gender identity, no State can fail to see this truth: allowing the abuse, torture, or murder of human beings because of there consensual sexual activity strikes a blow at every person's security, bodily integrity, and right to live,

A rights-based approach, honorable chairs, also means putting the question of rights at hearts of all our deliberations over policy and law. Each measure we contemplate in response to the AIDS pandemic should be analyzed with a view to what rights, and whose, might be advanced by it--and whose suffer. Such an analysis is nowhere more important then in the realm of resource allocation. We stand poised to create a new global fund for HIV/AIDS. what will drive its disbursements and determine its priorities? The fund cannot function effectively unless its purpose is made clear: to advance and fulfil the highest attainable standard of health for all human beings, on a global scale. Its work, then, should include making essential medications available to all persons living with HIV/AIDS, as well redressing the inequities in resources and infrastructure which health only a delirious and unattained dream for millions in the developing world. The Declaration of Commitment must commit itself to making the right to health meaningful and realizable. It must recognize, too, that this requires more than the isolated efforts of individual states. If rights are to be universal, so too must be our solidarities. We must work together to create a just international order: one in which resources no longer pass from the poor to the rich along the pipelines of exploitation; one in which debt and compulsory cutbacks no longer paralyze countries' efforts to care for their own population.

Our words seen inadequate to thc times we live in. our most essential values--justice, fairness, health, and truth--no longer sufficient force: they apear utopian to too muy of us in this

divided world. Human rights are simply a tool for making those values realizable and real, not the stuff of rhetoric and vision. By putting rights at the core of our commitments, we make them concrete, as we make ourselves accountable. By fulfilling human rights, we work to make this world, so full of dying, a fit place for human beings to live.

BACK

20. Statement of the AIDS LAW PROJECT, SOUTH AFRICA
(represented by Richard Elliott, Canadian HIV/AIDS Legal Network)
Roundtable #2: HIV/AIDS and Human Rights

My remarks today are specific to a particular human right recognized in international law, the right to the highest attainable standard of physical and mental health, and in particular the obligation of States to fulfil this right through positive measures that will progressively realize this right.

My key proposition is one that should not be, but tragically still is, controversial - namely, that human rights have primacy in international law, including primacy over obligations under other agreements, and specifically, under trade treaties such as the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) administered by the World Trade Organization.

As such, States' other obligations must be interpreted in the light of, and in a fashion consistent with, their obligations to respect, protect and fulfil human rights, including the right to health.

The UN Subcommission on the Promotion and Protection of Human Rights, in its resolution of 17 August 2000 on Intellectual Property Rights and Human Rights, has recently reminded all governments of this proposition, expressly affirming "the primacy of human rights obligations over economic policies and agreements."[2]

Indeed, this proposition is rooted in the founding document of the United Nations. Article 103 of the UN Charter states that "in the event of a conflict between the obligations of the members of the UN under the present Charter and their obligations under any other international agreement, their obligations under the present Charter shall prevail." One of the fundamental purposes of the

UN, as expressly recognized in the Charter, is the realization of basic human rights.

The right to health is one of those basic rights. The International Covenant on Economic, Social & Cultural Rights recognizes in Article 12 the right to the highest attainable standard of physical and mental health. Article 15 further recognizes the right to enjoy the benefits of scientific progress and its applications. Other instruments of international law, such as the Convention on the Elimination of All Forms of Racial Discrimination (1965), the Convention on the Elimination of All Forms of Discrimination Against Women (1979), and the Convention on the Rights of the Child (1989) all recognize the right to health in various formulations.

Furthermore, international law imposes an obligation upon all States to collectively ensure the fulfilment of human rights, including the right to health, throughout the world. Article 2 of the International Covenant on Economic, Social & Cultural Rights requires States "to take steps, individually and through international assistance and cooperation, especially economic and technical, to the maximum of its available resources, with a view to achieving progressively the full realization of the rights recognized in the present Covenant by all appropriate means, including particularly the adoption of legislative measures."

Recently, this obligation has been reaffirmed by the Committee on Economic, Social & Cultural Rights in its General Comment No. 14, which notes that to comply with their international obligations in relation to the right to health,

> States parties [to the International Covenant on Economic, Social & Cultural Rights] have to respect the enjoyment of the right to health in other countries, and to prevent third parties from violating the right in other countries, if they are able to influence these third parties by way of legal or political means, in accordance with the Charter of the United Nations and applicable international law. Depending on the availability of resources, States should facilitate access to essential health facilities, goods and services in other countries, wherever possible and provide the necessary aid when required. States parties should ensure that the right to health is given due attention in international agreements and, to that end, should consider the development of further legal instruments. In relation to the conclusion of other international agreements, States

> parties should take steps to ensure that these instruments do not adversely impact upon the right to health. Similarly, States parties have an obligation to ensure that their actions as members of international organizations take due account of the right to health.[3]

Most recently, in its recent resolution in April 2001, the Commission on Human Rights has recognized that access to medication in the context of pandemics such as HIV/AIDS "is one fundamental element for achieving progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." Furthermore, the Commission has called upon States

> ...at the international level, to take steps, individually and/or through international cooperation, in accordance with applicable international law, including international agreements acceded to, such as:... to ensure that their action as members of international organizations take due account of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and that the application of international agreements is supportive of public health policies which promote broad access to safe, effective and affordable preventive, curative or palliative pharmaceuticals and medical technologies.[4]

Finally, the TRIPS Agreement itself indicates that it must be interpreted in a fashion consistent with the legally binding obligation of States to realize the right to health. Article 7 states that one of the key objectives of TRIPS is to promote the social and economic welfare, while Article 8 speaks to the need for protection of public health.

I want to remind us of the words of Justice Edwin Cameron of South Africa at the International AIDS Conference in Durban last year. He eloquently made the point that at the root of the right to health is the right to dignity, and that it is the ultimate degradation of a person's dignity to tell them that they will die because they cannot afford medical treatment because we allow them to be priced beyond reach. It is a profound insult to human dignity for the world to let millions of poor people die of HIV/AIDS when we collectively have the resources to ensure access to treatment.

We cannot accept the misguided attempt to divert attention from the effect of international trade agreements such as TRIPS on the right to health by suggesting that the problem is really or only a question of infrastructure. Indeed, in many settings there is a desperate need for infrastructure to support effective delivery of health care, including but not limited to treatment for people living with HIV/AIDS. But in many parts of the world, it already is possible to implement effective and ethical delivery of health care, including antiretroviral treatments. And let me point out that the best infrastructure will be of little or no use if the drugs remain priced out of reach of the millions living with HIV.

The issue of trade agreements such as TRIPS and their impact on access to treatment for millions must, and will, remain on the global political agenda. We urge all governments to support initiatives that will ensure such agreements do indeed provide the necessary flexibility allowing countries to effectively make treatment accessible to the millions living with HIV/AIDS. Trade agreements such as TRIPS must not be used to intimidate those countries which take the necessary steps, including legislative measures, to realize the right to health in the face of a terrible pandemic.

The Chairman has encouraged an interactive dialogue at this roundtable. I invite you to imagine a world in which governments took their obligations to respect, protect and fulfil human rights as seriously as they take their obligations under trade agreements. Imagine a world in which the mechanisms for ensuring compliance with international human rights law were as robust as those that exist for enforcing trade treaties. I welcome your comments on this simple proposition that human rights must take primacy in international law over the provisions of trade agreements.

BACK

21. SEX WORKERS AND THE DECLARATION OF COMMITMENT

The Network of Sex Work Projects (NSWP) is an international umbrella organization with members on six continents. The NSWP works for the recognition of sex workers fights in a variety of fora, including international conferences such as the upcoming UNGASS, and smaller, more localized projects and events.

We strongly support the inclusion of sex workers in the UN Declaration of Commitment.

The Declaration acknowledges that our community needs and deserves the support of the UN, political leaders and the community. However, it is essential that the Declaration distinguish between behavior and populations when discussing prevention goals. As we have seen in the past, if this distinction is not clear, governments, international organizations, and NGOs may use these prevention goals as a way to target vulnerable populations through punitive and harmful actions. These actions in mm create a less safe and open environment for the communities in question further exacerbating the rapid spread of HIV infection.

We urge the Declaration to acknowledge that sex workers are a vulnerable population due to a variety of reasons including; discrimination, powerlessness, state sanctioned and individual violence against sex workers, lack of access to condoms and safe sex materials, and human rights abuses.

As has been acknowledged by UNAIDS in the past, empowerment programs that address these barriers and allow sex workers to create a safer working environment, decrease the HIV infection rate far more than punitive programs that of[en abuse the human and sexual rights of sex workers. Additionally, sex workers are male, female and transgendered and, therefore, HIV prevention efforts aimed at sex workers should not be limited to women and girls only. For example, transgendered sex workers, the majority of whom are male to female transgenders, have specific special HIV prevention needs regarding the injection of hormones and hate crimes committed against them.

Most importantly, we stress that sex workers are part of the solution. Sex work is a complex phenomenon and HIV prevention and treatment programs, m order to be successful, must be based on an accurate picture of local community needs. People engaging in prostitution, survival sex, sex for favors, and other forms of sex for gain know their own situation best. They are therefore pivotal in the designing, establishment and delivery of successful HIV

prevention, treatment and care programs, as well as in the 'formulation of policy which affects them.

For more information, please contact the Network of Sex Work Projects at nswp-us~raingod.com or nswpdc~usa.net or call (917) 817-0324.

Making Sex Work Safe, a publication of the NSWP is recommended reading for projects seeking to effectively include sex workers. More information about Making Sex Work Safe is **available** at http://www, walnet, org/csis/groups/nswp/

BACK

22. Innovative Ideas

UNGASS provided a platform for the sharing of ideas to many of us, learning from participants from around the globe. Below are just a few examples of ideas and initiatives, civil society groups in other parts of the world came up with in their response to the epidemic. Perhaps some of these may generate ideas amongst civil society organisations in Botswana which could be included in their own work.

- Faith in action

  For more than a decade, Father Arkadiusz Nowak has been bringing care to people living with HIV/AIDS and struggling to encourage openness about the epidemic. His work with injecting drug users and his campaigns for the rights of people living with HIV/AIDS have put the epidemic on the map in Poland. He was the first representative of Poland's Roman Catholic Church to defend drug users who disclosed their HIV status. With the Ministry of Health, he opened Poland's first home for HIV positive persons and has helped set up drug treatment centres in other cities.

- A different ball game

  Set in Nairobi's biggest slum, the Mathare Youth Sports Association (MYSA) was formed in 1987 as a way of drawing local young people into environmental clean-ups. When the organisers asked the local boys what they wanted most, the answer was football. It seemed like a marriage made in heaven:

to join the football league, players had to pay their dues by cleaning the neighbourhood. Soon companion football leagues for girls were started. As the epidemic swept through Mathare in the 1990's, MYSA turned HIV/AIDS into a central focus for its activities. Players were trained as peer educators and the training grounds became the sites for prevention campaigns.

- Using the law

Legal reforms are essential in ending violence against women. Community activism, combined with lobbying, is often the most effective way of bringing lawmakers on-side in such a venture, as demonstrated by the 150 Nicaraguan groups belonging to the National Network of Women Against Violence. First they struck up partnerships with researchers, legal and medical professionals, and other community groups. After presenting a new Domestic Violence bill to legislators in late 1995, they lobbied judges, politicians, the police and doctors. Then they mounted a massive letter writing campaign and took out advertisements on television and in newspapers. As parliamentarians debated the bill, women demonstrated outside the National Assembly, while Lawyers and psychologists supporting them lobbied politicians in the corridors of the institution. Less than a year later, the bill became the Domestic Violence law.

- Boxed In

Effective prevention and care means going into sometimes-challenging situations. Open Society, Medecins sans Frontieres and UNAIDS have launched a large-scale prison programme in Belarus, Estonia, Latvia, Moldova, Poland and Russia. It trains prisoners as peer educators, provides counseling for injecting drug uses, offers confidential and free HIV testing, trains administrative staff and police, and distributes condoms and, where feasible, clean needles or bleach in prisons.

- We are alive

One of the most effective organisations in Burundi started when a tiny, brave group of people publicised their HIV positive status. To their surprise, the public reaction was supportive. Helped by an NGO, they set up a care and support centre

called Turiho (we are alive in Kirundi), which ballooned into the National Association of People living with AIDS. It runs prevention campaigns, promotes voluntary counselling and testing, and offers medical care and psycho-social support.

o Drawing the links

Agricourt, a densely populated rural area in on of South Africa's poorest provinces, is the site for an innovative attempt to chip away at gender inequality and reduce HIV transmission. The area already has a high HIV prevalence rate. But it is also a shining example of partnerships in action. Drawing together academic institutions, the national government and NGOs, the project links a micro-credit scheme for women with gender awareness and HIV education. The Women's Development Bank identifies loan candidates among the poorest community members, most at risk of infection. The aim is to boost women's autonomy and power and to cushion families financially against the epidemic's impact.

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23. The Declaration of Commitment on HIV / AIDS

The following is the actual document government delegates eventually agreed on supporting. With all the difficulties and criticism from civil society organisations, we should now make use of this document on a national level and within the international arena. We provide the full document in the hope that all NGOs, CBOs and government agencies alike will be able to use this declaration as a point of reference in their future work.

DECLARATION OF COMMITMENT ON HIV/AIDS
"Global Crisis - Global Action"
27 June 2001

1. We, Heads of State and Government and Representatives of States and Governments, assembled at the United Nations, from 25 to 27 June 2001, for the twenty-sixth special session of the General Assembly convened in accordance with resolution 55/13, as a matter of urgency, to review and address the problem of HIV/

AIDS in all its aspects as well as to secure a global commitment to enhancing coordination and intensification of national, regional and international efforts to combat it in a comprehensive manner;

2 Deeply concerned that the global HIV/AIDS epidemic, through its devastating scale and impact, constitutes a global emergency and one of the most formidable challenges to human life and dignity, as well as to the effective enjoyment of human rights, which undermines social and economic development throughout the world and affects all levels of society -- national, community, family and individual;

3. Noting with profound concern, that by the end of the year 2000, 36.1 million people worldwide were living with HIV/AIDS, 90 per cent in developing countries and 75 per cent in sub-Saharan Africa;

4. Noting with grave concern that all people, rich and poor, without distinction of age, gender or race are affected by the HIV/AIDS epidemic, further noting that people in developing countries are the most affected and that women, young adults and children, in particular girls, are the most vulnerable;
5. Concerned also that the continuing spread of HIV/AIDS will constitute a serious obstacle to the realization of the global development goals we adopted at the Millennium Summit;

6. Recalling and reaffirming our previous commitments on HIV/AIDS made through:

- The United Nations Millennium Declaration of 8 September 2000;

- The Political Declaration and Further Actions and Initiatives to Implement the Commitments made at the World Summit for Social Development of 1 July 2000;

- The Political Declaration and Further Action and Initiatives to Implement the Beijing Declaration and Platform for Action of 10 June 2000;

- ·Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development of 2 July 1999;

- The regional call for action to fight HIV/AIDS in Asia and the Pacific of 25 April 2001;

- The Abuja Declaration and Framework for Action for the Fight Against HIV/ AIDS, Tuberculosis and other Related Infectious Diseases in Africa, 27 April 2001;

- ·The Declaration of the Ibero-America Summit of Heads of State of November 2000 in Panama;

- The Caribbean Partnership Against HIV/AIDS, 14 February, 2001;

- ·The European Union Programme for Action: Accelerated Action on HIV/AIDS, Malaria and Tuberculosis in the Context of Poverty Reduction of 14 May 200i;

- · The Baltic Sea Declaration on HIV/AIDS Prevention of 4 May 2000;

- The Central Asian Declaration on HIV/AIDS of 18 May 2001,

7. Convinced of the need to have an urgent, coordinated and sustained response to the HIV/AIDS epidemic, which will build on the experience and lessons learned over the past 20 years;

8. Noting with grave concern that Africa, in particular sub-Saharan Africa, is currently the worst affected region where HIV/ AIDS is considered as a state of emergency, which threatens development, social cohesion, political stability, food security and life expectancy and imposes a devastating economic burden and that the dramatic situation on the continent needs urgent and exceptional national, regional and international action;

9. Welcoming the commitments of African Heads of State or Government, at the Abuja Special Summit in April 2001, particularly their pledge to set a target of allocating at least 15 per cent of their annual national budgets for the improvement of the health sector to help address the HIV/AIDS epidemic; and recognizing that action to reach this target, by those countries whose resources are limited, will need to be complemented by increased international assistance;

10. Recognizing also that other regions are seriously affected and confront similar threats, particularly the Caribbean region, with the second highest rate of HIV infection after sub-Saharan Africa, the Asia-Pacific region where 7.5 million people are already living with HIV/AIDS, the Latin America region with 1.5 million people living with HIV/AIDS, and the Central and Eastern European region with very rapidly rising infection rates; and that the potential exists for a rapid escalation of the epidemic and its impact throughout the world if no specific measures are taken;

11. Recognizing that poverty, underdevelopment and illiteracy are among the principal contributing factors to the spread of HIV/AIDS and noting with grave concern that HIV/AIDS is compounding poverty and is now reversing or impeding development in many countries and should therefore be addressed in an integrated manner;

12. Noting that armed conflicts and natural disasters also exacerbate the spread of the epidemic;

13. Noting further that stigma, silence, discrimination, and denial, as well as lack of confidentiality, undermine prevention, care and treatment efforts and increase the impact of the epidemic on individuals, families, communities and nations and must also be addressed;

14. Stressing that gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS;

15. Recognizing that access to medication in the context of

pandemics such as HIV/AIDS is one of the fundamental elements to achieve progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

16. Recognizing that the full realization of human rights and fundamental freedoms for all is an essential element in a global response to the HIV/AIDS pandemic, including in the areas of prevention, care, support and treatment, and that it reduces vulnerability to HIV/AIDS and prevents stigma and related discrimination against people living with or at risk of HIV/AIDS;

17. Acknowledging that prevention of HIV infection must be the mainstay of the national, regional and international response to the epidemic; and that prevention, care, support and treatment for those infected and affected by HIV/AIDS are mutually reinforcing elements of an effective response and must be integrated in a comprehensive approach to combat the epidemic;

18. Recognizing the need to achieve the prevention goals set out in this Declaration in order to stop the spread of the epidemic and acknowledging that all countries must continue to emphasize widespread and effective prevention, including awareness-raising campaigns through education, nutrition, information and health-care services;

19. Recognizing that care, support and treatment can contribute to effective prevention through increased acceptance of voluntary and confidential counselling and testing, and by keeping people living with HIV/AIDS and vulnerable groups in close contact with health-care systems and facilitating their access to information, counselling and preventive supplies;

20. Emphasizing the important role of cultural, family, ethical and religious factors in the prevention of the epidemic, and in treatment, care and support, taking into account the particularities of each country as well as the importance of respecting all human rights and fundamental freedoms;

21. Noting with concern that some negative economic, social,

cultural, political financial and legal factors are hampering awareness, education, , prevention, care, and treatment and support efforts;

22. Noting the importance of establishing and strengthening human resources and national health and social infrastructures as imperatives for the effective delivery of prevention, treatment, care and support services;

23. Recognizing that effective prevention, care and treatment strategies will require behavioural changes and increased availability of and non-discriminatory access to, inter alia, vaccines, condoms, microbicides, lubricants, sterile injecting equipment, drugs including anti-retroviral therapy, diagnostics and related technologies as well as increased research and development;

24. Recognizing also that the cost availability and affordability of drugs and related technology are significant factors to be reviewed and addressed in all aspects and that there is a need to reduce the cost of these drugs and technologies in close collaboration with the private sector and pharmaceutical companies;

25. Acknowledging that the lack of affordable pharmaceuticals and of feasible supply structures and health systems continue to hinder an effective response to HIV/AIDS in many countries, especially for the poorest people and recalling efforts to make drugs available at low prices for those in need;

26. Welcoming the efforts of countries to promote innovation and the development of domestic industries consistent with international law in order to increase access to medicines to protect the health of their populations; and noting that the impact of international trade agreements on access to or local manufacturing of, essential drugs and on the development of new drugs needs to be further evaluated;

27. Welcoming the progress made in some countries to contain the epidemic, particularly through: strong political commitment and

leadership at the highest levels, including community leadership; effective use of available resources and traditional medicines; successful prevention, care, support and treatment strategies; education and information initiatives; working in partnership with communities, civil society, people living with HIV/AIDS and vulnerable groups; and the active promotion and protection of human rights; and recognizing the importance of sharing and building on our collective and diverse experiences, through regional and international cooperation including North/South, South/South cooperation and triangular cooperation;

28. Acknowledging that resources devoted to combating the epidemic both at the national and international levels are not commensurate with the magnitude of the problem;

29. Recognizing the fundamental impodance of strengthening national, regional and subregional capacities to address and effectively combat HIV/AIDS and that this will require increased and sustained human, financial and technical resources through strengthened national action and cooperation and increased regional, sub regional and international cooperation;

30. Recognizing that external debt and debt-servicing problems have substantially constrained the capacity of many developing countries, as well as countries with economies in transition, to finance the fight against HIV/AIDS;

31. Affirming the key role played by the family in prevention, care, support and treatment of persons affected and infected by HIV/AIDS, bearing in mind that in different cultural, social and political systems various forms of the family exist;

32. Affirming that beyond the key role played by communities, strong partnerships among Governments, the United Nations system, intergovernmental organizations, people living with HIV/AIDS and vulnerable groups, medical, scientific and educational institutions, non-governmental organizations, the business sector including generic and research-based pharmaceutical companies, trade unions, media, parliamentarians, foundations, community organizations, faith-based organizations and traditional leaders

are important;

33. Acknowledging the particular role and significant contribution of people living with HIV/AIDS, young people and civil society actors in addressing the problem of HIV/AIDS in all its aspects and recognizing that their full involvement and participation in design, planning, implementation and evaluation of programmes is crucial to the development of effective responses to the HIV/AIDS epidemic;

34. Further acknowledging the efforts of international humanitarian organizations combating the epidemic, including among others the volunteers of the International Federation of Red Cross and Red Crescent Societies in the most affected areas all over the world;

35. Commending the leadership role on HIV/AIDS policy and coordination in the United Nations system of the UNAIDS Programme Coordinating Board; noting its endorsement in December 2000 of the Global Strategy Framework for HIV/AIDS, which could assist, as appropriate, Member States and relevant civil society actors in the development of HIV/AIDS strategies, taking into account the particular context of the epidemic in different parts of the world;

36. Solemnly declare our commitment to address the HIV/AIDS cdsis by taking action as follows, taking into account the diverse situations and circumstances in different regions and countries throughout the world;

Leadership

Strong leadership at all levels of society is essential for an effective response to the epidemic

Leadership by Governments in combating HIV/AIDS is essential and their efforts should be complemented by the full and active participation of civil society, the business community and the private sector

Leadership involves personal commitment and concrete actions

At the national level

37. By 2003, ensure the development and implementation of multisectoral national strategies and financing plans for combating HIV/AIDS that: address the epidemic in forthright terms; confront stigma, silence and denial; address gender and age-based dimensions of the epidemic; eliminate discrimination and marginalization; involve partnerships with civil society and the business sector and the full participation of people living with HIV/ AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people; are resourced to the extent possible from national budgets without excluding other sources, inter alia international cooperation; fully promote and protect all human rights and fundamental freedoms, including the right to the highest attainable standard of physical and mental health; integrate a gender perspective; and address risk, vulnerability, prevention, care, treatment and support and reduction of the impact of the epidemic; and strengthen health, education and legal system capacity;

38. By 2003, integrate HIV/AIDS prevention, care, treatment and support and impact mitigation priorities into the mainstream of development planning, including in poverty eradication strategies, national budget allocations and sectoral development plans;

At the regional and sub regional level

39. Urge and support regional organizations and partners to: be actively involved in addressing the crisis; intensify regional, sub regional and interregional cooperation and coordination; and develop regional strategies and responses in support of expanded country level efforts;

40. Support all regional and sub regional initiatives on HIV/AIDS including: the International Partnership against AIDS in Africa (IPAA) and the ECA-African Development Forum Consensus and Plan of Action: Leadership to Overcome HIV/ AIDS; the Abuja Declaration and Framework for Action for the Fight Against HIV/

AIDS, Tuberculosis and Other Diseases; the CARICOM Pan-Caribbean Partnership Against HIV/AIDS; the ESCAP Regional Call for Action to Fight HIV/AIDS in Asia and the Pacific; the Baltic Sea Initiative and Action Plan; the Horizontal Technical Cooperation Group on HIV/AIDS in Latin America and the Caribbean; the European Union Programme for Action: Accelerated Action on HIV/AIDS, Malaria and Tuberculosis in the context of poverty reduction;

41. Encourage the development of regional approaches and plans to address HIV/AIDS;

42. Encourage and support local and national organizations to expand and strengthen regional partnerships, coalitions and networks;

43. Encourage the United Nations Economic and Social Council to request the regional commissions within their respective mandates and resources to support national efforts in their respective regions in combating HIV/AIDS;

At the global level

44. Support greater action and coordination by all relevant United Nations system organizations, including their full participation in the development and implementation of a regularly updated United Nations strategic plan for HIV/AIDS, guided by the principles contained in this Declaration;

45. Support greater cooperation between relevant United Nations system organizations and international organizations combating HIV/AIDS;

46. Foster stronger collaboration and the development of innovative partnerships between the public and private sectors and by 2003, establish and strengthen mechanisms that involve the private sector and civil society partners and people living with HIV/AIDS and vulnerable groups in the fight against HIV/AIDS;

Prevention

Prevention must be the mainstay of our response

47. By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent and by 25 per cent globally by 2010, and to intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys;

48. By 2003, establish national prevention targets, recognizing and addressing factors leading to the spread of the epidemic and increasing people's vulnerability, to reduce HIV incidence for those identifiable groups, within particular local contexts, which currently have high or increasing rates of HIV infection, or which available public health information indicates are at the highest risk for new infection;

49. By 2005, strengthen the response to HIV/AIDS in the world of work by establishing and implementing prevention and care programmes in public, private and informal work sectors and take measures to provide a supportive workplace environment for people living with HIV/AIDS;

50. By 2005, develop and begin to implement national, regional and international strategies that facilitate access to HIV/AIDS prevention programmes for migrants and mobile workers, including the provision of information on health and social services;

51. By 2003, implement universal precautions in health-care settings to prevent transmission of HIV infection;

52. By 2005, ensure: that a wide range of prevention programmes which take account of local circumstances, ethics and cultural values, is available in all countries, particularly the most affected countries, including information, education and communication, in languages most understood by communities and respectful of cultures, aimed at reducing risk-taking behaviour and encouraging

responsible sexual behaviour, including abstinence and fidelity; expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmittable infections;

53. By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection; in full partnership with youth, parents, families, educators and health-care providers;

54. By 2005, reduce the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 2010, by: ensuring that 80 per cent of pregnant women accessing antenatal care have information, counselling and other HIV prevention services available to them, increasing the availability of and by providing access for HIV-infected women and babies to effective treatment to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV-infected women, including voluntary and confidential counselling and testing, access to treatment, especially anti-retroviral therapy and, where appropriate, breast milk substitutes and the provision of a continuum of care;

Care, support and treatment

Care, support and treatment are fundamental elements of an effective response

55. By 2003, ensure that national strategies, supported by regional and international strategies, are developed in close collaboration with the international community, including Governments and relevant intergovernmental organizations as well as with civil society and the anti-retroviral drugs, inter alia affordability and pricing, including differential pricing, and technical and health care systems capacity. Also, in an urgent

manner make every effort to: provide progressively and in a sustainable manner, the highest attainable standard of treatment for HIV/AIDS, including the prevention and treatment of opportunistic infections, and effective use of quality-controlled anti-retroviral therapy in a careful and monitored manner to improve adherence and effectiveness and reduce the risk of developing resistance; to cooperate constructively in strengthening pharmaceutical policies and practices, including those applicable to generic drugs and intellectual property regimes, in order further to promote innovation and the development of domestic industries consistent with international law;

56. By 2005, develop and make significant progress in implementing comprehensive care strategies to: strengthen family and community-based care including that provided by the informal sector, and health care systems to provide and monitor treatment to people living with HIV/AIDS, including infected children, and to support individuals, households, families and communities affected by HIV/AIDS; improve the capacity and working conditions of health care personnel, and the effectiveness of supply systems, financing plans and referral mechanisms required to provide access to affordable medicines, including anti-retroviral drugs, diagnostics and related technologies, as well as quality medical, palliative and psycho-social care;

57. By 2003, ensure that national strategies are developed in order to provide psycho-social care for individuals, families, and communities affected by HIV/AIDS;

BACK

HIVIAIDS and human rights

Realization of human rights and fundamental freedoms for all is essential to reduce vulnerability to HIV/AIDS

Respect for the rights of people living with HIV/AIDS drives an effective response

58. By 2003, enact, strengthen or enforce as appropriate legislation, regulations and other measures to eliminate all forms of discrimination against, and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV/AIDS and members of vulnerable groups; in particular to ensure their access to, inter alia education, inheritance, employment, health care, social and health services, prevention, support, treatment, information and legal protection, while respecting their privacy and confidentiality; and develop strategies to combat stigma and social exclusion connected with the epidemic;

59. By 2005, bearing in mind the context and character of the epidemic and that globally women and girls are disproportionately affected by HIV/AIDS, develop and accelerate the implementation of national strategies that: promote the advancement of women and women's full enjoyment of all human rights; promote shared responsibility of men and women to ensure safe sex; empower women to have control over and decide freely and responsibly on matters related to their sexuality to increase their ability to protect themselves from HIV infection;

60. By 2005, implement measures to increase capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including sexual and reproductive health, and through prevention education that promotes gender equality within a culturally and gender sensitive framework;

61. By 2005, ensure development and accelerated implementation of national strategies for women's empowerment, promotion and protection of women's full enjoyment of all human rights and reduction of their vulnerability to HIV/AIDS through the elimination of all forms of discrimination, as well as 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;

Reducing vulnerability

The vulnerable must be given priority in the response

Empowering women is essential for reducing vulnerability

62. By 2003, in order to complement prevention programmes that address activities which place individuals at risk of HIV infection, such as risky and unsafe sexual behaviour and injecting drug use, have in place in all countries strategies, policies and programmes that identify and begin to address those factors that make individuals particularly vulnerable to HIV infection, including underdevelopment, economic insecurity, poverty, lack of empowerment of women, lack of education, social exclusion, illiteracy, discrimination, lack of information and/or commodities for self-protection, all types of sexual exploitation of women, girls and boys, including for commercial reasons; such strategies, policies and programmes should address the gender dimension of the epidemic, specify the action that will be taken to address vulnerability and set targets for achievement;

63. By 2003, develop and/or strengthen strategies, policies and programmes, which recognize the importance of the family in reducing vulnerability, inter alia, in educating and guiding children and take account of cultural, religious and ethical factors, to reduce the vulnerability of children and young people by: ensuring access of both girls and boys to primary and secondary education, including on HIV/AIDS in cumcula for adolescents; ensuring safe and secure environments, especially for young girls; expanding good quality youth-friendly information and sexual health education and counselling service; strengthening reproductive and sexual health programmes; and involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible;

64. By 2003, develop and/or strengthen national strategies, policies and programmes, supported by regional and international initiatives, as appropriate, through a participatory approach, to promote and protect the health of those identifiable groups which currently have high or increasing rates of HIV infection or which public health information indicates are at greatest risk of and most vulnerable to new infection as Indicated by such factors as the local history of the epidemic, poverty, sexual practices, drug

using behaviour, livelihood, institutional location, disrupted social structures and population movements forced or otherwise;

Children orphaned and made vulnerable by HIV/AIDS

Children orphaned and affected by HIV/AIDS need special assistance

65. By 2003, develop and by 2005 implement national policies and strategies to: build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS including by providing appropriate counselling and psycho-social support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; to protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;

66. Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatisation of children orphaned and made vulnerable by HIV/AIDS;

67. Urge the international community, particularly donor countries, civil society, as well as the private sector to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions, in countries at high risk and to direct special assistance to sub-Saharan Africa;

Alleviating social and economic impact

To address HIV/AIDS is to invest in sustainable development

68. By 2003, evaluate the economic and social impact of the HIV/AIDS epidemic and develop multisectoral strategies to: address the impact at the individual, family, community and national levels; develop and accelerate the implementation of national poverty eradication strategies to address the impact of HIV/AIDS on

household income, livelihoods, and access to basic social services, with special focus on individuals, families and communities severely affected by the epidemic; review the social and economic impact of HIV/AIDS at all levels of society especially on women and the elderly, particularly in their role as caregivers and in families affected by HIV/AIDS and address their special needs; adjust and adapt economic and social development policies, including social protection policies, to address the impact of HIV/AIDS on economic growth, provision of essential economic services, labour productivity, government revenues, and deficit-creating pressures on public resources;

69. By 2003, develop a national legal and policy framework that protects in the workplace the rights and dignity of persons living with and affected by HIV/AIDS and those at the greatest risk of HIV/AIDS in consultation with representatives of employers and workers, taking account of established international guidelines on HIV/AIDS in the workplace;

Research and development

With no cure for HIV/AIDS yet found, further research and development is crucial

70. Increase investment and accelerate research on the development of HIV vaccines, while building national research capacity especially in developing countries, and especially for viral strains prevalent in highly affected regions; in addition, support and encourage increased national and international investment in HIV/AIDS-related research and development including biomedical, operations, social, cultural and behavioural research and in traditional medicine to: improve prevention and therapeutic approaches; accelerate access to prevention, care and treatment and care technologies for HIV/AIDS (and its associated opportunistic infections and malignancies and sexually transmitted diseases), including female controlled methods and microbicides, and in particular, appropriate, safe and affordable HIV vaccines and their delivery, and to diagnostics, tests, methods to prevent mother-to-child transmission; and improve our understanding of factors which influence the epidemic and actions which address it,

inter alia, through increased funding and public/private partnerships; create a conducive environment for research and ensure that it is based on highest ethical standards;

71. Support and encourage the development of national and international research infrastructure, laboratory capacity, improved surveillance systems, data collection, processing and dissemination, and training of basic and clinical researchers, social scientists, health-care providers and technicians, with a focus on the countries most affected by HIV/AIDS, particularly developing countries and those countries experiencing or at risk of rapid expansion of the epidemic;

72. Develop and evaluate suitable approaches for monitoring treatment efficacy, toxicity, side effects, drug interactions, and drug resistance, develop methodologies to monitor the impact of treatment on HIV transmission and risk behaviours;

73. Strengthen international and regional cooperation in particular North/South, South/South and triangular cooperation, related to transfer of relevant technologies, suitable to the environment in prevention and care of HIV/AIDS, the exchange of experiences and best practices, researchers and research findings and strengthen the role of UNAIDS in this process. In this context, encourage that the end results of these cooperative research findings and technologies be owned by all parties to the research, reflecting their relevant contribution and dependent upon their providing legal protection to such findings; and affirm that all such research should be free from bias;

74. By 2003, ensure that all research protocols for the investigation of HIV-related treatment including anti-retroviral therapies and vaccines based on international guidelines and best practices are evaluated by independent committees of ethics, in which persons living with HIV/AIDS and caregivers for anti-retroviral therapy participate;

HIV/AIDS in conflict and disaster affected regions

Conflicts and disasters contribute to the spread of HIV/AIDS

75. By 2003, develop and begin to implement national strategies that incorporate HIV/AIDS awareness, prevention, care and treatment elements into programmes or actions that respond to emergency situations, recognizing that populations destabilized by armed conflict, humanitarian emergencies and natural disasters, including refugees, internally displaced persons and in particular, women and children, are at increased risk of exposure to HIV infection; and, where appropriate, factor HIV/AIDS components into international assistance programmes;

76. Call on all United Nations agencies, regional and international organizations, as well as non-governmental organizations involved with the provision and delivery of international assistance to countries and regions affected by conflicts, humanitarian crises or natural disasters, to incorporate as a matter of urgency HIV/AIDS prevention, care and awareness elements into their plans and programmes and provide HIV/AIDS awareness and training to their personnel;

77. By 2003, have in place national strategies to address the spread of HIV among national uniformed services, where this is required, including armed forces and civil defence force and consider ways of using personnel from these services who are educated and trained in HIV/AIDS awareness and prevention to assist with HIV/AIDS awareness and prevention activities including participation in emergency, humanitarian, disaster relief and rehabilitation assistance;

78. By 2003, ensure the inclusion of HIV/AIDS awareness and training, including a gender component, into guidelines designed for use by defence personnel and other personnel involved in international peacekeeping operations while also continuing with ongoing education and prevention efforts, including pre-deployment orientation, for these personnel;

Resources

The HIV/AIDS challenge cannot be met without new, additional and sustained resources

79. Ensure that the resources provided for the global response to address HIV/AIDS are substantial, sustained and geared towards achieving results;

80. By 2005, through a series of incremental steps, reach an overall target of annual expenditure on the epidemic of between USS 7 billion and USS 10 billion in Iow and middle-income countries and those countries experiencing or at risk of experiencing rapid expansion for prevention, care, treatment, support and mitigation of the impact of HIV/AIDS, and take measures to ensure that needed resources are made available, particularly from donor countries and also from national budgets, bearing in mind that resources of the most affected countries are seriously limited;

81. Call on the international community, where possible, to provide assistance for HIV/AIDS prevention, care and treatment in developing countries on a grant basis;

82. Increase and prioritise national budgetary allocations for HIV/ AIDS programmes as required and ensure that adequate allocations are made by all ministries and other relevant stakeholders;

83. Urge the developed countries that have not done so to strive to meet the targets of 0.7 per cent of their gross national product for overall official development assistance and the targets of earmarking of 0.15 per cent to 0.20 per cent of gross national product as official development assistance for least developed countries as agreed, as soon as possible, taking into account the urgency and gravity of the HIV/ AIDS epidemic;

84. Urge the international community to complement and supplement efforts of developing countries that commit increased national funds to fight the HIV/AIDS epidemic through increased international development assistance, particularly those countries most affected by HIV/AIDS, particularly in Africa, especially in sub-Saharan Africa, the Caribbean, countries at high risk of expansion of the HIV/AIDS epidemic and other affected regions

whose resources to deal with the epidemic are seriously limited;

85. Integrate HIV/AIDS actions in development assistance programmes and poverty eradication strategies as appropriate and encourage the most effective and transparent use of all resources allocated;

86. Call on the international community and invite civil society and the private sector to take appropriate measures to help alleviate the social and economic impact of HIV/AIDS in the most affected developing countries;

87. Without further delay implement the enhanced Heavily Indebted Poor Country (HIPC) Initiative and agree to cancel all bilateral official debts of HIPC countries as soon as possible, especially those most affected by HIV/AIDS, in return for their making demonstrable commitments to poverty eradication and urge the use of debt service savings to finance poverty eradication programmes, particularly for HIV/AIDS prevention, treatment, care and support and other infections;

88. Call for speedy and conceded action to address effectively the debt problems of least developed countries, low-income developing countries, and middle-income developing countries, particularly those affected by HIV/AIDS, in a comprehensive, equitable, development-oriented and durable way through various national and international measures designed to make their debt sustainable in the long term and thereby to improve their capacity to deal with the HIV/AIDS epidemic, including, as appropriate, existing orderly mechanisms for debt reduction, such as debt swaps for projects aimed at the prevention, care and treatment of HIV/AIDS;

89. Encourage increased investment in HIV/AIDS-related research, nationally, regionally and internationally, in particular for the development of sustainable and affordable prevention technologies, such as vaccines and microbicides, and encourage the proactive preparation of financial and logistic plans to facilitate rapid access to vaccines when they become available;

90. Support the establishment, on an urgent basis, of a global HIV/AIDS and health fund to finance an urgent and expanded response to the epidemic based on an integrated approach to prevention, care, support and treatment and to assist Governments inter alia in their efforts to combat HIV/AIDS with due priority to the most affected countries, notably in sub-Saharan Afdca and the Caribbean and to those countries at high risk, mobilize contributions to the fund from public and private sources with a special appeal to donor countries, foundations, the business community including pharmaceutical companies, the private sector, philanthropists and wealthy individuals;

91. By 2002, launch a worldwide fund-raising campaign aimed at the general public as well as the private sector, conducted by UNAIDS with the support and collaboration of interested partners at all levels, to contribute to the global HIV/AIDS and health fund;

92. Direct increased funding to national, regional and sub regional commissions and organizations to enable them to assist Governments at the national, sub regional and regional level in their efforts to respond to the crisis;

93. Provide the UNAIDS co-sponsoring agencies and the UNAIDS secretariat with the resources needed to work with countries in support of the goals of this Declaration;

Follow-up

Maintaining the momentum and monitoring progress are

essential At the national level

94. Conduct national periodic reviews involving the participation of civil society, particularly people living with HIV/AIDS, vulnerable groups and caregivers, of progress achieved in realizing these commitments and identify problems and obstacles to achieving progress and ensure wide dissemination of the results of these reviews;

95. Develop appropriate monitoring and evaluation mechanisms to assist with follow-up in measuring and assessing progress, develop appropriate monitoring and evaluation instruments, with adequate epidemiological data;

96. By 2003, establish or strengthen effective monitoring systems, where appropriate, for the promotion and protection of human rights of people living with HIV/AIDS;

At the regional level

97. Include HIV/AIDS and related public health concerns as appropriate on the agenda of regional meetings at the ministerial and Head of State and Government level;

98. Support data collection and processing to facilitate periodic reviews by regional commissions and/or regional organizations of progress in implementing regional strategies and addressing regional priorities and ensure wide dissemination of the results of these reviews;

99. Encourage the exchange between countries of information and experiences in implementing the measures and commitments contained in this Declaration, and in particular facilitate intensified South-South and triangular cooperation;

At the global level

100. Devote sufficient time and at least one full day of the annual General Assembly session to review and debate a report of the Secretary-General on progress achieved in realizing the commitments set out in this Declaration, with a view to identifying problems and constraints and making recommendations on action needed to make further progress;

101. Ensure that HIV/AIDS issues are included on the agenda of all appropriate United Nations conferences and meetings;

102. Support initiatives to convene conferences, seminars, workshops, training programmes and courses to follow up issues

raised in this Declaration and in this regard encourage participation in and wide dissemination of the outcomes of: the forthcoming Dakar Conference on Access to Care for HIV Infection; the Sixth International Congress on AIDS in Asia and the Pacific; the XII International Conference on AIDS and Sexually Transmitted Infections in Africa; the XIV International Conference on AIDS, Barcelona; the Xth International Conference on People Living with HIV/AIDS, Port of Spain; the II Forum and III Conference of the Latin American and the Caribbean Horizontal Technical Cooperation on HIV/AIDS and Sexually Transmitted Infections, La Habana; the Vth International Conference on Home and Community Care for Persons Living with HIV/AIDS, Changmai, Thailand;

103. Explore, with a view to improving equity in access to essential drugs, the feasibility of developing and implementing, in collaboration with non-governmental organizations and other concerned partners, systems for voluntary monitoring and reporting of global drug prices;

We recognize and express our appreciation to those who have led the effort to raise awareness of the HIV/AIDS epidemic and to deal with its complex challenges;

We look forward to strong leadership by Governments, and concerted efforts with full and active participation of the United Nations, the entire multilateral system, civil society, the business community and private sector;

And finally, we call on all countries to take the necessary steps to implement this Declaration, in strengthened partnership and cooperation with other multilateral and bilateral partners and with civil society.

BACK

24. Concluding Remarks

UNGASS has undoubtedly brought HIV and AIDS to the centre stage of international politics and social initiatives. This is even more so important in the countries of the developing world, where AIDS is not

usually discussed as an emergency anymore since most countries believe that they have managed to control the epidemic. However, the developed world is of crucial importance to countries such as Botswana in terms of providing technical and financial support and in assisting our governments in responding to the many challenges of the epidemic. UNGASS, therefore, did not only result in the formulation of the Declaration of Commitment but also in the formation of the Global Fund for AIDS which will help to channel funds from developed countries to developing countries. It is now to be seen how much countries will actually contribute to the Fund and how effective and equitable the distribution of the funds will be. As the President, Mr. Festus Mogae, outlined in his speech, it is of utmost importance that countries like Botswana will not be excluded from receiving funds because of having been classified as middle income countries.

However, from a civil society perspective, yet another aspect is crucial: how will non-governmental organisations in Botswana benefit from the Fund? The Secretary General, Mr. Kofi Annan, emphasised in New York, that the funds are not only supposed to be channelled towards government institutions but should equally reach civil society. It is yet to be seen how this will work in Botswana and whether government will actually appreciate the needs of NGOs. In this regard, one of the major problems, NGOs have been dealing with is the lack of funding for operational costs, such as salaries. It will be crucial for future activities of civil society to be successful for such costs to be covered by international funding such as the Global Fund.

While the Declaration makes particular reference to the importance of civil society, we need to see this commitment translated into our every day work in Botswana. As the report has outlined, communication and co-operation between government and civil society delegates during UNGASS was non-existent. At no point in time did the government delegation invite the NGO delegation to participate in the main proceedings, or even made an attempt to inform the NGO delegation about what was happening inside the assembly. The one person who was part of the government delegation, who was not a government official and who did not represent an NGO, had been chosen without any involvement of civil society in Botswana and no communication took place with this participant. These issues point at deeper misunderstandings within our society which need to be debated and worked out in order for us all to join hands in the fight. It is only when civil society organisations are accepted and respected as equal partners that we can actually make a difference. It is not lip service but action that is needed.

In general, the Botswana NGO delegation felt that we were spectators

rather than actors at UNGASS. As mentioned before, several meetings had been held prior to UNGASS when most of the text of the Declaration had been negotiated. Unfortunately, we were not part of this process and, therefore, often ignorant when it came to debates at UNGASS. This is despite the fact that the government delegation, that travelled to these events, could have included members of civil society. For example, many government delegations have official youth delegates who assist government officials in making statements on behalf of young people in their country. Botswana did not include a young person in their delegation and we wondered during the proceedings how the youth of Botswana, which is notably more than fifty per cent of our population, was represented.

Furthermore, Botswana is one of the worst affected countries in the world but none of the NGO delegates was invited to speak at the assembly. How were civil society speakers chosen? Does our non-participation mean that the voices of Botswana civil society are not considered important? Many a times during the NGO Forum we had the feeling that people from the developed world were arguing on our behalf and very often there was no interest to actually hear the voices of those who are most affected, that is Africans and People Living With HIV and AIDS. If NGOs from the developed world cannot take us seriously and see our contributions as important, how can we expect their governments to do so?

Some readers will think that the Declaration is rather broad and vague and that in terms of the situation in Botswana it will not make such a difference. It is for these reasons that we included many of the statements made by civil society during UNGASS, pointing at the flaws and weaknesses of the Declaration but also at the many victories. Many debates and negotiations that took place just reminded us about the many battles that still need to be fought. A good example in point is the almost exclusion of the speaker from the International Gay and Lesbian Human Rights Commission. It was only after intense negotiations that she was eventually allowed to deliver her speech against the will of several countries. Another critical issue during UNGASS was the naming of vulnerable groups in the Declaration, with many government delegations opposing it. Unfortunately, and to the great concern of civil society, vulnerable groups were not mentioned in the final document.

Human rights became the centre piece of the Declaration. This is a great victory for many human rights activists and People Living With HIV / AIDS. Unfortunately, as our report on the visa waivers highlights, human rights are not yet at the forefront of the fight internationally and within the national response of many countries. It is our challenge as a

nation and as activists to make that happen and to translate the commitment made in New York by our own political leadership into national policies and legislation. With regards to the visa waiver experience, we will have to note that an event such as UNGASS will have to take place in a different part of the world, if it was to happen again, in order to allow for the discrimination-free and equal participation of people living with the virus.

Finally, one needs to congratulate the international community and the many committed political leaders, such as the President, Mr. Festus Mogae, for their efforts and commitment shown at UNGASS. This is a first step which will hopefully be followed by action and commitment at the national level. Let us all work together to make the Declaration a reality in Botswana, with the increased communication and co-operation between the different sectors of our society. The Declaration belongs to all of us and it will only serve its purpose if we translate it into our work.

In conclusion, we would like to once again thank all the different agencies and individuals that assisted us. UNGASS provided all of us with an opportunity to share experiences with participants from other countries, an experience, we hope you will be able to participate in by reading this report.

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[1] See Botswana Human Development Report 2000: Towards an AIDS-Free Generation; Gaborone, 2000 GOB/UNDP to appreciate the scope of the crisis. See also Summary Findings of the Botswana 2000 HIV/AIDS Sero-Prevalence and STD Survey; Gaborone, 2000 NACA.

[2] UN Doc E/CN.4/Sub.2/Res/2000/7 (17 August 2000), at paras. 3-5.

[3] General Comment No. 14 (4 July 200), UN Doc. E/C.12/2000/4, CESCR, at para. 39.

[4] Commission on Human Rights. “Access to medication in the context of pandemics such as HIV/AIDS” (12 April 2001), UN Doc. E/CN.4/2001/L.50