

**Joint Advocacy  
on HIV/AIDS  
Microbicides,  
Treatments  
and Vaccines**

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**Statement of Commitment  
to Building a Comprehensive  
Global HIV/AIDS Response**



**This Statement presents the shared commitments of advocates and activists working in the fields of HIV/AIDS treatments, microbicides and vaccines. These commitments are based on human rights principles, as expressed through international and regional human rights instruments. Our commitments also build on the international promises of governments as stated in the United Nations Declaration of Commitment on HIV/AIDS and the Millennium Development Goals.**

## **OUR GOAL**

We share the common goal of the full realization of the human right to the highest attainable standard of health for all people living with and affected by HIV/AIDS.

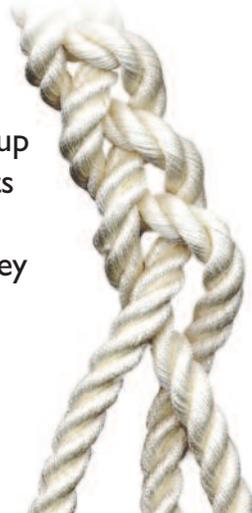
## **OUR COMMITMENTS**

**In achieving this goal, we are committed to:**

- A human rights-based approach that promotes the rights of all people to equitable access to HIV/AIDS prevention, treatment, care and support.
- Promoting comprehensive and integrated responses to HIV/AIDS that address all aspects of the prevention-care-treatment continuum, as well as the economic, social, cultural, political and legal factors that drive the epidemic.
- Pursuing our agendas as activists for treatments, microbicides and vaccines in a mutually supportive manner.

## **OUR OBJECTIVES**

- To achieve our goal, both short-term and long-term objectives need to be pursued with equal vigour.
- There is an urgent and immediate need to vastly expand access to treatment, care and prevention goods, services and information to combat HIV/AIDS in developing countries, and to address the persistent lack of access for some people even in high-income countries. There are still major gaps in access to treatment, care and prevention worldwide. People living with HIV/AIDS and poor communities around the globe should have to wait no longer to gain access to the treatments and prevention methods that we know work well.
- It is also crucial that research efforts are expanded and intensified to speed up the longer-term quest for new therapeutic, diagnostic and preventive products to use in the fight against HIV/AIDS. Once developed, those products must be accessible to all.
- Communities must be mobilized to pursue these short and long term objectives. Community input into decision-making about research and access issues must be actively fostered. Community participation ensures that research and delivery occur in ways that are both ethical and acceptable to diverse populations. Involving communities in scaling up existing treatment, care and prevention efforts will provide an effective foundation for the introduction of new products and tools as they become available over coming decades.



## A human rights-based approach

Health and human rights are inextricably linked. Health is a state of complete physical, mental and social well-being and not merely the absence of disease; it therefore requires the realization of other human rights. Furthermore, enjoyment of the highest attainable standard of health is also a human right in itself. Taking steps to fulfill this and other human rights reduces vulnerability to HIV/AIDS and mitigates its impact.

Responses to HIV/AIDS should be informed by a commitment to realizing this human right to the highest attainable standard of health, and other human rights that are related to health such as the rights to life, non-discrimination, privacy, work, social security, education and information, freedom of movement and the right to share in scientific advancement and its benefits.

Principles of an approach to health based on human rights include:

- respect for human dignity and autonomy
- attention to those populations most vulnerable to ill health
- ensuring that health services are accessible without discrimination, including ensuring gender equity
- promotion of accountability and transparency, including community participation in policy making and program delivery, monitoring and evaluation.

Governments must take greater action to respect, protect, and fulfill the right to health of people living with HIV/AIDS and communities vulnerable to HIV/AIDS and other diseases of poverty.

We will advocate for governments to strengthen their commitment to the right to health by taking legislative action, making policy decisions and mobilising resources domestically and internationally. Governments must demonstrate political leadership in addressing stigma and discrimination, including by addressing the discriminatory impacts of laws and government policies.

We are committed to promoting compliance with the UN's *International Guidelines on HIV/AIDS and Human Rights*. We endorse

the Guidelines' call for States to move as quickly and effectively as possible towards realizing access for all to HIV/AIDS prevention, treatment, care and support at both the domestic and global levels. We call on all countries and the international community to set benchmarks and targets for measuring progress towards this goal of realizing access for all.

Human rights must also be protected in research, through ethical safeguards and promotion of the human rights of participants in clinical trials and the rights of members of communities within which trials take place.

## The prevention-treatment-care continuum

Treatment, care and prevention are mutually reinforcing elements of a comprehensive response to HIV/AIDS.

Treatment strategies will not succeed if prevention efforts are failing, as there will always be more people requiring treatment. Prevention strategies will not succeed if treatments are not accessible. Where treatments are accessible, the nexus between AIDS and death is broken. Hope is generated and stigma is reduced. As a result, people are more willing to come forward for testing and are more likely to access prevention services. Treatment access also provides a supportive context for peer based prevention work with and by people living with HIV/AIDS.

Clinical trials of new prevention technologies can support the scaling up of treatment access, by improving laboratory and clinical infrastructure, training health staff and supporting community involvement in health services.

Scaling up treatment enhances the capacity to trial, and eventually deliver, new prevention technologies. Scaling up treatment involves building the laboratory and clinical infrastructure, and developing the human resources, that are also required for conducting large-scale prevention trials. It also involves mobilizing communities to support their health services, which is essential to lay the foundation for successful prevention trials and the eventual delivery of HIV vaccines and microbicides.

## Elements of a comprehensive response to HIV/AIDS

There is still no cure for AIDS and it is highly unlikely that any single measure will, by itself, bring the global HIV/AIDS crisis to an end. Two decades into the epidemic, we have learnt that the most effective public health responses to HIV/AIDS are those that address prevention, treatment and care simultaneously, as well as the social, economic, cultural, political and legal factors that determine people's health generally.

In 2001, the UN General Assembly adopted the *Declaration of Commitment on HIV/AIDS*. The Declaration committed Governments to comprehensive HIV/AIDS responses. Insufficient progress is being made in honouring this commitment. We call on Governments to demonstrate greater leadership by their actions in implementing comprehensive responses without further delay. To turn the tide on the HIV pandemic, countries need to adopt responses that incorporate all of the following elements:

### Political commitment and leadership

- National HIV/AIDS plans that commit to a comprehensive response and that promote action against HIV/AIDS across all sectors of government and civil society

### Prevention

- Voluntary testing and counselling
- Education to support behaviour change
- Male and female condoms
- Antiretroviral therapies for use in preventing mother to child transmission of HIV and for other prophylactic uses
- Harm reduction measures with injecting drug users, including needle and syringe programs and drug treatment programs
- Measures to prevent HIV transmission through medical procedures and blood products

## Treatment, care and support

- Treatments for HIV/AIDS and opportunistic infections, including access to affordable antiretroviral therapies, diagnostics and monitoring tools
- Care and support, including home and community care, psycho-social support and palliative care
- Testing and treatment for Sexually Transmitted Infections (STIs)

## Strategies to reduce vulnerability

- Measures to address stigma and discrimination against people living with HIV/AIDS and affected communities, including education, law reform and support for advocacy groups
- Measures to address gender inequalities that make women and girls more vulnerable to HIV/AIDS
- Measures to address the social marginalization of populations that are highly vulnerable to HIV/AIDS, including people who use illicit drugs, men who have sex with men, sex workers, prisoners, and migrants, among others

## Research

- Enhanced publicly and privately funded basic and clinical research programs
- Expanded epidemiological surveillance capacities in low and middle-income countries
- Economic, cultural and behavioural research to understand the complexities and dynamics of the social aspects of the epidemic
- Research and development of new therapeutic, diagnostic and preventive products suited for use in resource poor settings, including:
  - Cheaper, simpler treatment regimens and diagnostic and monitoring tools
  - Female-controlled prevention methods, including safe, effective and affordable microbicides against HIV and STIs
  - Safe, effective and affordable HIV vaccines.

## Our common priorities

### Resource mobilization

- Financial and institutional support from governments, the private sector, and civil society for the World Health Organization's 3 by 5 Initiative, which aims to make antiretroviral therapies available to 3 million people living with HIV in the developing world by 2005.
- Proactive measures by global multilateral agencies to finance the development, purchase and delivery of future HIV vaccines and microbicides for use in low and middle-income countries as soon as they become available.
- Increased contributions to the Global Fund to Fight AIDS, TB and Malaria, to enable it to operate at sustainable levels. Donor countries should make equitable contributions to the Fund in proportion to each country's relative economic wealth. These contributions should be in addition to existing development assistance commitments by donor countries, which should also be enhanced where they have not yet reached the international target of 0.7% of gross national product (GNP). The private sector must significantly increase its contribution to the Global Fund.

### Research and development

- Greater financial and other support from the public and private sectors for initiatives to develop HIV vaccine and microbicide products, including support for the conduct of multiple, large scale phase III clinical trials of potential prevention products in developing countries.
- Greater financial commitments from the public and private sectors to do research into new treatment strategies, including treatment regimens, and diagnostic and monitoring tools and methods, designed for use in resource poor settings.
- Expanded research capacities in low and middle-income countries, through investments in laboratory and clinical infrastructure, staff training and the transfer of technology and expertise to support the growth of centres of excellence in the global South.

- Strengthened networks amongst researchers in the global South to provide a framework for capacity building and sharing of expertise and lessons learnt in areas such as ethics, human rights and community preparedness.

### Expanded access

- Increased investment in health delivery systems in low and middle-income countries, to support treatment scale up and to prepare for the rapid delivery of new therapeutic and preventive technologies as they become available.
- Support for community education programs that promote treatment literacy, support community participation in decision making about delivery models, and prepare communities for rapid and equitable access to new HIV therapeutic, diagnostic and preventive products.
- Greater use by governments of regulatory options to ensure the affordability of products for the prevention and treatment of HIV/AIDS, including through stimulating generic competition, use of compulsory licensing and "government use" provisions under patent laws, and equity pricing of products so that they are cheaper in poorer markets.
- Action by governments, including through the World Trade Organization, to ensure that trade and investment policies actively promote rather than undermine the enjoyment by poor communities of the right to health. Bilateral, regional and multilateral trade agreements must not create barriers to access to affordable health products through intellectual property policies, privatization policies or other measures that may result in inequitable access to health products and services.

## Endorsements

### Support this call for an effective, comprehensive global response to HIV/AIDS

We encourage all civil society organizations working on HIV/AIDS treatments, microbicides and/or vaccines to endorse this Statement of Commitment.

To add your organization's endorsement, please contact Elana Wright, Canadian HIV/AIDS Legal Network, at [ewright@aidslaw.ca](mailto:ewright@aidslaw.ca), tel +1 (514) 397-6828. This document is also available on-line, and you may register your organization's endorsement via the Legal Network's website at [www.aidslaw.ca](http://www.aidslaw.ca) (in the "Treatments, Microbicides, and Vaccines" section).

This Statement has thus far been endorsed by the following civil society organizations:

Acción Ciudadana Contra el Sida (Venezuela) • AIDS Law Project (South Africa) • AIDS Law Unit, Legal Assistance Centre (Namibia) • AIDS Vaccine Advocacy Coalition (USA) • Alliance for Microbicide Development (USA) • Australian Federation of AIDS Organizations • Canada-Africa Partnership Against AIDS • Canadian AIDS Society • Canadian HIV/AIDS Legal Network • European AIDS Treatment Group • Global Campaign for Microbicides • Gujarat AIDS Project • Health GAP (USA) • Indian Network of NGOs Working on HIV/AIDS • International Council of AIDS Service Organizations • International Family Health (UK) • Kenya AIDS NGOs Consortium • Latin American and the Caribbean Council of AIDS Service Organizations • Lawyers Collective HIV/AIDS Unit (India) • Treatment Action Group (USA)

## About this Statement

This Statement of Commitment was developed through a project called *HIV/AIDS Treatments, Microbicides and Vaccines: Developing an Agenda for Action*. As part of the Project, global experts came together in Montreal, Canada in November 2003 to discuss the common agendas of advocates working in the fields of HIV/AIDS treatments, microbicides and vaccines. The meeting agreed to develop a Statement of Commitment through a consultative process. The Statement was drafted with input from treatment, microbicide and vaccine advocates. The project has also published *Developing an Agenda for Action* that sets out recommended strategies for advocacy.

The international expert consultation was organized by the Canadian HIV/AIDS Legal Network and co-organized by the AIDS Law Project, South Africa, and the International Council of AIDS Service Organizations (ICASO).

Funding for various aspects of the project was provided by the International AIDS Vaccine Initiative (IAVI), the Joint UN Programme on HIV/AIDS (UNAIDS), WHO-UNAIDS HIV Vaccine Initiative, the Canadian International Development Agency (CIDA), Health Canada, and the International Partnership for Microbicides (IPM).



Health Canada  
Santé Canada



Canadian International Development Agency  
Agence canadienne de développement international



INTERNATIONAL PARTNERSHIP for MICROBICIDES



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