

**PREPARATORY MEETING TO THE
SPECIAL SESSION OF THE
UNITED NATIONS GENERAL ASSEMBLY**

**HORIZONTAL TECHNICAL COOPERATION GROUP OF
LATIN AMERICA AND THE CARIBBEAN**

**COMMUNITY NETWORKS AND NETWORKS OF PEOPLE LIVING
WITH HIV/AIDS IN LATIN AMERICA AND THE CARIBBEAN**

SÃO PAULO, 15 - 16 FEBRUARY 2001

Introduction

The current status of the HIV/AIDS epidemic, which has caused major damage to individuals, families, and the economies of both developed and developing countries, is dramatic. According to the last UNAIDS figures, there are 36.1 million people living with HIV/AIDS in the world; 16.4 million are women and 1.4 million are children under 15 years of age. It is estimated in 2000 alone there were 5.3 million new HIV infections and 3 million HIV/AIDS deaths. The situation is worrisome and is not solved, although regional indicators suggest the stabilization of the epidemic in a few countries.

In spite of the progress achieved with antiretroviral therapy and its impact on death rates and with successful prevention experiences, yielding results in the most remote areas of this globalized world, we still face challenges and obstacles, that require from all Member States a sustainable stance towards assuring the rights, providing access to drugs and prevention supplies and improving the quality of care.

It is imperious that Member States and the United Nations System find solutions for the main conditions that make communities vulnerable to HIV/AIDS, such as poverty and other social inequalities, like poor education, feeble health systems, women's lack of power in gender relations and violence and abandon concerning children.

To act in these circumstances should not be an isolated endeavor but rather a global initiative capable of providing responses both to the problems created by the epidemic and to those problems that create situations of greater vulnerability to HIV infection.

In this context, the present document, prepared by a task force composed of representatives appointed by the Horizontal Technical Cooperation Group of Latin America and the Caribbean and with the participation of the Latin American and Caribbean Community Network and the Network of People Living with HIV/AIDS, aims to submit issues and recommendations as subsidies for the debate and the mobilization of the different social

sectors participating in the preparation to the United Nations Special Assembly on HIV/AIDS, particularly the National Governments, the organizations of civil society and the people living with HIV/AIDS

Finally, we reiterate the recommendation to Member States and to the United Nations bodies that the organization and preparation process and the Special Session of the United Nations General Assembly incorporate fully and without reservations the participation of the different social sectors involved in the response to the HIV/AIDS epidemic and the organizations of civil society.

Recommendations to Member Countries

HIV Prevention and Care, including the development of microbicides, greater access to care and treatment, including drugs, better health infrastructure at the national level and the development of scientific research and vaccines

Considering the inequality of individual and collective access to care and prevention supplies, universal access to education and to prevention methods should be assured. In order to achieve this, we propose:

1. Concerning Access to Male and Female Condoms

1.1 To create mechanisms that promote universal access of the population to prevention supplies, encouraging the organization of condom banks for population groups in poverty and promoting the implementation of social marketing programs

1.2 To encourage the adoption of tax exemptions for condoms in order to make them affordable to all countries, particularly the poorer ones. The Brazilian experience of eliminating some product-related taxes has decreased condom price by 18%

1.3 To encourage research and the transfer of technology for the sustainable production of condoms and to recommend the implementation of national industries, thus facilitating population access to this supply

1.4 To implement quality control programs for condoms, complying with international normatization programs

1.5 To encourage creditor countries that produce condoms to rebate part of the external debt of poorer countries as a counterpart to supplying low-cost condoms

2. Other Strategic Prevention Supplies

2.1 To assure access to condom lubricant for the population at highest risk, as well as the quality of the product, based on international quality criteria

2.2 To promote the debate on the use of microbicides in the prevention of STD and HIV/AIDS, fostering and supporting research centers

Taking into account the different patterns of HIV transmission and considering that in many countries the current trends of the disease demonstrate the vulnerability of population segments such as women, injectable drug users, young people, confined populations, sex workers and men who have sex with men, we propose:

3. Gender Relations

3.1 To include gender as a relevant issue concerning women's empowerment, the construction of masculinity and social movements, in the elaboration of prevention and care policies

3.2 To assure the free exercise of the sexual orientation of men and women

3.3 To promote the right to the exercise of sexuality in men, women, boys and girls without neither coercion nor violence, including within the family

3.4 To assure the representation and participation of women living with HIV/AIDS in all the forums and decision-making bodies concerning the tackling of the epidemic

3.5 To assure increasing women's access to tests to detect STD, HIV and syphilis, voluntarily and with counseling

3.6 To adopt programs for the prevention of vertical HIV transmission, including universal access to diagnosis, improved prenatal care, humanization of delivery care, provision of antiretroviral drugs and care of the newborn

3.7 To adopt programs that assure the compliance with international agreements for the elimination of congenital syphilis as a public health problem

3.8 To promote studies on HIV inactivation in breast milk and the adoption of measures to expand the number and quality of human milk banks and to assure universal newborn access to human milk substitutes, aiming at decreasing the impact on malnutrition without increasing the risks of expansion of the HIV pandemic

4. Injectable Drug Users

4.1 To promote the implementation of harm reduction programs, including guidance and

counseling, assuring the availability of supplies such as syringes, needles, condoms, among others, and universal access to health care in general, to HIV/AIDS and antiretroviral therapy, and to chemical dependency care, whenever demanded

4.2 To adopt legal instruments that promote the implementation and operation of harm reduction programs, within both the health legislation and the specific drug legislation

4.3 To promote the access of intravenous drug users and other populations at increased risk to basic and specialized health services appropriate to their needs, assuring quality and humanization of care

5. Population at Increased Risk

5.1 To develop specific health care and promotion programs, with emphasis on STD, AIDS and sexuality, for migrants, mobile populations, sex workers of both sexes, and residents of closed institutions

6. Men who Have Sex with Men

6.1 To recognize the specific needs of men who have sex with men so that they can have access to appropriate health care and promotion services, implementing awareness-raising activities for health teams and thus assuring a quality care

6.2 To assure the representation and participation of men who have sex with men, specially those living with HIV/AIDS, in the formulation of health prevention and care policies

6.3 To assure measures to repress situations of violence and coercion against men who have sex with men, so as to allow the free exercise of different sexual orientations

7. Youth

7.1 To promote the participation of young people as protagonists in programs geared to tackling HIV/AIDS, following the example of the Youth Theme Groups implemented by UNAIDS. We stress the importance of including young people in situations of social risk as leading characters among other young people living in the street or confined in institutions by a court order

7.2 To establish mechanisms through the United Nations institutions and the Member States to coordinate the education and health sectors, aiming at the development of STD/AIDS prevention programs in schools and to recommend the transversal inclusion of the sexuality and drugs themes in primary and secondary school curricula. In addition, to assure the access of boys, girls and youth to sexual health services, STD/AIDS diagnosis and treatment and to prevention methods

7.3 To assure greater access of girls, boys and youth to formal education, including sexual education, and to implement informal education activities using peer methodology

The new scenario of the epidemic has created new challenges to patient care that go beyond the domain of care practice and into the economics arena, which is governed by an unequal power game that precludes the national response to the epidemic in many countries. By assuring universal access to care we can assure an access to prevention. This is the area where the most urgent issues for solving the epidemic currently stand. To address them, we propose:

8. Concerning STD Prevention

8.1 To give priority to primary care activities in STD prevention and control. It is further suggested that effective mechanisms be created, in order to give STD prevention a political and technical central stage role. It is also recommended to include this priority in the primary care policies and/or in other primary care programs, thus assuring the means required for care, diagnosis and access to the drugs needed for treatment

9. Access to AIDS Drugs

9.1 To allow people living with HIV/AIDS access to treatment, including the drugs for treating opportunistic infections and antiretrovirals, to diagnostic and monitoring tests, such as CD4 and viral load, to clinical follow-up and to other supplies required for health maintenance

9.2 To create at the International Organizations' level an International and/or Regional Fund for the procurement of strategic public health supplies, including mechanisms of access for Member States, and the creation of a data bank on the offer and market status of AIDS drugs

9.3 To safeguard the right of Member States to have the technical and intellectual capacity for the national production of AIDS drugs, supported by agreements signed under International Law principles, such as the TRIPS Agreement, Articles 5 and 31, which contemplate the use of compulsory licensing in cases of national emergency

9.4 It is important that, in situations of national emergency, the General Assembly upholds the right of people living with HIV/AIDS to the drugs and that it recognizes as legitimate the right of countries to manufacture or import generic AIDS drugs whose patents belong to foreign groups, with the objective of reducing the cost of treatment and creating conditions for free and universal distribution programs

9.5 That the United Nations and its Member States support horizontal technical cooperation initiatives among the countries for the transfer of technology for the production and quality control of AIDS drugs, for the implementation of distribution and control systems for these

supplies and for training human resources in the management of people living with HIV/AIDS

9.6 That the United Nations be the broker of a broad negotiation process between the pharmaceutical industry and the Member States, aiming at reducing the prices of AIDS drugs. To subsidize this effort, we reiterate the recommendations to the United Nations for the creation of a data bank on drug quality and prices in the world market

9.7 To adopt policies of quality assurance for brand and generic drugs, complying with internationally accepted standards, including the requirement of bioequivalence and bioavailability tests

10. Prevention of Professional Exposure

10.1 To promote biosafety training programs for health personnel, aiming at the adoption of universal precaution practices, and to assure the availability of biosafety supplies and of drugs for HIV prophylaxis after professional exposure

11. Vaccines

The development of an effective vaccine is a universal imperative. Though an appropriate product is not yet available, it is urgent to join efforts in order to reduce the time interval, yet undefined, required before we have a reliable product. To further this objective, we recommend:

11.1 To increase technical cooperation on carrying out basic and clinical research and monitoring the pre-clinical trials, as well as to provide financial support for infrastructure building in the testing sites

11.2 To refine the current legislation on research in human subjects, establishing effective mechanisms for the implementation of committees of ethics and research

11.3 That the countries hosting clinical trials and field research benefit from the products resulting from these studies, respecting the same time, access and cost patterns of the countries promoting vaccine development

Human Rights and HIV/AIDS

12.1 Member States must commit themselves to safeguard the individual, social, cultural and political rights of people living with HIV/AIDS, contained in the Universal Declaration of Human Rights and in regional and international treaties

12.2 Member States must cooperate with organizations of HIV+ individuals and with other

humanitarian organizations to reduce the stigma associated with HIV and to reestablish the human dignity of these individuals

12.3 Member States must create conditions favoring the reduction of preexisting discrimination in our societies, since it contributes to the dissemination of the epidemic in socially marginal groups

12.4 To assure the sexual rights of every individual, guaranteeing the exercise of sexuality, free from all sorts of coercion or violence

12.5 Member States must take measure to safeguard individual freedoms and access to health. In order to do so, the individuals' sexual practices, rather than their sexual orientation, should be used as an indicator of risk and vulnerability

12.6 Considering that compulsory HIV testing is not a prevention measure and does not assess work capacity, and that the isolation of HIV+ individuals does not prevent the infection of others, we recommend that Member States adopt legal guidelines that preclude compulsory HIV testing for job admission or maintenance; migration; marriage; adoption and other aspects of family life; entrance and/or permanence in educational institutions, thus ensuring the respect and protection of human rights

12.7 That Member States commit themselves to ensuring that the right to work shall not be violated, preventing dismissals, early retirements, loss of earned vacations and social security benefits, which are a hazard to major areas of the social lives of people living with HIV/AIDS; on the other hand, governments shall include the private sector in this endeavor and make it responsible for the workers' education and social security benefits

12.8 Member states shall assure the compliance with correct informed consent procedures for individuals who join clinical trials and their treatment continuity once such trials are over

12.9 We urge that confined populations benefit from the same prevention and care activities of the general population; by confined populations we mean people deprived of liberty, mentally ill, interns of youth institutions, among others

12.10 To assure to all social sectors broad and unrestricted access to the information required for planning, implementing and assessing the STD/AIDS prevention and control policies, promoting a major involvement of the communication and publicity sectors

12.11 Taking into account the United Nations peace forces experience, governments should educate the armed forces and public safety personnel on all aspects of HIV/AIDS

Social and Economic Impact

13.1 Member States shall assure the creation of programs for recuperating the work capacity and for the social reinsertion of people living with HIV/AIDS who lost their jobs

because of their condition

13.2 To carry out demographic and socioeconomic impact studies to assess losses in different population groups, particularly economically active ones, and to be able to adopt measures to prevent retrocessions in social development and the collapse of public and private institutions, as has happened in countries with high prevalence

14. Civil Society

14.1 The Organizations of Civil Society, particularly those of people living with HIV/AIDS, have increasingly contributed to the elaboration of public policies agendas – highlighting critical issues and/or advising the authorities. It is therefore mandatory that governments invest in the partnerships with the organized groups of society and contribute to their strengthening

14.2 That the work carried out by the organizations active in tackling the epidemic be encouraged and strengthened by Member States, in aspects pertaining to the social control of services provided and to their invaluable contribution to overcoming the prejudices affecting people living with HIV/AIDS

14.3 We recommend to Member States the promotion of activities that strengthen the participation of organized civil society, by developing a plan that addresses national needs, decreasing the social and economic impact of the AIDS epidemic and implementing a policy geared to the respect of human rights

15. Coordination with the Private Sector and the Workers

15.1 To assure the participation of the private sector and the workers in the response to the epidemic by the creation of instances of representation, such as business networks, business councils, health collectives in the workplace, committees in plants, etc., mobilizing the greatest possible participation of business executives and workers, given the epidemic's strong economic and social impact on this segment

International Cooperation

16.1 We propose the strengthening of Horizontal Technical Cooperation activities, i.e., technical cooperation among developing countries, supported by international organisms and cooperation agencies, in order to allow the exchange of knowledge and the training of human resources

16.2 To request to the United Nations General Secretary the promotion of solidarity among the countries, in order to obtain an effective response to the epidemic, and the establishment of a mechanism for monitoring and supporting countries' activities for the implementation of the proposals of the Declaration of Commitment adopted by this Special Session.

Working Group

Focal Points of the Horizontal Technical Cooperation Group of Latin America and the Caribbean

Executive-Coordination of the National Commission of Chile

National Program of AIDS, Ministry of Health of Argentina (Executive-Secretariat of the GCTH)

National Coordination of STD and AIDS, Ministry of Health of Brazil

National Program of AIDS, Ministry of Health of Cuba

National Program of AIDS, Ministry of Health of Mexico

Representatives of Community Networks and Networks of People Living with HIV/AIDS in Latin America and the Caribbean

ASICAL - Colombia

International Community of Women Who Live with HIV/AIDS, Argentina

GNP+ Latino-Americana – General Secretariat

LACASSO - Venezuela

MLCM+ - Latin American and Caribbean Movement of Women Living with HIV/AIDS

REDLA – Latin American Network of People Living with AIDS

RELARD – Latin American Network of Harm Reduction

International Organizations

UNAIDS Observers