Draft Resolution of the Asia Pacific Regional Consultation on Universal Access to HIV Prevention, Treatment, Care and Support
Bangkok, Thailand
30-31 March 2011

We, the participants of governments, civil society and parliaments, from 26 countries at the Asia and Pacific Regional Consultation on Universal Access to HIV Prevention, Treatment, Care and Support, meeting in Bangkok from 30 to 31 March 2011, adopt the following resolution:

Recalling General Assembly resolution 60/262 of 2 June 2006, by which the Assembly adopted the Political Declaration on HIV/AIDS,1 and ESCAP resolutions 57/1 of 25 April 2001 and 59/1 of 4 September 2003, which call for regional action in implementing the 2001 Declaration of Commitment on HIV/AIDS,

Recalling also ESCAP Resolution 66/10 of 19 May 2010, which noted with particular concern the continuing high prevalence of HIV among key affected populations, including sex workers, injecting drug users, and men who have sex with men, as well as the extent of the legal and policy barriers that impede progress in developing and implementing effective ways of responding to HIV,

Welcoming the 2011 comprehensive review by the United Nations General Assembly to mark the ten-year review of the Declaration of Commitment on HIV/AIDS, and the five-year review of the Political Declaration on HIV/AIDS with the goal of achieving universal access to comprehensive HIV prevention, treatment, care and support by 2010, and the important opportunity provided by the United Nations General Assembly High Level Meeting on AIDS from 8 to 10 June 2011 for countries to review progress, obstacles, gaps, challenges, opportunities and lessons learned,

Recognizing that, while there has been some progress in stabilizing the HIV epidemic in the Asia-Pacific region, considerable variation exists both between and within countries, and HIV remains concentrated among key affected populations and their partners, including a significant proportion which comprises young people,

Noting further that interventions for people who use drugs, men who have sex with men, transgender people, sex workers and their clients, especially for young key affected populations, remain well below the universal access target of 80 per cent coverage, and that, while coverage of treatment services for those in need has increased to 31 per cent in 2010, it is well below the global average and the current need,

1 General Assembly resolution S-26/2, annex.
Emphasizing that access to affordable quality drugs and other commodities is a vital component of the right to health care and critical to achieving universal access to treatment and care for millions of people living with and vulnerable to HIV globally,

Noting with concern recent developments which threaten continued access to affordable drugs and commodities,

Recognizing that gender equality and addressing the rights and needs of women and girls are essential to an effective response to HIV and AIDS,

Noting with concern that the goal of virtual elimination of new HIV infections in children in the Asian and Pacific region is possible, but hindered by a lack of comprehensive approaches to Prevention of Parents-to-Child-Transmission ² and inadequate provision of rights-based sexual and reproductive health information and services, especially among female key affected populations and intimate partners of male key affected populations,

Welcoming efforts by some countries in the region to increase national ownership by substantially funding their national HIV and AIDS responses through budgetary provisions and domestic resource mobilization, particularly through integration into national health insurance and social protection schemes,

Noting that criminalization as well as the climate of stigma and discrimination faced by men who have sex with men, transgender people, people who use drugs, sex workers and people living with HIV continues to hinder access to HIV prevention, treatment, care and support,

Noting further that millions men and women, including young people and key affected populations, who move within and across borders in this region and beyond, are not covered by HIV programmes in their countries of origin and destination,

Noting with concern the low rates of insurance coverage for people living with HIV,

Noting, however, that all Asian middle income countries, as defined by World Bank classification, would need to spend less than 0.5 per cent of their GNI to fully fund a targeted response,

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² The four prongs of PPTCT are: (1) Primary prevention of HIV infection; (2) Prevention of unintended pregnancies among HIV-infected women; (3) Prevention of HIV transmission from an infected-mother to her child and (4) Provision of care and support for HIV infected mothers, their infants, partners and families.
Recognizing that the UNAIDS strategy 2011–2015, and the vision of Zero new infections, Zero discrimination, and Zero AIDS-related deaths and their interrelationships, aim to advance progress in achieving country-set targets for universal access to HIV prevention, treatment, care and support, and contribute to the achievement of the MDGs by 2015,

Recognizing the essential role of community and civil society organizations, youth-led organizations and people living with HIV, in partnership and solidarity with government, development and other partners, to advocate for, and deliver on, the strategic directions of the UNAIDS Strategy, revolutionise HIV prevention, catalyse the next phase of treatment care and support, and advance human rights and gender equality for the HIV response,

Affirming that the technical solutions to achieve universal access are well-acknowledged, and that political and societal will is urgently required to bring about changes in systems, structures, laws and policies that the implementation of these solutions demand,

Acknowledging the need to respond to the diversity of young people, especially young key affected populations, the uniqueness of their needs which may differ from their adult counterparts, and the importance of respecting their rights to prevention, treatment, care and support;

Realizing the vital need for engaging and sensitizing parliamentarians in HIV prevention, treatment, care and support,

1. Urge Asian and Pacific governments to:

(a) Lead their own ‘prevention revolution’, realizing that optimal coverage of key affected populations and their partners is the most effective way to manage HIV in the region, by:

i) Working with and through communities in collaboration with development partners, to strengthen the evidence base on where new infections are occurring, and why and how to best respond with cost-effective interventions;

ii) Extending and expanding the effectiveness and scale of HIV prevention programmes by including communities and people living with HIV as equal partners through providing upfront and unconditional investment directly to communities to do what communities do best, such as advocacy, outreach, mobilization, and connecting with hidden, mobile and hard to reach populations while assuring transparency and accountability;
iii) Developing systems for service coordination at the local level that are led by local health authorities and local government officials, involving representatives of key affected populations, police and public security, human rights institutions, local service providers and others in the local HIV response;

iv) Harnessing information communication technologies such as social media and mobile texting to develop innovative HIV programmes that use ‘branding’ of prevention to reach and engage people, especially young key affected populations, who are living with HIV, sex workers and their clients, people who use drugs, men who have sex with men, and transgender people, in self-affirming, non-stigmatizing and entertaining ways;

v) Scaling up effective linkages of HIV prevention with other health-care services including sexual reproductive health/family planning, sexually transmitted infections, maternal and newborn health, TB and HIV diagnosis and treatment, and referrals to and linkages with other social services;

vi) Removing restrictions for accessing HIV prevention services, particularly those imposed on young people such as age restrictions and mandatory parental consent, in order to increase access to HIV testing and comprehensive, targeted sexuality education and sexual and reproductive health services;

vii) Strengthening measures to address gender based violence;

viii) Eliminating gender inequalities and increasing the capacity of women and girls to protect themselves from the risk of HIV infection through the provision of sexual and reproductive health information and services;

(b) Translate Treatment 2.0 into comprehensive action addressing the main gaps in country treatment, care and support programmes by:

i) Phased implementation of the 2010 WHO Treatment Guidelines into national policies with priority for early diagnosis and treatment for all those with CD4 less than 350, and all HIV/TB co-infected individuals as well as planned phasing out of D4T;

ii) Increasing the quality as well as equitable access by and to treatment and care services for people most in need (key affected populations, women, children, migrants, persons with disabilities, prisoners and refugees)
through systematic involvement of communities in programme design and delivery, and linking facility-based and community-based services;

iii) Advocating with key government sectors to prevent inclusion of provisions in Free Trade Agreements which could hamper access to affordable medicines, diagnostics, vaccines, and promoting the use of public health-related provisions as provided under the WTO Trade Related Intellectual Property Rights (TRIPS);

iv) Seeking United Nations’ assistance in developing a mechanism for pharmaceutical companies and all other key stakeholders to jointly secure access to affordable diagnostics and medicines, and the development of new products involving the wider use of existing mechanisms;

v) Endorsing and accelerating the implementation of the regional framework of working towards the elimination of parent to child transmission and preventing new pediatric infections and congenital syphilis;

vi) Identifying key health system bottlenecks and prioritize health sector plans and funding to address them, including by strengthening effective linkages between HIV prevention, diagnosis, treatment and care services, as well as between HIV and other health-care services (sexual and reproductive health/family planning, sexually transmitted infections, maternal, newborn and child health, adolescent health services, tuberculosis and hepatitis B and C) and with social services;

vii) Integrating into the national response the linkage between effective treatment as a form of both prevention and support that enables people living with HIV to live longer and healthier;

(c) Address human rights, legal environment and stigma and discrimination issues that constrain achievement of universal access targets by:

a. Initiating a review in order to reform national laws, policies and practices that hinder the full achievement of universal access targets, and concurrently establishing a moratorium on discriminatory legal and policing practices such as compulsory or coercive testing of key affected populations and migrants, travel restrictions, the use or possession of condoms and needles as a basis for arrest or detention, and criminalization of exposure to and transmission of HIV;

b. Establishing meaningful, strategic and operational partnerships at the national level between public health and law enforcement as an essential condition for scaled-up HIV prevention with key affected populations;
c. Engaging national and regional religious leaders, the media and academia to advocate for the right to health services and other rights of key affected populations;

d. Enabling human rights institutions and judicial systems to ensure access to justice and redress for rights abuses for key affected populations and women and girls;

e. Strengthening and promoting the use of the full range of legal aid, social protection services, and community-based rights monitoring mechanisms, for people living with HIV and key affected populations, women and girls, victims of gender-based violence, migrants and key affected young people;

f. Developing and including stigma and discrimination indicators in national HIV and human rights monitoring and evaluation systems, and integrating them into ASEAN, SAARC and PIF human rights reporting mechanisms;

g. Ensuring the ability of civil society organizations to become legally registered, and enabling their ability to advocate for the rights of key affected populations, women, girls and youth;

h. Establishing mechanisms for civil society organizations to engage effectively with police and public security agencies concerning the rights of key affected populations, gender based violence and human rights education;

i. Ensuring access to a full range of health, social and legal aid services, including family/community care, access to credit and livelihood and protection for affected and infected children, street children and children of key affected populations;

j. Developing laws, programs and policies that address all forms of gender based violence, including sexual violence, against women and girls, key affected populations and people of diverse sexualities;

(d) Address financial sustainability, national ownership and capacity for improved programmatic effectiveness by:

a. Continuing support to international funding mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, while prioritizing access for low-income countries with an effective and efficient national response;
b. Urgently developing five-year country plans for securing adequate HIV funding, which reflect greater commitment of domestic resources, and sustainable access to additional funding;

c. Reducing inefficiencies in national responses by prioritizing high impact interventions, reducing service delivery costs, and streamlining monitoring, evaluation and reporting requirements to focus on impact and outcomes;

d. Establishing joint mechanisms that enhance the implementation of the Paris Declaration on Aid Effectiveness and increase national ownership, in particular through the provision of pooled funding and the removal of conditionality; ensuring effective, transparent and accountable use of existing donor funds;

e. Harnessing existing capacities and competencies of civil society through institutionalizing core funding, strengthening of community systems, supporting youth-adult mentorship and partnership and removal of procedural barriers;

f. Engaging with the private sector to promote corporate social responsibility, particularly in regards to the development of innovative, effective new treatments and technologies as well as broadening access to information for people living with HIV, key affected populations and women and girls;

2. In furtherance of the above:

(a) Request the Executive Secretary of ESCAP to bring the present resolution to the attention of the member States attending the sixty-seventh session of the Commission from 19 to 25 May 2011 in Bangkok, in particular, as an input for the deliberations under the agenda item on regional preparations for the General Assembly High Level Meeting on AIDS to be held from 8 to 10 June 2011 in New York;

(b) Request the Executive Secretary, through ESCAP's intergovernmental convening role, to initiate regular intergovernmental reviews of progress and challenges in achieving universal access and to engage particularly with key affected populations, including people living with HIV, men who have sex with men, sex workers, people who use drugs, as well as cross-cutting populations, including but not limited to young people most at risk for HIV infection, women and girls, mobile and migrant populations, persons with disabilities and prisoners;
(c) Request country delegations attending this Regional Consultation to brief and coordinate with their respective Seats of Governments to the United Nations to ensure that the priorities outlined in this resolution are brought to the attention of the General Assembly High Level Meeting on AIDS, and the sixty-seventh session of ESCAP;

(d) Invite the ASEAN and SAARC Secretariats to consider presentation of their respective statements at the General Assembly High Level Meeting on AIDS as well as request their regional forums on health and AIDS to take note of the key recommendations and to further to monitor progress towards 2015, as appropriate.

Adopted on

31 March 2011