World AIDS Day 2010
Universal Access & Human Rights
A Global Health Community Statement

In observance of World AIDS Day 2010 and in recognition of the significant opportunities and challenges we face in addressing the global AIDS epidemic, we, the undersigned organizations, stand in support of the following statement.

With 33.3 million people living with HIV and 2.6 million new infections in 2009, the HIV/AIDS epidemic continues to be a major challenge for global health. The $63 billion, 2009-2014 Global Health Initiative (GHI) is an “umbrella” under which the President’s Emergency Plan for AIDS Relief (PEPFAR, which now accounts for 70% of GHI funding) and the U.S. contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria serve to combat HIV/AIDS. The GHI continues PEPFAR and the Global Fund’s strong commitment to address the HIV/AIDS epidemic by saving millions of lives during the past eight years.

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

• Direct support for nearly 2.5 million individuals on treatment, and millions more with prevention interventions and care programs
• HIV counseling and testing for nearly 29 million people in Fiscal Year 2009, providing a critical entry point to prevention, treatment and care
• Care for nearly 11 million people affected by HIV/AIDS, including 3.6 million orphans and vulnerable children, through Fiscal Year 2009
• Prevention of mother-to-child transmission services to millions of women, allowing nearly 100,000 babies of HIV-positive mothers to be born HIV-free in Fiscal Year 2009

The Global Fund is the world’s most powerful tool in the fight against HIV/AIDS, TB and malaria. In 2010, the U.S. made its first multi-year commitment to the Global Fund – $4 billion over three years. The Global Fund provides nearly two-thirds of all international financing to fight malaria and tuberculosis, as well as nearly one-quarter of all financing to fight HIV/AIDS. Since its creation in 2002, Global Fund has supported:

• Programs that have saved the lives of almost 6 million people
• Voluntary HIV/AIDS counseling and testing sessions for 120 million people
• Anti-retrovirals (ARVs) for 2.8 million people
• Treatment for 930,000 HIV-positive pregnant women to prevent mother-to-child transmission
• Training for 12.2 million community workers to deliver health services

Challenges Remain – Universal Coverage and Human Rights

Donor commitments and country efforts have resulted in increased access to HIV-related services, yet the number of new infections continues to outpace the increase in the number of new patients receiving treatment. About 9.8 million of the estimated 15 million people in low- and middle-income countries in need of ARVs still do not have access to it, and many countries still urgently need outside assistance to fill this gap. It is unacceptable that children and marginalized populations are less likely to receive antiretroviral therapy than the population at large.

Stigma, discrimination and human rights violations against people living with HIV/AIDS and other marginalized populations are among the greatest barriers to addressing effectively the epidemic. Punitive laws and policies – such as mandatory disclosure of HIV status, and the criminalization of sex between men, HIV transmission, and supplying clean injecting equipment – interfere with effective programs by further entrenching stigma and driving vulnerable populations away from HIV/AIDS services. Laws and regulations protecting people from discrimination are not widely enacted, fully implemented or faithfully enforced. Until we acknowledge and address these structural and societal barriers to HIV prevention, treatment and care, universal access will continue to elude us.
Countries with the greatest resource constraints often shoulder the greatest burden, undermining hard-won development gains. In Africa alone, the loss of $12 billion dollars in economic productivity annually is attributed to HIV/AIDS. The current global economic crisis exacerbates the spread of HIV and undermines progress against HIV/AIDS.

Opportunities to Reinforce an Inclusive, Global HIV/AIDS Response

Evidence-based prevention: We must continue to support efforts to develop effective vaccines and microbicides while also maintaining and scaling up existing interventions proven to reduce new infections: comprehensive sex education, condom programming, male circumcision, voluntary family planning and needle and syringe programs and substitution therapy for injection drug users. There is renewed recognition that we have the tools to end mother-to-child transmission of HIV in the areas hardest hit by the epidemic, resulting in a new global call to achieve virtual elimination of pediatric AIDS by 2015. This year also marked progress toward development of a vaccine, pre-exposure prophylaxis with antiretroviral drugs and microbicides. A scientific breakthrough was achieved when, for the first time, it was shown that use of a vaginal gel containing a microbicide provided moderate protection against sexually transmitted HIV in women. Most recently, it was also shown that using oral antiretroviral medications before a risky exposure can significantly decrease the likelihood that men who have sex with men (MSM) could become infected. These and other approaches require more funding for research and evaluation.

Interventions that address complicated social, cultural and economic drivers of the HIV epidemic are essential. Since there are few prevention tools available to women wider distribution of female condoms is needed. Further, we must dissolve structural and cultural barriers impeding prevention efforts, such as the disadvantaged socioeconomic status of women, violence against women and girls, urban poverty, and unhealthy living conditions.

Most-at-risk populations: Commercial sex workers and their clients, men who have sex with men, people who inject drugs, women, adolescents and children, migrant workers, prisoners and those who engage in unprotected sex are at increased risk of contracting HIV. Most-at-risk populations are often marginalized, criminalized, stigmatized and/or victimized by violence. This is unacceptable. Community-based approaches must address sexual partnerships that increase the risk of HIV transmission, particularly multiple concurrent partnerships and discordant couples.

No more people living with HIV, dying of TB: Tuberculosis (TB) is a curable and often preventable disease, yet it is still the leading cause of death of people living with HIV. Progress in scaling up TB services for people living with HIV, including isoniazid preventive therapy (IPT), remains far too slow. Every three minutes a person living with HIV has his or her life cut short by TB, accounting for an estimated 13% of AIDS-related deaths globally. Existing tools are not sufficient and continued investment in research and development is needed to yield better drug regimens, a new vaccine against TB and more effective diagnostics. In 2010, the Stop TB Partnership and UNAIDS signed a memorandum of understanding to work together on improving responses to TB/HIV co-infection, and have jointly established indicators to measure success.

Full funding for U.S. global health programs: The GHI has set ambitious targets, some of which are required by law – including direct support of treatment for at least 4 million people, prevention of at least 12 million new infections and care for at least 12 million people, including at least 5 million orphans and vulnerable children. Strengthening health systems by expanding the training and employment of increased numbers of health care workers is critical in areas where access is limited or non-existent. U.S. investments in HIV prevention, treatment, care and the development of new prevention tools are only as secure as U.S. investments in comprehensive global health policy and programs. It is urgent that PEPFAR funding be increased to reach commitments, including those made under Lantos-Hyde. As this funding is increased, the US should also increase investments in tuberculosis, malaria, neglected tropical diseases, family planning/reproductive health and maternal and child health contributing to the overall investment in the health system.