

**Urgent action now**

Discussions within the Free Space Process\* of the global networks working on AIDS identified the **urgent need to develop joint strategies**, agendas, and actions between May and September 2010 to influence the outcomes of the Millennium Development Summit.

A group of AIDS activists met in New York June 10-11, 2010 and agreed on a series of demands to be incorporated into the MDG Outcome Document (to be approved at the MDG Summit in September 2010).

**You are urged to add your organization to this set of demands**

**Please support these demands by sending an email to [universalaccess2010@icaso.org](mailto:universalaccess2010@icaso.org)**

Endorsements will be collected by email and also at the International AIDS Conference (ICASO booth # 901 in the Global Village).

The demands will immediately be used for negotiations, and the full list of endorsements will be sent to all UN Missions in New York and other key stakeholders by July 25.

June 2010

**Achieving the Millennium Development Goals (MDGs):  
New language, priorities and 'asks' from a coalition of AIDS community sector organizations**

Background information and rationale

UN Member States will formally review progress toward meeting the Millennium Development Goals (MDGs) at the High-level Plenary Meeting on the MDGs in New York in September 2010. At that meeting, they will endorse an "outcome document" prepared and approved in advance. Delegations from Member States began working on the outcome document in early June 2010, and facilitators aim to complete the process by early August.

Negotiations around the outcome document are based on a "zero-draft" version prepared by a team led by the co-facilitators, Denmark and Senegal. The zero-draft was made available more broadly outside the UN system in late May and is available @ [http://www.un.org/en/mdg/summit2010/pdf/ZeroDraftOutcomeDocument\\_31May2010rev2.pdf](http://www.un.org/en/mdg/summit2010/pdf/ZeroDraftOutcomeDocument_31May2010rev2.pdf)

A group of AIDS advocates from civil society and community-based organizations around the world met in New York on 10-11 June to identify a joint advocacy agenda and specific advocacy actions aimed at influencing governments' negotiations on the

## Demands for the MDG Outcome Document

Send your endorsement to [universalaccess2010@icaso.org](mailto:universalaccess2010@icaso.org)

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outcome document. This effort is crucial to helping ensure that governments acknowledge both the successes and shortcomings of the drive to achieve the MDGs globally, regionally and nationally.

In particular, the advocates are seeking to reaffirm commitments to achieve universal access to HIV prevention, treatment, care and support, a critical cornerstone of MDG 6. Due to huge and growing resource gaps, the drive for universal access has stalled over the past few years, thereby reversing progress in many countries and denying millions of people the lifesaving medicines and support they need. The failure of the global community to come even close to meeting the universal access goals by the agreed-upon deadline – the end of 2010 – has serious and devastating consequences beyond MDG 6, however. HIV directly affects all health issues, and health is essential for development: therefore, effectively responding to HIV is a necessary prerequisite for successfully achieving all MDGs.

### Developing the ‘asks’

Participants at the June 2010 advocates’ meeting reviewed the zero-draft document with the goal of developing specific language and priorities to be presented for consideration in the outcome document. They achieved consensus on the need to make their concerns and demands known on a range of issues, and in particular the specific ‘asks’ grouped below by priority action areas.

The immediate objective moving forward is to use these ‘asks’ as the basis of advocacy with government officials and other civil society allies regarding the text of the outcome document. The priorities discussed reflect the participants’ recognition of substantial and worrying omissions in the zero-draft document, gaps that they believe greatly limit the likelihood that any of the MDGs will be achieved by 2015. Although they focused primarily on issues directly related to HIV, their concerns and priorities are relevant much more broadly given the interconnectedness of all MDGs.

**You are urged to add your organization to this set of demands**

## THE DEMANDS

### **Universal access**

1. Although significant progress has been made towards achieving universal access to HIV prevention, treatment, care and support, the target of reaching it by 2010 was not met, a failure illustrating the major gaps that remain in the response.
2. By 2011, global targets for universal access and accountability mechanisms should be established with the full participation of all stakeholders, including civil society and key populations, and the new targets should ensure 100% global coverage of key interventions by 2015.

3. Governments must recognize the important role AIDS responses have on improving health systems and gains in other health and broader MDGs, including improvements in maternal and child health, and the continued need to invest in integrated responses and strengthening health and community systems.
4. Governments must recognize the impact that AIDS has on children, including the need to mobilize programs to ensure the elimination of pediatric HIV and AIDS and for a multisectoral community-based response to protect orphans and other vulnerable children.

### **Human Rights**

1. Governments must ensure a human rights approach in all HIV prevention, treatment, care and support programs and policies.
2. Governments must repeal laws that criminalize same-sex relationships, the unintentional transmission of or exposure to HIV, use and possession of drugs (for personal use), and sex work.
3. Governments must take action to ensure protection of the human right of all people to be free from stigma, discrimination and all types of violence, including gender-based violence, by both State and non-State actors.
4. Governments must ensure the realization of full human rights of people of all ages, including people living with HIV, sex workers, transgender people, men who have sex with men, people who use drugs, migrants, prisoners and people with disabilities, by facilitating and promoting their meaningful participation in the design, implementation, monitoring and evaluation of HIV prevention, treatment, care and support programming.

### **Key Populations**

1. Governments must recognize and address the fact that discrimination, abuses against and criminalization of key population groups – particularly people living with HIV, people who use drugs; female, male and transgender sex workers; sexual minorities including men who have sex with men and transgender people – continue to fuel the epidemic and hinder efforts to achieve universal access.
2. Governments and donors must base their programming and funding allocation on epidemiological data, evidence of what is most effective, and human rights.
3. Governments must ensure that key populations are meaningfully involved in all aspects of the response to HIV.
4. Governments must take urgent action in establishing and implementing laws, programs and policies for zero-tolerance of abuse and violence against women, girls, boys, and sexual minorities.

### **Women's Equality**

1. Governments must invest in removing all barriers – legal, economic, social and cultural – that sustain and enforce gender inequality, thereby contributing to the spread of HIV, which disproportionately affects women and girls.

2. Governments must support women and girls to gain independent control over their own sexuality, bodies and lives and take concrete measures to increase their access to and influence over the use of income, services and resources.

### **Sexual and Reproductive Health and Rights**

1. Governments must take urgent action to ensure that SRH services are made accessible, affordable and integrated with HIV initiatives, through multi-sectoral approaches to achieve access to reproductive health by 2015 as part of universal access to HIV prevention, treatment, care and support.
2. Governments must reaffirm that sexual and reproductive health and rights are human rights already recognized in national laws and international treaties and declarations.
3. Governments must prioritize access to sexual and reproductive health information, services, commodities, and comprehensive sexuality education for adolescents and young people in and out of school, taking into account the particular needs of those in vulnerable situations.

### **Funding**

1. Governments must not regress in their commitments and must increase spending on health to achieve the highest attainable standard of health. This means that donor countries must live up to their commitment to spend 0.7% of GNI to aid and increase official development assistance (ODA) for health; implementing countries and others currently unable to provide universal access to HIV services must increase their domestic spending on health; and African countries in particular must meet their commitments under the Abuja Declaration to allocate at least 15% of national budgets to health every year.
2. Governments must fully fund the response to HIV and TB (including MDR-TB) based on regular and updated estimates. For HIV, estimates need to take into account the benefits and savings of treatment as prevention.
3. Governments, including emerging economies, must fully fund the Global Fund at levels adequate to meet and sustain its essential demand-driven model – which would require at least \$20 billion for 2011 to 2013 – and fully fund further replenishments.
4. Governments, donors and the private sector should support and implement innovative financing mechanisms to raise dedicated, predictable funds, in particular some version of a financial transaction tax to meet health and other development needs.
5. International Monetary Fund (IMF) policies should be reviewed and revised to ensure that they do not have an adverse impact on health spending and cannot be used as a justification for reduced spending on that sector.

**Accountability**

1. Mutual accountability of established commitments, targets, indicators and performance-based funding of direct relevance to universal access and achieving the MDGs must be ensured at national, regional and international levels.
2. Transparency in decision-making in the design, implementation, allocation of resources, and monitoring and evaluation of policies and programs addressing HIV should be supported by involvement of civil society and implementation of anti-corruption measures.
3. The outcome document must include a clear and inclusive accountability mechanism to review and report on progress and address shortcomings in achieving the MDGs.

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\* The Free Space Process (FSP) aims to provide the space for engagement of civil society in the global HIV/AIDS response. The International Civil Society Support (ICSS) and international AIDS networking organizations have agreed to work together in the FSP partnership. The networks are the Global Network of People Living with HIV/AIDS (GNP+), the International Community of Women Living with HIV/AIDS (ICW), the International Council of AIDS Service Organisations (ICASO), the International Treatment Preparedness Coalition (ITPC), the International HIV/AIDS Alliance (IHAA), the World AIDS Campaign (WAC), the Ecumenical Advocacy Alliance (EAA), the Global Forum on MSM and HIV (MSMGF), the Network of Sex Work Projects (NSWP) and the International Network of People who Use Drugs (INPUD).