

Promises, promises....

Statements, commitments and declarations on HIV/AIDS since 2001

world *aids*
campaign



World AIDS Campaign
November 2005

The goal of the WAC is to energise and support an effective and sustained response to the AIDS epidemic. By helping partners to work together at national and international level, we will broaden the partnership of those shaping the response to AIDS. Crucial to our success will be increased public awareness of past policy commitments and promises on AIDS, including the Declaration of Commitment on HIV/AIDS. On these promises we will hold our governments accountable.

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1. Introduction

To many observers, the litany of broken promises to reverse the spread and impact of HIV/AIDS rings hollow against the unrelenting advance of the epidemic throughout the world. In this context, understanding what the various statements, commitments and declarations on HIV/AIDS actually mean is an essential first step towards greater and more authentic accountability of leadership.

The main aims of this document are to provide reminder of such statements, as they have been made by governments and intergovernmental institutions over the past five years, and to offer a framework for benchmarking such HIV/AIDS promises and commitments.

We also hope to encourage a consideration of such statements beyond their mere text. They must also be seen as a crucial part of on-going HIV/AIDS discourses, and to carry a significance and purpose beyond the words that we have seen on paper or heard in speeches.

In the HIV/AIDS sector, international policy is often set by the issuing of new promises. Control of on-going discourses in this way serves as a means to maintain the political authority to set global HIV/AIDS agendas.

A framework for HIV/AIDS statements, commitments and declarations

Statements, commitments and declarations on HIV/AIDS can generally be assigned to one of the following classifications: statements of fact; affirmations of significant factors; commitments of intent; specific promises; and reiterations of previous commitments.

- Statements of fact – a declaration of what may be known at a given time; (e.g., “Over two decades into the epidemic, less than one person in five has access to basic HIV prevention services.”)
- Affirmations of significant factors; (e.g., “The European Union recognises that strong political commitment, informed leadership and increased resource allocation at both global, national and local level is essential if we are to achieve the ultimate goal of an AIDS-free generation.”)
- Commitments of intent; (e.g., “We [EU] also recognise the need to support the development of functioning and effective health systems and address the alarming shortfall of reproductive health commodities.”)
- Specific promises, often with time-bound and specific targets; (e.g., “By 2010, eliminate HIV infection among infants in Europe and Central Asia .”)

- Reiteration of previous commitments, in light of new evidence, developments and/or political context (e.g., “The European Union is strongly committed to taking action, and urges all actors to play their part in ensuring a successful outcome of the UNGASS + 5 review in 2006.”)

[NB. each of the above examples is taken from the EU statement for World AIDS Day 2005, unless otherwise stated]

In addition, it is vital to consider a sixth element:

- Significant geo-political and other concurrent events; (e.g., the 9/11 tragedy)

Statements of ‘fact’, especially in relation to scientific knowledge, are also in most cases transitional. In hindsight, most facts appear dated or inaccurate, though at the time were based on the best available knowledge. Many statements, commitments or promises founded upon current HIV/AIDS knowledge must also be assumed to have a limited shelf-life because ‘facts’ are rarely concrete or enduring.

In retrospect, many previous declarations – seen broadly at the time as HIV/AIDS commitments and promises – could have been more accurately categorised as ‘state-

ments of fact’ or ‘affirmations of significant factors.’ This means that what may appear to be a new set of government HIV/AIDS commitments or promises turn out to be, on closer analysis, simply rhetorical assertions of current reality or understanding of the epidemic.

Recognition of this hopefully inadvertent deception does not, of course, decrease the sense of disappointment with the lack of progress against the epidemic and may even add to it. For most witnesses, the real and unrelenting spread and impact of HIV/AIDS takes place in step with a litany of escalating promises and commitments, made by the very people and institutions that should be making a difference.

After years of rhetorical statements disguised as commitments, it is perhaps unsurprising that as 2005 draws to a close, a new HIV/AIDS discourse is taking shape around a specific question: Why have we failed to do enough about HIV/AIDS?

The question focuses attention sharply on instances where distinct HIV/AIDS promises have been made, and demands accountability from leadership as to whether they have been kept. The promising AIDS rhetoric of the first five years of the millennium must be transformed into real change in the lives of people and communities most vulnerable to the epidemic.

1. Taken from 2004 ‘Dublin Declaration’ on Partnership to fight HIV/AIDS in Europe and Central Asia

2. Five years of stating the obvious? Or a diary of broken promises?

The following chronology – covering the lifetime of the UNGASS Declaration on HIV/AIDS – will help you decide.

In 2001:

Affirmations of significant factors:

Member countries of the **World Trade Organisation (WTO)** in Doha acknowledged trade inequities – and in response, encouraged flexibilities in trade-related intellectual property rights (TRIPS) to be applied in support of public health crises.

United Nations Development Programme (UNDP) recognised that technological advances do not benefit all equally. Also recommended need for increased research into HIV/AIDS, malaria and TB, and recognised the need for further health research for the benefit of ‘poor people’.

World Health Organization (WHO) Director-General Gro Harlem Brundtland called for a “Global Fund for AIDS and Health.”

One month later, **United Nations (UN)** Secretary-General Kofi Annan called for a “war chest against AIDS,” an appeal he repeated two months later at the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS.

The annual meeting of the heads of state/government of the eight major industrial democracies (**G8**) in Genoa supported the idea of what became the **Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)**. The G8 meeting also supported the use of the flexibilities added to TRIPS at Doha (under certain circumstances), but also reaffirmed the need to protect intellectual property rights.

Specific promises:

The most significant and specific promises on HIV/AIDS in the past five years were ratified by a special session of the UN General Assembly in June 2001. Under the heading ‘**Global Crisis - Global Action**’ the meeting produced the **UNGASS Declaration of Commitment (DoC) on HIV/AIDS**, which was solemnly adopted by **all UN Member States**. The DoC provides a comprehensive framework of specific targets to halt and reverse the HIV/AIDS epidemic, including measurable milestones to be met by 2003, 2005 and 2010. The DoC was also intended to synchronise with the (then) recently established Millennium Development Goals (number 6 especially) aimed at reducing the incidence of HIV/AIDS. UNGASS HIV/AIDS targets were elaborated in the following main areas:

- Leadership
- Prevention
- Care support and treatment
- Human rights
- Reducing vulnerability
- Children
- Alleviation of social and economic impact
- Resources
- HIV/AIDS in conflict and disaster affected regions

In all, 103 statements of commitment and targets were contained in the DoC.

Other significant geopolitical events:

Destruction of World Trade Centre, New York (from this point on, national security became a central issue in many development-related meetings and reports).

In 2002:

Affirmations of significant factors:

UNDP report suggested that problems with effective governance were having a profound effect on development, and also that persistent intellectual property issues were affecting the availability of cheap and affordable drugs in many countries. The report also acknowledged the rapid increase of new HIV infections in Asia.

Commitments of intent:

The **G8**, in contrast to 2001, explicitly addressed the increasing problems of HIV and AIDS, and lack of development in Africa. Their communiqué proposed specific areas which the G8 would support in order to reduce the number of new infections, and the care and support of people living with the virus.

WHO Director-General Gro Harlem Brundtland makes first suggestion that **WHO** will provide antiretroviral drugs (ARVs) to 3 million people by the end of 2005.

Significant geopolitical and other events:

International AIDS Conference (IAC) takes place under the theme 'Knowledge and Commitment'.

Inaugural meeting of GFATM Board takes place.

In 2003:

Affirmation of significant factors:

The first major review of the 2001 UNGASS declaration by the **UN General Assembly** confirms the increasing problem of HIV/AIDS.

UNDP focused mostly on the Millennium Development Goals – and highlighted the impact HIV/AIDS has on development in general.

Commitments of intent:

UN Member States (in their UNGASS review) proposed that increased efforts must be made in the fields of advocacy and access to HIV/AIDS treatment.

The **WTO** met under the theme of 'Financing for Development.' **Member Countries** agreed to investment in social and welfare infrastructure, national efforts to tackle HIV/AIDS (e.g., in education), and debt relief for heavily-burdened countries.

At the **G8** meeting in Evian, continued commitment to the Global Fund was confirmed, and the need for debt relief was reaffirmed.

Specific promises:

WHO launched the '3 by 5' campaign aimed at providing ARVs to 3 million people living with HIV in poor countries by the end of 2005

United States' President Bush announced the President's Emergency Plan for AIDS Relief (PEPFAR) – a five-year \$15 billion funding strategy for addressing HIV/AIDS.

In 2004:

Affirmation of significant factors:

UNDP report focused on issues around culture and the increasing impact of HIV on development (as in 2003), and on the negative trend in the Human Development Index (HDI) in regions heavily affected by the epidemic.

Commitments of intent:

The Bangkok IAC generated a number of significant statements from **various key stakeholder groups and communities** – some accepting responsibility for specific actions, and others confirming they were aware of specific issues, and would act to address them. Perhaps most significantly, implicit benchmarks were established for each of these groups.

In the Dublin and Vilnius Declarations, the **European Union (EU)** reflected on HIV/AIDS issues from a European perspective. EU confirmed it will provide non-discriminatory and non-judgmental access to prevention, treatment and care services.

Specific promises:

The Dublin Declaration made a number of promises, including: promoting active involvement of **EU institutions and agencies** in UNAIDS activities; by 2005, to develop national and regional strategies and programmes to increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection, and reduce their vulnerability to HIV/AIDS; by 2010, ensure through the scaling up of programmes that 80% of the people at the highest risk of and most vulnerable to HIV/AIDS are covered by a wide range of prevention programmes; by 2010, eliminate HIV infection among infants in Europe and Central Asia. The declaration also committed **European countries** to monitor progress against the declaration.

The Vilnius Declaration, made later in 2004 in Lithuania, formalised the Dublin Declaration, and added that European countries should declare a willingness to ensure effective HIV/AIDS structures are in place and conduct reviews of progress, involving civil society in the process.

Significant geopolitical/other events:

Nelson Mandela revealed that his late son had died of an AIDS-related condition.

In 2005:

Affirmation of significant factors:

On behalf of **UN Member States**, the UN Secretary General's (SG) 2005 report on progress made in the implementation of the UNGASS DoC on HIV/AIDS highlighted many of the key challenges and constraints that hamper progress, concluding: "Despite encouraging signs that the epidemic is beginning to be contained in a small but growing number of countries, the overall epidemic continues to expand, with much of the world at risk of falling short of the targets set forth in the Declaration.....the roll out of treatment programmes has been insufficient

to avoid a deepening of the impact of the epidemic on some of the world's most vulnerable households, communities and countries.”

The SG's UNGASS progress report highlighted explicit sets of “recommended action steps” but was ambiguous as to who they were directed at.

UNDP report was highly critical of the lack of international progress against HIV, and even refers back to its own first report in 1990, which stated AIDS would have a huge impact on development. The report recommended a vast improvement in international cooperation on HIV/AIDS.

The 2005 **G8** Gleneagles communiqué focused largely on Africa, influenced by the recently published report of the Commission for Africa, which called for increased aid, better governance in Africa, and relief of debt. The communiqué recognised the impact of HIV and AIDS on development and called on UNAIDS, WHO and other international bodies “to develop and implement a package for HIV prevention, treatment and care, with the aim of as close as possible to universal access to treatment for all those who need it by 2010”.

Commitments of intent:

The G8 call was broadened at the 2005 UN World Summit and in the outcome document, **Member States** committed themselves to: Developing and implementing a package for HIV prevention, treatment and care with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all those who need it.

Speaking for the **EU** on World AIDS Day, UK Prime Minister Tony Blair confirmed the 2004 declarations from Dublin and Vilnius and proposed that components of a robust response to HIV/AIDS across the EU should include: universal access to sexual and reproductive health information and services; provision of health promotion and harm reduction services for injection drug users; reliable access to male and female condoms; universal access to sex education; development of new technologies (such as microbicides); good workplace practice, such as universal infection control. He also committed the EU to take action as part of the UNGASS review in 2006.

Specific promises:

G8 leaders pledged to increase official development assistance by around US\$ 50 billion a year by 2010.

Significant geopolitical/other events (end-2005):

WHO: ‘3 by 5’ initiative – significant improvements in ARV access in some countries, though far short of the end-2005 global target.

UN Member States: National reporting of progress against the 2001 UNGASS declaration on HIV/AIDS to be submitted by December 2005.

World AIDS Campaign theme (2005-2010) is: ‘Keep the Promise’.

WTO meeting in Hong Kong, to be held in December 2005, will address some of the specific issues raised at the G8 meeting earlier in the year – specifically debt relief, issues around TRIPS and the need for equal access to world trade for developing countries. It will ‘settle a range of questions that will shape the final agreement of the Doha Development Agenda [2001], which members hope to complete a year later, at the end of 2006.

3. Closing comments

This document provides a framework for how international HIV/AIDS commitments over the past 5 years can be understood. What is clear, even from the selective base of material used, is that many levels of commitment and assertions of fact exist together; all serving different purposes and all – ultimately – limited to what is known about HIV/AIDS at the time.

It is interesting to note the underlying message of almost all of the statements: They all confirmed the increasing problems of addressing HIV/AIDS; and proposed actions accordingly. Of late, however, there has also been evidence of a different emerging slant – a call for accountability. This is based on recognition that with the epidemic nearing the end of its first quarter-century, it isn't going away, and despite good intentions to the contrary both the number and impact of HIV infections continue to grow.

There is a growing call to hold accountable the governments, institutions and agencies that over the past five years have repeatedly declared facts, made commitments and sometimes promised particular HIV/AIDS outcomes. The theme of the World AIDS Campaign (Stop AIDS! Keep the Promise); the conclusion and recommendations from many significant panels and reports during 2005; the planned theme of the International AIDS Conference in 2006 (Time to Deliver); and the likely outcome of the 2006 UNGASS review meeting all point in the direction of this trend.

There are also signs of significant fragmentation in the international discourse: Tony Blair's statement for the **EU**, made this week, for example, positioned some EU

HIV/AIDS policies firmly in opposition to that of the US government, whose position is increasingly dominated by moral hegemony rather than evidence-based strategies.

So what can we expect in 2006?

The **G8** (in Moscow) will likely make further Affirmations of significant factors, such as acknowledging the effects of HIV on the global economy, and may demand further commitment from African nations to facilitate 'good governance'.

The **UNDP** report will probably repeat predictions that many countries will not achieve the MDGs by 2015 – and will confirm that HIV is having a significant negative impact on development in many regions.

On behalf of the **UN and its Member States**, and in his last General Assembly as Secretary General, Kofi Annan will express his disappointment with national 'report cards' on AIDS progress at the UNGASS review meeting (May 2006) with a diagnosis similar to his 2003 and 2005 UNGASS assessments (e.g. something along the line: "We must stay on course—and redouble our efforts—to remain true to the Declaration of Commitment adopted in this room five years ago").

More than any other theme though, and responding to the commitments made at the 2005 World Summit and G8 meeting, 'scaling-up HIV prevention, treatment, care and support, with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all those who need it' will move to be HIV/AIDS centre stage among **all governments and UN agencies** in 2006.

Hopefully, implementation of this new commitment of intent will go beyond an examination of key obstacles to 'universal access' – where many previous such commitments have stalled – and rapidly move to tackling some of them.

The nature of the 'treatment' referred to should be defined early in the process. Reaching for the ultimate goal of universal access to antiretroviral (ARV) drugs is clearly vital, but – as 3 by 5 has shown us – as we strive, and wait, for that goal we must keep millions of people alive in all possible ways.

'Universal access to treatment' should be interpreted in its broadest sense, including ensuring widespread access to comprehensive care and treatment approaches:

to help people discover their HIV status, delay progression to AIDS and to prevent and treat all HIV-associated conditions, especially tuberculosis.

So where is there left to go once the call for 'universal access' has been made and with it the seemingly endless list of possible statements, commitments and declarations on HIV/AIDS is exhausted? Only one route remains: There will be a greater call for accountability – spearheaded by the emergence of more organised and effective **civil society advocacy and campaigning** that challenges agencies, governments and NGOs, seeks specific responses for the apparent lack of action, using previous commitments and promises as its benchmarks.

[Note on authors: This paper was prepared for the World AIDS Campaign by Ian Hodgson and Tim France of Health & Development Networks (HDN, www.hdnet.org). HDN is one of the partners of the World AIDS Campaign.]