

**Meeting on Universal Access in Southern and Eastern Africa,
London, 9 March 2010**

Declaration of Shared Principles

Recognition that:

- MDG 6 commits us to a common goal of halting and reversing the spread of HIV by 2015. In 2005, world leaders committed to universal access to prevention, treatment, care and support by 2010 and we have a shared responsibility to deliver these goals.
- Stocktaking in March 2010, we have made significant progress in Africa but it is not sufficient to meet the target. Donors and national governments need to do more.
- There has been rapid scale up in treatment coverage: over 4 million people are now on treatment. This is having substantial positive impacts on the survival of individuals and communities, but more than 10 million more people are in need of access to treatment.
- AIDS remains a dominant health and economic burden in Southern and Eastern Africa, where there are high (over 10% in many countries) or rising prevalence rates. HIV is a significant cause of child and maternal mortality in these countries
- In the context of a more challenging global economic climate, we need to re-energise, re-focus and renew commitments and make resources work better for a more effective and sustainable AIDS response to 2015 and beyond. Innovative financing mechanisms that will support sustainable responses need to be explored.
- The face of HIV is increasingly female and the empowerment of women and girls is key to a successful response
- A rights-based approach, and in particular protecting the human rights of marginalised groups, notably men who have sex with men, sex workers and injecting drug users, is essential to a successful AIDS response.
- Stigma and discrimination remain significant barriers to further progress toward universal access.
- Infection rates will continue to rise unless societies tackle the underlying social and structural determinants that make people – especially women and girls – vulnerable to infection.
- New evidence of what works – from all scientific disciplines, including operations research – should guide policy and funding decisions

Commitment from participants to:

- 1) **Renew efforts in support of country-led strategies to achieve UA to comprehensive HIV prevention, treatment, care and support in Southern and Eastern Africa as a common responsibility**, including:
 - A vital step change in prevention at all levels of society, based on an understanding that we need to address the social drivers of the epidemic alongside biomedical and behavioural interventions to reach our goals. Reducing the numbers of new cases is the best route to achieving universal access.
 - Accelerating efforts to reach universal access to treatment, including securing access to affordable 2nd and 3rd line medicines.
 - Promoting greater integration and linkages between AIDS and tuberculosis, sexual and reproductive health, and maternal and child health services to strengthen health services and systems – and make them accessible where they are needed.

- Continued efforts to provide care and support and to mitigate the impact of AIDS on children, households and wider communities, including expanded and strengthened social protection systems.
- Throughout, participants to commit to supporting evidence based responses and access to evidence-based information, based on safeguarding the rights of vulnerable and affected people, in particular women and girls, such as men who have sex with men, injecting drug users, sex workers, and migrant populations.

2) Join together in a prevention movement based around:

- A response that is country-led, involves communities, and is based on an understanding of the local epidemic to address the main transmission routes.
- Commitment to support and implement combination prevention programmes, incorporating existing and emerging biomedical, behaviour, social and structural interventions – supplementing interventions like male circumcision with a focus on gender empowerment, stigma reduction and the protection of human rights.
- In particular, commitment to mobilise for the empowerment of women and girls, tackling the low status of and violence against women as drivers of the epidemic.
- Commitment to build the evidence-base for social and structural interventions, to better understand the factors most responsible for slowing the epidemic in many countries, and to more rigorous planning, monitoring and design of programmes for a more effective response.
- Commitment to show personal leadership, to speak out on difficult and sensitive issues and to promote the leadership of those most affected by HIV
- Commitment to champion a movement for social change by engaging with communities and challenging social exclusion, inequality and other factors that currently increase people's vulnerability to infection.

3) Work together globally to deliver a more effective response, including calling on:

- Affected countries to scale up evidence-based policies in support of a scale-up of HIV prevention, treatment, care and support, and to allocate appropriate financing for health, in the context of the Abuja declaration.
- All partners to consider their contribution to a global response, including replenishment of the GFATM and to consider how leaders meetings such as the G8 and G20 and the MDG Summit can ensure this is successful. The GFATM replenishment will need financing from previous and new contributors.
- New donors to make commitments, so the necessary GFATM replenishment can be achieved. Partners to renew calls, such as those made by the G8 in 2009 for accountability and follow through on past commitments, including the scale up towards universal access.
- Innovative financing mechanisms to be considered, as a potential new revenue stream to raise significant additional amounts of predictable financing.
- Donors to commit to country-led approaches, with funding harmonised and aligned to national priorities and plans, including common measures of progress, in accordance with the Three One principles and associated initiatives.
- All partners to consider the conclusions of this meeting in future deliberations on Universal Access, and in contexts where Universal Access should be addressed to achieve other goals, including MDGs 4 and 5
- UNAIDS to work with countries and key inter-governmental bodies to set out a clear process to take stock of UA progress at both the country and regional level. This should contribute to international milestones in the review of HIV and the broader MDGs and lead to fresh proposals for how universal access can be achieved.