



South African National AIDS Council (SANAC)  
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1 June 2011

## **Resolution of the South African National AIDS Council (SANAC) Sector Leaders Forum held on May 17 2011 Regarding the South Africa Country Position in Negotiations for the United Nations High Level Meeting (HLM) '2011 Declaration on HIV/AIDS'**

*Pretoria, South Africa, June 1, 2011*

The UN General Assembly High Level Meeting (HLM) to review progress towards the achievement of objectives contained in the UN *Declaration of Commitment* endorsed by State Parties in 2001 will convene on June 8-10<sup>th</sup>.

Deliberations on the draft declaration to be adopted at the conclusion of the High Level Meeting have commenced and some of the delegations have raised concerns regarding lack of consensus on key issues and principles that must underpin this new declaration.

In light of these, South Africa has taken a resolution that sets out our country's position and seeks to guide deliberations to ensure that the Declaration is comprehensive, forward-looking and human rights-based.

### **Resolution:**

1. South Africa reaffirms its full commitment to the prevention, treatment, care and support of HIV, AIDS and TB in South Africa and globally. As evidence of this commitment South Africa points to the scaling up of its own HIV and TB programmes: nearly 12 million people have been voluntarily tested for HIV in 2010-2011 and nearly 1.5 million people have been started on anti-retroviral treatment in public facilities since April 2004. South Africa is also working towards the integration of TB and HIV services and to expanding access to TB prophylaxis to people with HIV, and ensuring all people with TB receive proper treatment. Public expenditure on HIV treatment increased by 33% in the 2010-2011 budget and will continue to increase as part of the Medium Term Expenditure Framework (MTEF).



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- 1.1. South Africa is in the process of drafting a new five year National Strategic Framework on HIV, AIDS and TB (2012-2016), which is founded in the human rights approach to health and will have three strategic priority objectives: universal voluntary HIV testing; universal wellness; and universal safety and dignity. We believe these principles should also inform the global framework for the response to HIV and TB.
  
2. South Africa reaffirms that the global objective for 2015 should be universal access, which means access to *all* people requiring HIV related health services, and in particular access to preventative services such as male and female condoms, appropriate information, HIV Counselling and Testing (HCT) services, prevention of vertical (mother-to-child) transmission services and ARV and TB treatment for all who need it according to WHO clinical guidelines. South Africa believes that universal access should be the object of all member states as well as of the United Nations General Assembly. Recognising that ARVs save lives, decrease morbidity, and prevent onward transmission of HIV we call on member states to commit to a target of placing 15 million people on ARVs by 2015.
  - 2.1. In South Africa, budget allocations have been made for two million people on ARV treatment by 2013. At a rate of increase of 500,000 people per annum, we aim to provide treatment to at least three million people by 2015. A new five year Strategic Plan on HIV and TB is currently being developed which will set concrete treatment and prevention targets, as well as set out plans to protect and promote human rights.
  
3. South Africa believes that setting universal access as an objective requires greater resources, better use of resources and sustained resources. To this end the Declaration should emphasize:
  - 3.1. The recognition of recent funding draw backs which threaten the progress made to date and have resulted in a precarious future for those currently receiving care. In line with the African Union Abuja Declaration we call for increased donor funding for HIV, AIDS, TB and Malaria and particularly to increase the resources available for disbursement through the Global Fund to Fight AIDS, TB and Malaria;
  - 3.2. A commitment to increasing domestic expenditure on HIV and health generally;



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- 3.3. The responsibility of developing countries to utilise their right to take advantage of TRIPS flexibilities to ensure access to affordable and quality generic medicines, and of our own commitment to effect policy change necessary for South Africa to utilise these powers if and when the need arises;
- 3.4. The need for governments and pharmaceutical companies to invest more money into research for better TB drugs and diagnostics.
4. South Africa calls for the Declaration to be unambiguous on the principles of non-discrimination, equality before the law and the protection of minority groups. In keeping with the obligations of our own Constitution, we call for the Declaration to explicitly respect, protect, promote and fulfil the rights of key populations (including men who have sex with men, girls, migrant workers, people with disabilities, sex workers and people who inject drugs amongst others). Failure to protect and direct resources to these communities leaves them vulnerable to stigma, violence and discrimination and undermines the 'Elimination of New Infections – Zero discrimination – and the Elimination of AIDS related deaths' which should be the objective of the Declaration.
  - 4.1. South Africa therefore calls for the strengthening of human rights approaches to HIV and TB. The Declaration should clearly identify common human rights abuses associated with HIV; commit states to provide budgets for human rights protection and accessible affordable legal systems; develop systems to monitor human rights violations; and require states to report to the General Assembly on these issues.
5. South Africa further recognises that globally, women and girls are disproportionately affected by HIV and AIDS. South Africa reiterates the value and principle of developing and accelerating the implementation of national strategies that promote the advancement of women as well as women's full enjoyment of all human rights and reduction of their vulnerability to HIV through the elimination of all forms of discrimination and violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence and trafficking in women and girls. We should promote the shared responsibility of men and women to ensure safer sex; and empower women to have control over and decide freely and responsibly on matters related to their sexuality to increase their ability to protect themselves from HIV infection:



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- 5.1. Measures should be taken to increase capacity of women and adolescent girls to protect themselves from the risks of HIV infection through integrated Sexual and Reproductive Health in health services and through prevention education that promotes gender equality and eradicates women and girls vulnerability.
6. The Declaration must have a special focus on children. It must be noted that since the start of the epidemic, globally more than 16 million children have been orphaned as a result of AIDS, and that HIV has led to drastic rises in infant, under five and maternal mortality in parts of the world. More than 1000 children are newly infected every day in developing countries. The Declaration needs to commit to targets for the treatment of both parents and children; the need for investment in new paediatric drugs and formulations for HIV and TB, global access to life skills and sexuality education; and to programmes of support for in and out of school children and adolescents affected by HIV. The Declaration also needs to recognise:
  - 6.1. The particular challenges in treating children with often suboptimal antiretroviral regimens, the non-availability of appropriate formulations for some agents including very few paediatric fixed drug combinations (FDCs) and the specific difficulty of managing co-infection (HIV and TB) in young children due to the lack of an ideal strategy.
  - 6.2. That as a result of vertical transmission and improved treatment there is a growing population of adolescents living with HIV. Young people with HIV pose immediate and unique challenges that present with various specific needs. The Declaration needs to commit to a special focus on this group with a view to the development of global guidelines for the management of Adolescent HIV.
7. South Africa also reaffirms the principle of maximum involvement and leadership of people living with HIV, those in vulnerable groups and mostly at risk; particularly women and young people at all levels of the interventions and responses, and calls for a measure of involvement of people living with HIV, those in vulnerable groups, women and young people to be included in the indicators reported by states as part of the Declaration.



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- 7.1. The declaration should also recommend the magnitude of resource allocation in national budgets for the interventions for these key populations; and encompass impact mitigation priorities into the mainstream of development planning, including in poverty eradication strategies and sectoral development plans.
8. Tuberculosis is the main cause of death in people living with HIV in developing countries. This needs to be strongly reflected in the Declaration, which needs to provide greater detail on the measures States and the international community should take to reduce TB-related deaths. In particular we should call for:
- 8.1. Increased availability of comprehensive integrated TB/HIV services at public sector facilities including primary health care services.
  - 8.2. The reduction in costs of second line TB drugs;
  - 8.3. Targets for expanded use of improved technologies for diagnosing TB & MDR TB;
  - 8.4. Better infection control within health facilities;
  - 8.5. Global implementation of Guidelines to prevent TB infection amongst health care workers.
9. Finally, South Africa restates that ultimately diseases such as HIV and TB will only be overcome when there is greater equity and equality in the world. High levels of poverty, inequality, the denial of basic education and social protection, all contribute to the transmission of HIV. States have a duty to address the symptoms of HIV, through expanding access to prevention, treatment, care and support, education, social and health services, information and legal protection amongst others. But we must also recognise and develop concrete measures and agreements to tackle the social and economic determinants of HIV and ill health. In this regard we draw attention to the need for better co-ordination of global health, reform and strengthening of the United Nations agencies, and possibly for a future Framework Convention on Global Health as “a beacon of global solidarity for health as a human right”.

**END OF STATEMENT**  
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