Comments on the Draft Declaration of Commitment
for the United Nations General Assembly
Special Session (UNGASS) on HIV/AIDS

from

Civil Society Organizations Meeting in Geneva
25-27 April, 2001

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May 1, 2001
1.0 Introduction

“Outcomes of relevant events of civil society shall be used as platforms for input to the preparatory process and the special session, as well as to the outcome document.”

- Recommendations on the Involvement of Civil Society from the Note on the Special Session of the General Assembly on HIV/AIDS submitted by the President of the General Assembly - 8 December 2000

This document presents the conclusions of a meeting involving individuals from 31 not-for-profit networks and organizations from civil society, held in Geneva on 25-27 April, 2001.

We commend the General Assembly of the United Nations for its decision to hold a Special Session on HIV/AIDS and to issue a Declaration of Commitment.

We believe that the unique perspective and credibility of people living with HIV, and the contribution of civil society, are central to the response to the epidemic. We believe that the development and implementation of national strategies to combat HIV/AIDS must be done through proactive partnerships with civil society and people living with HIV/AIDS.

Promoting multisectoral national responses to HIV/AIDS and the active involvement of civil society have been consistent and dominant features of international HIV/AIDS discourses since they began. There can be no doubt that community-based initiatives and action are being implemented in response to the epidemic on a huge scale. The importance and benefits of such community programmes cannot be overstated.

As more is understood about the epidemic and the patterns of behaviour, social interactions and cultural contexts that underlie the spread of HIV, and the possible responses to it, greater emphasis is being placed on the value of community-level experience and expertise. The greatest source of knowledge about how best to respond to HIV, the so-called “lessons learnt,” is increasingly recognised as residing not at the level of national or international discourses, but at the level of community and individual experience. In this light, the principles of genuine civil society participation in the response to HIV/AIDS should not be overlooked.

The deliberations of this group of 31 organizations, networks and individuals is just one way that civil society is participating in the UNGASS process. Other forms of participation include the following:

♦ A few governments have included representatives of civil society organizations or people living with HIV/AIDS in their UNGASS delegations.
♦ Some governments have included a dialogue with civil society as part of their national preparations for UNGASS.
♦ Detailed feedback and commentaries have been provided by civil society organisations and individuals, in the form of numerous position papers and comments in response to various UNGASS-related documents.
♦ Specific events have been organised at the national, regional and international levels to discuss the priorities of the epidemic as they pertain to the various documents prepared for UNGASS, including the draft Declaration. The resulting position papers have been widely distributed.
A detailed rationale for civil society participation in UNGASS, and a description of the ways in which formal UN documents have explicitly encouraged and supported this participation, are included in Annex II.

We fully agree, as is stated in the preamble of the draft Declaration, that the global HIV/AIDS epidemic, through its devastating scale and impact, constitutes one of the most formidable challenges to humanity and to the future of humanity, since it undermines social and economic development throughout the world, creates unbearable human suffering and affects all levels of society.

We believe that the draft Declaration contains many worthwhile principles and goals. However, we believe that it falls short of what is needed. We do not believe that the draft Declaration adequately reflects the urgency and critical nature of the epidemic. We also do not believe that it adequately reflects the feedback that civil society has already provided concerning the priorities for responding to the epidemic.

This group of 31 civil society organizations, networks and individuals strongly urges the President of the General Assembly, the two facilitators of the UNGASS meeting, and Members States to fully consider and integrate the perspectives of civil society in re-drafting the Declaration of Commitment.

We offer the following comments and suggestions in an effort to improve the Declaration and to make it a credible document for guiding the future response to HIV/AIDS of governments, organisations and individuals. These comments were compiled with reference to civil society inputs previously shared through the Break-the-Silence email discussion forum. A synthesis of this separate input is available at [http://www.hdnet.org](http://www.hdnet.org)
2.0 Guiding Principles

Our deliberations were based on the following guiding principles. We hope that these principles will guide the drafting of the final Declaration of Commitment.

♦ The meaningful involvement and participation of people living with HIV/AIDS and people from affected communities is crucial to all levels of decision-making, planning, implementation, service delivery and evaluation.

♦ An effective response to HIV/AIDS requires the participation of communities, non-governmental organisations (NGOs) and community-based organisations (CBOs) as meaningful partners in all levels of decision making, planning, implementation, service delivery and evaluation.

♦ Long-term and meaningful initiatives to address HIV/AIDS prevention, care and support needs require the full participation of youth in decision-making, planning, implementation, monitoring and evaluation of HIV/AIDS policies and programmes.

♦ The response to HIV/AIDS should be framed within a human rights-based approach, paying particular attention to poverty and gender issues, and measures to decrease denial, stigma and discrimination.

♦ An effective response to HIV/AIDS depends upon political commitment and action at all levels and across all sectors, and requires strong leadership to ensure coordination and sustained action.

♦ Funding for the response to HIV/AIDS must be substantial, must be sufficient to address the needs of the epidemic, and must be sustained.

♦ HIV/AIDS policies and programmes should respond to local needs, realities and contexts, and should be evidence-based.

♦ Cultural values that empower, affirm identity and enhance human development should be acknowledged and endorsed, while cultural practices that reinforce denial, discrimination and imbalances in power should be condemned. Culture is not static; it needs to evolve to survive, and it needs to be used positively to respond to the HIV/AIDS epidemic.

♦ Responses to HIV/AIDS need to recognize that treatment, care and support are inextricably linked to prevention and to impact alleviation.

♦ HIV/AIDS prevention and care responses should be linked to and integrated with tuberculosis control strategies and STD management programmes.

♦ Responses to HIV/AIDS must use the tools available to address today’s needs and, at the same time, develop new technologies and methods to better address these needs in future.

♦ Repressive policies are an obstacle to effective HIV/AIDS programming and should be removed.
3.0 Detailed Feedback on the Draft Declaration

3.1 General Comments

♦ The draft Declaration acknowledges the importance of human rights issues by including a section on HIV/AIDS and human rights, and by referring to a rights-based approach in the preamble. However, the adoption of a rights-based approach means that the entire response to HIV/AIDS should be developed within a rights-based framework. It also means that measures to address human rights and legal and ethical issues need to be integrated into each section of the Declaration (leadership, prevention, care and support, reducing vulnerability, etc.) The draft Declaration will need to be amended to reflect this. The Declaration should also note that the Framework for Global Leadership on HIV/AIDS identifies the respect, protection and fulfilment of human rights as its foundation.

♦ The draft Declaration does not make any mention of the impact of the epidemic on indigenous peoples and their role in responding to HIV/AIDS.

3.2 Preamble

♦ In the clause on previous commitments, in addition to the declarations and other documents listed, the text should refer to the Universal Declaration of Human Rights, international and regional human rights treaties and conventions, the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37) and relevant resolutions of the Commission on Human Rights (including E/CN.4/2001/L.50 and E/CN.4/2001/L.69), particularly those that refer to the rights to health and to life.

♦ The clause on the people affected by HIV/AIDS would be improved if “rich and poor” were replaced with “without distinction based on social or economic status.”

♦ The list of international public goods in the clause on effective prevention and care strategies should include clean needles and syringes.

♦ The text should specifically recognize the positive contribution of people living with HIV/AIDS to the response to the epidemic.

♦ The clause on Africa should be strengthened. The following wording is suggested: “Recognizing that Africa is the worst affected region; that the majority of its countries are overburdened by debt and by populations sunk in poverty, which almost obliterates any impact from intervention programmes; and that this dramatic situation on the continent needs an appropriate and urgent response;”

♦ Specific clauses should be added to cover other seriously affected regions of the world. The following wording is suggested:

   ▪ “Recognising that South Asia, South-East Asia, East Asia, Central Asia, and Central and Eastern Europe also stand at serious risk of rapid and serious expansion of their HIV/AIDS epidemics and that these regions also require an appropriate and urgent
response, particularly given the knowledge that their epidemics are largely driven by drug
use and given the knowledge that drug-fuelled HIV epidemics spread much more rapidly
than sexual-transmission-related epidemics;”
- “Recognising that Latin America, particularly Central America and the Caribbean, is also
facing a rapid growth of the epidemic, especially amongst men who have sex with men,
women, mobile populations, sex workers and disenfranchised ethnic groups;”
- “Recognising the increasing growth of the epidemic in the Pacific Region and the
vulnerability and special needs of small Pacific Island nations, and the urgent need to
develop the capacity of these nations to respond to HIV/AIDS;”

3.3 Leadership

♦ This section should acknowledge the importance of (a) traditional leadership and (b) leadership
by youth.

♦ This section should acknowledge that leadership from non-governmental organisations,
community-based organisations and persons living with HIV/AIDS is fundamental to forming
effective partnerships and must be nurtured and supported.

♦ In the text on leadership at the national level, the reference to the involvement of civil society and
persons living with HIV/AIDS should be strengthened. Rather than referring to this involvement
as one aspect of the development and implementation of multisectoral strategies and financing
plans for combating HIV/AIDS, the text should state that these strategies and plans should be
developed through proactive partnership with civil society and the full and central participation of
persons living with HIV/AIDS.

♦ The declaration should encourage and support initiatives to establish national multisectoral
forums for open debate and dialogue on HIV/AIDS and promotion of intersectoral collaboration,
using appropriate information and communication technologies.

♦ The text on leadership at the global level should state that countries with greater resources should
take responsibility to assist countries with fewer resources to respond to the epidemic.

♦ The text on leadership at the global level should call for support for greater collaboration with and
coordination among non-governmental organizations, community-based organizations and
persons living with HIV/AIDS.
3.4 Prevention

We present comments on each of the three paragraphs in this section.

Paragraph on the development of national targets

♦ The text should state that national targets and priorities should be based on epidemiological evidence.

♦ The list of groups vulnerable to HIV infection should be comprehensive. At a minimum, the following groups should be added to those already shown: prisoners, female and male sex workers, migrant populations and refugees, and disenfranchised ethnic minorities.

♦ The text should refer to the responsibilities of men and boys (not just to their involvement).

Paragraph on prevention interventions

♦ The text should state that these interventions should be community-led and -owned. Communities need to be involved at all stages.

♦ The text should state that vulnerable populations should be actively involved in the interventions from design through to implementation and evaluation.

♦ The text should call for a three-tiered approach to interventions:
  - information, education and communication as awareness-raising tools;
  - risk- and harm-reduction strategies that facilitate safer sexual and drug use behaviours; and
  - political leadership, commitment and action to address legislative, cultural and economic factors that increase vulnerability to HIV/AIDS.

♦ The list of prevention interventions should include (a) the availability of sexual health information, including sexual education and empowerment programmes in schools; and (b) treatment to prevent mother-to-child transmission.

♦ Specific targets should be included in this section with respect to coverage of the prevention interventions listed in the section.

♦ The list of essential commodities should include microbicides, clean needles and syringes, drug substitution programmes and lubricants.

♦ The text should state that services and commodities must be accessible by all vulnerable groups and must be appropriate to those groups.

♦ This section should call on governments to support efforts by researchers and affected communities to continue to explore new and additional prevention approaches.
♦ The text should state that prevention interventions should be linked to care, treatment and support programmes and to programmes designed to mitigate the impact of the epidemic.

**Paragraph on specific targets to reduce infections among newborns**

♦ The dates for the attainment of these targets should be moved forward (i.e., earlier than 2006 and 2011). The necessary treatments are available and the cost in minimal, so there is no reason why these dates should not be advanced significantly.

♦ The text should mention the need to ensure that treatment of HIV-positive mothers needs to be continued after the births of their children. (Alternatively, this point could be made in the section on Care and Support.)

♦ A new target should be added: The Declaration should call for a 20% reduction by 2010 in the number of new infections among the vulnerable groups listed in this section.

**3.5 Care and Support**

♦ The word “treatment” should be added to the title of this section (“Care, Treatment and Support”) in order to reflect the importance of treatment issues.

♦ The opening statement in this section should be strengthened by the addition of a reference to the link to prevention. The following wording is suggested: “Care, treatment, and support are linked to prevention and are inseparable elements of an effective response.”

♦ With respect to access to treatment:

  - The text should state that quality essential medicines should be available for all people living with HIV/AIDS (not just those who are symptomatic).
  - The text should call for access to essential medicines, including antiretroviral therapy and treatments for opportunistic infections, sexually transmitted infections and tuberculosis.
  - The date for achieving substantial and measurable increases in access to essential medicines should be advanced. The current date in the text (2003) does not reflect the urgency of this issue.

♦ The text should state that comprehensive care, treatment and support strategies should be developed with the participation of people living with HIV/AIDS, affected communities, non-governmental organisations, the private sector and international organizations.
3.6 HIV/AIDS and Human Rights

♦ The Declaration should acknowledge that the overall response to HIV/AIDS needs to be framed within a human rights-based approach and that measures to enhance human rights need to be included in all sections of the Declaration (see General Comments above).

♦ In addition to acknowledging the link between human rights and vulnerability, the text should state that respect for human rights reduces the impact of the epidemic on those infected and affected by HIV/AIDS.

♦ This section should call on governments to take all necessary steps (by 2004) to ensure the respect, protection and fulfilment of HIV-related human rights of people living with HIV/AIDS and of all groups particularly vulnerable to HIV/AIDS – including women, men who have sex with men, injecting drug users, sex workers, children, prisoners and migrants – as outlined in the Universal Declaration of Human Rights and international treaties and conventions, and reflected in the International Guidelines on HIV/AIDS and Human Rights and relevant resolutions of the UN Commission on Human Rights. It is important to ensure that the vulnerable groups listed above are specifically named in this section of the Declaration.

♦ In addition to calling for new and strengthened laws, this section should call for measures to ensure that these laws are applied, and for measures to ensure that speedy civil remedies are available to deal with violations of these laws.

♦ This section should call for measures (by 2004) to implement and support legal support services that will educate people affected by HIV/AIDS about their human rights, provide free legal services to enforce those rights, develop expertise on HIV-related legal issues and utilise means of protection in addition to the courts, such as offices of ministries of justice, ombudspersons, health complaint units and human rights commissions.

3.7 Reducing Vulnerability

♦ The list of factors that make individuals or groups vulnerable to HIV infection should include punitive and repressive policies.

♦ This section should call for measures (by 2004) to increase access by young people to sexual health education and services, and information and education on drug use.

♦ The text should specify that programmes to reduce vulnerability should be provided to the following vulnerable groups: young people, women and girls, men who have sex with men, male and female sex workers, injecting drug users, prisoners, migrant populations and refugees, disenfranchised ethnic minorities, internally displaced persons, and people separated from their families due to work or conflict.
3.8  Children Orphaned by HIV/AIDS

♦ It should be clear (in the heading and elsewhere) that this section includes not only children orphaned by HIV/AIDS but also children infected and affected with HIV/AIDS.

♦ The section should call for the participation of children in programme planning and implementation. Experience has shown that such participation improves programmes and makes them more relevant to children’s needs.

♦ This section should refer to gender issues in the context of children, including (a) the increased vulnerability of girls, (b) the increased impact of the epidemic on girls, and (c) sexual and violent abuse of children.

♦ The date for the development and implementation of national strategies should be advanced from 2004 to 2003.

3.9  Alleviating Social and Economic Impact

♦ This section deals primarily with workplace issues. It should be broadened to include:

- measures to address the social impact of HIV/AIDS on families and communities;
- programmes to reduce poverty; and
- measures to address gender issues – i.e., the disproportionate impact on HIV/AIDS on women.

♦ With respect to the second paragraph in this section, people living with HIV/AIDS and civil society should be included in the list of groups to be consulted on the development of legal and policy frameworks.

♦ This section should call for the review of UN and other treaties that have a negative impact on efforts to address HIV/AIDS (including, in particular, treaties on illicit drugs).

3.10  Research and Development

♦ This section of the Declaration should call for greater developing country involvement and ownership in research and development processes and should state that this is an urgent issue. Specifically, the text should state:

- that developing countries should have access to information and other products emanating from the research;
- that measures will be taken to enhance the capacity of developing countries to undertake research; and
- that research in developing countries should meet ethical standards.

♦ This section should call for enhanced global coordination and collaboration on research, particularly among developing countries.
♦ The text should state that there is an urgent need to increase investment in research and development. Billions of new dollars are required (over and above any amounts included in the Resources section of the Declaration).

♦ The text referring to the development of new preventive and therapeutic approaches should list therapies for the treatment of HIV infection, other STDs and opportunistic infections alongside vaccines and microbicides; all three are equally important.

♦ This section should call for reforms of drug regulatory systems to speed up the process for approving clinical trials and new drug submissions; it should state that the target for approval of new drugs should be six months; and it should call for greater harmonisation of the drug approval process among countries.

### 3.11 HIV/AIDS in Conflict Affected Regions

♦ This section should refer to the need to address the issue of sexual violence perpetrated by armed forces personnel, including particularly sexual violence used as part of ethnic cleansing campaigns.

♦ The call for strategies to address the rapid spread of HIV amongst national uniformed services should be extended to include peace-keeping forces.

### 3.12 Resources

♦ The text should state that funding for HIV/AIDS constitutes an investment in communities and societies.

♦ The text should include a call for the investment of sufficient resources to meet the challenges of the epidemic and a substantial increase in annual spending on HIV/AIDS activities.

♦ The text should call on developed countries to set the level of their official development assistance at 0.7% of gross national product. It should state that countries that are below this level should set graduated annual targets designed to reach this level.

♦ The text should state that at least 25% of resources at the national level should be allocated to non-governmental organisations, community-based organisations and organisations of persons living with HIV/AIDS.

♦ The text calling for the establishment of a Global AIDS Fund should state:
  
  - that the fund should be ongoing (as opposed to one-time);
  - that at least USD $10 billion should be invested each year (increasing over time); and
  - that non-governmental organisations, community-based organisations and organisations of persons living with HIV/AIDS should play an active role in the governance of the fund.
3.13 Follow Up

We present comments on each of the three parts of this section.

At the national level

♦ This section should call for the development of baseline descriptions of the current surveillance data and the current response to HIV/AIDS in each country. This is a necessary prerequisite to measuring progress in the implementation of the commitments in the Declaration.

♦ The text should state that the annual reviews of progress will be conducted in partnership with persons living with HIV/AIDS and civil society.

♦ The text should state that the annual reviews of progress should be based on sound research methodologies.

♦ This section should call for the development of operational plans to implement the commitments in the Declaration.

♦ This section should call for the implementation (by 2003) of a system to monitor the effectiveness of national programmes promoting the respect, protection and fulfilment of HIV-related human rights.

At the regional level

♦ The text should state that people living with HIV/AIDS and civil society (including regional networks) should participate in the annual reviews of progress in implementing regional strategies.

At the global level

♦ The text should call for measures to ensure that HIV/AIDS issues are considered by international human rights treaty monitoring bodies.

♦ The text should state that the report of the Secretary General, to be reviewed at the annual General Assembly Session, should be based on the annual reviews at the national level.
4.0 Concluding Remarks

In conclusion, we would like to draw the attention of Member States, the President of the General Assembly and the facilitators to the fundamental importance of partnership with people living with HIV/AIDS and civil society in the UNGASS process and in the global response to HIV/AIDS. We hope that the principles we have enunciated in this document will guide future discussions on the Declaration. We trust that the comments we have put forward in this document will be carefully considered for inclusion in the next draft of the Declaration.

We look forward to collaborating with Member States during the balance of the UNGASS process. The interaction between civil society and the General Assembly Member States at the first informal consultation in February-March, 2001 was well appreciated by all participants. We strongly urge the General Assembly to consider another interactive session at the second informal consultation meeting in May.
Annex I

List of Individuals and Representatives of Organisations and Networks that Participated in the Meeting In Geneva on 25-27 April, 2001

Murdo Bijl, AIDS Foundation East West, Russian Federation
Richard Burzynski, International Council of AIDS Service Organizations
Edgar Carrasco, Acción Ciudadana Contra el SIDA, Venezuela; Latin American Council of AIDS Service Organizations
Jennifer Chiwela, World Association of Girl Guides and Girl Scouts, Zambia
Bernard D’Sami, Forum for Migrant Workers CARAM-ASIA, India
Tim France, Health and Development Networks, South Africa/Ireland
Baba Goumbala, Alliance nationale contre le sida au Sénégal
Elizabeth McGrory, Population Council, United States of America
Javier Hourcade Bellocq, Latin American Network of People Living with HIV/AIDS; GNP+ Latin America
Florian Hubner, Groupe SIDA Genève; European Council of AIDS Service Organizations
Rajiv Kafle, GNP+ Asia/Pacific
Milly Katana, Network of People Living with HIV/AIDS in Uganda
Oi Chu Lin, Hong Kong AIDS Foundation
Sue Lucas, International HIV/AIDS Alliance, United Kingdom
Yvette Madrid, International AIDS Vaccine Initiative
Naisiadet Mason, National Association of People with AIDS, United States of America
Mick Matthews, NGO AIDS Consortium, United Kingdom
Ruben Mayorga, OASIS, Guatemala
Elizabeth McKay, International Community of Women Living with HIV/AIDS
Shaun Mellors, International Council of AIDS Service Organizations, South Africa
Horres Isaack Msaky, AIDS NGOs Network of East Africa
David Patterson, Canadian HIV/AIDS Legal Network
Diane Riley, Canadian Foundation for Drug Policy; International Harm Reduction Association
Ton Smits, Asian Harm Reduction Network
Ann Smith, Catholic Agency for Overseas Development; Caritas International; United Kingdom
Emilis Subata, Central and Eastern European Harm Reduction Network
Fernanda Teixeira, Mozambique Red Cross Society
Alejandra Trossero, Latin American Regional Team, International HIV/AIDS Alliance, United Kingdom
Jane Tyler, Fiji AIDS Task Force
Saul Walker, National AIDS Trust, United Kingdom
Pius White, GNP+ North America

David Girmaise, writer

The participants were nominated by members of the UNAIDS Civil Society Advisory Committee for UNGASS.

The meeting was financially supported by UNAIDS and facilitated by NGOs.
Annex II

Rationale for Civil Society Participation
in the UNGASS Process and in the Response to HIV/AIDS

Promoting multisectoral national responses to HIV/AIDS and the active involvement of civil society have been consistent and dominant features of international HIV/AIDS discourses since the beginning of the epidemic.

During the 1980s, for example, the Global Programme on AIDS of the World Health Organisation (WHO/GPA) cooperated prominently with non-governmental organizations (NGOs) formed in order to respond to HIV/AIDS. WHO/GPA played a facilitating role in the creation of the International Council of AIDS Service Organizations (ICASO), the Global Network of People Living with HIV/AIDS (GNP+), and the International Community of Women Living with HIV/AIDS (ICW), and provided important impetus to the almost immediate recognition of these organizations as legitimate stakeholders.

The earliest international discourses specifically mention the need to involve NGOs in the national and inter-governmental responses to HIV/AIDS, as exemplified by the following text from the Global AIDS Strategy in 1985:

"Nongovernment organisations, including voluntary, community-based associations, can play a vital role in promoting safer sexual practices and providing support for persons affected by HIV/AIDS. Their particular strength lies in their access to individuals and communities and in their credibility, without which behaviour change and its maintenance are so much harder to achieve. Associations of persons living with HIV or AIDS have a unique credibility in this regard. It is therefore essential that all relevant parties, governmental, intergovernmental, and non-governmental, forge partnerships to ensure the genuine involvement of community-oriented organisations that are already working on AIDS or that have the potential to do so."

The tone of statements such as this has not changed significantly in the intervening years. The preamble to the current draft UNGASS Declaration of Commitment says:

"Affirming that strong partnerships involving Governments, the United Nations system, intergovernmental organisations, non-governmental organisations, the business sector, community and faith-based organizations are important;"

However, defining close working relations with civil society remains difficult for many governments and even for international agencies. Today, over twenty years into the response to HIV/AIDS, the UN General Assembly special session (UNGASS) on HIV/AIDS must go beyond merely acknowledging principles of civil society participation. It must demonstrate a concrete commitment to the principle of genuine multisectoral partnerships in the response to HIV/AIDS. Affirmative action to fully recognize and integrate civil society perspectives into the draft UNGASS Declaration of Commitment would illustrate the benefits of open and transparent government-NGO partnerships and could lead to more productive government-NGO collaboration at the country level.

We must move beyond rhetorical statements about the involvement and participation of civil society. NGOs must be integrally involved in setting the direction for the response to HIV/AIDS. This is consistent with the

1 Anil Kumar Soni (1998), From GPA to UNAIDS: Examining the Evolution of the UN Response to AIDS
Essay presented to the Committee on Degrees in Social Science, Harvard College, USA.
3 UNGASS Draft Declaration (30 March 2001)
models of health promotion embodied in the 1986 Ottawa Charter on Health Promotion, the subsequent Jakarta Declaration, as well as the stated aims of specialised agencies such as WHO.

“With recognition that there is a conventional wisdom in every community, and that people are able to think and act constructively in identifying and solving their own problems, the emphasis on health education is shifting from ‘intervention’ to ‘community involvement’.”

What Has Been Said About Civil Society Participation in the UNGASS Process

Documents prepared in recent months as part of the UNGASS process have explicitly supported and promoted the participation of civil society. The following are extracts from these documents:

A) UN General Assembly Fifty-fifth Session
Resolution 55/13 - 3 November 2000

Para12. Recognizes the importance of the contribution of civil society actors in the response to the epidemic at all levels, and in this regard underlines the need for the active involvement of civil society representatives in the preparatory process and the special session;

B) UN General Assembly Fifty-fifth Session
Note on the Special Session of the General Assembly on HIV/AIDS submitted by the President of the General Assembly - 8 December 2000

Para26. The special session may also consider other relevant documentation, for example documents from various regional and subregional meetings on HIV/AIDS which have been made available to the preparatory process of the special session by the respective organizations and bodies, as well as inputs from the civil society organizations, as deemed necessary and feasible by the Member States during the preparatory process

C) Recommendations of the President of the General Assembly (from B. above):

Para49. Member States should include representatives of civil society actors, people living with HIV/AIDS or representatives of their associations, and representatives of private sector in their national delegations to the special session.
Para50. In order to allow a maximum possible input by civil society actors and a wide geographic coverage, efforts should be undertaken by the UNAIDS secretariat and the Department of Public Information to establish an interactive electronic discussion forum. Summaries of inputs from those discussions would be made available to the preparatory process as informal inputs.
Para51. Outcomes of relevant events of civil society shall be used as platforms for input to the preparatory process and the special session, as well as to the outcome document. A list of such events is already being updated and will be included in the web site of the special session.

D) UN General Assembly Fifty-fifth Session
Special Session of the General Assembly on HIV/AIDS:
Report of the Secretary-General

Para46. Civil society has led the way on some of the most sensitive issues, such as drug-related prevention, human rights promotion and protection of people living with HIV/AIDS. NGOs have made significant

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4 Ottawa Charter for Health Promotion (1986) – WHO (WHO/HPR/HEP/95.1)
contributions to the development of appropriate models for community care and support. Along with several treatment action groups, they have initiated advocacy programmes and placed the issue of equitable and affordable access to care, treatment and support onto global and national agendas. Civil society groups are also key actors in regional and international partnerships, such as the International Partnership Against AIDS in Africa.

E) Global crisis - global action
Reversing the HIV/AIDS epidemic: critical issues
Note by the UNAIDS Secretariat

Para5. To combat HIV/AIDS effectively, leaders in all countries and at all levels should:
- Involve people living with HIV/AIDS in shaping and driving forward efforts to stem the epidemic both at the national level and within communities;
- Develop concerted, multisectoral national HIV/AIDS programmes that improve coordination among actors, avoid duplication and focus energy and resources.

Para6. Leadership needs to be exercised at all levels of society. While effective action has to start with high-level political leadership, this must cascade through leadership at all levels and in all sectors. Community, religious, political, media and private sector leaders should all be involved, supporting community-focused efforts and empowering local responses.

F) 55/2. United Nations Millennium Declaration

Para30. We resolve therefore
• To give greater opportunities to the private sector, non-governmental organizations and civil society, in general, to contribute to the realization of the Organization’s goals and programmes.