



share-net
NETHERLANDS NETWORK ON SEXUAL
& REPRODUCTIVE HEALTH AND AIDS

Report of the UNGASS HIV/AIDS expert meeting

How to deal with the conservative “Bush” agenda?

**Organized by Share-Net and World Population Foundation
23 May 2006 , The Hague**

**June 2006
Mirjanne Kessels**

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Abbreviations and Acronyms

| | |
|---------------|--|
| AIDS | Acquired immunodeficiency syndrome |
| CHANGE | Center for Health and Gender Equity |
| GIPA | Greater Involvement of People Living with HIV/AIDS |
| HIV | Human immunodeficiency virus |
| KIT | Royal Tropical Institute |
| MDG | Millennium Development Goals |
| NGO | Non-governmental organization |
| PEPFAR | President's (Bush) Emergency Plan for AIDS Relief |
| SRHR | Sexual and Reproductive Health and Rights |
| U.K. | United Kingdom |
| UN | United Nations |
| UNGASS | United Nations General Assembly Special Session |
| U.S. | United States |
| USAID | United States Agency for International Development |
| WPF | World Population Foundation |

1 Introduction

In preparation of the UNGASS Review and High-Level Meeting on HIV/AIDS, New York, 31 May-2 June 2006, Dutch civil society has produced a joint lobby document as input for the governmental delegation.¹ Comprehensive prevention efforts, including comprehensive sexuality education, access to male and female condoms, harm reduction interventions, new preventive technologies and specific attention for vulnerable groups are considered as key elements of effective HIV/AIDS prevention strategies, where the Dutch can and should make a difference.

In reality, this broad and non-judgmental approach is confronted with fierce opposition. Evidence-based comprehensive prevention programmes are increasingly being replaced by conservative, moralistic abstinence-only campaigns that stigmatize people living with HIV and AIDS, deny access to life-saving information and condoms and eventually contribute to an increase in new HIV infections.

In order to inform Dutch civil society and provide the governmental delegation with sufficient “ammunition” to counter conservative arguments, Share-Net and World Population Foundation organized an expert meeting on 23 May 2006 where the impact of PEPFAR - President’s (Bush) Emergency Plan for AIDS Relief - was discussed. Members of the delegation were asked on how they deal with these conservative forces during and after UNGASS meeting on HIV/AIDS.

The program contained a presentation and panel discussion. Frans Baneke, executive director of WPF welcomed those present and opened the meeting by introducing Jodi Jacobson, CHANGE, as key speaker and the panelists of whom some are members of the delegation: Paul Bekkers, AIDS Ambassador, Rose Koenders, member of CHOICE for youth and sexuality, Varina Tjon-A-Tjen, MP of the Labor party and Harry van Bommel, MP of the Socialist Party.

This report contains a summary of the presentation and panel discussion.

¹ See Annex II for the statement of Dutch civil society statement.

2 Opening

Frans A.J. Baneke, Executive Director of World Population Foundation (WPF)

In preparation of the UNGASS Review and High-Level Meeting on HIV/AIDS, New York, 31 May – 2 June 2006, Dutch civil society has produced a joint lobby document as input for the governmental delegation. Four issues were considered key elements of comprehensive HIV/AIDS prevention strategies:

1. comprehensive sexuality education, and access to male and female condoms,
2. harm reduction interventions,
3. new preventive technologies,
4. and specific attention for vulnerable groups.

Here the Dutch can and should make a difference.

In reality, this broad and non-judgmental approach is confronted with fierce opposition. Evidence-based comprehensive prevention programs are increasingly being replaced by conservative, moralistic abstinence-only campaigns that stigmatize people living with HIV and AIDS, deny access to life-saving information and condoms and eventually contribute to an increase in new HIV infections.

Currently negotiations are ongoing in New York about the draft political declaration, which should be adapted during the High Level Meeting. Here we see the same thing happening: it seems to be forgotten that 80% of HIV infections are transmitted sexually and that most new infections are among young people between 15 and 19 years old. Instead of recognizing these facts, SRHR is not mentioned and the draft Declaration talks about “appropriate HIV/AIDS education”, whatever that may be.

If governments of the world keep shying away, we will not be able to reverse the global HIV/AIDS pandemic. It is therefore, that Share-Net and WPF organized this expert meeting. This meeting will focus on developments, which negatively influence HIV/AIDS prevention, especially the impact of PEPFAR – President’s (Bush) Emergency Plan for Aids Relief, and the AB-focus and provide the governmental delegation with the arguments to counter the balance of these discussions.

Members of the panel will be asked on how they deal with these conservative forces during and after the High-Level Meeting on HIV/AIDS. And we hope the Dutch government will not shy away. The panelists are:

- Paul Bekkers, HIV/AIDS Ambassador of the Netherlands and member of, or possibly leading the governmental delegation to the High Level Meeting.
- Rose Koenders, member of CHOICE for youth and sexuality, and the youth delegate in the governmental delegation.
- Varina Tjon-A-Tjen, MP of the Labor Party, just returned from a European parliamentary study trip to Ethiopia. She will join the governmental delegation, together with three other MPs: Kathleen Ferrier, Boris Dittrich en dhr. Middelkoop Christen Unie – Eerste Kamer.
- Harry van Bommel, MP of the Socialist Party, who already very often posed critical questions to the Dutch government about the collaboration with the U.S. in the area of HIV/AIDS, and we do expect some critical remarks now as well.

But first Jodi Jacobson, executive director of CHANGE, Center for Health and Gender Equity from the U.S., will give a critical, in-depth analysis of the negative impact of the PEPFAR policy.

3 The implications of PEPFAR ***Presentation by Jodi Jacobson, Executive Director of Center for Health and Gender Equity (CHANGE)***

Jodi Jacobson is a long-time women's health advocate with extensive experience in gender, health, and demographic issues. She is founder and Executive Director of CHANGE. Founded in 1994, CHANGE advocates for fully funded reproductive health and HIV/AIDS programs, through educating policymakers and the public and informing U.S. legislation.

CHANGE is a U.S.-based organization working to advance sexual and reproductive health and rights within U.S. international policy. We conduct research and policy analysis on issues related to health and rights in Africa, Asia, and Latin America, monitor the effects of U.S. policies and funding streams on women and girls on the ground in several countries, and conduct public education and evidence-based advocacy to inform policymakers and key constituencies of the most effective approaches to meeting the needs of vulnerable population. We focus primarily on the effects of U.S. policies on access to basic SRH services, such as HIV prevention and family planning; on U.S. responses to gender violence and sexual coercion, especially as these relate to high rates of unintended pregnancy, HIV infection and other adverse outcomes; and on U.S. support for the economic and social empowerment of women, girls, and vulnerable sub-populations.²

PEPFAR is the central U.S. policy document and was released on February 24, 2004, by the State Department Office of the Global AIDS Coordinator. It serves as the primary blueprint for spending billions of dollars of U.S. funds to prevent new HIV infections, treat people with HIV and care for HIV-positive children orphaned by AIDS over five years. We have to give credit to the U.S. government for this huge ambitious plan to fight against AIDS and getting the money on the table to do it. However, there is an active, strong political fundamental movement framing issues particularly regarding prevention. The Bush administration and PEPFAR are emphasizing abstinence-only over comprehensive sex education to appease fundamentalist and religious groups in the U.S. These ideologies are being exported to the PEPFAR countries, meaning that federal money, in particular, goes to abstinence-only and abstinence and faithfulness programs. We are therefore deeply concerned with both the content of and the conditions placed on U.S. global AIDS programs and funding streams.

Regarding the ABC policy of PEPFAR it is very critically to understand what they say publicly and what is happening on the ground. In fiscal year 2004-2005 one-third of all funding for prevention was earmarked for abstinence-only strategies. However, PEPFAR defined prevention broadly, it includes activities such as prevention of maternal-to-child-transmission under prevention rather than under funding for treatment. As a result a much higher proportion of funds for prevention will be spent on abstinence-only until marriage programs. For fiscal year 2006 PEPFAR requires that two-thirds of all funding for prevention be spent on abstinence and faithfulness programs.

ABC is a comprehensive strategy. If every person receives ABC information they can make accurate and informed choices about remaining sexually active. However, there is a move from comprehensive strategies toward abstinence-only programs for young people and be faithful programs for people who are married. Yet, the majority of unmarried adolescents are already sexually active and therefore at immediate and high risk of infection. In sub-Saharan Africa the

² See www.genderhealth.org for more information on CHANGE.

highest rates of new infection, 80 percent are the result of unprotected sex, are among those ages 15 to 24 and among married women in their twenties and thirties. They need to be provided with information, skills training, and technologies to practice safer sex. On my trip to Nigeria last year I found growing resistance to and resentment of the restrictions imposed on prevention programs by PEPFAR among women and youth groups, treatment advocates, medical professionals, and government and donor officials. In Nigeria effective condom social marketing programs previously funded by the U.S. are being replaced by abstinence-only messages. Condom programs are moving to so-called risk groups like prostitutes and truck drivers and with this re-stigmatize condoms. In many PEPFAR focus countries HIV infection rates in the general population are extremely high, meaning that there is a generalized epidemic where *everyone* is at risk. Therefore, *everyone* needs access to all available information and means of protection. Moreover, the U.S. is sending fewer condoms to Africa today than in 1990. Thus, instead of doing ABC PEPFAR breaks it down in pieces to only A, B and C. At the same time, large amounts of funding are being granted to faith-based groups, even when they have little or no capacity or experience on public health, rather than public health institutions. This approach cannot be justified with 5 million new infections each year.

Organizations – both U.S. and foreign NGO's - receiving USAID HIV/AIDS funding also must adapt a policy explicitly opposing prostitution through out their programs regardless of funding source. This policy, the "prostitution loyalty oath", restricts organizations from using best practices to prevent HIV/AIDS among sex workers and undermine efforts to stem the spread of HIV. As a consequence it re-stigmatize sex workers and condoms.

What can we do to counter the active strong political fundamental and ideological influence on PEPFAR? We can do a lot. We have to continue to ask critical questions such as does this approach enable people to make choices and is it evidence-based. But we do need your help. It is important to share information and help us with evidence-based information to enable us to mobilize the U.S. government. We have to collaborate together.

4 Panel discussion: What's at stake at the High-Level Meeting on HIV/AIDS and how will the Dutch delegation deal with the conservative agenda.

- Chair: - Frans Baneke, WPF
Panelists: - Paul Bekkers, HIV/AIDS Ambassador of the Netherlands
- Harry van Bommel, MP of the Socialist Party
- Varina-Tjon-A-Tjen, MP of the Labor Party
- Rose Koenders, CHOICE for youth and sexuality
- Jodi Jacobson, CHANGE

Paul Bekkers is asked what kind of strategy he has in mind to be effective and what can be done to build bridges with regard to the concerns presented by Jodi Jacobson.

Paul Bekkers

We need a comprehensive strategy. But first we have to acknowledge the fact that the U.S. is the biggest contributor for the fight against AIDS and still the largest provider of condoms worldwide. I would have liked somebody from the U.S. Embassy to be present to illustrate their official policy and to balance the information that we are sharing here today.³

Governments do shy away from the discussion with the U.S. They tend to not be willing, or be able to be straight forward in their communication with the U.S. One reason is that governments are not yet sufficiently aware of the enormous impact of HIV/AIDS and the urgency to address it. We could be a bit more forceful in addressing states, like South Africa, for not taking their responsibilities to take care of their citizens and to make sure that they have good prevention strategies. Regarding the U.S. we should be much more forceful too, however, the current U.S. administration is not specifically known to be receptive to criticism. The more you fight the less they will listen. Therefore, we need a dialogue, an open dialogue.

What we do so far is fill the gaps. In Tanzania we compensated the distributions of condoms for the general population and young people when the U.S. changed the focus to high-risk groups only. In Bangladesh we compensated research institutions involved in SRH&R when U.S. money was withdrawn. We should be very open and clear to the U.S. that we are doing this for specific reasons and saying that we do not agree with their policy.

We should continue to be in disagreement with the AB versus C debate through evidence-based information. We know a comprehensive approach is good. I just read a report on Uganda by Tim Allen, a researcher. Just to quote a few things: "what exactly has effected incidence and prevalence rates remain unanswered. Condom use does not seem to have been particularly important. Limitations on sexual contact might be more significant in affecting overall trends although this too probably varies in different parts of the country."⁴ He says he has been reading so much studies and he does not know the right approach. I just illustrate this to show that we have to be a bit careful in what we think is the truth. We all know that the A is not effective; we all know ABC is good but not sufficient. We know a comprehensive strategy is evidence-based. Nevertheless there are very different parts of it. What is the effect of A, what is the effect of B and what of C? We do not sufficiently know. That means we have to be a little bit careful and coming back to the dialogue with the U.S. and base ourselves on facts.

We should be more on senior government level with the U.S. and be clear that we disagree with their policy and more important to keep the dialogue open with the Administration, with Congress and with the Global AIDS coordinator. With this we could be more instrumental in meeting the Congress. I am planning with my colleagues from Norwegian and Sweden, with whom we share certain messages, to be forceful and lobby clearly. We need to have an open dialogue, be fair and clear, and lobby in collaboration.

Parliament members are asked to react on what is being said by Paul Bekkers and for their view on what can be done in this dialogue.

³ Members of the U.S. Embassy were invited for this expert meeting, however, did not show up.

⁴ AIDS and evidence interrogating some Ugandan myths. Tim Allen. *Journal of Biosocial Science* 2005;00 p 1-22

Harry van Bommel (Socialist Party/SP)

We should spend more money worldwide on prevention and the fight against HIV/AIDS. Looking at the UN goals we are obliged to do it. If we look at how far we are today with the millennium goals and the years we have left we can foresee that we are not going to meet the goals as far as the fight against HIV/AIDS is concerned. If we really want to reach the MDGs on HIV/AIDS of 2010 we should accelerate, increase funding, reach more people and change the policy that we are following today.

We have to give credit to president Bush that he has come with extra money. But when we look at the discussion inside the U.S. the international fight against HIV/AIDS is also affected with the massive tendency in the US. Abstinence-till-marriage cards, or so-called ATM cards, are handed out at schools in the West of the U.S. to influence young people to stay away from sexual activity till marriage. ATM cards are usually used by people to get money from the cash machine. An ATM card is something everybody has and communicating through these ATM cards is communicating a new culture in the US. This new culture, concerning sexuality in institutes in the U.S., which is being standard today, is dangerous and really alarming. This new culture is going to be there even after the installment of a new administration. So, spending extra U.S. dollars is one thing but if these dollars are ideological coloured then president Bush is buying the wrong support in the U.S. The discussion going on in the U.S. and the new culture concerning sexuality are reflected in all foreign policies worldwide of the U.S. services.

Internationally, there is a lot to be done and Paul said that he is very much speaking out, critical, open and frank concerning the importance of prevention and the fact that ABC is not enough. It is important to have a discussion on ABC worldwide but that is not enough.

Varina Tjon-A-Ten (Labor Party/PVDA)

Varina Tjon-A-Ten shared with us her personal observations from a recent European parliamentary study trip to Ethiopia and issues that we need to address.

Ethiopia has 77 million people and there are only 3000 doctors. Because of the lack of doctors ARV treatment is a problem. There is also a lack of midwives, health workers and funding. In the rural areas is a great need of condoms and it is good to supply people with condoms and ART, however, there is a lack of gloves. On the one hand money is given for treatment but on the other hand health workers are infected daily because there are no gloves.

Most of women do not have money to buy sanitarian napkins. This means, looking from an educational point of view, those young girls are not going to school for approximately 4 days a month. We need to look at this issue too if we really want to have an integrated SRH approach.

Other issues that need to be addressed are the age of marriage of young girls to older men, sex workers, divorced, handicapped and marginalized women, soldiers who are working as peace keepers, sugar daddies and mommies, and in particular the stigmatization of AIDS patients. Families and friends abandon people who have AIDS. Only voluntary workers are taking care of them.

Women parliamentarians from Ethiopia and other African countries want to address issues of HIV/AIDS, however, this is sometimes very difficult for them. We have to look at which ways we can support them so they can address those issues.

Rose Koenders (CHOICE for youth and sexuality)

Rose Koenders did a research on the point of view of young people on abstinence and being faith-full, and sexual behavior on the local level in Uganda. She shared with us some findings and issues.

There is a huge contradiction and confusion on abstinence among young people right now. Most girls in interviews said that they are all virgins. However, when they were asked about other girls, if they are all virgins, they said “*you don’t find virgins among girls these days*”. In reality there is not much abstinence among young people. The ABC model used at schools reinforces the stigma of not being virgin because the A of abstinence is taken a lot higher than the B and C. Only if you are really that bad that you are almost a prostitute you practice C, and use a condom.

ABC is not a good message for young people at all because of the strong hierarchal structure between the A, B and C. Young girls and young women have to be virgins but in reality they are not. Moreover, ABC is not comprehensive at all. If I look at my own life, I am faithful to my boyfriend and that relationship may last a few months or longer and then I am faithful to my next boyfriend. So, the S of serial monogamy can be added in the ABC, however, also D of decision-making and E of equal relationships. If young people do not have sexual rights it is impossible to fight HIV/AIDS. The policy of George W. Bush does not reflect the real world.

In the draft declaration of the review of UNGASS there are two paragraphs focusing on young people and HIV prevention. It mentions comprehensive evidence-based education, youth specific HIV education and youth friendly health services. Most of the HIV infections among young people are the result of, unprotected, sex. The word *sex* is missing in the two paragraphs. *Sex* and *sexuality*, and comprehensive *sexuality* education are not mentioned.

During the High-Level Meeting the Dutch delegation must discuss with civil societies in New York that we want comprehensive *sexuality* education and call for a greater attention for mutual *sexual* orientation, *sexual* health services and youth participation. Young people are experts of their issues and should be involved in all stages of programs and policies concerning their lives.

Comments or questions from the audience

- *Yvonne Bogaarts, WPF*

I was quite surprised that Paul said that we do not know what really works. We know from evidence-based research that comprehensive sexuality education leads to young people delaying sexual activity, to fewer sexual partners and to higher condom use. While ABC strategies do not lead to more faithfulness and condom use. At best, ABC strategies may delay sexual debut but research indicates that when young people become sexuality active they have more unsafe sex. We have to distinguish between ABC indicators as such and ABC strategies.

Paul Bekkers

I was a bit provocative. What I am trying to say is that we always have to be careful about what we think is the truth. I always thought we know sufficiently how to deal with prevention. Recently, during a meeting with professionals, colleagues and people from the World Bank, we had an anonymous test. The question was do we know how to deal with the HIV/AIDS problem and the best prevention strategy. I thought a big yes. But it happened to be that the people working in the field for a long time still have questions on the right approach. I just

think we have to be careful and concentrate on research. This is not happening enough. In the South of Botswana is a very small town with a very low HIV prevalence rate because of a local culture of no penetration before marriage. It might be something worthwhile that works for other parts inside the country. It is just an example how we have to look for new ways continuously and keep on progressing.

▪ *Madeleen Wegelin, KIT*

I have a comment on the Dutch messages and recommendations.⁵ It says, "Harm Reduction Interventions which have been shown effective, should be rapidly scaled up". However, harm reduction cannot be scaled up if we do not address the legal environment around it. This is the barrier for many things that needs scaling-up. So, I would put rather the barrier of legal environment that should be dealt with more in order to scale up rapidly harm reduction because we know exactly what works and what should be done.

▪ *Jan Willem Harnmeijer, KIT*

I have the impression that Holland does it alone. Would it be a more sensible strategy to form coalition among side European partners in order to have a common sense of strategy?

Paul Bekkers

We are very much working with fellow countries. The U.K. is quite forceful and strong. We are friends of the U.S. but the U.K. is even a better friend. So, we work much closer and stronger together with the U.K., Norway, and Sweden but also with the new EU states. What we discover in the Netherlands now is also happening in other countries, which is evidence-based. So, we are getting at the same agenda. That is progress.

Agenda and priorities regarding the High-Level Meeting and the U.S.

Paul Bekkers is asked to elaborate on the messages he takes to New York

Paul Bekkers

In the declaration of the review of UNGASS on HIV/AIDS a lot is missing but as compared to the original declaration, a lot is gained as we look at what is in it now.

Our agenda and priorities:

- Comprehensive evidence based prevention. We have to counter-balance forces that increase stigmatization. For states it is sometimes much easier to deny the problem instead of facing it.
- The GIPA principle.
- Free treatment access for children.
- The linkage between SRH&R and HIV/AIDS. Our policy is based on this. Addressing gender issues is extremely important as well. We will always, at every incidence, make ourselves very strong on this.
- The brain drain to the U.S and Europe, and the brain drain within countries and its consequences for health systems.
- A stronger focus on more health research and funding.

⁵ See Annex II for 'Statement Dutch Civil Society, messages and recommendations developed by Dutch Civil Society'.

In our dialogue with the U.S. we should be more clear, vocal and forceful. Five priorities to address:

- The focus on AB and abstinence-only is a denial of the realities of life and it stigmatizes people.
- The linkage, the effective one, between SRHR and HIV/AIDS. We go for integration not for separation.
- The prostitution loyalty oath.
- The bilateral approach. The US often chooses to work aside of others, like the Global Fund, UNAIDS and other donors. In the PEPFAR program of last year the Netherlands was acknowledged as a contributor and friend of the U.S. in the fight against AIDS. In the newest policy we are not mentioned at all.
- The local capacity and the brain drain to the US and Europe and the internal brain drain or hemorrhage.

Another point we have to address is the contradiction and confusion on abstinence among young people that was mentioned by Rose Koenders.

Jodi Jacobson

An excellent agenda, however, a few points:

- We have to look at the question of evidence. This becomes a question of end goals. If your, our, end goal is for people to be able to engage in safe, healthy and consensual sexual alliances it is a different marker than the marker how long someone remains abstinent. That might be an intern marker to encourage the delay of sexual behavior of adolescence, but this is a very different end goal and becomes a different enterprise. We have to ask those big questions. And part of that to continue to challenge people on the ground.
- I encourage you to look at the Government Accountability Office Report. We asked for that report last year, it informed us about what was happening with PEPFAR.
- What PEPFAR is doing now is lowering the distribution and use of condoms, and re-stigmatizing condoms and its use. If you are replacing money in Tanzania to replace money that the U.S. withdrew, we are not getting any further.
- In the U.S., several studies on abstinence and abstinence-only shows that we have higher rates of infections and anal sex because teenagers are having sex. There is a disconnect between evidence and policy. It is a real political problem in the long term. It is dangerous when this is exported to PEPFAR focus countries and pushes back on other social goals. A social goal is to raise the age of marriage of girls, and ensure they have children when they are ready for it. What we see in Uganda is that the push for abstinence actually decreases the age of marriage, thereby compromising other social goals.
- Regarding all those issues a lot can be done. We can help each other by seeing each other as partners and to give each other information about the other side of the story. I hope that this will be an ongoing thing.

Paul Bekkers

I agree with Jodi, we have to see each other as colleagues that is really important.

Harry van Bommel

I agree that all issues should be on the agenda. But there is one issue that is relevant for all the other aspects and that is the unilateral approach of the U.S. It leads to misunderstanding of the effective approach in Africa and misconfusion. Therefore, I think that the multi-lateral approach is the only approach that can work. That means we should have more debates on evidence-based information and approaches. The delegation should stress more on the necessity of this approach worldwide.

5 Closure of the meeting by the Chair

Frans Baneke closes the meeting by saying that civil society is very pleased that they have had the opportunity for a dialogue with the delegation that goes to the High-Level Meeting in New York. Words of thanks are given to all participants for coming and participating in the expert-meeting and especially to Jodi Jacobson for coming and giving more insight in the U.S. policy. The delegation and civil society will benefit of that because at this time and with this issue the U.S. is a very important country. The hope is expressed that there will be more of these opportunities for dialogue between civil societies and parliament.

Annex I Program

How to deal with the conservative “Bush” agenda?

UNGASS HIV/AIDS Expert meeting, The Hague

by Share-Net and World Population Foundation

at Pulchri Studio, The Hague, May 23, 2006

- 16.00 Registration
16.30 Opening by Chair
16.40 The implications of PEPFAR
 Presentation by Jodi Jacobson, Director of CHANGE (Center for Health
 and Gender Equity)
17.00 Panel: What’s at stake at the UNGASS Meeting on HIV/AIDS and how will
 the Dutch delegation deal with the conservative agenda:
 - Paul Bekkers, Aids Ambassador of the Ministry of Foreign Affairs
 - Rose Koenders, CHOICE for youth and sexualtiy
 - Members of Parliament, (tbc)
17.20 Discussion
18.30 Closure and reception

Annex II Statement Dutch civil society Messages and recommendations developed by Dutch Civil Society

Preparing the Dutch mission for the UNGASS 2006 review Messages and recommendations developed by Dutch Civil Society

HIV/AIDS is an exceptional threat, needing an urgent, sustained and comprehensive response. It is a cross-cutting issue, affecting human, social and economic development. HIV/AIDS is having a devastating effect on women, who are hit hardest by the epidemic. As such, an effective response must be linked to the fight to achieve the Millennium Development Goals, particularly poverty reduction and gender equality. The strong reaffirmation of the Declaration of Commitment of 2001 in the global fight against HIV and AIDS is necessary.

Universal access to AIDS prevention, treatment and care by 2010 requires an unprecedented effort, which means adequate financing and more effective use of the available funds, investing in human resource capacity, availability of affordable commodities (including quality medicines, contraceptives and condoms), openness about sexuality and reducing stigma, discrimination and gender inequality. The longer term sustainability of universal access also requires better tools, including new drugs, diagnostics and technologies for prevention, especially vaccines and microbicides. A comprehensive response implies delivering interventions for prevention, treatment and care that we have today and with equal urgency to develop better tools for the future. This unprecedented effort is required in order to avoid another failure to meet the targets that are set, as has happened in recent years.

National targets on prevention, treatment and care are necessary to drive planning, to allow monitoring of progress and to assign accountability to all stakeholders. They should mobilize both countries and international organizations to translate commitment into action. National targets should include, among others, deadlines to achieve:

- Inclusion in school curricula of mandatory comprehensive sexuality education and life skills
- Access to sexual and reproductive health services that integrate HIV, including for youth and women with HIV guaranteed
- Availability and accessibility of contraceptives and male and female condoms
- Safe blood transfusions
- Harm reduction programs, including substitution treatment, needle exchange and access to information
- Availability and accessibility of voluntary counseling and testing
- Number of people (men and women and children) with access to good quality HIV treatment

Universal access to treatment, prevention and care can only be achieved if women and youth are specifically targeted, since they make up the majority of people affected by the pandemic. At this moment these vulnerable groups lack information, skills and services to make informed decisions concerning their sexual behaviors. HIV prevention programs must take into account the specific problems of girls and young women while research into new tools and technologies that will increase the range of preventive options available must be supported.

To achieve the commitments, specific targets are needed to reach vulnerable populations, including active injecting drug users, children, men who have sex with men, trans-genders, sex workers, prisoners and migrant populations.

The meaningful involvement of People living with HIV and of Civil Society is crucial in the response to HIV/AIDS. They should be involved in every level of decision-making that impacts their lives.

An efficient response to the HIV/AIDS pandemic requires a comprehensive and integrated approach, including evidence-based prevention. Particular emphasis should be on

- Comprehensive sexuality education, life-skills and the promotion of sexual and reproductive health and rights for youth in and out of school, including condom promotion and distribution.
- Harm Reduction Interventions which have been shown effective, should be rapidly scaled up.
- Vulnerable groups, including injecting drug users, sex workers, Men having Sex with Men, immigrants and prisoners.
- The investment in the development of better technologies, notably vaccines and microbicides, for use in the future.

(8 May 2006)

Annex III List of participants

| | Name | Organisation | Additional information |
|----|-----------------------|--------------------------------|------------------------|
| 1 | Aantjes, Caroline | ETC Crystal | |
| 2 | Arends, Marine | HIVOS | |
| 3 | Baneke, Frans | WPF | Chair |
| 4 | Beest van, mevr. | Journalist, Volkskrant | |
| 5 | Bekkers, Paul | AIDS Ambassador | Panel |
| 6 | Bommel van, Harry | Parlement-2 ^e kamer | Panel |
| 7 | Bogaarts, Yvonne | WPF | Co-organizer |
| 8 | Bosma, Simone | Share-Net | |
| 9 | Coenen, Ton | Aidsfonds | |
| 10 | Dieleman, Marjolein | KIT | |
| 11 | Elderhorst, Miriam | HIVOS | |
| 12 | Erne, Sabrina | StopAidsNow | |
| 13 | Harmeyer, Jan-Willem | KIT | |
| 14 | Filippini, Simone | Min. BuZa | |
| 15 | Flipse, Mariet | WPF | |
| 16 | Gorkom van, Jeroen | KNCV | |
| 17 | Jacobson, Jodi | CHANGE | Speaker / Panel |
| 18 | Jenniskens, Françoise | KIT | |
| 19 | Keizer, Irene | Aidsfonds | |
| 20 | Kessels, Mirjanne | Consultant | Report |
| 21 | Klinkert, Els | Min. BuZa | |

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|----|--------------------------|--------------------------------|--------------|
| 22 | Koenders, Rose | Choice | Panel |
| 23 | Kok, Marise | VWS | |
| 24 | Kusters, Lincie | Oxfam Novib | |
| 25 | Leemhuis, Elly | Min. BuZa | |
| 26 | Mensvoort van, Geertje | Cordaid | |
| 27 | Meydenberg van de, Eefje | HIVOS | |
| 28 | Naterop, Eric | Share-Net | |
| 29 | Ploem, Rachel | Share-Net | Co-organizer |
| 30 | Schaik van, Manon | Min. BuZa | |
| 31 | Stolte, Maaïke | StopAidsNow | |
| 32 | Tjon- a- Ten, Varina | Parlement-2 ^e kamer | Panel |
| 33 | Wegelin, Madeleen | KIT | |
| 34 | Zwanikken, Prisca | KIT | |