

12th International Congress on AIDS in Asia and the Pacific (ICAAP12)

DHAKA DECLARATION

In the background of scientific presentations, technical deliberations and intense community interactions under the aegis of ICAAP12, this declaration expresses the voice and aspirations of 2500 delegates channeled over 250 sessions and equal number of peripheral sessions and constant dialogue emanating out of the community at AP Village, articulating unanimously and conclusively that the various global and regional calls for action for strengthening AIDS response have largely remained rhetorical and have not elicited corresponding ground actions and has diluted regional HIV responses. With current constraints at the national and regional level, ‘Ending AIDS by 2030’ sounds unrealistic, unless remedial actions are put in place. Without Asia Pacific region, which accounts for 56 countries and 70% of the world’s population, achieving the global goal of Ending AIDS by 2030 will be evasive. Hence, this Dhaka Declaration for ending AIDS by 2030 in the Asia and the Pacific is adopted.

Having met in Dhaka for the 12th International Congress on AIDS in Asia and Pacific (ICAAP 12) from 12 to 14 March 2016

Recalling the UN General Assembly Resolution 60/262 of 2006 by which the Assembly adopted the Political Declaration on HIV/AIDS and UN Economic and Social Commission on Asia and Pacific (ESCAP) Resolutions 66/10 of 2010 and 67/9 of 2011– both aimed at fighting HIV/AIDS through regional actions;

Welcoming the global commitment for ending the epidemic of AIDS by 2030 as set out in Goal 3.3 of the Agenda 2030 for Sustainable Development Goals adopted in the 70th UN General Assembly;

Acknowledging the urgency of the situation as well as the efforts taken and progress made in the Asia and the Pacific region in fighting AIDS – both at the regional as well as national levels through prevention, protection, care and support;

Recognizing very low prevalence of HIV in certain countries in the region, including Bangladesh, which offers an opportunity towards achieving the sustainable development goal for ending AIDS by 2030 as well as occasions for sharing best practices and replicating prevention strategies in other countries in the region with high prevalence;

Accepting the magnitude of the scientific and technical programme and the quality of efforts put in by the Bangladesh Local Organizing Committee (LOC) Secretariat, and appreciating the extensive works done through multi-stakeholder consultations that defined the valuable scientific, technical and community deliberations and dialogue on AIDS;

Recommending that governance and accountability are important factors to keeping the AIDS response steady and focused and the global, regional and national governance architecture should be re-visited to ensure their adequacy, competency and relevance in the face of the roadmap for Ending AIDS by 2030;

Reaffirming that prevention is the keystone for such regional or national response and that the national governments need to revamp national strategies to integrate HIV response into the Primary Health Care Services, sexual, reproductive and adolescent health care services for ensuring greater access and coverage to the key population groups;

Recognizing, Bangladesh' community clinics model's ability to provide services to reduce maternal mortality as an opportunity to reduce mother to child transmission of HIV as well;

Recalling the commitments made at earlier ICAAP events towards promoting health, dignity and human rights of key affected populations and the importance of putting the Communities directly involved in focus in designing and implementing the programmes with participation of health departments, local police, faith leaders, parliamentarians, judiciary, colleagues from workplace and society at large;

Accepting that co—infection/co-morbidity with Tuberculosis has been a major cause of mortality among people living with HIV and need to be addressed on scale;—

Expressing deep appreciation to the Government of Bangladesh for hosting the ICCAP 12;

We, the delegates of ICAAP12 recommit ourselves to support and strengthen the Asia – Pacific regional efforts to achieve End AIDS by 2030 goal irrespective of the current levels of HIV infection and prevalence rates and call upon the national governments, regional and global health leaderships to consider the following reformative and transformative agenda to make AIDS response in Asia and the Pacific more combative and timely to conquer the HIV epidemic in the region and decide to undertake following actions:

1. **Call upon** our national governments and regional HIV programme leadership to –
 - a. Scale up, accelerate and universalize ART coverage and improve access to treatment for those in need and expand the testing coverage. Solicit intensified national efforts towards eliminating new HIV infections among children and substantially reduce AIDS related maternal deaths.
 - b. Improve treatment delivery to PLHAs and reduce inefficiencies and build improved access to available treatment for PLHAs requiring treatment, so that no one is left behind.
 - c. Improve access to HIV medicines and treatment commodities for PLHAs. Ensure adequate inclusion and supply of Hep-C into essential treatment commodities list for PLHAs. Address trade issues affecting supply of generic drugs;
2. **Acknowledge** that resource generation for AIDS response should not be an exclusive responsibility of developing countries; rather it should be a global shared responsibility for which resources should be allocated based on the relative vulnerability of societies, rather than prevalence rates alone and accordingly **cooperate** for such resource generation.
3. **Emphasize** the need for greater integration of HIV response with regular health and mainstream development programmes and **encourage** the national governments to align the national HIV responses with the SDG frameworks;
4. **Stress** that containing HIV would require greater investments and public private partnership and **request** the donors, governments, bi-lateral and multi-lateral organizations to make adequate investments in a coordinated and complementary manner;
5. **Note with concern** that there exists lack of technical capacities to predict, understand and combat the HIV epidemics in the region and **call upon** UNAIDS, World Health Organization (WHO) and other International actors at regional and country level to support the national and regional HIV responses, with full participation of other UN agencies for greater impact.
6. **Take note** of the frequent new global slogans and initiatives and **recommend** the assessment of existing initiatives against their mandate, goals and sustainability before more high level initiatives are announced so that the existing programme architecture and the initiatives as well as the original commitments, goals and purposes are not adversely affected.
7. **Recognize** the great opportunity embedded in South-South Cooperation (SSC) in turning around the AIDS response in Asia-Pacific region, **call upon** the proponents of

SSC to optimize regional capacities for health commodity security; and enable cross-border dialogue for joint planning and programming through health diplomacy for addressing frontier based injecting drug use, cross-border malaria and other related health issues .

8. **Appreciate** the potential role of the Inter-governmental agency, Partners in Population Development (PPD) in playing a catalytic role through optimal utilization of the cross-border resources in creating positive impact for AIDS control in the cross-border settings and **engage** with it at the regional and national level.

Adopted on this day, the 14th March, at the Closing Session of ICAAP12