

**ASEAN DECLARATION OF COMMITMENT:  
GETTING TO ZERO NEW HIV INFECTIONS, ZERO  
DISCRIMINATION, ZERO AIDS-RELATED DEATHS**

1. We, the Heads of State/Government of the Association of Southeast Asian Nations (hereinafter referred to as “ASEAN”), namely Brunei Darussalam, the Kingdom of Cambodia, the Republic of Indonesia, the Lao People’s Democratic Republic, Malaysia, the Republic of the Union of Myanmar, the Republic of the Philippines, the Republic of Singapore, the Kingdom of Thailand and the Socialist Republic of Viet Nam, on the occasion of the 19<sup>th</sup> ASEAN Summit in Bali, Indonesia reviewing comprehensively the progress achieved in the decade since the adoption of the 2001 ASEAN Declaration on AIDS and the implementation of the 2007 ASEAN Commitments on HIV and AIDS;
2. Reaffirming the commitment of ASEAN Member States to accelerate progress in achieving the Millennium Development Goal 6 (MDG 6), which specifically refers to halting and reversing the spread of HIV and AIDS, and other related MDGs by 2015; and the 2010 High Level Plenary Meeting United Nations General Assembly on MDGs entitled: *Keeping the Promise: United to Achieve the Millennium Development Goals*;
3. Confirming our commitment to Resolutions 66/10 and 67/9 of the 66<sup>th</sup> and 67<sup>th</sup> Sessions of the United Nations Economic and Social Commission for Asia and the Pacific, respectively, and the outcome of the 2011 United Nations General Assembly High Level Meeting on AIDS entitled, *the “Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS”* which reaffirmed the 2001 Declaration of Commitments on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS and called for efforts to end the epidemic with renewed political will and strong, accountable leadership, and to work in meaningful partnership with all stakeholders at all levels to implement bold and decisive actions;
4. Guided by the ASEAN Charter which entered into force in December 2008, and with a strong commitment to accelerate the establishment of the ASEAN Community by 2015 through the implementation of the Blueprints of the ASEAN Economic

Community (AEC), ASEAN Political Security Community (APSC) and the ASEAN Socio-Cultural Community (ASCC);

5. Emphasising that under the ASCC Blueprint, concrete actions have been provided to improve our capability to control communicable diseases including HIV and AIDS, and particularly in reducing the transmission of HIV and the impact of the epidemic on individuals, community and society;
6. Acknowledge the relevant outputs of the 10<sup>th</sup> ASEAN Health Ministers Meeting (AHMM) last July 2010 held in Singapore that outlined goals, targets and activities for the regional collaboration on health, including HIV and AIDS initiatives through the Strategic Framework on Health Development (2010-2015);
7. Recalling that accelerated liberalisation of trade will enhance the region's competitiveness and realise welfare gains for our peoples in the long run, and that efforts are also needed to ensure that access to affordable health care is not undermined and health policies will be equitable and pro-poor, as noted in the Declaration of the 7<sup>th</sup> ASEAN Health Ministers Meeting adopted on 22 April 2004;
8. Concerned that the HIV epidemic continues to threaten the realisation of an ASEAN Community, with socio-economic consequences that pose a formidable challenge in our community-building and our efforts to ensure access to affordable health care;
9. Noting the finding from ASEAN's first regional report on HIV and AIDS of 2010 which observed that in the region, the HIV epidemic continues to affect more than 1.5 million people affecting Member States with varying intensity; that HIV prevalence remains high among key affected populations, including sex workers and their clients, people who inject drugs, and men who have sex with men and transgender population, while other populations continue to be vulnerable (such as partners/spouses of key affected populations, migrant and mobile populations, children and youth, women and girls, people in correctional institutions, and specific occupational groups like uniformed services, people in conflict and disaster-affected areas), and that to be effective, AIDS responses must deliver

focused, evidence-informed interventions that address the particular risks and vulnerabilities faced by these populations

10. Welcoming the finding that progress has been made in the region in the AIDS response, and that in some of the Members States the number of new HIV infections has declined with combined implementation of proven evidence-based interventions in prevention, treatment and care; noting the reduction in HIV prevalence rates in Cambodia, Myanmar and Thailand; noting also the efforts of other Member States on harm reduction, comprehensive condom use programming; use of TRIPS flexibilities and other prevention, treatment, care and support initiatives;
11. Welcoming the findings of recent studies that demonstrate that access to HIV treatment significantly reduces the risk of HIV transmission to a partner; and, that access to affordable medicines in the context of epidemics such as HIV is fundamental to the full realization of the right of everyone to enjoy the highest attainable standard of physical, social and mental health;
12. Concerned that intellectual property, trade policy barriers and social aspects such as stigma and discrimination, are hindering prevention activities on HIV and AIDS, access to HIV treatments and treatments for co-infections and opportunistic infections, as well as pose as serious threats to the quality of life and livelihood of people living with and affected by HIV;
13. Further acknowledging that the number of HIV infections could have been averted among newborn children with the implementation-proven strategy on prevention of mother-to-child transmission;
14. Realising that an effective response to HIV requires relentless efforts and continued commitment by all stakeholders in implementing comprehensive responses to prevent and reduce the number of new infections, and to provide appropriate treatment, care and support to key affected populations and other vulnerable groups;
15. Concerned that women and girls account for a high proportion of new infections, recall our commitment to the declarations and the outcomes of conferences on women and children such as

the UN General Assembly Resolution 48/104, 1993 on the Declaration on the Elimination of Violence Against Women; the Beijing Declaration on the Fourth Conference on Women; the Beijing Plus Five; and, the Hanoi Call to Action for Children and HIV/AIDS in East Asia and Pacific Region, 2006, that aimed to undertake further responses.

Do hereby declare and renew our commitments to:

16. Work towards an ASEAN with Zero New HIV Infections, Zero Discrimination and Zero HIV Related Deaths by:
  - a. Reducing sexual transmission of HIV by 50 percent by 2015;
  - b. Reducing transmission of HIV among people who inject drugs by 50 per cent by 2015;
  - c. Scaling up antiretroviral treatment, care and support to achieve 80 percent coverage for people living with HIV who are eligible for treatment, based on WHO HIV treatment guidelines;
  - d. Eliminating new HIV infections among children and substantially reducing AIDS-related maternal deaths by 2015; and
  - e. Reducing by 50 percent tuberculosis deaths among people living with HIV.
  
17. Commit to work towards zero new HIV infections in ASEAN through the following:
  - a. Acknowledge that prevention is the cornerstone of regional, national and international HIV responses and ensure that adequate financial resources are provided for scaling up evidence-based and targeted prevention programmes for key populations-at-risk;
  - b. Ensure that national prevention strategies comprehensively target populations at higher risk, such as people who use drugs, sex workers, and men having sex with men, including transgender people, and that

systems of data collection and analysis about these populations are strengthened;

- c. Develop and scale up community-led HIV prevention services to reduce sexual transmission of HIV and to address stigma and discrimination;
  - d. Implement and expand risk and harm reduction programmes, where appropriate and applicable, for people who use drugs, taking into account the World Health Organization, United Nations Office on Drugs and Crime and UNAIDS Technical Guide for countries to set targets for universal access to HIV Prevention, treatment and care for injecting drug users in accordance with national legislations;
  - e. Accelerate efforts to virtually eliminate parent-to-child transmission of HIV and preventing new paediatric HIV infections and eliminate congenital syphilis by 2015;
  - f. Encourage and support the active involvement of key affected populations and vulnerable groups including young people, civil society and other community representatives as well as local governments in planning, implementing and evaluating responses;
  - g. Promote access to timely and effective anti-retroviral treatment, as prevention strategy;
  - h. Address the social protection, sexual and health needs of key affected and vulnerable populations; and
  - i. Expand and promote access to HIV testing, including provider-initiated HIV testing that is voluntary, confidential and rights-based.
18. Commit to work towards zero AIDS related deaths through the following:
- a. Accelerate efforts to achieve the goal of universal access to antiretroviral treatment by 2015, with the target of 80 percent coverage of people living with HIV who are eligible, based on World Health Organization HIV

treatment guidelines to increase life expectancy and the quality of life.

b. By 2015 improve treatment coverage, equity, effectiveness and efficiency by:

i. Fully implementing the most recent WHO guidelines and adopting the Treatment 2.0 approach that includes point of care diagnostics and treatment monitoring, decentralised and simplified service delivery and involvement of PLHA networks in service delivery;

ii. Addressing key obstacles such as drug stock-outs, financial barriers, stigma in health services, loss to patient follow-up, and access barriers for migrant and refugee populations;

iii. Securing and expanding access to affordable and effective HIV diagnostics, ARV and OI drugs, through the full use of existing flexibilities under the Trade-Related Aspects of Intellectual Property Rights Agreement, which are specifically geared to promoting access to and trade of medicines, including in particular the use of compulsory licensing to enable manufacturing or parallel importation of generic drugs;

iv. Addressing barriers, regulations, policies and practices that prevent access to affordable HIV treatment by promoting generic competition in order to help reduce costs associated with life-long chronic care;

c. Expand efforts to combat HIV co-morbidities such as tuberculosis and hepatitis through integrated delivery of HIV and tuberculosis services in line with the Global Plan to Stop TB, 2011-2015; developing as soon as practicable approaches of prevention and treatment of hepatitis C; and rapidly expanding access to appropriate vaccination for hepatitis B;

19. Commit to work toward Zero HIV related Discrimination through the following:

- a. Promote the health, dignity and human rights of people living with HIV and key affected populations by promoting legal, political and social environments that enable HIV responses, including by establishing multi-stakeholder partnerships among the health sector, law enforcement and public security, academia, faith-based leaders, local government leaders, parliamentarians, workplace, civil society and other relevant stakeholders, with a view to removing legal and punitive barriers to an effective response, and to reduce stigma and discrimination;
  - b. Initiate as appropriate, in line with national priorities a review of national laws, policies and practices to enable the full achievement of universal access targets with a view of eliminating all forms of discrimination against people at risk of infection, living with HIV and key affected populations;
  - c. Pledge to eliminate gender inequalities and gender-based abuse and violence especially by protecting and promoting the rights of women and adolescent girls, strengthening national social and child protection systems, empowering women and young people to protect themselves from HIV, and have access to health services, including, inter alia, sexual and reproductive health, as well as full access to, comprehensive information and education;
20. Commit to ensuring financial sustainability, national ownership and leadership for improved regional and national responses to HIV through the following actions to take forward our commitments:
- a. Develop, update and implement evidence-based, comprehensive, country-led national strategic plans and establish strategic and operational partnerships with stakeholders at the national and community levels to scale up HIV prevention, treatment, care and support by 2015;
  - b. Mobilise a greater proportion of domestic resources for the AIDS response in line with national priorities, from traditional sources as well as through innovative financing mechanisms, in the spirit of shared responsibility and

national ownership and to ensure sustainability of the response;

- c. Reduce inefficiencies in national responses by prioritizing high impact interventions, reducing service delivery costs, and streamlining monitoring, evaluation and reporting systems to focus on impact, outcomes, cost-efficiency and cost-effectiveness;
- d. Strengthen the mechanisms of South-South collaboration, especially ASEAN to ASEAN sharing of expertise, inter-regional cooperation, in the provision of technical assistance and support to build capacity at the regional and national levels;
- e. Strengthen the role of ASEAN bodies responsible for health, that is, the ASEAN Health Ministers Meeting, Senior Officials Meeting on Health Development and the ASEAN Task Force on AIDS in enhancing cross-sectoral and multi-stakeholders coordination by facilitating the meaningful participation of all relevant key stakeholders, including that of public and private sector, and under the coordination of the ASEAN Socio-Cultural Community Council, with the view to effectively implement regional responses to HIV consistent with ASEAN's regional and international commitments;
- f. Tasks the relevant ASEAN bodies responsible for health to effectively implement the Fourth ASEAN Work Programme on HIV which was adopted by the ASEAN Health Ministers;
- g. Continue to support Global Fund to Fight AIDS, Tuberculosis and Malaria as a pivotal mechanism for achieving access to prevention, treatment, care and support by 2015; recognize the programme for reform of the Global Fund, and encourage Member States, ASEAN Dialogue Partners, the private sector, business community, including foundations and philanthropists to provide the highest level of support for the Global Fund, taking into account the funding targets to be identified at the 2012 midterm review of the Global Fund replenishment.



21. Task the concerned ASEAN Sectoral Ministerial Bodies as well as other relevant bodies to implement this Declaration including mobilising resources, and monitor its progress; Encourage all ASEAN Member States to support these ASEAN Sectoral Bodies in accomplishing this Declaration through maximum efforts by such appropriate instruments as may be necessary and consistent with their respective national laws and policies.

Adopted in Bali, Indonesia, this Seventeenth Day of November in the Year Two Thousand and Eleven in a single original copy, in the English language.