



September 2, 2005

To the Members of the General Assembly Core Group on the draft United Nations outcome document:

We are writing regarding the work of the Core Group, established by General Assembly President Jean Ping, to advance work on the draft outcome document for the General Assembly High-level Plenary Meeting of September 2005.

We appreciate the monumental task the group has undertaken to review the 750 changes to the document proposed by the U.S. ambassador to the United Nations, John Bolton.

As human rights and HIV/AIDS advocacy organizations based in the U.S., we are concerned and disturbed that many of the changes proposed by the U.S. have the potential to weaken the document's impact on global health.

We appeal to you to defend the health and the needs of the poor by including the strongest possible language to protect people with HIV/AIDS, tuberculosis, and malaria and those at risk of infectious disease, as well as to develop the health systems required to achieve the Millennium Development Goals.

In particular, we are focusing on two parts of *Section 35: HIV/AIDS and other Health Issues*.

First, we ask that you preserve the following crucial language:

Ensure that the resources needed for prevention, treatment, care and support, the elimination of stigma and discrimination, as well as enhanced access to affordable medicines, reduced vulnerability of affected persons in particular orphan children and older persons and an expanded and comprehensive response to HIV/AIDS, and for full funding of the Global Fund to fight AIDS, tuberculosis and malaria, as well as UN system agencies and programmes engaged in the fight against HIV/AIDS, are provided by 2010;

And second, we respectfully request that rather than weakening the section on health systems, as the language proposed by Ambassador Bolton would do, that you instead strengthen that section. The August 5 draft included the following language:

Launch, by 2006, a global initiative to strengthen by 2010, national health systems in developing countries by building on existing mechanisms with sufficient health workers, infrastructure, management systems and supplies to achieve the health-related MDGS.

Please consider replacing it with this:

Launch, by 2006, a sufficiently funded, ongoing global initiative that builds on existing mechanisms to sustainably strengthen health systems in developing countries so that, by 2010, they have sufficient health workers, infrastructure, management systems, and supplies to achieve the health-related MDGs.

Improve access to quality health services for underserved and marginalized populations, including rural and poor populations, and remove inequalities in access to quality health services within countries, so as to achieve universal access to primary health care[, as described in the Declaration of Alma-Ata,] as soon as possible and no later than by 2015.

These changes clarify that health system strengthening should be accomplished by 2010, that it can only succeed with sufficient funding, and that the global initiative must be “ongoing.” To create sustainable health systems, the global focus on health system strengthening will have to continue beyond 2010. Further, the draft outcome document does not presently address the uniquely and often extraordinarily poor state of health systems in rural areas and those accessed by poor populations, even though this is one of the most pressing issues facing health systems and, indeed, all global health. The call for universal access to primary health care builds on the document’s present endorsement of the African commitment to universal access to basic health care for children by the year 2015.

Finally, while we understand that you are working under extreme time constraints, we respectfully request an opportunity to discuss these and other provisions. We can be reached this weekend (indeed, any time) via mobile phone: **Eric Friedman +1 202.277.5974 or Sharonann Lynch at +1 646 645 5225.**

Sincerely,

Ashleigh Roberts
Senior Policy Associate
On behalf of Global Health Council
Washington, DC

Eric A. Friedman, JD
HIV/AIDS Policy Analyst
On behalf of Physicians for Human Rights
Boston, MA

Sharonann Lynch
Director of International Policy
On behalf of Health GAP
New York, NY

Naina Dhingra
Director of Public Policy
On behalf of Advocates for Youth
Washington, DC