

Genesis of the 50 by 2015 Movement
- Halving HIV infections by 2015 in southern Africa

A Research meeting in Stellenbosch on Leadership in HIV prevention (held mid May 2009) evolved into the first thoughts on how to create a movement for scaled-up and improved leadership for evidence-based HIV-prevention in southern Africa.

Following up on this, civil society present at a SADC partnership meeting held at Indaba hotel agreed on 10 issues that they needed to take forward to push for the prevention agenda. These were presented to the meeting as a communiqué.

Civil Society communiqué from SADC Prevention meeting - 10 things we agree upon

1. We support the **50 by 15** campaign- reducing new infections by 50% by 2015 and urge this meeting to support this campaign.
2. We are **committed to mobilizing leaders** and communities
3. We will **speak truth to leadership** on the issue of prevention, break silences and taboos in our countries, communities and societies and lead meaningful discussions on difficult prevention issues.
4. **Treatment cannot be meaningful or affordable without turning off the tap of new infections.** As strongly, we believe that prevention cannot ignore the need to treat those in need of treatment.
5. We are **committed to building capacity and systems in communities.**
6. We intend to grasp the opportunity and to participate in and contribute to **country reviews of National Strategic Plans and the development of prevention plans.**
7. We recognize the need for **common and complimentary messaging and approaches**
8. We **commit to working with parliamentary leaders** in forwarding prevention.
9. We will **engage with development partners** to discuss issues of prevention resourcing, long-term indicators for programming, and community-derived and driven programming.
10. We agreed to **meet together as civil society on July 15 2009** to take forward the above mobilization.

Parliamentarians and civil society met in Mid July 2009 and agreed to:

1. Our region and our people cannot develop their full potential while enduring the burden of HIV and AIDS

2. While not compromising the funding for treatment, prevention is critical to all other responses to HIV as without 'turning off the tap' we cannot roll back the epidemics
3. Achieving '50 BY 15' (halving the number of new HIV infection by 2015) is the minimum requirement to roll back the HIV epidemics
4. Virtual elimination of mother-to-child-transmission is essential by 2015
5. Certain populations are more vulnerable and subject to a greater burden of impact than others and that responses should be tailored accordingly.
6. Mass mobilization is urgently required to generate the urgency to roll back the epidemics
7. Dynamic and committed leadership at collective and individual level an essential prerequisite for mass mobilization of our people in support of prevention
8. Knowing our epidemics is critical as they are all different in some ways, and thus evidence-adapted comprehensive responses are essential for impact
9. Monitoring and evaluation of all responses is key to learning and improving action. Funding & resource flows should be transparent and coordinated for maximum impact.
10. All responses should fit with human rights in which our nations and people believe and for which we have striven