

Handbook on HIV and Human Rights for National Human Rights Institutions



United Nations Human Rights
Office of the High Commissioner for Human Rights



UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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UNAIDS and OHCHR would like express their thanks to those who have contributed to the development and drafting of this Handbook, in particular Michaela Clayton, Liesl Gernholtz, Kieren Fitzpatrick, Chris Sidoti, Niels Sandoe, Arthur Beingana and members of the UNAIDS Reference Group on HIV and Human Rights.

HR/PUB/07/3
UNITED NATIONS PUBLICATION
Sales No. E.07.XIV.12
ISBN 978-92-1-154181-6

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Suggested citation: OHCHR and UNAIDS (2007), Handbook on HIV and Human Rights for National Human Rights Institutions. Geneva: Office of the United Nations High Commissioner for Human Rights and the Joint United Nations Programme on HIV/AIDS.

Cover photo credits: G. Pirozzi and S. Noorani.

Printed in Switzerland

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LIST OF ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
ARV	Antiretroviral
HIV	Human immunodeficiency virus
NGO	Nongovernmental organization
OHCHR	Office of the United Nations High Commission for Human Rights
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	Voluntary counselling and testing

INTRODUCTION

Through the long struggle against HIV, it has become clear that human rights are central to effective national responses to HIV. Where human rights are not protected, people are more vulnerable to HIV infection. Where the human rights of HIV-positive people are not protected, they suffer stigma and discrimination, become ill, become unable to support themselves and their families, and if not provided treatment, they die. Where rates of HIV prevalence are high and treatment is lacking, whole communities are devastated by the impact of the virus. Between 1981 and 2007, some 65 million people became infected with HIV and some 25 million died of AIDS. HIV has spread to every country in the world and, in the hardest-hit countries, it is undoing most of the development gains of the past 50 years.

“[T]he full realization of human rights and fundamental freedoms for all is an essential element in a global response to the HIV/AIDS pandemic, including in the areas of prevention, care, support and treatment, and [...] it reduces vulnerability to HIV/AIDS and prevents stigma and related discrimination against people living with or at risk of HIV/AIDS”.

Declaration of Commitment on HIV/AIDS (see Annex I)

It is a critical time for national human rights institutions to engage in the AIDS response. Governments, through the 2005 World Summit Outcome, the Gleneagles Communiqué of the Group of Eight (G8) industrialized countries and the Political Declaration on HIV/AIDS adopted at the United Nations General Assembly High-Level Meeting on HIV and AIDS on 2 June 2006, have set the goal of getting as close as possible to universal access to HIV prevention, treatment, care and support by 2010. These commitments build on the Declaration of Commitment on HIV/AIDS, adopted by the United Nations General Assembly at its twenty-sixth special session on 27 June 2001. These commitments and the goal of universal access form a solid framework of accountability. Some of the commitments are explicitly about human rights protection; others form part of the content of the rights to health, non-discrimination and gender equality, among others. All confirm that the HIV epidemic has cast and continues to cast a glaring light on the inequities in our societies that result from a failure to realize human rights. But they also confirm that human rights action in the HIV epidemic has resulted in some of the most exciting human rights gains in 50 years: recognition of the rights to participation and self-determination of those affected by HIV and the civil society groups working against HIV, recognition of the right to HIV treatment as a part of the right to health, and recognition of the right to non-discrimination on the basis of health status.

The principle of greater involvement of people living with or affected by HIV and AIDS (GIPA) was established in the Declaration of the Paris AIDS Summit in 1994, in which Governments undertook in their national policies to:

“...protect and promote the rights of individuals, in particular those living with or most vulnerable to HIV/AIDS, through the legal and social environment, fully involve non-governmental and community-based organizations as well as people living with HIV/AIDS in the formulation and implementation of public policies, ensure equal protection under the law for persons living with HIV/AIDS with regard to access to health care, employment, education, travel, housing and social welfare...”.

UNAIDS Executive Director, Dr. Peter Piot, in his opening speech to the XVI International AIDS Conference in Toronto, Canada, in 2006, stated that:

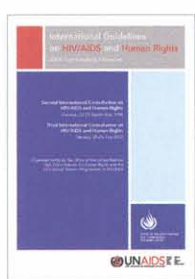
“We must begin to make real headway in addressing the drivers of this epidemic, especially the low status of women, homophobia, HIV-related stigma, poverty and inequality. It’s time that we get serious about protecting and promoting human rights...”.

During preparations for the High-Level Meeting of 2 June 2006, international, regional and national consultations overwhelmingly confirmed that HIV-related stigma and discrimination, gender inequality and other human rights abuses were major barriers to attaining universal access and to effective national responses to HIV. Making real progress towards universal access—and against this epidemic—requires the development and implementation of national plans and strategies that address fundamental human rights issues. National human rights institutions can be key partners in developing rights-based national HIV plans and strategies, in helping Governments meet human rights obligations in relation to HIV and in monitoring human rights progress in the response to the epidemic.

HIV and AIDS figures

- In 2006 an estimated 39.5 million people were living with HIV, 2.4 million more than in 2004.
- Globally, 48 per cent of all adults infected with HIV are women.
- In sub-Saharan Africa, 59 per cent of people living with HIV are women. Young women aged 15 to 24 in the region are three times more like to be infected with HIV than young men.
- More than 60 per cent of adults infected with HIV in South and South-East Asia, East Asia, Eastern Europe and Central Asia are men—often marginalized young men, such as drug users and men who have sex with men, but also migrants and transport workers.
- As of 2006, just under a quarter (23 per cent) of the estimated 4.6 million people in need of antiretroviral therapy in sub-Saharan Africa are receiving it.

This *Handbook* is designed to assist national human rights institutions to integrate HIV into their mandate to protect and promote human rights. It provides a basic overview of the role of human rights in an effective response to the epidemic and suggests concrete activities that national institutions can carry out within their existing work. It also presents possibilities for engaging with the national HIV response in order to protect and promote human rights, in the context of the “Three Ones”.¹



This *Handbook* is primarily intended for use by staff of national human rights institutions, civil society organizations, networks of people living with HIV and national AIDS programmes. Government institutions and other partners of national institutions may also find it useful. The *Handbook* should be read together with the *International Guidelines on HIV/AIDS and Human Rights*.²

¹ In the 2005 World Summit Outcome, Governments committed themselves to “working actively to implement the ‘Three Ones’ principles in all countries, including by ensuring that multiple institutions and international partners all work under one agreed HIV/AIDS framework that provides the basis for coordinating the work of all partners, with one national AIDS coordinating authority having a broad-based multisectoral mandate, and under one agreed country-level monitoring and evaluation system [...]” (General Assembly resolution 60/1).
In the 2006 Political Declaration on HIV/AIDS, Governments reaffirmed these commitments and called upon UNAIDS “to assist national efforts to coordinate the AIDS response, as elaborated in the ‘Three Ones’ principles and in line with the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors [...]” (General Assembly resolution 60/262).

² Office of the United Nations High Commissioner for Human Rights and Joint United Nations Programme on HIV/AIDS, *International Guidelines on HIV/AIDS and Human Rights (2006 Consolidated Version)* (Geneva, 2006) (United Nations publication, Sales N° E.06.XIV.4). Available online at <http://www.ohchr.org>.

1. NATIONAL HUMAN RIGHTS INSTITUTIONS IN THE RESPONSE TO HIV

National human rights institutions are well positioned to make a unique contribution to a comprehensive and rights-based national response to HIV. As the independent, national body with a specific mandate to promote and protect human rights, a national human rights institution can advocate the inclusion of a strong human rights component in the national AIDS plan, including various specific rights-based programmatic strategies. The national institution can assist rights holders—such as people living with HIV and those vulnerable to infection—to claim their rights to non-discrimination; to HIV prevention information, education, modalities and services; to freedom from sexual coercion and violence; and to HIV treatment. It can also assist efforts to monitor progress towards universal access to HIV prevention, treatment, care and support—a part of the right to health and non-discrimination.

The United Nations Commission on Human Rights affirmed the important role of national institutions in relation to the response to the HIV epidemic. In its resolution 2001/51, it requested “States in consultation with relevant national bodies, including national human rights institutions, to develop and support appropriate mechanisms to monitor and enforce HIV/AIDS-related human rights”.

National human rights institutions should exercise their mandate on HIV and human rights in collaboration with other democratic mechanisms, including the State and State institutions, the legislature, the judiciary, the police, armed forces and civil society organizations.³ Because of their place as independent institutions between civil society organizations and State institutions, they can play an important role in promoting increased strategic collaboration among a variety of actors for effective and rights-based responses to HIV.

HIV and human rights: international standards

Over two decades of experience in addressing the HIV epidemic has confirmed that the promotion and protection of human rights constitute an essential component in preventing the transmission of HIV and reducing the impact of HIV and AIDS. The 2001 Declaration of Commitment on HIV/AIDS (annex I below) and the 2006 Political Declaration on HIV/AIDS (annex II below) both underscore the centrality of human rights and a rights-based approach in national responses to HIV. They evidence both the realization by Governments that human rights must be protected if HIV is to be overcome and their commitment to achieving concrete, time-bound targets.

“We...[Heads of State and Government and representatives of States and Governments participating in the comprehensive review of the progress achieved in realizing the targets set out in the Declaration of Commitment on HIV/AIDS...] commit ourselves to intensifying efforts to enact, strengthen or enforce, as appropriate, legislation, regulations and other measures to eliminate all forms of discrimination against and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV and members of vulnerable groups, in particular to ensure their access to, inter alia, education, inheritance, employment, health care, social and health services, prevention, support and treatment, information and legal protection, while respecting their privacy and confidentiality; and developing strategies to combat stigma and social exclusion connected with the epidemic”.

Political Declaration on HIV/AIDS (see Annex II)

³ For more on this point, see Office of the United Nations High Commissioner for Human Rights, Economic, Social and Cultural rights – *Handbook for National Human Rights Institutions, Professional Training Series N° 12* (Geneva, 2005) (United Nations publication, Sales N° E.04.XIV.8), chap. II. Available online at: <http://www.ohchr.org>.

While there is no international treaty or covenant that specifically addresses HIV, there are a number of provisions from international human rights treaties and declarations that have been interpreted to have significant implications for the effectiveness of the AIDS response. These include:⁴

- *The right to the highest attainable standard of health.* The International Covenant on Economic, Social and Cultural Rights (art. 12) recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. As part of this obligation, States must take steps to prevent, treat and control epidemic diseases. According to general comment N° 14 (2000) on the right to the highest attainable standard of health, the prevention, treatment and control of epidemic, endemic, occupational and other diseases “requires the establishment of prevention and education programmes for behaviour-related health concerns such as sexually transmitted diseases, in particular HIV/AIDS, and those adversely affecting sexual and reproductive health, and the promotion of social determinants of good health, such as environmental safety, education, economic development and gender equity. The right to treatment includes the creation of a system of urgent medical care in cases of accidents, epidemics and similar health hazards, and the provision of disaster relief and humanitarian assistance in emergency situations.”⁵

The right to health includes four interrelated elements:⁶

- *Availability*—the State must ensure the availability of functioning public health and health-care facilities, goods and services, which should also include the “underlying determinants of health” such as clean drinking water, adequate sanitation, medical facilities and trained staff;
- *Accessibility*—health facilities, goods and services have to be accessible to everyone without discrimination;
- *Acceptability*—the facilities, goods and services must respect medical ethics and be culturally appropriate; and
- *Quality*—health facilities, goods and services must be medically and scientifically appropriate and of good quality.

The obligations of the State include the provision of appropriate HIV-related information, education and support, access to the means of prevention (such as condoms and clean injection equipment), to voluntary counselling and testing, as well as access to safe blood supplies, to adequate treatment and to medication. States may have to take special measures to ensure that all groups in society, particularly members of marginalized populations, have equal access to HIV-related prevention, treatment, care and support.

Assessing access to prevention, treatment, care and support from a human rights perspective

Revised guideline 6 of the International Guidelines on HIV/AIDS and Human Rights focuses on prevention, treatment, care and support as parts of a comprehensive and human rights-based response to the epidemic:

States should enact legislation to provide for the regulation of HIV-related goods, services and information, so as to ensure widespread availability of quality prevention measures and services, adequate HIV prevention and care information, and safe and effective medication at an affordable price.

States should also take measures necessary to ensure for all persons, on a sustained and equal basis, the availability and accessibility of quality goods, services and information for HIV/AIDS prevention, treatment, care and support, including antiretroviral and other safe and effective medicines, diagnostics and related technologies for preventive, curative and palliative care of HIV and related opportunistic infections and conditions.



⁴ This list is adapted from the *International Guidelines on HIV/AIDS and Human Rights*.

⁵ General comment N° 14 on the right to the highest attainable standard of health, adopted by the Committee on Economic, Social and Cultural Rights on 11 May 2000.

⁶ *Ibid.*

States should take such measures at both the domestic and international levels, with particular attention to vulnerable individuals and populations.

The commentary on revised guideline 6 notes that “universal access to HIV prevention, treatment, care and support is necessary to respect, protect and fulfil human rights related to health, including the right to enjoy the highest attainable standard of health. Universal access will be achieved progressively over time.” It also makes clear, however, that States “have an immediate obligation to take steps, and to move as quickly and effectively as possible, towards realizing access for all to HIV prevention, treatment, care and support at both the domestic and global levels. This requires, among other things, setting benchmarks and targets for measuring progress.” National human rights institutions should be involved in this process.

- **Non-discrimination and equality before the law.** International human rights law guarantees the right to equal protection before the law and freedom from discrimination on many grounds.⁷ The Commission on Human Rights has confirmed that “other status” in non-discrimination provisions in international human rights treaties is to be interpreted to include health status, including HIV/AIDS.⁸
- **Human rights of women.** Protecting the rights of women and girls—including sexual and reproductive rights—is crucial in preventing HIV transmission and lessening the impact of the epidemic on women. The Convention on the Elimination of All Forms of Discrimination against Women obliges States parties to address all aspects of gender-based discrimination in law, policy and practice. In the most heavily affected countries, women and girls represent the majority of those infected and those with the fastest rates of infection. They also disproportionately experience the impoverishment of AIDS and the burden of caregiving. Many women are infected by their husbands. The vulnerability of women and girls to HIV and AIDS stems from gender inequality which: (a) prevents them from being able to decide when and under what circumstances to have sexual relations; (b) results in many forms of sexual violence inside and outside marriage; (c) results in lower access to HIV prevention, education and health services; and (d) deprives them of the economic independence that would enable them to avoid relationships that threaten them with infection and to withstand the impact of AIDS on themselves and their families.

During the High-Level Meeting on AIDS on 2 June 2006, Governments adopted a political declaration in which they pledged to eliminate gender inequalities, gender-based abuse and violence. They also pledged to take “all necessary measures to create an enabling environment for the empowerment of women and strengthen their economic independence...” and committed themselves to “strengthening legal, policy, administrative and other measures for the promotion and protection of women’s full enjoyment of all human rights and the reduction of their vulnerability to HIV/AIDS through the elimination of all forms of discrimination, as well as all types of sexual exploitation of women, girls and boys...”.

- **Human rights of children.** According to the Convention on the Rights of the Child and its optional protocols, children have many of the rights of adults in addition to particular rights for children that are relevant in relation to HIV and AIDS. Children have the right to freedom from trafficking, prostitution, sexual exploitation and sexual abuse; the right to seek, receive and impart information on HIV; and the right to special protection and assistance if deprived of their family environment. They also have the right to education, the right to health and the right to inherit property. The right to special protection and assistance if deprived of their family environment protects children if they are orphaned by AIDS. And the right of children to be actors in their own development and to express their opinions empowers them to be involved in the design and implementation of HIV-related programmes for children. However, many children and young people have very little access to HIV prevention information, education and services, and little access to paediatric treatment if infected with HIV.

⁷ International Covenant on Civil and Political Rights, articles 14 and 26.

⁸ Commission on Human Rights resolutions 1995/44 of 3 March 1995 and 1996/43 of 19 April 1996.

The Committee on the Rights of the Child, in its general comment No. 3 (2003) on HIV/AIDS and the rights of the child, affirmed that:

“...HIV/AIDS impacts so heavily on the lives of all children that it affects all their rights – civil, political, economic, social and cultural. The rights embodied in the general principles of the Convention—the right to non-discrimination (art. 2), the right of the child to have his/her interest as a primary consideration (art. 3), the right to life, survival and development (art. 6) and the right to have his/her views respected (art. 12)—should therefore be the guiding themes in the consideration of HIV/AIDS at all levels of prevention, treatment, care and support.”

- *Right to marry and found a family.* Article 23 of the International Covenant on Civil and Political Rights recognizes the right of men and women to marry and found a family. Mandatory premarital testing as a precondition for marriage, or forced abortions or sterilization of women living with HIV would violate these (and other) rights.
- *Right to privacy.* This right, as set out in article 17 of the International Covenant on Civil and Political Rights, encompasses obligations to respect physical privacy (for example, the obligation to seek informed consent to HIV testing) and the need to respect the confidentiality of personal information (for example, information relating to a person’s HIV status). The 2006 Political Declaration on HIV/AIDS emphasizes that increased access to HIV testing and treatment should be implemented with the full protection of confidentiality and informed consent.
- *Right to education.* This right, set out in article 26 of the Universal Declaration of Human Rights and article 13 of the International Covenant on Economic, Social and Cultural Rights, guarantees that those living with HIV are not discriminatorily denied access to education on the basis of their HIV status. The right to education also encompasses the obligation of States to promote understanding, respect, tolerance and non-discrimination in relation to people living with HIV. Furthermore, it provides that individuals have the right to receive HIV-related education.⁹
- *Freedom of expression and information.* Article 19 of the International Covenant on Civil and Political Rights provides for the right to seek, receive and impart information related to HIV prevention, treatment, care and support. States are obliged to ensure that appropriate and effective information on methods to prevent HIV transmission is developed and disseminated without obstacles to access.

In the 2006 Political Declaration on HIV/AIDS, Governments reaffirm that:

“...the prevention of HIV infection must be the mainstay of national, regional and international responses to the pandemic” and they therefore commit themselves to “intensifying efforts to ensure that a wide range of prevention programmes that take account of local circumstances, ethics and cultural values is available in all countries, particularly the most affected countries, including information, education and communication, in languages most understood by communities and respectful of cultures, aimed at reducing risk-taking behaviours and encouraging responsible sexual behaviour...”.

- *Freedom of assembly and association.* The right of peaceful assembly and association, provided by article 20 of the Universal Declaration of Human Rights and article 22 of the International Covenant on Civil and Political Rights, has frequently been denied to civil society organizations working in human rights and HIV-related matters. Civil society organizations should enjoy the rights and freedoms recognized in human rights instruments and the protection of national law. Also, HIV-positive individuals should be protected against discrimination based on their HIV status in their admission to trade unions and other organizations.

⁹ Commission on Human Rights resolution 2003/19 of 22 April 2003.

The Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS both emphasize the need for the full and active participation of people living with HIV, vulnerable groups, the most affected communities and civil society in the scaling-up of the response to the epidemic and increasing the coverage of prevention, treatment, care and support services.¹⁰

- **Right to work.** This right, enshrined in article 23 of the Universal Declaration of Human Rights and articles 6 and 7 of the International Covenant on Economic, Social and Cultural Rights, entails the right of every person to access employment without any precondition except the necessary occupational conditions. This right is violated when an applicant or employee is required to undergo mandatory testing for HIV and is dismissed or refused employment on the grounds of a positive result. The right to work further guarantees the right to safe and healthy working conditions. Where a possibility of HIV transmission exists, e.g., in the health sector, States should take measures to minimize these risks, for instance through training and implementation of “universal precaution” procedures against all infections, including HIV.
- **The right to enjoy the benefits of scientific progress and its applications.** This right, set forth in article 15 of the International Covenant on Economic, Social and Cultural Rights, is important in relation to HIV in view of the advances made in diagnosis and treatment, as well as in the development of a vaccine and new prevention tools such as microbicides. This right also obliges the State to ensure that treatment and participation in clinical trials are made equally available to women and children, as well as to marginalized and vulnerable populations.¹¹
- **The right to freedom of movement.** This right, found in article 12 of the International Covenant on Civil and Political Rights and article 13 of the Universal Declaration of Human Rights, encompasses the right of everyone to freely choose his or her place of residence, as well as the rights of nationals to enter and leave their own country. As there is no public health rationale for restricting the liberty of movement or the choice of residence for people living with HIV, such restrictions would be discriminatory.
- **Right to an adequate standard of living and social security.** The enjoyment of this right, found in article 25 of the Universal Declaration of Human Rights and in articles 9 and 11 of the International Covenant on Economic, Social and Cultural Rights, is essential to reducing the impact of AIDS on people living with HIV, families impoverished by AIDS and children orphaned or otherwise made vulnerable by HIV. States should ensure that people living with HIV are not discriminatorily denied an adequate standard of living and/or social security services; families, caregivers and children affected by HIV are protected from food insecurity and impoverishment by AIDS; and the property of women widowed by AIDS is not grabbed by family or the community, nor the inheritance of children taken.

The 2006 Political Declaration on HIV/AIDS highlights the importance of ensuring access to inheritance, social and health services, and care and support for people living with HIV and members of vulnerable groups. States have committed themselves to addressing, as a matter of priority, the needs of children orphaned and affected by AIDS, including by building and supporting the social security systems that protect them.

- **The right to participation in political and cultural life.** This right, found in article 25 of the International Covenant on Civil and Political Rights and article 15 of the International Covenant on Economic, Social and Cultural Rights, is essential for ensuring the participation of the most affected by HIV in the development, implementation and evaluation of HIV-related policies and programmes.¹²

¹⁰ See annexes I and II below.

¹¹ For further guidance on the participation of women, children and members of vulnerable populations in biomedical research, see Council for International Organizations of Medical Sciences, *International Ethical Guidelines for Biomedical Research Involving Human Subjects* (Geneva, 2002), and in particular guidelines 12 to 17. Available online at <http://www.cioms.ch>. See also UNAIDS, *Ethical considerations in HIV preventive vaccine research*, UNAIDS guidance document (Geneva, 2000). Available online at <http://www.unaids.org>.

¹² It also underlies the principle of greater involvement of people living with or affected by HIV/AIDS—known as “GIPA”—established in the Declaration of the Paris AIDS Summit in 1994.

- *The right to seek and enjoy asylum.* Everyone has the right to seek and enjoy asylum from persecution in other countries. Under the 1951 Convention relating to the Status of Refugees and under customary international law, States cannot, in accordance with the principle of *non-refoulement*, return a refugee to a country where he or she faces persecution or torture. Thus, States may not return a refugee to persecution on the basis of his or her HIV status. Furthermore, they cannot undertake special measures, such as mandatory HIV testing, to exclude HIV-positive individuals from being considered for, or granted, asylum.
- *The right to liberty and security of person.* This right, found in article 9 of the International Covenant on Civil and Political Rights, means that the right to liberty and security should not be arbitrarily interfered with merely on the basis of a person's HIV status, e.g., placing an HIV-positive individual in quarantine or isolation. Also, compulsory HIV testing can constitute a deprivation of liberty and a violation of the right to security of person. Respect for the right to physical integrity requires that testing be voluntary and undertaken with the informed consent of the person.
- *Freedom from cruel, inhuman or degrading treatment or punishment.* In relation to HIV, this right, found in article 5 of the Universal Declaration of Human Rights and article 7 of the International Covenant on Civil and Political Rights, provides for the State to ensure that prisoners have access to HIV-related information, education and means of protection, e.g., condoms, bleach and clean injection equipment as well as voluntary counselling and testing and treatment. This right also comprises the duty to combat prison rape and other kinds of sexual victimization in prison.

Addressing HIV-related stigma and discrimination

Stigma and discrimination have been identified as the main obstacles to effective responses to HIV. They not only violate the human rights of those that suffer them, but also obstruct public health efforts to prevent new HIV infections and reduce the impact of the epidemic on individuals, families, communities and countries. Stigma and discrimination can be experienced as both a cause and a consequence of HIV infection.

Discrimination

- Discrimination results from individuals being treated less favourably than others on account of some feature or quality. Broadly, it operates in two distinct ways in the HIV epidemic: discrimination that increases vulnerability to infection and discrimination that relates to HIV status itself. Often, multiple forms of discrimination are suffered by the same individual, for example a woman living with HIV who may experience discrimination both in relation to her HIV status and on account of her sex.
- Discrimination related to actual or presumed HIV-positive status increases the impact of the epidemic on people living with, and affected by, HIV. For instance, it may lead individuals and families into increased poverty and marginalization. Discrimination on account of HIV or health status can take several forms, for example HIV-positive people being denied treatment, HIV-positive people being fired from their jobs, HIV-infected or affected children being denied education. There can also be indirect forms of discrimination, for example changes in job requirements that appear neutral on their face (i.e., based on the “needs of the organization”) but are directed towards people living with HIV or people perceived to be HIV-positive, and impossible to fulfil. Discrimination may influence the dynamics of the epidemic, for example people do not seek HIV testing as they fear the consequences of being found to be HIV-positive. Similar fears may keep people from using prevention methods to protect their partners from infection.
- Members of some population groups are more vulnerable to discrimination, both within and outside the context of the epidemic. The effects of this discrimination also deepen the impact of HIV. These groups include women, migrants, refugees, prisoners, internally displaced people, ethnic minorities, the poor and young people. In some countries, members of some groups are legally and socially marginalized because of their behaviour, such as sex workers, people who use drugs and men who have sex with men. Discrimination often prevents them from having access to HIV prevention information, modalities (condoms and clean injecting equipment) and services (for sexually transmitted infections and tuberculosis). This, as well as risk-taking behaviour, makes them highly vulnerable to HIV infection.

“Accountability [...] requires every President and Prime Minister, every parliamentarian and politician, to decide and declare that ‘AIDS stops with me’. It requires them to strengthen protection for all vulnerable groups—whether people living with HIV, young people, sex workers, injecting drug users or men who have sex with men. It requires them to work hand in hand with civil society groups, who are so crucial to the struggle.”

Kofi Annan, United Nations Secretary-General,
message on the occasion of World AIDS Day, 1 December 2006

Stigma

- Stigma can be understood as a “‘significantly discrediting’ attribute possessed by a person with an ‘undesired difference’”.¹³ Stigma is often associated with misinformation and inadequate knowledge about HIV and modes of transmission or with moral judgements about how someone became infected. Individuals or groups of people are singled out as “responsible” for the epidemic (e.g., sex workers or truck drivers) or “responsible” for their own infection. They are ostracized, harassed, isolated, become the subject of gossip and may be driven from their homes or villages.
- Where there is stigma, people living with HIV may be more likely to refrain from informing close friends and relatives about their status, and may find it difficult to take steps to protect their partners. People who suspect that they are HIV-positive may avoid seeking testing, treatment and care.

Action to reduce HIV-related stigma and discrimination is an obvious entry point for national institutions to initiate or expand work on HIV. Dialogue and consultation with those most affected is essential to formulate an effective programme of action. Tools exist for measuring and addressing HIV-related stigma and discrimination.

Addressing HIV-related human rights in conflict and post-conflict situations

Conflicts and natural disasters, when combined with displacement, food insecurity, and poverty, can lead to humanitarian emergencies that have the potential to increase vulnerability to HIV infection, and can disrupt treatment, care and support programmes for people living with HIV. National human rights institutions can play an important role in ensuring that States address the protection and promotion of HIV-related human rights in conflict and emergency situations, and build HIV into post-crisis strategies and programmes. This includes:

- Advocating for measures to ensure uninterrupted access to treatment, prevention and other HIV-related services, especially for key populations at higher risk
- Advocating for the integration of HIV awareness, prevention, care and treatment into emergency response programmes
- Promoting safe access to food, water, housing and other necessities, as well as income-generation possibilities
- Putting in place measures to prevent violence against women and children,¹⁴ (including enforcing the humanitarian code of conduct), and ensuring access to post-exposure prophylaxis and other services for survivors of sexual violence
- Including HIV-related issues in human rights monitoring during conflict and in humanitarian response initiatives
- Ensuring HIV training is provided to human rights monitors and other personnel, including peacekeepers, military and humanitarian staff
- Engaging people living with HIV and members of vulnerable populations in the development of emergency response and post-conflict development programmes.

¹³ Erving Goffman quoted in UNAIDS, HIV and AIDS-related stigmatization, discrimination and denial: forms, contexts and determinants – Research studies from Uganda and India (UNAIDS Best Practice Collection) (Geneva, 2000). Available online at <http://www.unaids.org>.

¹⁴ For examples of work by UN programmes and agencies, and links to technical resources, see “UN Action against Sexual Violence in Conflict”. Available online at <http://www.reliefweb.int> and <http://www.stoprapenow.org>.

2. IN-REACH AND OUTREACH

ASSESSING NATIONAL INSTITUTIONS: INTERNAL POLICIES, WORKING METHODS, EXTERNAL PARTNERSHIPS, AND WORKPLANS AND PRIORITIES

In-reach: assessing workplace policies and building the HIV competency of national institution staff

National institutions looking to initiate or expand work on HIV should take the opportunity to review their own workplace policies and procedures to ensure that they protect and promote the HIV-related human rights of staff. For example:

- Is there a policy and programme to educate staff on HIV prevention and treatment?
- Are there workplace policies prohibiting HIV-related discrimination?
- Is it clear in recruitment procedures that applications are encouraged from people living with HIV?
- Do health benefits include coverage for HIV-related treatment?
- Is reasonable accommodation (e.g., flexible or reduced working hours) available to people with disabilities or living with conditions which are periodically disabling (including HIV)?

Reviews of internal policies should engage staff from all parts of the organization (from management, and technical/professional, administrative and support areas), fostering corporate commitment to protecting and promoting HIV-related human rights, including in the workplace, and promoting staff knowledge on HIV. It is particularly important for national institution staff responsible for activities and programmes to have a good understanding of HIV and the relationship between HIV and human rights. New staff induction and internal training programmes should include a component on HIV and human rights. Local groups of people living with HIV, and AIDS service organizations, can be good sources of information or possible trainers and educators.

Efforts should be made to hire, at managerial, professional and administrative levels, staff with the requisite skills who come from marginalized communities or who identify closely with the people they are working for. In addition to people living with HIV, this may include survivors of sexual violence, ethnic or linguistic minorities, men who have sex with men, and former prisoners. Efforts should be made to achieve a gender balance at all levels of the national institution's staff.

The Canadian Human Rights Commission

The Canadian Human Rights Commission has adopted several policies to ensure that everyone has the "right to equality and to be treated with dignity and without discrimination, regardless of HIV/AIDS status", for instance: (i) HIV-positive persons pose virtually no risk to those with whom they interact in the workplace, and thus the Commission does not support pre- or post-employment testing for HIV, as such testing could result in unjustified discrimination against people who are HIV-positive; (ii) given the level of misunderstanding about HIV/AIDS and the discriminatory treatment of people who are HIV-positive, the Commission will assist in fostering improved public understanding on HIV/AIDS; and (iii) employers are encouraged to develop an HIV/AIDS workplace policy to ensure employees are accurately informed about HIV/AIDS as it affects them in the workplace.

Outreach: initiating or expanding work with AIDS service organizations and networks of people living with HIV

One of the most valuable human rights lessons learned in the past 25 years of the response to the epidemic has been that people living with HIV are not “victims” or passive recipients of assistance. They are participants in their own destiny; have rights and are capable of mobilizing to claim them appropriately; are a major resource in designing, establishing and implementing prevention, care, treatment and “know your rights” programmes; and must be engaged if responses to HIV are to be effective. It is thus crucial to consult people living with HIV, to support them in mobilizing around their rights, and to actively involve them in HIV-related initiatives undertaken by national human rights institutions and the Government.

“Acknowledging the particular role and significant contribution of people living with HIV/AIDS, young people and civil society actors in addressing the problem of HIV/AIDS in all its aspects, and recognizing that their full involvement and participation in the design, planning, implementation and evaluation of programmes is crucial to the development of effective responses to the HIV/AIDS epidemic”.

Declaration of Commitment on HIV/AIDS

“Convinced that without renewed political will, strong leadership and sustained commitment and concerted efforts on the part of all stakeholders at all levels, *including people living with HIV, civil society and vulnerable groups*, and without increased resources, the world will not succeed in bringing about the end of the pandemic”. (*emphasis added*)

Political Declaration on HIV/AIDS

An effective national human rights institution should be accessible to the individuals and groups whose rights it is to promote and protect. Promoting accessibility to the national human rights institution is especially important for members of vulnerable groups—including people affected by or living with HIV—as they may face significant barriers to accessing services owing to a range of factors, from lack of knowledge, to distrust of official institutions or fear of discrimination. In addition to physical accessibility, services need to be provided in ways that empower people. If those whose rights have been violated find a national institution unapproachable, unfriendly or discriminatory, it will not be accessible to them.

To facilitate the active involvement of people living with HIV, national institutions can meet representatives of networks of people living with HIV to learn about their experiences and concerns, and discuss what support would be useful in order to build their human rights capacity. National institutions should identify the key human rights-related issues for people living with HIV, and what actions and services by the national institution would be considered most useful and most urgent. Regular dialogue can help ensure that problems and human rights issues experienced by people living with HIV and members of vulnerable groups come to the attention of the national institution.

National institutions need to ensure that key groups are informed about their existence, their jurisdiction and their function in language that is easy to understand. Efforts should be made to focus on key concerns, such as:

- HIV-related discrimination in health-care facilities, the workplace, schools, government, the armed services;
- Violence against women;
- “Property grabbing” and non-respect of inheritance rights;

- Discrimination against ethnic, linguistic or sexual minority groups;
- Intimidation or harassment by officials of State institutions;
- Barriers to accessing health services;
- Mandatory HIV testing (for employment, education, health services, loans, insurance, travel);
- Access to comprehensive and evidence-based information on prevention of HIV;
- Access to sexual and life-skills education.

The National Human Rights Commission of India

The National Human Rights Commission of India helped secure proper medical treatment for a person living with HIV in a government hospital in Delhi. In September 2003, the Commission received a complaint from an individual who indicated that he was unemployed and living with HIV, and was denied proper treatment by government and private hospitals in Delhi. It took up the case with the hospitals concerned and, as a result, the patient was able to access proper medical treatment. The Commission has continued to advocate proper medical treatment for people living with HIV.

3. INTEGRATING HIV INTO EXISTING ACTIVITIES AND PROGRAMMES

National human rights institutions bridge international and national protection systems by:

- Advising the State on the scope of implementation of its human rights obligations;
- Following up on recommendations of United Nations treaty bodies;
- Educating and building capacity on human rights at the national level;
- Conducting public information campaigns on the activities of the international human rights system, including the treaty bodies, special procedures and Human Rights Council;
- Supporting and participating in the monitoring and investigation of the effectiveness of human rights protection at national and regional levels;
- Hearing and considering individual complaints and petitions.

Most, if not all, national human rights institutions are engaged in monitoring the human rights situation in their country, providing information and education on human rights, providing advice to the Government on human rights and, in some cases, handling individual complaints. By integrating HIV into existing activities, they can strengthen the national response to HIV.

National human rights institutions can play an important role in promoting a comprehensive national response to HIV by monitoring and reporting on the State's progress in respecting, protecting and fulfilling HIV-related human rights, reflected in the Declaration of Commitment on HIV/AIDS, in the Political Declaration on HIV/AIDS and in international human rights treaties. In their programmes of work, national institutions have opportunities for advising parliamentarians and key decision makers on legislation, policies and programmes that can have a significant impact on the course of the national epidemic.

"Forum members agreed that HIV/AIDS should not be viewed as solely a health issue but as a human rights issue because of its serious economic, social and cultural implications. Forum members, therefore, committed themselves to combat discrimination and human rights violations on the basis of HIV/AIDS..."

Concluding statement from the sixth annual meeting of
the Asia Pacific Forum of National Human Rights Institutions, September 2001, Colombo

The following sections provide examples of how national human rights institutions can integrate HIV and AIDS activities into their mandates.

Supporting participatory review and reform of laws that have an impact on HIV

National institutions are often mandated with reviewing national legislation and regulations to ensure their conformity with international human rights standards and norms. Such reviews can provide an opportunity for engaging those most affected by the law and the community more generally, and seeking their views and comments on:

- Whether the law protects human rights sufficiently and addresses concerns and needs related to HIV prevention, treatment, care and support, non-discrimination, gender equality and violence against women;
- How the law has been used (or misused, to the detriment of vulnerable groups and/or public health);

- Whether women, young people and members of vulnerable groups have enjoyed the full benefit and protection of the law (i.e., has there been sufficient implementation? Has discrimination prevented people from accessing entitlements, such as HIV prevention or treatment? Does the law advance gender equality and reduce vulnerability, sexual violence and coercion, including in marriage?);
- What changes to the law and its enforcement are necessary to help people fully realize their rights so as to protect themselves from HIV infection and cope, if infected with HIV?

The findings from participatory legislative reviews can provide the basis for recommendations for law reform and various measures to better implement otherwise good legislation. These findings can also inform the work of national institutions, and may lead to the development of training and engagement with law enforcement officers, prison officials, medical professionals, parliamentarians and other key constituencies.

In many countries draft legislation is sent to the national human rights institution for review to ensure that new laws do not contradict international human rights standards and the international obligations agreed to by the State. National institutions with a review mandate can ensure that new laws are scrutinized from the perspective of HIV-related human rights. To adequately perform this work, their staff should receive training on HIV and human rights, and be instructed to broadly engage networks of people living with HIV, AIDS service organizations and others who can bring relevant expertise to the legislative review. Experts on law as it relates to HIV exist and are available in every region of the world.

The National Human Rights Commission of Thailand

The National Human Rights Commission of Thailand has worked to promote legislation that protects people living with HIV from discrimination, such as pre-employment HIV screening and other forms of mandatory testing, and discrimination in accessing health and other services. It established a sub-committee to develop draft legislation that would provide such legal protection and advocate more proactive HIV prevention measures. A draft was finalized in November 2006. It is expected that, after due consultation with stakeholders, it will be sent to the Ministry of Justice and the Cabinet for approval and then to the Parliament and the Senate.

The Commission on Gender Equality, South Africa

One of the first tasks of the Commission on Gender Equality in South Africa, a national institution that focuses specifically on the promotion of gender equality, was to conduct a legislative audit to determine whether there were laws that discriminated against women on the basis of their sex. In consultation with key stakeholders in civil society and the Government, the Commission identified key areas of research. It presented its findings in a public report, highlighting several discriminatory laws and making recommendations for legislative amendments. It also identified needs for further research, lobbying and advocacy. Government ministries and civil society used it extensively to illustrate discrimination against women, and to lobby for changes to existing laws and the development of new legislation.

National institutions may also have an opportunity for engaging parliamentarians and key opinion leaders in the lead-up to a law review, for example, by providing training or raising awareness on HIV, human rights and the national legal framework. Such activities may prove useful in establishing a supportive environment for legal change and reforms, and in developing political commitment to openly addressing the HIV epidemic.

Monitoring the implementation of HIV-related legislation, policies and programmes

In addition to reviewing legislative provisions, national human rights institutions can assess how law and policy are being enforced and implemented in the country. Many countries have made significant efforts to reform HIV-related laws in recent years and ensure conformity with the international commitments made by their Governments. Programmes and practices, however, have not always changed in accordance with the new or revised laws. For example:

- Despite the existence of laws protecting inheritance and property rights, many women continue to face the loss of their homes and property when their husbands die of an HIV-related illness. This can be due to a variety of reasons, including a lack of law enforcement, the existence of contradictory customary law, an unwillingness on the part of the judiciary to apply the law, a reluctance to bring a complaint owing to the public nature of legal proceedings, or a lack of legal aid and other assistance to help women bring legal claims.
- People living with HIV have reported being dismissed from their jobs when their status became known in the workplace or community, despite the existence of laws and regulations that should protect them.

Using the *International Guidelines on HIV/AIDS and Human Rights*

The International Guidelines on HIV/AIDS and Human Rights contain several law-related provisions and are a useful resource when assessing HIV-related legislation from a human rights perspective. More specific guidance can be found in the *Handbook for Legislators on HIV/AIDS, Law and Human Rights*, produced by UNAIDS and the Inter-Parliamentary Union.

GUIDELINE 3: *States should review and reform public health laws to ensure that they adequately address public health issues raised by HIV, that their provisions applicable to casually transmitted diseases are not inappropriately applied to HIV and that they are consistent with international human rights obligations.*

Public health legislation should ensure that HIV testing is performed only with the specific informed consent of the individual. Laws that require mandatory testing, e.g., before entering certain types of employment or before marriage, are contrary to international human rights standards, for instance those set out in the International Covenant on Civil and Political Rights. Public health legislation should protect the confidentiality of information related to the HIV status of an individual and prevent the unauthorized collection, use or disclosure of such information.

GUIDELINE 4: *States should review and reform criminal laws and correctional systems to ensure that they are consistent with international human rights obligations and are not misused in the context of HIV or targeted at vulnerable groups.*

Criminal law review should include, for example, laws that criminalize certain types of consensual sexual activity, e.g., sex between people of the same sex, sex work. The criminalization of such activities might have unintended and negative consequences for public health, discouraging people engaged in them from seeking HIV-related prevention, treatment, care and support for fear of prosecution. The implementation of prevention programmes designed to serve members of such groups may be significantly hindered.



Law and policy review should include a review of policies and practices that may prevent prisoners from accessing the same HIV-related services that are available to the general population (e.g., access to health information, treatment, care and support, as well as access to condoms and harm reduction initiatives for people who use drugs). It is important that laws and policies recognize that, although prisoners are convicted for a criminal offence, they still have the same rights as other individuals, with the exception of restrictions on liberty directly related to their imprisonment.

GUIDELINE 5: States should enact or strengthen anti-discrimination and other protective laws that protect vulnerable groups, people living with HIV and people with disabilities from discrimination in both the public and private sectors [...].

Anti-discriminatory and protective laws that may be necessary to address discrimination against members of certain vulnerable groups include:

- Laws to guarantee women the right to own or inherit property on the basis of equality;
- Laws that ensure women and men receive equal pay for equivalent work;
- Laws that protect women from violence and rape both in marriage and outside marriage;
- Laws that protect people living with HIV from being dismissed from their jobs owing to their actual or perceived HIV status;
- Laws that ensure that vulnerable children enjoy the right to education;
- Laws that protect people living with HIV from discrimination when seeking treatment and care at health clinics or hospitals.

To assess how laws are being applied and what barriers exist to fully implementing them, and develop a plan of action for improving the implementation and enforcement of laws, national institutions can engage in a partnership with organizations representing vulnerable groups, people living with HIV, women's groups, social workers, traditional leaders from systems of customary and religious law, bar associations, legal aid centres as well as ministries of justice.

The Kenya National Commission on Human Rights

The Kenya National Commission on Human Rights, in collaboration with the POLICY Project/USAID, implemented a project on women's property and inheritance rights in 2004-2006. In a country where poverty levels are high and where the family unit depends heavily on the welfare of the woman, the denial of the right of women to access property has an immense negative impact on women, children and the community at large. The dynamics of the HIV epidemic in Kenya made it even more urgent to address women's property rights. In preparation for the project, a study was undertaken to review the legal, policy and structural framework in Kenya with regard to women's property rights. It found that the legal and policy framework was largely protective of women's rights, but it was not accessible to those who needed it most. The study recommended working within cultural structures and institutions—the first line of governance accessible to women—and to include men in the key target audiences. The project was implemented in the Luo and Meru communities, and included a range of activities:

- Widow mobilization;
- Meetings with the councils of elders;
- Training of NGOs, community-based organizations and faith-based organizations on women's property rights and their role in providing information and training to women;
- Training of provincial administration officials;
- Public meetings.

Feedback on the project has been positive and there are a number of cases of widows having been resettled.

The National Human Rights Commission of India

The National Human Rights Commission of India has recommended intensifying public health action to address mother-to-child transmission of HIV at the central and State level; legislation to prevent discrimination against children living with HIV; addressing school fees and related costs that keep children, especially girls, from going to school; providing all children both in and out of school with comprehensive, accurate and age-appropriate information about HIV and AIDS; providing care and protection to children whose parents are unable to care for them owing to HIV-related illness; establishing institutional arrangements for extending medical aid to children with HIV; realizing the right of people living with HIV to receive adequate treatment and ensuring health professionals are aware of their duty to provide these services. Workshops and seminars have been held to raise awareness among stakeholders in various regions.

National institutions can also work together with national AIDS programmes and community organizations delivering prevention, treatment, care and support, to assess the human rights dimensions of programmes and services, including their availability, accessibility, acceptability and quality.¹⁵ Data should be disaggregated by sex, age, ethnicity and other relevant distinctions to enable sound programme evaluation and assessment of barriers to access. National institutions may also wish to focus on:

Needs and rights of women

- Access to information and education about HIV and sexual health for women and girls;
- Availability of male and female condoms at affordable prices;
- Access to programmes for pregnant women for the prevention of mother-to-child transmission of HIV and for HIV treatment of mothers.

Needs and rights of young people

- Access to information and education about HIV, sexual health and life-skills training for young people in and out of school;
- Availability of male and female condoms and voluntary HIV testing and counselling at affordable prices and through youth-friendly distribution channels;
- Protection for girls against sexual violence in schools.

Needs and rights of vulnerable groups

- Availability and affordability of treatment and care, including geographical coverage and measures taken to ensure availability for members of vulnerable populations;
- Existence of community-based and home-based care programmes for people living with HIV;
- Access to information about sexual health and HIV for sex workers, men who have sex with men, prisoners and people who use drugs;
- Availability of HIV harm-reduction measures and prevention for people who use drugs (e.g., sterile injecting equipment, drug substitution therapy);
- Availability of male and female condoms at affordable prices for members of vulnerable groups, such as sex workers, prisoners and men who have sex with men;
- Availability of voluntary HIV counselling and testing (VCT) inside health-care facilities and in separate VCT facilities;
- Social support for elderly and poor caregivers and for children orphaned by AIDS.

¹⁵ See chapter 1 above for a more detailed description of the elements of the right to the highest attainable standard of health.

Receiving and adjudicating complaints brought by people living with HIV

National human rights institutions are often mandated to receive, investigate and resolve complaints from members of the public or brought by organizations. Some are further mandated to initiate investigations into human rights violations without a formal complaint being lodged. Through tribunals and public inquiries, some national institutions exercise a mandate to provide compensation to the victims of human rights violations, issue public pronouncements on the impact of human rights violations and make recommendations for systematic redress. All of these mechanisms provide opportunities for addressing HIV-related human rights violations and issues of concern.

The complaint-handling function represents an opportunity for people living with HIV and those vulnerable to infection to claim their rights and seek redress. National institutions need to ensure that they develop the necessary expertise to adjudicate such cases and have procedures in place to protect confidentiality. As with all initiatives to address HIV-related human rights violations, it is essential to ensure the involvement of people living with HIV in programme design and outreach. Networks of people living with HIV may be in a position to refer HIV-related complaints to national institutions for their attention and action.

Where national human rights institutions do not have their own complaint-handling mandate, they can be strong advocates for the provision of legal aid to people living with HIV, as well as to members of vulnerable populations. National institutions can also take steps to make legal support more accessible to key population groups, through radio and print advertising, toll-free and confidential information hotlines, community information sessions, and training of paralegal advisers (e.g., social workers, teachers, nurses).

The Uganda Human Rights Commission

In 2006, the Uganda Human Rights Commission established a “Vulnerable Persons Desk” which, among other responsibilities, accepts complaints related to HIV and AIDS. To date, the Commission has taken up HIV-related complaints addressing discrimination based on HIV status and failure to obtain informed consent in the context of medical care.

One notable case is *Bwenge v. Uganda Episcopal Conference* (2003). The complainant was a driver for the defendant for some time. Concerned about his health after a period of not feeling well, he decided to seek an HIV test. He tested positive for HIV and disclosed his status to his employer. Sometime thereafter he was dismissed. Concerned that this action was related to his HIV status, he brought the case to the Commission for redress.

The National Human Rights Commission of India

The National Human Rights Commission of India took suo moto cognizance of an HIV-related matter and initiated proceedings in the case of 7-year-old Bency and her 5-year-old brother, Benson, who were denied access to education owing to their HIV-positive status in the State of Kerala. The Commission has found other instances from other States in which children were turned away from schools, clinics and orphanages because they and their family members were HIV-positive. After intervention by the Commission, the children were granted admission.

Monitoring and reporting on HIV-related human rights violations

Many national human rights institutions develop, as part of their mandate, annual reports on the human rights situation in their countries. Integrating a focus on HIV-related human rights in these reports is one way in which they can give a voice to people living with HIV and those vulnerable to infection, and stimulate intensified action against HIV-related stigma, discrimination, human rights violations and gender inequality. National human rights institutions should also consider issuing specialized reports on HIV issues.

The Kenya National Commission on Human Rights

The Kenya National Commission on Human Rights has monitored and reported on the right to health. In its 2003-04 Annual Report to the Government, it noted that the standard of health care in the country was deteriorating and had been made worse by the emergence of HIV. The Commission urged the Government to look at the situation of people living with HIV and in particular their ability to access affordable medication. The issue of access to medication was integrated into the Commission's Strategic Plan for 2003–2008, which states that "access to essential drugs needs to be agitated as a human rights issue". The Strategic Plan furthermore states that there is a need to develop and enforce human rights legislation to protect people living with HIV from stigma and discrimination.

The Uganda Human Rights Commission

In its 2003 Annual Report, the Uganda Human Rights Commission urged the Government and private institutions, especially hospitals, to engage in projects and programmes to improve the health of the people. It recommended that the Government should "step up efforts of making drugs [ARV] available..." and that "the free distribution of ARVs should focus on the most vulnerable groups...". The Commission urged that a constitutional review be undertaken to prohibit discrimination on the grounds of health status.

The South African Human Rights Commission

Over the past 10 years, the South African Human Rights Commission has been monitoring the implementation of the right to health and the response of the Government to the HIV pandemic. Organs of State were requested to list and describe the policies, programmes and projects instituted during the reporting period and to outline how they respected, promoted and fulfilled the right to health, including in the context of HIV. The Commission analysed the responses from the National Department of Health and the provincial departments, as well as additional information gathered through independent research. The results of this exercise were published in various annual economic and social rights reports covering the period from 1997 to 2006. These reports include specific recommendations to the Government and various stakeholders on how best to address the HIV pandemic.

4. EDUCATING AND RAISING AWARENESS ON HIV AND HUMAN RIGHTS

National human rights institutions can inform and educate people about HIV-related human rights, and mobilize them to take action against stigma and discrimination. The Paris Principles¹⁶ state that national human rights institutions should “publicize human rights and efforts to combat all forms of discrimination” by increasing public awareness, especially through information and education. Within this mandate, national institutions can undertake information and education activities on HIV and human rights as part of their existing activities.

“National Governments and international donors should prioritize funding for social mobilization campaigns in local languages to protect and promote AIDS-related rights and eliminate HIV-associated stigma and discrimination.”

Towards universal access: assessment by the Joint United Nations Programme on HIV/AIDS on scaling up HIV prevention, treatment, care and support (A/60/737)¹⁷

GUIDELINE 9: States should promote the wide and ongoing distribution of creative education, training and media programmes explicitly designed to change attitudes of discrimination and stigmatization associated with HIV to understanding and acceptance.

International Guidelines on HIV/AIDS and Human Rights

The primary audiences for information and education initiatives are:


- Professionals (health-care workers, educators, social workers, judges, lawyers and law enforcement officers);
- People living with HIV and those vulnerable to infection;
- Primary and secondary school pupils, and young people outside of school;
- Employers;
- The general public.

Guiding principles for effective HIV and human rights education

Education on HIV and human rights should take a “top-down” and a “bottom-up” approach.

- At the community level, people living with and affected by HIV need to know what their rights are and how to claim them. It is also necessary, however, to increase the knowledge and understanding of lawmakers and policymakers about the importance of respecting, protecting and fulfilling rights in the context of HIV. It is similarly important for law enforcement officials, prison staff, members of the judiciary, health-care providers and employers to understand the critical connections between HIV and human rights.

Education materials and programmes must be accessible to key audiences in terms of format and content, as well as physical access.

- Too often HIV educational materials and programmes are not accessible to members of vulnerable groups. This can be due to a range of factors, including poor design of materials (e.g., highly technical and assuming a high level of literacy) and mode of delivery (e.g., formal workshops that may be intimidating, removed from the reality of daily life, scheduled at inconvenient times of the day). Gender inequality and the criminalization of the behaviours people engage in (as in the case of sex workers, people who use drugs and men who have sex with men) present their own challenges. 

¹⁶ “Principles relating to the status of national institutions”, see General Assembly resolution 48/134 of 20 December 1993.

¹⁷ Assessment and recommendations were based on over 100 public consultations convened by low- and middle-income countries in late 2005/early 2006 on what needs to be done to halt and turn back the epidemic.

Education and training materials should be developed through a participatory process.

- Participatory processes help empower people to claim their rights and are more likely to generate educational materials that are relevant to people's lives and responsive to their needs. National institutions developing HIV and human rights educational materials should engage representatives of the target audience, other stakeholders and people living with HIV to ensure that the specific needs of the target audience are met.

Information and education for professionals: health-care workers, educators, social workers, judges, lawyers and law enforcement officers

People living with HIV and others vulnerable to infection frequently report that much of the discrimination they face comes from professionals and service providers in the community. This discrimination may manifest itself as specific actions (e.g., harassment, denial of care, inappropriate “infection control” measures, dismissal from employment) or inactions (e.g., refusal to investigate allegations of assault or battery against a person living with HIV, refusal to investigate rape or domestic violence). Lawyers and judges may be poorly equipped to use non-discrimination and other legal provisions that can protect people living with HIV, or provide redress in the case of a violation of human rights. They may also not be aware of the importance of confidentiality in such cases. National human rights institutions can make an important contribution to the AIDS response by developing and delivering information and education programmes on HIV and human rights for professionals and other key community leaders.¹⁸

- To support law enforcement that is in line with human rights standards and public health objectives, national human rights institutions can offer training to police, law enforcement officers and prison guards to: (a) promote understanding of HIV, how it is transmitted and how transmission can be prevented; and (b) develop the skills and attitudes necessary to protect and promote the rights of people living with HIV, women and members of vulnerable populations.
- To improve the quality of public services (e.g., health care, law enforcement) in the context of the epidemic, national institutions may wish to offer assistance to relevant government ministries and departments to review regulations governing the conduct of civil servants and make them more accountable for their human rights performance. Education campaigns should be accompanied by the development of codes of conduct and enforcement mechanisms to address possible cases of misconduct.¹⁹

There are other actions that national institutions can undertake to reach out to professionals and educate them about HIV and human rights:

- Become part of the national AIDS coordinating authority and support partners in designing and implementing training and information initiatives for key professional groups (e.g., health-care workers, teachers, prison guards, judges);
- Develop training seminars for professionals on their legal and ethical duties with regard to HIV. The development of a training seminar should, to the extent possible, form part of a larger HIV workplace or sector-wide intervention,

¹⁸ The importance of reaching out to professionals is acknowledged in the *International Guidelines on HIV/AIDS and Human Rights*. See guideline 9, para. 62 (c): “States should support HIV-related human rights/ethics training/workshops for Government officials, the police, prison staff, politicians, as well as village, community and religious leaders and professionals.”

¹⁹ On this point, see guideline 10, *International Guidelines on HIV/AIDS and Human Rights*: “States should ensure that Government and the private sector develop codes of conduct regarding HIV issues that translate human rights principles into codes of professional responsibility and practice, with accompanying mechanisms to implement and enforce these codes.”

accompanied by workplace policies. Information initiatives should include the active engagement of management and secure its commitment to meaningful follow-up;

- Ensure that education on HIV-related human rights issues is included in the curricula for the education of health-care professionals, lawyers, judges, prison guards, social workers, teachers, police and public administrators;²⁰
- Support the integration of the legal aspects of HIV into law school education.

In addition to information on the epidemic, modes of transmission and underlying causes of the epidemic, the focus of the information and education should be on the individual's professional, legal and ethical duties in his or her capacity as a professional. For example, specific issues for health-care workers would include: the duties to provide medical treatment to people living with HIV, to seek informed consent in the context of testing and treatment, and to maintain the confidentiality of patient records. For educators, it might include the duty to provide young people with comprehensive, evidence-informed and age-appropriate sexual and reproductive health education and services. For prison officials, it would include the duty to provide HIV information and prevention commodities to detainees.

The Office of the Ombudsman in Costa Rica

The Office of the Ombudsman in Costa Rica has reproduced copies of the national HIV and AIDS legislation and distributed them to all hospitals and public institutions. It has also published a collection of important cases and resolutions relating to HIV and AIDS. As part of efforts to recognize the contributions of individuals and institutions to human rights, it introduced a national award called the "Quality of Life" award. One year it presented this award to the AIDS Clinic of Hospital Mexico for its prominent work with people living with HIV.

Information and education for people living with HIV and those vulnerable to infection

People living with HIV and members of vulnerable groups should be supported to access information about their rights, as well as the tools and services, such as legal aid, that will help them to claim their rights.²¹ National institutions can consider taking the following steps when designing HIV-related information and education programmes:

- Contact networks of people living with HIV and civil society organizations to find out more about their activities and needs; provide support to enable them to deliver information and training on the rights of their members and on how they can help people claim their rights with the support of the national human rights institutions;
- Integrate information on the rights of people living with HIV and members of other vulnerable groups in their information activities;
- Work through the national AIDS coordinating authority and support other initiatives designed to provide training and information on human rights to people living with HIV and members of vulnerable groups;
- Advocate and support the establishment of free legal support services to people living with HIV and members of other vulnerable groups.

²⁰ Such activities are envisioned within the mandate of national institutions, as outlined in the Paris Principles. For example, national institutions are "to assist in the formulation of programmes for the teaching of, and research into, human rights and to take part in their execution in schools, universities and professional circles".

²¹ See guideline 7, *International Guidelines on HIV/AIDS and Human Rights*: "States should implement and support legal support services that will educate people affected by HIV about their rights, provide free legal services to enforce those rights, develop expertise on HIV-related legal issues and utilize means of protection in addition to the courts, such as offices of ministries of justice, ombudspersons, health complaint units and human rights commissions."

Information and education for primary and secondary school pupils, and young people outside of school

Children and young people have the right to comprehensive, evidence-informed and age-appropriate information on HIV. Such information should empower children and young people to make decisions that can help them avoid HIV infection or, if already living with HIV, enable them to live successfully with the virus.

Human rights education represents an opportunity for children and young people to develop knowledge of their rights and capacities to claim them. It should also be seen as an opportunity for helping foster compassion towards people living with HIV, promoting social responsibility in the context of the epidemic, transforming gender norms and advancing gender equality, and creating a new cadre of leaders against HIV-related stigma and discrimination.

National human rights institutions can consider taking some of the following steps to ensure that children and young people have access to HIV-related information and education:

- Become part of the national AIDS coordinating authority and work with the ministry of education, youth groups and other partners to design and implement HIV and human rights education initiatives for children and young people;
- Include information on HIV prevention, treatment, care and support in human rights educational material for children and young people. Materials should be designed for use in and outside school settings. It is important to recognize that children and youth in vulnerable situations may have low levels of literacy and, accordingly, may benefit from alternate media (e.g., radio, street theatre);
- Advocate the inclusion of HIV in curricula on human rights in primary and secondary schools;
- Provide support to civil society organizations working with young people and to youth groups, and assist in the development of educational materials and programmes;
- Engage the media and encourage the development of messages aimed at young people that challenge HIV-related stigma and myths about the virus, and promote human rights, gender equality and non-discrimination.

HIV-related information and education and the Convention on the Rights of the Child

The Committee on the Rights of the Child, in its general comment No. 3 (2003) on HIV/AIDS and the rights of the child, outlines what States must do to ensure that children realize their rights in the context of the epidemic. With regard to HIV-related information and education, the Committee states:

- “Consistent with the obligations of States parties in relation to the rights to health and information (arts. 24, 13 and 17), children should have the right to access adequate information related to HIV/AIDS prevention and care, through formal channels (e.g., through educational opportunities and child-targeted media) as well as informal channels (e.g., those targeting street children, institutionalized children or children living in difficult circumstances). States parties are reminded that children require relevant, appropriate and timely information which recognizes the differences in levels of understanding among them, is tailored appropriately to age level and capacity and enables them to deal positively and responsibly with their sexuality in order to protect themselves from HIV infection. The Committee wishes to emphasize that effective HIV/AIDS prevention requires States to refrain from censoring, withholding or intentionally misrepresenting health-related information, including sexual education and information, and that, consistent with their obligations to ensure the right to life, survival and development of the child (art. 6), States parties must ensure that children have the ability to acquire the knowledge and skills to protect themselves and others as they begin to express their sexuality.”

Public education campaigns

In addition to the targeted programmes outlined above, national institutions can launch general public awareness campaigns against HIV-related stigma and discrimination, and gender inequality, which makes women and girls particularly vulnerable to HIV. National institutions can also develop public education programmes that disseminate information on how people can claim their rights in the context of the epidemic. In designing campaigns and programmes, national institutions should consult with community organizations, people living with HIV, women's rights groups, the private sector, religious leaders and others, to identify how best to reach the widest possible audience and work through their networks of community leaders.

The Uganda Human Rights Commission

The Uganda Human Rights Commission has disseminated information about HIV and human rights in its magazine, *Your Rights*, which is distributed free of charge. Some of the issues addressed are:

- Uganda's compliance with provisions of the Declaration of Commitment on HIV/AIDS;
- The rights of people living with HIV, specifically focusing on non-discrimination and equality;
- The right to marry and found a family.

The National Human Rights Commission of India

The National Human Rights Commission of India has developed a booklet on Human Rights and HIV/AIDS. It is available on the Commission's website as part of the "know your rights" series under "publications" at www.nhrc.nic.in.

5. WORKING WITH NATIONAL AIDS PROGRAMMES

NATIONAL HUMAN RIGHTS INSTITUTIONS AND THE “THREE ONES”

When national human rights institutions embark on HIV activities, it is important for them to identify existing national priorities, strategies and activities and look for opportunities for engaging with and influencing broader processes. This is essential to leverage resources and have the maximum impact on the national response to AIDS, and avoid duplication of efforts.

In the Political Declaration on HIV/AIDS, Governments called upon UNAIDS to assist national efforts to coordinate the AIDS response as elaborated under the “Three Ones” principles:

- One agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners;
- One national AIDS coordinating authority, with a broad-based multisectoral mandate;
- One agreed country-level monitoring and evaluation system.

While the “Three Ones” are about effective coordination and harmonization, they are also about human rights.

One action framework involves the human rights principles of transparency, participatory, inclusion, non-discrimination (e.g., against people living with HIV and members of marginalized groups) and gender parity.

One coordinating authority involves the human rights principles of responsibility, accountability of Government and a broad base of actors (e.g., legislature, judiciary, law enforcement, armed forces).

One monitoring and evaluation system involves the human rights principles of accountability, non-discrimination (disaggregation of data by sex, age, ethnicity, income, urban/rural).

National human rights institutions should become active participants in each of the “Three Ones”: the HIV/AIDS action framework, the national coordinating authority and the monitoring and evaluation system.²² They should also help ensure that the implementation of the “Three Ones” serves to advance the human rights commitments States have made through the Declaration of Commitment on HIV/AIDS, the Political Declaration on HIV/AIDS and the international human rights treaties they have ratified.

The sections below briefly outline how national institutions can support the implementation of the “Three Ones” and ensure that they become an opportunity for protecting and promoting HIV-related human rights.

One national AIDS framework

Advise the Government on HIV-related human rights obligations and ensure attention to human rights and gender equality in the national framework

National institutions not already in contact with representatives of the national AIDS programme or coordinating authority should establish contact and arrange for a briefing on issues, activities and possible opportunities for collaboration and participation.

Within the context of the national AIDS framework and the work of the national AIDS coordinating authority, there are a number of activities national institutions may wish to initiate—for example, as described above, a review of HIV-related legislation if such a review has not been carried out in recent years. Such a review may help identify where the law may overtly or inadvertently discriminate against people living with HIV, or present barriers to effective, rights-

²² In countries where the “Three Ones” principles have not been put into practice, national institutions can recommend the establishment of a common national strategy and a coordinating authority. This would be consistent with guideline 1 of the *International Guidelines on HIV/AIDS and Human Rights*:

“States should establish an effective national framework for their response to HIV which ensures a coordinated, participatory, transparent and accountable approach, integrating HIV policy and programme responsibilities, across all branches of government.”

based and evidence-informed prevention, treatment, care and support. Another necessary review is one that looks at the nature of the national AIDS framework in how it does (or does not) address the needs of women, young people and marginalized groups. In addition to engaging the national AIDS coordinating authority, such assessments should involve other stakeholders, such as representatives of the ministries of justice, interior, health and development, young people, people living with HIV, representatives of women's groups, men who have sex with men, and others who may be vulnerable to infection.

One national AIDS coordinating authority

Participate in and contribute to the work of the multisectoral national coordinating authority

The Declaration of Commitment on HIV/AIDS stresses the importance of developing a multisectoral response to the epidemic, involving all relevant partners, including civil society and the private sector, and of fully promoting and protecting all human rights and fundamental freedoms, including the right to the highest attainable standard of physical and mental health. The national human rights institution represents a critical partner that brings human rights expertise to the epidemic. It should have a formal participating role in the national AIDS coordinating authority.

One national monitoring and evaluation system

Ensure the integration of human rights into national monitoring and evaluation efforts

Monitoring and evaluation exercises should encourage the active involvement of the Government and representatives from civil society organizations, including networks of people living with HIV, AIDS service organizations, youth groups, women's groups, and representatives of men who have sex with men, people who use drugs, sex workers, prisoners and others affected by the epidemic. Representatives from these groups are often in a position to provide first-hand information on problems in relation to the protection and promotion of human rights, and are also key partners when developing strategies on how best to follow up on the monitoring and evaluation findings.²³ National human rights institutions as institutions that monitor the human rights situation in a country are well placed to engage the national HIV monitoring and evaluation framework to ensure that it includes disaggregated data, the participation of affected groups and equity in the response.

²³ This could, for instance, be a lack of confidentiality in relation to testing and treatment; a lack of knowledge about the rights of people living with HIV; problems in relation to women's right to inheritance; mandatory HIV testing before marriage; denied access to education to HIV-positive people and their families; loss of occupation due to HIV status; denied access to medical treatment due to HIV status; denied access to prevention information and commodities to vulnerable groups, e.g., drug users, sex workers and prisoners.

6. ACHIEVING UNIVERSAL ACCESS TO HIV PREVENTION, TREATMENT, CARE AND SUPPORT

“We...[Heads of State and Government and representatives of States and Governments participating in the comprehensive review of the progress achieved in realizing the targets set out in the Declaration of Commitment on HIV/AIDS...] commit ourselves to pursuing all necessary efforts to scale up nationally driven, sustainable and comprehensive responses to achieve broad multisectoral coverage for prevention, treatment, care and support, with full and active participation of people living with HIV, vulnerable groups, most affected communities, civil society and the private sector, towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010”.

Political Declaration on HIV/AIDS

Nearly all of the more than 120 country consultations led by the national authorities and the seven regional consultations facilitated by UNAIDS in 2006 to identify obstacles to scaling up HIV prevention, treatment, care and support identified stigma, discrimination, human rights and gender inequality. Participants in these consultations called for strong accountability mechanisms to track progress towards overcoming the barriers. In late 2006, early 2007, Governments set national targets for achieving universal access to be measured in 2010.

“Ensuring accountability on the road towards universal access involves a number of things. It means monitoring Governments’ steps aimed at progressive realization of these rights and highlighting any failure to do so. It means holding Governments accountable for obligations of immediate effect, for example where scaling up access discriminates against a certain group such as children, those involved in the sale of sexual services, or injection drug users. Above all, it involves providing the framework, mechanisms and environment for holding officials accountable, including ensuring freedom of speech, accessible justice, transparent government (including transparent budget processes), the ability of civil society to organize and the safety of activists to hold their Governments to account.”

Louise Arbour, United Nations High Commissioner for Human Rights, statement on the occasion of World AIDS Day, 1 December 2006.

Monitoring the achievement of universal access

National human rights institutions can play an important role in monitoring these national targets towards universal access and supporting civil society to do so as well. In this regard, they can bring key HIV-related human rights issues in the context of universal access to the attention of policymakers and lawmakers, and ensure that progress in addressing them is tracked and made publicly available. The national human rights institution should, as much as possible, involve State institutions and civil society in providing input to monitoring action aimed towards universal access. They could focus, for instance, on whether:

- A national strategic framework on HIV and AIDS has been developed in a consultative manner, involving communities, civil society organizations and applying a multisectoral approach to combating HIV and AIDS;
- There are established benchmarks and targets for improving access to prevention, treatment, care and support aiming at universal access;
- There are interim targets which ensure the establishment of programmes to overcome obstacles to universal access in the form of harmful gender norms, HIV-related discrimination, discrimination and marginalization of vulnerable groups;
- The Government is allocating sufficient funding to the HIV response and to the achievement of universal access;

- Efforts to achieve universal access are strengthening health and social support systems;
- The Government is addressing HIV and AIDS issues openly and honestly;
- Data on universal access targets are disaggregated by sex, age and marital status;
- There is equity in the amount of resources and programming going to the needs and rights of women, young people, caregivers, orphans and other groups highly affected by HIV and AIDS;
- Political commitment to gender equality, protection from violence against women, non-discrimination of people living with HIV is expressed publicly by top politicians.
- A strong monitoring and evaluation mechanism exists, recognized by law and with broad-based multisectoral²⁴ engagement and support at national and community levels, with sufficient funding and staffing to fulfil its mandate.

CONCLUSIONS

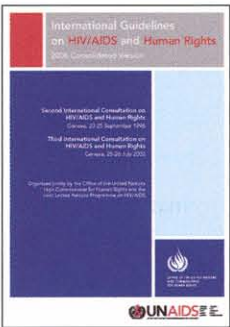
This *Handbook* is designed to assist national human rights institutions to engage in a compelling way in the response to the HIV epidemic in their country and all its related human rights issues. It provides an overview of HIV-related human rights and suggests concrete ways of taking action in their own programmes and through joint efforts with the national AIDS coordinating authority, under the principles of the “Three Ones”.

The promotion and protection of human rights are needed now more than ever in the response to AIDS. Twenty-five years of experience with the epidemic has confirmed that much more needs to be done to strengthen political commitment to human rights and gender equality in national HIV responses, to translate that into programmatic action in communities and to ensure accountability for results. National institutions, working with civil society, State institutions, multilateral partners and others, have a critical role to play in making sure that the response to HIV is rights-based, participatory, non-discriminatory and based on gender equality.

Integrating HIV into the work of national human rights institutions requires all staff members to have an understanding of the epidemic and its implications for human rights and the work they do under the institution’s mandate. National institutions seeking to expand their work on HIV should meet representatives of the national AIDS programme, networks of people living with HIV and other key stakeholders, and work together on the key human rights issues in the national epidemic to make the response more effective for all.

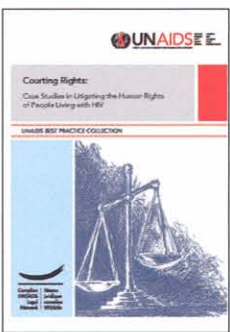
²⁴ Multisectoral action should be guided by the “Three Ones” principles. See chapter 5 above

LIST OF KEY RESOURCES



Office of the United Nations High Commissioner for Human Rights and Joint United Nations Programme on HIV/AIDS

International Guidelines on HIV/AIDS and Human Rights (2006 Consolidated Version)

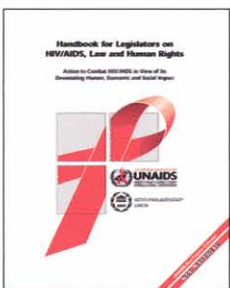


UNAIDS and Canadian HIV/AIDS Legal Network

Courting Rights: Case Studies in Litigating the Human Rights of People Living with HIV

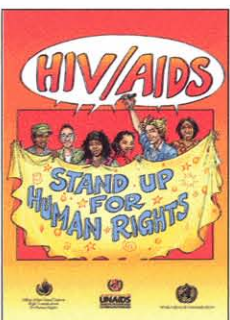


Office of the United Nations High Commissioner for Human Rights
Economic, Social and Cultural Rights: Handbook for National Human Rights Institutions



UNAIDS and Inter-Parliamentary Union

Handbook for Legislators on HIV/AIDS, Law and Human Rights



Office of the United Nations High Commissioner for Human Rights, Joint United Nations Programme on HIV/AIDS and World Health Organization
HIV/AIDS: Stand up for human rights

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ANNEXES

*Annex I***Declaration of Commitment on HIV/AIDS^{1*}****"Global Crisis — Global Action"**

1. We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations, from 25 to 27 June 2001, for the twenty-sixth special session of the General Assembly, convened in accordance with resolution 55/13 of 3 November 2000, as a matter of urgency, to review and address the problem of HIV/AIDS in all its aspects, as well as to secure a global commitment to enhancing coordination and intensification of national, regional and international efforts to combat it in a comprehensive manner;

2. Deeply concerned that the global HIV/AIDS epidemic, through its devastating scale and impact, constitutes a global emergency and one of the most formidable challenges to human life and dignity, as well as to the effective enjoyment of human rights, which undermines social and economic development throughout the world and affects all levels of society — national, community, family and individual;

3. Noting with profound concern that by the end of the year 2000, 36.1 million people worldwide were living with HIV/AIDS, 90 per cent in developing countries and 75 per cent in sub-Saharan Africa;

4. Noting with grave concern that all people, rich and poor, without distinction as to age, gender or race, are affected by the HIV/AIDS epidemic, further noting that people in developing countries are the most affected and that women, young adults and children, in particular girls, are the most vulnerable;

5. Concerned also that the continuing spread of HIV/AIDS will constitute a serious obstacle to the realization of the global development goals we adopted at the Millennium Summit of the United Nations;

6. Recalling and reaffirming our previous commitments on HIV/AIDS made through:

- The United Nations Millennium Declaration, of 8 September 2000;²
- The political declaration and further actions and initiatives to implement the commitments made at the World Summit for Social Development, of 1 July 2000;³
- The political declaration⁴ and further action and initiatives to implement the Beijing Declaration and Platform for Action,⁵ of 10 June 2000;
- Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development, of 2 July 1999;⁶
- The regional call for action to fight HIV/AIDS in Asia and the Pacific, of 25 April 2001;
- The Abuja Declaration and Framework for Action for the fight against HIV/AIDS, tuberculosis and other related infectious diseases in Africa, of 27 April 2001;
- The Declaration of the Tenth Ibero-American Summit of Heads of State, of 18 November 2000;
- The Pan-Caribbean Partnership against HIV/AIDS, of 14 February, 2001;
- The European Union Programme for Action: Accelerated action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction, of 14 May 2001;
- The Baltic Sea Declaration on HIV/AIDS Prevention, of 4 May 2000;
- The Central Asian Declaration on HIV/AIDS, of 18 May 2001;

7. Convinced of the need to have an urgent, coordinated and sustained response to the HIV/AIDS epidemic, which will build on the experience and lessons learned over the past 20 years;

^{1*} General Assembly resolution 69/262 of 2 June 2006.

² See resolution 55/2.

³ Resolution S-24/2, annex, sects. I and III.

⁴ Resolution S-23/2, annex.

⁵ Resolution S-23/3, annex.

⁶ Resolution S-21/2, annex.

8. Noting with grave concern that Africa, in particular sub-Saharan Africa, is currently the worst-affected region, where HIV/AIDS is considered a state of emergency which threatens development, social cohesion, political stability, food security and life expectancy and imposes a devastating economic burden, and that the dramatic situation on the continent needs urgent and exceptional national, regional and international action;

9. Welcoming the commitments of African Heads of State or Government at the Abuja special summit in April 2001, particularly their pledge to set a target of allocating at least 15 per cent of their annual national budgets for the improvement of the health sector to help address the HIV/AIDS epidemic; and recognizing that action to reach this target, by those countries whose resources are limited, will need to be complemented by increased international assistance;

10. Recognizing also that other regions are seriously affected and confront similar threats, particularly the Caribbean region, with the second-highest rate of HIV infection after sub-Saharan Africa, the Asia-Pacific region where 7.5 million people are already living with HIV/AIDS, the Latin America region with 1.5 million people living with HIV/AIDS and the Central and Eastern European region with very rapidly rising infection rates, and that the potential exists for a rapid escalation of the epidemic and its impact throughout the world if no specific measures are taken;

11. Recognizing that poverty, underdevelopment and illiteracy are among the principal contributing factors to the spread of HIV/AIDS, and noting with grave concern that HIV/AIDS is compounding poverty and is now reversing or impeding development in many countries and should therefore be addressed in an integrated manner;

12. Noting that armed conflicts and natural disasters also exacerbate the spread of the epidemic;

13. Noting further that stigma, silence, discrimination and denial, as well as a lack of confidentiality, undermine prevention, care and treatment efforts and increase the impact of the epidemic on individuals, families, communities and nations and must also be addressed;

14. Stressing that gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS;

15. Recognizing that access to medication in the context of pandemics such as HIV/AIDS is one of the fundamental elements to achieve progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

16. Recognizing that the full realization of human rights and fundamental freedoms for all is an essential element in a global response to the HIV/AIDS pandemic, including in the areas of prevention, care, support and treatment, and that it reduces vulnerability to HIV/AIDS and prevents stigma and related discrimination against people living with or at risk of HIV/AIDS;

17. Acknowledging that prevention of HIV infection must be the mainstay of the national, regional and international response to the epidemic, and that prevention, care, support and treatment for those infected and affected by HIV/AIDS are mutually reinforcing elements of an effective response and must be integrated in a comprehensive approach to combat the epidemic;

18. Recognizing the need to achieve the prevention goals set out in the present Declaration in order to stop the spread of the epidemic and acknowledging that all countries must continue to emphasize widespread and effective prevention, including awareness-raising campaigns through education, nutrition, information and health-care services;

19. Recognizing that care, support and treatment can contribute to effective prevention through an increased acceptance of voluntary and confidential counselling and testing, and by keeping people living with HIV/AIDS and vulnerable groups in close contact with health-care systems and facilitating their access to information, counselling and preventive supplies;

20. Emphasizing the important role of cultural, family, ethical and religious factors in the prevention of the epidemic and in treatment, care and support, taking into account the particularities of each country as well as the importance of respecting all human rights and fundamental freedoms;

21. Noting with concern that some negative economic, social, cultural, political, financial and legal factors are hampering awareness, education, prevention, care, treatment and support efforts;

22. Noting the importance of establishing and strengthening human resources and national health and social infrastructures as imperatives for the effective delivery of prevention, treatment, care and support services;

23. Recognizing that effective prevention, care and treatment strategies will require behavioural changes and increased availability of and non-discriminatory access to, inter alia, vaccines, condoms, microbicides, lubricants, sterile injecting equipment, drugs, including antiretroviral therapy, diagnostics and related technologies, as well as increased research and development;
24. Recognizing also that the cost, availability and affordability of drugs and related technology are significant factors to be reviewed and addressed in all aspects and that there is a need to reduce the cost of these drugs and technologies in close collaboration with the private sector and pharmaceutical companies;
25. Acknowledging that the lack of affordable pharmaceuticals and of feasible supply structures and health systems continues to hinder an effective response to HIV/AIDS in many countries, especially for the poorest people, and recalling efforts to make drugs available at low prices for those in need;
26. Welcoming the efforts of countries to promote innovation and the development of domestic industries consistent with international law in order to increase access to medicines to protect the health of their populations, and noting that the impact of international trade agreements on access to or local manufacturing of essential drugs and on the development of new drugs needs to be evaluated further;
27. Welcoming the progress made in some countries to contain the epidemic, particularly through: strong political commitment and leadership at the highest levels, including community leadership; effective use of available resources and traditional medicines; successful prevention, care, support and treatment strategies; education and information initiatives; working in partnership with communities, civil society, people living with HIV/AIDS and vulnerable groups; and the active promotion and protection of human rights; and recognizing the importance of sharing and building on our collective and diverse experiences, through regional and international cooperation including North-South, South-South and triangular cooperation;
28. Acknowledging that resources devoted to combating the epidemic both at the national and international levels are not commensurate with the magnitude of the problem;
29. Recognizing the fundamental importance of strengthening national, regional and subregional capacities to address and effectively combat HIV/AIDS and that this will require increased and sustained human, financial and technical resources through strengthened national action and cooperation and increased regional, subregional and international cooperation;
30. Recognizing that external debt and debt-servicing problems have substantially constrained the capacity of many developing countries, as well as countries with economies in transition, to finance the fight against HIV/AIDS;
31. Affirming the key role played by the family in prevention, care, support and treatment of persons affected and infected by HIV/AIDS, bearing in mind that in different cultural, social and political systems various forms of the family exist;
32. Affirming that beyond the key role played by communities, strong partnerships among Governments, the United Nations system, intergovernmental organizations, people living with HIV/AIDS and vulnerable groups, medical, scientific and educational institutions, non-governmental organizations, the business sector including generic and research-based pharmaceutical companies, trade unions, the media, parliamentarians, foundations, community organizations, faith-based organizations and traditional leaders are important;
33. Acknowledging the particular role and significant contribution of people living with HIV/AIDS, young people and civil society actors in addressing the problem of HIV/AIDS in all its aspects, and recognizing that their full involvement and participation in the design, planning, implementation and evaluation of programmes is crucial to the development of effective responses to the HIV/AIDS epidemic;
34. Further acknowledging the efforts of international humanitarian organizations combating the epidemic, including the volunteers of the International Federation of Red Cross and Red Crescent Societies in the most affected areas all over the world;
35. Commending the leadership role on HIV/AIDS policy and coordination in the United Nations system of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS); and noting its endorsement in December 2000 of the Global Strategy Framework on HIV/AIDS, which could assist, as appropriate, Member States and relevant civil society actors in the development of HIV/AIDS strategies, taking into account the particular context of the epidemic in different parts of the world;
36. Solemnly declare our commitment to address the HIV/AIDS crisis by taking action as follows, taking into account the diverse situations and circumstances in different regions and countries throughout the world;

Leadership

Strong leadership at all levels of society is essential for an effective response to the epidemic

Leadership by Governments in combating HIV/AIDS is essential and their efforts should be complemented by the full and active participation of civil society, the business community and the private sector

Leadership involves personal commitment and concrete actions

At the national level

37. By 2003, ensure the development and implementation of multisectoral national strategies and financing plans for combating HIV/AIDS that address the epidemic in forthright terms; confront stigma, silence and denial; address gender and age-based dimensions of the epidemic; eliminate discrimination and marginalization; involve partnerships with civil society and the business sector and the full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people; are resourced to the extent possible from national budgets without excluding other sources, inter alia, international cooperation; fully promote and protect all human rights and fundamental freedoms, including the right to the highest attainable standard of physical and mental health; integrate a gender perspective; address risk, vulnerability, prevention, care, treatment and support and reduction of the impact of the epidemic; and strengthen health, education and legal system capacity;

38. By 2003, integrate HIV/AIDS prevention, care, treatment and support and impact-mitigation priorities into the mainstream of development planning, including in poverty eradication strategies, national budget allocations and sectoral development plans;

At the regional and subregional level

39. Urge and support regional organizations and partners to be actively involved in addressing the crisis; intensify regional, subregional and interregional cooperation and coordination; and develop regional strategies and responses in support of expanded country-level efforts;

40. Support all regional and subregional initiatives on HIV/AIDS including: the International Partnership against AIDS in Africa (IPAA) and the ECA-African Development Forum African Consensus and Plan of Action: Leadership to overcome HIV/AIDS; the Abuja Declaration and Framework for Action for the fight against HIV/AIDS, tuberculosis and other related infectious diseases in Africa; the CARICOM Pan-Caribbean Partnership against HIV/AIDS; the ESCAP regional call for action to fight HIV/AIDS in Asia and the Pacific; the Baltic Sea Initiative and Action Plan; the Horizontal Technical Cooperation Group on HIV/AIDS in Latin America and the Caribbean; and the European Union Programme for Action: Accelerated action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction;

41. Encourage the development of regional approaches and plans to address HIV/AIDS;

42. Encourage and support local and national organizations to expand and strengthen regional partnerships, coalitions and networks;

43. Encourage the United Nations Economic and Social Council to request the regional commissions, within their respective mandates and resources, to support national efforts in their respective regions in combating HIV/AIDS;

At the global level

44. Support greater action and coordination by all relevant organizations of the United Nations system, including their full participation in the development and implementation of a regularly updated United Nations strategic plan for HIV/AIDS, guided by the principles contained in the present Declaration;

45. Support greater cooperation between relevant organizations of the United Nations system and international organizations combating HIV/AIDS;

46. Foster stronger collaboration and the development of innovative partnerships between the public and private sectors, and by 2003 establish and strengthen mechanisms that involve the private sector and civil society partners and people living with HIV/AIDS and vulnerable groups in the fight against HIV/AIDS;

Prevention

Prevention must be the mainstay of our response

47. By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent and by 25 per cent globally by 2010, and intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys;

48. By 2003, establish national prevention targets, recognizing and addressing factors leading to the spread of the epidemic and increasing people's vulnerability, to reduce HIV incidence for those identifiable groups, within particular local contexts, which currently have high or increasing rates of HIV infection, or which available public health information indicates are at the highest risk for new infection;

49. By 2005, strengthen the response to HIV/AIDS in the world of work by establishing and implementing prevention and care programmes in public, private and informal work sectors, and take measures to provide a supportive workplace environment for people living with HIV/AIDS;

50. By 2005, develop and begin to implement national, regional and international strategies that facilitate access to HIV/AIDS prevention programmes for migrants and mobile workers, including the provision of information on health and social services;

51. By 2003, implement universal precautions in health-care settings to prevent transmission of HIV infection;

52. By 2005, ensure: that a wide range of prevention programmes which take account of local circumstances, ethics and cultural values, is available in all countries, particularly the most affected countries, including information, education and communication, in languages most understood by communities and respectful of cultures, aimed at reducing risk-taking behaviour and encouraging responsible sexual behaviour, including abstinence and fidelity; expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm-reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmittable infections;

53. By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, families, educators and health-care providers;

54. By 2005, reduce the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 2010, by ensuring that 80 per cent of pregnant women accessing antenatal care have information, counselling and other HIV-prevention services available to them, increasing the availability of and providing access for HIV-infected women and babies to effective treatment to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV-infected women, including voluntary and confidential counselling and testing, access to treatment, especially antiretroviral therapy and, where appropriate, breast-milk substitutes and the provision of a continuum of care;

Care, support and treatment

Care, support and treatment are fundamental elements of an effective response

55. By 2003, ensure that national strategies, supported by regional and international strategies, are developed in close collaboration with the international community, including Governments and relevant intergovernmental organizations, as well as with civil society and the business sector, to strengthen health-care systems and address factors affecting the provision of HIV-related drugs, including antiretroviral drugs, inter alia, affordability and pricing, including differential pricing, and technical and health care system capacity. Also, in an urgent manner make every effort to provide progressively and in a sustainable manner, the highest attainable standard of treatment for HIV/AIDS, including the prevention and treatment of opportunistic infections, and effective use of quality-controlled antiretroviral therapy in a careful and monitored manner to improve adherence and effectiveness and reduce the risk of developing resistance; and to cooperate constructively in strengthening pharmaceutical policies and practices, including those applicable to generic drugs and intellectual property regimes, in order further to promote innovation and the development of domestic industries consistent with international law;

56. By 2005, develop and make significant progress in implementing comprehensive care strategies to: strengthen family and community-based care, including that provided by the informal sector, and health-care systems to provide and monitor treatment to people living with HIV/AIDS, including infected children, and to support individuals, households, families and communities affected by HIV/AIDS; and improve the capacity and working conditions of health-care personnel, and the effectiveness of supply systems, financing plans and referral mechanisms required to provide access to affordable medicines, including antiretroviral drugs, diagnostics and related technologies, as well as quality medical, palliative and psychosocial care;

57. By 2003, ensure that national strategies are developed in order to provide psychosocial care for individuals, families and communities affected by HIV/AIDS;

HIV/AIDS and human rights

Realization of human rights and fundamental freedoms for all is essential to reduce vulnerability to HIV/AIDS

Respect for the rights of people living with HIV/AIDS drives an effective response

58. By 2003, enact, strengthen or enforce, as appropriate, legislation, regulations and other measures to eliminate all forms of discrimination against and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV/AIDS and members of vulnerable groups, in particular to ensure their access to, inter alia, education, inheritance, employment, health care, social and health services, prevention, support and treatment, information and legal protection, while respecting their privacy and confidentiality; and develop strategies to combat stigma and social exclusion connected with the epidemic;

59. By 2005, bearing in mind the context and character of the epidemic and that, globally, women and girls are disproportionately affected by HIV/AIDS, develop and accelerate the implementation of national strategies that promote the advancement of women and women's full enjoyment of all human rights; promote shared responsibility of men and women to ensure safe sex; and empower women to have control over and decide freely and responsibly on matters related to their sexuality to increase their ability to protect themselves from HIV infection;

60. By 2005, implement measures to increase capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including sexual and reproductive health, and through prevention education that promotes gender equality within a culturally and gender-sensitive framework;

61. By 2005, ensure development and accelerated implementation of national strategies for women's empowerment, promotion and protection of women's full enjoyment of all human rights and reduction of their vulnerability to HIV/AIDS through the elimination of all forms of discrimination, as well as all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls;

Reducing vulnerability

The vulnerable must be given priority in the response

Empowering women is essential for reducing vulnerability

62. By 2003, in order to complement prevention programmes that address activities which place individuals at risk of HIV infection, such as risky and unsafe sexual behaviour and injecting drug use, have in place in all countries strategies, policies and programmes that identify and begin to address those factors that make individuals particularly vulnerable to HIV infection, including underdevelopment, economic insecurity, poverty, lack of empowerment of women, lack of education, social exclusion, illiteracy, discrimination, lack of information and/or commodities for self-protection, and all types of sexual exploitation of women, girls and boys, including for commercial reasons. Such strategies, policies and programmes should address the gender dimension of the epidemic, specify the action that will be taken to address vulnerability and set targets for achievement;

63. By 2003, develop and/or strengthen strategies, policies and programmes which recognize the importance of the family in reducing vulnerability, inter alia, in educating and guiding children and take account of cultural, religious and ethical factors, to reduce the vulnerability of children and young people by ensuring access of both girls and boys to primary and secondary education, including on HIV/AIDS in curricula for adolescents; ensuring safe and secure environments, especially for young girls; expanding good-quality, youth-friendly information and

sexual health education and counselling services; strengthening reproductive and sexual health programmes; and involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible;

64. By 2003, develop and/or strengthen national strategies, policies and programmes, supported by regional and international initiatives, as appropriate, through a participatory approach, to promote and protect the health of those identifiable groups which currently have high or increasing rates of HIV infection or which public health information indicates are at greatest risk of and most vulnerable to new infection as indicated by such factors as the local history of the epidemic, poverty, sexual practices, drug-using behaviour, livelihood, institutional location, disrupted social structures and population movements, forced or otherwise;

Children orphaned and made vulnerable by HIV/AIDS

Children orphaned and affected by HIV/AIDS need special assistance

65. By 2003, develop and by 2005 implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS, including by providing appropriate counselling and psychosocial support, ensuring their enrolment in school and access to shelter, good nutrition and health and social services on an equal basis with other children; and protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;

66. Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatization of children orphaned and made vulnerable by HIV/AIDS;

67. Urge the international community, particularly donor countries, civil society, as well as the private sector, to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions and in countries at high risk and to direct special assistance to sub-Saharan Africa;

Alleviating social and economic impact

To address HIV/AIDS is to invest in sustainable development

68. By 2003, evaluate the economic and social impact of the HIV/AIDS epidemic and develop multisectoral strategies to address the impact at the individual, family, community and national levels; develop and accelerate the implementation of national poverty eradication strategies to address the impact of HIV/AIDS on household income, livelihoods and access to basic social services, with special focus on individuals, families and communities severely affected by the epidemic; review the social and economic impact of HIV/AIDS at all levels of society, especially on women and the elderly, particularly in their role as caregivers, and in families affected by HIV/AIDS, and address their special needs; and adjust and adapt economic and social development policies, including social protection policies, to address the impact of HIV/AIDS on economic growth, provision of essential economic services, labour productivity, government revenues, and deficit-creating pressures on public resources;

69. By 2003, develop a national legal and policy framework that protects in the workplace the rights and dignity of persons living with and affected by HIV/AIDS and those at the greatest risk of HIV/AIDS, in consultation with representatives of employers and workers, taking account of established international guidelines on HIV/AIDS in the workplace;

Research and development

With no cure for HIV/AIDS yet found, further research and development is crucial

70. Increase investment in and accelerate research on the development of HIV vaccines, while building national research, capacity especially in developing countries, and especially for viral strains prevalent in highly affected regions; in addition, support and encourage increased national and international investment in HIV/AIDS-related research and development, including biomedical, operations, social, cultural and behavioural research and in traditional medicine to improve prevention and therapeutic approaches; accelerate access to prevention, care and treatment and care technologies for HIV/AIDS (and its associated opportunistic infections and malignancies and sexually transmitted diseases), including female-controlled methods and microbicides, and in particular, appropriate, safe and affordable HIV vaccines and their delivery, and to diagnostics, tests and methods to prevent

mother-to-child transmission; improve our understanding of factors which influence the epidemic and actions which address it, inter alia, through increased funding and public/private partnerships; and create a conducive environment for research and ensure that it is based on the highest ethical standards;

71. Support and encourage the development of national and international research infrastructure, laboratory capacity, improved surveillance systems, data collection, processing and dissemination, and the training of basic and clinical researchers, social scientists, health-care providers and technicians, with a focus on the countries most affected by HIV/AIDS, particularly developing countries and those countries experiencing or at risk of a rapid expansion of the epidemic;

72. Develop and evaluate suitable approaches for monitoring treatment efficacy, toxicity, side effects, drug interactions and drug resistance, and develop methodologies to monitor the impact of treatment on HIV transmission and risk behaviours;

73. Strengthen international and regional cooperation, in particular North-South, South-South and triangular cooperation, related to the transfer of relevant technologies suitable to the environment in the prevention and care of HIV/AIDS, the exchange of experiences and best practices, researchers and research findings and strengthen the role of UNAIDS in this process. In this context, encourage ownership of the end results of these cooperative research findings and technologies by all parties to the research, reflecting their relevant contribution and dependent upon their providing legal protection to such findings; and affirm that all such research should be free from bias;

74. By 2003, ensure that all research protocols for the investigation of HIV-related treatment, including antiretroviral therapies and vaccines, based on international guidelines and best practices, are evaluated by independent committees of ethics, in which persons living with HIV/AIDS and caregivers for antiretroviral therapy participate;

HIV/AIDS in conflict and disaster-affected regions

Conflicts and disasters contribute to the spread of HIV/AIDS

75. By 2003, develop and begin to implement national strategies that incorporate HIV/AIDS awareness, prevention, care and treatment elements into programmes or actions that respond to emergency situations, recognizing that populations destabilized by armed conflict, humanitarian emergencies and natural disasters, including refugees, internally displaced persons, and in particular women and children, are at increased risk of exposure to HIV infection; and, where appropriate, factor HIV/AIDS components into international assistance programmes;

76. Call on all United Nations agencies, regional and international organizations, as well as non-governmental organizations involved with the provision and delivery of international assistance to countries and regions affected by conflicts, humanitarian crises or natural disasters, to incorporate as a matter of urgency HIV/AIDS prevention, care and awareness elements into their plans and programmes and provide HIV/AIDS awareness and training to their personnel;

77. By 2003, have in place national strategies to address the spread of HIV among national uniformed services, where this is required, including armed forces and civil defence forces, and consider ways of using personnel from these services who are educated and trained in HIV/AIDS awareness and prevention to assist with HIV/AIDS awareness and prevention activities, including participation in emergency, humanitarian, disaster relief and rehabilitation assistance;

78. By 2003, ensure the inclusion of HIV/AIDS awareness and training, including a gender component, into guidelines designed for use by defence personnel and other personnel involved in international peacekeeping operations, while also continuing with ongoing education and prevention efforts, including pre-deployment orientation, for these personnel;

Resources

The HIV/AIDS challenge cannot be met without new, additional and sustained resources

79. Ensure that the resources provided for the global response to address HIV/AIDS are substantial, sustained and geared towards achieving results;

80. By 2005, through a series of incremental steps, reach an overall target of annual expenditure on the epidemic of between 7 and 10 billion United States dollars in low- and middle-income countries and those countries

experiencing or at risk of experiencing rapid expansion for prevention, care, treatment, support and mitigation of the impact of HIV/AIDS, and take measures to ensure that the resources needed are made available, particularly from donor countries and also from national budgets, bearing in mind that resources of the most affected countries are seriously limited;

81. Call on the international community, where possible, to provide assistance for HIV/AIDS prevention, care and treatment in developing countries on a grant basis;

82. Increase and prioritize national budgetary allocations for HIV/AIDS programmes as required, and ensure that adequate allocations are made by all ministries and other relevant stakeholders;

83. Urge the developed countries that have not done so to strive to meet the targets of 0.7 per cent of their gross national product for overall official development assistance and the targets of earmarking of 0.15 per cent to 0.20 per cent of gross national product as official development assistance for least developed countries as agreed, as soon as possible, taking into account the urgency and gravity of the HIV/AIDS epidemic;

84. Urge the international community to complement and supplement efforts of developing countries that commit increased national funds to fight the HIV/AIDS epidemic through increased international development assistance, particularly those countries most affected by HIV/AIDS, particularly in Africa, especially in sub-Saharan Africa, the Caribbean, countries at high risk of expansion of the HIV/AIDS epidemic and other affected regions whose resources to deal with the epidemic are seriously limited;

85. Integrate HIV/AIDS actions in development assistance programmes and poverty eradication strategies as appropriate, and encourage the most effective and transparent use of all resources allocated;

86. Call on the international community, and invite civil society and the private sector to take appropriate measures to help alleviate the social and economic impact of HIV/AIDS in the most affected developing countries;

87. Without further delay, implement the enhanced Heavily Indebted Poor Country (HIPC) Initiative and agree to cancel all bilateral official debts of HIPC countries as soon as possible, especially those most affected by HIV/AIDS, in return for demonstrable commitments by them to poverty eradication, and urge the use of debt service savings to finance poverty eradication programmes, particularly for prevention, treatment, care and support for HIV/AIDS and other infections;

88. Call for speedy and concerted action to address effectively the debt problems of least developed countries, low-income developing countries, and middle-income developing countries, particularly those affected by HIV/AIDS, in a comprehensive, equitable, development-oriented and durable way through various national and international measures designed to make their debt sustainable in the long term and thereby to improve their capacity to deal with the HIV/AIDS epidemic, including, as appropriate, existing orderly mechanisms for debt reduction, such as debt swaps for projects aimed at the prevention, care and treatment of HIV/AIDS;

89. Encourage increased investment in HIV/AIDS-related research nationally, regionally and internationally, in particular for the development of sustainable and affordable prevention technologies, such as vaccines and microbicides, and encourage the proactive preparation of financial and logistic plans to facilitate rapid access to vaccines when they become available;

90. Support the establishment, on an urgent basis, of a global HIV/AIDS and health fund to finance an urgent and expanded response to the epidemic based on an integrated approach to prevention, care, support and treatment and to assist Governments, inter alia, in their efforts to combat HIV/AIDS with due priority to the most affected countries, notably in sub-Saharan Africa and the Caribbean and to those countries at high risk, and mobilize contributions to the fund from public and private sources with a special appeal to donor countries, foundations, the business community, including pharmaceutical companies, the private sector, philanthropists and wealthy individuals;

91. By 2002, launch a worldwide fund-raising campaign aimed at the general public as well as the private sector, conducted by UNAIDS with the support and collaboration of interested partners at all levels, to contribute to the global HIV/AIDS and health fund;

92. Direct increased funding to national, regional and subregional commissions and organizations to enable them to assist Governments at the national, regional and subregional level in their efforts to respond to the crisis;

93. Provide the UNAIDS co-sponsoring agencies and the UNAIDS secretariat with the resources needed to work with countries in support of the goals of the present Declaration;

Follow-up

Maintaining the momentum and monitoring progress are essential

At the national level

94. Conduct national periodic reviews with the participation of civil society, particularly people living with HIV/AIDS, vulnerable groups and caregivers, of progress achieved in realizing these commitments, identify problems and obstacles to achieving progress, and ensure wide dissemination of the results of these reviews;

95. Develop appropriate monitoring and evaluation mechanisms to assist with follow-up in measuring and assessing progress, and develop appropriate monitoring and evaluation instruments, with adequate epidemiological data;

96. By 2003, establish or strengthen effective monitoring systems, where appropriate, for the promotion and protection of human rights of people living with HIV/AIDS;

At the regional level

97. Include HIV/AIDS and related public health concerns, as appropriate, on the agenda of regional meetings at the ministerial and Head of State and Government level;

98. Support data collection and processing to facilitate periodic reviews by regional commissions and/or regional organizations of progress in implementing regional strategies and addressing regional priorities, and ensure wide dissemination of the results of these reviews;

99. Encourage the exchange between countries of information and experiences in implementing the measures and commitments contained in the present Declaration, and in particular facilitate intensified South-South and triangular cooperation;

At the global level

100. Devote sufficient time and at least one full day of the annual session of the General Assembly to review and debate a report of the Secretary-General on progress achieved in realizing the commitments set out in the present Declaration, with a view to identifying problems and constraints and making recommendations on action needed to make further progress;

101. Ensure that HIV/AIDS issues are included on the agenda of all appropriate United Nations conferences and meetings;

102. Support initiatives to convene conferences, seminars, workshops, training programmes and courses to follow up issues raised in the present Declaration, and in this regard encourage participation in and wide dissemination of the outcomes of the forthcoming Dakar Conference on access to care for HIV Infection; the Sixth International Congress on AIDS in Asia and the Pacific; the Twelfth International Conference on AIDS and Sexually Transmitted Infections in Africa; the Fourteenth International Conference on AIDS, Barcelona, Spain; the tenth International Conference on People Living with HIV/AIDS, Port of Spain; the Second Forum and Third Conference of the Horizontal Technical Cooperation on HIV/AIDS and Sexually Transmitted Infections in Latin American and the Caribbean, Havana; the fifth International Conference on Home and Community Care for Persons Living with HIV/AIDS, Chang Mai, Thailand;

103. Explore, with a view to improving equity in access to essential drugs, the feasibility of developing and implementing, in collaboration with non-governmental organizations and other concerned partners, systems for voluntary monitoring and reporting of global drug prices;

We recognize and express our appreciation to those who have led the effort to raise awareness of the HIV/AIDS epidemic and to deal with its complex challenges;

We look forward to strong leadership by Governments and concerted efforts with full and active participation of the United Nations, the entire multilateral system, civil society, the business community and private sector;

And finally, we call on all countries to take the necessary steps to implement the present Declaration, in strengthened partnership and cooperation with other multilateral and bilateral partners and with civil society.

Annex II

Political Declaration on HIV/AIDS^{1*}

1. We, Heads of State and Government and representatives of States and Governments participating in the comprehensive review of the progress achieved in realizing the targets set out in the Declaration of Commitment on HIV/AIDS,² held on 31 May and 1 June 2006, and the High-Level Meeting, held on 2 June 2006;
2. Note with alarm that we are facing an unprecedented human catastrophe; that a quarter of a century into the pandemic, AIDS has inflicted immense suffering on countries and communities throughout the world; and that more than 65 million people have been infected with HIV, more than 25 million people have died of AIDS, 15 million children have been orphaned by AIDS and millions more made vulnerable, and 40 million people are currently living with HIV, more than 95 per cent of whom live in developing countries;
3. Recognize that HIV/AIDS constitutes a global emergency and poses one of the most formidable challenges to the development, progress and stability of our respective societies and the world at large, and requires an exceptional and comprehensive global response;
4. Acknowledge that national and international efforts have resulted in important progress since 2001 in the areas of funding, expanding access to HIV prevention, treatment, care and support and in mitigating the impact of AIDS, and in reducing HIV prevalence in a small but growing number of countries, and also acknowledge that many targets contained in the Declaration of Commitment on HIV/AIDS have not yet been met;
5. Commend the Secretariat and the Co-sponsors of the Joint United Nations Programme on HIV/AIDS for their leadership role on HIV/AIDS policy and coordination, and for the support they provide to countries through the Joint Programme;
6. Recognize the contribution of, and the role played by, various donors in combating HIV/AIDS, as well as the fact that one third of resources spent on HIV/AIDS responses in 2005 came from the domestic sources of low- and middle-income countries, and therefore emphasize the importance of enhanced international cooperation and partnership in our responses to HIV/AIDS worldwide;
7. Remain deeply concerned, however, by the overall expansion and feminization of the pandemic and the fact that women now represent 50 per cent of people living with HIV worldwide and nearly 60 per cent of people living with HIV in Africa, and in this regard recognize that gender inequalities and all forms of violence against women and girls increase their vulnerability to HIV/AIDS;
8. Express grave concern that half of all new HIV infections occur among children and young people under the age of 25, and that there is a lack of information, skills and knowledge regarding HIV/AIDS among young people;
9. Remain gravely concerned that 2.3 million children are living with HIV/AIDS today, and recognize that the lack of paediatric drugs in many countries significantly hinders efforts to protect the health of children;
10. Reiterate with profound concern that the pandemic affects every region, that Africa, in particular sub-Saharan Africa, remains the worst-affected region, and that urgent and exceptional action is required at all levels to curb the devastating effects of this pandemic, and recognize the renewed commitment by African Governments and regional institutions to scale up their own HIV/AIDS responses;
11. Reaffirm that the full realization of all human rights and fundamental freedoms for all is an essential element in the global response to the HIV/AIDS pandemic, including in the areas of prevention, treatment, care and support, and recognize that addressing stigma and discrimination is also a critical element in combating the global HIV/AIDS pandemic;
12. Reaffirm also that access to medication in the context of pandemics, such as HIV/AIDS, is one of the

^{1*} General Assembly resolution 69/262 of 2 June 2006.

² Resolution S-26/2, annex.

fundamental elements to achieve progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

13. Recognize that in many parts of the world, the spread of HIV/AIDS is a cause and consequence of poverty, and that effectively combating HIV/AIDS is essential to the achievement of internationally agreed development goals and objectives, including the Millennium Development Goals;

14. Recognize also that we now have the means to reverse the global pandemic and to avert millions of needless deaths, and that to be effective, we must deliver an intensified, much more urgent and comprehensive response, in partnership with the United Nations system, intergovernmental organizations, people living with HIV and vulnerable groups, medical, scientific and educational institutions, non-governmental organizations, the business sector, including generic and research-based pharmaceutical companies, trade unions, the media, parliamentarians, foundations, community organizations, faith-based organizations and traditional leaders;

15. Recognize further that to mount a comprehensive response, we must overcome any legal, regulatory, trade and other barriers that block access to prevention, treatment, care and support; commit adequate resources; promote and protect all human rights and fundamental freedoms for all; promote gender equality and empowerment of women; promote and protect the rights of the girl child in order to reduce the vulnerability of the girl child to HIV/AIDS; strengthen health systems and support health workers; support greater involvement of people living with HIV; scale up the use of known effective and comprehensive prevention interventions; do everything necessary to ensure access to life-saving drugs and prevention tools; and develop with equal urgency better tools—drugs, diagnostics and prevention technologies, including vaccines and microbicides—for the future;

16. Convinced that without renewed political will, strong leadership and sustained commitment and concerted efforts on the part of all stakeholders at all levels, including people living with HIV, civil society and vulnerable groups, and without increased resources, the world will not succeed in bringing about the end of the pandemic;

17. Solemnly declare our commitment to address the HIV/AIDS crisis by taking action as follows, taking into account the diverse situations and circumstances in different regions and countries throughout the world;

Therefore, we:

18. Reaffirm our commitment to implement fully the Declaration of Commitment on HIV/AIDS, entitled “Global Crisis – Global Action”, adopted by the General Assembly at its twenty-sixth special session, in 2001; and to achieve the internationally agreed development goals and objectives, including the Millennium Development Goals, in particular the goal to halt and begin to reverse the spread of HIV/AIDS, malaria and other major diseases, the agreements dealing with HIV/AIDS reached at all major United Nations conferences and summits, including the 2005 World Summit and its statement on treatment, and the goal of achieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development;

19. Recognize the importance, and encourage the implementation, of the recommendations of the inclusive, country-driven processes and regional consultations facilitated by the Secretariat and the Co-sponsors of the Joint United Nations Programme on HIV/AIDS for scaling up HIV prevention, treatment, care and support, and strongly recommend that this approach be continued;

20. Commit ourselves to pursuing all necessary efforts to scale up nationally driven, sustainable and comprehensive responses to achieve broad multisectoral coverage for prevention, treatment, care and support, with full and active participation of people living with HIV, vulnerable groups, most affected communities, civil society and the private sector, towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010;

21. Emphasize the need to strengthen policy and programme linkages and coordination between HIV/AIDS, sexual and reproductive health, national development plans and strategies, including poverty eradication strategies, and to address, where appropriate, the impact of HIV/AIDS on national development plans and strategies;

22. Reaffirm that the prevention of HIV infection must be the mainstay of national, regional and international responses to the pandemic, and therefore commit ourselves to intensifying efforts to ensure that a wide range

of prevention programmes that take account of local circumstances, ethics and cultural values is available in all countries, particularly the most affected countries, including information, education and communication, in languages most understood by communities and respectful of cultures, aimed at reducing risk-taking behaviours and encouraging responsible sexual behaviour, including abstinence and fidelity; expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm-reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmitted infections;

23. Reaffirm also that prevention, treatment, care and support for those infected and affected by HIV/AIDS are mutually reinforcing elements of an effective response and must be integrated in a comprehensive approach to combat the pandemic;

24. Commit ourselves to overcoming legal, regulatory or other barriers that block access to effective HIV prevention, treatment, care and support, medicines, commodities and services;

25. Pledge to promote, at the international, regional, national and local levels, access to HIV/AIDS education, information, voluntary counselling and testing and related services, with full protection of confidentiality and informed consent, and to promote a social and legal environment that is supportive of and safe for voluntary disclosure of HIV status;

26. Commit ourselves to addressing the rising rates of HIV infection among young people to ensure an HIV-free future generation through the implementation of comprehensive, evidence-based prevention strategies, responsible sexual behaviour, including the use of condoms, evidence- and skills-based, youth-specific HIV education, mass media interventions and the provision of youth-friendly health services;

27. Commit ourselves also to ensuring that pregnant women have access to antenatal care, information, counselling and other HIV services and to increasing the availability of and access to effective treatment to women living with HIV and infants in order to reduce mother-to-child transmission of HIV, as well as to ensuring effective interventions for women living with HIV, including voluntary and confidential counselling and testing, with informed consent, access to treatment, especially lifelong antiretroviral therapy and, where appropriate, breast-milk substitutes and the provision of a continuum of care;

28. Resolve to integrate food and nutritional support, with the goal that all people at all times will have access to sufficient, safe and nutritious food to meet their dietary needs and food preferences, for an active and healthy life, as part of a comprehensive response to HIV/AIDS;

29. Commit ourselves to intensifying efforts to enact, strengthen or enforce, as appropriate, legislation, regulations and other measures to eliminate all forms of discrimination against and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV and members of vulnerable groups, in particular to ensure their access to, inter alia, education, inheritance, employment, health care, social and health services, prevention, support and treatment, information and legal protection, while respecting their privacy and confidentiality; and developing strategies to combat stigma and social exclusion connected with the epidemic;

30. Pledge to eliminate gender inequalities, gender-based abuse and violence; increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and services, including, inter alia, sexual and reproductive health, and the provision of full access to comprehensive information and education; ensure that women can exercise their right to have control over, and decide freely and responsibly on, matters related to their sexuality in order to increase their ability to protect themselves from HIV infection, including their sexual and reproductive health, free of coercion, discrimination and violence; and take all necessary measures to create an enabling environment for the empowerment of women and strengthen their economic independence; and in this context, reiterate the importance of the role of men and boys in achieving gender equality;

31. Commit ourselves to strengthening legal, policy, administrative and other measures for the promotion and protection of women's full enjoyment of all human rights and the reduction of their vulnerability to HIV/AIDS through the elimination of all forms of discrimination, as well as all types of sexual exploitation of women, girls and boys, including for commercial reasons, and all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls;

32. Commit ourselves also to addressing as a priority the vulnerabilities faced by children affected by and living with HIV; providing support and rehabilitation to these children and their families, women and the elderly, particularly in their role as caregivers; promoting child-oriented HIV/AIDS policies and programmes and increased protection for children orphaned and affected by HIV/AIDS; ensuring access to treatment and intensifying efforts to develop new treatments for children; and building, where needed, and supporting the social security systems that protect them;
33. Emphasize the need for accelerated scale-up of collaborative activities on tuberculosis and HIV, in line with the Global Plan to Stop TB 2006–2015, and for investment in new drugs, diagnostics and vaccines that are appropriate for people with TB-HIV co-infection;
34. Commit ourselves to expanding to the greatest extent possible, supported by international cooperation and partnership, our capacity to deliver comprehensive HIV/AIDS programmes in ways that strengthen existing national health and social systems, including by integrating HIV/AIDS intervention into programmes for primary health care, mother and child health, sexual and reproductive health, tuberculosis, hepatitis C, sexually transmitted infections, nutrition, children affected, orphaned or made vulnerable by HIV/AIDS, as well as formal and informal education;
35. Undertake to reinforce, adopt and implement, where needed, national plans and strategies, supported by international cooperation and partnership, to increase the capacity of human resources for health to meet the urgent need for the training and retention of a broad range of health workers, including community-based health workers; improve training and management and working conditions, including treatment for health workers; and effectively govern the recruitment, retention and deployment of new and existing health workers to mount a more effective HIV/AIDS response;
36. Commit ourselves, invite international financial institutions and the Global Fund to Fight AIDS, Tuberculosis and Malaria, according to its policy framework, and encourage other donors, to provide additional resources to low- and middle-income countries for the strengthening of HIV/AIDS programmes and health systems and for addressing human resources gaps, including the development of alternative and simplified service delivery models and the expansion of the community-level provision of HIV/AIDS prevention, treatment, care and support, as well as other health and social services;
37. Reiterate the need for Governments, United Nations agencies, regional and international organizations and non-governmental organizations involved with the provision and delivery of assistance to countries and regions affected by conflicts, humanitarian emergencies or natural disasters to incorporate HIV/AIDS prevention, care and treatment elements into their plans and programmes;
38. Pledge to provide the highest level of commitment to ensuring that costed, inclusive, sustainable, credible and evidence-based national HIV/AIDS plans are funded and implemented with transparency, accountability and effectiveness, in line with national priorities;
39. Commit ourselves to reducing the global HIV/AIDS resource gap through greater domestic and international funding to enable countries to have access to predictable and sustainable financial resources and ensuring that international funding is aligned with national HIV/AIDS plans and strategies; and in this regard welcome the increased resources that are being made available through bilateral and multilateral initiatives, as well as those that will become available as a result of the establishment of timetables by many developed countries to achieve the targets of 0.7 per cent of gross national product for official development assistance by 2015 and to reach at least 0.5 per cent of gross national product for official development assistance by 2010 as well as, pursuant to the Brussels Programme of Action for the Least Developed Countries for the Decade 2001–2010,³ 0.15 per cent to 0.20 per cent for the least developed countries no later than 2010, and urge those developed countries that have not yet done so to make concrete efforts in this regard in accordance with their commitments;
40. Recognize that the Joint United Nations Programme on HIV/AIDS has estimated that 20 to 23 billion United States dollars per annum is needed by 2010 to support rapidly scaled-up AIDS responses in low- and middle-income countries, and therefore commit ourselves to taking measures to ensure that new and additional resources are made available from donor countries and also from national budgets and other national sources;

³ A/CONF.191/13, chap. II.

41. Commit ourselves to supporting and strengthening existing financial mechanisms, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as relevant United Nations organizations, through the provision of funds in a sustained manner, while continuing to develop innovative sources of financing, as well as pursuing other efforts, aimed at generating additional funds;
42. Commit ourselves also to finding appropriate solutions to overcome barriers in pricing, tariffs and trade agreements, and to making improvements to legislation, regulatory policy, procurement and supply chain management in order to accelerate and intensify access to affordable and quality HIV/AIDS prevention products, diagnostics, medicines and treatment commodities;
43. Reaffirm that the World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights⁴ does not and should not prevent members from taking measures now and in the future to protect public health. Accordingly, while reiterating our commitment to the TRIPS Agreement, reaffirm that the Agreement can and should be interpreted and implemented in a manner supportive of the right to protect public health and, in particular, to promote access to medicines for all including the production of generic antiretroviral drugs and other essential drugs for AIDS-related infections. In this connection, we reaffirm the right to use, to the full, the provisions in the TRIPS Agreement, the Doha Declaration on the TRIPS Agreement and Public Health⁵ and the World Trade Organization's General Council Decision of 2003⁶ and amendments to Article 31, which provide flexibilities for this purpose;
44. Resolve to assist developing countries to enable them to employ the flexibilities outlined in the TRIPS Agreement, and to strengthen their capacities for this purpose;
45. Commit ourselves to intensifying investment in and efforts towards the research and development of new, safe and affordable HIV/AIDS-related medicines, products and technologies, such as vaccines, female-controlled methods and microbicides, paediatric antiretroviral formulations, including through such mechanisms as Advance Market Commitments, and to encouraging increased investment in HIV/AIDS-related research and development in traditional medicine;
46. Encourage pharmaceutical companies, donors, multilateral organizations and other partners to develop public-private partnerships in support of research and development and technology transfer, and in the comprehensive response to HIV/AIDS;
47. Encourage bilateral, regional and international efforts to promote bulk procurement, price negotiations and licensing to lower prices for HIV prevention products, diagnostics, medicines and treatment commodities, while recognizing that intellectual property protection is important for the development of new medicines and recognizing the concerns about its effects on prices;
48. Recognize the initiative by a group of countries, such as the International Drug Purchase Facility, based on innovative financing mechanisms that aim to provide further drug access at affordable prices to developing countries on a sustainable and predictable basis;
49. Commit ourselves to setting, in 2006, through inclusive, transparent processes, ambitious national targets, including interim targets for 2008 in accordance with the core indicators recommended by the Joint United Nations Programme on HIV/AIDS, that reflect the commitment of the present Declaration and the urgent need to scale up significantly towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010, and to setting up and maintaining sound and rigorous monitoring and evaluation frameworks within their HIV/AIDS strategies;
50. Call upon the Joint United Nations Programme on HIV/AIDS, including its Co-sponsors, to assist national efforts to coordinate the AIDS response, as elaborated in the "Three Ones" principles and in line with the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors; assist national and regional efforts to monitor and report on efforts to achieve the targets set out above; and strengthen global coordination on HIV/AIDS, including through the thematic sessions of the Programme Coordinating Board;

⁴ See *Legal Instruments Embodying the Results of the Uruguay Round of Multilateral Trade Negotiations, done at Marrakesh on 15 April 1994* (GATT secretariat publication, Sales No. GATT/1994-7).

⁵ See World Trade Organization, document WT/MIN(01)/DEC/2. Available from <http://docsonline.wto.org>.

⁶ See World Trade Organization, document WT/L/540 and Corr.1. Available from <http://docsonline.wto.org>.

51. Call upon Governments, national parliaments, donors, regional and subregional organizations, organizations of the United Nations system, the Global Fund to Fight AIDS, Tuberculosis and Malaria, civil society, people living with HIV, vulnerable groups, the private sector, communities most affected by HIV/AIDS and other stakeholders to work closely together to achieve the targets set out above, and to ensure accountability and transparency at all levels through participatory reviews of responses to HIV/AIDS;

52. Request the Secretary-General of the United Nations, with the support of the Joint United Nations Programme on HIV/AIDS, to include in his annual report to the General Assembly on the status of implementation of the Declaration of Commitment on HIV/AIDS, in accordance with General Assembly resolution S-26/2 of 27 June 2001, the progress achieved in realizing the commitments set out in the present Declaration;

53. Decide to undertake comprehensive reviews in 2008 and 2011, within the annual reviews of the General Assembly, of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS, entitled "Global Crisis – Global Action", adopted by the General Assembly at its twenty-sixth special session, and the present Declaration.

The Office of the High Commissioner for Human Rights (OHCHR), a department of the United Nations Secretariat, is guided in its work by the mandate provided by the General Assembly in resolution 48/141, the Charter of the United Nations, the Universal Declaration of Human Rights and subsequent human rights instruments, the 1993 Vienna Declaration and Programme of Action, and the 2005 World Summit Outcome Document. Operationally, OHCHR works with Governments, legislatures, courts, national institutions, civil society, regional and international organizations, and the United Nations system to develop and strengthen capacity, particularly at the national level, for the protection of human rights in accordance with international norms. Institutionally, OHCHR is committed to strengthening the United Nations human rights programme and to providing it with the highest quality support. OHCHR is committed to working closely with its United Nations partners to ensure that human rights form the bedrock of the work of the United Nations.

UNAIDS is an innovative joint venture of the United Nations, bringing together the efforts and resources of the UNAIDS Secretariat and ten UN system organizations to respond to AIDS. The Secretariat headquarters is in Geneva, Switzerland with staff on the ground in more than 80 countries. Coherent action on AIDS by the UN system is coordinated in countries through the UN theme groups, and the joint programmes on AIDS. Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank.
