

HIV/AIDS & HUMAN RIGHTS

IN A NUTSHELL

A quick and useful guide for action, as well as a framework to carry HIV/AIDS and human rights actions forward

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Table of Contents

1	INTRODUCTION
3	HIV/AIDS AND HUMAN RIGHTS ~ Accountability
10	HIV/AIDS AND HUMAN RIGHTS ~ Advocacy
15	HIV/AIDS AND HUMAN RIGHTS ~ Approaches to Programming
18	KEY RESOURCES AND DOCUMENTS TO GO FURTHER

Introduction

Human rights are fundamental to any response to HIV/AIDS. This has been recognized since the first global AIDS strategy was developed in 1987. Human rights and public health share the common goal of promoting and protecting the well-being of all individuals. The promotion and protection of human rights are necessary to empower individuals and communities to respond to HIV/AIDS, to reduce vulnerability to HIV infection and to lessen the adverse impact of HIV/AIDS on those affected.

The incidence and spread of HIV/AIDS are disproportionately high among groups who already suffer from a lack of human rights protection, and experience discrimination. This includes groups that have been marginalized socially, culturally and economically; for example, injecting drug users (IDUs), sex workers and men who have sex with men (MSM). People living with HIV/AIDS (PLWHA) or those affected by it will not seek counseling, testing, treatment and support if this means facing stigma, discrimination, and lack of confidentiality or other negative consequences. Discriminatory measures and other coercive actions drive away the people most in need of services. When human rights are protected, civil society organizations working on HIV/AIDS are able to respond to the pandemic more effectively, fewer people become infected, and PLWHA and their communities can better cope with the disease.

Human rights encompass civil, political, economic, social and cultural rights. These are found in international law, through treaties and declarations, such as the Universal Declaration of Human Rights. In addition, there are some other tools which contain useful standards such as the International Guidelines on HIV/AIDS and Human Rights and the Declaration of Commitment on HIV/AIDS, adopted at the UN General Assembly Special Session on HIV/AIDS (2001).

Human Rights are universal legal guarantees protecting individuals and groups against actions that interfere with fundamental freedoms and human dignity. Some of the most important characteristics of human rights are that they are: guaranteed by international standards; legally protected; focus on the dignity of the human being; oblige states and state actors; cannot be waived or taken away; are interdependent and interrelated; and are universal.¹

We understand human rights and HIV/AIDS to work together in three separate, but related ways. These are:

Accountability: Human rights provide a system for holding governments accountable for their actions.

Advocacy: Governments are responsible for what they do, do not do, and should do for their populations. This enables activists to engage in a wide range of advocacy actions targeted towards securing human rights enjoyment and protection for people living with and affected by HIV/AIDS and all other groups vulnerable to HIV infection.

Approaches to Programming: Human rights-based approaches to programming aim to integrate human rights principles such as non-discrimination, equality and participation, including the greater participation of PLWHA, into the response at local, national and international levels.

This publication explains how HIV/AIDS and human rights are related and is divided into three main sections: Accountability, Advocacy and Approaches to Programming. Each section defines the issue and provides some examples. A fourth Key Resources section provides a short explanation and an electronic link (where available) to useful documents.

HIV/AIDS and Human Rights in a Nutshell is intended to provide a quick and useful guide for action, as well as an inspirational framework to carry HIV/AIDS and human rights actions forward.

HIV/AIDS and Human Rights: Accountability

Governments, by agreeing to the various international human rights treaties and conventions, are accountable for promoting and protecting the human rights of their inhabitants. They can do so by adopting appropriate legal policies, national laws, institutions and processes. Human rights law defines the relationship between individuals and governments; it concerns a government's obligations to individuals and populations. Every person can make a claim arising as a matter of his or her rights and entitlements, not as a result of privilege or special favor.

The formally recognized human rights are found in the Universal Declaration of Human Rights (1948) and the two key international treaties: the International Covenant on Economic, Social and Cultural Rights (1966), and the International Covenant on Civil and Political Rights (1966). Other important treaties further describe and elaborate human rights in particular contexts: International Convention on the Elimination of All Forms of Racial Discrimination (1965), the International Convention on the Elimination of All Forms of Discrimination against Women (1979), and the Convention on the Rights of the Child (1989) (see Key Resources).

The 1948 **Universal Declaration of Human Rights (UDHR)** is not a legally binding document. However, it is the foundation for the modern human rights movement. All the nations of the world have endorsed the UDHR and it expresses their common recognition about what rights are, and why they should exist for all people everywhere.

None of these treaties expressly identifies HIV/AIDS, but all human rights elaborated in these treaties can promote accountability in HIV/AIDS related issues. Human rights relevant to HIV/AIDS identified in these treaties, and elaborated by other documents include (but are not limited to) the right to non-discrimination and equality, to health, to liberty and security of the person, to privacy, to seek, receive and impart information, to marry and found a family, to

work, and the right to freedom of movement, association, and expression. All these rights have particular importance in the context of HIV/AIDS and would imply that no person can be discriminated against on the basis of his/her HIV status.

Human rights are enumerated in international UN human rights treaties.²

Treaties are contracts between governments. When governments sign and ratify them, they become “binding,” that is, they require governments to uphold and implement the rights contained in the treaties. Governments are also required to report to the UN treaty monitoring bodies every few years, on the progress made, and obstacles encountered, in fulfilling their obligations.

Treaty monitoring bodies review government reports on their progress in implementing the treaties and issue concluding observations to them. In addition, by issuing General Comments and/or Recommendations they help governments understand their obligations under the treaties. Concluding Observations and General Comments do not force governments to act; rather they give guidance to governments.

Declarations and **Resolutions** issued from different UN bodies are not “binding” but they do show how the international community is thinking about these issues. Further, they establish standards for each government to measure its policies and actions against. An example includes the Resolution passed in April 2004 by the Commission on Human Rights recognizing that access to HIV treatment is fundamental to progressively achieving the right to health and calls on governments and international bodies to take specific steps to enable such access. An important set of declarations comes from a series of UN Conferences - especially the 2001 UN General Assembly Special Session on HIV/AIDS that led to the adoption of the **Declaration of Commitment**.

The **International Guidelines on HIV/AIDS and Human Rights** identify actions that governments should take to respond to HIV/AIDS based on their agreed to obligations arising from international human rights law. The Guidelines were developed through a consultative and participatory process involving government representatives, human rights advocates and PLWHA. Although the Guidelines do not have the legal status of a treaty, they have legitimacy and governments are urged to adopt them.

For example, the right to health includes non-discriminatory access to quality health care services by all, irrespective of gender, age, race, profession and sexual orientation.

Governments' obligations towards human rights are understood in three ways: obligations to respect rights, protect rights and fulfill rights.

To **respect** a right means that a government cannot violate human rights directly in laws, policies, programs or practices. For example, governments cannot arbitrarily deny HIV infected prisoners the same standard of medical care that is offered to other prisoners.

To **protect** a right means that governments must prevent violations by others and provide affordable and accessible redress. For example, states must ensure that private employers do not discriminate against HIV infected employees, and provide avenues for redress if they are fired because of their HIV status.

To **fulfill** a right means that governments must take measures that move towards the realization of rights. These measures should be legislative, administrative, budgetary, and could include some other types of action. For example, a state may adopt a policy to provide antiretroviral (ARV) treatment to all individuals in need, yet due to resource constraints, be able to cover only a small percentage of the population. The government should take measures to progressively extend coverage i.e., soliciting support from donors and/or reassessing budget priorities.

Governments cannot ignore their human rights obligations. When a government ratifies a treaty, it agrees to ensure that its national-level laws, policies, and actions are compatible with the rights defined in that treaty. Governments cannot make the excuse that they do not have sufficient resources to fulfill human rights. They must take some steps towards the realization of the rights through measures such as enacting laws, taking administrative and budgetary actions, as already mentioned. This is known as “progressive realization,” and governments must move quickly and effectively toward the realization of all human rights.

Example: India

The Lawyers Collective, HIV/AIDS Unit, India, responds specifically to the legal needs of people living with HIV/AIDS (PLWHA). It has filed a series of petitions before the courts in India on behalf of PLWHA whose rights have been violated. For example, the Lawyer's Collective filed a writ petition with the Bombay High Court on behalf of a person who was removed from employment from a public sector corporation because of his HIV status. The High Court agreed with the petitioner and directed that the individual be reinstated and be paid compensation for the period of his non-employment with the corporation.³

Example: Venezuela

In 1999, the Supreme Court of Venezuela established that the Ministry of Health was in violation of the right to health, right to life and the right to have access to scientific advances as guaranteed by the Venezuelan constitution. The Court ordered the provision of anti-retroviral medications, treatments for opportunistic infections and diagnostic testing – all free of charge – to all PLWHA in Venezuela.⁴

Example: Philippines

The National AIDS Prevention and Control Act of the Philippines was a result of an extensive campaign by a coalition of Philippine NGOs and human rights lawyers over several years that held the State accountable for recognizing the rights of vulnerable groups. This ultimately led to the passage of the Act. Among other things the Act requires written informed consent for HIV testing and prohibits compulsory HIV testing. It also guarantees the right to confidentiality, prohibits discrimination on the basis of actual, perceived or suspected HIV status in employment, schools, travel, public service, credit and insurance, health care and burial services.⁵

At the international level, treaty monitoring committees, help to hold governments accountable for non-compliance or failure to implement their human rights obligations. Governments submit reports to the committees, describing how they are upholding the rights in the treaty. A committee thereafter issues a “concluding observation” – that is, what it thinks of the government's actions, and suggests to the government what additional measures it should take.

Example: Global (Committee on the Rights of the Child)

In 1996, the Committee on the Rights of the Child issued a concluding observation to the Government of Argentina, regarding the health of adolescents, that it “note[d] with concern the growing number of cases of HIV/AIDS among the youth, notwithstanding the existing National Plan of Action for HIV/AIDS,” and recommended that it should “review and reactivate its programs against HIV/AIDS and increase its efforts to promote adolescent health policies... (and seek) ‘technical cooperation from, among others, UNFPA, UNICEF, WHO and UNAIDS.’”⁶

Governmental accountability at the international level is also created through Treaty Body General Comments or Recommendations. The General Comment on the Right to the Highest Attainable Standard of Health, for example, spells out how health care services, including those for HIV/AIDS, need to be accessible to all, including the most marginalized and vulnerable populations (see Key Resources).

Also vital to the accountability of governments in relation to HIV/AIDS, have been the series of international conferences held under the auspices of the United Nations. These conferences have, to a great degree, helped to define the content of many of the rights necessary for prevention, care, treatment, and mitigation of the impact of HIV/AIDS. Out of each of these conference processes has come a Declaration and Program of Action, technically “non-binding,” but nevertheless indicating the governments’ political commitment. These commitments have helped create new approaches for considering the extent of government accountability for HIV/AIDS.

Of special interest is the Declaration of Commitment on HIV/AIDS adopted at the UN General Assembly Special Session on HIV/AIDS in 2001 (see Key Resources). The Declaration of Commitment (DoC) sets, among other things, time bound targets for prevention and access to essential medicines, as well as for eliminating discrimination. It also holds governments accountable for their specific commitments, particularly on the greater participation of people living with HIV/AIDS (PLWHA) and attention to women and other vulnerable groups. It can be used as a benchmark for assessing what governments have done (or not done) to promote and protect human rights in the context of HIV/AIDS.

Example: Caribbean Community

The CARICOM (Caribbean Community) Governments incorporated some of the DoC's targets into the Caribbean Regional Strategic Framework against HIV/AIDS soon after the UNGASS on HIV/AIDS. This demonstrates CARICOM's recognition of its accountability for implementing the DoC. Further, the Caucus of Ministers for Health mandated the CARICOM Secretariat to engage in negotiations with pharmaceutical companies for a single regional price for antiretroviral (ARV) drugs. Regional negotiations led to the signing of an agreement in 2002 for ARV medications.⁷

Example: Mexico

MEXSIDA, a coalition of HIV/AIDS NGOs in Mexico, asked the Government to provide funding for a special office to be established within MEXSIDA. The office would monitor the actions of the National AIDS Program in implementing the commitments contained in the DoC and would also promote the Declaration throughout Mexico. This they pointed out was necessary for the Government to be accountable to its people for implementing the DoC in a transparent manner where an independent body could measure the government's progress.⁸ The government accepted the concept.

The International Guidelines on HIV/AIDS and Human Rights is another important source for helping to hold governments accountable. The 12 guidelines take existing human rights norms and mold them into a series of practical, concrete measures that states can adopt to respond to the HIV/AIDS epidemic. Generally, the guidelines attempt to translate international human rights standards into application at the national level by:

- Promoting reform of laws and legal support services (focusing on women, children, and vulnerable groups).
- Promoting governmental responsibility for multi-sectoral coordination.
- Supporting involvement and participation of private and community sectors in the response.

Example: South Africa

The South African Human Rights Commission was the first national human rights body in the world to publicly endorse and adopt the International Guidelines on HIV/AIDS and Human Rights. Further, the Commission addressed HIV/AIDS as a human rights issue at its first national conference. One of the outcomes of the conference was a resolution stating that discrimination against PLWHA violated the South African constitution. This was made possible due to the efforts of the AIDS Law Project/AIDS Legal Network, South Africa that held the government accountable for upholding its political commitment in implementing the Guidelines.⁹

HIV/AIDS and Human Rights: Advocacy

The relationship between HIV/AIDS and human rights highlights the ways in which people vulnerable to human rights violations and neglect are more vulnerable to HIV/AIDS infection; and if infected, do not have access to appropriate quality care and treatment. Vulnerable groups include women, children, refugees, migrants, men who have sex with men, injecting drug users, sex workers and all other marginalized populations.

To raise awareness about the links between HIV/AIDS and human rights, and to change existing practices, HIV/AIDS and human rights activists turn to advocacy. This is perhaps the most common use and understanding of human rights in the context of HIV/AIDS.

Advocacy often depends on researching, documenting and then denouncing abuses through campaigns and published reports. Human rights groups and HIV/AIDS activists document human rights abuses related to HIV/AIDS and call attention to them. They also work to provide a broader understanding of what human rights mean. In other words, advocacy campaigns can take an acknowledged human right, such as the right to the highest attainable standard of health and build on its accepted understanding to achieve, for instance, increased access to HIV treatment and other essential medications.

Advocacy is a process that is aimed at mobilizing community action on an issue of concern to change attitudes, actions, policies and laws for the betterment of people affected by that issue. ICASO has developed a framework for advocacy campaigns that involves eight steps:

- Select the issue or problem you want to address
- Analyze and research the issue or problem
- Develop specific objectives for your advocacy campaign
- Identify your targets
- Identify your resources
- Identify your allies
- Create an action plan
- Implement, monitor and evaluate.

Advocacy can happen at the international level, before the UN treaty monitoring committees. It can also extend across the entire range of documents and resolutions relating to the UN (as discussed in the Accountability section). For example, activists can ask governments for information on how they are meeting their targets under the DoC, or how they are implementing the International Guidelines on HIV/AIDS and Human Rights in their programs and policies.

Example: Peru

Via Libre, Peru has added the Declaration of Commitment in all its background documentation for its advocacy campaigns for better access to treatment and medical care and to ensure the critical importance of a multi sectoral response to the AIDS pandemic. The organization also presented a document to the Ministry of Health highlighting the need for multi sectoral participation in the preparation of a proposal to the Global Fund. As a result, NGOs were included in the Country Coordinating Mechanism and jointly, with the Government, prepared and submitted a proposal to the Global Fund.¹⁰

Example: Namibia

AIDS Law Unit (Legal Assistance Center), Namibia has used the Declaration to make an argument to the government for access to treatment in Namibia. The Unit has also used the Declaration in its information and strategy meetings on this topic with other AIDS service organizations and people living with HIV/AIDS (PLWHA).¹¹

Example: Venezuela

Acción Ciudadana Contra el SIDA (ACCSI), Venezuela compiled a list of the commitments in the DoC and sent this along with a letter to the Ministry of Health (MoH) holding the Government responsible to develop a work plan to implement the commitments in line with its obligation. Recognizing that implementation of the DoC is a government-led process with active civil society participation, ACCSI offered to assist the MoH to design strategies to meet the targets contained in the DoC. As a result, the MoH invited the NGO sector to submit projects that would complement the existing national strategic plan on HIV/AIDS and enable Venezuela to meet at least some of the commitments.¹²

Advocacy can occur at the national level through concrete cases, for example, by pushing the national courts to determine if under the country's constitution, there is a right to receive life saving treatment. Advocacy can also be a reminder, for wealthier countries to fulfill their international responsibilities and commitments.

Example: Israel

A comprehensive advocacy campaign led by the community sector eventually caused one of Israel's four private sector health insurance providers to cover ARV medications used by people living with HIV/AIDS (PLWHA). Part of the advocacy strategy included a lawsuit by 10 PLWHA against the government and the health insurance providers, alleging that they had failed in their duty to take care of people's health. The court issued a temporary order requiring health insurance providers to make ARVs available. Two weeks later the government agreed to include the seven new drugs in the list of drugs to be subsidized. In 1998, the government decided to categorize AIDS as a severe disease which meant that all new HIV/AIDS treatment approved by the government would be available free of charge. This is an example of how advocacy can lead to greater accountability.¹³

Example: Canada

The Canadian Government removed a much criticized advantage for brand name drug firms in a major change to Bill C-9 to get HIV/AIDS medications to poor nations. In the amendment, the government backed away from the “right of refusal” provision that would have given the more expensive, patent drug manufacturers the first right to supply AIDS drugs to developing countries, thereby making it difficult for the manufacturers of less expensive, generic drugs to be the suppliers. This action was due to a systematic advocacy campaign, spearheaded by a number of groups and individuals, including Stephen Lewis and members of the Global Treatment Access Group (GTAG).¹⁴

Advocacy efforts have relied on action at the community level, where they can draw on grassroots social movements, and have strong public education components. Community-based efforts that raise awareness about the connections between HIV/AIDS and human rights directly with “stakeholders” (individuals and groups who “own” the human rights, as well as those with obligations to respect, protect, and fulfill those rights) through workshops, publications, educational programs and other sorts of events can be effective.

Example: Global (ICASO)

ICASO has developed an easy-to-read version of the International Guidelines on HIV/AIDS and Human Rights for NGOs and CBOs. In addition, ICASO has developed an Advocate's Guide consisting of a series of articles on how to use the International Guidelines to do advocacy work in the area of HIV/AIDS and human rights. This document has been widely used in workshops and other forums to build the capacity of NGOs and CBOs to do advocacy. It contains success stories from the community sector which can help motivate NGOs and CBOs to continue to advocate and pressure their governments to fulfill their obligations.

Example: Zambia

Zambia AIDS Law Research and Advocacy Network (ZARAN) believes that successful HIV/AIDS interventions are those that protect and promote the rights of people living with HIV/AIDS (PLWHA). ZARAN has been involved in a number of advocacy and litigation activities. In 2000, the Network of Zambian People Living with AIDS (NZP+) established a Human Rights Referral Center with the objective of, among other things, educating PLWHA on HIV/AIDS and Human Rights and educating the public about the human rights of PLWHA. The center refers cases of HIV/AIDS human rights abuses to appropriate referral partners who offer free legal redress and/or social services. ZARAN is one of the center's referral partners that is involved in advocating for PLWHA whose rights have been abused or violated by employers or prospective employers.¹⁵

Example: Regional (Southern African AIDS Trust)

The Southern African AIDS Trust (SAT) based in Harare, Zimbabwe promotes and financially assists community-based prevention, and supports responses to the HIV/AIDS pandemic in 11 southern African countries in conjunction with partner organizations. Early discussions with SAT partners revealed that they had difficulty in responding to HIV/AIDS-related human rights abuses in their work. Several partners requested assistance to build their skills and capacity in this area. In response, SAT developed a series of workshops that demonstrated the linkage between HIV, gender, human rights and child rights issues in practical terms. The workshops identify the laws, both national and customary that can be applied to enhance the lives of PLWHA through advocacy campaigns for legal reforms.¹⁶

Media strategies and campaigns complement and are integral to all aspects of human rights advocacy work.

Example: Ukraine

Members of The All-Ukrainian Network of PLWHA have used the media for their human rights advocacy work. They were the first to speak openly on television about their HIV status, thus giving a human angle to the HIV/AIDS problem in order to change stereotypes. The All-Ukrainian Network successfully promoted participation of an HIV positive woman in a TV program, *Without Taboos*, on a major Ukrainian TV channel. Several Network members participated in the program, *That's My Opinion*. Through such advocacy campaigns, the Network is attempting to educate the general population and to remove the stigma and stereotypes that PLWHA often face.¹⁷

HIV/AIDS and Human Rights:

Approaches to Programming

Human rights-based approaches to HIV/AIDS programming help realize human rights themselves as well as improve access to HIV/AIDS health care information, services and treatment. Policies, programs and responses are likely to be effective, sustainable, inclusive and more meaningful for people living with and affected by HIV/AIDS when they are based on the normative frame of international human rights.

There is no single definition of a human rights-based approach to HIV/AIDS programming. However, any approach must include the full participation of people living with HIV/AIDS and vulnerable groups; and address factors such as gender and power relations, religion, sexual orientation, and race in their efforts. These factors, individually or in combination, influence the extent to which individuals and communities are protected from discrimination, inequality, and exclusion, and whether they are able to make and carry-out free and informed decisions about their lives, including their ability to access services. Human rights-based approaches to HIV/AIDS integrate mechanisms for full participation and decision-making of affected communities, in order to promote the autonomy and empowerment of individuals living with and affected by HIV/AIDS.

A **rights-based approach** implies being guided by the needs and rights of the community while simultaneously empowering those same communities to broaden their participation and strengthen their relationships with law, policy makers and partner organizations.¹⁸

Human rights can be used to support more effective HIV/AIDS interventions. Central to a human rights-based approach to HIV/AIDS are the principles of non-discrimination, equality and participation. Each is relevant to the strategies and approaches to reducing the risk, vulnerability and impact of HIV/AIDS on individuals and populations. The first-hand experience and knowledge of people living with HIV/AIDS (PLWHA) provides the expertise necessary to reduce stigma and discrimination in the design and implementation, as well as in the oversight, of HIV/AIDS programs.

Example: Global (The Program on International Health and Human Rights at the François-Xavier Bagnoud Center for Health and Human Rights)

The Program on International Health and Human Rights undertakes research in order to better understand and apply human rights-based approaches to HIV/AIDS. Recently, HIV testing has surfaced as a health and human rights concern, particularly in the context of “scaling up” the response. The Program is responding to ensure a combined HIV/AIDS and human rights approach which seeks to develop and implement policies, strategies and actions aimed at achieving the highest possible health benefits while upholding the international legal obligation to respect, protect, and fulfill human rights.¹⁹

Human rights-based approaches to programming are key to the successful scaling up of the response to HIV/AIDS. For example, the existence of the Global Fund to fight against AIDS, Tuberculosis and Malaria, the announcement of WHO's initiative to provide ARVs for 3 million people by the year 2005 (3 by 5 Initiative), and the United States Government's announcement to substantially increase its global funding for HIV/AIDS over the next five years are all welcome developments in so far as more resources are potentially available. However, as welcome as accessible antiretroviral medication may be for a country, if the policy for ARV provision does not prevent discrimination in terms of access, people who might benefit may not come forward.

Example: Global (UNAIDS)

The United Nations Joint Program on HIV/AIDS (UNAIDS) has had a long-term commitment to developing human rights-based approaches in responding to HIV/AIDS. It recognizes that “a rights-based approach can help mitigate the impact of HIV/AIDS as it allows for the creation of a supportive policy, legal, social and cultural environment in which people infected or affected by HIV/AIDS are able to participate in, contribute to and enjoy economic, social, cultural and political development despite their HIV status.”²⁰

Example: Global (CARE UK)

In its programming at country level, CARE UK explicitly uses a rights-based approach, which it defines as programs “guided by a human rights focus on respecting human dignity, achieving fairness in opportunities and equal treatment for all and strengthening the ability of local communities to access resources and services.” CARE projects address HIV/AIDS in more than two dozen high prevalence countries, where they work with local partners to reduce the spread of HIV/AIDS, provide care and support for those affected, and find lasting solutions to wider social and economic problems that exacerbate the HIV/AIDS crisis.²¹

Example: India

A small intervention program for sex workers initiated by a government institution (All India Institute of Hygiene and Public Health) and NGOs in Sonagachi (Calcutta, India) grew into a powerful human rights-based program. The Sonagachi STD/HIV Intervention Program (SHIP) was designed to prevent HIV and STDs among sex workers through clinical services, condom promotion and IEC (Information, Education and Communication), and support by a team of peer educators. SHIP early on realized that sex workers were themselves the best agents of change to fight AIDS: by recognizing human dignity, not allowing their occupation as sex workers to exclude them and equally allowing them to participate in all interventions, including decision making.²²

Key Resources and Documents to Go Further

The documents listed here can be found at the websites of ICASO (www.icaso.org) or François-Xavier Bagnoud Center for Health and Human Rights (www.hsph.harvard.edu/fxbcenter) In addition, these documents can be found in the many official UN repository libraries around the world.

Accountability: International Human Rights Sources:

Treaties

Universal Declaration of Human Rights, (1948).

International Covenant on Economic, Social and Cultural Rights, (1966, entered into force Jan. 3, 1976).

International Covenant on Civil and Political Rights, (1966, entered into force Mar. 23, 1976).

Convention on the Elimination of All Forms of Racial Discrimination, (1966, entered into force Jan. 4, 1969).

Convention on the Elimination of All Forms of Discrimination against Women, (1979, entered into force Sept. 3, 1981).

Convention on the Rights of the Child, (1989, entered into force Sept. 2, 1990).

General Comments and Recommendations

Committee on Economic, Social, and Cultural Rights: General Comment 14, The Right to the Highest Attainable Standard of Health (Twenty-second session, 2000)

<http://www1.umn.edu/humanrts/gencomm/escgencom14.htm>

Committee on the Elimination of Discrimination against Women: General Recommendation 24, Women and Health (Twentieth session, 1999).

<http://www1.umn.edu/humanrts/gencomm/generl24.htm>

Committee on the Rights of the Child, General Comment No. 3, HIV/AIDS and the Right of the Child, CRC/GC/2003/3 (2003).
<http://www1.umn.edu/humanrts/crc/comment3.htm>

Committee on the Rights of the Child, General Comment No. 4, Adolescent Health and Development (2003).
[http://www.unhchr.ch/tbs/doc.nsf/\(symbol\)/CRC.GC.2003.4.En?OpenDocument](http://www.unhchr.ch/tbs/doc.nsf/(symbol)/CRC.GC.2003.4.En?OpenDocument)

United Nations Conferences

1994 International Conference on Population and Development (ICPD), Cairo: Programme of Action and its follow-up ICPD Plus 5 (1999)
<http://www.unfpa.org>

1995 Fourth World Conference on Women, Beijing and its follow-up Beijing Plus 5 (2000)
<http://www.un.org/womenwatch/confer/beijing/reports>

2000 UN Millennium Declaration Resolution adopted by the General Assembly
<http://www.un.org/millennium/declaration/ares552e.htm>

2001 UN General Assembly Special Session on HIV/AIDS
www.unaids.org

2002 United Nations General Assembly Special Session (UNGASS) on Children: A World Fit for Children
<http://www.unicef.org>

Commission on Human Rights Declarations

UN Commission on Human Rights in Resolution 1996/43 on discrimination in the context of HIV or AIDS
[http://www.unhchr.ch/huridocda/huridoca.nsf/\(Symbol\)/E.CN.4.RES.1996.43.En?OpenDocument](http://www.unhchr.ch/huridocda/huridoca.nsf/(Symbol)/E.CN.4.RES.1996.43.En?OpenDocument)

UN Commission on Human Rights Resolution 2001/51: The protection of human rights in the context of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS)
http://ap.ohchr.org/documents/E/CHR/resolutions/E-CN_4-RES-2001-51.doc

UN Commission on Human Rights Resolution 2002/32: Access to Medication in the Context of Pandemics such as HIV/AIDS
<http://www.unhcr.ch/Huridocda/Huridoca.nsf/TestFrame/654cf93f7d25eae5c1256ba600570b8f?OpenDocument>

World Trade Organization: 2001 Ministerial Doha Declaration on the TRIPS Agreement and Public Health
http://www.wto.org/english/thewto_e/minist_e/min01_e/mindecl_e.htm

Advocacy: Important Tools:

International Guidelines on HIV/AIDS and Human Rights, U.N.C.H.R. res. 1997/33, U.N. Doc. E/CN.4/1997/150 (1997).
http://www.unaids.org/NetTools/Misc/DocInfo.aspx?href=http%3A//gva-doc-owl/WEBcontent/Documents/pub/Publications/IRC-pub02/JC520-HumanRights_en.pdf

ICASO Publications

Advocacy Guide to the Declaration of Commitment on HIV/AIDS
<http://icaso.org/icaso/DeclarationofCommitment-AdvocacyGuide-UNGASS.pdf>

NGO Summary of the International Guidelines on HIV/AIDS and Human Rights
<http://icaso.org/icaso/NGOSummary-IGHR-English.pdf>

Advocate's Guide to the International Guidelines on HIV/AIDS and Human Rights
<http://icaso.org/icaso/DeclarationofCommitment-AdvocacyGuide-UNGASS.pdf>

Approaches to Programming: Tools and Examples:

Definitions of Rights-based Approaches

UNHCHR: Rights-based Approaches

<http://www.unhchr.ch/development/approaches.html>

WHO: “25 Questions and Answers on Health and Human Rights”

http://www.who.int/hhr/activities/en/25_questions_hhr.pdf

UNICEF: The Human Rights-based Approach

<http://www.unicef.org/files/AnnexB.pdf>

Examples of Rights-based Approaches

The Canadian HIV/AIDS Legal Network: Promoting a Rights-based Approach to HIV/AIDS

http://www.aidslaw.ca/Maincontent/issues/discrimination/rights_approach.htm

Ethical Globalization Initiative: Strengthening Responses to HIV/AIDS in Africa

<http://www.eginitiative.org/about.html>

Endnotes

- ¹ The United Nations System and Human Rights: Guidelines and Information for the Resident Coordinator System: http://www.who.int/health_topics/human_rights/en/
- ² For additional details see <http://www.unhchr.ch/tbs/doc.nsf>
- ³ Adapted from *HIV/AIDS and Human Rights: Stories from the Frontlines*, ICASO, 1999
- ⁴ Adapted from *International Guidelines on HIV/AIDS and Human Rights: How are they being used and applied*, ICASO, 2002
- ⁵ The National AIDS Prevention and Control Act was passed by the Philippines legislature in 1998. Adapted from *Sexual Health Exchange* 2000-4
- ⁶ Committee on the Rights of the Child A/51/41 (1996)
- ⁷ Adapted from *Stories from the Frontlines: Experiences and Lessons Learned in the First Two Years of Advocacy around the Declaration of Commitment*, ICASO, 2003
- ⁸ Adapted from *Update on the UNGASS Declaration of Commitment on HIV/AIDS*, ICASO, 2002
- ⁹ Adapted from *An Advocate's Guide to the International Guidelines on HIV/AIDS and Human Rights*, ICASO, 1999
- ¹⁰ Adapted from *Stories from the Frontlines: Experiences and Lessons Learned in the First Two Years of Advocacy around the Declaration of Commitment*, ICASO, 2003
- ¹¹ *Update on the UNGASS Declaration of Commitment on HIV/AIDS*, ICASO, 2002
- ¹² *ibid.*
- ¹³ The court order was issued in 1997. Adapted from *HIV/AIDS and Human Rights: Stories from the Frontlines*, ICASO, 1999
- ¹⁴ Adapted from the *Toronto Star*, April 20, 2004 and <http://www.aidslaw.ca/Maincontent/issues/cts/patent-amend.htm>
- ¹⁵ Adapted from *Southern Africa HIV and AIDS Information Dissemination Service* (SAfAIDS News), September 2003, Vol. 12 No. 2
- ¹⁶ Adapted from *Canadian HIV/AIDS Policy and Law Newsletter*, Spring/Summer 2000, Vol. 5, No. 2/3
- ¹⁷ Adapted from *In-country Monitoring of the Implementation of the Declaration of Commitment adopted at the UN General Assembly Special Session on HIV/AIDS: Ukraine Report*; Prepared by HIV/AIDS Alliance Ukraine for ICASO, 2004
- ¹⁸ Adapted from *Mainstreaming HIV/AIDS Using a Community Led Rights-Based Approach*, ACORD, Tanzania www.acord.org.uk/English_Acord.pdf
- ¹⁹ For more information see <http://www.hsph.harvard.edu/fxbcenter>
- ²⁰ http://www.unaids.org/en/in+focus/hiv_aids_human_rights.asp
- ²¹ http://www.careinternational.org.uk/cares_work/how/rba.htm
- ²² Adapted from *Sexual Health Exchange*, 1999-2



ICASO
International Council of AIDS
Service Organizations



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