

# Statement on Human Rights & Universal Access to HIV Prevention, Treatment, Care & Support

The UNAIDS Reference Group on HIV and Human Rights was established in 2002 to advise the Joint United Nations Programme on HIV/AIDS on all matters relating to HIV and human rights. The Reference Group speaks with an independent voice; thus, its views do not necessarily reflect the views of the UNAIDS Secretariat or any of the UNAIDS Cosponsors.

At the High Level Meeting in 2006, world leaders reaffirmed 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.” Yet, as over 300 civil society organizations from countries across the world have pointed out by adopting the declaration, “Human Rights and HIV/AIDS: Now More than Ever”,<sup>1</sup> More than 25 years into the AIDS epidemic, the “essential element” continues to receive insufficient attention in the response to HIV. Without much greater political commitment to, and implementation of, a human rights-based response to HIV, translating into appropriate programming, funding and monitoring in countries, universal access cannot be achieved.

**This statement by the UNAIDS Reference Group on HIV and Human Rights is issued to highlight the importance of much greater attention to human rights in national, international and global responses to HIV, through political commitment, funding, and implementation of programmes that both integrate human rights principles and that are specifically designed to overcome rights-based obstacles to universal access.<sup>2</sup>**

With an estimated 6,800 new infections every day, over 5,700 people dying from AIDS every day, 11.4 million children orphaned due to AIDS in sub-Saharan Africa, and a range of devastating impacts for individuals, families and entire communities, **the goal of universal access to HIV prevention, treatment, care and support is a human rights imperative in every respect.** Today, however, we are far short of this goal, and with little more than two years remaining until 2010, **countries and the international community need to dramatically scale up efforts to make good on their commitments.** In particular, action is needed in the following areas:

## Setting ambitious targets and including all populations at risk

The Reference Group welcomes the framework of accountability (a human rights principle) that has been established in the context of HIV in the form of the Declaration of Commitment on HIV/AIDS (2001) and the Political Declaration on HIV/AIDS (2006). It is concerned, however, about the fact that many countries are failing to set sufficiently ambitious targets for achieving universal access and/or taking the necessary steps to achieve the targets that are set. Human rights commitments, as well as the commitments governments made in the Declaration of Commitment (2001) and the Political Declaration (2006), require that governments take **all necessary steps to come as close as possible** to providing access to evidence-informed HIV prevention, treatment, care and support to everyone who needs it by 2010. The universal access target-setting process should not simply become an exercise for planning or expanding national AIDS plans, nor for generating more external resources, but for setting ambitious targets to the maximum of available resources and capacity.

Despite their commitment to achieving “universal access”, many countries continue to exclude certain populations

<sup>1</sup> See the list of endorsing organizations at [www.soros.org/endorsehumanrights](http://www.soros.org/endorsehumanrights)

<sup>2</sup> This statement will be followed up, by October 2008, by more detailed guidance on universal access and human rights, providing detailed guidance about what human rights require in terms of setting goals for universal access, processes, and programmes.

at high risk of HIV infection (and this both in setting the targets and in the targets themselves). Although it is very important that countries “own” the targets that have been set, national ownership should not enervate the accountability that could and should form a major part of the universal access process. Neglecting to set ambitious targets for all populations at high risk of HIV infection, including people who use drugs, men who have sex with men, prisoners, and sex workers, not only has disastrous public health impacts, leading to countless preventable infections and deaths, but also violates human rights.

The UNAIDS Reference Group on HIV and Human Rights calls on UNAIDS to establish means by which to better evaluate the inclusiveness and quality of the targets themselves, the sufficiency of the steps taken to reach them, the degree to which rights and gender-related obstacles are being addressed, and the quality of the programmes put in place.

## **Ensuring meaningful civil society participation**

The Reference Group is concerned that key processes, such as the establishment of targets for universal access, reviews of the HIV response, and the monitoring of progress in achieving universal access at country level, often still exclude meaningful participation by all key civil society actors, to the detriment of the human rights principle of participation. Both from a public health and human rights perspective, such processes must include not only a few civil society actors selected by the authorities, but meaningful representation of positive networks; women’s groups; human rights organisations; legal support groups; children’s groups; groups working with or composed of sex workers, men who have sex with men, people who use drugs, prisoners, refugees and migrants; as well as employers’ groups and workers’ groups. In this regard, sufficient support for meaningful participation of these groups in these processes should be an integral part of achieving universal access.

## **Scaling up programmatic responses promoting human rights and gender**

The Reference Group is concerned that programmatic responses promoting human rights and gender in the HIV response, that are essential if universal access is ever to be achieved, have yet to be prioritized by national Governments. This has to change if universal access is to become a reality, national responses are to be effective, and human rights are to be realized in the context of the HIV epidemic. Human rights goals of universal access can be achieved through various programmatic and policy means: (a) implementation of sufficient programmes on HIV prevention, treatment, care and support that reach all those in need, particularly the most marginalized and vulnerable (b) implementation of law and policies and their enforcement that provide a supportive framework to enable those in need to take up available services, and (c) implementation of programmes that are specifically designed to overcome rights-related obstacles, such as discrimination and stigma against people living with HIV and populations at risk, gender inequality and violence against women. These programmes include, for example, “know your rights” campaigns, provision of legal aid, campaigns against harmful gender norms and violence against women, campaigns against stigma and discrimination, and programmes working with police and health care workers in terms of nondiscrimination, (non-violence in the case of the police) and the need to ensure access and to protect informed consent and confidentiality.

**The Reference Group therefore calls upon UNAIDS, donors and national governments to recognize that universal access to HIV prevention, treatment, care and support represents a human rights imperative. In order to be just and to be effective, all efforts to achieve universal access should be implemented in ways that protect the human rights of people, particularly in terms of their autonomy and privacy (informed consent and confidentiality), freedom from discrimination, and right to health in the form of access to prevention, care and treatment so as to avoid HIV infection, and if infected, to access and sustain treatment, and prevent the onward transmission of HIV. The political and programmatic efforts and resources devoted to the reduction of stigma, discrimination and rights- and gender-related vulnerabilities at international and national levels must be sufficient to overcome these vulnerabilities and remove the barriers that stigma, discrimination, gender inequality and other lack of human rights protection raise in the context of prevention, care and treatment. Monitoring and evaluation of universal access targets and country plans should include a detailed assessment of how well country processes, programmes, and policies adhere to human rights.**