HIV/AIDS and Human Rights

Report of Outcomes
of
The 59th Session of the UN Commission on Human Rights

17 March – 25 April 2003
Palais des Nations, Geneva, Switzerland

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*Speech to the 59th Session of the United Nations Commission on Human Rights*, by Dr. Peter Piot, Executive Director, UNAIDS, Geneva, 19 March 2003


Executive Summary

“The goal of realizing human rights is fundamental to the global fight against AIDS. And in a world facing a terrible epidemic - one that has already spread further, faster and to more devastating effect than any other in human history - winning the fight against AIDS is a precondition for achieving rights worth enjoying.”

Dr. Peter Piot, Executive Director UNAIDS, Speech to the 59th Session of the United Nations Commission on Human Rights, Geneva, 19 March 2003

This report on HIV/AIDS and Human Rights – Outcomes of the 59th Session of the UN Commission on Human Rights provides an overview on HIV/AIDS-related discussions and Resolutions adopted during the 59th Session of the Commission and summarizes actions and strategies to be undertaken to ensure the respect, protection and fulfillment of these rights, including HIV/AIDS-related Resolutions on:

- The Protection of Human Rights in the Context of Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS),
- The Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health,
- Access to Medication in the Context of Pandemics such as HIV/AIDS, Tuberculosis and Malaria,
- The Question of the Realization in all Countries of the Economic, Social and Cultural Rights Contained in the Universal Declaration of Human Rights and in the International Covenant on Economic, Social and Cultural Rights, and Study of Special Problems Which the Developing Countries Face in Their Efforts to Achieve these Human Rights,
- The Right to Education,
- The Rights to Freedom of Opinion and Expression;
- The Rights of Women and
- The Rights of Children.

These Resolutions are premised on international accepted human rights norms and standards.

They can be useful in assisting Governments, UN- Agencies and Programmes and Non Governmental Organizations at country level in advancing a rights based approach to the HIV response.

These Resolutions should be actively used for advocacy purposes and designing of HIV/AIDS programs in order to reduce discrimination and human rights violations of people infected, affected and vulnerable to HIV/AIDS.
1. Introduction

People living with HIV/AIDS and affected by HIV/AIDS often face stigmatization and discrimination in practice, policy and law and their economic, social, cultural as well as civil and political rights are constantly violated.

The enjoyment of all human rights is essential for an effective HIV/AIDS response. Promotion and protection of human rights in the context of the HIV pandemic is important to reduce vulnerability, prevent new HIV infections, mitigate the individual and societal impact of HIV/AIDS on those infected and affected; and to empower individuals, communities and other sectors of the society to respond to HIV/AIDS.

Human rights provide a framework for addressing discrimination and provide mechanisms for holding States and other organizations accountable.

"We must use an AIDS-lens to scrutinise the realisation of human rights, and use these rights as a platform to increase the effectiveness of AIDS-responses."

Dr. Peter Piot, Executive Director UNAIDS, Speech to the 59th Session of the United Nations Commission on Human Rights, Geneva, 19 March 2003

Since inception in 1996, UNAIDS has adopted a rights based approach in its policies, programs and activities, using a two prong mainstreaming strategy:


 Universally recognized rights of equality, non-discrimination and participation have been central to rights based HIV/AIDS programming.
2. Mainstreaming HIV/AIDS into the UN Commission on Human Rights

The UN Commission on Human Rights, established in 1946, is the main United Nations legislative body working to promote and protect human rights (see Annex I).

With technical support from UNAIDS, the Commission, has strengthened its understanding, monitoring and enforcement of HIV/AIDS related human rights. HIV/AIDS is now a standing agenda and has also been integrated into many agenda items and Resolutions related to economic, social, cultural, civil and political rights as well as the right of women and children.

At the 59th Session of the UN Commission on Human Rights¹, HIV/AIDS was discussed during plenary sessions and working groups. Further, member states as well as observer groups raised concerns about human rights violations in the context of HIV/AIDS.

UNAIDS, technically, supported States which spearheaded discussions on Resolutions² relating to HIV/AIDS and human rights.

The need to address and operationalize human rights through HIV/AIDS policies, laws and practice was emphasized. To this end, UNAIDS Executive Director delivered a statement during the opening session³ and statements and speeches were delivered on Civil and Political Rights⁴, Human Rights of Women⁵, Rights of the Child⁶ and Specific Groups and Individuals, including People Living with HIV/AIDS⁷.

Bilateral discussions and meetings were held with the Asian-Pacific Forum of National Human Rights Institutions, Special Rapporteurs (SR on the Promotion and Protection of the Right to Freedom of Opinion and Expression, SR on Adequate Housing as a Component of the Right to an Adequate Standard of Living) and NGOs (Human Rights Watch and Centre for Reproductive Health).

¹ 17 March to 25 April 2003, Palais des Nations, Geneva, Switzerland
² The Protection of Human Rights in the Context of Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS), the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health and Access to Medication in the Context of Pandemics such as HIV/AIDS, Tuberculosis and Malaria
³ Speech to the 59th Session of the United Nations Commission on Human Rights, by Peter Piot, Executive Director, UNAIDS, Geneva, 19 March 2003
⁴ UNAIDS Statement to the 59th Session of the United Nations Commission on Human Rights, Agenda item 11: Civil and political rights
⁵ UNAIDS Statement to the 59th Session of the United Nations Commission on Human Rights, Agenda item 12: Integration of human rights of women and a gender perspective, by Marika Fahlen, Director of Social Mobilisation and Information, UNAIDS
⁷ UNAIDS Statement to the 59th Session of the United Nations Commission on Human Rights, Agenda item 14: Specific Groups and Individuals
3. Outcomes of the 59th Session of the UN Commission on Human Rights

Resolutions

HIV/AIDS related Resolutions\(^8\) adopted during the 59th Session of the UN Commission on Human Rights include:

- *The Protection of Human Rights in the Context of Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS)*,
- *The Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health*,
- *Access to Medication in the Context of Pandemics such as HIV/AIDS, Tuberculosis and Malaria*,
- *The Question of the Realization in all Countries of the Economic, Social and Cultural Rights Contained in the Universal Declaration of Human Rights and in the International Covenant on Economic, Social and Cultural Rights, and Study of Special Problems Which the Developing Countries Face in Their Efforts to Achieve these Human Rights*,
- *The Right to Education*,
- *The Rights to Freedom of Opinion and Expression*;
- *The Rights of Women and*  
- *The Rights of Children*.

The Resolution on *the Protection of Human Rights in the Context of Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS)*\(^9\) focuses on the elimination of stigma and discrimination of people infected and affected by HIV/AIDS, and thereon ensuring universal respect for and observance of human rights and fundamental freedoms for all so as to reduce vulnerability to HIV/AIDS and reduce the impact of HIV/AIDS on individuals and societies.

- States are urged to ensure that:
  - laws, policies and practices respect human rights in the context of HIV/AIDS and prohibit HIV/AIDS-related discrimination.
  - effective programs for the prevention of HIV/AIDS, including through education and awareness-raising campaigns are promoted and access to high-quality goods and services for preventing transmission of the virus is improved.
  - effective programs for the care and support of persons infected and affected by HIV, including through improved and equitable access to safe and effective medication for the treatment of HIV infection and HIV/AIDS-related illnesses is promoted.

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\(^8\) full text available on the web: http://www.ohchr.org

\(^9\) Commission on Human Rights Resolution 2003/47
• States are also requested to:
  - develop and support services, to educate people infected and affected by HIV/AIDS about their rights and to assist them in realizing their rights.
  - take all necessary steps, including appropriate education, training and media programs, to combat discrimination, prejudice and stigma, and to ensure the full enjoyment of civil, political, economic, social and cultural rights by people infected and affected by HIV/AIDS.

• Human rights treaty bodies, when considering reports submitted by States parties, are requested to give particular attention to HIV/AIDS-related rights.

• All Special Representatives, Special Rapporteurs and Working Groups of the Commission, inter alia, the Special Rapporteurs on the Right to Education, on the Promotion and Protection of freedom of Opinion and Expression, on Violence against Women, its Causes and Consequences, and on the Sale of Children, Child Prostitution and Child Pornography, and requested to integrate the protection of HIV-related human rights within their respective mandates.

• The Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health in the discharge of his mandate is invited to pay appropriate attention to relevant issues concerning this Resolution.

The Resolution on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health reaffirms that the right of everyone to the enjoyment of the highest attainable standard of physical and mental health is a human right (the Right to Health), as reflected, inter alia, in Article 25, paragraph 1, of the Universal Declaration of Human Rights.

• The Resolution recalls the goals of the United Nations Millennium Declaration, in particular the four health-related development goals, including halting and beginning to reverse the spread of HIV/AIDS by 2015.

• States are called upon to:
  - guarantee through policy, law and practice that the right of everyone to the enjoyment of the highest attainable standard of physical and mental health is exercised without discrimination of any kind.
  - protect and promote sexual and reproductive health as integral elements of the right to health and to pay special attention to the situation of vulnerable groups.

• The Special Rapporteur on the Enjoyment of the Highest Attainable Standard of Physical and Mental Health is invited to pay particular attention to the linkages between poverty reduction strategies and this right, as well as between the realization of this right and aspects of discrimination and stigma.

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10 Commission on Human Rights Resolution 2003/28
The Resolution on *Access to Medication in the Context of Pandemics such as HIV/AIDS, Tuberculosis and Malaria*\(^{11}\) recognizes that access to medication is a fundamental element to achieving progressively the full realization of the right to health.

- States are called upon to:
  - develop and implement national strategies, in accordance with applicable international law, in order to progressively realize access for all to prevention-related goods, services and information as well as access to comprehensive treatment, care and support for all individuals infected and affected by pandemics such as HIV/AIDS, tuberculosis and malaria.
  - establish or strengthen national health and social infrastructures and healthcare systems, with the assistance of the international community as necessary, for the effective delivery of prevention, treatment, care and support to respond to pandemics such as HIV/AIDS, tuberculosis and malaria.
  - pursue policies, which would promote the availability in sufficient quantities of pharmaceutical products and medical technologies and would promote the accessibility and affordability of pharmaceutical products and medical technologies used to treat pandemics such as HIV/AIDS, tuberculosis and malaria for all without discrimination.

- The International community is called upon to mobilize further resources to combat the HIV/AIDS pandemic, in line with the Declaration of Commitment on HIV/AIDS.

The Resolution on *the Question of the Realization in all Countries of the Economic, Social and Cultural Rights Contained in the Universal Declaration of Human Rights and in the International Covenant on Economic, Social and Cultural Rights, and Study of Special Problems which the Developing Countries Face in their Efforts to Achieve these Human Rights*\(^{12}\) focuses on economic, social and cultural rights of individuals.

- The Resolution calls upon all States to help alleviate the unsustainable external debt burden of countries that meet the criteria of the Heavily Indebted Poor Countries Initiative, which should further strengthen the efforts of the Governments of these countries to realize economic, social and cultural rights, inter alia through the development and implementation of programs, as well as the prevention of the spread of the HIV/AIDS pandemic in Africa and the reconstruction of countries affected by natural disasters.

\(^{11}\) Commission on Human Rights Resolution 2003/29

\(^{12}\) Commission on Human Rights Resolution 2003/18
The Resolution on the Elimination of Violence Against Women\textsuperscript{13}, emphasizes that violence against women and girls, including rape, female genital mutilation, incest, early and forced marriage, violence related to commercial sexual exploitation, including trafficking, as well as economic exploitation and other forms of sexual violence, can increase their vulnerability HIV/AIDS and aggravate the conditions fostering the spread of HIV/AIDS.

The obligations of states under the Convention on the Elimination of all Forms of Discrimination against Women to promote and protect the human rights of women and girls are reaffirmed.

The Resolution on the Rights of the Child\textsuperscript{14}, takes note that the situation of children in many parts of the world remains critical as a result of the persistence of poverty, social inequality, pandemics, in particular HIV/AIDS, malaria, tuberculosis, armed conflicts, displacement, exploitation, illiteracy, hunger, intolerance, discrimination and inadequate legal protection, and convinced that urgent and effective national and international action is called for:

- States are called upon to:
  - give support and rehabilitation to children and their families affected by HIV/AIDS and to involve children and their caregivers, as well as the private sector.
  - ensure the effective prevention of HIV infections through correct information and access to voluntary and confidential care, treatment and testing, including pharmaceutical products and medical technologies, affordable by all, giving due importance to the prevention of mother-to-child transmission of the virus.

The Resolution on the Right to Freedom of Opinion and Expression\textsuperscript{15} stresses that the effective exercise of this right, including the right to seek, receive and impart information, is of the utmost importance for ensuring effective education and information campaigns to prevent HIV/AIDS.

States are urged to adopt and implement policies and programs to promote awareness of and disseminate information and education on prevention and treatment of HIV/AIDS, through all appropriate means, including the media, and targeting specific vulnerable groups.

The Resolution on the Right to Education\textsuperscript{16} urges all States to:
- take all appropriate measures to eliminate obstacles limiting effective access to education, including children affected by infectious diseases, including HIV/AIDS.
- improve all aspect of the quality of education aimed at ensuring excellence of all so that recognized and measurable learning outcomes are achieved by all, especially in preventive education against HIV/AIDS and drug abuse.
- give full effect to the right to education and to guarantee that this right is recognized and exercised without discrimination of any kind.

\textsuperscript{13} Commission on Human Rights Resolution 2003/45
\textsuperscript{14} Commission on Human Rights Resolution 2003/86
\textsuperscript{15} Commission on Human Rights Resolution 2003/42
\textsuperscript{16} Commission on Human Rights Resolution 2003/19
Reports

Reports on HIV/AIDS related human rights were submitted by the UN Secretary-General17 and Special Procedures such as the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health18, Special Rapporteur on the Promotion and Protection of the Right to Freedom of Opinion and Expression19, Special Rapporteur on Violence Against Women20, Special Rapporteur on the Sale of Children, Child Prostitution and Child Pornography21, Independent Expert on the Effects of Structural Adjustment Policies and Foreign Dept22.

These reports analyze the progress made in the implementation of previous Resolutions and indicate areas of concern. They are essential monitoring tools and provide an indication of national level action.

Some of the reports also contain good practices that can, where appropriate, be replicated.

4. Strategies for Implementation

States have the primary responsibility to implement these Resolutions and to report on progress made at the next UN Commission on Human Rights scheduled April 2004.

These Resolutions are also useful in identifying and analyzing human rights issues and key policy and legal strategies to address them at country level.

More broadly the Resolutions can assist UN-Agencies and Programs, as well as Governmental and Non Governmental Organizations at country level in:

- designing, implementing and evaluating HIV/AIDS programs
- advocating for the implementation of the right to health through, for example, access to HIV/AIDS treatment, care and support.
- advocating for the integration of human rights principles, norms and standards into national programs, policies and legislation
- developing mechanisms to protect rights of persons living with and affected by HIV/AIDS and to ensure that violations of such rights are redressed.

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17 Report E/CN.4/2003/81 of the UN Secretary-General on the Promotion of Human Rights in the Context of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), Report E/CN.4/2003/48 of the UN Secretary-General on Access to Medication in the Context of Pandemics such as HIV/AIDS
20 Report E/CN.4/2003/75/Add.1 of the Special Rapporteur on Violence Against Women
5. UNAIDS Follow-up Activities

- As a follow up to the Commission Resolution 2003/47\textsuperscript{23}, UNAIDS in collaboration with the Office of the High Commissioner for Human Rights (OHCHR) organized a meeting for Special Procedures on 30 June 2003.

The meeting identified strategic approaches for the integration of HIV/AIDS-related issues into mandates and work of Special Rapporteurs, Working Groups and Independent Experts appointed by the Commission and in doing so strengthen country level HIV/AIDS related human rights work.

- UNAIDS, in collaboration with OHCHR, will be developing a handbook for National Human Rights Institutions highlighting the role as well as practical ways in which these institutions can address HIV/AIDS related Human rights within their existing investigation, monitoring, complaints, education and legal reform mandates.

\textsuperscript{23} Commission on Human Rights Resolution 2003/47 on the Protection of human Rights in the Context of Human Immunodeficiency Virus (HIV) and acquired Immunodeficiency Syndrome (AIDS), requests all Special Representatives, Special Rapporteurs and Working Groups of the Commission to pay appropriate attention to relevant issues concerning this Resolution.
Structure of the United Nations Human Rights Bodies

Charter-based bodies comprise of the Commission on Human Rights and its SubCommission on the Promotion and Protection of Human Rights. The Commission on Human Rights is a political organ of the United Nations human rights system. Once a year, governments, international organizations, NGOs and individual experts gather for six weeks to discuss a wide range of human rights violations and other issues of concern. The sub-commission is a subsidiary body of the Commission on Human rights and functions as a human rights “think tank”, initiating in-depth studies and proposing new human rights standards.

Core Treaty-based bodies are the Human Rights Committee, the Committee on Economic, Social and Cultural Rights, the Committee on the Elimination of Discrimination against Women and the Committee on the Rights of the Child. The task of the Treaty-based bodies is to monitor State implementation and compliance with the particular treaty. States once ratified a treaty or covenant have the obligation to comply with the rights and freedoms laid down in the treaty and are required to submit State reports, detailing the steps they are taking to implement the treaty provisions.

The Charter-based and Treaty-based bodies have created a number of mechanisms, such as working groups, special rapporteurs and independent experts to monitor compliance by States of international human rights standards.
The UN Commission on Human Rights, established in 1946, is the main United Nations legislative body working to promote and protect human rights. The Commission provides overall policy guidance, studies human rights problems, develops and codifies new international norms and monitors the observance of human rights around the world. The commission provides a forum for states, civil society and international organizations to voice their concerns on human rights.

The sole function of the Commission, at establishment, was to draft the Universal Declaration of Human Rights, which was adopted by the General Assembly in 1948. Since then using the Declaration as a basis, the Commission has drafted a comprehensive body of international human rights law.¹

Over the years the Commission has increased its role of dealing with violations of human rights and has set up an elaborate machinery and procedures, country oriented or thematic, operating through Special Rapporteurs and Working Groups, to monitor compliance with international human rights law and to investigate violations of human rights, by fact finding missions to countries.

The United Nations Commission on Human Rights is composed of 53 States. The Commission meets each year in March/April for six weeks in Geneva. Over 3,000 delegates from member and observer States and from Non Governmental Organizations participate in the session.
Check against delivery

Speech to the

59th Session of the
United Nations Commission on Human Rights,

Geneva, 19 March 2003

By

Peter Piot
Executive Director
Chairperson, distinguished delegates, colleagues and friends,

The goal of realizing human rights is fundamental to the global fight against AIDS. And in a world facing a terrible epidemic – one that has already spread further, faster and to more devastating effect than any other in human history – winning the fight against AIDS is a precondition for achieving rights worth enjoying.

Therefore, collectively, we face two imperatives. One is to ensure the pursuit of human rights is integrated across all AIDS programming. The other is to ensure that national and global human rights instruments and organisations are vigorous in their action on behalf of people living with AIDS and those affected by HIV. We must use an AIDS-lens to scrutinise the realisation of human rights, and use these rights as a platform to increase the effectiveness of AIDS-responses.

I am delighted to note substantial progress on both these imperatives, in Government action on all continents, in continuing collaborations with non-governmental organisations, and globally.

Today I wish to emphasize two key messages: first, the application of specific rights to a world with AIDS; and second, progress in national action and accountability for realization of these rights.

For many years, it has been orthodox to assert that human rights are central to the fight against AIDS. That perspective was made explicit in the Declaration of Commitment on AIDS, adopted unanimously by the member states of the United Nations at the General Assembly Special Session on AIDS in June 2001. But today, people living with AIDS and the communities around the world that are struggling under the burden of the epidemic continue to face stigma and discrimination; frank and effective AIDS education programs are still censored; property and other rights are still denied to women, making them vulnerable to AIDS; and children with AIDS still find themselves thrown out of schools.

To realize rights, we need to get specific about which rights, and how to hold states accountable for their protection. Let me draw attention to three rights, in particular, that are currently being used in the fight against AIDS: the rights of the child, the right to health, and the right to freedom of opinion.

When the Committee on the Rights of the Child issued its General Comment on HIV/AIDS and the Rights of the Child just two months ago, it made history. It was the first ever General Comment on AIDS issued by a Treaty monitoring mechanism. That General Comment identifies good practices for States, and in particular that they expressly prohibit discrimination against children on the basis of real or perceived HIV status, and to protect their privacy.

The General Comment means that the response to AIDS in relation to children is now part of formal international law, with all that implies in terms of monitoring and accountability. It is a vital tool to assist the Committee in monitoring HIV-related rights. States have been
specifically asked to report on the HIV-related measures they have put in place to protect children.

Not surprisingly, the right to health is also a central instrument in relation to the realization of HIV-related rights. The aspect that has gained most recent attention is the right to access to treatment. The gaping global divide between those people who have access to life-saving treatment and those denied it is ethically unsustainable. The global coalition that has massed in recent years to overcome that divide is something of which we can all be proud.

Among the keys to creating a more just world have been the legislative guarantees of universal access to antiretroviral treatment – as pioneered in Latin and Central America in the 1990s. As the UN Secretary-General’s report to this meeting demonstrates, this Commission’s Resolutions on the right to treatment access have made a difference, with free access becoming a reality in an increasing number of countries – but it remains the exception not the rule. Today, only 300,000 people with AIDS in the developing world are using antiretroviral treatment – five per cent of the nearly-six million whose lives would be saved by this treatment. And in sub-Saharan Africa, this treatment gets to less than one per cent of those who need it. So realizing the right to health, both in treatment access and much wider, is a vital concern for those living with and affected by HIV. I therefore particularly welcome the appointment of a Special Rapporteur on the right to health - Mr. Paul Hunt.

To take a third example of a specific right that needs to be realized in the context of AIDS: the right to freedom of opinion. The Special Rapporteur, Mr. Ambeyi Ligabo, has affirmed that this right, with all it implies about access to information and to community voice, is a sine qua non condition of effective education and information campaigns to prevent AIDS.

Mr Ligabo’s report draws attention to the multiple ways in which freedom of opinion underpins AIDS work, including:
- ensuring socially-excluded groups are encompassed by awareness campaigns;
- that school curricula address AIDS, that communities can learn from one another; and
- that there are specific programmes for indigenous people, refugees, asylum seekers and migrants.

To turn to my second major theme, we need to forge ahead in scaling up action - and attendant accountability - at national level. National accountability for the realization of rights needs to be strengthened three ways: one, legislatively, two, by building community capacities, and three, by providing specific support to People Living with AIDS.

Experience has shown that AIDS must be treated explicitly in national anti-discrimination laws. One exemplary case is that of Cambodia, where the AIDS Law passed in 2002 outlaws discrimination based on HIV status. Such laws must be coupled with the implementation of strategies addressing rights of vulnerable groups.

Along with a suitable legislative environment, the capacity of communities to respond directly to AIDS is vital. In almost every case where we can point to sustained and effective
action to roll the epidemic back, communities have been in the driving seat. In particular, organisations representing and supporting people living with HIV have proved invaluable – but in many countries, they are in desperate need of strengthening. UNAIDS, both Secretariat and our eight Cosponsoring organisations, have therefore made a particular priority of assisting organisations of people living with HIV both by seeding support and through creating an ongoing dialogue with national AIDS programmes.

Mechanisms specifically supporting People living with AIDS to realise their rights are the necessary adjunct to overall legal frameworks - such as through legal aid systems; legal services specializing in HIV/AIDS casework and enforcement by National Human Rights Institutions of HIV-related rights. For example, the Mexico National Human Rights Commission addresses treatment access, the training of medical staff in human rights and deals with complaints related to denial of services and benefits. In Fiji, the Human Rights Commission advocated against a proposal to introduce compulsory HIV testing in Fiji, noting that mandatory testing is a discredited strategy on both human rights and public health grounds.

These are equally issues to be dealt with inside the United Nations. UNAIDS has therefore been taking the lead on ensuring that AIDS is treated properly across the whole United Nations workforce, starting with good information to staff and their families, but also including the application of appropriate non-discriminatory policies. Comprehensive UN workplace policy on AIDS, in existence since 1991, has not been consistently applied. An accountability tool to review its application is being developed by UNAIDS Cosponsor the International Labour Organization, and UN Secretary-General Kofi Annan has drawn attention to AIDS within the UN workplace as a key element of his second stage UN reform agenda.

Chairperson, delegates,

Let me conclude by underscoring the global-level cooperation that is crucial to the realisation of HIV-related rights. UNAIDS, itself a Cosponsored programme that brings common focus on AIDS to the work of eight UN system organisations, is committed to furthering that cooperation. It is sustained through the collaboration between the UN Office of the High Commissioner for Human Rights and UNAIDS - most recently by updating the International Guidelines on HIV/AIDS and human rights to specifically address access to treatment.

Overcoming the global HIV epidemic is a compelling case for global solidarity. AIDS is everywhere, and one of our foremost weapons in defeating it is to ensure that human rights, too, are a reality everywhere.

Thank you.
59th Session of the
United Nations Commission on Human Rights,

Agenda item 11:
Civil and political rights, including the question of:

(a) Torture and detention;
(b) Disappearances and summary executions;
(c) Freedom of expression;
(d) Independence of the Judiciary, administration of justice, impunity;
(e) Religious intolerance.

Geneva, 8 April 2003
Chairperson, distinguished delegates

The enjoyment of all rights – economic, social and cultural rights and civil and political are essential for an effective HIV/AIDS response. The lack of human rights protection exacerbates the negative impact of the epidemic at a personal and societal level, as the rights of people who are infected or assumed to be infected are constantly violated; vulnerability to HIV/AIDS is increased and the response is hindered.

For example-

The right to freedom from torture, cruel, inhuman or degrading treatment and Freedom from slavery, servitude\(^1\) is constantly violated.

People living with HIV/AIDS are often segregated in schools and hospitals, including under cruel and degrading conditions. Cases of degrading treatment are particularly significant in prisons where inmates are often mandatorily tested, and if found HIV-positive, isolated or put in solitary confinement, often without their basic needs being met, including access to sufficient medical care.

In the context of HIV/AIDS, deprivations of the right to liberty and security\(^2\) are often done in the name of public health. This is despite the fact that there is no public health rationale to justify isolation or quarantine, based solely on the fact that a person is suspected or known to be HIV-positive.

Deprivations of the right to liberty and security take the form of compulsory blood tests, arrest, detention, segregation, and isolation because of a person actual or presumed HIV status. Furthermore, since these deprivations of liberty occur in administrative settings, procedural and judicial safeguards are not applied.

Further, persons belonging to certain groups, such as commercial sex workers, injecting drug users and men who have sex with men, are often deprived of liberty because they are suspected of HIV infection as they are associated with high risk behavior.

The fundamental right to freedom of movement\(^3\) is often restricted on the basis of HIV/AIDS status. Some States under their immigration laws require that nationals returning to their country submit themselves to HIV testing. Other States restrict movement of nationals and foreigners living with HIV/AIDS within their countries, through segregation or quarantine. Such measures are often imposed on persons suspected of HIV, such as migrants from certain countries, commercial sex workers and injecting drug users.

\(^1\) Articles 4 & 5 of the Universal Declaration on Human Rights; Article 7 & 8 of the International Covenant on Civil and Political Rights; Articles 37 & 39 of the Convention on the Rights of the Child; and Article 6 of Convention on Elimination of All Forms of Discrimination Against Women

\(^2\) Article 3 of the Universal Declaration on Human Rights; and Article 9 & 10 of the International Covenant on Civil and Political Rights

\(^3\) Article 13 of the Universal Declaration on Human Rights; and Article 12 of the International Covenant on Civil and Political Rights
Foreigners living with or suspected of HIV/AIDS often face the threat of expulsion. Such expulsions may be carried out in the name of public health under administrative procedures without adequate procedural or legal safeguards. During such expulsions, confidentiality of health status may not be maintained either with regard to the expelling or receiving States.

States also impose some form of HIV screening with regard to the entry and stay of aliens for either short or long-term periods.

These actions run counter to the fundamental human right principles of non-discrimination and freedom of movement. Additionally, these restrictions may interfere with other rights, such as the right family unity and the right to liberty and security.

Although it is particularly important that the right to privacy⁴ be protected in the context of HIV/AIDS where association with HIV/AIDS results in prejudice, stigma and discrimination, this is not the reality. Information of HIV/AIDS status is often collected and published or used without the informed consent of the individual. This is a serious breach of the right to privacy.

Violation of the right to privacy also takes the form of compulsory registration of HIV-positive people or those suspected of it, compulsory collection and storage of information on HIV/AIDS status without confidentiality, and the disclosure of HIV status to third parties. This may occur due to government policies, occur in health care settings as part of routine or hidden testing, or be required by private parties, such as employers, for access to services.

UNAIDS advocates that any testing for HIV should be voluntary and done with the informed consent of the person involved. Voluntary testing should be performed with pre-and posttest counseling. It is in the context of pre-test counseling that informed consent should be obtained.

Experience has shown that mandatory testing, mandatory registration and mandatory publication of people's HIV status are not useful measures because they do not prevent transmission of HIV on the contrary they drive people away from HIV prevention and care programs.

In the context of HIV/AIDS, the right to seek, receive and impart information⁵ has often been denied or curtailed, because information about HIV/AIDS is politically unpopular and/or perceived to conflict with obscenity laws or with religious, moral or cultural norms. For these reasons, Some States have been reluctant to disseminate information pertaining to the extent of the problem, the population groups most affected, and the ways by which to avoid infection. Such censorship prevents people from obtaining life-saving information, increases vulnerability to infection, and increases the devastating social impact of the disease, including the discrimination and stigma associated with it.

⁴ Article 12 of the Universal Declaration on Human Rights and Article 17 of the International Covenant on Civil and Political Rights and Article 37 of the Convention on the Rights of the Child

⁵ Article 19 of the Universal Declaration on Human Rights, Article 17 of the International Covenant on Civil and Political Rights and Article 37 of the Convention on the Rights of the Child
UNAIDS is encouraged by the report of the Special Rapporteur on Freedom of opinion contained in document E/CN. 4/2003/67 which highlights some good policies and practices that some States have adopted in addressing the right to information and the right to freedom of expression in the context of HIV/AIDS prevention.

In conclusion, chairperson we wish to emphasize that promoting human rights in the context of HIV/AIDS entails ensuring that these human rights are enjoyed and enforceable at national level.

States should ensure that human rights principles contained in the international human rights instruments are integrated into national policies, strategies and laws. This would provide mechanisms to those whose rights have been violated to enforce their rights; this would create accountability systems and where appropriate, provide redress.

Thank you.
Check against delivery

59th Session of the
United Nations Commission on Human Rights

Agenda item 12:
Integration of human rights of women and a gender perspective:
Violence against women
Geneva, 10 April 2003

Statement by

Marika Fahlen
Director
Department of Social Mobilisation and Information
Chairperson, distinguished delegates,

About half of the 42 million people living with HIV/AIDS worldwide are women and girls. No discussion on the rights of women can disregard the vulnerability and plight of women in the context of this deadly epidemic. HIV/AIDS cannot be successfully addressed, and therefore, the Millennium Development Goals not achieved, without a rights-based approach addressing the particular concerns of women and girls. We have already registered a decline in life expectancy because of AIDS and in some countries men will soon outnumber women in the most productive and fertile age groups.

The lack of enjoyment of human rights aggravates the vulnerability of women in a world of AIDS. The subordination of women in private and public life is compounding the risk to infection and to the ability of women to combine dealing with disease and sustain a household crumbling as family breadwinners die.

In the context of HIV/AIDS, women suffer double tragedy: one, discrimination de jure through gender biased laws such as with regard to inheritance rights; and two discrimination de facto through social practices rendering women second class citizens being subject to stigma and with few means of social security to make ends meet.

Biological, social, economic and cultural factors all contribute to women’s vulnerability to HIV/AIDS. These factors have to be properly understood and addressed to protect women from falling victim to HIV, when transmission and risk exposure could very well be prevented. Girls in particular have a right to know about reproductive health to help them prevent transmission and protect their lives.

AIDS affects in particular young people in the prime of life. Young girls are taken out of school to help manage the household where HIV has weakened the capacity of adults to earn an income and to attend to farming and cattle. The situation in Southern Africa has seen AIDS affected communities suffer doubly from food insecurity and AIDS. Orphans and other affected children turn into child labour.

AIDS has led to a dramatic increase in female-headed households, surviving on increasingly meagre resources and sinking families into poverty and destitution. Women often are the prime care-givers and the first to have their own health and well-being neglected. Promoting the right to health should increasingly attend to gender equality in access to treatment.

UNAIDS welcomes that the Special Rapporteur on Health, Mr Paul Hunt, has made one of his priorities to examine HIV/AIDS issues within the interrelated themes of the right to health and poverty with due gender sensitive perspectives and addressing stigma and discrimination so common in the context of AIDS. UNAIDS looks forward to continue our close cooperation with him and the OHCHR, particularly in ensuring that action is taken to protect women’s rights and in so doing reduce their vulnerability to HIV infection. UNAIDS has set aside USD 160,000 for cooperation with the OHCHR for the promotion and operationalisation of human rights in the context of HIV/AIDS, including the rights of women.
The evidence on the spread and impact of the HIV/AIDS epidemic indicates that women increasingly are disproportionately exposed to risks of HIV infection and burdened in AIDS affected households. In situations of violent conflict, this exposure is even harsher: rape as a weapon of war, coerced survival sex whereby girls and women have no other option but to trade sex in exchange for protection, shelter, food and care. It is a particular challenge to protect human rights in general and women’s right in particular in times of conflict, and human rights protection should embrace protecting women and girls from sexual violence.

Chairperson, all of the above examples are violations of human rights. The centrality of human rights to reverse the spread of HIV/AIDS and to reduce its impact was recognised by all the UN member States in June 2001 when a Special Session of the General Assembly adopted the Declaration of Commitment on HIV/AIDS.

This framework of accountability on HIV/AIDS confirms that “globally, women and girls are disproportionately affected by HIV/AIDS” and suggests to “develop and accelerate the implementation of national strategies that promote the advancement of women and women’s full enjoyment of 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.”

Through the Declaration of Commitment States have committed themselves “by 2005, to develop and begin to implement national, regional and international strategies that facilitate access to HIV/AIDS prevention programmes for migrant and mobile workers, including information on health and social services.”

Like in the Declaration of Commitment on HIV/AIDS, the Millennium Development Declaration, central to the MDGs, also places human rights and the dignity of the person as a cross-cutting issue. The MDG on gender equality and women’s empowerment contributes to achieving many of the other goals, including the MDG on reversing the HIV/AIDS.

For UNAIDS promoting human rights of people living with HIV/AIDS and in particular the rights of women is a ground pillar in our work. Support to countries to develop policies and legal frameworks that advance gender equality and implement programmes aimed at reducing women vulnerabilities and risks to HIV/AIDS infection will continue to expand. We know that we have a strong ally in this work in the Office of the High Commissioner for Human Rights.

Thank you.
59th Session of the
United Nations Commission on Human Rights,

Agenda item 13:
Rights of the Child

Geneva, 11April 2003
Chairperson, distinguished delegates

The global AIDS epidemic overwhelmingly affects children and young people:

- Of the 42 million people living with HIV, 3.2 million are children under the age of 15 years.
- Of the 5 million people newly infected with HIV in 2002, 800,000 were children under 15 years old.
- Of the 3.1 million AIDS deaths in 2002 610,000 were children under the age of 15 years.

This means that there are millions of children and adolescents who are infected by HIV and who need care, as well as protection from discrimination. But it also means that even more youngsters are affected by HIV because one or both parents, or a sibling, are living with or have died of AIDS.

The primary and principal responsibility of ensuring the right to health of children lies with the State:

Almost all States in the world have ratified the Convention on the rights of the Child (CRC) (save for the USA and Somalia). This Convention provides the guiding principles for protecting all children. The CRC and other relevant conventions offer a rights-based framework for implementing HIV/AIDS prevention, care and support for children. Every child has a right to education; to the highest attainable standard of health; to seek, receive and impart information and ideas of all kinds; to special protection and assistance if deprived of his or her family environment; to non-discrimination and privacy; to express opinions and have them taken into account; and to freedom from trafficking, prostitution, sexual exploitation and sexual abuse.

All States have committed to ensuring that children’s rights are respected (not directly violated by States), protected (not violated by third persons) and fulfilled (positive budgetary, legislative and administrative measures are put in place).

Chairperson, it is therefore essential that programmes on HIV/AIDS therefore should be rights based, be child-centered, be non-discriminatory; uphold the best interests of the Child, ensure respect for the views and participation of the child and ensure the right of the child to survival and development.

UNAIDS is pleased to note that over the years the Committee on the Rights of the Child has increasingly integrated the issue of HIV/AIDS into its work, both in the Concluding observations/recommendations that the Committee issues to States that come to report and also during the dialogue between States Party and members of the Committee.

A recent significant development, that UNAIDS welcomes, is General Comment 3 on HIV/AIDS and the Rights of the Child adopted by the Committee on the Rights of the Child in January this year. This is the first ever General Comment on AIDS issued by a Treaty monitoring mechanism. This General Comment identifies good practices for States. Further States have been specifically asked to report on the HIV-related measures they have put in place to protect children. This General Comment is a vital tool to assist the Committee in monitoring HIV-related rights.

Chairperson, UNAIDS Secretariat, in collaboration with all its co-sponsors, namely UNICEF, UNDP, UNFPA, UNDCP, ILO, UNESCO, WHO and the World Bank, and also closely working with the Office of the High Commissioner on Human Rights, will continue to support States in designing and implementing
effective programmes to address children’s rights in the context of HIV/AIDS. Such effective action include:

- Reviewing and enacting existing policies, laws, regulations to guarantee the right of children to have access to HIV/AIDS related information, including to voluntary testing. Young people have a right to information to protect against HIV infection. Access to information as a fundamental right of the child should become the key element in HIV/AIDS prevention strategies.

- Creating a supportive and enabling environment at national level, in which children are allowed to participate and receive support for their own initiatives. The proven effectiveness of peer education strategies, in particular, should be recognized and taken into account for its potential contribution to the mitigation of the impact of the HIV/AIDS epidemic. The right of young people and children to participate fully and actively in the formulation and implementation of HIV/AIDS strategies, programmes and policies should be fully recognized.

- Designing and implementing HIV/AIDS prevention and care strategies focusing on children in need of special protection, including those living in institutions (whether social welfare ones or detention centres), those living or working in the streets, those suffering from sexual or other types of exploitation, abuse and neglect, or those involved in armed conflict, etc.

- Developing and promoting youth friendly services to ensure that young people have a supportive environment to access appropriate services to their needs. Such services include HIV/AIDS clinics and drop-in centres, services provided in conjunction with sports and leisure activities, and services provided on street corners and other locations where young people congregate. Outreach workers and peer counsellors also have an important role to play in alerting young people to the services that are on offer for HIV prevention and care.

The rights of children need to be put at the center of the HIV/AIDS response.

Thank you.
59th Session of the
United Nations Commission on Human Rights,

Agenda item 14:
Specific Groups and Individuals

Geneva, 15 April 2003
Chairperson, distinguished delegates,


UNAIDS also works with a broad range of partners – governmental and NGO, business, scientific and lay – to share knowledge, skills, and best practice across boundaries.

Since UNAIDS’ inception, human rights has been a crosscutting theme in its policies, programmes and activities. A rights based approach is central to effective prevention and care programmes and mitigating impact of the epidemic.

The specific nature of the UNAIDS Secretariat’s work, in partnership with its cosponsors and the Office of the High Commissioner for Human Rights (OHCHR) have included standard setting in the area of human rights and HIV/AIDS, conducting relevant research, training, providing technical support in developing supportive national policy and legal frameworks; strengthening national and regional civil society networks on HIV/AIDS and Human Rights; mainstreaming HIV/AIDS in Treaty monitoring mechanisms and production of best practice materials.

**Standard Setting: HIV/AIDS and Human Rights**

*UNAIDS in collaboration with the OHCHR and other partners has developed guidelines advancing human rights in the context of HIV/AIDS.*

In February 1998, UNAIDS and the Office of the High Commissioner for Human Rights (OHCHR) jointly published the *International Guidelines on HIV/AIDS and Human Rights.* These guidelines set the standards for upholding HIV/AIDS related human rights at the national, regional, and international levels. These Guidelines are a useful resource in the necessary scaling up of the response to HIV/AIDS by all actors concerned – governments and non-governmental organizations, the United Nations system and other international and regional organizations.

Through UNAIDS funding and technical support, the International Council of AIDS Service Organizations (ICASO) published the *NGO Summary and Advocates Guide* as a more user-friendly form of the *International Guidelines* to enhance the document’s accessibility. The *NGO Summary and Advocates Guide* has been distributed widely at national, regional, and international levels. It has been translated into Spanish and French.

In July 2002, the OHCHR and UNAIDS convened a group of experts to update the *International Guidelines on HIV/AIDS and Human Rights: The Revised Guideline* 6
on “Access to prevention, treatment, care and support” provides an up-to-date policy
guidance that is based on current scientific progress, international law and best
practice at country level.

Mainstreaming HIV/AIDS in Human Rights Mechanisms

UNAIDS in collaboration with the OHCHR works with the United Nations human
rights machinery to strengthen understanding, monitoring, and enforcement of
HIV/AIDS related human rights.

HIV/AIDS-related human rights information is provided to various committees that
monitor human rights treaties and has been integrated in the treaty body’s work,
particularly in reporting guidelines, General Comments, Thematic days and
Concluding Observations.

In an effort to help make the international human rights monitoring process more
accessible to HIV/AIDS activists, UNAIDS published the Guide to the UN Human
Rights Machinery for AIDS service organizations, people living with HIV/AIDS and
others working in the area of HIV/AIDS and human.

Conducting Research in HIV/AIDS related issues

UNAIDS has conducted research to better understand the relationship between

Research has been conducted on the forms, contexts, and determinants of stigma and
discrimination associated with HIV/AIDS in Uganda and India. This research was
undertaken by the AIDS Support Organization in Uganda and by the TATA Institute
of Social Sciences in India. The final report- UNAIDS Compendium on HIV/AIDS-
related Stigmatization, Discrimination, and Denial: Research Studies in India and
Uganda and a Comparative Analysis of the Two Studies has been published in
English, French, and Spanish.

Further, UNAIDS has funded the development and field-testing of a protocol for
identifying discrimination against people living with HIV/AIDS. Field testing was
conducted in Cote d’Ivoire, the Philippines, and Switzerland.

Strengthening networks on HIV/AIDS, human rights, ethics and law

UNAIDS networks at the national, regional and international levels in order to
enhance partnerships to promote and protect human rights in the response to
HIV/AIDS.

Strong partnerships have been built with the International Council of AIDS Service
Organizations and its regional members in Africa (AFRICASO), Latin America and
the Caribbean (LACASO), Europe (EUROCASO), and Asia and the Pacific
(APCASO). Through the provision of technical and financial support to these
networks, UNAIDS helps to strengthen the capacity of national, regional, and
international communities to mobilize and contribute to HIV/AIDS and human rights
dialogue.
UNAIDS also networks with organizations of persons living with HIV/AIDS. For example, financial and technical support has been provide to the Asia Pacific Network of People Living with HIV/AIDS (APN+) to provide peer education and training to research and document HIV/AIDS related discrimination. A survey has been undertaken in India, Philippines, Indonesia, and Thailand. Activities to address the research findings will be implemented in each of their countries.

**Engaging Critical Sectors: Legislators and Parliamentarians**

*UNAIDS works with legislators and parliamentarians to strengthen their roles in the HIV/AIDS response and advance HIV/AIDS related human rights.*

UNAIDS and the Inter-Parliamentary Union (IPU) jointly published and launched, in the four British Parliaments, the *Handbook for Legislators on HIV/AIDS, Law and Human Rights*—published in English, French, Russian and Spanish.

The *Handbook for Legislators on HIV/AIDS, Law and Human Rights* documents the principles in the *International Guidelines on HIV/AIDS and Human Rights*, analyses these principles in terms of actions required to be taken by legislators, and cites best practice examples demonstrating how some countries have successfully implemented the guidelines. The Handbook also provides a particularly useful feature for legislators: summary checklists against which current policies or legal reform can be assessed.

Technical support and evidence was provided at a hearing of the United Kingdom Westminster All Party Parliamentary Group on HIV/AIDS. The outcome of the hearing was publication of *The UK, HIV and Human Rights: recommendations for the next five years*, which proposes reforms required.

Additionally, UNAIDS has supported the SADC Parliamentary Forum to hold meetings in April 2001 and February 2002 on the role of the SADC Forum in addressing HIV/AIDS. At these meetings SADC resolved to set up a standing Committee on HIV/AIDS and elected members and chairperson and has developed strategic work plans.

**Training in HIV/AIDS and Human Rights**

*UNAIDS, in collaboration with other UN agencies and non-governmental organizations (NGOs), provides training on HIV/AIDS and human rights.*

UNAIDS and the OHCHR have held workshops for representatives of human rights NGOs and HIV/AIDS NGOs to identify mechanisms to promote a human rights agenda relevant to HIV/AIDS and identified how human rights can be mainstreamed into HIV/AIDS and vice versa. Similar workshops have been convened for the managers of national AIDS programmes.

In Eastern Europe and Commonwealth of Independent States, UNAIDS has held workshops for lawyers to strengthen the regions' technical expertise in law, ethics, and HIV/AIDS.
Workshops on human rights for AIDS service organizations and people living with HIV/AIDS have also taken place in Canada, Bangladesh, Hong Kong, Bulgaria and Cambodia. Funding and technical support has also been provided to the Asia Pacific Council of AIDS Service Organizations (APCASO) to develop a training module on human rights for HIV/AIDS community groups for the Asia Pacific Region. The module focuses on how to investigate violations, plan recourse, implement action, and monitor HIV/AIDS related human rights.

With regards to ethics, UNAIDS has convened regional consultations in Brazil, Thailand, Uganda, the United States, and Switzerland on the ethical and legal issues involved in vaccine development. The culmination of these consultations is the production of the Guidance Document on Ethical Considerations in HIV Preventive Vaccine Research.

Further, UNAIDS, WHO, and the Council for International Organizations of Medical Sciences (CIOMS), have conducted training workshops on ethical and legal issues in biomedical research in Europe, Africa, Latin America, and South East Asia. These regional meetings culminated in an international conference on HIV/AIDS research and health care in developing countries was also held in Geneva, Switzerland.

With regards to young people, UNAIDS and UNESCO have conducted a training workshop for young people on human rights and HIV/AIDS in Paris, France. The workshop assembled best practices strategies to address HIV/AIDS related discrimination faced by young people. A joint UNESCO and UNAIDS publication: Human Rights and HIV/AIDS: Young People in Action, published in English, French, and Spanish. Regional trainings, using this publication have been undertaken in Africa (Cape Town South Africa), Asia (Bandung, Indonesia) in 2002. This year trainings have been planned for the Arab region (Beirut, Lebanon) and Francophone Africa (Yaoundé, Cameroon).

At a regional level, in Latin America, UNAIDS, in collaboration with the Latin American Council of AIDS Service Organizations, conducted a Central America and the Caribbean regional workshop in July 2001 to identify human rights implications of national AIDS strategic plans in the region. Regional projects have been developed and resources are being mobilized.

In Africa, UNAIDS collaborated with the OHCHR on a regional training workshop for government lawyers and other policy makers in Gaberone, Botswana. The workshop focused on economic, social and cultural rights, using HIV/AIDS as a case study.

With regards to National Human Rights Institutions, UNAIDS, OHCHR, and the Asia Pacific Forum and National Human Rights Institutions held a regional workshop on human rights and HIV/AIDS in Melbourne, Australia in October 2001. A similar workshop was held in Lome, Togo in April 2001 for African national human rights commissions.

This year, UNAIDS in collaboration with OHCHR and National Human Rights Institutions (NI's) will be developing a Manual addressing the role of NI in advancing HIV/AIDS related issues within its mandate.
Providing Technical Assistance and Advice

UNAIDS, on request, provides technical assistance to States and non-governmental organizations (NGOs) to integrate human rights in national HIV/AIDS policies, legislation and programmes.

UNAIDS has intensified its activities in human rights and HIV/AIDS at the national and community level. For example, UNAIDS is supporting legal and human rights experts in local NGOs and community based organizations in Ghana, Burkina Faso, and Tanzania. The role of these experts is to integrate human rights into HIV/AIDS prevention and care programmes being undertaken by community groups, provide HIV/AIDS and human rights training, mainstream human rights into HIV/AIDS national strategic plans, and provide legal advice to people living with HIV/AIDS whose rights have been violated.

Producing best practice publications

UNAIDS, in collaboration with other partners, has published a number of documents in the area of HIV/AIDS and human right. These documents have been widely distributed at the national level:

- A Handbook for Legislators on HIV/AIDS, Law and Human Rights (UNAIDS and the Inter-Parliamentary Union), (English, French, Russian and Portuguese);
- A collection of twenty human rights case studies called Human Rights and HIV/AIDS: Effective Community Responses (Human Rights Internet) (English);
- A Literature Review and Annotated Bibliography on Legal and Ethical Issues Raised by HIV/AIDS (the Canadian HIV/AIDS Legal Network), (English and French);
- A Human Rights Approach to Employment: the Southern African Development Community's Code on HIV/AIDS and Employment (AIDS Law Project, South Africa), (English);
- HIV/AIDS-related Stigmatization, Discrimination and Denial in India and Uganda: Forms, Contexts and Determinants (UNAIDS), (English, French, Spanish);
- International Guidelines on HIV/AIDS and Human Rights (UNAIDS and OHCHR), (English, French, Chinese, Spanish, Russian); and
- UNAIDS Guide to the Human Rights Machinery (UNAIDS), (English)
- Revised Guideline 6 “Access to Prevention, treatment, care and support” (UNAIDS AND OHCHR) (English, French, Spanish)
- HIV/AIDS and Human Rights: Young people in action (UNAIDS and UNESCO) (English, French, Spanish)

In conclusion, Chairperson UNAIDS stands committed to ensuring that rights of people infected and affected by HIV/AIDS are respected, protected, and fulfilled and that the impact of the epidemic is mitigated.

Human Rights should be enjoyed by all, irrespective of health status, including HIV/AIDS status.

Thank you.