

Satellite, XVth International AIDS Conference:

Human Rights at the Margins

HIV/AIDS, Prisoners, Drug Users and the Law

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Opening remarks by

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Colleagues and friends

Thank you for the opportunity to address this Satellite on behalf of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

As many of you are aware, UNAIDS is the main advocate for global action on the HIV/AIDS epidemic:

- It leads, strengthens and supports an expanded response aimed at preventing transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic.
- It brings together 10 UN agencies in a common effort in the fight against HIV: the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the International Labour Organization (ILO), the United Nations Population Fund (UNFPA), the United Nations High Commissioner for Refugees (UNHCR), the United Nations Office on Drugs and Crime (UNODC), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Food Programme (WFP), the World Health Organization (WHO) and the World Bank.

In my remarks I will underscore 3 key issues:

- The essential value of respecting, protecting and fulfilling human rights in the context of HIV/AIDS;
- The importance of adopting a rights based approach in preventing HIV infection

amongst drug users and prisoners;

- The centrality of partnerships and collaboration in this work

Rights based approach

As most of us here are aware, the range and impact of the HIV/AIDS epidemic are affecting almost all areas of human life and development:

- Globally, it is now estimated that 38 million people are currently living with HIV/AIDS;
- 5 million people became infected in 2003 alone;
- Asia is now home to some of the fastest growing epidemics in world (outside Eastern Europe) 7.4 million people living with HIV, with 1.1 million new infections and half a million deaths;
- Injecting drug use is emerging as a key driver of the epidemic in Eastern Europe and Asia - it continues to be a major determinant of the epidemic in other regions, except Africa.

Given these facts, in today's world, AIDS constitutes one of the most pervasive threats to the enjoyment of all human rights generally and the right to the highest attainable standard of physical and mental health in particular. Where people's options to defend their autonomy, develop viable livelihoods and protect themselves are limited by the denial of basic rights, conditions are ripe for the spread of HIV. Conversely, years of programming has shown that initiatives which improve people's ability to exercise their fundamental rights reinforce their ability to protect themselves from infection, reduce their vulnerabilities and help them to deal with the epidemic's impacts.

This meeting is very timely to help us move in a direction where rights are not a statement of the good and ideal, but part of the real life of everyone – and in this context, the lives of drug users and prisoners.

Content: Drug Users, Prisoners and HIV/AIDS

On the subject of drug users, prisoners and HIV/AIDS, the dynamics of this trio and the epidemics driven by injecting drug users (IDUs) present unique challenges:

- Challenges relating to how to address issues of drug users and HIV/AIDS within a social and legal context that drives drug users underground;
- Challenges on how to have effective HIV/ AIDS prevention and treatment programmes in prisons;
- Challenges on how to address the inter-relations of these issues and their relationship to the Community at large:
 - Many drug users shift in and out of prisons and evidence indicates that many drug users inject drugs while in prison;
 - Levels of HIV prevalence within prison populations – worldwide - tend to be higher than in the general population;
 - In reality HIV infection amongst drug users or prisoners progresses to the rest of the population through sexual contacts and other modes such as

mother to child transmission.

All these factors require governments, and all relevant partners including civil society, to implement measures that may be considered controversial. The time for action is now. This is why we hope that at this Satellite the participants will identify priorities for action and make clear recommendations on the way forward.

There is evidence that shows that a multi-pronged and comprehensive package of interventions can prevent and reverse the epidemic among drug users and prison inmates and in so doing also among the general population. Such measures include:

- Prevention of drug use;
- Treatment of drug use;
- Prevention of HIV and other harmful consequences of drug use.

At a programmatic level such measures include:

- Implementation of needle exchange programmes through fixed locations, outreach workers, and mobile units;
- The provision of substitute therapies (for example methadone).

These interventions have been most effective when drug users are involved in the design and implementation of the interventions. These services then have a better chance of being accessible, acceptable and relevant.

With regards to prisoners it is important to ensure that HIV prevention, care and treatment services that should be available in the community are also available in prisons, including access to HIV-related prevention information, education, voluntary counselling and testing; access to prevention tools such as condoms and access to treatment, care and support and to anti-retrovirals.

We also need to ensure that violations of human rights that occur in prisons are addressed. Such violations include mandatory HIV testing of prisoners; segregation of prisoners who are HIV positive and the denial to inmates living with HIV/AIDS of access to all activities available to the rest of the prison population. There is no public health justification for these restrictive measures and these measures run counter to fundamental human rights principles.

The political commitment for this work was set in the United Nations General Assembly Special Session on HIV/AIDS in 2001. In the *Declaration of Commitment on HIV/AIDS* that was adopted, 189 members States committed themselves to specific targets relating to these matters, as follows:

- To establish by 2003 national prevention targets to reduce the incidence of HIV infection among key populations, including IDUs, with high or increasing rates of infection or at the highest risk of new infection;
- By 2005 to expand access to “condoms and sterile injecting equipment” and ensuring the availability of “harm reduction efforts related to drug use”.

Partnerships

Let me conclude with an important issue - the importance of partnerships in moving this agenda forward. The areas that we are dealing with are complex and coordination and multiple partnerships are essential. This meeting provides a good

forum for forging such partnerships as it brings together civil society from various sectors; bilateral donors; international NGOs; UN partners and community based organisations dealing with issues of IDUs and prisoners. UNAIDS considers itself privileged to co-host this Satellite, and to support it technically and financially. The UNAIDS Secretariat, and all our Co-sponsors, are committed to moving forward the recommendations and outcomes of this Satellite.

Thank you.