



Joint United Nations Programme on HIV/AIDS

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UNAIDS Global Reference Group on HIV/AIDS and Human Rights

Second Meeting, August 25–27, 2003, Geneva

Public Report

Status: final

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I. Introduction

The Joint United Nations Program on HIV/AIDS (UNAIDS) has established a Global Reference Group on HIV/AIDS and Human Rights (Reference Group). This technical group serves as an independent advisory body to UNAIDS, including the Secretariat and Cosponsors and other organizations involved in policy, advocacy, program development, implementation, monitoring, evaluation, research and training related to a rights-based approach to HIV/AIDS. The work of the Reference Group covers a wide range of topics including, but not limited to the following:

- Stocktaking of standards and approaches to integrating human rights in the response to HIV/AIDS leading to a common methodology for analysis and terminology.
- The development of rights-based indicators, including those to monitor HIV/AIDS risk, vulnerability and impact reduction.
- The development of human rights and legal guidelines and methods to support countries in the design of national AIDS strategies, policies, and legislation.
- The development of a strategic approach for integration of HIV/AIDS-related issues in UN human rights treaty bodies, charter-based bodies and other human rights mechanisms.

The second meeting of the UNAIDS Reference Group on HIV/AIDS and Human Rights was held in Geneva on 25-27 August 2003, with the primary focus of the meeting being to address HIV testing and counseling in light of recent developments around this topic. Sessions were also held to assess the potential role of UNAIDS and the Reference Group in addressing various relevant issues. These topics included care and treatment, sex work, vaccine trials, sexuality and reproductive rights, the rising rates of infection, the work of the Special Rapporteur on the Right to Health, as well as indicator development and support.

The discussions and recommendations of the meeting are summarized in the following sections of the report. Please also see the Issue Papers and Supporting Documents¹ prepared prior to the meeting for each session.

II. Opening Remarks

The second meeting of the Reference Group was opened by the Executive Director of UNAIDS, Dr. Peter Piot. He began by expressing everyone's deep sense of loss and sadness at the terrorist bombing that took place at the UN offices in Iraq and took the lives of UN personnel, including Special Envoy to Iraq Sergio Vieira De Mello. The meeting paused for a moment of silence to remember those lost. Dr. Piot then began his remarks by expressing to members the important role of the Reference Group in filling a niche not covered by other expert groups and committees. He described in detail the role of the group as he envisions it and gave an overview of the current context of the HIV/AIDS epidemic that now requires new effective strategies by all the stakeholders involved.

¹ Available at http://www.unaids.org/en/in+focus/hiv_aids_human_rights/reference+group.asp

He emphasized that the role of the group is not political; rather the group is primarily an advisory body providing substantive input on integrating human rights into all HIV/AIDS efforts by UNAIDS and its cosponsors.

The context of the HIV/AIDS epidemic has dramatically changed in the last few years. Most significantly, the resources available for HIV/AIDS efforts are now ten times what they used to be when UNAIDS came about in 1996, and there is an ever growing number of activists and organizations springing up to address all different angles of the epidemic. With these changes and based on UNAIDS' past experiences, upholding human rights norms and standards remains crucial. Attention to human rights and evidence of effectiveness are key to responding to the range of new solutions being put forth to address HIV/AIDS, and this is true when considering HIV testing and counseling. It is particularly important that the Reference Group address the implications of scaling up HIV testing in this meeting and begin to come up with potential recommendations for UNAIDS.

III. HIV Testing and Counseling

Three sessions were held around HIV testing and counseling.

Current Debates on HIV Testing and Counseling

The first session overviewed the current debates on HIV testing and counseling.² Marika Fahlen, Director of Social Mobilization and Information at UNAIDS, opened the session by outlining recent developments and challenges to established HIV/AIDS policies generally and HIV testing in particular. She expressed the need for rights-based policies that can be translated to the national and provincial level. She noted that the first report on implementation of the Declaration of Commitment, to be released at the upcoming General Assembly session, will unfortunately conclude that human rights have not been adequately addressed by countries in their response to HIV/AIDS, particularly non-discrimination.

David Miller, from the Prevention Team of WHO's HIV/AIDS department, then presented current global initiatives to increase uptake of HIV testing and counseling and raised some key areas of concern. He pointed out that uptake of VCT requires the realistic training of counselors, adapting models to fit local context, and clearly communicating prevention messages. The WHO initiative to provide 3 million people with treatment by the year 2005, dubbed "3by5", will require an investment of 1.8 billion dollars annually for testing and counseling services, and in the next 28 months more people will have to be tested than all of those tested since VCT was first recognized as a strategy. WHO has begun to disseminate evidence through the "Right to Know: New Approaches to HIV Testing and Counseling" document that recognizes the need to scale up VCT services.

Miller then highlighted some of the problems in scaling up HIV testing. There is a lack of documentation of who is doing what and where—at both national and local levels. There is also a lack of global coordination of scale-up efforts, leading to confusion over processes and technologies. This evidence vacuum for how best to scale up HIV testing leaves those involved to "learn by doing." Increasing the focus on technologically based approaches, or "medicalization" of the issues, diminishes attention to factors such as gender implications, stigma and discrimination, legal and policy context, and the health care infrastructure.

² See Issue Paper titled "Current Debates on HIV Testing and Counseling."

Human Rights Implications of HIV Testing in Identified Purposes and Settings

The second session on HIV testing and counseling began with a presentation by a member that underscored the reasons why the standard VCT model has to be revisited now that the rationale for HIV testing has changed. The importance and appropriateness of bringing human rights into these debates was stressed, as well as the need to ensure that such discussions are central to current debates and that human rights are not sidelined. To begin to discuss the details of scaling up HIV testing requires attention to the purpose, practice, and implications of an HIV test within different contexts and settings, including clinical settings and MTCT services.³

Guidance for National Policies and for the Work of UNAIDS and its Partners

During this session, members discussed the variety of approaches to national level HIV testing policies throughout the world.⁴ The complexities of HIV testing are insufficiently dealt with in most places, and most do not yet fully take into account the growing challenges of HIV testing and counseling. In addition to structural barriers, the resources available, and whether care and treatment is available to a person with a positive test result, the group recognized that national level HIV testing policies must also be considered within the general legal and policy framework of the country, other relevant policy directives, and whether there is a system of redress that people know about and can access if they believe their rights are violated.

Discussions

As a result of the three sessions, members recognized that issues are raised by the provision of HIV testing both inside and outside of the government sector. It was noted that some current efforts to scale up HIV testing are suggesting that human rights have been an obstacle to addressing the HIV epidemics and that they are in fact a western concept that is not relevant to developing countries. The group agreed that a globally coordinated approach to testing and counseling is needed to ensure that human rights are central to current efforts. Responses have to be evidence-informed in order to adequately address attacks on rights-based policies. Evidence is needed to determine the conditions in which increasing uptake of voluntary testing and counseling will decrease stigma and discrimination. Participants agreed on the group's full support for the scaling up of HIV testing services, but relevant actors should be provided with rights-based guidance to successfully manage such an undertaking.

The purposes of HIV testing in specific settings was also signaled as requiring more information to identify how rights may be implicated in each context. The group agreed that a determination has to be made as to whether rights are being sufficiently protected based on: the perceived and actual health or social benefits of the chosen approach to HIV testing, the strength of the evidence on which the decision is made, and the implications of a chosen testing strategy for particular individuals or populations, in specified locations and at particular points in time.

Historically, due to the unavailability of effective treatment, a cost-effective response to the epidemic was understood to include VCT framed as a prevention strategy. In addressing the shift in testing strategies in light of new developments, members stressed the need to be cautious in changing policies without guarantee of the availability of treatment and care services.

³ See Issue Paper "Review of Human Rights Implications of HIV Testing in Identified Purposes and Settings."

⁴ See Issue Paper "Guidance for National Policies and for the Work of UNAIDS and its Partners."

Members repeatedly referred to the ambiguity in the language and terminology used to describe different testing strategies and stressed the need for clarifying the meaning of terms applied in the recommendations produced by the group. Members recognized that even if there is agreement that HIV testing must be “voluntary,” this may nonetheless be interpreted and implemented very differently unless there is a clear articulation of what is included within this term. In particular, the group noted any characterization of routine HIV testing should explicitly state whether the testing is “routinely offered” or “routinely imposed,” voluntary or mandatory. The language of “opt-in” and “opt-out” has also been used at times in relation to the provision of HIV testing within health service facilities, but it fails to clarify a number of things, including whether a person must explicitly request an HIV test in order to opt in or explicitly refuse an HIV test in order to opt out. The responsibility of the provider to ensure both the voluntary nature of the test and the occurrence of informed decision-making in relation to HIV testing must be clear.

Recommendations to the Ongoing Work of UNAIDS

- Continue to uphold that HIV testing for diagnostic purposes should be associated with counseling, should be voluntary and confidential, and should be given increased attention in the context of enhanced care, prevention and social support.
- Ensure that any statements or materials produced by the Secretariat in relation to scaling up testing include attention to the human rights based preconditions necessary for this to occur. While attention to human rights norms and standards form the basis for these recommendations, this need not be articulated as such every time.
- Ensure that the language of human rights is not used rhetorically in any materials produced, but that relevant human rights norms and standards are concretely identified each time.
- Ensure that any references to scaling up testing include a focus on rights-based issues including the voluntariness of the test and related accessibility of any services that follow.
- Ensure that any discussion of scaling up testing includes attention to the need for care and treatment to be available with explicit attention to the impact on vulnerable groups.
- Ensure that any use of the words “routine testing” includes explicit attention to the ambiguity and complexities hidden within this terminology and that any characterization of HIV testing by UNAIDS explicitly state whether the testing is voluntary or mandatory, “routinely offered” or “routinely imposed.”
- Ensure that any discussion of scaling up testing raises attention to the different settings and locations where testing occurs and the differences among these settings in relation to the purpose of the test, who seeks testing, the testing process itself and what is done with the results of the test.
- Ensure that any discussion of scaling up testing is linked to discussions of scaling up treatment and notes that several key factors must be addressed in an integrated fashion including: testing and counseling, availability of drugs, stigma and discrimination reduction efforts, political will, healthcare infrastructure and provider training.

IV. UNAIDS Strategic Objectives and Key Results

Miriam Maluwa, UNAIDS Law and Human Rights Adviser presented UNAIDS' strategic human rights objectives for the future.⁵ She noted that UNAIDS has adopted multi-prong and inter-related strategies to address HIV/AIDS related human rights issues. UNAIDS has advanced rights based strategies through: i) mainstreaming HIV/AIDS into human rights mechanisms and, ii) mainstreaming human rights into national HIV/AIDS policies and programs. The major focus of work has been to increase support at the national level, in particular the principle of non-discrimination in national AIDS policies and operational strategies, legislative frameworks and regulations, and national human rights institutions.

There was agreement by members that UNAIDS and cosponsors have succeeded in integrating human rights at a more political level and steady progress has been made in ensuring rights are integrated at the programmatic level. A recommendation was made that future work could focus on creating models that are operational at all levels.

V. Current and Emerging Issues: Potential Role of the Reference Group

Sessions were held on substantive topics to identify the human rights implications of the issues raised and potential approaches to address these issues. To aid in discussion and serve as background information, Issue Papers were distributed for each session prior to the meeting.

Care and Treatment

A presentation⁶ by a member focused on the value of the new global commitment to treatment for those involved in care, but raised several concerns that position access to care and treatment as emblematic of the global human rights challenges related to HIV/AIDS. These include: ongoing under-funding of treatment programs and initiatives with a related lack of focus on underserved populations; stigma and discrimination as it impacts on people's willingness to come forward for treatment as well as for sustained access; insufficient linkages to HIV testing and counseling; and uncoordinated efforts between stakeholders. Three issues were highlighted:

- although great strides have been made to provide treatment, in reality there are still very few people that have access;
- international guidelines, particularly Revised Guideline 6 of the *UNAIDS Guidelines on HIV/AIDS and Human Rights*, can bring attention to the human rights implications of scaling up treatment efforts and organizations such as UNAIDS and OHCHR must work together to further the dissemination of Guideline 6; and
- in the face of new developments, UNAIDS has an important role to play in ensuring human rights principles are respected in scaling up of treatment efforts.

⁵ See Issue Paper "UNAIDS Strategic Objectives and Key Results."

⁶ See Issue Paper "Current Rights-based Efforts on Care and Treatment: Potential Role of the Reference Group" and Supporting Document "Key Players in Global, National, and Regional Efforts around HIV/AIDS Care and Treatment"

The discussion that ensued raised several important points.

Members agreed that further promotion of Guideline 6 is important and can facilitate monitoring and help ensure government accountability. This can be done in a variety of ways, including by UNAIDS through their country briefings to treaty monitoring bodies.

Another issue discussed was the cost and affordability of drugs. Some members noted that even as the affordability of drugs is becoming less of an issue, even in resource-poor settings where subsidized treatment is available, they are still out of reach for the majority of people. It was agreed that the sustainability of providing treatment in the long-term has to be addressed in setting forth guidelines for delivery of drugs, and that human rights concerns as they relate to adherence have to be considered.

Members noted the importance of ensuring clarity in the criteria being used for access as treatment programs are rolled out. There have been several frameworks proposed for determining access, ranging from clinical markers to a focus on the most vulnerable groups. It was agreed that the role of human rights in helping to prioritize issues should be viewed particularly in relation to the current WHO 3 by 5 initiative, and that it would be useful to track ongoing research on care and treatment through a human rights lens.

Recommendations to the Ongoing Work of UNAIDS

- Ensure that any discussion of scaling up treatment is linked to discussions of scaling up HIV testing and note that several key factors must be addressed in an integrated fashion including: testing and counseling, availability of drugs, stigma and discrimination reduction efforts, political will, healthcare infrastructure and provider training.
- Take a leading role in ensuring both rhetorically and operationally that human rights norms and standards are promoted and protected (and not ignored) in the current trend of scaling up treatment.
- Ensure increased attention to the dissemination and implementation of revised Guideline 6.
- Work closely with OHCHR to more effectively promote Guideline 6 at national level as well as in relation to its application as a monitoring tool for the accountability for governments through the treaty bodies and other human rights monitoring processes.
- Ensure attention to care and treatment data, including who is accessing and who is not, in briefings prepared for the human rights treaty bodies and other human rights monitoring processes.
- Determine if the tracking of successful research on care and treatment, and related production of lessons learned and best practices, is to include explicit attention as to how these efforts have promoted, protected, neglected or violated human rights in their execution.
- Determine if evidence is to be collected and disseminated on how the promotion of human rights has impacted on the cost of drugs and how, and if, human rights principles have been relevant to the ability of any country to overcome obstacles to securing essential drugs.

- Given increased attention to DOT and other efforts to support adherence to HIV drugs, and attention to drawing on lessons learned in relation to TB treatment, determine if research is to be considered which not only assesses the viability of applying the lessons learned to HIV treatment, but its effectiveness for compliance within a human rights framework.

Sex Work and HIV/AIDS

A presentation⁷ by a member drew attention to stigma and discrimination in the context of sex work specifically. The myth continues to be propagated that people in prostitution and sex work are “core transmitters” of the disease. In addition to the further marginalization and discrimination against sex workers that this myth creates, this may also result in increased rates of HIV among sex workers and may deny them access to health care services. Forcible detention, lack of access to redress mechanisms, and police corruption also result in women being violated, controlled and abused in situations where they are “trafficked” persons or “illegal” immigrants. While in many places repressive strategies encourage punitive action, these stem from the erroneous belief that the problem lies at the site where the trafficked persons find themselves, for instance prostitution, sex work, domestic labor, mail order marriages, etc. Any HIV/AIDS related framework of action must go beyond this to consider how trafficked persons are affected by the factors that contribute to their vulnerability. In addition, services to support sex workers should include: ensuring confidentiality in care services; peer education and training programs; and the involvement of social workers savvy to the issues for sex workers; support for building coalitions and alliances that advocate for social, political and legal changes; and interventions that place the human rights and dignity of vulnerable populations as their core value.

Discussion that ensued raised the following key points. There is a crying need for clarity on the relationship between HIV/AIDS, human rights and sex work and the best strategies to reduce HIV transmission while promoting and protecting the rights of sex workers. The distinctions between prostitution and sex trafficking are increasingly lost in current debates, as are their linkages to HIV/AIDS and the promotion and protection of human rights. As a result, these issues are not only increasingly ignored but also increasingly unclear. It remains the case that policy makers’ deeply held personal beliefs about sex work influence the ways in which legal, policy and programmatic responses to HIV/AIDS take the health and human rights of people engaged in sex work, whether or not they have been trafficked, into account. The Reference Group concluded that there is a compelling case for further reflection on the interaction between HIV, human rights, and sex work and their application to policy and program work (beyond simply a legal response). Finally, the group recognized that UNAIDS is already engaged in this topic area to some degree as reflected in the UNAIDS Technical Update “Sex Work and HIV/AIDS” and concluded that coordination of engagement around this topic would be useful.

Recommendations to the Ongoing Work of UNAIDS

- Ensure use of the term “sex work” and not “commercial sex work” as the language of reference from now on in any public statements or documents in relation to sex work or sex workers.

⁷ See Issue Paper “Sex Work and HIV/AIDS: Potential Role of the Reference Group” and Supporting Document “The Violence of Stigmatization.”

- Continue to work with governments (including donor governments) to discourage actions that undermine the human rights of sex workers and highlight the public health benefits of effective HIV/AIDS promotion, care and impact mitigation programs which engage people involved in sex work and in sex work settings.
- Update existing technical documents which contain information related to sex work or people engaged in sex work.

Human Rights and Ethical Perspectives on HIV Vaccine Trials

Jose Esparza, Coordinator of Research on Viral Vaccines at the WHO, made a presentation on current initiatives and barriers to expanding HIV vaccine trials.⁸ He began by providing a short history of HIV vaccine development stressing that an HIV vaccine is recognized as the best long-term solution to complement other interventions. However, the current global vaccine effort is insufficient and an effective vaccine is still years away. There are key ethical concerns related to the development of HIV vaccines, one of which is the level of care and treatment available to trial participants. Several potential actions to be taken by law and human rights experts in this area were presented, including dealing with issues of liability for any inadvertent infections, governance, and, once vaccines are developed, working to ensure access to all people in need.

Subsequently a member presented ethical perspectives as related to HIV vaccines trials.⁹ The main ethical issues and principles were outlined and the current international guidelines, including the CIOMS international guidelines, Declaration of Helsinki, and recommendations from the report of the Nuffield Council on Bioethics, "The Ethics of Research Related to Healthcare in Developing Countries", were discussed. The presentation ended with a suggestion of the human rights provisions that could be applicable to vaccine trials and raised the question as to whether linking ethical norms and human rights standards would prove useful to the standard of care debate.

Discussions ensued that raised several important points. It was agreed that introducing human rights to the ethical debate at the current time might undermine efforts by bioethics experts in that the ethical principles that apply to this work are still being refined. Discussions centered on if and how human rights norms and standards can be supportive to efforts by the ethics field to address HIV vaccine trials. Members agreed that this issue should continue to be monitored to assess whether it should be addressed in future meetings of the group.

Recommendations to the Ongoing Work of UNAIDS

- When discussing criteria for vaccine development, ensure sufficient consideration of national AIDS policies and the public health systems of the country where vaccine development research is being conducted.
- Provide continued support for the building of coalitions between those working on care and treatment, microbicides, and vaccines.

⁸ See powerpoint presentation "Current Initiatives and Responses"

⁹ See Issue Paper "Human Rights and Ethical Perspectives of HIV Vaccine Trials: Potential Role of the Reference Group."

Sexuality and Reproductive Health Rights

A presentation by a member highlighted the human rights implications of prevention programs which focus on abstinence, beginning with an overview of the history of sexual and reproductive health and rights leading up to the challenges now being faced. While long recognized as key components of a comprehensive HIV/AIDS prevention strategy, the ability to provide condoms and safer-sex education have been increasingly challenged in the past months. The global recognition of sexual and reproductive rights as human rights is facing enormous challenges, with particular ramifications to women's health and rights.

Discussions centered around the value of marshaling evidence to counter such attacks based on sound science. Members also agreed to work closely with the Special Rapporteur on the Right to Health to support his efforts on this front.

Rising Rates of Infection

A presentation¹⁰ by a member described how the steady declines in HIV infection rates that characterized Northern countries in the 1990s are now starting to move in the opposite direction, and with a worrying consistency. There is some evidence that the number of people engaging in safer sex or undergoing voluntary HIV testing has declined. Along with numerous purported reasons, there is also some evidence of changes of reporting practices of HIV diagnosis.

In the discussion that ensued members agreed that there is need for an ongoing strategy to reinforce the message that HIV/AIDS is still a global epidemic thus it continues to subsist even in places where treatment is available. Strategies should be found to collect evidence and demographic data, revitalize and adapt responses to evolving situations, and elaborate prevention strategies that better integrate human rights principles. Members stressed that any response and recommendations to governments and policy makers in this area must ensure recognition of the fact that everyone is vulnerable to HIV infection, and must not contribute to further marginalization and discrimination of certain populations.

Recommendations to the Ongoing Work of UNAIDS

- Ensure consistency in messages to draw attention to the fact that HIV/AIDS is a global epidemic and that resource rich countries should not reduce their prevention efforts.
- Ensure that messages concerning national level efforts to respond to the rising rates of HIV infection in marginalized communities within resource rich countries stress that they must be rights-based, not target vulnerable groups, and not increase stigma.
- The Reference Group fully supports the role of UNAIDS as articulated by the Executive Director in promoting prevention efforts in the face of the growing global focus on treatment. In this regard, the Group strongly encourages increasing attention to prevention and to ensuring that rights are not neglected in the prevention strategies in place in resource rich countries.
- In collecting national level HIV epidemiological data, resource rich countries need to be encouraged to collect data with a breakdown by age, race, gender,

¹⁰ See Issue Paper "Rising Rates of Infection? Human Rights Implications and the Potential Role of the Reference Group."

economic status and other relevant characteristics, to ensure sufficient resources and attention to the communities most affected.

- Ensure that the responses to HIV/AIDS in resource rich countries stress that they must be revitalized and adapted to ensure attention to the evolving dimensions of the epidemic, but with sufficient attention to human rights to avoid targeting and increasing stigma and discrimination within affected communities.

The Work of the Special Rapporteur on the Right to Health

The presentation by Paul Hunt, the Special Rapporteur on the Right to Health¹¹ outlined the linkages between the Special Rapporteur's mandate and the work of the Reference Group. The Special Rapporteur noted that it is within his mandate to address topical HIV/AIDS issues. He stressed that focusing on the accountability of all actors is key, including monitoring at the international level. Putting together tools and indicators for States and other actors will be part of his mandate, along with Right to Health impact assessments.

In his response to questions by members, the Special Rapporteur noted that his first objective is to promote the right to health as a fundamental right including assurance that social security systems recognize the health needs of people. He noted that sexual and reproductive health and rights feature prominently in his work. This is an area that he will continue to pursue by relying heavily on Cairo and Beijing, and he will be actively trying to secure funds to bring attention to this issue. He pointed to the fact that an important area that should be researched is introducing discussions on human rights around global goods (linked to intellectual property and research).

The Special Rapporteur is engaging with the WTO in an effort to encourage the integration of human rights into the WTO policy making process and to ensure consistency and coherence on human rights grounds with its policies. Members agreed to create an ongoing relationship with the Special Rapporteur and to cooperate on joint agendas.

Recommendations to the Ongoing Work of UNAIDS

- Continue to forge links, to the extent possible, with the work of the Special Rapporteur on the Right to Health.
- Provide technical support to his efforts in relation to HIV/AIDS to ensure technical accuracy and consistency in message and approach.

HIV/AIDS Indicators

Paul De Lay, Director of the Monitoring and Evaluation department, UNAIDS, described the indicators based on the Declaration of Commitment on HIV/AIDS and the process used to analyze feedback from governments.¹² It would be lucrative to work together on constructing several human rights indicators to include in the upcoming report for 2005.

A subsequent presentation by a member described a taxonomy for considering different categories of indicators which link HIV/AIDS and human rights: 1) indicators based on the Declaration of Commitment on HIV/AIDS from the United Nations

¹¹ See Issue Paper "Linkages with the Work of the Special Rapporteur on the Right to Health."

¹² See power point presentation

General Assembly Special Session (UNGASS) on HIV/AIDS; 2) indicators that focus on stigma and discrimination within the context of HIV/AIDS; 3) indicators used by human rights organizations and human rights bodies to examine the degree to which governments are respecting, protecting and fulfilling rights in the context of HIV; and 4) HIV programming indicators that are sensitive to human rights issues.¹³ The presenter expressed a need for clarity as to which types of indicators UNAIDS and the Reference Group would prioritize for engagement.

The discussion that ensued raised several key points. The Reference Group recognized this as a key area to contribute to the ongoing work of UNAIDS and that the group may be particularly helpful in determining measures for assessing implementation of the laws and policies in place, assessing the human rights sensitivity of how governments monitor and evaluate their HIV/AIDS programs, the discrimination which occurs at public health facilities, and implementation of the GIPA principle. The group also stressed the need for the human rights community to take an inward look to assess where human rights indicators have succeeded or failed in addressing HIV/AIDS.

Recommendations to the Ongoing work of UNAIDS

- Continue to ensure the integration of human rights norms, standards and concerns in all indicator work taken on or supported by the Secretariat, including and beyond the Declaration of Commitment.

VI. Future Directions and Next Steps

Marika Fahlen, in her closing remarks, summarized several significant issues and provided direction for the future work of the reference group.

- It is important to integrate human rights related norms and standards in efforts to provide guidance on how to implement programs effectively in resource-poor settings.
- This Reference Group should be more strongly linked with other reference groups so that work is streamlined.
- The Reference Group needs to consider issues raised by UNAIDS' partners and cosponsors and to consider how to institute more direct interactions with them in the group's future work.
- UNAIDS would benefit greatly from advice on how to train UNAIDS Country Coordinators and civil society on HIV/AIDS related human rights issues.
- It is important to stress a balance of prevention, care, treatment, and impact mitigation interventions to address HIV/AIDS.
- It is important to monitor and evaluate political commitment to the Declaration of Commitment.
- It may be useful to further discuss the relation between ethics and human rights.
- It will be important to further address sex work.

¹³ See Issue Paper "HIV/AIDS Indicators: Potential Role of the Reference Group."

VII. Date of Next Meeting

The next meeting will be held on 28-30 January 2004.