

Human rights and HIV/AIDS: where are we? and what next?

Issues related to HIV/AIDS and human rights received more attention at AIDS 2008 than ever before at an International AIDS Conference. Nevertheless, in this presentation at one of two sessions devoted to HIV and human rights, Ralf Jürgens warned that despite much rhetoric, real action on HIV/AIDS and human rights remains lacking. He suggested that much needed to change before human rights will be where they need to be — at the centre of the global AIDS struggle. And he proposed a number of concrete activities to get there.

Many of us are just coming from the first-ever International Rally for Human Rights at an International AIDS Conference. For the first time, there has been a Human Rights Networking Zone in the Conference's Global Village, packed with sessions on issues related to HIV and human rights. This session, entitled "Advancing Human Rights in the AIDS Response," promises to be very rich and interesting, focusing on issues ranging from the history of the declaration, *Human Rights and HIV/AIDS: Now More Than Ever*,¹ to efforts to promote women's rights through legislation. This conference has focused on stigma and discrimination and broader human rights issues to a greater extent than other International AIDS Conferences.

But the news is not all good. Human rights issues are not getting the attention they deserve. Without greater attention to human rights, we have no chance of ever reaching the goal of universal access to HIV prevention, treatment, care and support. Worse, some in the public health community continue attacking human rights for which we advocate, claiming that they create barriers to getting millions of people tested for HIV. They want to "normalize" and medicalize the response to HIV. I would like to ask them: How do you normalize HIV when, over 25 years since HIV first appeared, there is still not one member of a national parliament worldwide who has disclosed his or her HIV status?

When a large number of countries continue to refuse to introduce HIV prevention programs for marginalized communities whose human right to health and whose dignity is not recognized?

When many countries have laws that continue to prohibit one of the most effective HIV prevention measures for people who use opioids, namely substitution therapy with methadone or buprenorphine?

When many countries in Africa quickly pass ineffective HIV laws that, among other things, establish barriers to HIV education for minors, or criminalize HIV-positive mothers for creating a risk of HIV transmission to their newborns — but at the same time fail to pass legislation securing women's rights to property, inheritance and protection from violence, including marital rape, and thus fail to reduce women's vulnerability to HIV?

When in many countries people dying of AIDS do not even have access to adequate pain medication?

How do we normalize HIV and the response to it when even in my own country, Canada, 12 years after antiretroviral therapy has become widely available, stigma and discrimination against people living with HIV remain endemic?

Only two months ago, the departure of an airplane from an airport in a city in Atlantic Canada was delayed for many hours because one of the members of the ground crew recognized one of the passengers, an HIV positive person who was engaged in community outreach work, and thought it was necessary to provide all airport workers with protective equipment and to disinfect all surfaces the HIV-positive person could have touched?

I could provide many more examples, from all corners of the world, of how HIV continues to receive exceptionally bad and inadequate responses. The human rights advocates who are being attacked by some members of the public health community are the same people who have fought hard for HIV treatment as a human right in resource-poor countries, and are fighting hard for universal access. We are fighting for access to evidence-based prevention measures that governments continue to deny

people. And we are also fighting for vastly increased access to HIV testing and counselling — but not for testing for the sake of testing, but for testing and counselling as an entry point to treatment and prevention, and with adequate protection against stigma, discrimination and violence for those testing positive.

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Next steps

So where do we need to go from here? At this conference, the Human Rights Networking Zone was inaccessible to a majority of conference participants, as were most other activities in the conference's Global Village, located far away from the conference centre in a tent on the field outside the centre.

Let us not tolerate this type of separation of science and community at this conference, ever again!

The two human rights sessions within the main conference program both take place on the last full day of the conference, while these issues should have received attention throughout the conference.

Edwin Cameron will give the only plenary presentation addressing human rights issues (published elsewhere in this section) at the very end, on Friday morning, when many delegates will have left the conference.

In Vienna, at AIDS 2010, human rights must be a central theme of the conference, with a human rights plenary presentation early on in the conference, and an update on human rights responses to HIV (or the lack thereof) provided as part of the series of presentations on the state of the epidemic that are traditionally given on the first day of the conference.

Rather than discouraging dialogue and separating science from human rights, we need to encourage more dialogue at this conference and elsewhere between the public health community and human rights activists, recognizing that the protection of human rights is the way to protect the public's health.

But we, as human rights activists, also have a lot more work to do.

We will continue to disseminate the declaration, *Human Rights and HIV/AIDS: Now More Than Ever*, which has been endorsed by over 600 organization in over 100 countries.

We will translate it into additional languages,² continue the endorsement campaign with a goal of having at least 1000 organizational endorsements by December 2009, and will undertake activities with the organizations that have endorsed the declaration, at country and regional level, to promote a rights-based approach to HIV.

As we do this, we will have to be clear that human rights are not an abstract concept or a barrier to public health approaches; but rather that concrete, practical, evaluated and cost-effective human rights programs are needed as part of national strategic HIV plans. Key components we need to advocate for include:

- education on rights for key professionals, including health careworkers, police, prosecutors and the judiciary;
- “know your rights” campaigns for persons living with HIV and members of marginalized communities who are most at risk of HIV;
- legal audits and law reform, if necessary, to ensure that, instead of the ineffective, superfluous HIV/AIDS laws being adopted in an increasing number of countries, all legislative barriers to evidence-based HIV prevention and HIV treatment, care and support are eliminated;³
- vastly scaled-up, multi-year stigma reduction and anti-discrimination campaigns; and
- legal or paralegal services for persons living with HIV and members of most-at-risk communities, integrated into existing health services or at least linked to them.

Let us speak loudly and clearly about

the need to ensure that human rights are where they need to be, together with efforts to strengthen health systems and other fundamental components of the response to HIV – at the centre of the global AIDS struggle.

– Ralf Jürgens

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Human rights remain marginalized

Those of us who advocate for greater attention to human rights in the HIV response can offer many reasons why, twenty-five plus years into the AIDS epidemic, human rights still remains a marginal element of global HIV efforts.

Human rights raises issues that are taboo and controversial and that politicians would just as soon not touch — issues such as sex between men, sex work and injection drug use. Human rights require people to give up power — whether it is the power of a police officer over a sex worker, the power of an African man over his wife, the power of a prison guard over a drug user, and so on.

Human rights are perceived by many in the public health community as conflicting with public health, whether it's the debate over HIV testing and counselling, criminalization of HIV transmission, or restrictions on travel for HIV positive people.

Human rights are under assault by dictators and tyrants from Africa to Asia to other parts of the world. In this context, it is not easy to advance the importance of human rights in the global AIDS response.

Part of the responsibility for this must lie on human rights activists ourselves, because we have largely failed to explain in clear, simple, declaratory language — and not just in English, but in many languages — why human rights must occupy the centre of the global AIDS response. And that is the genesis of the *Human Rights and HIV/AIDS: Now More Than Ever* declaration.

– Jonathan Cohen

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