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**SPECIFIC GROUPS AND INDIVIDUALS:
OTHER VULNERABLE GROUPS AND INDIVIDUALS**

**The protection of human rights in the context of human immunodeficiency virus (HIV)
and acquired immune deficiency syndrome (AIDS)**

Report of the Secretary-General*

* In accordance with General Assembly resolution 53/208B, paragraph 8, this document is submitted late so as to include the most up-to-date information possible.

Executive summary

The HIV/AIDS epidemic needs to be addressed through a broad range of efforts, including human rights strategies. People living with and affected by HIV/AIDS are often stigmatized and discriminated against in law, policy and practice. Stigma and discrimination tend to isolate those in need and prevent them from accessing care, treatment and support. This worsens the impact of the disease on those directly affected and increases the vulnerability of others to HIV infection.

Human rights provide a legal and ethical framework for addressing the social and development impact of HIV/AIDS, as well as introducing accountability under international law for the actions or inactions of duty-bearers. The *International Guidelines on HIV/AIDS and Human Rights* provide guidance on the integration of human rights into the HIV/AIDS response at all levels.

In its resolution 2001/51, the Commission on Human Rights recognized the need for intensified efforts to ensure universal respect for and observance of human rights and fundamental freedoms for all so as to reduce vulnerability to HIV/AIDS and to prevent HIV/AIDS-related discrimination and stigmatization. The present report provides an overview of action taken by Governments, specialized agencies, international and non-governmental organizations, and national human rights institutions on the implementation of the *Guidelines*.

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I. INTRODUCTION

1. In its resolution 2001/51, the Commission on Human Rights recognized the need for intensified efforts to ensure universal respect for and observance of human rights and fundamental freedoms for all so as to reduce vulnerability to HIV/AIDS and to prevent HIV/AIDS-related discrimination and stigmatization. The Commission requested the Secretary-General to seek the views of Governments and intergovernmental and non-governmental organizations (NGOs) on the steps they have taken to promote and implement, where appropriate, the resolution. Information was received from the Governments of Canada, Denmark, Finland, Jamaica, the Netherlands, Nicaragua, Tunisia and the United Kingdom. Contributions were received from the International Labour Organization (ILO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Office of the High Commissioner for Human Rights (OHCHR), the United Nations Population Fund (UNFPA), the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and the World Health Organization (WHO). The Human Rights Ombudsman of Bosnia and Herzegovina, the Fiji Human Rights Commission, the National Human Rights Commission of Mexico and the New Zealand Human Rights Commission also provided relevant information. Contributions were received from the following NGOs: AIDS Information Switzerland, Canadian HIV/AIDS Legal Network, the Conference of Non-Governmental Organizations in Consultative Relationship with the United Nations (CONGO) and the International Council of Nurses. The present report summarizes replies received from States, intergovernmental and non-governmental organizations, and national human rights institutions. Full texts of the replies are available for consultation with the secretariat.

II. CONTRIBUTIONS FROM STATES

2. The Government of Canada reported on the Canadian Strategy on HIV/AIDS (CSHA), a national strategy based on policy directions including enhanced sustainability and integration, increased focus on those most at risk and increased public accountability. The goals of CSHA are to prevent the spread of HIV infection in Canada; find a cure; find and provide effective vaccines, drugs and therapies; ensure care, treatment and support for Canadians living with HIV/AIDS, their families, friends and caregivers; minimize the adverse impact of HIV/AIDS on individuals and communities; and minimize the impact of social and economic factors that increase individual and collective risk for HIV. The Government reported that, to achieve these objectives, it dedicates CAN\$ 42.2 million annually for programmes for prevention, care, treatment and support; community development and support to NGOs; research; surveillance; legal, ethical and human rights issues; aboriginal communities; international collaboration; correctional services; and consultation, evaluation, monitoring and reporting. A number of committees have been established to provide CSHA with strategic advice and policy direction, such as the National Aboriginal Council on HIV/AIDS.

3. CSHA initiatives undertaken at federal level include expanding the national research agenda to address existing and emerging at-risk and vulnerable populations, and the establishment of community and national funding programmes to ensure a strong community-based infrastructure to respond to HIV/AIDS in Canada. The Government also reported on its support for NGOs and AIDS service organizations such as the Canadian

HIV/AIDS Clearinghouse, the Canadian HIV/AIDS Legal Network and the Canadian HIV/AIDS Treatment Information Exchange; the development of professional expertise on HIV/AIDS through the Canadian HIV/AIDS Mentorship Programme for physicians; and efforts to build Canada's capacity for community-based HIV/AIDS research.

4. With regard to international cooperation, the Government expressed its support for the human rights provisions of the General Assembly Declaration of Commitment on HIV/AIDS. It underscored its commitment to strengthening information-sharing with other countries and international organizations, participating in international forums and influencing the global response to HIV/AIDS, providing funding and technical assistance support for projects overseas, and supporting multilateral organizations, NGOs and public-private partnerships. The Government provided details on its efforts at the international level, including support for the HIV/AIDS-related resolutions adopted by the Commission on Human Rights; support for NGOs and AIDS service organizations; and participation in the World AIDS Campaign against stigma and discrimination. The Government reported that the Canadian International Development Agency, in collaboration with the Canadian HIV/AIDS Legal Network, is in the process of developing programme guidelines on a rights-based approach to HIV/AIDS and development.

5. The Government of Denmark reported that Danish policy on the prevention of diseases, including HIV/AIDS, is founded on the principle of non-discrimination. Information provided by the Government on access to treatment in the context of HIV/AIDS is reflected in the report of the Secretary-General on access to medication (E/CN.4/2003/48).

6. The Government of Finland noted that ensuring equal access to health care and services, including sexual and reproductive health, is vital to HIV/AIDS prevention and that treatment is provided free of charge. The Government has developed a national HIV/AIDS strategy which underlines the importance of supporting people living with HIV/AIDS as full members of society and of reducing vulnerability. The Government supports and relies upon NGOs and patient organizations as experts on issues related to HIV/AIDS.

7. The Government of Jamaica reported on the adoption of a National Strategic Plan on HIV/AIDS for 2002-2006, which outlines a comprehensive national response across all sectors and seeks to ensure that the implementation of programmes and policies advance the human rights of people living with HIV/AIDS and vulnerable groups. Priorities of the Strategic Plan include a focus on policy, advocacy, legal and human rights; integrated and multisectoral response; prevention, care, treatment and support; and monitoring, surveillance and evaluation. An Inter-Ministerial Working Group on HIV/AIDS has been established to ensure an integrated effort in planning and monitoring HIV/AIDS activities across ministerial and sectoral lines.

8. In February 2002, in collaboration with the United Nations system, NGOs and the private sector, the Government developed a strategy to accelerate and expand access to comprehensive care and support for people living with HIV/AIDS in Jamaica. The strategy seeks to build capacity at all levels for three key areas: improved comprehensive HIV/AIDS care; increased access to anti-retroviral medication; and strengthened advocacy and resource mobilization efforts that will ensure universal access to anti-retroviral medication. With funding from the World Bank, the Government has planned for five years of activities related to prevention, care,

treatment and support for vulnerable populations. A comprehensive review of existing criminal, public health, anti-discrimination and other legislation related to HIV/AIDS was carried out in 2001, revealing a need for stronger public policy and legislation to address these issues. Information provided by the Government on access to treatment in the context of HIV/AIDS is reflected in the report of the Secretary-General on access to medication.

9. The Government of the Netherlands submitted a detailed report with information on a proposed development policy on HIV/AIDS for 2002-2004, which seeks to prevent the spread of HIV/AIDS and mitigate its impact on individuals, families, communities and national development. The policy is based on development principles including good governance, institutional development, participation, ownership by recipient countries and the integration of gender issues. The Government has identified priority activities and has developed a set of strategic guidelines for the achievement of these objectives.

10. The Government of Nicaragua reported on the development of education, training and media programmes to combat discrimination in the context of HIV/AIDS, in particular for health personnel, support staff, people living with HIV/AIDS, young people, men who have sex with men and commercial sex workers. The Government reported that it supports human rights bodies in publicizing and securing respect for human rights in the context of HIV/AIDS through the Nicaraguan AIDS Commission (CONISIDA) and the National Human Rights Commission. The Government provided detailed information on the issue of access to treatment in the context of HIV/AIDS, as reflected in the report of the Secretary-General on access to medication.

11. The Government of Tunisia reported on its efforts to ensure universal respect for human rights and fundamental freedoms in the context of HIV/AIDS, to reduce vulnerability to HIV/AIDS and to prevent discrimination against or stigmatization of those affected. The Government has focused its efforts on increasing prevention activities and implementing its medium-term strategic plan by strengthening partnerships and raising awareness. Key achievements to date include the assurance of safe blood transfusion countrywide; the implementation of reproductive health training in schools; mass communication initiatives; efforts to ensure the availability of means for preventing HIV transmission; and the development of partnerships between the Government and NGOs with a view to offering psychosocial counselling for vulnerable persons and people living with and affected by HIV/AIDS. Information provided by the Government on access to treatment in the context of HIV/AIDS is reflected in the report of the Secretary-General on access to medication.

12. The Government of the United Kingdom provided detailed information on steps taken by the Department of Health (DOH), the Home Office, Prison Services (PS) and the Department for International Development (DFID), in line with the *International Guidelines on HIV/AIDS and Human Rights*. In 2001 a national strategy for sexual health and HIV/AIDS was developed through a consultative process, with input from people living with HIV/AIDS and volunteer organizations. Implementation of the strategy will be led by a multidisciplinary Independent Advisory Group. A Working Group on Access to Medicines was set up in July 2001 to improve access to medicine by encouraging appropriate donations, facilitating differential pricing, and increasing research and development into medicines and vaccines for diseases prevalent in developing countries, including HIV/AIDS. DOH supports information and assistance programmes for people living with HIV/AIDS; work with targeted groups, including women,

children and minorities; and initiatives to address prejudice and stigma. The National Strategy for Sexual Health and HIV Implementation Action Plan focuses on fighting HIV-related stigma and discrimination, including through support to the National AIDS Trust's "Are you HIV prejudiced?" campaign; the development of a detailed action plan in partnership with other government departments; and the issuing of guidelines to sexual health commissioners on practical ways of tackling stigma.

13. The Government reported on initiatives at the national level, including the development, by the Chief Medical Officer, of a strategy for combating infectious diseases. The Association of Chief Police Officers Joint Working Group on Organizational Health, Safety and Welfare is addressing the risks of HIV infection for police officers with a view to issuing guidance for the police service. PS has developed a strategy for the prevention of communicable diseases which covers training, education, prevention, risk reduction and harm minimization. Facilities are provided for prisoners who are HIV-positive, including pre- and post-test counselling services, psychosocial support, clinical monitoring and treatment.

14. With respect to international cooperation, DFIDs new HIV/AIDS strategy is based on the recognition that rights are inextricably linked to vulnerability, that a human rights approach is central to the Government's approach to development, and that people should be empowered to make decisions that affect their lives. The strategy focuses on promoting the participation of civil society organizations and stakeholders who are involved as patients or caregivers. It supports an inclusive approach that ensures the access of women, men, girls and boys to preventive, diagnostic and treatment services and information without discrimination. The strategy also focuses on the obligation of Governments, civil society and other duty-bearers to provide appropriate services and create an environment that respects human rights of all people, including marginalized and vulnerable groups.

III. CONTRIBUTIONS FROM UNITED NATIONS BODIES

A. ILO

15. ILO stressed the fact that HIV/AIDS is a workplace issue because it threatens the fundamental rights of workers, undermines incomes and livelihoods and reduces productivity and profitability. At the same time, the workplace has a role to play in the struggle to limit the spread and impact of the epidemic. A human rights framework for national HIV/AIDS policies and programmes therefore includes legal standards such as those related to equality of opportunity and treatment in employment, occupational safety and health, social protection, labour inspection and the worst forms of child labour. The ILO code of practice on HIV/AIDS and the world of work provides guidelines for the development of concrete responses to HIV/AIDS at enterprise, community and national levels in the areas of prevention, management and mitigation of the impact of HIV/AIDS on the world of work, care and support of workers living with HIV/AIDS, and the elimination of stigma and discrimination based on real or perceived HIV status. The code is based on fundamental principles such as non-discrimination in employment and occupation; the banning of HIV screening for employment purposes; continuation of the employment relationship; confidentiality; gender equality; and care and support. The code is intended to be used in the development of national strategic plans, translated into workplace policies and incorporated into labour legislation. Advisory services are

available to Governments and employers' and workers' organizations in order to support the implementation of the code. Research into the socio-economic and labour impact of the epidemic is ongoing, as are efforts to strengthen the capacity of the tripartite constituents of ILO to contribute to national efforts against HIV/AIDS. In order to ensure that the principles set out in the code apply equally to ILO staff members, the International Labour Office also has developed a policy on HIV/AIDS for ILO staff.

B. OHCHR

16. OHCHR is committed to raising awareness of the human rights dimensions of the epidemic through global and regional advocacy, strengthening the capacity of the United Nations human rights mechanisms to address HIV/AIDS, and supporting capacity at the national level. To achieve these objectives, OHCHR supports the work of the United Nations treaty bodies and special mechanisms in the integration of HIV/AIDS issues. These mechanisms, through their consideration of States' reports, concluding observations and recommendations, and general comments, provide States with direction and assistance in the implementation of HIV-related rights. OHCHR and UNAIDS provide regular joint briefings to the United Nations treaty bodies, with information on the background and status of the epidemic in priority countries; analysis of the links between HIV/AIDS and the core international human rights treaties; and identification of particular issues of concern. Support is provided towards the development by the treaty bodies of interpretive texts on HIV/AIDS and related issues such as the draft General Comment on HIV/AIDS and the rights of the child. OHCHR also supports the work of the special procedures of the Commission on Human Rights - in particular the special rapporteurs and independent experts with mandates related to children, violence against women, the right to education, the right to food, freedom of expression and the right to health - in addressing HIV/AIDS in the context of their respective mandates.

17. OHCHR has undertaken several activities to combat stigma and discrimination associated with HIV/AIDS, in particular in the context of the follow-up to the Durban Declaration and Programme of Action (DDPOA). OHCHR organized, in cooperation with the United Nations Office in Nairobi, a regional seminar of experts for the African region in September 2002, which brought together experts and observer representatives from African States and other organizations to discuss topics such as development, poverty, health and HIV/AIDS. The seminar concluded with a series of recommendations to African States on how they might practically move forward to implement the provisions of DDPOA, including a focus on the need to address inequalities as underlying determinants of health and, in particular, HIV/AIDS. The recommendations encourage States to set up programmes that address inequalities and their resulting conditions such as lack of access to primary health care.

18. In 2003 OHCHR will work closely with UNAIDS to promote the further understanding and implementation of human rights in the context of HIV/AIDS, including by effective dissemination of the joint UNAIDS/OHCHR *International Guidelines on HIV/AIDS and Human Rights*, and revised guideline 6 on Access to prevention, treatment, care and support. Priorities include strengthening collaboration between the OHCHR field offices and UNAIDS Country Programme Advisers, and the United Nations Theme Group on HIV/AIDS; strengthening focus

on HIV/AIDS-related human rights issues within mandates and activities of national human rights institutions, including by developing training materials; supporting special rapporteurs and independent experts in their endeavours to address HIV/AIDS-related human rights; and gathering practical case studies that highlight how HIV/AIDS-related human rights can be addressed at the national level.

C. UNFPA

19. UNFPA emphasized the fact that a lack of respect for women's reproductive rights can be significant deterrents to HIV prevention. UNFPA stressed that all programmes should ensure the application and mainstreaming of relevant international human rights instruments, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), as well as the International Guidelines on HIV/AIDS and Human Rights. Rights to confidentiality, voluntary and informed choice, information on the full range of options available, and to non-discrimination based on age, gender, marital, racial, HIV or other status should be emphasized as critical elements of effective prevention for both women and men. UNFPA reported on its strategic programming framework, which focuses on preventing HIV infection among young people; condom programming; and preventing HIV infection among pregnant women. Activities are carried out in emergency and conflict situations; maternal health; family planning; sexually transmitted infections (STIs) and other reproductive health service delivery settings; and informal settings to reach high-risk groups.

20. UNFPA provided information on country-level initiatives including: a "partners for health" project for youth in Namibia; advocacy seminars involving teachers and administrators in China; the development of an interactive computer game for children in Estonia; counselling for university students in India; condom programming and distribution in countries, including Sierra Leone and Albania; prevention efforts for pregnant women in the Dominican Republic; and a variety of regional partnership initiatives, including the African Youth Alliance; the European Commission/UNFPA Initiative for Reproductive Health in 7 countries of South and East Asia; and Meeting the Development and Participation Rights of Adolescent Girls, an interregional project in 12 countries.

D. UNRWA

21. UNRWA reported on its commitment to ensuring respect for the human rights of people living with and affected by HIV/AIDS, and noted that its efforts will focus on reducing stigma and discrimination against those affected as part of the World AIDS Campaign 2002-2003. The Campaign will be implemented throughout all refugee communities, in coordination with local authorities. UNRWA reported that its HIV/AIDS prevention and control programme is coordinated with the National AIDS Programmes (NAPs) of host countries and the refugee civil society. Prevention activities include the adoption of a policy consistent with the system policy on HIV/AIDS for United Nations employees and families; provision of voluntary testing and counselling in coordination with NAPs; the provision of condoms through the Agency's family planning programme; implementation of a multidisciplinary health educational programme targeting schoolchildren and adolescents; and implementation of infection control procedures in all health centres and the UNRWA-run hospital in the West Bank city of Qalqilia. UNRWA provides for the management of opportunistic infections. Anti-retroviral therapy is provided by

NAPs of the host countries and by the Palestinian National Authority. UNRWA is currently exploring means for the provision of anti-retroviral therapy to people living with HIV/AIDS who are refugees; however the high cost of such treatment remains a key obstacle in this regard. Psychosocial support for people living with HIV/AIDS and their families is coordinated by health and social services divisions within and outside refugee camps.

E. WHO

22. WHO reported on its efforts related to human rights in the context of HIV/AIDS, in particular in relation to access to prevention and treatment. WHO is working to substantially increase access to essential HIV and AIDS medicines and medical technologies in developing countries, particularly in the least developed countries and in Africa, through advocacy, normative standard setting, technical support, and sharing knowledge, experiences and achievements. Detailed information on WHO initiatives in relation to access to treatment is reflected in the report of the Secretary-General on access to medication.

23. WHO's *Global Health Sector Strategy on HIV/AIDS and Sexually Transmitted Infections* provides a practical framework for countries to use when assessing the adequacy of national health sector response. The goals of the Strategy are to prevent transmission of HIV and STIs, reduce morbidity and mortality related to HIV/AIDS and STIs, and minimize the personal and societal impact of HIV and STIs. The Strategy calls for the establishment of legal and policy frameworks necessary to ensure non-discriminatory community and public sector responses, and to establish training for health-care providers to assist them in counteracting stigma and discrimination, including in their own workplaces. Other initiatives to combat stigma and discrimination are undertaken in the context of WHO's contribution to the World AIDS Campaign 2002-2003, including publication of a cartoon on HIV/AIDS and human rights for children and a resource paper on HIV/AIDS-related stigma and discrimination in the health sector.

24. A specific strategy has been developed to enable Governments to focus WHO assistance to countries on meeting the global goals of reducing the prevalence of HIV among young people by 25 per cent and ensuring that 90 per cent of young people have access to the information, skills and services needed to reduce their vulnerability to HIV by the year 2005. This focus relates to three priority areas of national responses to HIV/AIDS and young people: surveillance and monitoring: HIV, STIs, substance use and violence; services and supplies: condoms, diagnosis and treatment of STIs, voluntary testing and counselling and care; and a supportive evidence-based environment for policies and programmes. WHO has also supported action research projects aimed at enabling adolescents to obtain more easily the health services they need.

25. WHO and UNAIDS established the African AIDS Vaccine Programme to facilitate vaccine trials in African countries, including a programme on ethics, law and human rights. In strengthening surveillance systems that measure epidemiological and behavioural trends at country level, significant support is being given to monitoring and evaluating the effectiveness of programmes and key interventions, which can be used to reveal inequities in distribution. Targeted interventions deliver HIV/AIDS prevention and care to people who are more

vulnerable to HIV infection and/or are in situations in which the potential for HIV transmission is either especially high or may pose particular problems to service delivery. WHO has initiated a comprehensive programme of work in this area, with an initial focus on young people, injecting drug users, sex workers and their clients, and men who have sex with men.

IV. NATIONAL HUMAN RIGHTS INSTITUTIONS

26. The Human Rights Ombudsman of Bosnia and Herzegovina reported that while HIV/AIDS prevention, support and treatment are generally available in Bosnia and Herzegovina, a lack of available resources prevents those affected from receiving complete medical protection. The human rights of people living with HIV/AIDS are protected by general legislation with regard to non-discrimination, security of the person, freedom of movement, freedom of thought and conscience, freedom of religion, freedom of the media, the right to privacy, the right to freedom of association, the rights of minorities, and other related rights. The Republic of Srpska also has enacted a Law on the Protection of Citizens from Infectious Diseases. According to the Institute for Public Health Care, a total of 20 cases of HIV/AIDS have been registered in Bosnia and Herzegovina as of 4 November 2002. Although no specialized institutions are available for the treatment of HIV/AIDS, those affected are treated through the Department for Infectious Diseases at clinical centres in Mostar, Sarajevo and Tuzla. Prevention initiatives include health education and information.

27. The Fiji Human Rights Commission reported on a recent debate over a proposal to introduce compulsory HIV/AIDS testing in Fiji. The Commission issued a press statement urging that HIV/AIDS testing policies take account of international human rights law and practice, and stressing that mandatory testing has been discredited as a strategy in human rights and public health terms. The Commission cited UNAIDS and WHO policy to support its position and noted that the Council of Europe and the Canadian Advisory Committee on AIDS also have adopted clear policy positions against mandatory HIV/AIDS testing. The Commission suggested that resources be used instead towards sound prevention strategies based on the promotion and protection of human rights.

28. The National Human Rights Commission of Mexico underscored the fact that no human condition may justify an infringement on the enjoyment of human rights. The Commission reported that it gives priority to issues reflected in the Official Rule on the Prevention and Control of HIV/AIDS, including the provision of information on prevention, protection, care and treatment of HIV/AIDS. The Commission addresses issues related to access to treatment and care for people affected by HIV/AIDS; training of medical staff on HIV/AIDS; access to psychotherapeutic assistance; and prevention of HIV transmission through blood transfusions. The Commission reported that it receives complaints related to a denial of medical care, failure to notify a person of their HIV status, denial of social security benefits, and wrongful disclosure of HIV or AIDS status. The Commission noted its concern over delays in addressing and redressing instances of discrimination in the context of HIV/AIDS, due to complex bureaucratic procedures. Discrimination by health professionals against people affected by HIV/AIDS is of particular concern. The Commission noted that in Mexico, a lack of willingness to discuss sexual relations in an open and frank manner continues to impede efforts to address the epidemic and to prevent discrimination against sexual minorities, as well as people affected by HIV/AIDS.

29. The Commission reported on awareness-raising initiatives, including a competition entitled *Images of life: the human rights of people living with HIV/AIDS*. The Commission participated in a series of lectures which stressed the importance of care and attention to people living with HIV/AIDS. The Commission produced a number of brochures on *The human rights of people living with HIV/AIDS*; *The human rights of people living with HIV/AIDS in prisons*; and *Human rights and HIV/AIDS: an international view*. Three more publications on HIV/AIDS are being developed on *Children look at HIV/AIDS*; *International actions to combat HIV/AIDS: women and HIV/AIDS prevention and protection*; and *Men and HIV/AIDS: prevention and protection*. An HIV/AIDS programme has been set up in the office of the President of the Commission to coordinate the various activities on HIV/AIDS. The Commission is currently reviewing Mexico's international commitments in relation to HIV/AIDS.

30. The New Zealand Human Rights Commission drew attention to the fact that discrimination on the ground of "the presence in the body of organisms capable of causing illness" is prohibited in New Zealand's Human Rights Act of 1993. It reported on New Zealand's policy in relation to refugees who may be affected by HIV/AIDS, noting that New Zealand accepts refugees with HIV/AIDS under the resettlement programme of the Office of the United Nations High Commissioner for Refugees. The medical/disabled category provides for the entry of refugees with medical, physical or social disabilities which place them outside the normal criteria for acceptance by resettlement countries. Medical screening prior to acceptance is not required; however on arrival in New Zealand all refugees undergo medical screening, including HIV testing. Treatment is provided for any medical condition identified and referral is made to health services for ongoing treatment. The Government is analysing the cost implications of this policy on New Zealand health services in the context of a broader review of its resettlement policies in relation to HIV/AIDS. While the Government is aware that any decision to terminate or limit its acceptance of HIV-positive refugees could further reduce opportunities for those people to obtain refugee status, it must also bear in mind the capacity of its health services and infrastructure. The New Zealand Human Rights Commission therefore urges United Nations agencies and NGOs to persuade Member States to accept an equitable share of the international community's responsibility for caring for refugees with HIV/AIDS.

V. NON-GOVERNMENTAL ORGANIZATIONS

31. AIDS Information Switzerland (SIS) reported that it has been engaged in HIV prevention in Switzerland for 13 years. SIS has focused in particular on human rights in the context of HIV/AIDS and, through presentations, articles and books, has called for an assessment of the legal status of people living with HIV/AIDS. SIS is involved in international partnerships including in the Great Lakes region of Africa where, in cooperation with local health professionals and NGOs in the Congolese provinces of North Kivu and South Kivu, it is implementing HIV-prevention projects involving counselling and testing, as well as a project on the prevention of mother-to-child transmission. SIS expressed its support for similar efforts by Member States, United Nations organs and NGOs.

32. The Canadian HIV/AIDS Legal Network publishes the *Canadian HIV/AIDS Policy and Law Review* with regular articles on the *International Guidelines on HIV/AIDS and Human Rights*, and on initiatives around the world to promote law, ethics and human rights in the

context of HIV/AIDS. The Network's International Programme refers to the *Guidelines* as a source for applicable international legal principles and policy guidance. In 2001, the Network contributed to the United Nations General Assembly special session on HIV/AIDS through written comments on the draft Declaration, which stressed the importance of referring to the *Guidelines*. The Network began a project to build the capacity of the legal profession in Canada to respond to the legal, ethical and human rights challenges of the HIV/AIDS epidemic. It also undertook a review of rights-based approaches to HIV/AIDS-related international development programming based, in part, on the use in donor development planning of the *Guidelines*. The Network provided technical assistance to UNAIDS on the feasibility of model legislation on HIV/AIDS, which ultimately would help States to implement the *Guidelines* at national level; on legal and ethical issues related to HIV testing of United Nations peacekeeping forces; and on policy in relation to criminal law, public health and HIV transmission. It began work with the International AIDS Vaccine Initiative to organize and advocate for increased funding for HIV vaccine research, development and access. Much of this advocacy will be based in international human rights law, particularly the right to the highest attainable standard of health.

33. In 2002 the Network commissioned a series of articles, including on stigma and discrimination. The Network also began a research project in Canada on "Promoting a Rights-Based Approach to HIV/AIDS" to raise awareness of the *Guidelines* among people living with HIV/AIDS, community-based organizations, policy makers, decision makers and the media. The Network provided technical assistance to CARICOM, including country assessment missions and the design and facilitation of a regional workshop on HIV/AIDS-related legal, ethical and human rights issues. In 2002, it began a technical assistance project to assist professional associations working on HIV/AIDS-related law, ethics and human rights in Kenya and Zambia and provided technical assistance to the International HIV/AIDS Alliance to support NGOs in Ukraine responding to HIV/AIDS, using the *Guidelines* as a resource document.

34. CONGO reported on the activities of the International Association for Counselling (IAC) including its participation in the organization of the first African Conference on Guidance and Counselling, held in Nairobi in April 2002. The Conference led to the establishment of the African Association for Counselling, which will assist in the development of culturally appropriate guidance and counselling; promote greater interaction between African counsellors and their counterparts around the world; and provide a consolidated voice in programmes directed towards young people and their families in relation to HIV/AIDS and issues such as stigma, drug abuse, prostitution and unemployment. IAC also convenes the Geneva CONGO Committee on the Status of Women's Health and Human Rights Working Group, which promotes the human rights of women to health with a focus on HIV/AIDS, reproductive health, adolescents, family and mental and spiritual health.

35. The International Council of Nurses (ICN) emphasized that health and human rights are closely interlinked and reported that it has distributed Commission on Human Rights resolution 2001/51 to its member national nurses associations in an effort to encourage them to support initiatives towards its implementation. The Council works with its member national nurses associations to integrate human rights into nursing and health care. It lobbies Governments, United Nations agencies and others to provide essential health services and access to essential medicines, including for people living with HIV/AIDS. ICN has designated "Nurses Fighting AIDS Stigma" as the theme of the International Nurses Day in 2003 in order to combat

stigma and discrimination against people living with and affected by HIV/AIDS in health-care settings. In partnership with WHO and UNAIDS, ICN has developed fact sheets on HIV/AIDS for nurses and midwives which, for example, advocate for access to anti-retroviral drugs for those in need and urge national nurses associations to lobby for increased access to prevention, treatment and care for people living with HIV/AIDS. ICN recently updated its Guidelines for Reducing the Impact of HIV/AIDS on Nursing and Midwifery Personnel, which emphasize respect for human rights as an integral part of care for people living with HIV/AIDS. ICN noted that it regularly educates nurses on human rights and HIV/AIDS through its publications, position statements, congresses and other events.

VI. CONCLUSIONS

36. **Some positive steps have been taken at the national and international levels towards ensuring respect for human rights in the context of HIV/AIDS. Governments have succeeded in slowing the spread of HIV/AIDS through comprehensive approaches to prevention, treatment, care and support, based on the promotion and protection of human rights. Legislation has been adopted in some countries to prohibit discrimination against people living with HIV/AIDS and members of vulnerable groups. Policies and strategies have been developed to promote access to prevention, treatment, care and support for those affected, including equal access to medication for those affected in low- and middle-income countries. Governments have committed themselves to addressing the root causes of vulnerability to HIV infection, including inequalities based on gender, race, ethnicity and sexuality. In particular, commitments have been made in some areas to addressing the role of gender in sexual and reproductive life and how this impacts on HIV prevention, to improving respect for women's reproductive rights and to equal access to health services. At the international level, Governments have pledged international cooperation and assistance to ensuring respect for the human rights of people affected by HIV/AIDS, and the right to health, particularly in some developing countries.**
