

**Children's rights extracts from the following report:**

**Report of the High Commissioner on the protection of human rights  
in the context of human immunodeficiency virus (HIV) and  
acquired immune deficiency syndrome (AIDS)**

4. Together these landmark declarations have galvanized global support for reversing the spread of the epidemic and accelerating momentum in providing universal access to HIV prevention, treatment, care and support. In line with this growing momentum, in March 2011, the General Assembly decided to convene a high-level meeting from 8 to 10 June 2011 to undertake a comprehensive review of progress achieved in previous declarations, including successes, best practices, lessons learned, obstacles and gaps, challenges and opportunities, and to make recommendations to guide and monitor the HIV/AIDS response beyond 2010. The General Assembly decided in its resolution 65/180 that this review should also include concrete strategies for action, as well as promote the continued commitment and engagement of leaders in a comprehensive global response to HIV/AIDS. During its sixty-fifth session in its resolution 65/277, the General Assembly adopted a new declaration entitled Political Declaration on HIV and AIDS: Intensifying our Efforts to Eliminate HIV/AIDS. This 2011 Political Declaration was adopted when important progress had been achieved at national, regional and international levels – namely, more than 25 per cent reduction in the rate of new infections in over 30 countries, significant reduction in vertical transmission, and expansion of access to treatment to over 6 million people resulting in the reduction of AIDS-related deaths by more than 20 per cent over a five year period. However, in recognition of the fact that the goals and targets in previous declarations adopted in 2001 and 2006 would expire at the end of 2010, and in the light of the urgent need to renew commitments to the fight against AIDS, an intensified response was considered necessary (see General Assembly resolution 65/180). It was also recognized that HIV continues to constitute a global emergency that poses formidable challenges to development, progress and stability and requires an exceptional and comprehensive global response. The meeting was held at a time when HIV was entering into its fourth decade, AIDS had claimed more than 30 million lives, 33 million people were living with HIV, almost 17 million children were orphaned due to AIDS, 7,000 new infections were occurring daily, and AIDS was the sixth leading cause of death globally.

6. Prior to the 2011 High-Level Meeting on HIV/AIDS, the Secretary-General was requested to submit an analytical report on progress achieved and challenges remaining in realizing the commitments set out in the Declaration of Commitment and the 2006 Political Declaration, which was entitled “Uniting for universal access: towards zero new HIV infections, zero discrimination and zero AIDS-related deaths” (A/65/797). In its resolution 12/27, the Human Rights Council also requested the Secretary-General to prepare an analytical study on steps taken to promote and implement programmes to address HIV/AIDS-related human rights in the context of efforts towards the goal of universal access to HIV prevention, treatment, care and support, which was entitled “The protection of human rights in the context of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS)” (A/HRC/16/69). Both reports point to successes in strengthening human rights in the context of national HIV responses, but also highlight a number of ongoing challenges and contain a number of recommendations and observations including the following:

(a) Inadequate protection against discrimination: Although the number of countries reporting anti-discrimination laws in place has increased, nearly 3 in 10 countries still lack such laws or regulations. When anti-discrimination provisions are in place, they are often not effectively enforced. Fewer than 60 per cent of countries report having a mechanism to record, document and address cases of HIV-related discrimination. In 2010, the vast majority of countries reported that they addressed stigma and discrimination in their national HIV strategies; however, most countries did not have a budget for activities aimed at responding to HIV-related stigma and discrimination;

(b) Strategic reorientation of global and national HIV responses: Human rights-related programmes often do

not exist in national HIV responses. Where such programmes exist, they are generally not brought to scale or are scattered and fragmented. A strategic shift is required to: (i) invest in better assessments of those most vulnerable to HIV and ensure adequate coverage of their needs; (ii) ensure meaningful engagement of ministries dealing with justice, law enforcement, prisons, human rights, gender, migration and labour, among others; and (iii) focus on the legal and social environments that are necessary for universal access to prevention, treatment, care and support;

(c) Decriminalization and legal protections: The reform of punitive laws that impede HIV responses and the strengthening of human rights protections for people living with and vulnerable populations are essential to sustaining the AIDS response. Political leaders should be supported in confronting issues involving decriminalization. Greater efforts must be made by States to reconsider the application of criminal law against HIV transmission and exposure, sex work, drug use and homosexuality and their impact on access to HIV services. They should also reform laws that restrict sexuality education, impose travel restrictions on people living with HIV or require mandatory HIV testing. Specific attention must be paid in law reform efforts to address gender-based violence, the HIV-related rights of women, children and other key populations;

(d) Increasing participation of those vulnerable to and living with HIV: The Greater Involvement of People Living with HIV is a long-standing principle of the HIV response and one of its human rights successes. However, as evidence shows heightened vulnerability to HIV among members of key populations it appears critical to renew, expand and improve the participation of all those vulnerable to and living with HIV in all aspects of the response.

(e) Eliminating gender-based discrimination and violence: Many gender analyses show how subordination of women and girls and violence against them drive HIV transmission and raise gender-based barriers to care, treatment and support. The mobilization of Government, civil society and donors is needed to scale up programmes that address this issue and violence is a priority;

(f) Financing national programmes: The mobilization of both Governments and donors to invest financial and technical resources in human rights-centred programmes is urgently needed, as are resources for transparent and independent evaluation of measures taken. More resources are needed for appropriate and comprehensive HIV education for children. Health-service professionals should be equipped to protect confidentiality, ensure informed consent and have functioning mechanisms for redress when people face abuse and discrimination;

(g) Universal access to prevention, treatment, care and support: With nearly two in three people eligible for antiretroviral therapy still lacking access, Member States will have to adopt reinvigorated approaches to the treatment, care and support needs of people living with HIV. This includes a recommitment to overcoming legal and regulatory, trade and other barriers that block access to prevention, treatment, care and support.

8. The Office supported preparations in relation to the high-level panel discussion on prevention entitled “What can be done to get to zero new infections?” The objective of the panel was to focus on the priorities for achieving HIV-prevention goals, including eliminating stigma and discrimination, overcoming barriers to prevention for populations with greater vulnerability and populations at higher risk, ensuring a comprehensive approach to prevention and treatment, and educating young people to lead future HIV-prevention efforts. Among the many issues highlighted, the panel emphasized the need for political commitment and leadership at every level to support HIV prevention and confront and end stigmatization, discrimination and marginalization. Discussions also centred on the need to scale up programmes to address gender inequality, violence against women and girls and consider the role of men in the HIV response. Participants highlighted that respect, including mentioning populations by name with dignity and not derision, would bring HIV prevention out of the shadows. The review or adoption of laws, policies and practices was needed to uphold the human rights of vulnerable and key populations, support the implementation of effective interventions such as harm-reduction programmes and stop criminalization of people based on sexual orientation, drug use or HIV transmission.

10. The adoption of the 2011 Political Declaration on HIV and AIDS symbolizes a renewed global commitment to stop, reverse and eliminate AIDS. By reaffirming previous declarations and setting new

targets, Member States agreed to address the issue of leadership to end the HIV epidemic; expand HIV-prevention coverage, diversify approaches and intensify efforts to end new infections; increase access to treatment, care and support; advance human rights to reduce stigma, discrimination and violence; address resource constraints and the efficient utilization of resources for AIDS; strengthen health systems and integrate HIV into broader health and development; accelerate research and development to prevent, treat and cure HIV; and establish coordination, monitoring and accountability mechanisms to maximize the response. Some of the important highlights of the declaration include a commitment to:

- (a) Reduce sexual transmission of HIV by half by 2015;
- (b) Eliminate transmission of HIV from mother-to-child by 2015;
- (c) Reduce transmission of HIV among people who inject drugs by half by 2015;
- (d) Increase the number of people on lifesaving treatment to 15 million by 2015;
- (e) Reduce tuberculosis-related deaths by half by 2015;
- (f) Eliminate gender inequalities and gender-based abuse and violence, increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection;
- (g) Engage people living with and affected by HIV in decision-making and planning, implementing and evaluating the response;
- (h) Redouble HIV-prevention efforts by, among other measures, facilitating access to sexual and reproductive healthcare services and expanding risk and harm reduction programmes;
- (i) Ensure that national prevention strategies target populations at higher risk – the declaration mentions specifically men who have sex with men, people who inject drugs and sex workers as populations at higher risk;
- (j) Remove before 2015 obstacles that limit the capacity of low- and middle- income countries to provide affordable and effective HIV prevention and treatment and optimize the full use of existing flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights;
- (k) Review laws and policies that adversely affect the successful, effective and equitable delivery of HIV prevention, treatment, care and support programmes; and
- (l) Increase HIV-related spending to reach a significant level of annual global expenditure on HIV and AIDS, while recognizing that the overall target estimated by the Joint United Nations Programme on HIV/AIDS (UNAIDS) is between US\$22 billion and US\$24 billion in low- and middle-income countries by 2015.

12. The inclusion of a specific chapter on human rights in the Political Declaration is particularly noteworthy as it is an affirmation of the recognition by the General Assembly of the centrality of human rights in the AIDS response. While the prevention and treatment targets also reflect human rights imperatives, the human rights chapter focuses on: (a) creating an enabling legal, social and policy framework to eliminate stigma, discrimination and violence and promoting universal access; (b) reviewing laws and policies that adversely affect the HIV response; (c) reviewing with a view to eliminating restrictions on entry, stay and residence; (d) promoting and protecting human rights in national HIV and AIDS strategies; (e) meeting the specific needs of women and girls by promoting and protecting their rights, reducing their vulnerability to HIV, eliminating discrimination and all forms of sexual exploitation and violence; (f) strengthening national social and child protection systems and care in particular for the girl child; (g) promoting laws and policies to ensure the full realization of human rights for young people; (h) addressing the vulnerabilities of migrant and mobile populations; and (i) mitigating the impact of the epidemic on workers, their families, their dependants, workplaces and economies, taking into account the International Labour Organization Recommendation on HIV and AIDS and the World of Work, 2010 (No. 200) (the first international labour standard on HIV and the world of work).

17. Member States are also challenged to ensure that their national responses to HIV are inclusive of all people, especially people that are most marginalized and populations most affected by the epidemic, including those unnamed in the Political Declaration such as transgender persons, persons in detention, refugees, internally displaced persons and people living in poverty. This will require developing monitoring mechanisms to assess who has been left out of the response and taking measures to address systemic/structural discrimination and ensuring access to HIV-related health services without prejudice. Member States must also tackle the disproportionate impact of the epidemic on women and girls and include comprehensive targets on HIV prevention, treatment, and care that address women's subordination, violence and discrimination.