

amnesty international

Amnesty International and the fight against HIV/AIDS Questions and answers

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Summary

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HIV/ AIDS represents the most serious global health crisis for centuries. It selectively targets people in their most productive years and is spread predominantly by sexual activity making it difficult to discuss and address in many countries. From a handful of reported cases in 1981, the current numbers of people living with HIV/AIDS amounts to around 40 million. Numbers will rise further and women will represent an increasing proportion of those living with HIV. Amnesty International is increasing its efforts to address the human rights dimension of HIV/AIDS and sets out here some questions and answers relating to its work on this subject.

The attached document discusses why Amnesty International is concerned by HIV/AIDS, what action it has taken in the past and what its future work is likely to include. It addresses issues around the expansion of testing and medical care, the impact of HIV/AIDS on children and the gender dimension of the pandemic, and underlines the importance of including people living with HIV/AIDS in the global response to the virus.

This report summarizes a 12-page document (5700 words). : **Amnesty International and the fight against HIV/AIDS – questions and answers.** (AI Index: ACT 75/005/2004) issued by Amnesty International in December. Anyone wishing further details or to take action on this issue should consult the full document. An extensive range of our materials on this and other subjects is available at <http://www.amnesty.org> and Amnesty International news releases can be received by email:

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Amnesty International and the fight against HIV/AIDS

Questions and answers

HIV/AIDS represents the most serious global health crisis for centuries. It selectively targets people in their most productive years and is spread predominantly by sexual activity making it difficult to discuss and address in many countries. From a handful of reported cases in 1981, the current numbers of people living with HIV/AIDS amounts to around 40 million. Numbers will rise further and women will represent an increasing proportion of those living with HIV. Amnesty International is increasing its efforts to address the human rights dimension of HIV/AIDS and sets out here some questions and answers relating to its work on this subject.

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1. What have human rights got to do with HIV/AIDS?

Human rights are fundamental to addressing the HIV/AIDS epidemic.

On the one hand *human rights violations fuel the epidemic* by increasing people's vulnerability to infection. Women and men face rape and sexual violence in the context of armed conflict putting them at risk of contracting HIV. Male and female prisoners subjected to sexual violence at the hands of prison personnel or other prisoners may be exposed to the virus. Trafficking of women and rape of sex workers both represent a risk to the individuals concerned. Human rights violations can also lead indirectly HIV infection. Poverty or other forms of denial of economic, social or cultural rights can be a factor in the spread of the virus. For example, inequality before the law can deny women the right to own property which can result in their being forced out of their homes when widowed. This in turn can lead to pressure on them to resort to marginal and often hazardous employment, such as sex work, increasing their vulnerability to HIV.

On the other, *human rights violations often follow infection*, and people living with HIV/AIDS can be subjected to various forms of discrimination and ill-treatment, including harassment, arbitrary arrest and torture. Human rights abuses can occur at the hands of government officials, police and prison authorities, as well as health providers, community actors and within families.

Discriminatory policies and practices can also result in people being denied access to the information, support and services necessary to make informed decisions and to reduce their vulnerability and risk of infection. Low-intensity and open conflicts resulting in population displacement and refugee flows, and circumstances of extreme poverty and deprivation, increase people's vulnerability to HIV.

Everywhere in the world, HIV-positive people are still subject to serious forms of stigma and discrimination. They risk being sacked from their jobs, ostracised from their communities and denied equal access to goods and services necessary to realise their human rights, and even the protection of the law. The vast majority of people living with HIV have inadequate access to care and treatment.

AIDS prematurely robs children of their parents, denying them access to parental support and care which may also adversely affect their ability to fully realise their rights and may expose them to neglect, increased violence and abuse.

HIV/AIDS has an impact on the whole range of human rights, suggesting that a holistic human rights approach is necessary to tackling the pandemic. Various human rights instruments, such as the International Convention on Economic, Social and Cultural Rights (ICESCR), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and the Convention on the Rights of the Child (CRC) contain provisions that have been directly applied to addressing aspects of the HIV/AIDS pandemic by advocates and monitoring bodies. The links between HIV/AIDS and human rights are increasingly recognised in the normative statements of the UN General Assembly, the World Health Assembly, as well as the United Nations human rights treaty monitoring bodies. These values also inform the elaboration of service delivery to people living with HIV/AIDS.

In addition, concrete approaches to ensure the respect, protection and fulfilment of human rights in the context of HIV/AIDS have been set out in some detail in the United Nations international guidelines on HIV/AIDS and human rights.

AI believes that respecting, protecting and fulfilling the full range of human rights of all individuals is indispensable to reducing the rates of HIV infection, expanding access to care and treatment and mitigating the impact of the epidemic, including acts of discrimination and violence.

Human rights have formed the basis of effective campaigning by, with and on behalf of people living with HIV/AIDS. For example, the Treatment Action Campaign successfully argued in court that the human rights provisions of the South African Constitution guarantee pregnant women the right to access to medication to prevent mother-to-child transmission of HIV. *back*

2. Why is gender important in responding to HIV/AIDS?

AIDS affects women and men, boys and girls in different ways. There are gender differences in the way the virus is acquired and in the behaviour of men and women when they are living with the virus. The proportion of women and girls living with HIV/AIDS is growing at an alarming rate. Women and girls face a number of particular risk factors including vulnerability to sexual violence, lack of power over their own sexual life and cultural practices which increase the risk of acquiring HIV. But they are also at risk where educational materials are not available in their own language, where women have no avenues to seek help for domestic violence or where the health system is inaccessible to them.

As the 2004 UNAIDS Report on the global AIDS epidemic notes, "gender inequality puts women at a much higher risk of HIV infection than men". It continues despite the fact that States are bound by the principles of the UN Charter, the Universal Declaration of Human Rights, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child. In the context of this gender inequality and discrimination, access to HIV information, prevention, and treatment is often blocked. Moreover women and girls frequently carry an additional burden where they are given greater responsibility for caring for those living with HIV/AIDS. These factors combine to demand a particular awareness and increased action on gender-related aspects of HIV/AIDS. This is discussed in more detail in a recent AI publication, *Women, HIV/AIDS and human rights* *back*

3. Why is Amnesty International Interested in HIV/AIDS?

For over ten years, Amnesty International has addressed a range of HIV-related human rights violations, including those related to violence, discriminatory treatment of and denial of medicine to prisoners, torture, political killings and restrictions of freedom of assembly. Many of these violations have fallen under the former and narrower scope of AI's work. Yet, as Amnesty International has broadened its agenda, other HIV-related human rights violations come to the fore. In particular, AI urges that the right to the highest attainable standard of health be ensured for all people and that men, women and children living with HIV should have access to acceptable medical diagnostic and treatment services and social care.

The arbitrary and harmful discrimination faced by people living with (or thought to be living with) HIV/AIDS is a violation of their rights and is therefore something which Amnesty International is concerned to address.

Equally, promoting and protecting the human rights of those living with the virus helps address the very factors - such as gender inequality and other forms of identity-based discrimination - which make people vulnerable to infection, less able to access care and treatment, and which lowers their quality of life. Indeed, protecting the human rights of everyone will reduce the spread of the virus as well as enhancing the quality of life of those living with the virus. The "human rights for all" approach is particularly important given that around two thirds of people living with HIV are not aware that they are infected.

Adequate human rights protections contributes to an environment in which people can be open about their HIV status and the factors which increase vulnerability to infection. which is the best possible environment for the effective prevention and treatment of HIV/AIDS. Stigmatization and discrimination inhibit people from speaking of their status, and often keep people from seeking and receiving information that could be lifesaving. In addition, stigmatization and discrimination about behaviour related to drug use and sexual activity inhibits testing. accessing information and services. and constructive discussion about risk, transmission. and self-protection. *back.*

4. What action has AI taken on HIV/AIDS in the past?

In the past Amnesty International's action on HIV/AIDS was linked to its work opposing human rights violations against prisoners, supporting the rights of refugees and opposing extrajudicial killing of people identified as (or thought to be) homosexual, those involved in AIDS education or in defending gay rights. For example. AI opposed the exclusion from the US mainland of HIV-positive Haitian asylum seekers in 1993, campaigned for protection of AIDS educators in El Salvador in 1994 and 1995, protested at the death of an AIDS educator in Brazil in 1997, and urged adequate medical care for HIV positive prisoners denied proper treatment in Chile in 1998. In November 1998, Amnesty International raised concerns with the Louisiana authorities about the use of stun belts on low security HIV-positive inmates in New Orleans Parish Jail, while they were being transported to hospital and awaiting treatment. (In Louisiana and other states of the USA. HIV-positive prisoners were held in segregated accommodation in breach of widely accepted standards, which only ended in Louisiana by court order in June 2004. Concerns about the health care available to HIV-positive prisoners in the USA remain.)

In 1991 Amnesty International's membership called for a study on HIV/AIDS and human rights and resolved to "ensure that [AI's] work on prison conditions constituting cruel, inhuman and degrading treatment, including denial of essential medical treatment and incommunicado detention, [gave] special cognizance to those prisoners known or suspected of having AIDS/HIV". In 1995 the study- carried out by the USA and Dutch sections of Amnesty International - identified a number of areas where human rights were breached in the context of HIV/AIDS. This led to a policy decision to "continue to pay particular attention to violations of human rights within its mandate against people in the context of HIV/AIDS".

During recent years the organization has increasingly addressed discrimination based on gender. ethnicity and sexuality (all of which fall under the category of identity-based discrimination) and in relation to women in general and in the context of sexual violence and war in particular. AI has previously noted the impact of HIV on the gay community and has raised issues around the freedom of assembly of gay men and lesbians, addressing this and related issues in the report *Crimes of Hate; conspiracy of silence. Torture and ill-treatment based on sexual identity.* In 2002, the organization cooperated with partners in South Africa to bring together delegates

from ten countries in the region to discuss medico-legal approaches to violence against women in the context of HIV/AIDS.

In 2003 the movement decided that "the integration of HIV/AIDS-related human rights concerns should be carried out across the work of the organization, particularly into research capacity, country and regional strategies, and theme campaigns" and in July 2004. AI's Secretary General, Irene Khan, addressed the final plenary session of the 15th International Conference on HIV/AIDS in Bangkok, setting out AI's concerns for human rights in the context of the pandemic. In 2004, the organization published a number of reports touching on the issue of HIV/AIDS including on Burundi, Colombia, Democratic Republic of Congo, Rwanda, and on women. *back*

5. What does AI see as the main priorities in its work on HIV/AIDS?

AI's work is directed by its mission and by its strategic plan and associated campaigning goals. A number of these goals bear directly on HIV/AIDS including opposing discrimination, upholding the physical and mental integrity of all people, campaigning to stop violence against women, protecting the rights of human rights defenders, upholding the rights of refugees & migrants, and promoting the economic, social and cultural rights of marginalized communities.

This means that, among other things, AI will support prevention efforts by:

- working for the dissemination of information and human rights standards relevant to HIV/AIDS
- campaigning for the protection of AIDS activists and educators who are under threat by governments or individuals because of their work
- continuing to campaign against violence against women - in the home, in the community and in conflict -- drawing attention to the gender-specific impact such violence has on spreading the virus
- campaigning for the rights of uprooted people, including those who have been trafficked, who face particular risks of violence and infection

It will support the human rights of people living with HIV/AIDS by:

- continuing to campaign for the protection of physical integrity and security of people living with HIV or thought to be living with the virus and for an end to torture and cruel inhuman or degrading treatment of people thought to be living with the virus
- continuing to work for the protection of prisoners living with HIV - to ensure that they are not discriminated against with respect to health care, education and work and that they are protected from violence by staff or other prisoners
- working for the protection of people living with HIV/AIDS and those who are at risk of acquiring the virus because of discrimination or as a result of violence including sexual violence
- campaigning on the right of access to adequate medical treatment, care and social support for people living with HIV, for their families and for children orphaned by the disease. *back*

6. What does AI think of efforts to secure affordable antiretroviral treatment for people in poor countries?

AI believes that the drive to provide AIDS treatment to people living with the virus in resource poor countries is crucial. 8,000 people die of AIDS-related illnesses every day and without a massive expansion in the availability of AIDS treatment that number will only rise.

The availability of low cost, generic antiretrovirals, as well as the dramatic drop in the price of some drugs due to activism around the world has helped to make many of the drugs affordable and improvements in their design and manufacture are making these drugs easier to use. However, many of the needed drugs are still not affordable and AI believes that there remains a serious lack of political will in producing the needed drugs or making them available. AI also believes that AIDS drugs alone will not be enough to secure the right to health for people living with HIV. An effective health infrastructure is needed to manage treatment and other pre-conditions for healthy living need to be realised.

The right to health (as set out in Article 12 of the International Covenant of Economic, Social and Cultural Rights and in other instruments such as the Convention on the Elimination of all Forms of Discrimination against Women and the Convention on the Rights of the Child) includes a broader range of freedoms, protections and entitlements which include not only access to essential medicines but to "underlying determinants of health". In a General Comment (an authoritative interpretation of right; and obligations emanating from human rights treaties, made by the bodies charged with monitoring them), the Committee on Economic, Social and Cultural Rights indicated that these include "access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health. A further important aspect is the participation of the population in all health-related decision-making at the community, national and international levels." (General Comment 14, para 11), AI is of the view that concerted action is needed to respect, protect and fulfil each of the elements of the right to health and related rights.

For instance AI believes that people living with HIV should have the freedom to control their health, including the right to decide freely in matters related to their sexuality, free from discrimination, coercion or violence. This would include, for instance, the right to access to condoms and information about reproductive health.

Furthermore health services, information and the determinants of health, including but not limited to medicines, need to be available, accessible (including economically accessible, or affordable), acceptable and of adequate quality.

Antiretrovirals should be made available in line with these principles and with attention to who has access to them and who does not, as well as the broader health needs of people living with and affected by HIV. The Constitutional Court of South Africa, for example, has outlined that the government must adopt and implement a plan as to how it will ensure the provision of antiretrovirals to all pregnant women and newborn children to prevent mother-to-child-transmission of the virus.

In many ways the AIDS pandemic has exposed the parlous state of the world's health systems and the extent and scale of violations of the right to health. This means that these violations and inadequacies will have to be addressed in order to effectively fight AIDS by injecting increased resources, including through more effective international cooperation.

AI believes that much more needs to be done to respect, protect, and fulfil the right to health and other health-related rights in general and specifically in respect of people living with HIV. For people living with HIV, improved access to AIDS treatment and services is an important component of securing that right. *back*

7. What does AI think of efforts to improve treatment uptake which include "routine" testing for HIV in high prevalence countries?

AI supports the goals underlying the WHO 3 by 5 initiative (intended to ensure 3 million people in need receive antiretroviral treatment by 2005). For this to succeed, a significant increase in testing is needed to ensure that those who need treatment can get it. Testing should be voluntary, and pre- and post-test counselling must be available so that:

- individuals can give valid consent to testing and treatment
- advice about changing behaviour can be given
- those offered treatment are aware of the need to follow treatment protocols in order for the medication to be effective.

All testing for HIV requires the informed consent of the person being tested; therefore AI does not support secret or non-consensual testing of individuals. (Anonymised testing for monitoring the pandemic is widely accepted but not as a replacement for voluntary counselling and testing of individuals.)

Large-scale efforts to encourage testing in high prevalence environments, including through the routine offer of an HIV test in health care settings, must ensure the prior informed consent of individuals to be tested. Adequate post-test counselling, support and treatments must also be available.

Generally, AI recognizes that there is 20 years of evidence to show that voluntary counselling and testing provide better safeguards not only for the rights of people being tested, but to ensure they remain in touch with health services once they know their result.

Given the risk of stigmatization and discrimination to people who are (or are thought to be) HIV-positive, the scaling up of voluntary consensual testing (VCT) should occur in parallel with a similar scaling up:

- of access to therapies of benefit to people living with HIV and AIDS and
- of protection of human rights to prevent discrimination and disadvantage to those seeking testing. *back*

8. What are AI's views on the international responsibility for funding the fight against AIDS, including the operation of, and contributions to, the Global Fund to Fight AIDS, TB and Malaria?

Under international law, all United Nations member states, particularly those with the resources to assist other countries, are obliged to take joint and separate action to achieve the full realisation of the right to health, according to the Committee on Economic, Social and Cultural Rights (General Comment 14, para. 38). Political will at international levels to realise this responsibility in the context of the HIV/AIDS pandemic must increase. One way in which the international community can demonstrate that will is to provide adequate resources for the fight against AIDS - something implicit in Millennium Development Goal 6, agreed to by 189

countries at the Millennium Summit of 2000, and explicit in the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2002.

AI believes that, while its work must be closely monitored, the Global Fund represents an unparalleled opportunity to mobilise financial resources to tackle the global AIDS pandemic and to ensure that this is done in a co-ordinated and effective manner.

Launched in January 2002, the Global Fund has distributed USD1.5 billion in grants to 160 programs in 85 countries in its first and second round of grants. However, the fund faces a continuing budget shortfall.

None of the world's wealthiest governments has contributed an amount on par with the size of their economies. Instead the USA, Japan, France, Germany, Britain, Canada, Italy and other countries have all given far less than their fair share. While contributions made in the context of bilateral aid arrangements are important and can be of considerable value, such funding should be supplemented by international multi-lateral efforts.

AI believes that the world's richest countries should live up to their responsibilities and make the necessary contributions to the Global Fund.

But money alone will not solve the AIDS crisis. AI believes that governments should also:

- develop programs for public education and dialogue in order to help overcome stigma, discrimination and denial;
- involve people living with HIV/AIDS in all aspects of the response to HIV/AIDS locally, nationally, regionally and internationally;
- develop national plans of action that delineate institutional responsibilities for responding to AIDS, establish clear mechanisms for participation, and ensure accountability for implementing AIDS programs;
- enact policies and laws that prohibit discrimination and promote equal access to prevention, care and treatment;
- develop the infrastructure that will facilitate prevention, treatment and care, including trained health care providers, hospitals and clinics, testing facilities, clean water supplies, and sanitation.

While national efforts are essential to address HIV/AIDS, including through international funding support, concerted global action is also essential - it cannot be tackled by states in isolation. *back*

9. Access to accurate information is also a key component of effective HIV prevention, treatment and care. What is AI's position on government responsibility to provide information of this nature?

Without a vaccine or cure, the main hope in curbing HIV and mitigating its negative effects rests with widespread and accessible information, education and access to condoms for the purpose of prevention.

Article 19 of the International Covenant on Civil and Political Rights states (at paragraph 2) that "everyone shall have the right to freedom of expression: this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers". However, in

many places official responses to HIV have been characterised by denial and obfuscation. Some governments have imposed restrictions on the provision of accurate information about the nature and extent of the virus within their borders, others have inflated or minimised their numbers, whilst other governments have impeded attempts by educators to provide clear and simple information on HIV and sexual behaviour. The Convention of the Elimination of all Forms of Discrimination against Women (CEDAW) states at Article 10(h) that "access to specific educational information to help to ensure the health and well-being of families including information and advice on family planning" (in the context of the right to education). The Convention on the Rights of the Child at Article 24 which call for States Parties to "recognize the right of the child to the enjoyment of the highest attainable standard of health" and to "ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health...". In 1994, the Cairo Programme of Action called for "information, education and counselling for responsible sexual behaviour and effective prevention of sexually transmitted diseases and HIV [to] become integral components of all reproductive and sexual health services" (para. 7.32).

AI believes that Governments have a positive duty to provide information on all aspects of HIV/AIDS. This information should not only address issues directly related to the numbers of people who are infected and who are on treatment but also the information provided to communities such as about transmission, sexual behaviour, and drug use but also extend to issues that have a clear, although indirect impact on the spread of the epidemic, such as stigma, discrimination and inequality.

All HIV-related information must be available not only to the majority population in the dominant language but with sufficient attention to minimizing vulnerability and risk of infection for marginalized populations. In other words, information should be accessible, appropriate and accurate.

AI also believes that in the scaling up of treatment and care, particularly in resource poor settings, governments should institute treatment information programs with the aim of developing treatment literacy.

The provision of accurate, timely, accessible and appropriate information is a crucial component at every stage of responding to HIV and is the fundamental right of all persons. *back*

10. What is AI's position in respect of the rights of people who are generally understood to be at particular risk of HIV infection and, where infected, of receiving adequate care and support?

AI is opposed to adverse discrimination on any grounds including gender and sexuality. Whilst discrimination is wrong in principle, we also know that gender and sexuality-based discrimination, together with other human rights violations, fuel the HIV epidemic.

For example, gender-based violence is linked to HIV transmission. Many forms of gender-based violence reduce the ability of women to refuse or defer sex or to negotiate safer sex. Similarly the criminalisation of homosexuality and of same-sex sexual activity stigmatises gay people as well as exposing them to violence in the community and so can impede efforts to provide them with the information, support and resources necessary to prevent HIV or to seek appropriate treatment and care if infected.

AI believes that the protection of the rights and interests of people who may face increased risk of infection is a crucial component of an effective response to HIV/AIDS.

11. What are AI's concerns about children in the context of HIV/AIDS?

Children are affected by HIV/AIDS in several ways. Firstly they can contract the virus at birth and thus start life living the HIV. Secondly they can acquire the virus when they are victims of sexual assault or other forms of coercive sex (such as occurs following child marriage). Thirdly they can be placed in the situation of having to care for sick parents and take responsibilities not normally imposed on a young child. Thousands of children have been orphaned by HIV/AIDS many of whom are themselves at risk of the very conditions which can give rise to the transmission of HIV - in particular the need for material and emotional support can lead to sexual exploitation. AI believes that the burden often faced by children - infection, exploitation, and the weight of care of parents and siblings - demands action on the part of national governments and the international community. Mother to child transmission of the virus can be reduced by cheap and simple drugs. Children can and must be protected from sexual exploitation. And children caring for parents and siblings must be supported, as must other home-based carers.

As the Committee on the Rights of the Child has noted in General Comment 3 on HIV/AIDS and the rights of the child, "the international community has discovered that unfortunately, children are at the heart of the problem [of HIV/AIDS]. The Committee adds that "adequate measures to address HIV/AIDS can be provided to children and adolescents only if their rights are fully respected" and goes on to say that "children require relevant, appropriate and timely information which recognizes the differences in levels of understanding among them, is tailored appropriately to age level and capacity and enables them to deal positively and responsibly with their sexuality in order to protect themselves from HIV infection." The Committee emphasized that "effective HIV/AIDS prevention requires States to refrain from censoring, withholding or intentionally misrepresenting health-related information, including sexual education and information, and that consistent with their obligations to ensure the survival, life and development of the child." *back*

12. What role does Amnesty believe people living with HIV/AIDS should play in the fight against AIDS?

AI believes that people living with HIV/AIDS should be at the centre of the fight against AIDS. Provided with the necessary legal and political support, support, people living with HIV/AIDS can play a crucial part in combating stigma and discrimination. They can also provide information and advice on how best their needs can be met and how their rights and interests can be protected.

The most effective local and national responses to HIV/AIDS have historically had a strong and enduring commitment to facilitating the greater involvement of people living with HIV in the fight against AIDS, and their sustained engagement in these processes. *back*

13. What is AI's position on the criminalisation of deliberate transmission of HIV?

A small number of cases have been reported in which people living with HIV have been criminally charged for a variety of acts that transmit HIV or risk transmission. Even in the absence of specific cases some governments have moved to enact or amend legislation

specifically to address such conduct. While recognising the serious nature of deliberate attempts to infect another person, AI believes that there are questions as to whether criminal laws and prosecutions represent sound policy responses to conduct that carries the risk of HIV transmission.

There is currently little evidence available on the extent of the problem of deliberate attempts to infect others. To the extent that the problem does exist there is no reason why HIV should not be included within a more general approach to the deliberate transmission of harmful diseases.

More generally, AI believes that this issue raises the question as to the appropriateness of the criminal law as a way of regulating the largely intimate and deeply human activities that can give rise to HIV transmission. Of all the options open to the state to influence HIV transmission, AI believes that coercive action is the crudest and least useful. It also poses the greatest risk to human rights. Criminalisation should be a last resort and when used it should be strictly defined to operate clearly, with as little ambiguity as possible and must never discriminate against people with HIV or treat them differently before the law. *back*

14. Does AI see a difference between a public health approach to HIV/AIDS and human rights approach to HIV/AIDS, and which is more helpful in controlling the epidemic?

AI sees the split in approaches as artificial. While in the past public health practitioners may have seen human rights as not particularly relevant or even assumed that unnecessary attention to rights was an obstacle to effective action, a modern public health approach to HIV/AIDS requires actions which maximise the health and well-being of society. It lays stress not only on medicine, epidemiology, and economics but social science, ethics and human rights norms and standards. A human rights approach to HIV/AIDS is particularly concerned with the impact of the legal and policy environment on reducing vulnerability to HIV infection and, for those living with the virus, of ensuring access to necessary care and support, and addressing the impact of violations of human rights occurring in the context of HIV infection. Both public health and human rights are concerned with lessening the impact on those infected and/or affected by, and vulnerable to HIV: and both are rooted in the need for a community-based response to the virus. There is no reason why the two approaches should not be entirely compatible, and AI believes that a combined approach is critical to an effective response to HIV. *back*

15. Does AI have a policy in respect of other infectious diseases and, if so, how is it similar to or different from its approach to HIV/AIDS?

The reason for bringing particular attention to human rights issues in relation to HIV/AIDS is because of the overwhelming numbers of people infected and the stigma, discrimination, and violations of human rights that occur everywhere in the world associated with AIDS. HIV/AIDS is not unique in generating stigma. Tuberculosis, leprosy and some sexually transmitted infections have resulted in discrimination and rights violations for those infected since ancient times. And, of course, other non-infectious conditions such as some physical disabilities or certain forms of cancer also can lead to stigma and discrimination. Amnesty International believes that all arbitrary discrimination based on health status and identity should be opposed. However, it has to prioritise its resources. The global reach of the HIV/AIDS pandemic together with the extent of its effect on already vulnerable populations means that AI is going to prioritise action on HIV while undertaking whatever initiatives it can with regard to other health-based discrimination and health rights more generally. *back*

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**Amnesty International and the fight against HIV/AIDS
Questions and answers**

RECOMMENDED ACTIONS

Please ensure that all relevant people in the section have received copies for their attention, and that the document is centrally filed for future reference. In addition please undertake as many of the following recommended actions as possible.

- Feel free to use this document to inform AI members and the public of AI's developing work on HIV/AIDS.
- Please send any comments to the health and human rights team at the IS (medical@amnesty.org)

DISTRIBUTION BY THE IS

This document has been sent direct by the IS to: sections, health professional groups, and press officers.