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XVI International AIDS Conference: Time to Deliver on Human Rights and HIV/AIDS

As the XVI International AIDS Conference in Toronto comes to an end, Amnesty International issues an urgent call to governments and to the international community to place human rights at the centre of responses to HIV/AIDS.

Twenty-five years into the epidemic the need for human rights based approaches to HIV/AIDS cannot go unheeded any longer. Debates at the conference – whose theme was “Time to deliver” – highlighted the extent to which human rights approaches are indivisible from successful public health policy. Amnesty International and other human rights advocates drew attention to a number of areas where government failure to honour their human rights commitments is undermining effective responses to the pandemic. These include:

HIV Testing. The pressure to scale up testing risks bypassing long established principles of informed consent, counselling and confidentiality. Although many service providers support voluntary counselling and testing, a number of influential policy makers and health professionals, including government representatives and clinicians, promote approaches which risk depriving individuals of the right to make their own informed choice. HIV testing needs to be expanded to achieve universal access to treatment, care and support for all persons and to contribute to more effective prevention strategies. Scaling up of HIV testing cannot mean that people’s rights to confidentiality, counselling and informed consent are dismissed. Choices on testing must remain with the individual.

Women’s rights. The lack of women’s social, sexual and political empowerment and their lack of access to economic resources increases women’s vulnerability to HIV. Gender-based violence, whether in the family, in the community, in armed conflict or at the hands of the state, is a closely related pandemic that increases women’s risk to HIV infection. To address HIV/AIDS effectively women’s rights need to be respected, protected and fulfilled, so as to enable them to protect themselves from the risk of HIV infection and to strengthen their capacity to decide freely on matters relating to their sexuality free from coercion, discrimination and violence.

Health infrastructure. In many countries, particularly in sub-Saharan Africa, many health workers are dying from AIDS or leaving their countries to seek better opportunities abroad. The scaling up of testing and treatment will require increased training of, and commitment by, health workers. Governments must implement strategies to ensure the right to health of their populations by maintaining a competent and adequately staffed health sector.

Social marginalization. Sex workers, injecting drug users, prisoners and men who have sex with men continue to face exclusion, discrimination and criminalisation, and lack of access to the conditions that allow

people to protect themselves from HIV infection. More needs to be done to ensure that all people have full access to the preventive tools and treatment that are currently available. Orphaned children need government commitment to guarantee their education, security and access to health services.

As more than 30,000 delegates return home from Toronto to translate the knowledge gained into action, the need for human rights based approaches to inform public health policy is more manifest than ever. Only by respecting human rights can we ensure success in the equitable scaling—up to universal access to treatment, care and prevention.