

WCC-EAA Statement

Human Rights Council: Panel Session on Human Rights and HIV, 11 March 2016

Main Message: Ending the AIDS epidemic, leaving no one behind!

The Ecumenical Advocacy Alliance (WCC-EAA), an ecumenical initiative of the World Council of Churches, is a Global Network of Churches and related organisations committed to campaigning together on common concerns of justice and human dignity. The Ecumenical Advocacy Alliance has been engaged in HIV-related advocacy for over 15 years, working to overcome stigma and discrimination, improve access to medicines and treatment, promote awareness and action on travel restriction legislations against people living with HIV, and overcoming the root causes of vulnerability to HIV.

Our network welcomes today's event which reaffirms that achieving human rights and the fulfilment of fundamental freedoms for all is a critical element in the global response to HIV. WCC-EAA supports the Civil Society Statement presented by Stop AIDS Alliance. We hope that, from this Panel, messages on the protection and promotion of human rights as vital components to safeguarding human dignity, including in the context of HIV, will be incorporated in the text of the new Political Declaration.

We call attention to the fact that while the importance of bringing HIV and AIDS policies and programmes in line with international human rights law is generally acknowledged, in reality this is rarely carried out. Policymakers, programme managers, and service providers, including faith communities, must utilize more human rights norms and standards to guide the global response to HIV.

To ensure the Fast Track and SDG targets¹ are met by 2030 and to guarantee zero new HIV infections in babies, zero deaths among children and adults; and zero stigma and discrimination, the new Political Declaration must commit to:

1. Address the root causes of vulnerability to HIV

In particular, the Declaration should commit to:

- a. placing the leadership of people living with and most affected by HIV at the centre of the global response
- b. upholding human rights commitments enshrined in the key international human rights instruments as an essential pillar of the global response
- c. demanding that all states' reports under the Universal Periodic Review process and all relevant UN Human Rights Treaty bodies provide analysis of the human rights context of HIV in the countries examined, as well as measures undertaken and planned by governments to fulfil human rights to all affected by HIV
- d. partnering with civil society organizations, including faith-based organizations, to understand and address all barriers (legal, economic, social and cultural) that sustain and enforce injustices that contribute to the spread of HIV, including stigma, discrimination, homophobia and gender inequality
- e. giving particular attention to adolescents, the vulnerability of young women and the rising teenage pregnancy rate

¹ <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>

http://www.unaids.org/sites/default/files/media_asset/JC2686_WAD2014report_en.pdf



f. committing to end gender inequality and sexual violence, including involving men and boys in developing solutions

g. addressing HIV transmission in situations of humanitarian crisis and conflict, paying particular attention to displaced people, migrants and refugees – and addressing issues of sexual violence in conflict

h. focusing on the needs of children as they have much to lose from HIV: they are far more likely to become poor or homeless, drop out of school, face discrimination and violence, see their opportunities dwindle, and grow ill and die long before their time. Their woes are many and complex and include malnutrition, expulsion from school, grieving for their parents and fearing their own mortality. But they also have the most to gain from successful HIV responses.

2. Ensure No One is Left Behind - Achieve Universal Access to HIV prevention, treatment, care and support

In particular, the Declaration should commit to completing the job that we have started, as it is not yet done, specifically to:

a. achieving the Fast Track initiative targets²: with 95% of people living with HIV knowing their status; 95% of people who know their status on treatment; and 95% of people on treatment with suppressed viral load; with fewer than 200 000 people newly infected with HIV; fewer than 200 000 people dying from AIDS-related causes; and elimination of HIV-related stigma and discrimination

b. funding the HIV response in a way that is predictable, sustainable and in line with UNAIDS' estimates for achieving the Fast Track targets, generating increases in domestic public sources as well as international assistance, and implementing innovative financing mechanisms

c. investing in research and development of new prevention and diagnostic technologies, including for children

d. sustaining and expanding paediatric treatment, paying attention to retention of children in treatment

e. implementing interventions engaging more boys and men in HIV testing and treatment, as men's access is lagging behind women's access

f. investing in dissemination of information on a full range of prevention options, which includes, but is not limited to, biomedical prevention

g. supporting the development of a new research and development models, as the patent paradigm has not worked effectively to enable access to affordable essential medicines and cheaper diagnostics

h. sustaining and expanding access to high quality treatment regimens in low- and middle-income countries for all who need it, including by supporting initiatives such as the Medicines Patent Pool, and ensure that trade agreements or other legislation do not threaten the legal supply of generic medicines

i. integrating HIV responses with other health and development responses, particularly those encompassed by the SDGs and those addressing tuberculosis and malaria; maternal, neonatal and child health; and sexual and reproductive health

l. endorsing the definition of care and support agreed in the 2011 Political Declaration and ensuring that comprehensive care and support addresses the physical, psychosocial, spiritual, socio-economic, nutritional and legal dimensions, as well as palliative care – for all adults, adolescents and children living with and affected by HIV

² http://www.unaids.org/sites/default/files/media_asset/JC2686_WAD2014report_en.pdf

m. giving priority to comprehensive care and support for adults, children and adolescents and not only to social protection for achieving the prevention and treatment targets

n. strengthening and funding community-based responses, including those of faith communities, that are central to ensuring no one is left behind

o. strengthening the workforce for health, including through training, supporting, retaining and funding community health workers

3. Eliminate Stigma and discrimination

In particular, the Declaration should commit to:

- a. eliminating HIV-related stigma and discrimination among service providers in health-care, workplace and educational settings, including through trainings and evidence based effective interventions
- b. promoting the elimination of punitive laws, policies and practices, including overly broad criminalization of HIV transmission, travel restrictions, mandatory testing and those that block key populations' access to services, including through establishing quantifiable commitments by UN Members States
- c. employing mechanisms and tools such as the People Living with HIV Stigma Index³ and the Framework for Dialogue⁴, that bring together people living with HIV and faith leaders to agree on and engage in actions to reduce and eliminate stigma and discrimination
- d. increasing funding for activities and programmes specifically focusing on addressing stigma and discrimination, with a specific focus on programmes by civil society and faith-based organizations who are able to influence the heart of communities

4. Ensure an independent accountability mechanism to monitor the implementation of the Political Declaration

In particular, the Political Declaration should commit to:

- a clear accountability mechanism for delivering commitments made in the Declaration that builds on the previous UNGASS monitoring system; UNAIDS GARPR reporting⁵; Human Rights Treaty Bodies reporting system⁶ and Universal Periodic Review (UPR)⁷

- harmonizing with other accountability systems (such as the SDGs⁸, Agenda 2030⁹, the UNAIDS 2016-2021 Strategy¹⁰, the Global MCHA Strategy¹¹) at national and international level.

³ <http://www.stigmaindex.org/>

⁴ <http://www.frameworkfordialogue.net/>

⁵ GARPR: Global AIDS Response Progress Reporting - http://www.unaids.org/en/resources/documents/2015/GARPR_2015_guidelines

⁶ <http://www.ohchr.org/EN/HRBodies/Pages/TreatyBodies.aspx>

⁷ <http://www.ohchr.org/EN/HRBodies/UPR/Pages/UPRMain.aspx>

⁸ <https://sustainabledevelopment.un.org/sdgs>

⁹ <https://sustainabledevelopment.un.org/post2015/transformingourworld>

¹⁰ http://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15_18_EN_rev1.pdf

¹¹ http://globalstrategy.everywomaneverychild.org/pdf/EWEC_globalstrategyreport_200915_FINAL_WEB.pdf

