HIV/AIDS, HUMAN RIGHTS AND LAW

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NETWORK FOR JUSTICE AND DEMOCRACY

HIV/AIDS,

HUMAN RIGHTS

AND LAW

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DEDICATION

Dedicated

To

People Living With HIV/AIDS
(P.L.W.H.A.)

Preface

The HIV/AIDS epidemic constitutes a global emergency and one of the most formidable challenges to human life and dignity, as well as to the effective enjoyment of human rights. HIV/AIDS threatens development, social cohesion, political stability, life expectancy and undermines social and economic development of any nation.

The HIV/AIDS epidemic is complex, and thus multi-sectoral approaches including medical, social and legal are required to tackle the spread and effects of the deadly scourge which is decimating human existence and gradually threatening mankind into extinction.

The promotion and protection of human rights for everybody is essential in preventing the transmission of HIV and reducing the vulnerability and impact of the infection.

Many people living with HIV/AIDS are not aware of their human rights and how to enforce these rights when violated.

This book is written to educate such people by providing knowledge and skills to make informed decisions and increase awareness about the HIV/AIDS epidemic; change attitudes and adopt behaviours to reduce the risk of HIV infection.

The inclusion of case laws on HIV/AIDS; Appendices e.g. the United Nations General Assembly Declaration of Commitments to HIV/AIDS; HIV/AIDS and Human Rights International guidelines by UNAIDS give an added value to this book by providing an opportunity to read the various international human rights instruments on HIVAIDS in a single volume.

This Book will serve as a valuable reference text to healthcare providers, general public, legal practitioners and those interested in researches and advocacy in the area of HIV/AIDS and human rights.

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Chapter One

Introduction

> "The goal of realizing human rights is fundamental to the global fight against AIDS. And in a world facing a terrible epidemic-one that has already spread further, faster and to more devastating effect than any other in human history – winning the fight against AIDS is a precondition for achieving rights worth enjoying."[1]

HIV/AIDS is one of the world's greatest but saddest challenges of our time.

HIV/AIDS is creating a devastating impact on the social and economic development of countries worst affected by the pandemic.

At the end of 2006, an estimated 39.5 million people around the world were living with HIV while a total of 4.3 million were newly infected.

The AIDS epidemic claimed 2.9 million lives in 2006, and an estimated 4.3 million people acquired the HIV virus in 2004—bringing to 39.5 million the number of people globally living with the virus.[2]

Globally, about one-third of adults living with HIV are young people aged 15 – 24 years.

Globally, new infections included an estimated 530,000 children - over 90% of them infected through mother-to child transmission (MTCT).

Almost 90% of these new child infections occurred in sub-Saharan Africa, but the number of such infections is increasing in other regions, particularly Asia.

Sub-Saharan Africa remains the most affected region and is home to about 63% of the total number of people living with HIV worldwide. Sub-Saharan Africa has more than 10% of the world's population.

In 2006 alone, an estimated 4.3 million people became newly infected, while 2. 9 million people died of AIDS.

Worldwide, AIDS kills more than 8,000 people every day; 1 person every 10 seconds.

Sub-Saharan African countries continues to bear the burden of the global epidemic. Two-thirds (about 63 %) of all adults and children with HIV globally live in Sub-Saharan Africa with its epicenter in Southern Africa.[3]

The continuing spread of HIV/AIDS constitutes a serious obstacle to the realization of the global Millennium Development Goals (MDG).

Women in Africa are being infected at an earlier age than men, and the gap in HIV prevalence between them continues to grow.

Recent estimates indicate that women account for close to 54% of the total number of HIV/AIDS cases.

HIV/AIDS has been identified as currently the highest single contributor to orphanage for children in Africa. 6,000 youths become infected with HIV/AIDS each day –one- every 14 seconds, the majority of them

young women.

The fastest spread of HIV/AIDS among youths is in the Sub Saharan Africa where an estimated 8.6 million youths (67%) female) become infected followed by South Asia where some million youths are infected (62% female).[4]

HIV/AIDS is a development challenge that must be confronted because of its devastating impact on the people and the progress of nations. HIV is a development issue because it affects the lives of groups of people who are at the prime of their lives. [5]

By threatening a generation of productive lives, HIVAIDS is threatening the world's future.[6]

HIV threatens security. Peace is threatened not only by terrorism but also by such pandemic as HIV/AIDS.[7]

The rapid spread of HIV/AIDS has led to the infringement of the human rights of men and women affected by the epidemic.[8]

Recognizing and protecting the human rights of people living with HIVAIDS is crucial for the success of any strategy to combat HIV/AIDS.

Chapter 2

Basic Facts about the HIV and AIDS Epidemic

HIV is a member of a group of viruses called retroviruses. HIV is a very serious infection because it attacks and destroys cells of the immune system- called T-cells or CD 4 cells. There are 2 types of HIV. HIV-1 is responsible for the vast majority of infections and cases of AIDS in the world. HIV-2 is the more common type in West Africa and has a slower course than HIV-1.

Undoubtedly, HIV/AIDS has become the greatest global development issue challenging mankind and governments of all nations.

HIV

HIV stands for Human Immunodeficiency Virus.

Each letter of HIV means:

H- stands for **Human** because the AIDS virus only lives in human beings and not in animals, insects, water or air.

I- stands for **Immuno deficiency.** The AIDS virus causes the body defence (immune system) not to be effective in protecting the body from diseases.

V- stands for **Virus**. The virus is a very small germ that we cannot see with our naked eyes but very harmful to our body.

HIV is a retrovirus that infects cells of the human immune system (mainly CD4 positive T cells and macrophages—key components of the cellular immune system), and destroys or impairs their function.

Normal people have CD4 counts of between 700 - 1500/cmm of blood. With the advance of HIV infection, this number is slowly depleted until it falls below 200/cmm. Infection with this virus results in the progressive depletion of the immune system, leading to 'immune deficiency. The immune system is considered deficient when it can no longer fulfill its role of fighting off infection and diseases. From the time a person is infected with HIV, the virus begins to gradually damage the immune system.

Immuno-deficient people are much more vulnerable to a wide range of infections, most of which are very rare among people without immune deficiency. Diseases associated with severe immunodeficiency are known as 'opportunistic infections', because they take advantage of a weakened immune system. HIV accounts for the highest number of deaths by any single infectious agent.[9]

Routes of Infection (Pathogenesis)

The Human Immunodeficiency Virus (HIV), which causes AIDS, is transmitted through body fluids-in particular blood, semen, vaginal secretions and breast milk.

It has been established that transmission takes place in following ways:

(a) Sexual transmission

Through unprotected penetrative sexual intercourse (vaginal i.e. penis-in- vagina/anal; penis-in-anus/oral i.e. penis-in-mouth; mouth-in-vagina) between infected and uninfected persons.

The most common mode of HIV transmission is through heterosexual contact.

Unsafe sex is the predominant mode of transmission of HIV worldwide accounting for 80-90% of infections.

60–70% of HIV cases occur among heterosexuals.

HIV is transmitted mostly through semen and vaginal fluids during unprotected sex without the use of condoms. The virus can enter the body through the mucosal linings of the vagina, vulva, penis and rectum during sex.[10]

Oral sex is regarded as a low-risk sexual activity in terms of HIV transmission. Risk can increase if there are cuts or sores around or in the mouth and if ejaculation occurs in the mouth.

There are various ways to avoid contacting HIV through sex:

- Practical abstinence,
- Have sex with only one faithful partner,

- Choose sexual partners carefully. This involves sincere communication between partners about their risk factors.
- Courteously request partners to get tested for sexually transmitted infection and HIV.
- Have safer sex.
- Use male or female condom during sex.

(b) *Transmission through blood transfusion*

Blood transfusion with unscreened blood or blood products i.e. transmission through contaminated blood and contaminated instruments for example, infected transfusions and organ or tissue transplants.

There is a very high risk of acquiring HIV through transfusion of infected blood and blood products. However, the implementation of blood safety standards ensures the provision of safe, adequate and good-quality blood and blood products for all patients requiring transfusion.

Blood safety includes screening of all donated blood for HIV and other blood-borne pathogens, as well as appropriate donor selection.[11]

(c) *Transmission through sharing of needles and syringes*

- use of contaminated injection or other skin-piercing equipments,
- Sharing of needles (ivdu/tatoo/ear or skin piercing practices)

Re-using or sharing needles or syringes represents a major way of transmitting HIV. The risk of transmission can be lowered substantially among injecting drug users by using new needles and syringes that are disposable or by properly sterilizing reusable needles/syringes before reuse.

(d) Contact with infected body fluids.

(e) Cuts with sharp objects (tribal skin marking, haircutting/manicure and pedicure/circumcision male and female).

(f) Mother to Child transmission (MTCT) i.e. transmission from infected mother to child in the womb or at birth and breastfeeding.

Generally, there is a 15–30% risk of transmission from mother to child before and during delivery. A number of factors influence the risk of infection, particularly the viral load of the mother at birth (the higher the load, the higher the risk). The risk of transmission from mother to child is increased when the child is breastfed. Although breast milk is considered the best nutrition for a child, it is recommended that HIV-positive mothers replace breast milk with infant formula to reduce the risk of transmission to the child.[12]

There is also evidence that drug and alcohol abuse can impair an individual's ability to practice safe sexual behaviour.

HIV is not transmitted by casual physical contact, holding, sneezing and kissing, hugging, sharing toilet and washing facilities, using common swimming pools, or consuming food and beverages handled by someone who is infected with HIV.
Transmission through kissing on the mouth carries a very low risk, and no evidence has been found that the virus is spread through saliva by kissing.

HIV is not transmitted by saliva (spit). HIV is not spread by mosquitoes, bedbugs or other insect bites or caring for an infected person. Even if the virus enters a mosquito or another sucking or biting insect, it cannot reproduce in insects. Since the insect cannot be infected with HIV, it cannot transmit HIV to the next human it feeds on or bites.[13]

HIV is not spread by air or water or through ordinary social contact; for example by shaking hands, traveling in the same bus, eating from the same utensils, sharing towels, books with an HIV infected person. Sleeping in the same room with an HIV-infected person will not get you infected.
Sharing the same telephone in your office or work with other HIV infected persons, even sharing the same cup of tea will not expose you to the risk of contracting the infection. Being in contact with dirt and sweat will also not give you the infection.[14]

HIV is not transmitted by day-to-day contact in social settings, schools or in the workplace. Touching or playing together with an HIV-infected person or by being exposed to coughing by an infected person cannot infect you. Dancing with an HIV infected people cannot transmit the virus to you.

There is no evidence that HIV can be transmitted while playing sports with a person infected with HIV.

You cannot tell if someone has HIV or AIDS by just looking at him. A person infected with HIV may look healthy and good, but he can still pass the virus to you through sex or other modes of transmission. A blood test is the only way a person can find out if he or she is infected with HIV.[15]

HIV weakens the human body's immune system, making it difficult to fight infection.
A person may live for ten years or more after infection, much of this time without symptoms or sickness, although they can still transmit the infection to others. Opportunistic diseases such as cancers, meningitis, pneumonia and tuberculosis may also take advantage of the body's weakened immune system.

HIV is a fragile virus, which can only survive in a limited range of conditions. It can only enter the body through a naturally moist place and cannot penetrate unbroken skin.[16]

AIDS

AIDS stands for Acquired Immune Deficiency Syndrome. It is a deadly disease caused by a tiny, harmful virus known as HIV (Human Immune Deficiency Virus).

Each letter of AIDS means as follows:

Acquired- means that a person contacts the disease from somewhere else and that the body does not make the disease.

Immune- means that everyone is naturally immuned and has the ability to fight illness in order to stay healthy.

Deficiency: simply means that the virus destroys the immune system.

Syndrome: refers to a host of symptoms and opportunistic diseases that attacks the person and eventually kills him/her. People infected with AIDS suffer many types of infection and illnesses such as cough, diarrhoea, skin infection etc.

When HIV has weakened the body's defence system to the extent that it can no longer resist diseases, the infected person becomes sick and is said to have AIDS. The term AIDS applies to the most advanced stages of HIV infection.

Infection with HIV has been established as the underlying cause of AIDS. The level of HIV in the body and the appearance of certain infections are used as indicators that HIV infection has progressed to AIDS.

Most people infected with HIV do not know that they have become infected, because no symptoms develop immediately after the initial infection. A person infected with HIV may show no symptoms, appear healthy and normal for years. Despite the fact that HIV infection does not cause any initial symptoms, an HIV-infected person is highly infectious and can transmit the virus to another person.

The only way to determine whether HIV is present in a person's body is by taking an HIV test in an approved voluntary counseling and confidential testing center. Determining your HIV status enables you to take the necessary steps before the symptoms occur thereby prolonging your life span and apply all necessary precautions to prevent the transmission of the HIV virus to others.

The course of HIV infection and the development of AIDS vary among individuals. About five to 10% of HIV-positive individuals develop AIDS symptoms very rapidly during the first years of infection, and about the same proportion remain infected with HIV for 15 years or more without progressing to AIDS.

But on average, AIDS symptoms develop approximately eight to ten years after initial HIV infection in people who do not receive ARV therapy.[17] However, most people in developing countries die within three years of being diagnosed with AIDS.

Signs and Symptoms of AIDS

A person infected with AIDS manifests the following symptoms:

1. Chronic diarrhoea for more than a month.

2. white coating on the tongue, herpes and mouth infections.

3. enlargement of glands in the neck groin and/or armpits.

4. Shaking chills or persistent fever for several weeks.

5 Persistent headaches.

6 Persistent dry cough and shortness of breath.

7 cold sores all over the body and severe recurrent skin infections.

8. unexplained weight loss.

9 mental changes such as memory loss.

10 Persistent, unexplained fatigue.

11 Soaking night sweats.

12 Swelling of lymph nodes for more than three months.

13 Persistent bruise-like blotches on or under the skin or inside the mouth, nose, or eyelids.

Myths, False beliefs and Misconceptions about HIV/AIDS

Silence, taboos and myths often surround HIV/AIDS because it is associated with private and intimate behaviour.

Prevention and care for people living with HIV/AIDS are undermined by myths and misconceptions about HIV transmission and epidemiology.

The following myths about HIV/AIDS are untrue and misconceived:

- Sex with virgin cures AIDS.
- Scrubbing the genitals after sex- with caustic substances- prevents HIV infection.

- Douching or washing the vagina immediately after sex prevents HIV.
- Taking Antibiotics after sex prevents HIV infection.
- The use of condoms promotes promiscuity instead of preventing HIV.
- Anti retroviral drugs are too toxic to be given to mothers and babies.
- A child born to an HIV infected mother will be HIV positive.
- HIV is untreatable.
- HIV is a disease of black people only.
- HIV affects certain people only (poor, prostitutes, homosexuals and drug addicts.
- AIDS is a magical spell cast upon the victims by witchcraft or to believe that a cure is available in traditional or alternative medicine.
- You can cure AIDS by drinking local gin.
- AIDS is a judgment by God for perverted behaviour, fornication or adultery.
- AIDS is a plague that God has used to punish non-believers.
- Linking HIV/AIDS to what is called “social evils.”
- A healthy looking person cannot be HIV infected.
- AIDS is an American invention to discourage sex.
- You have to engage in sexual intercourse more than once to catch the virus.
- Religious people do not get HIV.

- AIDS is a disease of immoral people e.g prostitutes.
- We should not play with HIV infected persons nor talk to them, work with them, shake hands with them.

It is also wrong to regard people living with HIV/AIDS as “untouchable” and already “dead”.
We must vigorously combat these mistaken beliefs, which are borne out of ignorance and misconceptions.

Chapter 3

Prevention of HIV/AIDS

> "We are facing an unprecedented human catastrophe. A quarter of century into the pandemic, AIDS has inflicted immense on countries and communities throughout the world. More than 65 million people have been infected and more than 25 million people have died. 15 million children have been orphaned by AIDS and millions more made vulnerable. We now have the means to reverse the pandemic and to avert millions of needless of deaths. To be effective, we must deliver an intensified much more urgent and comprehensive response.*
>
> * 2006 United General Assembly Political Declaration on HIV/AIDS.

HIV infection is preventable.
Prevention is the key to reducing HIV infection. Prevention of all modes of transmissions can be achieved through effecting positive changes in behaviour, knowledge and creation of a non-discriminatory environment for people living with HIV/AIDS. Understanding HIV/AIDS is the first step in learning how to prevent it.

Prevention measures must be given top priorities in order to save lives and reduce agonies as well as limit the devastating future impact on human development.

Unsafe sex is the most common cause of the spread of HIVAIDS across Sub Saharan Africa.

In order to prevent AIDS and improve their health, men and women are advised to adhere to the "A.B.C.D" of AIDS i.e.:

A: Abstinence from casual and unprotected sex before marriage.

B: Be faithful to a non-infected partner

C: However, if you must have casual sex, always use condom.

D: Desist from sharing sharp instruments, receiving unscreened blood through transfusion.

However, the "A", "B", "C" approach may not work everywhere particularly in the Sub Saharan communities where many women and girls are unable to exercise their right to control their own sexuality - to make the A-B-C choices for themselves. In some cases, women are often forced to have sex against their will.

The "ABC" approach has also been challenged for its inability to meet the urgent needs of women to exercise or enjoy their sexual rights.

Useful hints on the correct use of Condoms

Condom is the only contraceptive method that offers dual protection against HIV and sexually transmitted infections and pregnancy. The condom is an effective barrier to HIV when used correctly.

The correct and consistent use of quality assured condoms can protect against HIV. While condoms have been proven effective in HIV prevention, their correct and consistent use rests with the male partner making it more difficult for women to negotiate safer sex.

Condoms can save your life. Don't be shy to use condoms. Quality assured condoms are less likely to tear during handling or use. Avoid using Oil-based lubricants or petroleum jelly such as Vaseline on the condom.

Carefully open the package containing the condom when you are ready to use it. Otherwise, the condom will dry out. Wait until the penis is fully erect before putting on the condom. Place the rolled-up condom, right side up, on the end of the penis. Hold the tip of the condom between your thumb and first finger to squeeze the air out of the tip. This leaves room for the semen to collect after ejaculation. Keep holding the top of the condom with one hand. With the other hand, unroll the condom all the way down the length of the erect penis to the pubic hair.

If the man is uncircumcised, he should first pull back the foreskin before unrolling the condom. [18]

After sex, the condom needs to be removed the right way and disposed. Do not re-use Used condom. Instructions on the proper use of condom are in each pack and should be followed strictly. If you are going to have sex again, use a new condom and repeat the whole process described above.

Prevention therefore involves ensuring that there is a barrier to the virus, for example condoms or protective equipment such as gloves and masks (where appropriate), and that skin-piercing equipment is not contaminated.

Other prevention options involve:

(a) Avoiding unsafe injections i.e. the reuse of needles and syringes in the absence of sterilization.

(b) Personal protection from infected body fluids

(c) Ensuring that blood safety standards are implemented by insistence on the use of screened Blood and Blood Products.

(c) Avoiding sex with people of high-risk behaviours e.g prostitutes, long distance travelers, homosexuals etc.
(d) Embracing norms and standards that encourage positive behavioural change.
(e) Mother-to-child transmission can be reduced by short-term antiretroviral preventative treatment.

When combined with infant-feeding counselling and support, and the use of safer infant-feeding methods, it can halve the risk of infant infection. ARV regimens are mainly based on the use of nevirapine or zidovudine. Nevirapine is administered in one dose to the mother at delivery, and in one dose to the child within 72 hours of birth. Zidovudine has been shown to decrease the risk of transmission when administered to the mother during the last six months of pregnancy and intravenously during labour and to the baby for six weeks after birth. Even if zidovudine is administered later in pregnancy, or around the time of delivery, the risk of transmission can be halved.

The World Health Organization recommends a three-sided strategy to prevent mother to child transmission.

The first is to prevent the mother's infection especially young women.

The second is to prevent unintended pregnancies among HIV-positive women and the third is to expand access to antiretroviral therapies.

Education and family planning programs can reduce transmission from mother to child by helping young people understand and avoid the risks of HIV infection and pregnancy.

It is important that HIV prevention programmes involve both men and women to successfully address gender inequality and reduce women's susceptibility to HIV/AIDS.

Another promising HIV prevention option for women lies in microbicide research. Formulated as a gel, film, spounge, lubricant or time released suppository, as microbicide could successfully help to protect women and couples who cannot use condoms against HIV.

The gels or creams are applied internally and aim to stop the virus from entering the body. Research at the London School for Hygiene and Tropical Medicine estimates that microbicides could prevent more than 2.5 million new infections.

The Microbicides work in any of the following ways-

i by killing the virus before it enters the body;
ii by preventing it from taking hold once inside the body; or
iii by creating a barrier to stop it from entering the body in the first place.

It is imperative to tackle the HIV pandemic and an effective microbicide would have the potential to give many women the power to control their risk of contacting HIV and other sexually transmitted diseases especially if used along with condoms.

Microbicides remain a significant instrument for the emancipation of women who are vulnerable to the greatest risks of HIV/AIDS infections. The prospects of having microbicides enable women to reassert control over their own sexuality.

HIV prevention efforts are usually affected by social bias, attitudes toward condom use, poor availability of health care services, massive poverty and lack of trained counselors.

Some cultural values and attitudes such as the promotion of preservation of virginity, chastity of women before marriage and strong social sanctions against adultery (mainly directed at women) also help in the prevention of AIDS.

Faith-based approaches to preventing HIV/AIDS are equally helpful. Faith-based responses could also provide spiritual support and guidance to people living with HIV/AIDS through positive sermons on compassion, God's love, congregational prayers, home visits, pastoral counselling, mercy, forgiveness, tolerance, patience, care and support in times of need.

If people practice the teachings of Christianity and Islam about sexuality e.g. sexual abstinence before marriage, fidelity in marriage etc, HIV/AIDS would greatly be prevented.

HIV/AIDS prevention programmes should focus on changing behavioural patterns in such areas as abstinence, mutual fidelity, condom use, voluntary counselling and testing which are critical in mitigating the impact of HIV/AIDS.

Since there is no cure for AIDS, the ideal way to prevent the infection is to avoid behaviour that exposes one to the risk of HIV infection. The simplest way is to prevent HIV infection is abstinence i.e. abstaining from sex before and outside marriage.

Prevention efforts must also include improving women's and girls' access to education; ensuring equal access to women's and girls' to health care and services, protection from and prosecution of sexual violence, greater access to existing female initiated prevention methods as well as development of new such methods, elimination of gender discriminatory laws and policies such as those found in inheritance laws and promotion and protection of sexual and reproductive rights.[19]

Prevention measures must be given top priorities in order to save lives and reduce agonies as well as limit the devastating future impact on human development.

HIV/AIDS epidemic needs to be tackled on three fronts:

i. reducing the number of new infections to reversing the trend of the epidemic;
ii. expanding access to care and treatment for people living with HIV/AIDS.
iii. mitigating the devastating impact on social and economic development of countries worst affected by the epidemic.

Chapter 4

Treatment and Control of HIV/AIDS

HIV/AIDS is the most devastating disease both humanity and the world have ever been confronted with. There is no known cure for AIDS yet although research on the development of the vaccine is rapidly progressing but none is viable yet. But the condition can be managed like any other chronic illness with the use of antiretroviral (ARV) drugs.

Antiretroviral drugs are available that slow the progression of the disease and prolong life. Progression of the disease can be slowed down but cannot be stopped completely. The right combination of antiretroviral drugs can slow down the damage that HIV causes to the immune system and delay the onset of AIDS. The purpose of antiretroviral therapy is to reduce the viral load as much as possible. Presently, the antiretroviral drugs are very expensive and consequently unavailable to most sufferers, but the situation is changing rapidly as some countries now provide them free or at subsidized prices. Support from international donor agencies such as the World Health Organisation, World Bank, U.S.A. President's Emergency Relief Fund for AIDS Relief (PEPFAR) etc.

The anti-retroviral drugs inhibit the spread of HIV within a person's body. The anti-retroviral drugs have been proved to be effective in improving the quality of life of people living with AIDS.

Treatment and care consist of a number of different elements, including voluntary counselling and testing (VCT), support for the prevention of onward transmission of HIV, follow-up counselling, advice on food and nutrition, physical exercises, treatment of STIs, management of nutritional effects, prevention and treatment of opportunistic infections (OIs), and the provision of antiretroviral drugs. Other elements of care can help maintain a high quality of life when ARVs are not available. These include adequate nutrition, counselling, prevention and treatment of opportunistic infections, and generally staying healthy.

Antiretroviral therapy does not prevent an infected person from passing on the virus to others. Since HIV is retrovirus, medications are mainly anti-retroviral.

The Anti-Retroviral drugs (ARD) are Nucleoside Reverse Transcriptase Inhibitors (NRTIs); Non-Nucleoside Transcriptase Inhibitors (NNRTIs) and Protease Inhibitors (PIs).[20]

Nucleoside Reverse Transcriptase Inhibitors:

HIV needs an enzyme called reverse transcriptase to generate new copies of itself. This group of drugs inhibits reverse transcriptase by preventing the process that replicates the virus's genetic material.

Non-Nucleoside Reverse Transcriptase Inhibitors:

This group of drugs also interferes with the replication of HIV by binding to the reverse transcriptase enzyme itself. This prevents the enzyme from working and stops the production of new virus particles in the infected cells.

Protease Inhibitors:

Protease is a digestive enzyme that is needed in the replication of HIV to generate new virus particles.

It breaks down proteins and enzymes in the infected cells, which can then go on to infect other cells. The protease inhibitors prevent this breakdown of proteins and therefore slow down the production of new virus particles.

Antiretroviral drugs should only be taken under medical supervision.
People living with HIV/AIDS are able to lead reasonably long and productive lives particularly with recent advances in anti-retroviral treatments.

Other drugs that inhibit other stages in the virus's cycle (such as entry of the virus and fusion with an uninfected cell) are currently being tested in clinical trials.

Majority of people who are HIV infected are not aware that they are infected.
This development underscores the importance of having an HIV blood test in a recognized voluntary counselling and confidential testing (VCCT) center to know if you have HIV.

Voluntary Counselling and Testing (VCT) is a powerful prevention tool whereby a person undergoes counselling to enable him/her to make an informed decision about being tested for HIV.
The goals of VCT are to prevent HIV transmission, encourage early treatment for the affected, promote behavioural change to prevent infection and to promote adherence to treatment by those affected.

In order to promote voluntary testing and disclosure, a culture of human rights must be created to enable people living with HIV/AIDS to disclose their status without fear of stigmatisation and discrimination.

Voluntary Testing is fast and confidential. Many people who test HIV-positive need special support, care and counselling before and after the test.
Voluntary Counselling and Confidential Testing is necessary to induce sustainable and positive change in high risk sexual behaviours of HIV infected people.

According to a Statement from the Consultation on Testing and Counselling for the HIV Infection published by the World Health Organisation (1992), "mandatory testing and other testing without informed consent has no place in an AIDS prevention and control programme for the following reasons:

(i) Stigmatisation and discrimination directed at HIV-infected people make individuals who believe they might be infected to go "underground" to escape mandatory testing.

(ii) Testing without informed consent damages the credibility of health services and may discourage those needing services from obtaining them.

(iii) Mandatory testing can create a false sense of security, especially among people who are outside its scope and who use it as an excuse for not following more effective measures for protecting themselves and others from infection.

(iv) It is expensive and diverts resources from effective prevention measures.

Knowledge of HIV status is the gateway to HIVAIDS treatment. Knowledge about HIV status enables you to take the necessary steps before symptoms occur thereby prolonging your life span and to take necessary precautions to prevent the spread of the disease to others.

Knowledge about one's HIV status also helps to increase awareness about the disease and change attitudes and behaviours towards the epidemic. It enables one to get the necessary care and support and reduce the stress of coping alone. It also enables one to plan for the future.

People taking an HIV test must give informed consent or permission prior to being tested. A person must be counselled before and after testing.
Voluntary HIV counselling and testing should be in accordance with the United Nations Guidelines and the UNAIDS policy on HIV testing and counseliing.

The counsellor determines the person's knowledge, corrects any mistaken beliefs on HIV/AIDS, assesses the person's risks by discussing past behaviors and explains the test. The counsellor provides psychological and emotional support and referrals where necessary. The results of the test must be kept absolutely confidential. In testing for HIV, ensuring medical confidentiality is essential.

Control of AIDS

The control of AIDS epidemic can be achieved through a multi-sectoral approach which would involve the government, private sector, donor agencies, civil society groups, community, religious institutions and other stakeholders working together to increase the awareness and knowledge of HIV/AIDS to effect a behavioural change towards the reduction in the transmission of the virus.

The sincere implementation of the following gender specific programmes designed by the International Labour Organisation Code of Practice on HIVAIDS could also bring the desired results:

(a) Information programmes should, where possible, be linked to broader HIV/AIDS campaigns within the local community, sectors, region or country.

The programmes should be based on correct and up-to-date information about how HIV is and is not transmitted, dispel the myths surrounding HIV/AIDS, how HIV can be prevented, medical aspects of the disease, the impact of AIDS on individuals, and the possibilities for care, support and treatment.

(b) As far as is practicable, information programmes, courses and campaigns should be integrated into existing education and human resources policies and programmes as well as occupational safety and health and anti-discrimination strategies.

(c) Where practical and appropriate, educational programmes should:

- provide information about transmission of HIV through drug injection and information about how to reduce the risk of such transmission;
- give special emphasis to the vulnerability of women to HIV and prevention strategies that can lessen this vulnerability;

- emphasize that HIV cannot be contracted through casual contact, and that people who are HIV-positive do not need to be avoided or stigmatized, but rather should be supported and accommodated in the workplace
- explain the debilitating effects of the virus and the need for all workers to be empathetic and non-discriminatory towards workers with HIV/AIDS;
- provide education about the prevention and management of STIs and tuberculosis, not only because of the associated risk of HIV infection but also because these conditions are treatable, thus improving the workers' general health and immunity;
- promote hygiene and proper nutrition;
- promote safer sex practices, including instructions on the use of male and female condoms;
- encourage peer education and informal education activities.

Care to HIV/AIDS affected persons

Care basically involves clinical management, nursing care, counselling and social support.
An HIV infected member of your family or friend needs your care, attention, support and understanding.

Even, the families of people living with HIV/AIDS need counselling because of the onerous burden of caring for an infected member and the grief, which usually begins before the infected person, finally eventually dies.

People living with HIV/AIDS are part of the society. With care, support, positive attitude and healthy lifestyle, an HIV infected person can still live an active and fulfilling life, do his jobs and all other activities he was exercising before the infection.

There should be no discrimination against people living with HIVAIDS. Caring for an HIV infected person cannot transmit the disease. We must bear in mind that the HIV virus is the enemy and not the the people who are infected with the virus.

Care and support for people living with HIV/AIDS should be our common concern since HIV/AIDS pose serious challenges not only to the infected but also to the society at large.

Everyone who is aware of the HIV/AIDS status of any person is a potential care provider.
This includes health care workers in health care delivery system, social workers and counsellors, friends and close family members at home.
Persons living with HIV/AIDS require information, counselling, care and support not stigmatization.

It is a common knowledge that once a person is HIV positive and known publicly, the victim is treated as an outcast and abandoned by her family. The person suffers from discrimination, stigmatisation and denials.

In South Africa, a woman, Gugu Dlamini was stoned to death by male youths in her community when she confessed publicly that she was HIV- infected.
In Okpoma, Yala Local Government Council of Cross River State of Nigeria, the stigma and discrimination does not just end with persons infected with the HIV/AIDS disease but also extend to the burial of people who died of AIDS. Many people think that attending the burial ceremony of people who died of AIDS could lead to AIDS infection; hence no one wants to agree that the family member died of AIDS.

Many health care workers often refuse to treat people living with HIV/AIDS to avoid exposure to the occupational risk of contracting the disease.
Sometimes where the people living with HIV/AIDS are attended to, they are treated shabbily. Poor treatment or denial of health care services violate their right to health care treatment guaranteed under the various international human rights instruments.
The common practice where some hospitals refuse or reject treatment of HIV victims is unethical and inhuman.

Instead of health workers rejecting HIV victims, they are enjoined to embrace the World Health Organisation Precautions including injection safety. Universal Precautions are infection-control guidelines, developed to protect health workers and their patients from exposure to diseases spread by blood and certain body fluids.

It is hard for victims to resume their normal lives due to the physical and psychological harms and stigma suffered.
The key challenge is to help people living with HIV/AIDS to overcome pervasive stigma and denial.

Chapter 5

Social and Economic Impact of HIV/AIDS

> "AIDS has become a full-blown development crisis. Its social and economic consequences are felt widely not only on health, but in education, industry, agriculture, transport, human resources and the economy"
>
> - UNAIDS Report on the Global HIV/AIDS epidemic 2002

HIV/AIDS epidemic through its devastating scale and impact constitutes a global crisis and one of the most formidable challenges to human life and dignity, development and social progress as well as to the effective enjoyment of human rights.

The HIV epidemic threatens the social, political and economic vitality of any nation. HIV/AIDS is sadly reversing many of the social, political and economic gains won by developing nations over the past years.

At the economic, social, security and demographic levels the AIDS epidemic is having a devastating impact. In addition to the untold grief and human misery caused by AIDS, the epidemic is wiping out development gains, decreasing life expectancy, increasing child mortality, orphaning millions, setting back the situation of women and children, and threatening to undermine national security in highly-affected societies.[21]

AIDS represents a serious threat to development as it kills people in the prime of their working and parenting lives. By reducing growth, weakening governance, destroying human capital, discouraging investment, and eroding productivity, AIDS erodes the foundations on which countries seek to develop their societies and threatens to thwart the hopes of the next generation.

AIDS has a pronounced impact on growth, incomes, and poverty. Although different estimates exist, the World Bank calculates that AIDS may now be costing 24 African countries 0.5% to 1.2% of per capital growth each year. The World Bank had estimated in 2000 that the total cost of the epidemic in the Caribbean was close to 6% of GDP.

Governments are suffering a drain on skills, reduced revenues, lower return on social investment, and reduced national security - while facing vast expenses on health and orphan care.[22]

Children bear the brunt of HIVAIDS as AIDS leaves behind millions of orphans thereby reinforcing the transmission of poverty.

Businesses of all types face higher costs in training, insurance, benefits, absenteeism, and illness. In households, AIDS is impoverishing entire families as income -earners grow sick and die and families sell all their assets for care and for funerals.

In agriculture, food security is lost as there are fewer people to tend the fields and fewer to pass on their skills to the next generation.

AIDS overtaxes social systems and impedes the health and educational development that enables poor people (especially children) to escape poverty.[23]

Life expectancy has plummeted by 20 years in some countries and the number of orphans is expected to more than double by 2010. This will pose unprecedented social welfare demands for countries already burdened by vast development challenges.
Whole families dissolve as the parents die while their children and dependent elderly are dispersed to others that might care for them.

HIV/AIDS has been described as one of the greatest humanitarian and development challenges facing the global community due to the alarming increase in the number of children orphaned by AIDS.
Orphans and children made vulnerable by HIV/AIDS face many material and non-material problems, including:

* Psychological distress as a result of grieving dying or dead parents.
* Discrimination due to the stigma associated with HIV/AIDS has far-reaching social implications, which include fear and isolation.
* These children may lack shelter and are forced to live on the street, motor parks, market places, under the bridge and in dilapidated or abandoned buildings.
* Due to lack of adult care they often grow up in a non-protective environment and are exposed to the following:-

    - Exploitative child labour and including trafficking

- Sexual abuse making them more vulnerable to HIV/AIDS
- Crime including armed robbery
- Drug abuse and drug peddling
- They are prone to malnutrition and illness, because of lack of adult care and exposure to weather.
- Pressure to abandon school is very high among orphans due to lack of adult care and financial constraints.
- Orphans are usually cheated out of their inheritance by adult relatives.

The survival rights of orphans are of major concern worldwide. As a result of this pressing concern, principles to guide programming for orphans and children made vulnerable by HIV/AIDS evolved from widespread consultations during the XII International AIDS conference in South Africa and subsequent regional meetings.
These principles for OVC response include:

- Strengthen the protection and care of orphans and other vulnerable children within their extended families and communities.
- Strengthen the coping capacities of families and communities.
- Enhance the capacity of families and communities to respond to the psychosocial needs of orphans, vulnerable children and their caregivers.

- Foster linkages between HIV/AIDS prevention activities, care and support for people living with HIV/AIDS, and efforts to support orphans and vulnerable children.
- Target the most vulnerable children and communities, and not only AIDS orphans.
- Give particular attention to how gender role make difference and address gender discrimination.
- Ensure the full involvement of children and adolescents as part of the solution
- Strengthen the role of schools and educational systems
- Reduce stigma and discrimination
- Accelerate learning and information exchange
- Strengthen partnerships at all levels and build coalitions among key stakeholders.
- Ensure that external support does not undermine community initiative and motivation.

In education, teachers and students are dying or leaving school, reducing both the quality and efficiency of educational systems. Health care systems in many countries are stretched beyond their limits as they deal with a growing number of AIDS patients and the loss of health personnel.

Women in general, and girls in particular, are more vulnerable to HIV/AIDS and are disproportionately affected by the epidemic.

They bear the greatest burden of care. Families remove girls from school to care for sick relatives or assume family responsibilities, thereby jeopardizing recent gains in female health, nutrition and education.

This has an especially detrimental impact on girls' own development and leaves them more vulnerable to the epidemic. Girls who have not completed their schooling are less likely to obtain the earning power to increase their economic independence, and more likely to resort to transactional sex in order to survive. Reduced education for women also impedes national development.[24]

Poverty, powerlessness and social instability, all of which can facilitate HIV transmission, are exacerbated during wars and armed conflict. Conflict and displacement is associated with increased risks of HIV transmission among affected groups because of behavioural changes due to interruption of social networks and economic vulnerability particularly among girls and women.

Physical and sexual violence, forced displacement and sudden destitution, the collapse of social structures and the breakdown of rule of law can put people at much greater risk of HIV infection. People in such situations have less access to prevention and health services, and less control over their sexual life, either because hardship can force resort to transactional or commercial sex, or because of rape.

In conflict areas, refugees, sex workers, women, girls, children, young people, and humanitarian workers also face increased risk of infection.

In some countries affected by conflict, HIV prevalence is already relatively high (e.g. over 7% in Congo, Burundi and Rwanda).

In others, prevalence is relatively low (e.g. Afghanistan, Colombia and countries of the Balkans).

AIDS is also undermining social cohesion in many countries, and is increasingly recognized as a factor that can undermine social and political stability.
Peace and security are threatened not only by terrorism but also by such pandemic as HIV/AIDS.
Widespread AIDS epidemics may exacerbate national security issues by fuelling unrest due to lack of development, decreasing social support, and spreading distrust of government, fear and hopelessness.[25]

HIV/AIDS is a development challenge that must be addressed because of its devastating impact on the people and progress of nations.
HIV/AIDS is a development issue because it affects the lives of group of people who are most vulnerable and productive. We have to address the deadly scourge otherwise the world faces the risk of extinction.

Strategies to mitigate the impact of HIV/AIDS
The key strategies to mitigate the impact of HIV/AIDS include:

- building human capacity to effectively respond to HIV/AIDS;
- educating people on HIV transmission and epidemiology. When the people are educated about the causes, effects and prevention of HIV/AIDS, they are likely to behave more safely;
- defending public services and institutions of democratic governance;
- intensifying efforts to reduce poverty;
- promoting a more equitable global system

Chapter 6

Gender and HIV/AIDS

”Gender equality and empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIVAIDS.”*

*Article 14, Declaration of Commitment on HIV/AIDS, United Nations General Assembly Special Session on HIV/AIDS, June 2004

AIDS strikes at the lifeline of the society.
All over the world, women are increasingly and painfully bearing the brunt of the HIV/AIDS epidemic as gender inequalities put them at unconscionable and unjust risks.
Gender affects the way in which HIV spreads in many countries in the following ways:

- Sexual subordination of women ,
- Biological susceptibility of women and girls to HIV infection,
- Social and cultural expectation on sex for both genders i.e. early marriage, men proving ‘manhood’,
- Gender based violence and discrimination against women and girls,
- Lack of empowerment and negotiation skills among women and girls.

What is required is a positive change that will give more power and confidence to women and strengthen the legal protection of their rights.

HIV/AIDS is both a health and gender issue. Although HIV/AIDS affects both men and women, women are more vulnerable because of biological, epidemiological and social reasons.[26]

Women are biologically more vulnerable because:

(a) As a receptive partner, women have a larger mucosal surface exposed during sexual intercourse.

(b) Semen has a far higher concentration of HIV than virginal fluid.

(c) The micro wound that may occur in the vaginal (or rectal) tissue makes women susceptible to HIV infection.

(d) Women thus runs a bigger risk of acquiring HIV, more so if the intercourse takes place at an age when the mucosal surface is still tender or when damaged due to rituals and practices like infibulations, early marriage etc.

(e) Biologically, women are often at greater risk because they tend to retain body fluids much more in their cervix.

(f) Their reproductive tracts are still developing and not fully able to resist infection.

Women are epidemiologically more vulnerable than men because:

(a) They tend to marry or have sex with older men who may have had more sexual partners and hence be more likely to be infected.
(b) Women frequently require blood transfusions during childbirth and abortions, as prevalence of anaemia amongst pregnant women in developing countries is very high.

Socially, women face heightened risks of HIV infection because of their lack of power to determine where, when and how sex takes place. Girls are socially and economically more vulnerable to coerced sex and forced prostitution.

HIV/AIDS affects women and men differently in terms of vulnerability and impact. Apart from the above biological factors, which make women more vulnerable to infection than men, structural inequalities in the status of women make it harder for women to take measures to prevent infection, and also intensify the impact of AIDS on them. Women are more at risk in societies where they do not have same status as men.

Discrimination and gender inequalities prevent women from protecting themselves from unprotected sex, stigmatise women who are HIV positive and make them to suffer denial of their basic rights.

The unequal property and inheritance rights further heightens women's vulnerability to HIV/AIDS.

Human rights, gender equality and women's empowerment provide the foundation for combating HIV/AIDS.

The approach to stopping HIV/AIDS is to address gender inequalities and meet the needs of women and girls by changing existing policies and attitudes that militate against women; economic empowerment of women through micro credit and productive employment, legal reforms in laws relating to inheritance, marriage and other harmful traditional practices, ready availability and accessibility of condoms as well as ensuring that recommendations of the Convention For the Elimination Of All Forms OF Discrimination against Women relating to HIVAIDS and United Nations Guidelines on HIVAIDS and Human Rights are fully implemented and monitored.

The social impact of HIV/AIDS on women and girls are greater. In male dominated cultures, women are the ones who carry the burden of care when the family members are affected by the disease, putting severe constraints to their access to education, employment and healthcare.

Women are naturally the nurturers of orphaned and vulnerable children many of whom are survivors of AIDS. Young girls in the family also share the care-giving burdens for their brothers, sisters and ailing parents sometimes abandoning schooling in order to cope with these onerous responsibilities. Ironically, these women face the risks of abuse and abandonment once they become infected with HIV.

According to the International Labour Organisation, [27]

1. Many women experience sexual and economic subordination in their marriages or relationships, and are therefore unable to negotiate safe sex or refuse unsafe sex.
2. The power imbalance in the workplace exposes women to the threat of sexual harassment.
3. Poverty is a noted contributing factor to AIDS vulnerability and women make up the majority of the world's poor people. In poverty crises, it is more likely to be girl child who is taken out of school or sold into forced labour or sex work.
4 Women's access to prevention messages is hampered by illiteracy, a state affecting more women than men worldwide – twice as many in some countries.
5 Women make up a substantial proportion of migrants and, together with children, they represent over three quarters of refugees; both of these states are associated with higher than average risks of HIV infection.
In conflict situations there is an increasing incidence of the systematic rape of women by warring factions.
6 The burden of caring for HIV infected family and community members falls more often on women and girls, thus increasing workloads and diminishing income- generating and schooling possibilities.

7 Sexist property, inheritance, custody and support laws mean that women living with HIV/AIDS, who have lost partners or who have been abandoned because they are HIV positive, are deprived of financial security and economic opportunities; this may, in turn, force them into "survival sex"; the girl child is especially vulnerable to commercial sexual exploitation.

8. Studies show the heightened vulnerability of women, compared to men, to the social stigma and ostracism associated with AIDS, particularly in rural settings, thus leaving them shunned and marginalized; this again increases the pressure on them to survive through sex.

9. The work that women carry out – paid or unrecognized – is more easily disrupted by AIDS: for example, women dominate the informal sector where jobs are covered neither by social security nor by any occupational health benefits.

10. Fewer women than men are covered by social security or occupation related health benefits.

Conditions that Contribute to Vulnerability to HIV/AIDS

HIV/AIDS thrives where economic, social and cultural rights are violated, and also where civil and political norms are ignored.

The explosive prevalence rate of HIV/AIDS pandemic in developing countries have been attributed to lack of awareness, poverty, abuse and violence, coercion by older men and indifference to prevention strategies.
Lack of education about the HIV virus, deep-rooted reticence about discussing sex and a reluctance to admit the existence of the HIV problem are obstacles to the fight against HIV/AIDS.

On the economic side, poverty merits highlighting as a major factor; the illiteracy and marginalization of the poor make them more vulnerable to infection, and poverty puts pressure on women to survive and support their families by engaging in unsafe sex.
Poor diet, inadequate housing and lack of hygiene make HIV – infected persons even more vulnerable to AIDS related diseases.

On the social and cultural side, inequality in personal and working relations leads to unwanted sex in conditions of risk.
Attitudes and behaviour should also be recognized as factors that may increase risk of HIV.
The stigmatization of people living with HIV/AIDS creates a natural desire to keep quiet about infection, thus fuelling its spread.

Cultural pressures and denial mask the extent of infection locally and nationally, thus making it harder to plan an effective response for communities as well as individuals.

On the civil and political side, conflict situations, breakdown of law and order, poor legal frameworks and enforcement mechanisms, together with the denial of organizational rights and collective bargaining, hamper development in general and undermine essential health promotion measures in particular. In many countries, poorly resourced health systems, already weakened by debt and structural adjustment, have been unable to provide the care or the prevention needed.

A climate of discrimination and lack of respect for human rights leaves women more vulnerable to infection and less able to cope with AIDS because it makes it difficult for them to seek voluntary testing, counselling, treatment or support; they will also not be in a position to take part in advocacy and prevention campaigns. Rape, sexual violence and women's powerlessness in refusing unwanted sex or demanding safe sex have also given rise to the rapid spread of the HIV/AIDS disease.

The factors responsible for women's powerlessness are the lack of knowledge and access to information, economic independence, insufficient access to HIV prevention services, inability to negotiate safer sex and in some unfortunate cases, forced sex with their regular partners.

The vulnerability of women to HIV/AIDS is further worsened by the unequal property and inheritance rights. This discriminatory practice against women adversely affects their economic security and lures them to enduring abusive relationships or resorting to prostitution for economic survival.

Even in marriage, most women cannot assert their wish for safer sex, for their partner's fidelity or for no sex at all. As a result, their health is put at grave risk.

The risk of transmission from infected men to women is greater than from infected women to men and unfortunately, many women are powerless to take steps to protect themselves. Women are usually more at risk of AIDS because of their male partners' behaviours rather than by their own sexual activities.

Gender and cultural norms may also have an impact on HIV transmission. Some cultures encourage polygamy and allow men to have many sexual partners. As a result of cultural practices in some parts of Africa, it is difficult for many young girls to refuse sex or insist on the use of condoms. Many cultural practices and socio-economic factors undermine women's inequality and increase their vulnerability to HIV/AIDS.

In some cultures, women who refuse sex or tried to negotiate condom use are frequently accused of being unfaithful, are physically beaten or 'punished in some other way'. Some men believe that young girls are safer partners. Child rape cases have increased dramatically in some countries where the men believe that they can be cleansed of HIV/AIDS if they have sex with a young girl.

Due to poverty and the desire for a better life, many women and girls find themselves using sex as a commodity in exchange for goods, money, accommodation, or other basic necessities–often with older men.

Social inequalities, poverty and migrant labour provide fertile ground for exploitative transactional and intergenerational sex.
Legal and social inequities, cultural norms and limited educational opportunities that put women at a lower status increase women's vulnerability to HIV infection.
In order to address the gender inequalities, the government should initiate policies to ensure that HIV infected women have access to prevention and care.
Women must be given unimpeded access to education, credit, health care and services, removal of restrictions on employment and elimination of harmful traditional practices and restrictive laws on property, inheritance, and child custody.

Women living with HIV/AIDS should not be discriminated against in the exercise of any of the fundamental human rights, or be stigmatized because of AIDS. They deserve care, support and equal treatment as any other person.

Constraints and Challenges of the HIV/AIDS epidemic

The HIV scourge is aggravated by a number of factors including:

(i) Ignorance;
(ii) stigmatization of the infected people;
(iii) inappropriate health care practices, lack of adequate care for infected people; false claims about cure;

(iv) lack of access to voluntary testing and counselling facilities;

- (v) Stigma – shame, silence and denial gender inequality and violence;

(vii) high risk sexual behaviour initiated by unemployment, rapid urbanisation and prostitution.

viii) high levels of other sexually transmitted infections;

(ix) low status accorded women in a patriarchal society;

(x) sexual violence; high mobility, which is largely linked to migratory labour systems;

(xi) weak political commitment on the part of government to implement legislation on the prevention and control of HIV/AIDS

(xii) ineffective leadership during critical periods in the epidemic's spread;

(xiii) inadequate capacity for diagnosis and care,

(xiv) poverty and social instability that result in family disruption.

(xv) Low perception of risk

(xvi) Myths and misconceptions about HIV/AIDS

- (xvii) insufficient funding
- (xviii) Low acceptability and availability use of condoms

(xix) weak STI interventions and surveillance

- (xx) Conflict situations

(xxi) absence of reliable data base on HIV/AIDS programmes
(xxii) conservative social values, religious and cultural diferences
(xxiii) lack of adequate manpower for the prevention, treatment and control of HIV/AIDS.

The above-mentioned factors constitute serious challenges to effective responses to HIVAIDS response.

The strategies to combat the HIV/AIDS epidemic would involve a strong political leadership and commitment, effective policy and advocacy, intensive media campaigns, well-organized HIV surveillance and creation of a reliable data base for HIV/AIDS programming, improved STI intervention and treatment; sexual health and education programmes, national condom programme; empowerment of women and women groups; promoting high risk behaviour change; improving the health care system; stimulating HIV/AIDS research; local production of Anti-Retroviral medication; increased local and international funding for AIDS prevention and treatment as well as safer sex prevention and education programmes.[28]

Young People and their vulnerability to HIV/AIDS

"AIDS is a virus that spreads silently before it wrecks devastation and because it is largely spread sexually, it targets young adults just as they are coming into the prime of their productive lives"…
Peter Piot Executive Director UNAIDS

Young people aged 15-24 account for 30% of people living with HIV/AIDS. Young people especially girls are at a high risk of being infected with HIV as they experiment with sex as a part of their growing up.

Because their social, emotional and psychological development are incomplete, they tend to experiment with risky behaviour, often with ignorance of the dangers involved.

HIV spreads rapidly in conditions of poverty, powerlessness and lack of information i.e. conditions in which young people dwell.

By threatening a generation of young productive lives, AIDS is threatening the world's future

Young people have a vital role in the prevention and control of HIV infection. Their role extends from protecting themselves, protecting their peers to protecting their families and their community.

Their important roles as peer educators and motivators cannot be overemphasized.

Young people have the enthusiasm and energy, which can be harnessed for spreading the message of HIV/AIDS awareness and responsible sexual behaviour.

Young persons can perform responsible tasks as

role models and peer group leaders for younger children and their peers. By so doing, they could discuss aspects of HIV/AIDS and sexuality openly with their peers.

Youths are the most sexually active segment of the society and unless they are properly informed and be made to participate in the fight against HIVAIDS, they sadly fall victims of the killer syndrome.

The Role of Young people in the prevention and control of HIV/AIDS

Young people are in the vanguard of leading the social change process that will bring the desired behavioural changes to stem the tide of the HIV/AIDS epidemic. The importance of youths in the prevention and control of HIVAIDS cannot be overemphasized. Chief Olusegun Obasanjo, President of the Federal Republic of Nigeria aptly reiterated this salient fact in the following glowing terms in a public statement in February 2001.

"Youths are the foundation of a society. sTheir energy, inventiveness, character and orientation define the pace of development and the security of a nation. Through their creative talents and labour power, a nation makes giant strides in economic development and socio-political attainments. In their dreams and hopes, a nation finds her motivation; on their energies, she builds her vitality and purpose. And because of their dreams and aspirations, the future of a nation is assured".

To prevent the spread of HIV/AIDS, young people should be actively involved as actors rather than as spectators.

Ten-Step strategies to prevent HIV/AIDS

Young people are at the center of the global HIVAIDS pandemic. They are the greatest hope in the battle against the scourge. Except the youths are galvanized to fight the deadly scourge now, the future may be bleak for the society. Special priorities to young people will change the course of the HIV pandemic.

The ten-step strategies to preventing HIV/AIDS in youths are as follows:[29]

1 End the silence, stigma and shame.
2 Provide young people with knowledge and information.
3 Equip young people with life skills to put knowledge into practice.
4 Promote youth friendly health services
5 Provide voluntary and confidential HIV counselling and testing.
6 Work with young people to promote their participation.
7 Engage young people who are living with HIV/AIDS.
8 Create young and supportive environment.
9 Reach out to young people most at risk.
10 Strengthen partnerships and monitor its progress.

Chapter 7

HIV/AIDS and Human Rights

> "Realization of human rights and fundamental freedoms for all is essential to reduce vulnerability to HIV/AIDS. Respect for the rights of people living with HIV/AIDS drives an effective response".
>
> -United Nations Declaration of Commitment on HIV/AIDS, 2001

A Right means an interest or expectation guaranteed by law.
Human rights are universal legal guarantees meant to protect individuals and groups against actions which interfere with fundamental freedoms and human dignity.

Human rights are those rights, which are inherent in our nature and without which; we cannot function as human beings. They are the birthright of every individual person.
A human right is something of which no one may be deprived without a great affront to justice. While the significance of national and regional backgrounds must be borne in mind, it is the duty of States regardless of their political, economic and cultural systems to provide and protect all human rights and fundamental freedoms. (Vienna Declaration, 1993)

Characteristics of Human Rights

1 They are indivisible, inter-related and interdependent.
2 Universal. Human rights belong to all human beings, without discrimination regardless of gender, HIV status, race, religion, sexuality, age, colour, sex, language, class or other beliefs or other status including real or perceived HIV status.
3 Inalienable. No one can take our rights from us except in specific situations e.g. the right to liberty can be restricted if a person is convicted of crime in a proper court.
4 They are founded on respect for the dignity and worth of each person.
5 Accountability. States have a responsibility to ensure that rights are fulfilled.
6 Participation. To fulfill our rights, we all need to recognize our responsibilities and the roles we must play to fulfill them.
7 Internationally agreed and legally protected. There are national and international bodies whose job is to monitor whether rights are being violated in any particular country or any context.

The full enjoyment of these rights is a fundamental step in the achievement of progress in this millennium and better standards of life for all humanity including people living with HIV/AIDS.
Human rights are more than principles to guide the global response to AIDS: they are among the most powerful tools to ensure its success.

For many years the focus was on the medical and public health implications of the HIVAIDS epidemic especially the search for a cure and a vaccine. Since these approaches have become difficult to achieve, the emphasis have shifted to prevention. All these approaches are useful but they should be pursued simultaneously with the protection of human rights of people living with HIV/AIDS through employing a rights-based approach i.e. applying human rights principles to solve the problem of HIV/AIDS.

The onset of the HIV/AIDS epidemic has opened up a whole new area of human rights violation as the epidemic depicts congruence of two insidious forms of human oppression -gender and sexuality.

In response to this global crisis, the United Nations General Assembly in 1996 came up with international guidelines on HIV/AIDS and Human Rights. The twelve guidelines utilized existing human rights norms and translated them into practical and concrete measures for the protection of human rights and safeguarding of human dignity in the context of HIV/AIDS.

The Guidelines attempt to translate international human rights standards into application at the national level by:[30]

(a) Promoting reforms of laws and legal support services (focusing on women, children and vulnerable groups).
(b) promoting governmental responsibility for multi-sectoral coordination.
(c) Supporting involvement and participation of private and community sectors in the response.

When human rights are protected, less people become infected and people living with HIV and their families can cope with the disease.

Apart from the devastating social and economic impact of HIV/AIDS, the epidemic has also raised some germane legal issues- the human rights of people living with HIV/AIDS. The HIV/AIDS epidemic is complex, thus a combination of inter-disciplinary approaches including legal are required to limit the spread and effects of the deadly scourge.

Human Rights have played an important role in national and international struggles for promoting and protecting the rights of people living with HIVAIDS Rights can be an important political resource for mobilizing and uniting groups around political and normative claims e.g. initiating campaigns for bodily autonomy and integrity, increased access to healthcare, availability of condoms, research and development for vaccines and microbicides.

Human rights and law provide a necessary step in addressing gender inequalities and reducing the vulnerability of HIV/AIDS. Rights can also set standards against which governments can be held accountable.

Human Rights of Persons Living with HIV/AIDS

HIV/AIDS is not simply a health issue; it is also a social justice issue. The people mostly at risk are often confronted with poverty, abuse and other forms of discrimination, oppression and exclusion

Since everyone is entitled to fundamental human rights without discrimination, people living with HIV/AIDS have the same rights as sero-negative people to education, employment, health, travel, marriage, procreation, privacy, social security, scientific benefits, asylum, etc. Sero-negative and sero-positive people share responsibility for avoiding HIV infection/re-infection.

But many people, including women, children and teenagers, cannot negotiate safe sex because of their low status in society or lack of personal power.

Therefore men, whether knowingly infected or unaware of their HIV status, have a special responsibility of not putting others at risk.

HIV/AIDS and Human Rights: Historical Perspectives

The rapid spread of HIV/AIDS has led to the infringement of the human rights of men and women affected by the epidemic.[31]

The 41st World Assembly in 1988 recognized the importance of human rights dimensions of effective HIV/AIDS response in its resolution, which urged member states to foster a spirit of understanding and compassion for people living with HIV/AIDS.

During its first international consultation on HIV/AIDS and Human Rights in 1989, the United Nations Centre for Human Rights (UNCHR) acknowledged the public health rationale for the prevention of HIV/AIDS-related discrimination and the promotion and protection of human rights in the context of HIV/AIDS.

This was intensified during the Second International Consultation on HIV/AIDS and Human Rights, which was jointly convened by UNAIDS and the Office of the United Nations High Commissioner for Human Rights in Geneva in1996.

The guidelines specify far-reaching measures that States should implement to protect human rights in the context of HIV/AIDS and achieve public health goals in an ethical and effective manner.

Resolution 49/1999 of the United Nations Centre for Human Rights reaffirmed that "discrimination on the basis of HIV/AIDS status, actual or presumed, is prohibited by existing international human rights standards, and that the term, 'or other status' in non-discrimination provisions in international human rights texts should be interpreted to cover health status, including HIV/AIDS."

On 17 July 2000, the UN Security Council made history by discussing a health issue for the first time—the HIV/AIDS epidemic—and adopting Resolution 1308, which identifies the spread of HIV/AIDS as a threat to global peace and security, notably in the

context of peacekeeping operations. Indeed, the links between AIDS and security are many. Conflicts generate and entrench many of the conditions and the human rights abuses in which the HIV/AIDS epidemic flourishes.

In April 2001, the United Nations Commission on Human Rights adopted Resolution 201/33 on "Access to medication in the context of pandemics such as HIV/AIDS. It recognizes that access to medication is a fundamental element in achieving the full realisation of the right of everyone to physical and mental health.

The resolution calls upon States to pursue policies that promote the availability, accessibility, scientific appropriateness and quality of pharmaceuticals or medical technologies used to treat epidemics such as HIV/AIDS.

In June 2001, the United Nations General Assembly at its 26th special session adopted a Declaration of Commitment on HIV/AIDS to review and address the problem of HIV/AIDS in all its aspects as well as to secure a global commitment to enhancing coordination and intensification of national, regional and international efforts to combat it in a comprehensive manner.

The following international human rights instruments contain provisions for the protection of the rights of people living with HIV/AIDS:

(i) International Convention on the Elimination of All Forms of Racial Discrimination (1965).

(ii) International Bill of Human Rights consisting of:

(a) Universal Declaration of Human Rights (1948)

(b) International Covenant on Civil and Political Rights (1966).

(c) International Covenant on Economic, Social and Cultural Rights (1966).

(d) The Committee on Economic, Social and Cultural Rights, in line with its general comment No.14 (2000) on the right to the highest attainable standard of health, calls upon the State party to take urgent measures to stop the spread of HIV/AIDS. The State Party should ensure that all persons know about the disease and how to protect themselves, including through sex education in schools, and that methods of protection are available at affordable prices. Moreover, awareness-raising campaigns should aim at preventing discrimination against HIV – positive people. 32

(iii) The Convention on Elimination of all Forms of Discrimination Against Women CEDAW (1979)

(iv) African Charter on Human and Peoples' Rights (ACHPR) (1981).

(v) African Protocol on the Rights of Women (2003)

Article 14d provides as follows:
State parties shall ensure that the right to Health of women including sexual and reproductive health is respected and promoted. This includes…….
(d) The right to self-protection and to be protected against sexually transmitted infections including HIV/AIDS.
(e) The right to be informed of one's health status and on the health status of one's partner. Particularly if infected with sexually transmitted infections including HIV/AIDS in accordance with internationally recognized standards and best practices
(vi) International Conference for Population and Development Programme of Action para 8.34
Government should put in place policies and guidelines to protect the individual right of persons infected with HIV and their families. Services to detect HIV infection should be strengthened to ensure confidentiality.

(vii) The Convention Against Torture and other Cruel Inhuman or Degrading Treatment or Punishment (1984)
(vii) Convention on the Rights of the Child (1989)
(viii) Various International Labour Organisation Conventions and Recommendations concerning discrimination in employment and occupation, termination of

employment, protection of workers' privacy, and safety and health at work.

The above-mentioned international human rights instruments recognize women's rights to sexual autonomy and bodily integrity and represent the international community's response to the HIV/AIDS epidemic.

They establish the fact that every person has the right to the highest attainable standard of health, the right to life, the right to seek, receive and impart information, the right to non-discrimination and equal protection under the law and the right to be protected from violence. The international human rights instruments require States to address the persistent violations of human rights and take necessary measures to prevent their occurrence.

In addition to the above instruments, there are some other tools, which contain useful standards such as the United Nations International Guidelines on HIV/AIDS and Human Rights (1996) and the Declaration of Commitments on HIVAIDS adopted at the United Nations General Assembly Special session on HIV/AIDS (2001).

The promotion and protection of human rights and fundamental freedoms for everybody is essential in preventing the transmission of HIV and reducing the vulnerability to the infection and its impact.

Respect for human rights is vital to prevent the further spread of the epidemic; to provide better care, treatment and support form those infected; to alleviate the impact of HIV/AIDS; and to expand the response.

When human rights are not respected, people are less likely to seek counselling, testing, treatment and support since this may expose them to discrimination, stigma and other negative consequences.

There are at least three ways in which the promotion and protection of human rights are important in relation to HIV/AIDS.[32]

Firstly, discrimination against people living with or thought to be living with HIV violates human rights.

Protection of the rights of people living with HIV/AIDS including their rights to health care, treatment and social services enable them to live longer and to support themselves and their families

Secondly, promoting and protecting human rights helps to remedy the underlying social and economic conditions –such as poverty and gender inequality- that make people vulnerable to HIV infection.

Thirdly, the promotion and protection of human rights can create a more supportive environment for AIDS prevention and care.

Furthermore, human rights action will help to empower individuals and community to respond to HIV infection; reduce vulnerability to the infection as well as lessen the impact of the disease on those infected.

States' Obligations on HIV/AIDS and Human Rights

Governments are accountable for promoting and protecting the human rights of its citizens. They can do so by implementing legal policies, laws institutions and programmes to mitigate the impact of HIV/AIDS.
Policies and programmes are likely to be more effective, meaningful and sustainable for people living with HIV/AIDS when they are based on the normative frame of international frame of international human rights.

States have an obligation to respect, protect and fulfill all human rights, including HIV/AIDS related human rights.

To protect means that government must ensure that the actions of individuals and governments do not undermine human rights and must provide affordable and accessible redress when the rights are violated.

To respect means that governments must not violate human rights in its laws, policies, programmes and actions.

To fulfill means government that should take measures actively to ensure the effective realization of human rights.

Many countries have signed the international Human Rights frameworks that oblige them to respect and protect the rights of all people regardless of HIV status and gender.

These rights, which have been internationally accepted as human rights principle and which are most relevant to HIV/ AIDS include the rights to:[33]

1. Non – discrimination, equal protection and equality before the law;
2. Life;
3. The highest attainable standard of physical and mental health;
4. Liberty and security of person;
5. Freedom of movement;
6. Seek and enjoy asylum;
7 Privacy;
8. Freedom of opinion and expression and the right to freely receive and impart information;
9. Freedom of association;
10. Employment;
11. Marry and found a family;
12 Equal access to education;
13. An adequate standard of living;
14. Social security, assistance and welfare;
15. Share in scientific advancement and its benefits;
16. Participate in public cultural life;
17. Be free from torture and cruel, inhuman or!degrading treatment or punishment;
18. The right to shelter;
19 The right to self-protection and to be protected against sexually transmitted infections including

HIV/AIDS.

20 The right to be informed of one's health status and on the health status of one's partner particularly if infected with sexually transmitted infections including HIV/AIDS in accordance with internationally recognized standards and best practices.
21. The right to protection against stigmatization;
22. The right to dignity.

Everyone has the right to be informed about HIV/AIDS, how it is transmitted, ways to protect themselves from the infection, testing procedures and other problems associated with the epidemic.

In order to reduce HIV/AIDS, the following specific human rights of people living with HIV/AIDS must be addressed:

1 Right to Life

Every HIV-positive person has a right to life and shall not be deprived intentionally of his life except in execution of the sentence of a court in respect of a criminal offence.

2 Right to highest attainable standard of healthcare
The right to health includes non-discriminatory practices to quality healthcare services irrespective of gender, age, race or sexual orientation.

The right to health is adequately guaranteed under Articles 12 and 16 of the African Charter on Human and Peoples' Rights (1981), Universal Declaration of Human Rights (1948); International Convention on the Elimination of All Forms of Racial Discrimination (1965), Convention on the Rights of the Child (1989);
Article 24, International Covenant on Economic, Social and Cultural Rights, (1966)
Article 12 Convention on the Elimination of All Forms of Discrimination Against Women (1979), Article 12, "HIV and Rights of the Child" March 17, 2003, paras. 15-19

Access to basic social services that includes the right to health and basic education is a prerequisite for successful action on HIV/AIDS.

People living with HIV/AIDS should not be intentionally deprived of their lives by denying them of access to healthcare services or by refusing to care for them. Many health workers often refuse to treat healthcare workers often refuse to treat people living with HIV/AIDS on the ground of avoiding exposure to the occupational risk of contacting the disease whereas the diligent use of universal precautions will greatly obviate these occupational risks. It is therefore unethical and also a breach of their Hippocratic Oath for any doctor and health care providers to refuse to care for any person who is HIV-positive or who has AIDS, or to make the care of any person contingent on that person having an HIV test.

The right to health extends to all things which promote health and well being and prevent illness and diseases, not just access to medical care.

Public health interests are better served by integrating people living with HIV/AIDS within communities and gaining from their involvement in economic and public life.

3. **The Right to Privacy and Confidentiality**

This right has been held to encompass obligations to respect physical privacy, including the obligation to seek informed consent to HIV testing and privacy of information, including the need to respect confidentiality of all information relating to a person's HIV status.

The right to privacy is particularly important to people living with HIV/AIDS because they are usually stigmatised and subjected to cruel, inhuman and degrading treatments.

Article 17 of the International Covenant on Civil and Political Rights makes provision for the right to privacy. Failure to assure the right to privacy contribute the HIV/AIDS pandemic. The issue of confidentiality involves the doctor or health care provider keeping as secret all the information obtained from the patient during the course of treatment.

The Right to Confidentiality is recognised by the United Nations Convention on the Rights of the Child

(2002). Mandatory testing or "secret testing" is a violation of human rights.

4. **Right to dignity of the human person**

Every HIV- infected person is entitled to respect for the dignity of his person and shall not be subjected to torture or to inhuman or degrading treatment. This right is guaranteed under Article 5 of the African Charter on Human and Peoples' Rights (1981), Universal Declaration of Human Rights, Civil and Political Rights Covenant, Convention Against Torture, Inhuman or Degrading Treatment or Punishment (1984) Children Rights Convention, Children's Rights Convention (1989).

Experience has shown that some people living with HIV/AIDS are treated by the society like outcasts or pariah by their family, friends and the society at large. In the context of AIDS, respect for dignity is not only a moral and legal imperative, but also the basis for effective programmes, policies and legislations to mitigate the impact of HIV/AIDS.

5 Right to personal liberty

Every HIV-infected person shall be entitled to his/her personal liberty and shall not be deprived of such liberty. The right to personal liberty is provided for

under Article 6 of the African Charter on Human and Peoples' Rights (1979) and Article 9 of the International Covenant on Civil and Political Rights (1966).

There is no justification for deprivation of the liberty of people living with HIV/AIDS since it has been confirmed scientifically that HIV/AIDS is not a contagious disease.

6 The Right to Peaceful Assembly and Association

Every HIV-infected person shall be entitled to assemble freely and associate with other persons, and he may form or belong to any political party , trade union or any other association for the protection of his interests. The right to peaceful assembly and association are enshrined in Articles 10 and 11 of the African Charter on Human and peoples' Rights and Article 20 of the Universal Declaration of Human Rights.

It is a common knowledge that people living with HIV/AIDS are being ejected from their houses, not allowed to sit among the congregation in the churches, mosques and social gatherings, dismissed from trade unions and associations etc.

7. **Right to freedom from discrimination**

An HIV-infected person shall not be subjected to any disability or deprivation by the circumstances of his HIV status. Discrimination against people living with HIV/AIDS and the inhuman treatment ; abandonment, abuse and violence are all human rights issues.

Discrimination against people living with HIVAIDS violates their human rights. Discrimination is contrary to internationally accepted principles of human rights.

This right is guaranteed by Article 2 of the African Charter on Human and Peoples' Rights (1979) Article 2 of the Universal Declaration of Human Rights (1948), Economic, Social and Cultural Rights Covenant, Convention for the Elimination of All forms of Discrimination against Women and the Convention on the Rights of Children (1989) Article 2.

Based on the equal worth and dignity of every individual, freedom from discrimination on grounds of HIV status constitutes the fundamental condition to enjoy that well-being. Freedom from discrimination forms the basis of social protection and effective participation of people living with HIV/AIDS in the society.

According to Cohen R. and Wiseberg L.S, [34] persons living with HIV/AIDS face double jeopardy: they face death and while they are fighting for their lives, they often face discrimination.

Discrimination and Stigma constitute major barriers to people coming forward to have a voluntary HIV test and this directly affect the likelihood of protective behaviours

HIV/AIDS –related stigma can be described as "a process of devaluation of people either living with or associated with HIV/AIDS.

The World AIDS campaign seeks to break the cycle of stigma and discrimination by:

- Highlighting the harm of stigma and discrimination.
- Promoting the benefits of tackling stigma and discrimination.
- Using education to challenge ignorance , fear and denial.
- Promoting hope and the contribution of people living with HIV/AIDS.

8. **Right to Education**

This right is expressly guaranteed under Article 17 of the African Charter on Human and Peoples' Rights (1979), Article 26 of the Universal Declaration of Human Rights (1948), Economic, Social and Cultural Rights Covenant; Civil and Political Rights Covenant, Convention for the Elimination of All Forms of Discrimination Against Women, Universal Declaration, Children's Rights Covenant; Programme

of Action of the ICPD, Cairo (1994); Principle 10 and the European Convention on Human Rights (1953).

Education empowers people by equipping them with knowledge and skills to make informed decisions and adopt behaviours that reduce the risk of HIV infection.

9 The Right to be heard

The right to be heard is a key human right issue that must be addressed to reduce the HIVAIDS pandemic. In the determination of his civil rights and obligations, including any question or determination by or against any government or authority, an HIV-positive person shall be entitled to a fair and impartial hearing within a reasonable time by a court of law. In order to break the silence, people living with HIV/AIDS must be given a right to be heard without fear of shame and stigma.

10 The Right to Identity

The elimination of gender inequalities, discrimination based on sex and the eradication of gender violence that must be addressed to reduce the HIV/AIDS pandemic. AIDS thrives fastest where there is powerlessness, violence and inequalities.

11 The Right to freedom of movement

People living with HIV/AIDS are entitled to move freely without restrictions..

It is a well-settled principle of law that persons living with HIV/AIDS have the same fundamental human rights as any other person.

However, in practice, the fundamental human rights of people living with HIV/AIDS, such as the right to non-discrimination, equal protection and equality before the law, privacy, liberty of movement, work, equal access to education, housing, health care, social security, assistance and welfare, are often violated because of their HIV/AIDS status. Denying the rights of people living with HIV/AIDS imperils their well-being and lives.

The following are instances of flagrant violations of the rights of people living with HIV/AIDS.

1 The right to privacy is violated when an HIV test is conducted without informing the patient or seeking his or her consent or where an employee is compelled to undergo compulsory HIV test by his employer.

2 Human rights are denied when there is lack of information, loss of dignity and confidentiality.

Lack of respect for human rights continues to increase vulnerability to HIV infection of individuals and the whole society. AIDS victims suffer

stigmatization, discrimination and lack of protection of their human rights.

Lack of recognition of human rights not only causes personal suffering and loss of dignity for people living with HIV/AIDS, it also contributes to the spread of the epidemic.

When human rights are not respected, people are less likely to seek counselling, testing and support to avoid discrimination, lack of confidentiality and other negative consequences.

3 The response to the HIV epidemic is hindered due to lack of enjoyment of freedoms of speech and association; right to information and education by infected and affected groups.

4 The right to information is violated when there is lack of access to information on modes of transmission of HIV/AIDS, abortion etc

5 The right to dignity is infringed when the person infected with HIV is subjected to cruel or degrading or inhuman treatment.

Denial of access to HIV/AIDS information and education to people living with HIV/AIDS infringes the right to human dignity.

Also, mandatory HIV testing without proper counselling would amount to degrading treatment in breach of the right to human dignity.

The World Health Organization and United Nations Commission on Human Rights have strongly

condemned policies of mandatory HIV screening and travel restrictions. According to the United Nations Guidelines on HIVAIDS and Human Rights, restrictions on liberty and movement or choice of residence based on suspected or real HIV status have no public health rationale.

Ejecting a person living with HIV/AIDS from his accommodation solely because of his HIV status is a violation of the right to human dignity. Conducting clinical trials using people living with HIV/AIDS as subjects without their consent violates the right to human dignity.

6 The right to employment is infringed when the victim is made to suffer termination of employment on disclosure of his/her HIV status.

The right to employment entails the right of every person to access to employment without any precondition except the necessary occupational qualifications.

According to Article 23 of the Universal Declaration of Human Rights, "Everyone has the right to work". The right to employment is also provided for under Article 7 of the International Covenant on Economic, Social and Cultural Rights and Article 15 of the African Charter on Human and Peoples' Rights (1981).

This right is violated when an applicant or employee is required to undergo mandatory testing for HIV and is refused employment or dismissed or refused access to employee benefits or promotion on the grounds of an HIV- positive result.

There shall be no obligation placed on any employee to reveal his or her HIV status to the employer. Persons living with HIV/AIDS shall not be stigmatized or discriminated against by co-workers, union members, employers, clients etc.

Workers living with HIV/AIDS shall not be denied access to statutory benefits, occupationally related welfare schemes and health insurance coverage.

Confidential pre- and post test counselling services shall be made available to workers and their family members who voluntarily request for an HIV test.

HIV testing should not be required as a condition for eligibility for national insurance schemes, insurance policies and occupational schemes.

There is no justification for asking job applicants or workers to disclose their HIV related status nor should co-workers be obliged to reveal such private and confidential information about fellow workers.

Workers with HIV infection who are still healthy should be treated in the same way as any other worker. Infection with HIV is not a reason in itself for

termination of employment. An HIV-infected person has a right to simple and prompt recourse to a competent court for protection against acts that violates his/her rights

In some jurisdictions e.g. South Africa, the courts have declared as unlawful a termination or refusal of employment solely based on the HIV/AIDS status of a person.

In the same vein, some countries have adopted best practices guides to ensure that that the interests of People Living with HIV/AIDS are protected in the workplace. For example, in Australia, a body known as the National Occupational Health and Safety Commission is responsible for a code of practice on HIV/AIDS for health care workers and others at risk. A similar code viz Occupational Safety and Health Administration is in operation in the United States of America.

In South Africa, the Employment Equity Act has prohibited mandatory HIV testing before employment.

Zimbabwe Inter-sectoral Committee on AIDS and Employment has drafted a National Code on AIDS and employment which addresses issues such as job access, job status, job security, training, employee benefits and HIV/AIDS education. Similarly the Disability Ordinance in Hong Kong prohibits discrimination against people living with HIV/AIDS in the workplace. More importantly, most ILO Conventions and rules

emphasise non-discrimination in the workplace for any reason whatsoever. On the contrary and most disturbing is the interpretation given to the 1992 National Pensions Act of Namibia by Honourable Richard Kamwi, the Minister of Health and Social Services where he stated that the payment of disability pensions to people living with HIV/AIDS is an illegal act and must not be done. This inhuman and of discrimination directive act must be condemned.

7 Discrimination is both a cause and consequence of the HIV epidemic. In the case of Andrews v Law Society of British Colombia (1989)1SCR 143, the Supreme Court of Canada defined Discrimination as:

> "Distinction whether intentional or not but based on grounds relating to personal characteristics of the individual or group which has the effect of imposing burden, obligations or disadvantages on such individuals or which withholds or limits access to opportunities, benefits and advantages available to other members of society."

Discrimination occurs when an infected person is treated unequally, unfairly and unjustly because he or she is infected with HIV/AIDS. People living with HIV/AIDS face physical and social isolation from family friends and community, gossips, name calling and loss of rights. Stigma is the core cause of people living with HIV/AIDS.

The discrimination against HIV -infected people arises from fear, ignorance, misconceptions and lack of information about the dreaded disease.

These degrading and discriminatory treatments lead to their feelings of guilt, self blame, inferiority, self-isolation, despair, loss of hope and abandonment of life aspirations, loss of social and economic support.
The combined effects can lead to depression, poverty, and quicken the death of the HIV- positive person.

The right to freedom from discrimination is violated when the victim is isolated and treated as an outcast in the society or suffers ejection from housing and other forms of discrimination. Discrimination and stigma severely inhibits efforts aimed at promoting HIV/AIDS prevention. The Universal Declaration of Human Rights (1948); Article 7 guarantees that "no one must be discriminated against by virtue of his race, sex, religion, political belief, or other status". The right to freedom from discrimination is also enshrined in the International Covenant for Civil and Political Rights, International Covenants for Economic and Social rights, Convention of the Rights of the Child and the African Charter for Human and Peoples' Rights.
In the United States of America, South Africa, Canada and Namibia, the courts have held that it is unlawful to discriminate against People living with HIV/AIDS.

Discrimination resulting from stigma and denial of support for an HIV positive person is a serious psychological problem that affects his physical, mental and psychological well- being. Stigmatization

significantly discredits an HIV infected person in the eyes of others. Many people are reluctant to talk about HIV/AIDS and how it is spread because of the social stigma attached.

The right to freedom from discrimination is infringed when a person infected with HIV/AIDS faces discriminatory practices such as denial of access to insurance policies and international travel.

In order to reduce discrimination, stigmatization and denial associated with HIV/AIDS, the following actions are needed:

1. People living with HIV/AIDS need to be better educated about their rights and how best to challenge the discrimination, stigmatization and denials
2. People living with HIV/AIDS need legal education and access to the justice system to address the violation of their rights.
3 A more enabling environment needs to be created to increase the knowledge and awareness of people living with HIV/AIDS.

4 An Anti –Discrimination policy supported by laws that ensures the protection of People living with HIV/AIDS especially in health care and employment
5 An effective complaint mechanism and legal aids should be established for people living with HIV/AIDS to seek the protection of their rights.

Towards the prohibition of discriminatory practices against people living with HIV/AIDS, Canada has blazed the trail by the removal of discriminatory practices against HIV infected people on international travel to Canada whereby Canadian visa application for Temporary Residents (including short term visitors) has now been revised and no longer requires disclosure of HIV status on the application form.

The right to freedom from discrimination is violated by a landlord's refusal to rent an apartment to a person living with HIV/AIDS. Stigma and discrimination also prevent people from wanting to know their HIV status and adopt responsible behaviour. The stigma and discrimination, which people living with HIV/AIDS suffer, can lead to violations of their basic human rights. In the spirit of respect for human rights and dignity of persons living with HIV/AIDS, there should be no discrimination against any person on the basis of real or perceived HIV status.

A recent United Nations Commission has confirmed that existing human rights standards prohibits discrimination on the basis of HIV/AIDS status, actual or presumed.

This means that even when HIV/AIDS hasn't been specifically been mentioned, where the treaty says 'others status', it implies that it is illegal for anyone to discriminate against people on the basis of HIV status.

8 The right of marriage and family life is infringed when the person living with HIV/AIDS is deserted or stigmatized.

The right to marriage is infringed when a person living with HIVAIDS faces discrimination in the churches as a result of form of mandatory HIV testing before marriage and refusal to wed consenting adults because they are sero-discordant. Discrimination within the churches is often in the form of mandatory HIV testing before marriage and refusal to wed consenting adults because they are sero-discordant.

In South Africa, Australia, and Canada, the courts have recognized the right of every individual to marry and that no legislation or policy can impugn upon that right.

In the case of Treatment Action Campaign v Minister of Health decided in 2002, the plaintiff took the government of South Africa to court over their failure to provide pregnant HIV pregnant women drugs that could prevent th transmission of the virus to their child during labour, the Constitutional Court of South Africa found that pregnant women had the constitutional right to medication to prevent mother- to - child transmission

9 The right to health is violated when persons living with HIVAIDS are refused treatment in health care institutions. The refusal to care for people living with HIV/AIDS are not only gross violations of the international human rights instruments but also represent breaches of professional codes of conduct.

In Costa Rica, the courts have held that it is unlawful for a doctor to refuse treatment to a person because he is HIV positive.

An unrestricted access to medication is a key component of the right to the highest attainable standard of health.

Denial of access to antiretroviral (ARV) drugs amount to a violation of right to life of a person living with HIV/AIDS.

Stigma and the resulting stress, isolation, and lack of social support have significant negative impacts on the health of people with HIV/AIDS.

10 The right to privacy is also violated in the media when information about the HIV/AIDS status of a person living with HIV/AIDS is circulated without first getting consent of the individual. The right to privacy of a person living with HIV/AIDS is often violated when an HIV test is conducted without informing the patient or seeking his or her consent. Restricting the freedom and confining HIV/AIDS patients has been shown to be a gross violation of human rights. Compulsory HIV testing can constitute a deprivation of liberty. Respect for the right to physical integrity enjoins that testing be voluntary, and that testing be carried out only with informed consent.

In some jurisdictions, e.g. South Africa, Britain, and Canada, the courts have held that the right to privacy encompasses obligations to respect physical privacy,

including the obligation to seek informed consent to HIV testing and privacy of information, including the need to respect confidentiality of all information relating to a person's HIV status.

Any person living with HIV/AIDS who alleges that his fundamental human rights has been, is being or is likely to been fringed may apply to the court for legal redress such as enforcement of his rights, injunction, damages, compensation, apologies etc.

Due to ignorance, shame, fear of negative reprisals and lack of access to justice, most of these violations are neither reported/investigated nor redressed. Delays in trials and cost of litigation kill the zeal and enthusiasm of victims to seek legal redress for violation of human rights. It is sad to note that in some developing countries, the courts of law, which should serve as the last hope and refuge of justice for these violations have shown little knowledge of the issues involved. As a result, it has become doubtful whether people living with HIV/AIDS will be able to obtain justice for the violations of their rights.

Significance of Human Rights Approach in the fight against HIVAIDS

A Rights-based approach can help mitigate the impact of HIV/AIDS as it allows for the creation of a supportive policy, legal, social and cultural environment in which people infected or affected by HIV/AIDS are able to participate in, contribute to and

enjoy economic, social, cultural and political development despite their HIV status.
A Human Rights approach to HIV/AIDS means that the conditions of people living with HIV/AIDS are viewed not only in terms of welfare, care and support,

but also with regards to the obligations to prevent and respond to human rights violations of people living with HIV/AIDS. Respect, protection and fulfillment of human rights is central to the AIDS Agenda and gender equality.

In his collection of essays entitled "Ethics and Law in the study of AIDS" published in 1992 by the Pan American Health Organisation, Katarma Tomasevski, an international human rights expert pointed out, "if we are to read the Universal Declaration of Human Rights with the aim of finding out which human rights have been affected by various responses to AIDS, one would see that most, if not all basic rights and freedoms laid down in the common standard of achievement for humanity more than 40 years ago have been challenged, violated or denied.

An environment in which the human rights of people living with HIV/AIDS are respected ensures that vulnerability to HIV/AIDS is reduced through information and empowerment thereby ensuring that persons infected with and affected by HIV/AIDS live a life of dignity without discrimination. Protection of human rights fosters a climate of caring and security that is crucial to ensure the success of efforts to prevent the rapid spread of HIV.

Protecting the rights of people living with HIV/AIDS promotes openness, tolerance and mass public participation in HIV prevention programmes and eventually bring HIV/AIDS under control.

Chapter 8

Gender, HIV and Human Rights

"Gender inequality is at the heart of
the AIDS pandemic which today is our
biggest threat to development."…
Noeleen Heyzer, Executive Director, UNIFEM

Gender refers to the sociologically defined roles and responsibilities of men and women, boys and girls in the society.
HIV/AIDS is a human rights issue, which requires a gender specific response.

According to the World Health Organisation, the major issues in the sphere of Human rights, Women and HIV/AIDS are:[35]

(a) Lack of control over own sexuality and sexual relationships;
(b) Poor reproductive and sexual health, leading to serious morbidity and mortality. Rates of infection in young women aged (15-19) are between 5 and 6 times higher than in young men.
(c) Neglect of health needs, nutrition, medical care etc.

Women's access to care and support for HIV/AIDS is much delayed (if it arrives at all) and limited. Family resources are always devoted to caring for the man. Women, even when infected themselves, are providing all the care.

(d) All forms of` coerced sex – from violent rape to cultural/economic obligations to have sex when it is not really wanted, increases risk of microlesions and therefore of STI/HIV infection.

(f) Harmful cultural practices: from genital mutilation to practices such as "dry" sex.

(f) Stigma and discrimination in relation to AIDS (and all STIs): much stronger against women who risk violence, abandonment, neglect (of health and material needs), destitution, ostracism from family and community.

Furthermore, women are often blamed for spread of disease, always seen as the "vector" even though the majorities have been infected by their only partner/husband.

(g) Adolescents: access to education for prevention, (in and out of school and through media campaigns), condoms, and reproductive health services before and after0they are sexually active, promotion and protection of adolescent reproductive rights (particularly girls).

(h) Sexual abuse: there is now evidence that this is an underestimated mode of transmission of HIV infection in children (even very small children).

Adult men seek ever-younger female partners (younger than 15 years of age) in order to avoid HIV infection, or if already infected, in order to be "cured".

(i) Disclosure of status, partner notification, confidentially. There are all more difficult issues for women than for men for the reasons discussed above negative consequences; and the fact that women have usually been infected by their only partner/husband.

(j) Human Rights issues relating to Mother to Child Transmission (MTCT) include:

i Informed consent to testing during pregnancy, and to termination/continuing with the pregnancy;

ii Provision of adequate pre-test counseling, pre-intervention counselling/information; infant feeding counselling; contraceptive advice especially if not breastfeeding.

iii Provision of confidentiality, including shared confidentiality in the interests of care and support; and the problem of not breastfeeding when this amounts to "public disclosure" of positive serostatus.

iv Provision of family planning services, alternative infant feeding/breast milk substitutes, material support for fuel, water etc. in addition to the intervention itself.

v Involvement of partner/husband at all stages, positive and negative consequences.

vi Potential adverse effects of taking anti retrovirals (ARVs) especially in repeat pregnancies of an HIV infected

women.

vii Women's access to care and treatment apart from the MTCT intervention, woman as vessel for the baby.

HIV is a gender issue due to the fact that women are more vulnerable because of biological, epidemiological and social reasons.
The HIV/AIDS infection has become more lethal because of the injustice and discrimination women face.

Violence against women is both a cause and consequence of rising rates of HIV infection.
Gender violence play a significant role in the spread of HIV/AIDS.
Gender based discrimination results in ill- treatment of girls and women and impedes their development and access to healthcare services.

There is a direct correlation between women's low status, violation of their human rights and HIV transmission. Violence and inequality puts women at grave risks to HIV infection.
HIV positive women are more stigmatized socially rejected than their HIV positive male partners.[36]

The impact of the HIV/AIDS pandemic on women demands that concrete efforts should be made to eliminate gender equalities that diminish the social and economic status of women and increase their vulnerability to HIV/AIDS as well as provide them with equal protection under the laws.

Gender equality and the empowerment of women are important factors in the reduction of the vulnerability of women and girls to HIV/AIDS. Human rights, equality and women's empowerment provide the foundation for combating HIV/AIDS and are at the heart of the international response to the fight against the deadly scourge.

"Vulnerable populations" such as women and girls, poor people, refugees, migrants, prisoners, and children:

(1) are denied their human rights and/or

(2) have limited access to HIV information, health services and means of prevention, such as condoms (male and female) and/or

(3) have limited ability to negotiate safer sex.

As a result of the incessant flagrant violations of human rights of people living with HIV/AIDS, a human rights focus is therefore the key to the success of any strategy to combat HIV/AIDS.

Key human rights issues with specific implication for women in the context of HIV/AIDS are: [37]

i. Non-discrimination and equality before the law e.g. eliminating discrimination against people living with HIV/AIDS especially vulnerable groups such as women, in the areas of health care, employment,

education, housing and social security. Without full respect for human rights, these groups (especially women) are not in a position to avoid infection because they either do not receive prevention, education and information, or cannot act on it, and when infected are disempowered to cope with the impact.

ii Health, for example ensuring equal and adequate access to the means of prevention, treatment and care, especially for vulnerable populations with lower social and legal status (e.g. women and children).

In this regard, the state must adequately address the public health issues raised by HIV/AIDS and specify that provisions applicable to casually transmitted diseases are not inappropriately applied to HIV/AIDS and that they are consistent with international human rights obligations.[38]

iii. Education and information, e.g. ensuring adequate access to prevention, education and information.

As prevention is a main objective of HIV/AIDS programmes, people need to be educated about the virus and disease, mode of transmission and means of protection.[39]

iv Employment, e.g. prohibiting dismissal of staff solely on the basis of their HIV status.

Some areas of concern in employment law are:

(a) that workers with HIV/AIDS are not subjected to unfair discrimination; and

(b) that appropriate prevention measures are available for workers who are occupationally infected.

v Reproductive health. Apart from increased biological susceptibility to infection, women's subordinate status impairs their ability to deal with possible consequences of infection, which require care and support (e.g. violence and abandonment by family).

Systematic discrimination in all facets of life particularly in education, health care and employment disproportionately increases the risk of women becoming infected.

Education and Prevention programmes are hindered where women lack the skills to understand or the capacity to act upon the information contained in them.

vi Support services and legislative reform. These services take the form of increased enhancement of men's participation in HIV/AIDS prevention and treatment.

This is because men have more sexual partners than women and tend to control the frequency and form of intercourse, and because women are physiologically more susceptible to the virus.

Women's right to safe sexuality and to autonomy in all decisions relating to sexuality is frequently violated. As it is intimately related to economic independence, this right is most violated in those places where women exchange sex for survival as a way of life.

By and large, most men, however poor can choose when, with whom and with what protection if any, to have sex. Most women cannot.

It is therefore most important that every woman has access to information about HIV/AIDS to protect herself.

Chapter 9

Case laws on HIV/AIDS in Nigeria and Other Jurisdictions of the World

The courts in Nigeria and other foreign jurisdictions have pronounced judgments that HIV/AIDS infected persons are entitled to the rights to life, freedom from discrimination and access to health care facilities.

The plethora of case laws on the violation of the rights of people with living HIV/AIDS is a testimony of the commendable strides taken in some countries in recent years in promoting and defending rights of people living with HIV/AIDS. Courts of justice exist to remedy injustice and interpret and implement the laws and ensure the observance of norms and standards. When a case is won, it would benefit a large population of people living with HIVAIDS and help to elicit positive attitudes towards them.

The following are some worthy examples of how courts of justice enforced human rights thus helping to

improve the daily lives of people living with HIVAIDS and reducing the HIV pandemic.

The ruling in the case of *Mrs Georgina Ahamafule v Imperial Medical Centre and Dr Alex Molokwu* [40] has brought to the fore the issue of HIV/AIDS and the status of person(s) living with the disease in Nigeria.

Mrs Ahamafule had taken the Imperial Medical Centre and Dr Alex Molokwu to court on account of her alleged wrongful dismissal from work because she is HIV positive.

Before the hearing of the substantive case, counsel to the defendants had requested assurances that counsel in the matter, the judge and the litigants in the court room would not be infected with HIV if the Appellant was allowed to come into the court to give evidence. Consequently, the trial court ordered an expert opinion on the issue to be conducted and produced in court Unfortunately on appeal, the Court of Appeal dismissed the appeal on technical grounds that the appellant did not seek the leave of the court to appeal on mixed grounds of facts and law despite the settled law that the court should do substantial justice and refrain from allowing technicalities to defeat the course of justice.

With respect, it would appear that the above decision is a serious threat to the global campaign against HIVAIDS awareness and access to justice.

It is a known fact that HIV cannot be transmitted through bodily contact, sneezing or social contact.

In the case of *Festus Odafe and 3 others v Attorney General of the Federation, the Comptroller General of the Federation and the Minister of Internal Affairs,* [41]

the court held that under Sections 34 and 42 of the 1999 Nigerian Constitution and Section 8 (1), (2), (3) of the Prisons Act, HIV/AIDS infected prison inmates are entitled to the rights to life, freedom from discrimination and access to health care facilities.

In the case of *Namibia v Minister of Defence,*[42] the court ruled that the Namibia Defence Force was guilty of unfair discrimination for refusing to enlist a man solely on the basis of his HIV status.

The court relied on the Labour Act, which provides that employers may not discriminate on grounds of disability. The court also cited the "Guidelines for the Implementation of a National Code on HIV/AIDS in Employment" issued by April 1998, which state that: there shall be no pre-employment testing and employers should not discriminate against HIV-positive employees.

The court held that HIV status is not a reasonable criterion on which to exclude a person from enlisting in the armed forces, and that the applicant's exclusion from the Namibia Defence force solely on the basis of his HIV status is discriminatory.

In *Hoffmann v South African Airways*[43]*,* Hoffmann alleged that the refusal of the South African Airways to employ him as a Cabin attendant on the ground that he is HIV positive. He alleged that this refusal constituted unfair discrimination and violated his constitutional right to equality, human dignity and fair labour practices. South African Airways asserted that their refusal was justified on safety, medical and medical grounds. The court rightly remarked as follows:

"People living with HIV/AIDS are

> one of the most vulnerable groups in our society… Discrimination against them is an assault on their on their dignity. The impact of discrimination on HIV positive people is devastating. It is even more so when it occurs in the context of employment. It denies them the right to earn a living.
> People who are living with HIV must be treated with compassion and understanding. They must not be condemned to "economic death" by the denial of equal opportunity in employment".

"At the heart of the prohibition of unfair discrimination is the recognition that under our Constitution all human beings, regardless of their position in society, must be accorded equal dignity. That dignity is impaired when a person is unfairly discriminated against."

The court declared that refusing employment to an HIV-positive person amounted to an act of unfair discrimination forbidden by the law and ordered that South African Airways should employ Hoffmann as a cabin attendant effective from the date of the court's order.

In other jurisdictions, the courts have declared as unlawful a termination or refusal of employment solely based on the HIV/AIDS status of a person. Such

countries have adopted best practices guides to ensure that that the interests of people living with HIV/AIDS are protected in the workplace. For example, in Australia, a body known as the National Occupational Health and Safety Commission has been established and charged with the responsibility of implementing a Code of practice on HIV/AIDS for health care workers and others at risk.

A similar code exists in the United States by virtue of the Occupational Safety and Health Administration. In South Africa, the Employment Equity Act has prohibited mandatory HIV testing before employment.

Also, the Disability Discrimination Ordinance in Hong Kong forbids discrimination against People Living With HIV/AIDS in the workplace.

Courts and tribunals in Canada have recognized HIV/AIDS as a disability within the meaning of the Canadian Human Rights Act.(1977). The Canadian Human Rights Act prohibits discrimination on a wide range of grounds such as employment, accommodation, provision of goods, services and facilities and membership in a union or employee organization.

In *Pittman v The Canadian Red Cross Society,*[44] the Ontario Court of Justice awarded the estate of a man who died of complications from AIDS, his widow and four children the sum of $515,075 in compensation for the tainted blood received by the deceased in 1984.

In *Jansen van Vuuren and Another NNO v Kruger,*[45] the court ruled in favour of the Plaintiff's right to the confidentiality of his HIV status. The patient's medical practitioner had disclosed the patient's status (without informed consent of his patient) to two other practitioners in the course of a golf game.

The court also upheld public health rationale in protecting the patient's rights to confidentiality as it declared that the "public interest" did not warrant such disclosure.

In Canada, it has been held in *Jean Pierre Valiquette v The Gazette* [46] that a personal action started (based on violation of an individual's human right) would even survive the plaintiff.

In that case, a journalist published an article about an HIV-positive male teacher on the front page of a newspaper without seeking the consent of the teacher. Although the teacher's name was not mentioned in the article, he could be identified because of the indirect information contained in the article. This publication was held to encroach on the privacy of the teacher, and he was therefore awarded damages.

In India, the Lawyer's Collective filed a writ petition with the Bombay High Court on behalf of a person who was removed from employment from a public sector corporation because of his HIV status. The High Court agreed with the petitioner and directed that the individual be reinstated and paid compensation for the period of his non-employment with the corporation.

In 1999, the Indian Supreme Court held that it is the duty of HIV positive persons not to marry implying that HIV people should not conceive.

In January 2001, lawmakers made it a crime to marry anyone living with HIV/AIDS in Chendgu, the capital of Chiuna's Sichuan province. The provincial regulations also suggest that pregnant HIV women should be persuaded to have an abortion.

We submit with due respect, that the two decisions above are *per incuriam* in the light of international human rights instruments which duly recognise such rights of people living with HIV/AIDS.

In 1999, the Supreme Court of Venezuela established that the Ministry of Health was in violation of the right to health, right to life and the right to have access to scientific advances as guaranteed by the Venezuela Constitution. The Court ordered the provision of anti-retroviral medications, treatment for opportunistic infections and diagnostic testing free of charge- to all People Living With HIV/AIDS in Venezuela.

In Australia, a tribunal ruled in favour of an HIV infected football player who complained that his club refused to register him as player because he was HIV positive. The tribunal ruled that the very low risk of transmitting HIV to other players if reasonable precautions are taken meant that the club's decision was not justified.

In the U.S.A., the Supreme Court upheld a claim of discrimination brought by a woman against a dentist for refusing her dental treatment on account of her HIV status. The court rejected the dentist's argument that treating her would pose a direct threat to his health.

In 2004, the Constitutional Court of Colombia ordered that a woman living with HIV be reinstated in her job at a health clinic in order to respect her rights under the national Constitution pending a final determination of the merits of her claim of discrimination and other infringement of human rights.[47] This was deemed necessary to protect the complainant's rights to work, life, social security and dignity. The court noted that the Columbian law recognised the guarantee of stability of employment in cases such as those of pregnant women or people with disabilities.

The New South Wales Court of Appeal, Australia in 2004 upheld a decision ordering a medical center to pay worker's compensation to a physician infected with HIV during the course of his employment.[48]

The Novonsanzhary District Court in Poltava Oblast, Ukraine in 2004 ruled in favour of Olexly Voloshyn who had been fired by his employer on the basis of his HIV status.

The court held that Voloshyn's constitutional rights to equality in choice of profession and labour activity and respect for human honour and integrity had been violated by Viktoriya Dev'yatko, the editor-in-chief of the Novosanzhary district newspapers.

Regional courts have also played important roles in the enforcing laws and legislations aimed at protecting and enforcing the rights of people living with HIV/AIDS.

For instance, the European Court of Human Rights in 1999 overruled the U.K. Immigration Service when it tried to deport a Saint Kitts citizen terminally ill with HIV/AIDS despite the absence of treatment in his home country.[49]

The man had been diagnosed of AIDS while serving his prison term. He was due to be deported after release from prison.

The European Court of Human Rights however accepted that the man was terminally ill and that his removal to a place where adequate medical treatment was not readily available will shorten his life span and deprive him of the right to life.

Apart from the above cases, which upheld the rights of people living with HIV/AIDS, criminal laws have been used to deal with the behaviours of people living with HIVAIDS who put others at risk of infection.

The following are instances of cases where the courts have also applied criminal sanctions against people living with HIV/AIDS to serve as a deterrent to others.

In *R v Summer,*[50] the accused, who engaged in unprotected sex knowing that he was HIV-infected pleaded guilty to a charge under S. 180 of "common nuisance endangering the life and health of the public." Summer was sentenced to one year of imprisonment plus three years' probation.

In S v Cloete,[51] a prisoner was granted early release due to his HIV condition. The judge ruled that his condition is such and has changed so that to continue to serve imprisonment would be far harsher a sentence for him than any other person serving a similar sentence.

In R.v. Merger,[52] the accused pleaded guilty to two charges of criminal negligence causing bodily harm through transmission of HIV. On appeal, the sentence was increased from 30 months to 11years and 3 months.

In Australia, an Australian, Roland Houghton who has been twice convicted of unlawfully causing grievous bodily harm to his girlfriend for having

unprotected vagina and anal intercourse with her and for failing to disclose his HIV positive status was convicted.[53]

In Malaysia, a 49-year old man's appeal against a 36 –month jail sentence for drug possession was dismissed. The court concluded that having HIV itself is not a condition to reduce the sentence.[54]

In the case of R v Smith,[55] the British Colombia Court of Appeal affirmed the sentence of a man convicted of aggravated sexual assault for having unprotected sex with a woman without disclosing his HIV status.

In December 2004, a Ghanaian National with HIV was jailed in New Zealand for six months for lying in his application for residency.
He was found guilty of ticking "no' to a question on medical form in 2000 on whether he was HIV positive.[56]

In the case of Venter v Nel,[57] the court granted the plaintiff damages on the grounds that the defendant had infected her with HIV during sexual intercourse.
The damages awarded took into account both future medical expenses as well as the possibility of a reduction in life expectancy, psychological stress, pain and suffering.

In Bragdon v Abbott,[58] the U.S Supreme Court considered whether HIV infection that has not progressed to the symptomatic phase is a Disability under the Disabilities Act of 1990.
The court concluded that HIV is a disability under the Non-Discrimination Law.

In a report carried by the British broadcasting Corporation news on December 19, 2006, a Libyan Court sentenced five Bulgarian nurses and a Palestinian doctor to death after convicting them of knowingly infecting some 400 children with HIV virus in a Libyan hospital.

Importance of Human Rights and Laws in the prevention and control of HIV/AIDS

HIV/AIDS law defines the relationship between individual and governments. It spells out the government's obligations to its citizens.

Human rights law requires that governments address the discrimination and denials that people living with HIV/AIDS face and take appropriate measures to eliminate such unfair and unjust discrimination.

The human rights law enables citizens to make a claim arising as a matter of right and entitlements and not as a matter of priority.

Human Rights law provides a veritable tool for implementing human rights based approach to HIV/AIDS. HIV laws can be used to protect the public from HIV transmission and against discrimination.

The law can also be used as a protective foundation to uphold the rights and interests of people living with HIV/AIDS. The law can be used to challenge and change laws, attitudes, and practices that are contrary to human right standards and to effective actions against HIV/AIDS. The law can play a role in structuring individual resistance to stigma.

Respecting, protecting and fulfilling the rights of people living with HIV/AIDS serves as an essential element of effective responses to HIV/AIDS.
In the area of HIV/AIDS, such rights such as equality dignity, privacy can be used to mobilize people.

The law can be used to influence legal and policy reforms on marriages, inheritance, property rights, reproductive rights of people living with HIV positive.
Law can be a means of preventing stigma or discrimination or remedying the harm caused.

The law can be used to prohibit employment testing for HIV status. Legal rules can outlaw all discrimination on the basis of HIV status
For human rights and law to be meaningful, they must be effectively implemented and enforced.

The key lesson about human rights and law is that they provide the necessary resource for mobilizing campaigns for socio-economic and gender equalities.

Rights can provide important legal space for activism on such issues as HIV testing, prevention of stigmatization and gender violence, abuse.

Rights can also set standards and norms for which governments can be held accountable. The human rights framework provides access to institutional, reporting and other mechanisms for enforcing the rights of people living with HIV/AIDS and redressing discriminatory actions.

Protective laws may help to enlist the support and co-operation of people living with HIV in prevention strategies. Criminal laws on HIV/AIDS can be employed to impose sanctions on HIV infected people

who knowingly transmit the disease to others thus serving as a deterrent to others.

Legal action is a veritable tool to advocate more effective HIV protection by the courts, facilitate equal access to justice and promote equal justice to everybody irrespective of status.

Legal action in the context of HIVAIDS includes a wide range of possible actions such as:

- information on the rights of people living with HIV/AIDS and laws protecting human rights in the context of HIVAIDS.
- Advocacy to change laws that fall short of human rights standards and to implement the international guidelines on HIV and human rights.

Litigation can be used as an effective strategy to reduce stigma and discrimination and to ensure the enforcement of human rights. Litigation holds governments accountable for actions or inaction.

It also provides the necessary grounds for testing and enforcement of law and public policy.

Litigation can empower the socially disadvantaged including those groups that are vulnerable to infection.

Human rights action can help to:

- empower individuals and communities to respond to HIV/AIDS,
- reduce vulnerability to HIV infection,
- lessen the impact of the HIV pandemic on those infected.

The law has an important role to play in seeking to change underlying values and patterns of social interaction that create vulnerability to HIV/AIDS.
Laws and policies can be used to facilitate efforts targeted at HIV prevention, care, treatment and support for people living with HIV/AIDS.

Key legal problems to be addressed by HIV/AIDS Law

The key legal problems amongst others to be addressed by HIV/AIDS law are:

1 Employers requiring compulsory HIV testing before giving employments.
2 The right to confidentiality when disclosing HIV status is not properly protected.

3 HIV/AIDS infected women are deprived of property or maintenance when abandoned by their husbands.
4 HIV testing without informed consent.
5 People who are HIV positive are prohibited from marrying.
6. There is sufficient protection of rape victims, and of victims of domestic violence, gender violence, sexual abuse within and outside the family.
7 The cases of hospitals refusing to treat or admit people living with HIV/AIDS.

Seeking justice is a human right in itself. Protecting human rights in the context of HIV/AIDS is not only

an imperative for justice to overcome denials, stigma, discrimination and intolerance; it is also a veritable tool to prevent further spread of the disease.

The courts exist to remedy injustices meted to people living with HIV/AIDS; to interpret and implement laws and ensure strict compliance with international treaties.

This is a compelling need to raise the efficiency of the judicial systems, improve enforcement and create necessary incentives to ensure productivity and accountability of judges, reduce case backlogs and tackle corruption in the judiciary.

When an HIV/AIDS related case is instituted and won, it would benefit the people living with HIV/AIDS as it becomes a worthy precedent capable of eliminating discrimination and stigma and changing attitudes in favour of people living with HIV/AIDS

Consequently, it is imperative for governments to make laws and implement policies that will curtail the spread of HIVAIDS e.g.:

(a) laws relating to the prevention and suppression of commercial sex work;
(b) laws that ensure that women's rights are upheld in matters relating to property, inheritance, employment, marriage and divorce and stiffer punishments for sexual abuse and harassment;
(c) laws that increase women's access to economic resources so that they can avoid oppressive relationships that threatens them with HIV/AIDS.

(d) policies regulating sex education in schools;
(e) increase public awareness on HIV/AIDS and improve access to judicial and healthcare systems for women and girls.
(f) establish well equipped skill acquisition centers to provide succour for people living with HIV/AIDS. This will empower them and enable them live a happy life. It will also create an avenue where those infected with the virus would not be disillusioned but self employed, self-reliant and generate income to sustain a better life.
(g) build human capacity to enhance an effective response to HIV.
(h) promote and protect the rights of people living with HIV/AIDS.

In order to ensure that governments implement laws to promote and protect the rights of people living with HIV/AIDS, the United Nations introduced international guidelines, which outline clearly how human rights standards apply in the area of HIV/AIDS and indicate concrete and specific measures both in terms of legislation and practice that should be taken to wit:[59]

Legislation, policies and programmes should take into account the fact that persons living with HIV/AIDS may recurrently and progressively experience ill-health and greater health-care needs, which should be accommodated accordingly within benefit schemes in both the public and private sectors.

States should review and reform public health laws to ensure that they adequately address public health issues raised by HIV/AIDS, that their provisions applicable to casually transmitted diseases are not inappropriately applied to HIV/aIDS and that they are consistent with international human rights obligations.

States should review and reform criminal laws and correctional systems to ensure that they are consistent with international human rights obligations and are not misused in the context of HIV/AIDS or targeted against vulnerable groups.

States should enact or strengthen anti-discrimination and other protective laws that protect vulnerable groups, people living with HIV/AIDS and people with disabilities from discrimination in both the public and private sectors, ensure privacy and confidentiality and ethics in research involving human subjects, emphasize education and conciliation, and provide for speedy and effective administrative and civil remedies.

States should ensure that domestic legislation provides for prompt and effective remedies in cases in which a person living with HIV/AIDS is denied or not provided access to treatment, care and support.
States should also ensure due process of law so that the merits of such complaints can be independently and impartially assessed.

At the international level, States should strengthen existing mechanisms, and develop new mechanisms where they do not currently exist, enabling persons living with HIV/AIDS to seek prompt, effective redress for breaches of States' international legal

obligations to respect, protect and fulfill rights related to health.[60]

States should ensure the quality assurance and control of HIV/AIDS-related products. States should ensure, through legislative and other measures (e.g. functional systems for pre-marketing approval and post-marketing surveillance), that medicines, diagnostics and related technologies are safe and effective.[61]

States should take legislative and other measures to ensure that medicines are supplied in adequate quantities and in a timely fashion, and with accurate, current and accessible information regarding their use.

For example, consumer protection laws or other relevant legislation should be enacted or strengthened to prevent fraudulent claims regarding the safety and efficacy of drugs, vaccines and medical devices, including those relating to HIV/AIDS.[62]

Laws and/or regulations should be enacted to ensure the quality and availability of HIV tests and counselling. If home tests and/or rapid HIV test kits are permitted on the market, they should be strictly regulated to ensure quality and accuracy.

The consequences of loss of epidemiological information, the lack of accompanying counselling and the risk of unauthorized use, such as for employment or immigration, should also be addressed.

Legal and social support services should be established to protect individuals from any abuses arising from HIV testing. States should also ensure supervision of the quality of delivery of voluntary counselling and testing (VCT) services.[63]

Legal quality control of condoms should be enforced, and compliance with the International Condom Standard should be monitored in practice. Restrictions on the availability of preventive measures, such as condoms, bleach, clean needles and syringes, should be repealed.[64]

Laws and/or regulations should be enacted to enable widespread provision of information about HIV/AIDS through the mass media.
This information should be aimed at the general public, as well as at various vulnerable groups that may have difficulty in accessing information.
HIV/AIDS information should be effective for its designated audience and not be inappropriately subject to censorship or other broadcasting standards, particularly as this will have the effect of damaging access to information vital to life, health and human dignity.[65]

The following "ten commandments" for legal measures in the area of HIV/AIDS postulated by Honourable Justice Michael Kirby needs to be taken into account by governments in formulating laws or policies concerning HIV/AIDS.[66]

-respect the cultural and legal diversity of

every jurisdiction;

-ensure that the guiding criterion is containment of the spread of the virus;
-ensure that the law is based on scientific data;
-review old laws on public health and reform them;

-face up to making unpalatable and unpopular decisions e.g. bold action like sex education even in primary schools, the facilitation of the availability of condoms, provision of sterile needle exchanges etc;
-respect the human rights of all persons;
-resist simplistic solutions.

-In particular, do not put faith in the enlargement of criminal law;
-do not put too much faith in law, especially in coercive laws as a means of stopping the spread;
acknowledge the paradox of AIDS law.

Chapter 10

LEGISLATIONS, POLICIES AND REGIONAL RESOLUTIONS ON HIV/AIDS IN VARIOUS JURISDICTIONS OF THE WORLD

HIV/AIDS undermines the development of any nation. The deadly disease poses severe risks to the entire world and serious challenges to the achievement of development goals.

Anti Discrimination laws to combat the spread of HIV/AIDS and protect the interests of people living with HIVAIDS have been passed in many countries.

By virtue of these laws, any person living with HIV/AIDS who feels that his rights are being, has been or likely to be infected may approach the court to seek redress.

Anti Discrimination laws to prevent and control HIV/AIDS exist in the following countries:

ARGENTINA
Law No. 23798 of 14 September 1990 declaring the fight against AIDS to be of national interest.
Decree No. 1244/91 of 1 July 1991 promulgating Regulations for the implementation of Law No. 23798.

AUSTRIA
AIDS Law 1993, as amended through 2001.

AUSTRALIA

Disability Discrimination Act

BAHAMAS
The Employment Act No.27 of 2001 prohibits HIV screening and discrimination on the basis of HIV/AIDS against all employees and job applicants.

BOLIVIA
In Bolivia, it is a crime for a mother to infect the child through breast-feeding.

BOTSWANA
Penal Code Amendment Act No. 5 of 1998
Criminal Procedure and Evidence (Amendment) Act, 1997

CAMBODIA
The Law on the prevention and control of HIV/AIDS 2002 which prohibits discrimination based on actual, perceived or suspected HIV status of an individual or him/her family members.

CANADA
Canadian Human Rights Act (1977)
Canadian Charter of Rights and Freedoms (1982)

CHILE
Law No. 19779 of 4 December 2001 establishing rules on HIV and creating a subsidy for catastrophic illnesses.

CHINA
HIV is defined as a disability under the Disability Discrimination Ordinance Act 1995 which prohibits discrimination, harassment or vilification based on disability on all aspects of employment.

COLOMBIA

Decree No. 1543 of 12 June 1997 regulating the management of infection with the human immunodeficiencyvirus (HIV), acquired immunodeficiency syndrome (AIDS) and other sexually transmitted diseases (STDs).

COSTA RICA

Law No. 7771 of General Law on HIV/AIDS of 29 April 1998. The legislation covers a number of HIV prevention, treatment, care and support issues and contain specific provisions on HIV in the workplace. Discrimination aspect of employment is prohibited not only against PLWHA but also their relation and persons closely relations..

Decree No. 27894-S of 3 June 1999, Regulation to the General Law on HIV/AIDS

DOMINICAN REPUBLIC

Law No. 55-93 of 31 Dec 1993 establishing the notification of public health authorities of all matters relating to living or deceased persons who have been infected with the AIDS virus [deals with other HIV/AIDS issues as well].

EL SALVADOR

Decree No. 53 of 25 May 1993 promulgating Regulations for the investigation, prevention, and control of acquired immune deficiency syndrome (AIDS) [summary].

GHANA

Ghana has severely limited the access to breast milk substitutes for HIV-positive women by banning the sale, advertisement or promotion of infant formula in public health facilities.

GUYANA
Medical Termination Of Pregnancy Act, 1995.
The Act permits abortion "where the pregnant woman is known to be HIV positive.

INDIA
National AIDS Control organization, Ministry of Health and Family Welfare, National AIDS Prevention and Control Policy. (2002).

ITALY
Law No. 135 of 5 June 1990 establishing a programme of urgent interventions for the prevention and control of AIDS.

INDONESIA
National AIDS Strategy of 16 June 1994, approved by Decree Number: 9/KEP/MENKO/KESRA/VI/1994.

KAZAKHSTAN
Law of the Republic of Kazakhstan of 5 October 1994 on the prevention of AIDS.

KENYA
Kenya HIV/AIDS Prevention and Control law-
A legal framework for the prevention, management and control of HIVAIDS pandemic . The law

criminalizes deliberate transmission of HIV virus and bans forced HIV tests for employment.
Sexual Offences Law, Kenya (2006), which criminalizes deliberate transmission of HIV virus.

MALAWI
The Public Health Act of 1968
Labour Relations Act No 4 of 1996
Pharmacy medicines and Poisons Act No. 15 of 1988

MEXICO
Official Mexican Regulation No. NOM-010-SSA2-1993 on the prevention and control of HIV infection, as amended through 16 March 2000.

MONGOLIA
Law on AIDS prevention.

MOZAMBIQUE
Legislation on HIV/AIDS in the workplace (2000) which makes it illegal to discriminate against workers or dismiss them because of their HIV status.
Act No.5 of February 2002 addresses HIV in the workplace. It prohibits discrimination on the basis of HIV status as well as HIV testing without consent. It also provides for confidentiality regarding information about an employee's HIV status.

NAMIBIA
Namibian HIVAIDS Charter of Rights (2000)
Combating of Rape Act 2000
Defence Amendment Act No. 20 of 1990

NEW ZEALAND

Human Rights Act Amended in 1993 to include Sexual Orientation and a definition of disability that cover People Living With HIV/AIDS.

NICARAGUA

Law No. 238 of 14 October 1996, Law on the Promotion, Protection, and Defense of Human Rights in the Face of AIDS.

NIGERIA

There are no specific national HIV/AIDS legislation in Nigeria. This makes its violation difficult to challenge.

In response to the criticisms against the Nigerian government's low response and poor political commitment to HIV/AIDS, the government established two new multi-sector committees viz the Presidential committee on AIDS and the National Action Committee on AIDS (NACA). The National Action Committee on AIDS was established in February 2000 to coordinate the various activities of HIV/AIDS in the country. NACA's mandate include among others, to:-

1. Coordinate and sustain advocacy by all sectors and at all levels for HIV/AIDS/STDs Expanded Responses in Nigeria;
2. Develop the framework for collaboration and support from all stakeholders for a multi-sectoral and multi-disciplinary response to HIV/AIDS in Nigeria;

3. Develop and present to the Presidential Council on AIDS, PCA, all plans on HIV/AIDS in Nigeria for policy decisions;
4. Develop and articulate a strategic plan for an Expanded National Response to HIV/AIDS in Nigeria;
5. Coordinate, monitor and evaluate the implementation of the Strategic National Plan for the control of HIV/AIDS/STDs in Nigeria and all other approved policies;
6. Coordinate and facilitate the mobilization of resources for an effective and sustainable response to HIV/AIDS/STDs in Nigeria, and
7. Undertake any other duties as assigned by the PCA from time to time.

Though the Federal Ministry of Health in the HIV Report conceded that there are "gaps in existing laws on rights, it acknowledged the importance of harnessing the various resources in addressing the rights and ethics associated with issues surrounding carriers of HIV/AIDS.[67] The Federal Government has indicated its intention to enact a law that would prohibit discrimination against persons living with HIV/AIDS and make HIV testing compulsory for couples intending to marry. By so doing, the above government policies and strategies to curtail the spread of AIDS will have a legal backing.

The government should muster political will and commitment to turn appropriate laws and policies into action.

This is needed to develop and integrate HIV/AIDS

policies into national reproductive health policies, ensure enforcement of legislation to enhance respect for the human rights and dignity of people living with HIVAIDS and AIDS orphans.

The 1997 AIDS' Policy states as follows

> "the fundamental human rights of people living with AIDS and other STIs and their families shall be respected at all times"[68]

In addition, people living with HIV/AIDS may not be discriminated against in any public or private health care facility and Carriers shall have the right to the best available medical care and understanding.

Nigeria adopted a National Policy on HIV/AIDS /STIs Control (AIDS Policy) in 1997. The policy aims to create a positive response to HIV/AIDS, reduce transmission, alleviate burden of people and uphold the rights of people living with HIV/AIDS.

According to the government's AIDS Policy, all citizens of Nigeria have the right to protection against HIV/AIDS/STIs. Nigeria still faces many challenges in terms of the AIDS epidemic.

Poverty, lack of knowledge on prevention, lack of empowerment of women and girls, the vulnerability of youth with 60% of the population aged under 24, and strong stigma and discrimination against people living with and affected by HIV/AIDS constitute the difficulties in tackling HIV/AIDS.

Towards ensuring a well coordinated monitoring and evaluation unit in the fight against HIV/AIDS, the

Federal Government of Nigeria established the Nigeria National Response Information Management System (NNRIMS) for HIV/AIDS in April 2004.

The Nigerian National Response Information Management System focuses on the collection, collation, analysis dissemination and information from on-going program efforts.

Apart from its monitoring power, NNRIMS would enhance government capacity to formulate appropriate policy and strategic government responses for HIV/AIDS control and mitigation of its impact.

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The absence of any national legislation to ensure blood screening, and delays in the implementation of existing policies are serious concerns for continued HIV transmission.[69]

It is however interesting to note that following States in Nigeria have made giant strides in enacting laws to curtail the spread of HIV/AIDS.

The sincere implementation of these laws in these States will undoubtedly assist in the promotion and protection of the rights and interests of people living with HIV/AIDS.

Enugu State Law on HIV/AIDS

Enugu State has become the first State in Nigeria to pass a law known as Anti-Discrimination and Protection (Access to Justice, Care and Support) 2004 to protect persons infected with HIV/AIDS.

The law makes it an offence to discriminate or stigmatise a person living with HIV/AIDS. The law enables people living with HIVAIDS to socialize freely and live normal lives without being treated like social outcasts.

Rivers State Law on HIV/AIDS

Rivers State has enacted the Law on Non-Discrimination Against Employees living with HIV/AIDS. The law prohibits employers in the State from refusing to give employment to people on the basis of their HIV status.

The Rivers State Law makes it an offence to compel an employee in the State to undergo directly or indirectly any HIV test. The Law contains a clause for the provision for the free condoms at all guesthouses in the State.

According to the Law, no employer or any person acting on his behalf would be allowed to discriminate against an employee or applicant for employment on the basis of HIV/AIDS status.

For those already working, the law would prohibit an employer from them denying access to opportunities for promotion, training and other benefits. It would be unlawful for employers to pay any person living with HIV/AIDS less substantially the same work of equal

value performed by another employee in the same establishment.

To protect HIV victims, it would not be mandatory for them to disclose their HIV status whatsoever in connection to employment.

According to the Law, no person will be permitted without the written consent of any HIV/AIDS victim to disclose any written information relating to his/ her status unless another law requires the information.

The HIV status of an employee would not affect the person's eligibility for occupational or other benefits scheme provided for employees.

The law is a major breakthrough in the recognition of the fundamental rights of HIV/AIDS victims' freedom from all forms of discrimination.

Similarly, Rivers State enacted the "Prevention of Transmission of HIV through Blood Transfusion Law No. 4 of 2004" to strengthen the efficiency of the process of blood transfusion in such a way that blood used as part of treatment for whatever ailment in the State Hospital must be subjected to careful screening using available state of art machinery.

Furthermore, an enabling law passed in 2004 established the Lagos State Blood Transfusion Committee, (LSBTC) to regulate blood transmission and adopt penalties to check the rapidly increasing rate of transmission of HIV and other blood transmissible infections in Lagos State. The Committee has recommended that hospitals and other health institutions in Lagos State which transfuse patients with HIV infected blood will henceforth be liable to a fine of N500, 000:00 for first time offenders and

N 2 million in subsequent cases while individuals who commit the same offence will have to contend with a fine of N100,000:00 with two years imprisonment for first time offenders and N500,000:00 with four years imprisonment for subsequent offences.[70]

Law reforms are also being packaged by the Benue State Government whereby HIV/AIDS infected persons may end up in jail if found to have sexual relationship with the opposite sex with the intention to spread the deadly disease.

OMAN
Ministerial Resolution No. 1 of 19 January 1990 of the Ministry of Health on the National Programme for the Prevention of Acquired Immunodeficiency Syndrome (AIDS).

PANAMA
Law No. 3 of 5 January 2000 on sexually transmitted diseases, HIV, and AIDS.

PERU
Law No. 26626 of 19 June 1996 giving the Ministry of Health responsibility for formulating a national Plan to Fight HIV/AIDS and sexually transmitted diseases.

PHILIPPINES
Republic Act No. 8504, Philippines AIDS Prevention and Control Act of 1998, 13 February 1998.

Among other things, the Act requires written consent for HIV testing and prohibits compulsory HIV testing. It also guarantees the right to confidentiality, prohibits discrimination on the basis of actual, perceived or suspected HIV status in employment, schools, travel, public service, credit and insurance, healthcare and burials services.

POLAND

In Poland though not specified by law, HIV status has been interpreted as legitimate ground for an abortion to protect the health of the woman

ROMANIA

Order No. 1201 of 16 October 1990 of the Ministry of Health on epidemiological surveillance, prevention of infection, and the provision of medical care to persons infected by the human immunodeficiency virus (HIV).

The Romanian Ministry of Health adopted a policy of targeting pregnant women for mandatory testing and status notification.

Discrimination on the basis of belonging to a "disfavoured category" which includes PLWHA is prohibited under the Emergency Ordinance No.137/2000 on preventing and punishing all of forms of discrimination.

RUSSIAN FEDERATION

Federal Law No. 38 of 30 March 1995 on the prevention of the spread in the Russian Federation of the disease caused by the human immunodeficiency virus (HIV infection).

SINGAPORE

Infectious Diseases Act [Part IIIA: Control of AIDS and HIV Infection].

SOUTH AFRICA

Promotion of Equality and Prevention of Unfair Discrimination Act, Act 4 of 2000. Sections 34(1) and (2) for direct reference to HIV/AIDS

Employment Equity Act, Act 55 of 1998. Sections 6, 7 (1) ands (2) and 50 (4) deal specifically with HIV/AIDS by prohibiting unfair discrimination on the basis of HIV status in the work place.

Criminal law Amendment Act, Act 105 of 1997 provides for harsher sentencing of HIV positive rapists. The law provides for life imprisonment for HIV positive first offender who is convicted of rape but a lesser sentence of ten years for first offender who is not HIV positive. The law does not require evidence of HIV transmission to support the imposition of higher sentence.

Schedule 6 (a)(iv) of Criminal Procedure Second Amendment Act, Act 85 of 1997, makes the granting of bail more difficult in instances where the suspected rapist is known to be HIV positive.

Compulsory HIV Testing of Alleged Sexual Offenders Bill of 2002.

The Medical Schemes Act 1998

Domestic Violence Act 1998

SYRIA

Order No. 17/T of 30 March 1991 of the Ministry of Health, as amended through Order No. 122/T of 13 July 1993 [testing and general provisions, summary].

THAILAND

In Thailand where abortion is only permitted to preserve the life and health of the pregnant mother, the Medical Council has recommended that a woman's HIV positive status should be recognized as a specific ground for obtaining an abortion.

UKRAINE

Law on AIDS prevention and Social Protection of Population

UNITES STATES OF AMERICA

Disabilities Act (ADA), which protects People Living With HIV/AIDS from discrimination.

UZBEKISTAN

Law No. 3139 of 19 August 1999 on the prevention of disease caused by AIDS.

VENEZUELA

Resolution No. SG-439 of 26 August 1994 of the Ministry of Health and Social Assistance [on testing].

VIET NAM

Ordinance of 31 May 1995 on the Prevention and Fight Against HIV-AIDS Infection.
Decree No. 34-CP of 1 June 1996 of the Government Guiding the Implementation of the Ordinance on the Prevention and Control of HIV-AIDS Infection, Decree 2005.
The Decree which punishes anyone who discriminates against persons living with HIV/AIDS virus.
The Decree targets anyone who reveals test results, names and addresses or photographs of HIV-positive people as well as
Employers who discriminate against HIV- positive workers or schools who refuse to teach HIV-positive students.

ZAMBIA
The National HIV/AIDS/STI/TB Council Bill 30 August 2000
Employment Act Chapter 268 of the laws of Zambia
The National Health Services Act, Chapter 315 of the Laws of Zambia.

ZIMBABWE
National AIDS Council of Zimbabwe Act No. 11, 1999
Sexual Offences Act No 8 of 2001 Chapter 9.21.
The law prescribed a maximum 20- year mandatory jail term for anyone who knowingly infects another with HIV/AIDS excluding spouses.

Criminal Law and Evidence Amendment Act No. 8 of 1997

Labour Relations Regulations on HIVAIDS and Employment S. 202 of 1998. The Labour Relations (HIV/AIDS) regulations of 1998 contains a comprehensive set of provision regulating the response to HIV/AIDS in the workplace.

National Social Security Act (Chapter 17:04)

The Zimbabwe HIV /AIDS Policy advocates enacting legal provisions that enable health professionals to disclose a patient's HIV status to

"those who have critical reasons to know". Even if the patient refuses.

Labour Relations Amendment Act of 2002 explicitly prohibits an employer from discriminating against an employee or prospective employee on the basis of HIV status.

Regional Resolutions on HIV/AIDS

Apart from the above laws on HIV/AIDS by different countries, there are also resolutions made at the regional level by regional bodies e.g. the African Union (AU) to mitigate the impact of HIV/AIDS.

Over the years, the Assembly of Heads of State and Government of the Organisation of African Unity (OAU) adopted the following resolutions to address the HIVAIDS epidemic.[71]

In June 1994, the *Tunis Declaration on AIDS and the Child in Africa* was adopted by the OAU at the

Assembly of Heads of State and Government in Tunis, Tunisia.
The Declaration declares a commitment to: "Elaborate a national policy framework to guide and support appropriate responses to the needs of affected children covering social, legal, ethical and human rights issues."

In July 1996, at the Thirty-Second ordinary Session of the Heads of State and Government of the O.A.U., *a Resolution on Regular Reporting of the Implementation Status of OAU Declarations on HIV/AIDS in Africa* was adopted by the Assembly.

The Resolution urged African leaders to implement those declarations and resolutions that had been adopted in the past, specifically referring to the Tunic Declaration.

On 27 April 2001, the Heads of State and Government gathered for a special summit devoted specifically to address the exceptional challenges of HIV/AIDS, tuberculosis and other related infectious diseases.

This resulted in the *Abuja Declaration on HIV/AIDS, Tuberculosis and other related Infectious Diseases, and the Abuja Framework for Action for the Fight against HIVAIDS, Tuberculosis and Other Infectious Diseases,* aimed at the implementation of the principles set forth in the Abuja Declaration.

In the Abuja Declaration, the Heads of State acknowledged "stigma, silence and discrimination against people living with HIV/AIDS increases the

impact of the epidemic and constitutes a major barrier to an effective response to it.

The Abuja Framework conceptualizes the commitment made in the Abuja Declaration into strategies followed by subsequent activities to be implemented by member States in collaboration with all stakeholders.
The protection of human rights is recognized as one of the priority areas and the following strategies are identified:

- Develop a multi-sectoral national programme for awareness of and sensitivity to the negative impact of the pandemic on people especially vulnerable groups;

- Enact relevant legislation to protect the rights of people infected and affected by HIV/AIDS and tuberculosis;

- Strengthen existing legislation to address, (a) human rights violations and gender inequalities and (b) respect and protect the rights of infected and effected people;

- Harmonize approaches human rights between nations for the whole continent, and;

- Assist women in taking appropriate decisions to protect themselves against HIV infection.

The Role of Governments and other stakeholders in the prevention and control of HIV/AIDS

The important role of Governments in the prevention and control of HIVAIDS cannot be overemphasized. It is the responsibility of governments to allocate sufficient resources for AIDS prevention and care programmes, create easy access to all individuals and groups in society to these programmes, and ensure that laws, policies and practices do not discriminate against people living with HIV/AIDS.

The Beijing Platform (1995) in paragraphs 108 (a) – (p), outlines a series of steps that governments and the international community should undertake to prevent the spread of HIV/AIDS and to meet the needs of individuals living with HIV/AIDS.

These steps include:

reviewing and amending laws and combating practices that contribute to women's vulnerability to HIV/AIDS;

encouraging all sectors of society, both public and private, to develop non-discriminatory and compassionate policies that protect the rights of people living with HIV/AIDS;

investing in educational programs for women, men, and adolescents about prevention of HIV/AIDS transmission;

ensuring access to appropriate, affordable HIV/AIDS prevention services and expanding counseling and voluntary and confidential testing and treatment services for women and

ensuring that health-care services receive high

quality condoms and medication for the treatment of sexually transmissible infections

The most important task for the government in its war against HIV/AIDS is to create an enabling and supportive environment for an effective programme on HIV/AIDS. A supportive human rights environment is essential for an effective prevention progammme.

The private sector and informal sector are critical stakeholders, which should also collaborate with the government to combat the HIV/AIDS scourge.

Beyond the human tragedies, HIV/AIDS devastates the productive work force, which are put at increasing higher risk as the epidemic disproportionately affects people during their productive years. The impact of the workforce is felt in high level of absenteeism, high labour turnover and reduced productivity.

Unless the private sector joins in the fight against HIV/AIDS, the epidemic will increase the costs of doing business and reduce the long-term potentials of markets.

The international community, development partners and donor agencies are equally required to assist in the fight against HIV/AIDS by complementing and supplementing the efforts of developing countries through increased international development assistance. Governments of developed countries have a moral responsibility to share the AIDS burden of developing countries by rendering financial and technical assistance.

Non-Governmental organizations (NGOs) are also important stakeholders in the fight against HIV/AIDS. Non-governmental organizations are any non-profit, voluntary group, which are organized on a local, national or international level.

Task oriented and driven by people with a common interest, NGOs perform a variety of services and humanitarian functions bringing citizens concerns on HIV/AIDS to government, monitor policies and sensitise grassroots' mobilisation at the community level. They have significant contributions to contribute in addressing the problem of HIV/AIDS in all its aspects. Their full involvement and participation in design, planning, implementation and evaluation of programmes is crucial to the development of effective responses to the HIV/AIDS epidemic.

Non-governmental organizations function as civil society organizations advocating access to treatment, human rights promotion and protection as well as improved socio-economic conditions. They also monitor human rights abuses and call the government's attention to address such anomalies. The close interpersonal interaction that NGOs maintain with people at the grassroots is extremely useful for the implementation of necessary behavioural interventions for HIV/AIDS prevention and care.

All of us have a role to play to prevent the spread the spread of HIVAIDS by protecting ourselves and loved ones; being compassionate to those infected and by being concerned citizens and brothers' keepers.

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APPENDIX I

26TH SPECIAL SESION OF THE UNITED NATIONS GENERAL ASSEMBLY, JUNE 2001

Declaration of Commitment on HIV/AIDS

"Global Crisis — Global Action"

1. We, Heads of State and Government and Representatives of States and Governments, assembled at the United Nations, from 25 to 27 June 2001, for the twenty-sixth special session of the General Assembly convened in accordance with resolution 55/13, as a matter of urgency, to review and address the problem of HIV/AIDS in all its aspects as well as to secure a global commitment to enhancing coordination and intensification of national, regional and international efforts to combat it in a comprehensive manner;

3. Deeply concerned that the global HIV/AIDS epidemic, through its devastating scale and
4. impact, constitutes a global emergency and one of the most formidable challenges to human life and dignity, as well as to the effective enjoyment of human rights, which undermines social and economic development throughout the world and affects all levels of society — national, community, family and individual;

3. Noting with profound concern, that by the end of the year 2000, 36.1 million people worldwide were living with HIV/AIDS, 90 per cent in developing countries and 75 per cent in sub-Saharan Africa;

4. Noting with grave concern that all people, rich and poor, without distinction of age, gender or race are affected by the HIV/AIDS epidemic, further noting that people in developing countries are the most affected and that women, young adults and children, in particular girls, are the most vulnerable;

5. Concerned also that the continuing spread of HIV/AIDS will constitute a serious obstacle to the realization of the global development goals we adopted at the Millennium Summit;

6. Recalling and reaffirming our previous commitments on HIV/AIDS made through:

• The United Nations Millennium Declaration of 8 September 2000;

• The Political Declaration and Further Actions and Initiatives to Implement the Commitments made at the World Summit for Social Development of 1 July 2000;

• The Political Declaration and Further Action and Initiatives to Implement the Beijing

Declaration and Platform for Action of 10 June 2000;

• Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development of 2 July 1999;

• The regional call for action to fight HIV/AIDS in Asia and the Pacific of 25 April 2001;

• The Abuja Declaration and Framework for Action for the Fight Against HIV/ AIDS, Tuberculosis and other Related Infectious Diseases in Africa, 27 April 2001;

• The Declaration of the Ibero-America Summit of Heads of State of November 2000 in Panama;

• The Caribbean Partnership Against HIV/AIDS, 14 February, 2001;

• The European Union Programme for Action: Accelerated Action on HIV/ AIDS, Malaria and Tuberculosis in the Context of Poverty Reduction of 14 May 2001;

• The Baltic Sea Declaration on HIV/AIDS Prevention of 4 May 2000;

• The Central Asian Declaration on HIV/AIDS of 18 May 2001;

7. Convinced of the need to have an urgent, coordinated and sustained response to the HIV/AIDS epidemic, which will build on the experience and lessons learned over the past 20 years;

8. Noting with grave concern that Africa, in particular sub-Saharan Africa, is currently the worst affected region where HIV/AIDS is considered as a state of emergency, which threatens development, social cohesion, political stability, food security and life expectancy and imposes a devastating economic burden and that the dramatic situation on the continent needs urgent and exceptional national, regional and international action;

9. Welcoming the commitments of African Heads of State or Government, at the Abuja Special Summit in April 2001, particularly their pledge to set a target of allocating at least 15 per cent of their annual national budgets for the improvement of the health sector to help address the HIV/AIDS epidemic; and recognizing that action to reach this target, by those countries whose resources are limited, will need to be complemented by increased international assistance;

10. Recognizing also that other regions are seriously affected and confront similar threats, particularly the Caribbean region, with the

second highest rate of HIV infection after sub-Saharan Africa, the Asia-Pacific region where 7.5 million people are already living with HIV/AIDS, the Latin America region with 1.5 million people living with HIV/AIDS, and the Central and Eastern European region with very rapidly rising infection rates; and that the potential exists for a rapid escalation of the epidemic and its impact throughout the world if no specific measures are taken;

11.Recognizing that poverty, underdevelopment and illiteracy are among the principal contributing factors to the spread of HIV/AIDS and noting with grave concern that HIV/AIDS is compounding poverty and is now reversing or impeding development in many countries and should therefore be addressed in an integrated manner;

12. Noting that armed conflicts and natural disasters also exacerbate the spread of the epidemic;

13. Noting further that stigma, silence, discrimination, and denial, as well as lack of confidentiality, undermine prevention, care and treatment efforts and increase the impact of the epidemic on individuals, families, communities and nations and must also be addressed;

14. Stressing that gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS;

5. Recognizing that access to medication in the context of pandemics such as HIV/AIDS is one of the fundamental elements to achieve progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

16. Recognizing that the full realization of human rights and fundamental freedoms for all is an essential element in a global response to the HIV/AIDS pandemic, including in the areas of prevention, care, support and treatment, and that it reduces vulnerability to HIV/AIDS and prevents stigma and related discrimination against people living with or at risk of HIV/AIDS;

17. Acknowledging that prevention of HIV infection must be the mainstay of the national, regional and international response to the epidemic; and that prevention, care, support and treatment for those infected and affected by HIV/AIDS are mutually reinforcing elements of an effective response and must be integrated in

a comprehensive approach to combat the epidemic;

18. Recognizing the need to achieve the prevention goals set out in this Declaration in order to stop the spread of the epidemic and acknowledging that all countries must continue to emphasize widespread and effective prevention, including awareness-raising campaigns through education, nutrition, information and health-care services;

19. Recognizing that care, support and treatment can contribute to effective prevention through increased acceptance of voluntary and confidential counselling and testing, and by keeping people living with HIV/AIDS and vulnerable groups in close contact with health-care systems and facilitating their access to information, counselling and preventive supplies;

20. Emphasizing the important role of cultural, family, ethical and religious factors in the prevention of the epidemic, and in treatment, care and support, taking into account the particularities of each country as well as the

importance of respecting all human rights and fundamental freedoms;

21. Noting with concern that some negative economic, social, cultural, political, financial and legal factors are hampering awareness, education, prevention, care, treatment and support efforts;

22. Noting the importance of establishing and strengthening human resources and national health and social infrastructures as imperatives for the effective delivery of prevention, treatment, care and support services;

23. Recognizing that effective prevention, care and treatment strategies will require behavioural changes and increased availability of and non-discriminatory access to, inter alia, vaccines, condoms, microbicides, lubricants, sterile injecting equipment, drugs including anti-retroviral therapy, diagnostics and related technologies as well as increased research and development;

24. Recognizing also that the cost availability and affordability of drugs and related technology are significant factors to be reviewed and addressed in all aspects and that there is a need to reduce the cost of these drugs

and technologies in close collaboration with the private sector and pharmaceutical companies;

25. Acknowledging that the lack of affordable pharmaceuticals and of feasible supply structures and health systems continue to hinder an effective response to HIV/AIDS in many countries, especially for the poorest people and recalling efforts to make drugs available at low prices for those in need;

26. Welcoming the efforts of countries to promote innovation and the development of domestic industries consistent with international law in order to increase access to medicines to protect the health of their populations; and noting that the impact of international trade agreements on access to or local manufacturing of, essential drugs and on the development of new drugs needs to be further evaluated;

27. Welcoming the progress made in some countries to contain the epidemic, particularly through: strong political commitment and leadership at the highest levels, including community leadership; effective use of available resources and traditional medicines; successful prevention, care, support and treatment strategies; education and information initiatives; working in partnership with communities, civil society, people living with HIV/AIDS and vulnerable groups; and the active promotion and

protection of human rights; and recognizing the importance of sharing and building on our collective and diverse experiences, through regional and international cooperation including North/South, South/South cooperation and triangular cooperation;

28. Acknowledging that resources devoted to combating the epidemic both at the national and international levels are not commensurate with the magnitude of the problem;

29. Recognizing the fundamental importance of strengthening national, regional and subregional capacities to address and effectively combat HIV/AIDS and that this will require increased and sustained human, financial and technical resources through strengthened national action and cooperation and increased regional, subregional and international cooperation;

30. Recognizing that external debt and debt-servicing problems have substantially constrained the capacity of many developing countries, as well as countries with economies in transition, to finance the fight against HIV/AIDS;

31. Affirming the key role played by the family in prevention, care, support and treatment of persons affected and infected by HIV/AIDS, bearing in mind that in different cultural, social

and political systems various forms of the family exist;

32. Affirming that beyond the key role played by communities, strong partnerships among Governments, the United Nations system, intergovernmental organizations, people living with HIV/AIDS and vulnerable groups, medical, scientific and educational institutions, non-governmental organizations, the business sector including generic and research-based pharmaceutical companies, trade unions, media, parliamentarians, foundations, community organizations, faith-based organizations and traditional leaders are important;

33. Acknowledging the particular role and significant contribution of people living with HIV/AIDS, young people and civil society actors in addressing the problem of HIV/AIDS in all its aspects and recognizing that their full involvement and participation in design, planning, implementation and evaluation of programmes is crucial to the development of effective responses to the HIV/AIDS epidemic;

34. Further acknowledging the efforts of international humanitarian organizations combating the epidemic, including among others the volunteers of the International

Federation of Red Cross and Red Crescent Societies in the most affected areas all over the world;

35. Commending the leadership role on HIV/AIDS policy and coordination in the United Nations system of the UNAIDS Programme Coordinating Board; noting its endorsement in December 2000 of the Global Strategy Framework for HIV/AIDS, which could assist, as appropriate, Member States and relevant civil society actors in the development of HIV/AIDS strategies, taking into account the particular context of the epidemic in different parts of the world;

36. Solemnly declare our commitment to address the HIV/AIDS crisis by taking action as follows, taking into account the diverse situations and circumstances in different regions and countries throughout the world;

Leadership

Strong leadership at all levels of society is essential for an effective response to the epidemic

Leadership by Governments in combating HIV/AIDS is essential and their efforts should be complemented by the full and active

participation of civil society, the business community and the private sector

Leadership involves personal commitment and concrete actions

At the national level

37. By 2003, ensure the development and implementation of multisectoral national strategies and financing plans for combating HIV/AIDS that: address the epidemic in forthright terms; confront stigma, silence and denial; address gender and age-based dimensions of the epidemic; eliminate discrimination and marginalization; involve partnerships with civil society and the business sector and the full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people; are resourced to the extent possible from national budgets without excluding other sources, inter alia international cooperation; fully promote and protect all human rights and fundamental freedoms, including the right to the highest attainable standard of physical and mental health; integrate a gender perspective; and address risk, vulnerability, prevention, care, treatment and support and reduction of the impact of the epidemic; and strengthen health, education and legal system capacity;

38. By 2003, integrate HIV/AIDS prevention, care, treatment and support and impact mitigation priorities into the mainstream of development planning, including in poverty eradication strategies, national budget allocations and sectoral development plans;

At the regional and sub regional level

39. Urge and support regional organizations and partners to: be actively involved in addressing the crisis; intensify regional, subregional and interregional cooperation and coordination; and develop regional strategies and responses in support of expanded country level efforts;

40. Support all regional and subregional initiatives on HIV/AIDS including: the International Partnership against AIDS in Africa (IPAA) and the ECA-African Development Forum Consensus and Plan of Action: Leadership to Overcome HIV/ AIDS; the Abuja Declaration and Framework for Action for the Fight Against HIV/AIDS, Tuberculosis and Other Diseases; the CARICOM Pan-Caribbean Partnership Against HIV/AIDS; the ESCAP Regional Call for Action to Fight HIV/ AIDS in Asia and the Pacific; the Baltic Sea Initiative and Action Plan; the Horizontal Technical Cooperation Group on HIV/AIDS in Latin America and the Caribbean; the European Union Programme for Action: Accelerated

Action on HIV/AIDS, Malaria and Tuberculosis in the context of poverty reduction;

41. Encourage the development of regional approaches and plans to address HIV/AIDS;

42. Encourage and support local and national organizations to expand and strengthen regional partnerships, coalitions and networks;

43. Encourage the United Nations Economic and Social Council to request the regional commissions within their respective mandates and resources to support national efforts in their respective regions in combating HIV/AIDS;

At the global level

44. Support greater action and coordination by all relevant United Nations system organizations, including their full participation in the development and implementation of a regularly updated United Nations strategic plan for HIV/AIDS, guided by the principles contained in this Declaration;

45. Support greater cooperation between relevant United Nations system organizations and international organizations combating HIV/AIDS;

46. Foster stronger collaboration and the development of innovative partnerships between

the public and private sectors and by 2003, establish and strengthen mechanisms that involve the private sector and civil society partners and people living with HIV/AIDS and vulnerable groups in the fight against HIV/AIDS;

Prevention

Prevention must be the mainstay of our response

47. By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent and by 25 per cent globally by 2010, and to intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys;

48. By 2003, establish national prevention targets, recognizing and addressing factors leading to the spread of the epidemic and increasing people's vulnerability, to reduce HIV

incidence for those identifiable groups, within particular local contexts, which currently have high or increasing rates of HIV infection, or which available public health information indicates are at the highest risk for new infection;

49. By 2005, strengthen the response to HIV/AIDS in the world of work by establishing and implementing prevention and care programmes in public, private and informal work sectors and take measures to provide a supportive workplace environment for people living with HIV/AIDS;

50. By 2005, develop and begin to implement national, regional and international strategies that facilitate access to HIV/AIDS prevention programmes for migrants and mobile workers, including the provision of information on health and social services;

51. By 2003, implement universal precautions in health-care settings to prevent transmission of HIV infection;

52. By 2005, ensure: that a wide range of prevention programmes which take account of local circumstances, ethics and cultural values, is available in all countries, particularly the

most affected countries, including information, education and communication, in languages most understood by communities and respectful of cultures, aimed at reducing risk-taking behaviour and encouraging responsible sexual behaviour, including abstinence and fidelity; expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmittable infections;

53. By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection; in full partnership with youth, parents, families, educators and health-care providers;

54. By 2005, reduce the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 2010, by: ensuring that 80 per cent of

pregnant women accessing antenatal care have information, counselling and other HIV prevention services available to them, increasing the availability of and by providing access for HIV-infected women and babies to effective treatment to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV-infected women, including voluntary and confidential counselling and testing, access to treatment, especially anti-retroviral therapy and, where appropriate, breast milk substitutes and the provision of a continuum of care;

Care, support and treatment

Care, support and treatment are fundamental elements of an effective response

55. By 2003, ensure that national strategies, supported by regional and international strategies, are developed in close collaboration with the international community, including Governments and relevant intergovernmental organizations as well as with civil society and the business sector, to strengthen health care systems and address factors affecting the provision of HIV-related drugs, including anti-retroviral drugs, inter alia affordability and pricing, including differential pricing, and technical and health care systems capacity. Also, in an urgent manner make every effort to:

provide progressively and in a sustainable manner, the highest attainable standard of treatment for HIV/AIDS, including the prevention and treatment of opportunistic infections, and effective use of quality-controlled anti-retroviral therapy in a careful and monitored manner to improve adherence and effectiveness and reduce the risk of developing resistance; to cooperate constructively in strengthening pharmaceutical policies and practices, including those applicable to generic drugs and intellectual property regimes, in order further to promote innovation and the development of domestic industries consistent with international law;

56. By 2005, develop and make significant progress in implementing comprehensive care strategies to: strengthen family and community-based care including that provided by the informal sector, and health care systems to provide and monitor treatment to people living with HIV/AIDS, including infected children, and to support individuals, households, families and communities affected by HIV/ AIDS; improve the capacity and working conditions of health care personnel, and the effectiveness of supply systems, financing plans and referral mechanisms required to provide access to affordable medicines, including anti-retroviral drugs, diagnostics and related technologies, as

well as quality medical, palliative and psycho-social care;

57. By 2003, ensure that national strategies are developed in order to provide psycho-social care for individuals, families, and communities affected by HIV/AIDS;

HIV/AIDS and Human rights

Realization of human rights and fundamental freedoms for all is essential to reduce vulnerability to HIV/AIDS

Respect for the rights of people living with HIV/AIDS drives an effective response

58. By 2003, enact, strengthen or enforce as appropriate legislation, regulations and other measures to eliminate all forms of discrimination against, and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV/AIDS and members of vulnerable groups; in particular to ensure their access to, inter alia education, inheritance, employment, health care, social and health services, prevention, support, treatment, information and legal protection, while respecting their privacy and confidentiality; and develop strategies to combat stigma and social exclusion connected with the epidemic;

59. By 2005, bearing in mind the context and character of the epidemic and that globally women and girls are disproportionately affected by HIV/AIDS, develop and accelerate the implementation of national strategies that: promote the advancement of women and women's full enjoyment of all human rights; promote shared responsibility of men and women to ensure safe sex; empower women to have control over and decide freely and responsibly on matters related to their sexuality to increase their ability to protect themselves from HIV infection;

60. By 2005, implement measures to increase capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including sexual and reproductive health, and through prevention education that promotes gender equality within a culturally and gender sensitive framework;

61. By 2005, ensure development and accelerated implementation of national strategies for women's empowerment, promotion and protection of women's full enjoyment of all human rights and reduction of their vulnerability to HIV/AIDS through the elimination of all forms of discrimination, as well as all forms of violence against women and girls, including harmful traditional and

customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls;

Reducing vulnerability

The vulnerable must be given priority in the response

Empowering women is essential for reducing vulnerability

62. By 2003, in order to complement prevention programmes that address activities which place individuals at risk of HIV infection, such as risky and unsafe sexual behaviour and injecting drug use, have in place in all countries strategies, policies and programmes that identify and begin to address those factors that make individuals particularly vulnerable to HIV infection, including underdevelopment, economic insecurity, poverty, lack of empowerment of women, lack of education, social exclusion, illiteracy, discrimination, lack of information and/or commodities for self-protection, all types of sexual exploitation of women, girls and boys, including for commercial reasons; such strategies, policies and programmes should address the gender dimension of the epidemic, specify the action that will be taken to address vulnerability and set targets for achievement;

63. By 2003, develop and/or strengthen strategies, policies and programmes, which recognize the importance of the family in reducing vulnerability, inter alia, in educating and guiding children and take account of cultural, religious and ethical factors, to reduce the vulnerability of children and young people by: ensuring access of both girls and boys to primary and secondary education, including on HIV/AIDS in curricula for adolescents; ensuring safe and secure environments, especially for young girls; expanding good quality youth-friendly information and sexual health education and counselling service; strengthening reproductive and sexual health programmes; and involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible;

64. By 2003, develop and/or strengthen national strategies, policies and programmes, supported by regional and international initiatives, as appropriate, through a participatory approach, to promote and protect the health of those identifiable groups which currently have high or increasing rates of HIV infection or which public health information indicates are at greatest risk of and most vulnerable to new infection as indicated by such factors as the local history of the epidemic, poverty, sexual practices, drug using behaviour, livelihood,

institutional location, disrupted social structures and population movements forced or otherwise;

Children orphaned and made vulnerable by HIV/AIDS

Children orphaned and affected by HIV/AIDS need special assistance

65. By 2003, develop and by 2005 implement national policies and strategies to: build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS including by providing appropriate counselling and psycho-social support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; to protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;

66. Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatization of children orphaned and made vulnerable by HIV/AIDS;

67. Urge the international community, particularly donor countries, civil society, as

well as the private sector to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions, in countries at high risk and to direct special assistance to sub-Saharan Africa;

Alleviating social and economic impact

To address HIV/AIDS is to invest in sustainable development

68. By 2003, evaluate the economic and social impact of the HIV/AIDS epidemic and develop multisectoral strategies to: address the impact at the individual, family, community and national levels; develop and accelerate the implementation of national poverty eradication strategies to address the impact of HIV/AIDS on household income, livelihoods, and access to basic social services, with special focus on individuals, families and communities severely affected by the epidemic; review the social and economic impact of HIV/AIDS at all levels of society especially on women and the elderly, particularly in their role as caregivers and in families affected by HIV/AIDS and address their special needs; adjust and adapt economic and social development policies, including social protection policies, to address the impact of HIV/AIDS on economic growth, provision of essential economic services, labour

productivity, government revenues, and deficit-creating pressures on public resources;

69. By 2003, develop a national legal and policy framework that protects in the workplace the rights and dignity of persons living with and affected by HIV/AIDS and those at the greatest risk of HIV/AIDS in consultation with representatives of employers and workers, taking account of established international guidelines on HIV/AIDS in the workplace;

Research and development

With no cure for HIV/AIDS yet found, further research and development is crucial

70. Increase investment and accelerate research on the development of HIV vaccines, while building national research capacity especially in developing countries, and especially for viral strains prevalent in highly affected regions; in addition, support and encourage increased national and international investment in HIV/AIDS-related research and development including biomedical, operations, social, cultural and behavioural research and in traditional medicine to: improve prevention and therapeutic approaches; accelerate access to prevention, care and treatment and care technologies for HIV/AIDS (and its associated opportunistic infections and malignancies and

sexually transmitted diseases), including female controlled methods and microbicides, and in particular, appropriate, safe and affordable HIV vaccines and their delivery, and to diagnostics, tests, methods to prevent mother-to-child transmission; and improve our understanding of factors which influence the epidemic and actions which address it, inter alia, through increased funding and public/private partnerships; create a conducive environment for research and ensure that it is based on highest ethical standards;

71. Support and encourage the development of national and international research infrastructure, laboratory capacity, improved surveillance systems, data collection, processing and dissemination, and training of basic and clinical researchers, social scientists, health-care providers and technicians, with a focus on the countries most affected by HIV/AIDS, particularly developing countries and those countries experiencing or at risk of rapid expansion of the epidemic;

72. Develop and evaluate suitable approaches for monitoring treatment efficacy, toxicity, side effects, drug interactions, and drug resistance,

develop methodologies to monitor the impact of treatment on HIV transmission and risk behaviours;

73. Strengthen international and regional cooperation in particular North/South, South/South and triangular cooperation, related to transfer of relevant technologies, suitable to the environment in prevention and care of HIV/AIDS, the exchange of experiences and best practices, researchers and research findings and strengthen the role of UNAIDS in this process. In this context, encourage that the end results of these cooperative research findings and technologies be owned by all parties to the research, reflecting their relevant contribution and dependent upon their providing legal protection to such findings; and affirm that all such research should be free from bias;

74. By 2003, ensure that all research protocols for the investigation of HIV-related treatment including anti-retroviral therapies and vaccines based on international guidelines and best practices are evaluated by independent committees of ethics, in which persons living with HIV/AIDS and caregivers for anti-retroviral therapy participate;

HIV/AIDS in conflict and disaster affected regions

Conflicts and disasters contribute to the spread of HIV/AIDS

75. By 2003, develop and begin to implement national strategies that incorporate HIV/AIDS awareness, prevention, care and treatment elements into programmes or actions that respond to emergency situations, recognizing that populations destabilized by armed conflict, humanitarian emergencies and natural disasters, including refugees, internally displaced persons and in particular, women and children, are at increased risk of exposure to HIV infection; and, where appropriate, factor HIV/AIDS components into international assistance programmes;

76. Call on all United Nations agencies, regional and international organizations, as well as non-governmental organizations involved with the provision and delivery of international assistance to countries and regions affected by conflicts, humanitarian crises or natural disasters, to incorporate as a matter of urgency HIV/AIDS prevention, care and awareness elements into their plans and programmes and provide HIV/AIDS awareness and training to their personnel;

77. By 2003, have in place national strategies to address the spread of HIV among national uniformed services, where this is required, including armed forces and civil defence force and consider ways of using personnel from these services who are educated and trained in HIV/AIDS awareness and prevention to assist with HIV/ AIDS awareness and prevention activities including participation in emergency, humanitarian, disaster relief and rehabilitation assistance;

78. By 2003, ensure the inclusion of HIV/AIDS awareness and training, including a gender component, into guidelines designed for use by defence personnel and other personnel involved in international peacekeeping operations while also continuing with ongoing education and prevention efforts, including pre-deployment orientation, for these personnel;

Resources

The HIV/AIDS challenge cannot be met without new, additional and sustained resources

79. Ensure that the resources provided for the global response to address HIV/AIDS are substantial, sustained and geared towards achieving results;

80. By 2005, through a series of incremental steps, reach an overall target of annual expenditure on the epidemic of between US$ 7 billion and US$ 10 billion in low and middle-income countries and those countries experiencing or at risk of experiencing rapid expansion for prevention, care, treatment, support and mitigation of the impact of HIV/AIDS, and take measures to ensure that needed resources are made available, particularly from donor countries and also from national budgets, bearing in mind that resources of the most affected countries are seriously limited;

81. Call on the international community, where possible, to provide assistance for HIV/AIDS prevention, care and treatment in developing countries on a grant basis;

82. Increase and prioritize national budgetary allocations for HIV/AIDS programmes as required and ensure that adequate allocations are made by all ministries and other relevant stakeholders;

83. Urge the developed countries that have not done so to strive to meet the targets of 0.7 per cent of their gross national product for overall official development assistance and the targets of earmarking of 0.15 per cent to 0.20 per cent of gross national product as official

development assistance for least developed countries as agreed, as soon as possible, taking into account the urgency and gravity of the HIV/ AIDS epidemic;

84. Urge the international community to complement and supplement efforts of developing countries that commit increased national funds to fight the HIV/AIDS epidemic through increased international development assistance, particularly those countries most affected by HIV/AIDS, particularly in Africa, especially in sub-Saharan Africa, the Caribbean, countries at high risk of expansion of the HIV/AIDS epidemic and other affected regions whose resources to deal with the epidemic are seriously limited;

85. Integrate HIV/AIDS actions in development assistance programmes and poverty eradication strategies as appropriate and encourage the most effective and transparent use of all resources allocated;

86. Call on the international community and invite civil society and the private sector to take appropriate measures to help alleviate the social and economic impact of HIV/AIDS in the most affected developing countries;

87. Without further delay implement the enhanced Heavily Indebted Poor Country (HIPC) Initiative and agree to cancel all bilateral official debts of HIPC countries as soon as possible, especially those most affected by HIV/AIDS, in return for their making demonstrable commitments to poverty eradication and urge the use of debt service savings to finance poverty eradication programmes, particularly for HIV/AIDS prevention, treatment, care and support and other infections;

88. Call for speedy and concerted action to address effectively the debt problems of least developed countries, low-income developing countries, and middle-income developing countries, particularly those affected by HIV/AIDS, in a comprehensive, equitable, development-oriented and durable way through various national and international measures designed to make their debt sustainable in the long term and thereby to improve their capacity to deal with the HIV/AIDS epidemic, including, as appropriate, existing orderly mechanisms for debt reduction, such as debt swaps for projects aimed at the prevention, care and treatment of HIV/AIDS;

89. Encourage increased investment in HIV/AIDS-related research, nationally, regionally and internationally, in particular for

the development of sustainable and affordable prevention technologies, such as vaccines and microbicides, and encourage the proactive preparation of financial and logistic plans to facilitate rapid access to vaccines when they become available;

90. Support the establishment, on an urgent basis, of a global HIV/AIDS and health fund to finance an urgent and expanded response to the epidemic based on an integrated approach to prevention, care, support and treatment and to assist Governments inter alia in their efforts to combat HIV/AIDS with due priority to the most affected countries, notably in sub-Saharan Africa and the Caribbean and to those countries at high risk, mobilize contributions to the fund from public and private sources with a special appeal to donor countries, foundations, the business community including pharmaceutical companies, the private sector, philanthropists and wealthy individuals;

91. By 2002, launch a worldwide fund-raising campaign aimed at the general public as well as the private sector, conducted by UNAIDS with the support and collaboration of interested

partners at all levels, to contribute to the global HIV/ AIDS and health fund;

92. Direct increased funding to national, regional and subregional commissions and organizations to enable them to assist Governments at the national, subregional and regional level in their efforts to respond to the crisis;

93. Provide the UNAIDS co-sponsoring agencies and the UNAIDS secretariat with the resources needed to work with countries in support of the goals of this Declaration;

Follow-up

Maintaining the momentum and monitoring progress are essential

At the national level

94. Conduct national periodic reviews involving the participation of civil society, particularly people living with HIV/AIDS, vulnerable groups and caregivers, of progress achieved in realizing these commitments and identify problems and obstacles to achieving progress and ensure wide dissemination of the results of these reviews;

95. Develop appropriate monitoring and evaluation mechanisms to assist with follow-up

in measuring and assessing progress, develop appropriate monitoring and evaluation instruments, with adequate epidemiological data;

96. By 2003, establish or strengthen effective monitoring systems, where appropriate, for the promotion and protection of human rights of people living with HIV/AIDS;

At the regional level

97. Include HIV/AIDS and related public health concerns as appropriate on the agenda of regional meetings at the ministerial and Head of State and Government level;

98. Support data collection and processing to facilitate periodic reviews by regional commissions and/or regional organizations of progress in implementing regional strategies and addressing regional priorities and ensure wide dissemination of the results of these reviews;

99. Encourage the exchange between countries of information and experiences in implementing the measures and commitments contained in this Declaration, and in particular facilitate

intensified South-South and triangular cooperation;

At the global level

100. Devote sufficient time and at least one full day of the annual General Assembly session to review and debate a report of the Secretary-General on progress achieved in realizing the commitments set out in this Declaration, with a view to identifying problems and constraints and making recommendations on action needed to make further progress;

101. Ensure that HIV/AIDS issues are included on the agenda of all appropriate United Nations conferences and meetings;

102. Support initiatives to convene conferences, seminars, workshops, training programmes and courses to follow up issues raised in this Declaration and in this regard encourage participation in and wide dissemination of the outcomes of: the forthcoming Dakar Conference on Access to Care for HIV Infection; the Sixth International Congress on AIDS in Asia and the Pacific; the XII International Conference on AIDS and Sexually Transmitted Infections in Africa; the XIV International Conference on AIDS, Barcelona; the Xth International Conference on People Living with HIV/AIDS, Port of Spain; the II Forum and III Conference

of the Latin American and the Caribbean Horizontal Technical Cooperation on HIV/AIDS and Sexually Transmitted Infections, La Habana; the Vth International Conference on Home and Community Care for Persons Living with HIV/AIDS, Changmai, Thailand;

103. Explore, with a view to improving equity in access to essential drugs, the feasibility of developing and implementing, in collaboration with non-governmental organizations and other concerned partners, systems for voluntary monitoring and reporting of global drug prices;

We recognize and express our appreciation to those who have led the effort to raise awareness of the HIV/AIDS epidemic and to deal with its complex challenges;

We look forward to strong leadership by Governments, and concerted efforts with full and active participation of the United Nations, the entire multilateral system, civil society, the business community and private sector;

And finally, we call on all countries to take the necessary steps to implement this Declaration, in strengthened partnership and cooperation

with other multilateral and bilateral partners and with civil society.

APPENDIX II

HIV/AIDS AND HUMAN RIGHTS INTERNATIONAL GUIDELINES

(Second International Consultation on HIV/AIDS and Human Rights Geneva, 23 to 25 September 1996
(Organized jointly by the Office of the United Nations High Commissioner for Human Rights and the Joint United Nations Programme on HIV/AIDS)

1. States should establish an effective national framework for their response to HIV/AIDS, which ensures a coordinated, participatory, transparent and accountable approach, integrating HIV/AIDS policy and programme responsibilities across all branches of government
2. States should ensure, through political and financial support, that community consultation occurs in all phases of HIV/AIDS policy design, programme implementation and evaluation and that community organizations are enabled to carry out their activities, including in the field of ethics, law and human rights, effectively.
3. States should review and reform public health laws to ensure that they adequately address public health issues raised by HIV/AIDS, that their provisions applicable to casually transmitted disease are not inappropriately applied to HIV/AIDS and that they are

consistent with international human rights obligations.

4. States should review and reform criminal laws and correctional systems to ensure that they are consistent with international human rights obligations and are not misused in the context of HIV/AIDS or targeted against vulnerable groups.
5. States should enact or strengthen Anti-discrimination and other protective laws that protect vulnerable groups, people living with HIV/AIDS and people with disabilities from discrimination in both the public and private sectors, ensure privacy and confidentiality and ethics in research involving human subjects, emphasise education and conciliation, and provide for speedy and effective administrative and civil remedies.
6. States should enact legislation to provide for the regulation of HIV-related goods, services and information, so as to ensure widespread availability of qualitative prevention measures and services, adequate HIV prevention and care information, and safe and effective medication at an affordable price.
7. States should implement and support legal support services that will educate people affected by HIV/AIDS about their rights, provide free legal services to enforce those rights, develop expertise on HIV- related legal issues and utilize means of protection in addition to the courts, such as offices of

ministries of justice, ombudspersons, health complaint units, and human rights commissions.

8. States, in collaboration with and through the community, should promote a supportive and enabling environment for women, children, and other vulnerable groups by addressing underlying prejudices and inequalities through community dialogue, specially designed social and health services, and support to community groups.

9 States should promote the wide and ongoing distribution of creative education, training, and media programmes explicitly designed to change attitudes of discrimination and stigmatization associated with HIV/AIDS to understanding and acceptance.

10. States should ensure that government and the private sector develop codes of conduct regarding HIV/AIDS issues that translate human rights principles into code of professional responsibility and practice, with accompanying mechanisms to implement and enforce these codes.

11. States should ensure monitoring and enforcement mechanisms to guarantee the protection of HIV related human rights, including those of people living with HIV/AIDS, their families, and communities.

12. States should cooperate through all relevant programmes and agencies of the United Nations system, including UNAIDS, to share knowledge and experience concerning HIV-related human

rights issues and should ensure effective mechanisms to protect human rights in the context of HIV/AIDS at the international level.

APPENDIX III

HIV/AIDS- RELATED WEBSITES*

*** Source: Accelerating the Education Response to HIV/AIDS. A Resource Pack by UNESCO**

Here is a list of HIV/AIDS- related websites.
• They are presented in alphabetical order to be easily located.
Useful information on HIV/AIDS can be found on the web site links below.

- A

- *ADEA*
Association for the Development of Education in Africa, ADEA is a network of partners promoting the development of effective education policies based on African leadership and ownership.
ADEA will be establishing a working group on HIV/AIDS in Africa. Many documents will be highlighted as research and case studies begin to emerge from this working group.
Website address: http://www.adeanet.org
- *AEGIS*
AEGIS is the largest HIV/AIDS website in the world. Updated hourly.
The "magic bullet" to cure or prevent HIV infection has not been found, and too many people with or affected by HIV/AIDS are isolated by cultural,

geographic, and economic barriers. In these times, how must we fight AIDS and relieve the human suffering it causes? We believe the answer will be found in the transformation of information into knowledge. For that to happen, information must be easily accessible and widely disseminated. It must be used. To
promote this process ÆGiS utilizes a combination of FidoNet® (connecting over 32,000 electronic bulletin boards in 66 countries) and Internet communication tools. In this way, we seek to relieve some of the suffering and isolation caused by HIV/AIDS, and foster the understanding and knowledge that will lead to better care, prevention, and a cure.
Since its inception, in 1990, ÆGiS has matured into a robust, fully operational service with a global network of users. The range of information available is so vast, its quality so dependable, that national and international organizations routinely log onto the system to converse or
download clinical information or late-breaking news.
Website address: http://www.aegis.org/

- *AF- AIDS*
AF-AIDS is the discussion forum on HIV/AIDS in Africa, managed by the Health and Development Networks on behalf of other partners.
Website address: http://www.hivnet.ch:8000/africa/af-aids/
- AFRO-NETS

African Networks for Health Research and Development (AFRO-NETS) electronic
conference to provide for exchange of information between the different networks active in Health Research for Development in the Eastern and Southern African Region.
Website address: http://www.afronets.org

- B

- BREDA
The UNESCO Regional Office in Dakar, better known under its French acronym BREDA, is the largest UNESCO office in Africa. It is the most important by the number of countries it covers, by the size of its budget, by the number and quality of its staff and especially by the scope of its activities.
Established in 1970 to address educational planning issues in Africa South of the Sahara,
BREDA, over years, extended its fields of action so much that it now covers not only other education sub-sectors but deals also with other areas of competence of the Organization: Science, Social Sciences, Culture and Communication.
Website-Address:
http://www.dakar.unesco.org/clearing_house/index.shtml
- BRIDGE
Gender and development information service.
BRIDGE was set up in 1992 as a specialised gender and development information service with the support

of Member organisations of the OECD/DAC WID Expert Group.
It is now an established non-profit making unit specialising in gender and development based at the Institute of Development Studies in the UK.
Website address: http://www.ids.ac.uk/bridge

-C

Center For The Right To Health
Contact person: Stella Iwuagwu
Executive Director
P.O. Box 6383, Shomolu
Lagos, Nigeria
Tel: +234 1 774 3816
Fax: +234 1 497 9467
Email: crhaids@yahoo.com
Website: www.crhonline.org
Research and mobilisation; counselling; care and support; legal services and economic empowerment for PWAs.

Canadian Legal Aids Network

www.aidslaw.ca

Civil Society Consultative Group on HIV/AIDS in Nigeria (CISCGHAN)
Tel: +234 803 787 1337
Email: ciscghan@hotmail.com / ibrahim@inet-global.co

- D

- DFID

The Department For International Development is the UK Government department responsible for promoting development and the reduction of poverty. The government first elected in 1997 has increased its commitment to development by strengthening the department and increasing its budget.

The central focus of the Government's policy, set out in the 1997 White Paper on International Development, is a commitment to the internationally agreed target to halve the proportion of people living in extreme poverty by 2015, together with associated targets, including basic health care provision and universal access to primary education, by the same date. A second White Paper on International Development, published in December 2000, reaffirmed this commitment, while focusing specifically on how to manage the process of globalisation to benefit poor people.

DFID seeks to work in partnership with governments committed to these targets, and seeks to work with business, civil society and the research community to this end. DFID also works with multilateral institutions including the World Bank, United Nations agencies and the European Community.

The bulk of DFID's assistance is concentrated on the poorest countries in Asia and sub-

Saharan Africa. DFID also contributes to poverty elimination and sustainable development in middle-income countries in Latin America, the Caribbean and

elsewhere. DFID is also helping the transition countries of central and Eastern Europe to try to ensure the process of change brings benefits to all people, and particularly to the poorest.
As well as headquarters in London and East Kilbride, DFID has offices in many developing countries. In others, DFID works through staff based in British embassies and high commissions.
Website address: http://www.dfid.gov.uk/

- **E**
- EI
Education International aims to:
• defend the professional and industrial rights of teachers and education personnel;
• promote for all peoples in all nations peace, democracy, social justice and equality
through the development of quality public education for all;
• combat all forms of racism and discrimination in education and society;
• give particular attention to developing the leadership role and involvement of women in society, in the teaching profession and in organisations of teachers and education employees; ensure the rights of the most vulnerable groups such as indigenous peoples, ethnic minorities, migrants and children. EI's work to end

child labour is a key aspect of its human rights campaign.
Website address: http://www.ei-ie.org/
- Eldis Gender and HIV/AIDS
Online, dynamic guide that provides narrative and up-to-date resources to guide the user through the key issues and debates on the theme of gender and HIV/AIDS
Website address: http://www.eldis.org/gender/dossiers
The dossier provides a structured route through the issues as well as direct links to topical issues - such as sex workers' rights, men's involvement in family planning and ask why HIV/AIDS prevalence is rising so fast among young women. The site includes narrative and commentary (produced in association with IDS BRIDGE programme where noted) as well as links to many online documents, websites, events, discussion lists and other resources.
- Eldis HIV/AIDS Resource Guide
The latest from Eldis on HIV/AIDS issues
Website address: http://www.eldis.org/hivaids/index.htm

- F

Family Health International (FHI)
Contact person: Olufemi Oke
18 A/B Temple Road
Off Pa Alfred Rewane Road
Ikoyi, Lagos State, Nigeria
Tel: +234 1 267 0361
Fax: +234 1 260 0021

Email: foke@usips.org
Website: www.fhi.org
· *Implementing HIV/AIDS prevention, care and support; providing programmatic and technical support to develop capacity of partners in the public and private sectors; committed to improving the quality of life by reducing HIV infections.*

- FRESH
Health problems interfere with students' ability to come to school, stay in school, or make the most of their opportunity to learn. Schools, even those with limited resources, can do a great deal to improve student health and thus educational outcomes. Using the FRESH programmatic model, education policy makers and local school authorities can identify and address health-related problems that interfere with learning.
The FRESH initiative is based on research and experience that show that school-based health programmes can significantly improve both health and learning outcomes, and that successful efforts typically include a combination of activities in four core areas:
School health policies
A healthy, safe and secure learning environment
School-based health and nutrition services.
Website address: http://www.schoolsandhealth.org/

GHAIN

Global HIV/AIDS Initiative Nigeria

GHAIN is a partnership between international organizations coordinated by Family Health International. Funded by the President's Emergency Plan for AIDS Relief through the U.S. Agency for International development, it is largest comprehensive HIV/AIDS project ever implemented in a single developing country.

P.M.B 44, Plot 1072-A1 J.S. Tarka Street, Garki, Abuja, Nigeria www.fhi.ghain.org

Contact person: James Ross
Tel: +234 9 461 5555; 234 9 461 5502

H

- Health Communication Material database

The Media/Materials Clearinghouse (M/MC) is an international resource for health professionals who seek samples of pamphlets, posters, videos, and many other media/materials designed to promote public health.

Contains thousands of photographs related to population, public health, and related issues in developing countries. Photoshare is intended for use by communication specialists, editors, graphic designers, and publishers for non-profit educational purposes.

Videoshare consists of hundreds of video titles on a broad range of topics including

HIV/AIDS, Reproductive Health, Counseling, Training,Communication, Women in Development, Maternal Mortality, and Population Issues.

Website address: http://www.jhuccp.org/mmc/

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- Hope for African Children

Helping Africa's children orphaned by AIDS

The Hope for African Children Initiative is a community-based, pan-African effort created to address the enormous challenges faced by more the 13 million children who have been

orphaned by the AIDS pandemic in Africa and the millions more whose parents are sick or dying of AIDS-related illnesses. Established in the summer of 2000, this unique partnership brings together five organizations that share an international focus-CARE, Plan International, World Conference on Religion and Peace, Save the Children and the Society of Women and AIDS in Africa-with the purpose of increasing the capacity of African communities to provide care, services and assistance to children affected by HIV/AIDS and their families.

Last year the Hope for African Children Initiative received a planning grant from the Bill & Melinda Gates Foundation that enabled partner organizations to identify and build on a variety of existing community-based programs that offer proven and cost-effective services to children whose lives have been affected by HIV/AIDS. By joining together in this endeavor, the five partner organizations have expanded the scope of their combined efforts on AIDS far beyond what any one of them could ever achieve individually.

Each partner in the initiative brings to it unique strength, technical expertise as well as important constituencies on the ground in Africa.

Website-Address:
http://www.hopeforafricanchildren.org/

- Human Rights Watch
Dedicated to protecting the human rights of HIV/AIDS victims.
HRW stands with victims and activists to prevent discrimination, to uphold political freedom,to protect people from inhumane conduct in wartime, and to bring offenders to justice.
HRW investigates and exposes human rights violations and holds abusers accountable.
HRW challenges governments and those who hold power to end abusive practices and respect international human rights law.
HRW enlists the public and the international community to support the cause of human rights for all.
Human Rights Watch is an independent, non-governmental organization, supported by contributions from private individuals and foundations worldwide. It accepts no government funds, directly or indirectly.
Website address: http://www.hrw.org/

- **I**
- IBE*
International Bureau of Education
The ICHAE is seen as a complementary facility to IIEP's HIV/AIDS Impact on Education Clearinghouse, and will focus on collecting, analysing and

disseminating information on education for the prevention and mitigation of HIV/AIDS at the school level (primary,
secondary and teacher education). Of priority interest will be official curriculum documents from around the world (plans, frameworks, teaching materials).
A databank of curriculum materials and processes will form an integral part of the Web site. Criteria for curriculum appraisal are being completed and a system for evaluating and disseminating good practice as an integral part of the Clearinghouse facility is being developed.
Website-Address:
http://www.unesco.org/education/ibe/ichae

International Council for Research on Women

www.icrw.org

- IIEP*
International Institute for Educational Planning. The HIV/AIDS Impact on Education Clearinghouse collects recent research and documentation and is working to build an interactive information sharing.
In addition to finding the latest studies and research for HIV/AIDS and education, you can access related websites, participate in discussion forums and even contact one of our members.

Website address: http://www.unesco.org/iiep/

- ILO*

International Labour Organization

AIDS is a workplace issue not only because it affects labour and productivity, but also because the workplace has a vital role to play in the wider struggle to limit the spread and effects of the epidemic.

Website address:

http://www.ilo.org/public/english/index.htm

- **L**

- Love life

Getting the message to adolescents

LoveLife is implemented through a consortium of four non-governmental organisations: Advocacy Initiative, Health Systems Trust, Planned Parenthood Association of South Africa, and the Reproductive Health Research Unit. Major funding for loveLife is provided by the Henry J Kaiser Family Foundation and the Bill and Melinda Gates Foundation. Other funders include the South African Government and UNICEF.

Website address: http://www.lovelife.org.za/

- **N**

Network for Justice and Democracy
No. 42 Mission road,
P.O. Box 286
Benin City
Edo State, NGERA
Tel: 052 251082; 08037171817
Contact person Olaide Gbadamosi Esq
Executive Director

Research, Advocacy, education and

mobilisation; counselling;; legal services for People living with HIV/AIDS.

Network of PLWHAs in Nigeria (NEPWHAN)

Contact person: Pat O Matemilola

2, Lafia Close, Off Ilorin Street, Area 8, Garki, Abuja, NIGERIA. Tel: +234 9 234 9281

+234 9 671 0755 Fax: +234 9 234 5238

Email:nepwhan@nepwhan.org/nationalnetwork@nepwhan.org
Website:www.nepwhan.com
· *PWAs enlightenment; prevention of further spread of HIV; mitigation of impact of HIV and AIDS on PWAs*

National Action Committee on AIDS(NACA)
Plot 823 Ralph Sodeinde Street,
Central Business District
Abuja
Nigeria
Contact person: The Chairman-
Professor Babtunde Osotimehin

Tel: +234 803 315 4600
Tel: +234 9 290 4413 / +234 9 290 4411
www.naca.gov.ng

Email:naca_nigeria@yahoo.com
info@naca.gov.ng

- Nigeria-Aids

Journalists against AIDS (JAAIDS) Nigeria
Media Resource Centre on HIV/AIDS and Reproductive Health
Contact person: Omololu Falobi
P.O. Box 56282, Falomo
Lagos, Nigeria
Tel: +234 1 773 1457
Fax: +234 1 812 8565
Email:jaaidsng@nigeria-aids.org/
moderator1@nigeria-aids.org
Website:www.nigeria-aids.org

· *Media training; documentation and resource centre; research and analysis; information networking on HIV/AIDS; seminars and workshops; information technology services to journalists and NGOs; policy advocacy.*

Journalists Against AIDS (JAAIDS) Nigeria is an award-winning media-based nongovernmental organization whose mission is to:

• To improve the quality of media reporting of HIV/AIDS and reproductive health issues, through continuous training of journalists and provision of information resources for their use

• To provide the HIV/AIDS information needs of the media and other members of the public through publications of news bulletins, reports and journals and utilisation of Information Communication Technology

• To encourage informed discourse on issues relating to HIV/AIDS in the media as well as the general public, through sensitization

programmes, seminars, workshops etc.

• To promote and ensure a culture of transparency, accountability and inclusiveness in the national response to HIV/AIDS and ensure the involvement of all stakeholders in the policy formulation and implementation process

• To defend and promote the rights of people infected or otherwise affected by HIV/AIDS through high-level advocacy and provision of access to information by PWLHA.

• To improve the quality of collaboration and networking among NGOs, CBOs, governmental organisations and other agencies working in the area of HIV/AIDS in Nigeria and the West African sub-regional HIV/AIDS advocacy organisation.

- **P**

- The Partnership for the Child Development

An International Collaboration to Improve the Health, Nutrition and Education of School Aged Children

WebsiteAddress:

http://www.child-development.org/Home.htm

- Population Council

The Population Council /Horizons Program is an International Non-profit Institution.

The Population Council's mission is "to improve the well-being and reproductive health of current and future generations and to help achieve a humane, equitable, and sustainable balance between people and resources"

Website address: http://www.popcouncil.org/

Redeemed Christian Church Of God/Redeemed AIDS Programme Action Committee

Contact person: Laide Adenuga

Redemption Camp, RAPAC, International Office

Km 46, Lagos - Ibadan Expressway,Nigeria
Tel: +234 1 773 7298 / +234 1 774 7742
Email:slaideadenuga@yahoo.co.uk
· *Adolescent and reproductive health; advocacy; STI and HIV prevention; care and support.*

- **S**
- Save the Children
Working with families to define and solve the problems their children and communities face and utilizing a broad array of strategies to ensure self-sufficiency - is the cornerstone of all Save the Children's programs. Through the decades, we have evolved into a leading
international relief and development organization. Countless events and achievements have shaped the development of our organization and helped change the lives of the children we serve.
Website-Address:
http://www.savethechildren.org/mission.shtml
- Synergy
The Synergy Project provides technical assistance and services to the United States Agency for International Development to design, evaluate, and coordinate HIV/AIDS programs and identify and disseminate

lessons learned from these programs. Synergy is a project of TvT Global Health and Development Strategies, a division of Social & Scientific Systems, Inc.
What does the Synergy Project do? Synergy assists USAID's Bureau for Global Health
(BGH) to implement its Strategic Objective for HIV/AIDS (SO4).

In this role, the Synergy Project:Provides technical expertise for assessment, strategic and program planning, design, implementation monitoring, and evaluation of USAID Mission and Regional Bureau HIV/AIDS Strategic Objectives and Results Packages; Provides technical support to the GBH Office of HIV/AIDS to facilitate USAID's strategic management and reporting on its HIV/AIDS portfolio; Identifies and increases access to information and lessons learned about HIV/AIDS prevention, care and support in the developing world, through an online resource center (accessible through www.synergyaids.com), electronic and print publications, and through technical assistance, training and capacity development in programming skills related to USAID's Expanded Response to HIV/AIDS.USAID awarded the Synergy Project to TvT Associates, Inc. and its subcontractor, the University of Washington, in April 1999.
Website address: http://www.synergyaids.com/
- **U**
- UNAIDS
Joint United Nations Programmes on HIV/AIDS

UNAIDS
20 avenue Appia
CH-1211 Geneva 27
Switzerland
www.unaids.org
Tel: +41.22.791.3666
Fax +41.22.791.4187

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is the leading advocate for global action on HIV/AIDS. It brings together eight United Nations agencies in a common effort to fight the epidemic: the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations International Drug Control Programme (UNDCP), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank.

UNAIDS both mobilizes the responses to the epidemic of its eight cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV/AIDS on all fronts: medical, public health, social, economic, cultural, political and human rights. UNAIDS works with a broad range of partners—governmental and NGO, business, scientific and lay—to share knowledge, skills and best practice across boundaries.

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UNESCO
This site provides information on identifying good practices, curriculum development, implementation and evaluation of the prevention of HIV/AIDS at national, regional and international levels.
http:/unesco.org/hiv/aids

UNIFEM
Gender and HIV/AIDS Web Portal

This comprehensive site provides up to date information on gender dimensions of HIVAIDS

epidemic.
www.genderandaids.org

World Health Organisation
www.who.int.org

APPENDIX IV

ABOUT THE NETWORK FOR JUSTICE AND DEMOCRACY (NJD)

INTRODUCTION

The Network for Justice and Democracy (NJD) is a non-governmental organization based in Benin City, Edo State, Nigeria and dedicated to promoting ad defending the reproductive rights of women, rights of people living with HIV/AIDS through advocacy, research, education and mobilisation.

LEGAL STATUS

The organization is registered as a non-governmental, non-political, non-religious and voluntary organization.

VISION

Our vision is to become a model international non-governmental organization, legal resources and development center in the Sub Saharan Africa providing essential legal services, database, counseling and advocacy in all areas of women's reproductive and other rights to ensure the achievement of women's

right to self-determination in keeping with their freedom, dignity and values.

MISSION

NJD exists to promote and defend reproductive rights, knowledge and awareness of HIV/AID through research, advocacy, legal and policy analysis, counselling and mobilisation

OBJECTIVES

Our broad based objectives are as follows:

1. Create awareness of legal rights and educate women on how to claim these rights

2 Promote, protect and defend the reproductive rights of women and the rights of people living with HIV/AIDS through advocacy, mobilisation and research.

3. To liaise with governments, local and international NGO's and other stakeholders towards ensuring that women's rights and HIV/AIDS issues receive highest government priorities;
4 To provide advocacy, counseling, legal services and aids to widows, victims of rape, human trafficking and other reproductive rights abuses;
5 To conduct systematic researches, seminars and workshops on women's rights and publish the research findings;

6 monitors and reports women's rights violations
7 lobbies and advocates for reforms of laws, polices and harmful traditional practices that discriminates against women
8 undertakes public interest litigation
9 To collaborate with governments, local and international non-governmental organisations and other stakeholders who share our vision.

MEMBERSHIP
Membership is open to all persons irrespective of sex, nationality, religious persuasion, ethnic origin or political belief.

An intending member must:
1 apply in writing for registration;
2 not less than 18 years of age;
3 be of good character and must share the vision of the organization.
4 satisfy the Board that he is a fit and proper person for membership of the organisation.

SECRETARIAT
The Secretariat of the organisation is presently at No. 42 Mission Road, Benin City. Nigeria
The postal address for correspondences is
P.O. Box 286, Benin City, Nigeria
E-mail: olaidelaw@yahoo.com
Please support the activities of the Network for

for Justice and Democracy by Donations in cash or kind.

PLEASE ORDER COPIES OF THIS BOOK AND OTHER PUBLICATIONS FROM THE:

NETWORK FOR JUSTICE AND DEMOCRACY

NO. 42 MISSION ROAD,
P. O. Box 286,
BENIN CITY,
EDO STATE,
NIGERIA

Tel: 052- 251082
080 3717817

E- Mail : olaidelaw @ yahoo.com

Contact : Olaide Gbadamosi Esq.

Copies of the Book in foreign languages can be made by a special order.

AIDS IS REAL

AIDS has no cure

Protect yourself against AIDS by adhering to the "A.B.C." Approach i.e.:

A: Abstain from casual and unprotected sex before marriage.
B: Be faithful to a non-infected partner
C: However, if you must have casual sex, always use condom to protect yourself

An Awareness campaign from:

The Research and Advocacy department,
Network for Justice and Democracy
NO. 42 MISSION ROAD,
P.O.BOX 286,
BENIN CITY
NIGERIA

TEL: 052- 251082; 0803717817

E Mail : olaidelaw@yahoo.com

HIV/AIDS IS REAL
Prevent HIV by avoiding Sex if you must have sex, use a condom.

Peer Educator Project
Organized by Network for Justice and Democracy
No.42, Mission Road
Benin City.
Tel: 052-251082, 08037171817

Funded by:
Under its Rapid Response Fund
Edo State HIV/AIDS Programme
Development Project and World Bank