

# Statement

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## **Statement of the UNAIDS Secretariat to the Fourth Session of the Human Rights Council**

**Geneva, 28 March 2007**

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Chairperson, distinguished delegates,

At the end of 2006, there were an estimated 39.5 million people living with HIV, nearly half of them women. Last year, some 4.3 million people were infected with HIV, the highest number of new infections ever in one year. Of the estimated 6.5 million people in need of anti-retroviral treatment, only a quarter receive it.

Throughout the epidemic, Governments have recognized how critical the promotion and protection of human rights are to an effective response to HIV. In the last few years, Governments have made this recognition explicit in terms of specific, and in some cases time-bound, commitments. In 2001, in the Declaration of Commitment on HIV/AIDS, 189 heads of States and their representatives committed themselves to ensure the full enjoyment of all human rights of people living with HIV and members of vulnerable groups in the context of national responses to HIV. In 2006, in the Political Declaration on AIDS, Governments reaffirmed these commitments and agreed to achieve universal access to HIV prevention, treatment, care and support by 2010.

These commitments build upon the important work of your predecessor, the Commission on Human Rights. The Commission's work was strongly supportive of the major human rights achievements in the AIDS response: recognition of HIV status as a prohibited ground of discrimination; the right of people living with HIV to participate as full actors, with equal dignity and value, in advancing the response to AIDS; and the right to treatment for HIV as part of the right to the highest attainable standard of health.

But if universal access to HIV prevention, treatment, care and support are to be achieved, we must do much more to protect human rights in the context of HIV. In late 2005/early 2006, participants in more than 100 country and regional consultations overwhelmingly identified stigma and discrimination, gender inequality, and marginalization of vulnerable groups as primary obstacles to achieving universal access.

Dr Peter Piot (Executive Director, UNAIDS) has stated, “I am increasingly convinced that just expanding programmes, doing more, even much more, of the same, is not going to stop this epidemic. [W]e will need to pay far more attention to the drivers of this epidemic, particularly gender inequality and...the social, economic and cultural environment and norms within which HIV flourishes.”<sup>1</sup> Efforts to get at the drivers are largely human rights efforts, and these must become programmatic priorities that are costed, budgeted and implemented in national AIDS plans.<sup>2</sup>

Distinguished delegates,

In the drive towards universal access, the AIDS response needs the full engagement of the Human Rights Council. As noted by the High Commissioner for Human Rights in her statement on World AIDS Day last December, “Human rights obligations underpin Member States' specific commitment to pursue the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010.” She noted that universal access is itself demanded by international human rights relating to health, particularly the right to the highest attainable standard of health.

UNAIDS looks forward to the Council's contribution to the global AIDS response. From our perspective, the opportunities are many:

- Through the Universal Periodic Review mechanism, promoting accountability for the commitments to achieving universal access to HIV prevention, treatment, care and support, including in the context of international assistance and cooperation.
- Through the Special Procedures mandate holders, supporting them to integrate HIV into their work – including their country visits – and following up their findings.
- Through support to the High Commissioner's office, enabling her to expand capacity to provide HIV- and human rights-related technical assistance to countries, including National Human Rights Institutions, and to UN Country Teams.
- Through engagement with civil society, hearing the voices of people living with and affected by HIV, here in this room, and taking action on their concerns.

“The AIDS epidemic is not only about revealing injustice, but also about overcoming injustice.”<sup>3</sup> We look forward to continuing to work together to overcome the injustices made stark by the HIV epidemic. Thank you.

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<sup>1</sup> Statement of the Executive Director to the UNAIDS Programme Coordinating Board, Lusaka, December, 2006.

<sup>2</sup> These include: law reform and training of law enforcement personnel to promote and protect access of vulnerable groups to HIV prevention, treatment, care and support; training of health care workers in informed consent, non-discrimination and confidentiality around HIV; efforts to end harmful traditional norms such as child marriage, violence against women, widow-cleansing and female genital mutilation; efforts to make schools free of sexual violence; provision of HIV prevention, treatment care and support to prisoners.

<sup>3</sup> Statement made by Peter Piot (Executive Director, UNAIDS) at the meeting of the UNAIDS Reference Group on HIV and Human Rights, Geneva, 14 February 2007.