

LIKE EVERYONE
I HAVE THE RIGHT
TO WORK, MOVE FREELY,
GET MARRIED,
FOUND A FAMILY,
HAVE EQ **I am** ACCESS
TO P a child who wants to play, to make friends and to feel loved
a man who wants to live, to earn a living and to start a family
a woman who wants to learn, to work and to love
VICE
HAVE PRIVACY
TO PARTICIPATE
IN THE CULTURAL LIFE
AND TO BE PROTECTED
BY LAW AGAINST
DISCRIMINATION



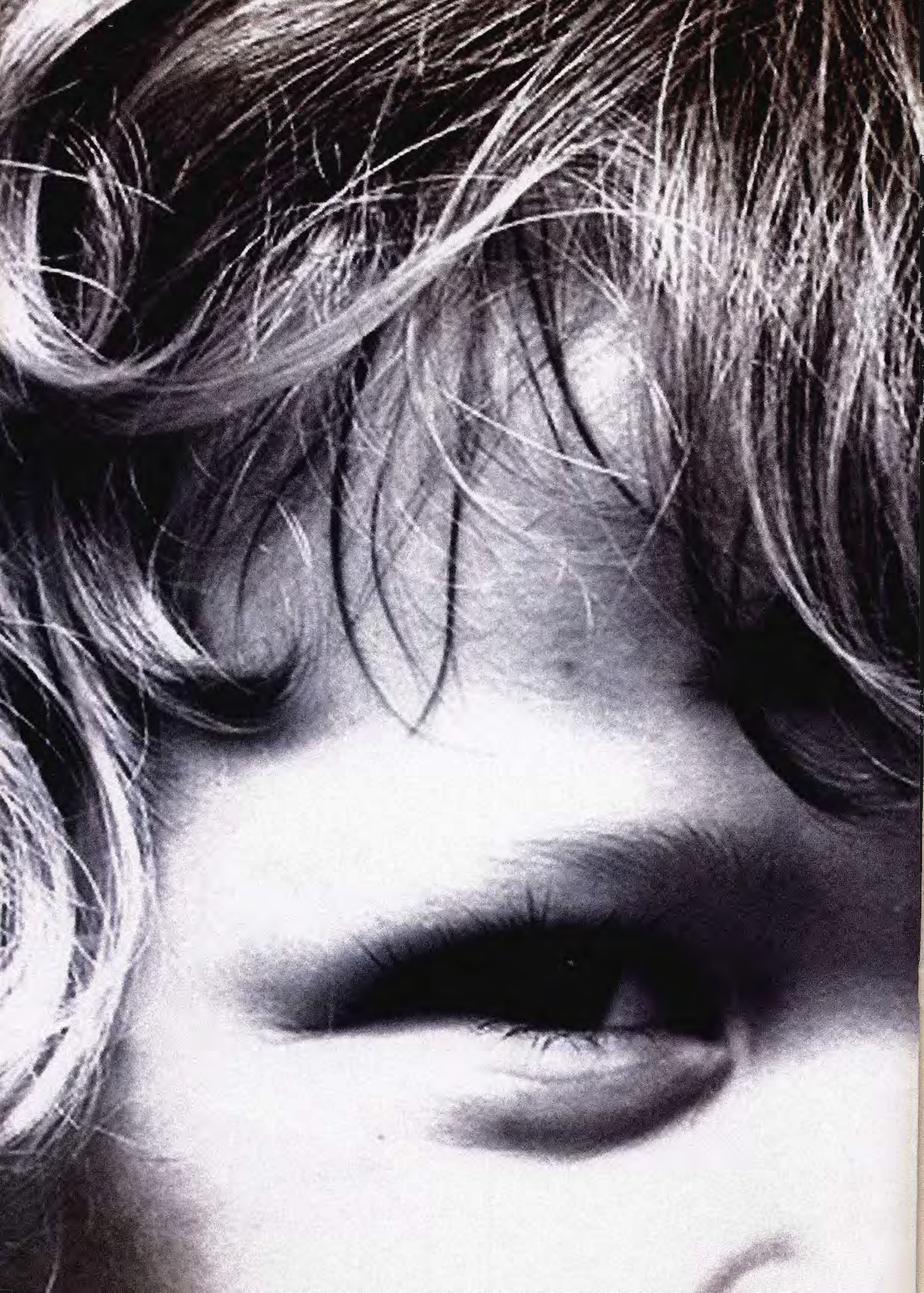
**World Health
Organization**

Regional Office for the Eastern Mediterranean



World AIDS Day 2009

Universal Access and Human Rights



I am 5 years old and I am HIV+
My mom is HIV+ too.
I sometimes get sick and have
to stay home. The doctors tell
me that if I take my medicine I
can get better. My mom tells me
not to worry and that I should go
outside to play with my friends.

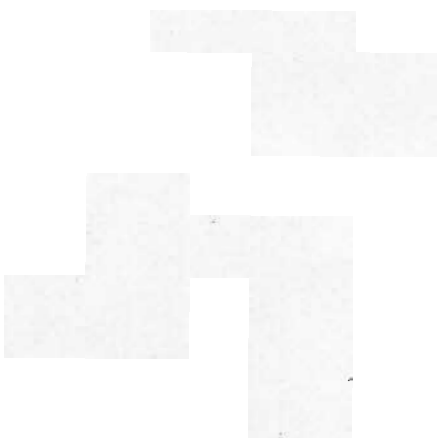
**So, why don't my friends
want to play with me?**





or like this

Then why do we
discriminate?

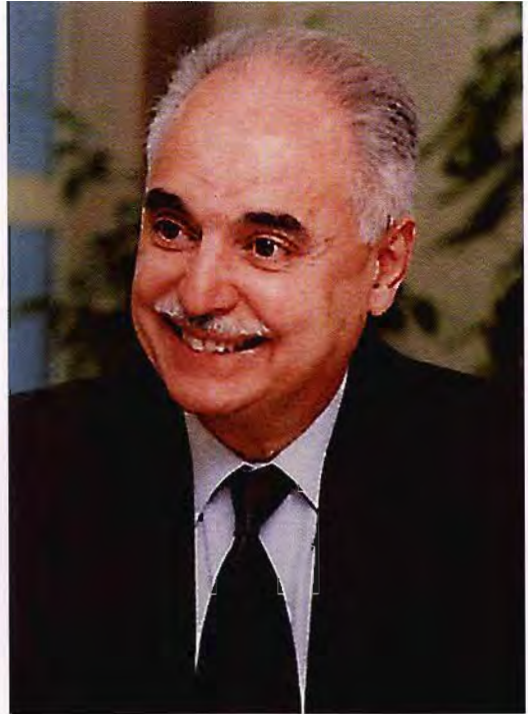


According to the Universal Declaration of Human Rights

“Everyone has the right to life, liberty and security of person.”

Article 3.

Regional Director's message



Dr Hussein A. Gezairy

In the Name of God, the Compassionate, the Merciful

"Universal access and human rights" is the theme that has been chosen to highlight World AIDS Day 2009. This reflects the need to protect human rights and ensure access for all to HIV prevention, treatment, care and support. Human rights ... do we ever actually stop and think about our basic human rights? Do you know your own rights? Who grants you your rights? Human rights are a God-given gift to all mankind. All people are born equal and it is our duty to observe, protect and defend the rights of all our fellow humans, including those of us who have acquired HIV.

It is your right to work, marry, travel, to have shelter, to live in safety and in health, and to have children. These are rights that we all take for granted. Sadly, for people living with HIV this is often not the case. Too often they find themselves denied their rights—marginalized, denied a job, denied health care, denied the right to get married and have children, and with no scientific or medical grounds for such discriminatory treatment. How would you feel in this situation, denied your rights because you have an illness of which others are fearful and judgemental? The truth is that many of our societies have failed to address such breaches of the rights of people living with HIV. Every day we hear stories from around the world, including

countries in our region, where HIV infection is the only reason given for denying them their rights.

The WHO Constitution states that: "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being..." irrespective of this person's sex, lifestyle, social and financial status, or any type of illness they may have. Observing the right to health means preventing illness, treating it and caring for the health of the ill. It means that no one should be denied health on the basis of our social or legal judgement of their behaviour or lifestyle. In the community, in health care settings and even in prisons, all individuals have the right to the highest attainable health standard. "Health for All" is a fundamental value in WHO's work. This means that all of us—men, women, children, youth, adults, people living with HIV, key populations at increased risk of HIV, poor, rich or marginalized—have the right to health. Claiming this right for ourselves does not come without assuming responsibility for protecting the rights of others.

Help us light a torch and shine its beam on human rights for people living with HIV and those at risk of acquiring it. You have a responsibility. When you know better you can do better. Make the promise today to support people living with HIV/AIDS.

World AIDS Day Theme

Universal Access and Human Rights

AIDS has already had significant repercussions on populations and economies worldwide. The increasing number of people becoming infected with HIV means that the impact will only get worse. Globally there have already been more than 25 million AIDS deaths, and every minute another 5 people die of AIDS. Despite all the efforts to control the epidemic, there are still nearly five new infections for every two people put on treatment.

Ahead of this year's World AIDS Day, United Nations Secretary-General Ban Ki-moon, the World AIDS Campaign, and the Joint United Nations Programme on HIV/AIDS (UNAIDS) have come together to announce this year's theme of "Universal Access and Human Rights."

The theme has been chosen to highlight the critical need to protect human rights and ensure access for all to HIV prevention, treatment, care and support. It also acts as a call to countries to remove laws that discriminate against people living with HIV and marginalized groups. HIV infected people should feel safe regarding their privacy, their right to travel, work, education, in not getting discriminated against and in not being subject to public health measures such as quarantine, mandatory testing, mandatory disclosure, isolation, etc.

Many questions remain to be answered with regard to human rights, health and HIV. What are the obligations of countries in this respect, if any? If the rights of an HIV-infected person are violated by a government, is that violation a consequence of actions per se, or is the violation a mere consequence of "inaction"? Many of the measures meant to prevent HIV have done quite the opposite – namely reducing the effectiveness of HIV prevention efforts by reinforcing the stigma. Such measures send the message that people living with HIV are a danger to society and must be sequestered. Instead, tolerance, compassion and inclusion should be encouraged, accompanied with knowledge on HIV and easily accessible and effective means for prevention. Achieving universal access to prevention, treatment, care and support is a human rights imperative. It is essential that the global response to the AIDS epidemic is grounded in human rights and that discrimination and punitive laws against those most affected by HIV are removed and barriers to progress are overcome.

All countries are urged to reaffirm the many commitments they have made to protect human rights, such as in the Declaration of Commitment on HIV/AIDS (2001) and the Political Declaration on HIV/AIDS (2006), as there are still serious violations of economic, social

and cultural rights (or third generation rights), mainly as a consequence of economic problems and cultural beliefs. Some 59 countries still have laws that restrict the entry, stay and residence of people living with HIV based on their positive HIV status only, discriminating against them in their freedom of movement and right to work. At the same time, laws and regulations protecting people with HIV from discrimination and women from gender inequality and sexual violence are not fully implemented or enforced. Sustaining an effective AIDS response will require unprecedented leadership at all levels, including from governments, civil society and affected communities. All nations need to review their legal frameworks to ensure compliance with the human rights principles on which a sound AIDS response is based.

The epidemic has not gone away. Tens of millions of people are still affected, but those hit the hardest, namely the poor and marginalized in society, often don't have a say when policy decisions and laws are

United Nations Secretary-General Ban Ki-moon has emphasized: "The fight against AIDS also requires us to attack diseases of the human spirit – prejudice, discrimination, and stigma. This is not solely a medical or scientific challenge. It is a moral challenge, too."

made. The fundamental right of those marginalized groups to essential health care and life free from fear of stigma and discrimination must be strengthened, and a social and legal environment that is supportive of safe and voluntary disclosure of HIV status should be adopted. The battle is not just in fighting the disease, but also in confronting obstacles that society puts in the way.

The human rights theme is about all of us, about communities, people and governments making a commitment to honour and respect the dignity of the vulnerable and those already living with HIV.

HIV epidemic update

Global situation

By the end of 2007¹, it was estimated that globally 33 million (30 million–36 million) people were living with HIV: 22.5 million in sub-Saharan Africa (i.e. 68.2% of the total number of cases), and 4 million in South and South-East Asia (i.e. 12.1% of the total number of cases).

2.7 million people were newly infected in 2007, 2.1 million people died of AIDS in 2007.

The estimated number of HIV-infected people in need of antiretroviral therapy (ART) by the end of 2008² was 9.5 million.

An improvement took place between 2007 and 2008 in terms of the number of people receiving ART. The number of those who were estimated to be receiving ART by the end of 2008 was 4 030 000, compared to 2 970 000 by the end of 2007. The rate of ART coverage was 42% of the estimated number of people in need of ART by the end of 2008, compared to 33% by the end of 2007.

Regional situation

It is estimated that by the end of 2007² approximately 530 000 people were living with HIV in the Region.

An estimated 55 000 new infections occurred in the Region in 2007, An estimated 33 000 deaths occurred due to AIDS in the Region in 2007.

The estimated number of HIV-infected people in need of ART by the end of 2008 was 150 510 (data from 13 countries in the Region reported to WHO Regional Office).

The reported number of people receiving ART by the end of 2008 (data from 21 countries in the Region reported to the Regional Office) was 11 860, compared to 7129 by the end of 2007. ART coverage also improved; coverage was equivalent to 7.9% of the estimated number of people needing ART by the end of 2008, compared to 5% by the end of 2007 (Table 1).

¹ The estimates for people living with HIV (PLHIV) by the end of 2008 had not yet been released by UNAIDS/WHO Working Group on Global HIV/AIDS/STI Surveillance at the time this document was being prepared

² Estimates for PLHIV in need of ART and ART coverage by the end of 2008 available in WHO/UNAIDS/UNICEF. *Towards Universal Access: Scaling up priority HIV/AIDS interventions in the health sector. Progress report 2009*. Geneva, WHO, 2009

Table 1. The burden of HIV/AIDS in the Eastern Mediterranean Region, 2008–2009

Country	Estimated HIV prevalence in adult population (%) ^a	Estimated number of PLHIV ^a	Estimated number of people needing ART based on UNAIDS/WHO methodology ^c	Reported number of people receiving ART ^d
Afghanistan	<0.1 ^f	< 1000 ^f	NA	2 ^g
Bahrain	NA	< 1000 ^b	NA	40 ^f
Djibouti	3.1	16 000	4500	816
Egypt	<0.1	9200	2200	291
Iran, Islamic Republic of	0.2	86 000	19 000	921 ^g
Iraq	NA	NA	NA	4
Jordan	<0.1 ^f	<1000	100 ^d	58
Kuwait	NA	< 1000	NA	117 ^g
Lebanon	0.1	3000	940	611
Libyan Arab Jamahiriya	NA	NA	NA	1200 ^f
Morocco	0.1	21 000	5300	2207
Oman	0.5 ^f	3854 ^f	NA	412
Pakistan	0.1	96 000	20 000	907
Palestine	NA	NA	NA	6 ^g
Qatar	NA	NA	NA	NA
Saudi Arabia	NA	NA	820 ^f	865
Somalia	0.9	24 000	6300	413
Sudan	1.6	320 000	87 000	2317
Syrian Arab Republic	NA	NA	200 ^e	79 ^d
Tunisia	0.1	3700	1000	346
United Arab Emirates	NA	NA	NA	59
Yemen, Republic of	0.2 ^f	20 000 ^f	3150 ^f	189

NA: information not available

PLHIV: people living with HIV

Sources:

a. *Report on the global AIDS epidemic 2008*. Geneva, UNAIDS, 2008.

b. *Report on the global AIDS epidemic 2006*. Geneva, UNAIDS, 2006.

c. WHO/UNAIDS/UNICEF. *Towards universal access: scaling up priority HIV/AIDS interventions in the health sector. Progress report 2008*. Geneva, WHO, 2008.

d. Country Universal Access Reports 2008.

e. Country Universal Access Reports 2007.

f. National AIDS programme, 2008.

g. National AIDS programme, 2009.

According to the Universal Declaration of Human Rights

“No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation.”

Article 12.

The right to confidentiality

Many people, when sick, choose to keep their illness hidden from others thinking that it may affect how others view them. They don't want to be viewed as people who need help or sympathy, and they may keep their illness concealed for personal or professional reasons.

If the right of privacy can be granted to a person with cancer or diabetes, then why can't the same right be granted to a person affected by HIV?

Article 17 of the International Covenant on Civil and Political Rights states that "No one shall be subjected to arbitrary or unlawful interference with his privacy, family, home or correspondence, nor to unlawful attacks on his honour and reputation. Everyone has the right to the protection of the law against such interference or attacks".

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.

If a person goes to a laboratory to get tested, it is this person's inherent right to leave that facility only with the laboratory results, and all necessary precautions should be taken in order to ensure that these results are not seen by anyone accidentally. Medical facilities should have a secure system in place which ensures the privacy of all documents. This system should ensure that all results are kept in separate enveloped files and placed in a secure place so as to ensure patient confidentiality. It is not acceptable that a patient's information may be seen by coincidence by another patient who may then pass on this information

to others and by word of mouth people in the patient's immediate community may learn of their HIV-positive status, thus creating stigma for the patient and leading to isolation and depression.

The individual's interest in his/her privacy is particularly compelling in the context of HIV, because of the high degree of stigma and discrimination associated with the disease and the loss of privacy and confidentiality if a HIV-positive status is disclosed.

It is essential that privacy is maintained in order that people feel safe and comfortable using public health services, such as HIV prevention and care services. The interest in public health does not justify mandatory HIV testing or registration, except in cases of blood/organ/tissue donations where the human product, rather than the person, is tested before use on another person. All information on HIV status obtained during the testing of donated blood or tissue must also be kept strictly confidential.

The duty of all countries to protect the right to privacy therefore includes the obligation of guaranteeing that adequate safeguards are in place to ensure that no testing occurs without informed consent, that confidentiality is protected, particularly in health and social welfare settings, and that information on HIV status is not disclosed to third parties without the consent of the individual.

Countries must also ensure that HIV-related personal information is protected in the reporting and compilation of epidemiological data and that all individuals are protected from arbitrary interference with their privacy in the context of media investigation and reporting.

This is Adel.



Adel goes to get tested for HIV.
Adel goes to pick up his lab results and finds the results are securely locked up.
Adel receives appropriate counselling after testing. The doctor assures him that his HIV positive status will always be kept private.
Adel chooses to disclose his HIV positive status to his brother to get his support.
Adel enjoys going to the cinema and is leading a normal life.

This is Adel.



Adel goes to get tested for HIV.

Adel goes to pick up his lab results, but finds they are not kept securely and have been seen by another patient.

Adel is at the supermarket. The other patient sees him, points at him and tells her friend.

Adel is now avoided by everyone at the supermarket, as they all know he is HIV positive. He feels discriminated against and stigmatized.

According to the Universal Declaration of Human Rights

“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services.”

Article 25 (1).

The right to treatment

Have you ever suffered from severe toothache? Have you ever needed an operation or needed to be hospitalized? Have you ever needed to have a wound sutured? The normal thing that people do in such circumstances is to simply visit a health care provider to receive treatment for their condition. But what if you went to a dentist or a surgeon and he refused to treat you?

Perhaps you think that this couldn't happen. Unfortunately, this is the reality for many people living with HIV (PLHIV). Testimonies from around the world and the Region have documented the breach of the right of PLHIV to the highest attainable standard of health. PLHIV have been refused health care, including dental services, because they have HIV, although there are no scientific reasons for such discrimination. People admitted to health care facilities are being tested for HIV without their knowledge or without respect for their right to accept or refuse testing.

All such physical and emotional pain can be avoided if medical personnel support and comfort patients and assure them that their medical condition can be handled but the right of PLHIV to health care is being breached. These breaches occur in the form of denial of services, isolation and mandatory screening and with these breaches come serious consequences for the patients, such as stigma, disease complications and even death in some situations.

If followed, universal measures of infection control when dealing with PLHIV protect health care providers from cross infection, and at the same time, ease a

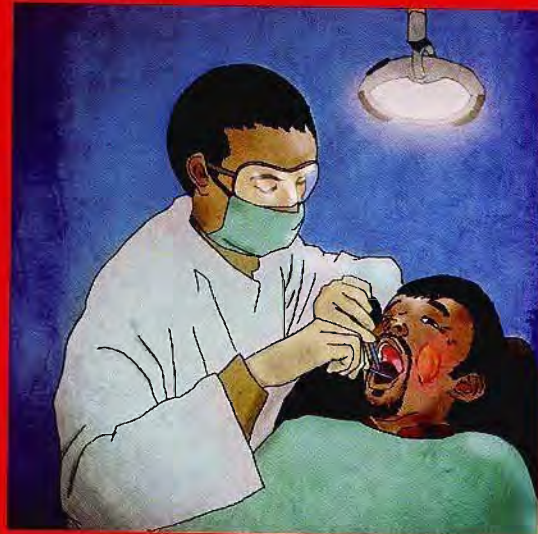
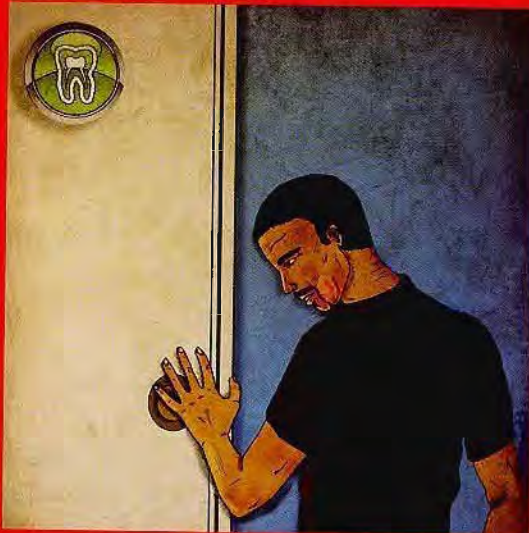
patient's condition and pain.

Universal access to HIV prevention, treatment, care and support is necessary in order that human rights related to health are respected, protected and ensured, including the right to enjoy the highest attainable standard of health. All countries have an immediate obligation to take steps and to move as quickly and effectively as possible towards realizing access for all to HIV prevention, treatment, care and support, which are all mutually reinforcing elements and a continuum of an effective response to HIV.

Comprehensive treatment, care and support includes: access to antiretrovirals and other medicines, diagnostics and related technologies for the care of HIV and AIDS, treatment for related opportunistic infections and other conditions; the availability of good nutrition, and the provision of social, spiritual and psychological support, as well as family, community and home-based care. HIV-prevention technologies include sterile injection equipment, antiretroviral medicines (e.g. to prevent mother-to-child transmission or as post-exposure prophylaxis), and once developed, safe and effective microbicides and vaccines.

Based on human rights principles, universal access requires that these goods, services and information not only be available, acceptable and of high quality, but be also within physical reach and affordable for all. It is hoped that no person living with HIV/AIDS is ever denied his or her right to the simple right of access to medical treatment.

This is Morad. He is HIV positive.



Morad has a severe toothache, so he goes to the dentist to seek treatment. Morad tells the dentist he is HIV positive. The dentist assures him there is no need to worry, and observes all standard measures for infection control. Morad's toothache is treated. He is relieved from the severe pain and returns home satisfied.





This is Morad. He is HIV positive.



Morad has a severe toothache, so he goes to the dentist to seek treatment. Morad tells the dentist he is HIV positive. The dentist is afraid and sends him away without treatment. Morad's pain is getting worse, so he visits another dentist. The same scenario is repeated. Morad's pain is becoming unbearable, and he feels helpless and abandoned. Morad goes to yet another dentist. While waiting in the clinic's lounge, he wonders if he will face rejection again or get the appropriate dental care he needs.

According to the Universal Declaration of Human Rights

“Everyone has the right to marry and to found a family.”

Article 16 (1).

The right to have children

It is estimated that 33 million people are living with HIV. More and more of these people are accessing antiretroviral treatment, extending both their lives and their productivity. Sexuality and reproduction are an important part of most people's lives, and like everyone else, PLHIV have the right to safe and healthy sexual and reproductive health.

Let us take the example of a woman who has just found out that she is pregnant: this is usually one of the happiest days of a woman's life. She is thrilled with the idea of her baby being born healthy and growing up to become her pride and joy. Unfortunately, this is not the case for a woman living with HIV. HIV-positive women usually feel abandoned and desolate. So when a woman living with HIV finds out that she is pregnant, this may be a saddening time for her because she despairs at the idea of passing her illness on to her child. In her despair, she may seriously consider aborting her baby. If only

she had access to counselling, she would have known that there are medicines that she could take during her pregnancy that would prevent her child from contracting the infection.

From a public health perspective, decision-makers and health service providers must recognize that PLHIV do enter into relationships, have sex and bear children. Ensuring that they can do these things safely is key to maintaining their own health, and the health of their partners and families, and ultimately, of the community at large.

Imperatives of both human rights and public health require that health care and legal systems recognize the right of PLHIV to healthy, satisfying sex lives, and their need for laws that protect this right, as well as ensuring their right to accessible, affordable and appropriate health services in order to protect and maintain their sexual and reproductive health.

This is Manal. She is HIV positive.



Manal finds out she is pregnant.

Manal goes to the hospital for counselling. She is told there is medication she can take to protect her baby from being born with HIV.

Manal takes the medication the doctor prescribes and has regular medical follow-ups until her delivery date.

Manal delivers a healthy baby who is HIV negative. She is very happy.

This is Manal. She is HIV positive.



Manal finds out she is pregnant.

Manal does not know of any treatment that may protect her baby. She locks herself up in her house and refuses to see anyone, out of fear of being judged.

Manal wonders how things will turn out for her baby. She cries when she thinks the baby might be HIV positive.

Manal does not get any counselling or medical follow-up. Her condition deteriorates as her due date nears, and she falls sick and has to stay in bed.

Manal gives birth to a premature, underweight baby who tests positive for HIV. Manal is devastated.

They are already suffering from **AIDS**.

Don't take away their
rights as well.

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I am a human being
Like Everyone



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