

REPORT

# International Guidelines on HIV/AIDS and Human Rights Consultation

19 - 20 March 2004

Cape Town

*Human Rights are more than principles to guide the national and global response to AIDS: they are amongst the most powerful tools to ensure its success.*

(Peter Piot, Executive Director UNAIDS)



# I Background and introduction

We, the AIDS Legal Network (ALN), hosted a national consultation on the ***International Guidelines on HIV/AIDS and Human Rights*** on 19 – 20 March 2004 at the Ritz Hotel in Cape Town. The consultation involved 54 participants from seven provinces. The aim of the consultation was to share experiences on using the Guidelines as a human rights-based advocacy tool and to collectively identify ways and mechanisms of how to strengthen our response to HIV and AIDS. It is within that context that the consultation facilitated a process of critical review and analysis of South Africa's response to HIV and AIDS within a broader human rights framework and of identifying strategies that not only seek a more effective human rights-based response, but also ensure a more adequate implementation of the Guidelines.

The introduction of the information flier reads

*The International HIV/AIDS and Human Rights Guidelines are our frontline legislation defence against the disease. Together, they represent a comprehensive plan for States to approach HIV/AIDS in an effective and holistic manner. It is the duty of all South African NGO's and individuals working in this area to promote the adoption of these guidelines by the South African Government. In this way, we ensure the protection of the rights of all people living with HIV/AIDS, we raise awareness of HIV/AIDS within our communities and we secure the future health of our country.*

The flier also advocates **accessing the Guidelines, lobbying the Government to adopt and effectively implement them.** The recommendations leading from the consultation are very similar in that the focus is on lobbying for adequate implementation of the Guidelines and ensuring the protection of rights of people living with HIV and AIDS through a nationally coordinated process facilitated by the AIDS Legal Network.

The key note speaker, *Promise Mthembu* from the International Community of Women living with HIV/AIDS (ICW), reflected on the reality of the Guidelines for women living with HIV/AIDS. She argued that the specific concerns of women, as they relate to HIV and AIDS, are not taken seriously enough, partly as a result of the lack in gender focus and partly as a result of the lack of good governance of the HIV and AIDS epidemic.



Day Two started with an overview of the Guidelines, presented by *Shaun Mellors*. His presentation also provided research information, gathered by the ALN, indicating that the majority of the organisations consulted at a provincial level are unaware of the Guidelines. In addition, most of these organisations lacked understanding of various issues raised by the Guidelines, particularly those pertaining to the LGBTI community, microbicides, sex workers and the prison population. However, the organisations consulted had a fair understanding of the principles contained in the Guidelines. The second presenter, *Nhlanhla Ndlovu* (IDASA), introduced the National Framework that has been established in South Africa to ensure a coordinated, participatory, transparent and accountable approach, integrating HIV and AIDS policy and programme responsibilities across all branches of government.

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The second session dealt with **Guideline Eight**. The first part of the session dealt with **women, children and other vulnerable groups** and the second part with **the LGBTI community and with trafficking**. *Vicki Tallis* (GAF), the first speaker, emphasised the need to engender all the guidelines instead of only dedicating one of the guideline's to women's concerns. She recommended that it is women's practical needs that have to be addressed in the short-term, while their strategic interests are to be addressed in the long-term. *Jackie Gallinetti*

(CLC) pointed out that policy frameworks and recommendations finally acknowledge that children are, as adolescents at risk and as unborn children, at the heart of the problem. *Vivienne Lulu* (SWEAT) argued that the South African government has failed sex workers, since holding to a policy that criminalises sex work implies that the state effectively diminishes the opportunity to consider fundamental rights, such as health and labour rights for sex workers. Guideline eight states that it is the duty of the state to address underlying prejudices and inequalities facing women, children and other vulnerable groups and according to Lulu the state could implement this through decriminalising adult sex work. *Evert Knoesen* (Equality Project) explored the current absence of any HIV prevention programmes for LGBTI people, as well as the lack of access for the poor to any appropriate HIV prevention tool. He argues that this constitutes as a gross human rights violation, and further emphasised that individuals should not be denied human rights on the basis of their sexual orientation or gender identity. *Deborah Mabilyn* (Molo Songololo) addressed the issue of trafficking of children for purposes of sexual exploitation. She concluded that no specific services, recovery or re-integration programmes for trafficked children exist and that children found in prostitution are often ignored, imprisoned or returned to their homes without investigation. Hence, there is a need for comprehensive legislation prohibiting the trafficking of persons, as well as the need for continued lobbying, especially for the rights and protection of children who are victims of trafficking.

Session Three dealt with **Guideline Four: Criminal Laws & Correctional Systems**. *Nikki Naylor* (Women's Legal Centre) explained that public health measures offer a better alternative to criminalisation of sexual conduct as proposed by policy and law makers. However, should criminal law be adopted, the International Guidelines on HIV/AIDS and Human Rights should be borne in

mind to ensure respect for the human rights and dignity of all. *Deon Ruiters* (NICRO) informed that, due to a lack of adequate research, the rate of HIV/AIDS infection in prisons is unknown. However, prisons provide, amongst others, health awareness and training, voluntary testing and counselling and discharge of terminally ill prisoners.

The last plenary session evaluated **Guideline Six: Access to prevention, treatment and care.** *Johan Maritz* (Centre for the Study of AIDS) emphasised that prevention messages are changing to become more empowering, that care and support is slowly becoming more accessible and that some treatments sites will be rolling out ARV treatment during 2004. The International Guidelines on HIV/AIDS and Human Rights can be used as a tool to monitor progress, evaluate outcomes and to ensure that a rights-based approach is entrenched in all initiatives. *Sue Wheightman* (SINOSIZO) presented experiences from providing care in under-resourced areas around the Durban Metropolitan Area.

The recurring picture of evaluating South Africa's response to the Guideline Four, Six and Eight is that the South African State has not adopted the Guidelines as an explicit tool in policy development and implementation, civil society does not seem to be well informed about the Guidelines, and it appears that actions are rather informed by adopted and ratified international and national human rights instruments than the Guidelines.

## II Key note

### International Human Right Guidelines: A Positive Woman's Perspective *Promise Mthembu*

International Community of Women living with HIV/AIDS (ICW)

After 21 years of AIDS in South Africa, 10 years of democracy, 9 years of personal struggles with HIV and in the year where UNAIDS focuses on women and children, I still have to apologise for raising human rights and gender issues when I speak about HIV and AIDS.

Of specific concern to women are issues of governance, sexual and reproductive rights, as well as access to and adherence to treatment. As a result, a specific human rights perspective is needed to deal with issues facing women living with HIV. Effective, coordinated, participatory and transparent actions must be developed. Further access to prevention tools and treatment must be facilitated, services to support safe contraception must be established and research focusing on women must be executed. There is also a need to advocate for a review of the South African response to HIV. South Africa in particular needs to improve in the areas of accountability and meaningful participation. In addition, South Africa needs to develop enforceable human rights and gender indicators. Finally, all levels of treatment advocacy, preparedness and delivery must be gendered and based within a human rights framework to be responsive to the realities of HIV and AIDS.

# III Overview of the guidelines

## Cry my infected country: Where are we in relation to the guidelines in South Africa? *Shaun Mellors*

The International Guidelines were developed in 1996, adopted in 1998 and revised in 2002. The Guidelines contain action-oriented measures to promote and protect human rights and to achieve HIV-related public health goals. The International Guidelines are **not** a UN document; hence, there is **NO** enforceability or reference to the guidelines in the UNGASS Declaration or other UN documents. However, the UN Commission on Human Rights has asked all member states to report on their progress in promoting and implementing the Guidelines.

The Guidelines cover 12 thematic areas:

- Guideline 1: National Framework
- Guideline 2: Community Partnerships
- Guideline 3: Public Health laws
- Guideline 4: Criminal Law and Correctional Services
- Guideline 5: Anti-discrimination laws
- Guideline 6: Prevention, Treatment, Care and Support
- Guideline 7: Legal Support Services
- Guideline 8: Women, Children and Other Vulnerable Groups
- Guideline 9: Changing Discriminatory Attitudes
- Guideline 10: Public and Private Sector Support
- Guideline 11: State Monitoring and Enforcement of Human Rights
- Guideline 12: International Cooperation

## Are the Guidelines accessed and understood?

A series of provincial meetings were organised by the ALN in KwaZulu Natal, Eastern Cape, Mpumalanga, Limpopo and the Free State. The aim of these meetings was to introduce the

Guidelines and to share experiences of how the Guidelines have been, and could be, used. From these meetings the ALN learnt that:

- the majority of the organisations had not heard of, or seen, the Guidelines;
- the organisations understand the principles contained in the Guidelines;
- the organisations generally lack a comprehensive understanding of issues pertaining to the LGBT community, microbicides, sex workers and prison populations;
- there is a huge gap between policy and implementation.

## **The participants at the provincial meetings responded to selected Guidelines:**

### **Responses to Guideline 1**

- Lack of involvement, consultation, accountability and transparency amongst stakeholders in developing, implementing and evaluating policies
- Lack of effective and constructive communications channels for dialogue amongst stakeholders
- Need for clarity with regards to funding criteria
- Lack of coordination amongst local community groups impedes on levels of efficiency

### **Responses to Guideline 4**

- Lack of understanding of the proposed amendments to the Sexual Offences Act (i.e., Sexual Offences Bill)
- Lack of implementation of HIV policies in prisons
- No adequate comprehension amongst activists and community groups on the need for policy measures dealing with access to treatment and prevention programmes for prisoners
- Condoms should be made available in prisons
- Need for adequate laws on sex worker issues

### **Responses to Guideline 4 and 8**

- Legislation and international instruments protecting the rights of people living with HIV/AIDS are not always followed (e.g., SANDEF, insurance companies and private sector)
- Communities have low levels of involvement in, and understanding of, clinical research (e.g., Microbicides)
- Lack of gender awareness to protect and ensure women's rights in clinical research and in access to treatment

### **Responses to Guideline 6, 7 and 8**

- Lack of a holistic approach to prevention, treatment, care and support
- General lack of understanding of LGBT as a vulnerable group

- Lack of prevention information and materials for LGBT community
- Limited access to, and information on, female condoms
- General lack of understanding of Microbicides
- The National Treatment Plan does not reach local communities outside Western Cape and Gauteng
- Need for clear policies on traditional treatment
- Need for better support mechanism for "volunteers" involved in home-based care
- High levels of stigma and discriminatory attitudes and behaviours towards people living with HIV and AIDS
- Need for availability of, and access to, legal advice centres, especially in rural areas

### **Practical strategies for implementation**

- Make the Guidelines available and accessible
- Develop a strategy to support NGOs in their understanding, implementation and follow up of the Guidelines
- Develop an NGO Shadow Report on the implementation of the guidelines
- Develop an effective monitoring and accountability mechanism with regards to the implementation of the Guidelines



# IV Summary of presentations

## GUIDELINE 1 National Frameworks

### Reviewing Guideline 1 for improved monitoring of HIV/AIDS budgeting and accountability *Nhlanhla Ndlovu - IDASA*

National government delivers funding through **equitable shares**, namely block grants to each province and **conditional grants** that are earmarked funds from national to provincial level. The conditional grants are used for VCT, strengthening provincial management, home-based care, step-down care, PMTCT, PEP and ARV treatment.

South Africa has established the following national structures for HIV/AIDS:

- The National Integrated Plan for Children and Youth Infected and Affected by HIV/AIDS
- The Strategic Plan for HIV/AIDS and STDs in South Africa
- The Operational Plan for Comprehensive HIV and AIDS Treatment and Care
- Chief Directorate for HIV/AIDS, STDs and TB: Administers conditional grants to provincial health departments, sets norms and standards, oversees provinces, sets policy, develops implementation plans, runs national awareness programmes and funds NGOs
- ANAC
- Inter-Ministerial Committee
- Inter-Departmental Committee

National government retains responsibility for key programmes, such as ARV, VCT, CHBC and Life Skills and ensures that provincial departments implement programmes with conditional grants as the funding source. National government is also responsible for overall performance and policy development and implementation in the Department of Health, the Department of Education and the Department of Social Development. Pressure should be put on the provinces to ensure allocation of additional funds to HIV/AIDS from their own budgets. Civil society can engage in the budget process through budget monitoring, analysis of conditional grants information, monitoring of strategic plans and progress reports by departments to parliament and through utilisation of the Public Finance Management Act.

# GUIDELINE 8

## Women, children and other vulnerable groups

### Women and girl children *Vickie Tallis - Gender AIDS Forum (GAF)*

*Women are facing a crisis that requires urgent attention. The response to HIV and AIDS must be two-fold: a short-term strategy that needs to, as much as possible, reduce the spread of HIV amongst women and lessen the impact of HIV and AIDS on women. However the long-term goal must be to challenge the complexities and inequalities of power relations between men and women in society leading to the transformation of society. (Tallis, Agenda 39 1998:13)*

Guideline Eight, *Women, Children and Other Vulnerable Groups*, provides government and civil society with an opportunity to ensure that the issues facing women and girls impacting on their experience of, and vulnerability to, HIV and AIDS are understood, analysed and addressed. The twelve guidelines are largely gender neutral. Whilst the focus on the realities of women in relation to HIV and AIDS is essential, it is not sufficient to only address women's issues in relation to one guideline. Hence, a gendered understanding and approach should be integrated into all 12 guidelines. The Gender AIDS Forum (GAF) has made a conscious decision to put women at the centre of their analysis and response in that our understanding goes beyond defining gender as socially constructed roles and responsibilities assigned to women and men. Our key concern is power dynamics that oppress women and add to their vulnerability. We address gender as a political issue and seek to bring the private into the public arena of debate and action. All women are affected on some level by HIV and AIDS. However, there are various depths and layers resulting in some women feeling the impact much more than others. In August 2003, GAF hosted a summit, which confronted marginalisation in relation to HIV and AIDS. All attending participants agreed that the government had failed to take responsibility for reducing the impact on 'community' (women), that women are taken for granted by policy makers, government officials and 'home based care' NGOs, and, in addition, assumed to be used to suffering. In order to address the realities of women in relation to HIV and AIDS, we must address in the short-term women's practical needs and in the long-term women's strategic interests.

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## Children and International Human Rights Guidelines on HIV/AIDS *Jacqui Gallinetti - Community Law Centre, UWC*

It has to be acknowledged that children's rights are given special status in the South African legislative framework. The Committee on the Rights of the Child recently issued a General Comment on HIV/AIDS and the Rights of the Child, detailing the response to HIV and AIDS that states should adopt. The motivations for this general comment stemmed from the fact that while children were originally thought to be only marginally affected by HIV/AIDS, it is now accepted that children are at the heart of the problem as adolescent at risk and as unborn children. The perspective applied is to view HIV and AIDS holistically within a child rights approach dealing with issues such as non-discrimination, HIV testing, orphans and child-headed households, and not solely deal with HIV and AIDS as a health issue. The Committee has also made several recommendations regarding children's rights, ranging from adoption of national and local child rights-based HIV policy to the development of an enabling environment for NGOs and civil society to facilitate participation in prevention, care, treatment and support of children infected or affected by HIV and AIDS.

## Sex Work, Human Rights and HIV/AIDS: A response to the International Guidelines on HIV/AIDS and Human Rights

*Vivienne Lulu - SWEAT*

Guideline Eight states that it is the duty of the state to address underlying prejudices and inequalities facing women, children and other vulnerable groups through, and with, community collaboration and specially designed social and health services. The Guideline, however, relegates its recommendation for vulnerable groups to the last point (j) and thus does not appear to attempt integrating recommendations for vulnerable groups. Interrogating the Guidelines, SWEAT is of the opinion that the South African state has failed sex workers. In holding to a policy that criminalises sex work, the state effectively diminishes the opportunity to consider fundamental rights, both health and labour for example, of sex workers. SWEAT believes that decriminalising adult sex work will enable change in focus for state interventions. Rather than investing large amounts of resources in criminalising sex workers by policing and prosecuting these workers, the state will achieve more if it concentrated on the health needs of sex workers. This requires a commitment to decriminalisation as a necessary step to securing the equal rights to HIV and AIDS services.

## LGBT Community *Evert Knoesen - The Lesbian and Gay Equality Project*

LGBTI people are a vulnerable group, because the existence of the group is denied, and hence, by implication, access to services. Despite the heterosexual nature of HIV/AIDS in South Africa, there are still those who blame homosexuals for HIV and AIDS.

### *Practical impact of HIV and AIDS on LGBTI people:*

- There is no effective HIV related education programme for LGBTI people;
- LGBTI people are unable to access appropriate protection;
- Lack of research into HIV amongst LGBTI people contributes to bad policy development;
- LGBTI people remain in the closet due to oppression.

The current absence of any HIV prevention programmes for LGBTI people by the state and the lack of access for the poor to any appropriate HIV prevention tool are gross human rights violations. We need to understand the impact of HIV amongst LGBTI people. The state, civil society and the LGBTI community have an obligation to work together to find means to integrate LGBTI people into society. We need to work towards increased participation of LGBTI people in society improving their access to HIV related human rights. Finally, individuals should not be denied human rights on the basis of their sexual orientation or gender identity.

## **Trafficking** *Deborah Mobilyn - Molo Songololo*

The Molo Songololo study, launched in 2000, focused on in-country and cross-border trafficking of children for the purposes of sexual exploitation. Its findings are based on interviews with SAPS, service providers in Cape Town, Johannesburg, Port Elizabeth and Durban, with trafficked girl children, as well as on a comprehensive literature review. However, the study is limited due to lack of access to information about in-country trafficking of boy children and scarcity of first hand accounts of trafficked children. The study found that children are trafficked by individuals, syndicates and criminal groupings to South Africa from South-East Asia via Singapore, Eastern Europe via Western Europe and Africa via Botswana and Zimbabwe. The study further revealed that the trafficked children are between 4 and 17 years old, that they have limited schooling and employment skills and originate both from rural and urban areas. Some of the children indicated that they had left home because of poverty, sexual abuse or to find their missing parents before they became victims of trafficking. Others children had been trafficked with the knowledge of their families. The study concludes that no specific services, recovery or re-integration programmes for trafficked children exist. The study further concludes that children found in prostitution are often ignored, imprisoned or returned to their homes without investigation. Finally, and as a result of the findings Molo Songololo sees a need for comprehensive legislation prohibiting the trafficking of persons and for continued lobbying for the rights and protection of children.

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# GUIDELINE 4

## Criminal Laws and Correctional Systems

### HIV/AIDS, the criminal law and the impact of Guideline 4

Nikki Naylor - Women's Legal Centre (WLC)

*We have a responsibility to guard against the proliferation of a new virus – HUL – highly useless laws! (Honourable Justice Michael Kirby of the High Court of Australia)*

Arguments against criminalisation outweigh the arguments that existing criminal offences or amendments to the criminal law offer a desirable response to HIV-transmitting or exposing conduct. In the vast majority of cases, public health measures offer a better alternative to criminalisation. A co-ordinated response between health officials that attempts least intrusive and restrictive measures first and proceeds to more coercive interventions, if these should prove necessary, is preferable. The criminal law should be a measure of last resort.

*In exceptional cases involving objective judgments concerning deliberate and dangerous behaviour, restrictions on liberty may be imposed. Such exceptional cases should be handled under ordinary provisions of public health, or criminal laws, with appropriate due process protection. (Guideline 8, Paragraph 29)*

The legal mechanisms of attempted murder, culpable homicide and assault do exist and insofar as these need to be re-contextualised in the HIV/AIDS arena this needs to happen in a manner which protects the constitutional rights of all citizens to equality, dignity and privacy. The current attempt of criminalising harmful HIV-related behaviour flies in the face of declarations of intent endorsed by the South African government. The process of legislating and criminalising sexual conduct may further create an unsafe, insecure, threatening and ultimately disabling environment for individuals to protect themselves from transmission and to access health care. This will especially affect women living with HIV/AIDS. Should criminal law be adopted, the International Guidelines on HIV/AIDS and Human Rights should be borne in mind ensuring respect for the human rights and dignity of all.

### HIV/AIDS and Correctional System *Deon Ruiters - NICRO*

The rate of HIV/AIDS infection in prisons is unknown, due to lack of research and research with limited samples. Prisons employ strategies such as:

- Health awareness and training
- Partnerships building with civil society and other government departments
- Voluntary testing and counselling

- Treatment of opportunistic diseases and sexually transmitted infections
- Discharge of terminally ill prisoners
- Condom provision
- Screening for early treatment

Strategies that could be employed to enhance the situation include the reduction of awaiting trial numbers, better nutrition, integration of prisoners into public health care, distribution of lubricants with the condoms and early release of terminally ill prisoners.

## GUIDELINE 6

### Access to prevention, treatment, care and support

#### Access to Prevention: A new window of opportunity for South Africa in 2004

*Johan Maritz - Centre for the Study of AIDS, University of Pretoria*

Prevention messages are changing to become more empowering, care and support is slowly becoming more accessible and some treatments sites will be rolling out ARV treatment during 2004. Initially, South Africa's prevention responses were reactive, sporadic and at times a feeble responses to help 'those poor people'. These responses were located within the paradigm of stigma, blame and denial. A lot of South Africa's responses are still aimed at 'those people'. In order to prevent further spread of HIV, we need to help ourselves by taking pride and ownership of prevention initiatives, acknowledge that we are living at the centre of the epidemic and that implementation and sustainability of prevention strategies depend on each individual, organisation and government department. In addition, the International Guidelines on HIV/AIDS and Human Rights can be used as a tool to monitor progress, evaluate outcomes and to ensure that a rights-based approach is entrenched in all our initiatives.

#### Care *Sue Wheightman - SINOSIZO*

SINOSIZO, a project of the Catholic Archdiocese of Durban AIDS Care Commission works in eight under-resourced areas around the Durban Metropolitan Area, with experience in caring for approximately one thousand patients and families annually. SINOSIZO addresses poverty, unemployment and AIDS together and recommends true partnerships between government and NGOs to guarantee access to care, rather than competition.

# V Way forward

The core recommendation originating from the national consultation is to form a national coordinating task team towards a civil society response to HIV and AIDS. The AIDS Legal Network should coordinate the task team. The core aim of the task team should be to ensure a coordinated and all inclusive civil society response, taking international and national Declarations, Conventions, Guidelines and other obligations into account. The responsibilities of the task team will further entail to produce a shadow report on South Africa's response to HIV and AIDS, to 'translate' and make available to the partners all international and national Declarations, Conventions and Guidelines, to lobby government on specific issues, to work towards constitutional court litigations and to raise awareness on people's rights as they relate to HIV and AIDS. The task team involves strategic partners, such as IDASA, Gender AIDS Forum, NICRO, Women's Legal Centre, NAPWA and the Centre for the Study of AIDS.

*\*AIDS Legal Network is an organisation committed to the promotion and realisation of human rights of people living with and affected by HIV/AIDS through lobbying, research and training at both a national and local level. Interested parties can obtain copies of full papers on request to the AIDS Legal Network office in Cape Town.*





# International guidelines on HIV/AIDS and human rights

## The guidelines at a glance

The International HIV/AIDS and Human Rights Guidelines are our frontline legislative defence against the disease. Together, they represent a comprehensive plan for States to approach HIV/AIDS in an effective and holistic manner. It is the duty of all South African NGO's and individuals working in this area to promote the adoption of these guidelines by the South African Government. In this way, we ensure the protection of the rights of all people living with HIV/AIDS, we raise awareness of HIV/AIDS within our communities and we secure the future health of our country. Get a copy of the Guidelines. Familiarise yourself with them. Promote them within you organization and community. Pressurise our Government to adopt them. Then put them to work.

### **GUIDELINE 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.

### **GUIDELINE 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.

### **GUIDELINE 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 diseases are not inappropriately applied to HIV/AIDS and that they are consistent with international human rights obligations.

### **GUIDELINE 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.

### **GUIDELINE 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, emphasize education and conciliation, and provide for speedy and effective administrative and civil remedies.

### **GUIDELINE 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. States should also take measures necessary to ensure for all persons, on a sustained and equal basis, the availability and accessibility of quality goods, services and information for HIV/AIDS prevention, treatment, care and support, including antiretroviral and other safe and effective medicines, diagnostics and related technologies for preventive, curative and palliative care of HIV/AIDS and related opportunistic infections and conditions. States should take such measures at both the domestic and international levels with particular attention to vulnerable individuals and populations.

### **GUIDELINE 7**

States should implement and support legal support services that will educate people affected by HIV/AIDS about their rights, provide free services to enforce those rights, develop expertise on HIV-related legal issues and utilize means of protection and in addition to the courts, such as offices of ministries of justice, ombudspersons, health complaint units and human rights commissions.

### **GUIDELINE 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.

#### **GUIDELINE 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.

#### **GUIDELINE 10**

States should ensure that government and the private sector develop codes of conduct regarding HIV/AIDS issues that translate human rights principles into codes of professional responsibility and practice, with accompanying mechanisms to implement and enforce these codes.

#### **GUIDELINE 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.

#### **GUIDELINE 12**

States should co-operate 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 international level.

# Participating organisations

AIDS Law Project  
AIDS Legal Network  
ANEX-CDW  
Centre for the Study of AIDS  
CHOICE  
Community Law Centre, UWC  
COSATU  
Gender AIDS Forum  
ICW  
IDASA  
In Touch  
JOP  
JOHAP  
Legal Resource Centre  
Lesbian & Gay Equality Project  
Masimanyane WSC  
MUCPP  
NADEL Human Rights Project  
NICRO  
PPHC Free State  
Project Empower  
SA Youth Council  
Sinosizo  
SWEAT  
Tygerberg Hospital  
Ukuthula Advice Office  
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Vuka Uzithathe Institute for Gender & Economic Development  
Women's Legal Centre



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