

“Right to health, right to life’
Recommendations

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- The right to prevention
- The right to diagnosis
- The right to treatment and care
- The ‘enabling environment’
- Leadership
- Rights in austerity
- We call on national governments to ..

The right to prevention I

- Governments should acknowledge the human right to preventive healthcare (see ICESCR Art 12 (2)(c); EU Charter of Fundamental Rights Art 35; European Social Charter Art 11)
- and provide/fully fund **effective, rights-compliant and rights-supportive** prevention efforts to those who need them
...

The right to prevention II

- ...in particular –
- MSM,
- migrants from high prevalence countries,
- people who inject drugs (incl. NSP, OST),
- people in detention,
- sex workers,
- transgender people,
- sexual partners of those from most at risk populations

The right to prevention III

- end legal and other barriers to prevention (and care) e.g.
 - prohibition/restricted provision of OST or needle and syringe programmes in community settings and detention,
 - criminalisation/risk of arrest for sex workers,
 - incarcerating and policing people who use drugs,
 - punitive anti-immigration actions,
 - ‘MSM propaganda/obscenity laws’
- Need agreed measures of ‘prevention coverage’, including OST, condoms, school education, NSPs, and accurate data on HIV incidence – indicators that these rights are being met

The right to diagnosis

- HIV testing should be accessible, ethical and effective – this means it must always be with consent; this means the test must be confidential; this means it must be offered to those who need it
- This means those diagnosed HIV positive should have prompt access to high quality, confidential HIV counselling, treatment and care –
- see WHO Europe 2010 ‘Scaling up HIV testing and counselling in the WHO European region’; ECDC 2010 ‘HIV Testing: increasing uptake and effectiveness ..’
- We need to audit this across Europe e.g through trustworthy late diagnosis data and community reporting on compliance with international ethical/quality standards

The right to treatment I

- European health systems should provide for ART commencement as clinically recommended, and ensure no interruptions or stock-outs
- Access to HIV care including ART should be universal, high quality, confidential, equal and non-discriminatory, **including for those living without official residency status** – agreed transparent data on access
- Greater effort is needed to ensure affordable prices for ARVs in every European country to secure universal access

The right to treatment II

- People with HIV and most at risk groups should be meaningfully included in decisions on their treatment and care, on HIV policy at national and local levels, and in the design and implementation of HIV programmes
- The right to treatment/care extends to treatment being integrated across specialties and settings, to treatment for co-morbidities including TB, hepatitis C, mental health needs, with effective care pathways
- People who inject drugs should have access to Opioid Substitution Therapy (OST) and to ART – for those also living with HIV, OST can be essential to support ART adherence

'The enabling environment' I

- Right to association, whether formally (e.g in NGOs/community organisations) or informally (e.g a gay pride march), free from constraint or harassment – and the right to government protection from harassment
- Prohibition from discrimination in employment, education, healthcare, law enforcement, other public services, reproductive rights, travel visas, the provision of goods and services – not only for people with HIV but for key affected groups including people who inject drugs, migrants, sex workers - NB EU competence/directive
- Effective legal prohibitions on hate crime and discrimination e.g gender-based violence, racism, homophobia, transphobia

‘The enabling environment’ II

- Criminalisation for HIV transmission/exposure, if it has to happen at all, must comply with UNAIDS Guidance Note
- Meaningful and accessible opportunities for challenge and redress when discrimination occurs, with legal literacy and legal aid
- National Human Rights institutions and national HIV strategies explicitly set relevant, measurable goals to promote human rights of those living with or at risk of HIV
- HIV training for courts, prosecutors, police, healthcare workers (and other key professional groups)

Leadership I

- **A clear and formal EU policy commitment to HIV, including human rights, from 2013 onwards – see ‘Call to EU Leaders and EC to Reaffirm their leadership and commitment on HIV/AIDS ..’**
- A Framework, then a Communication.. with independent review and audit mechanisms [ECDC]
- Civil society be an equal and supported partner in leading the response to HIV at national and European levels (with continued support for the Civil Society Forum)
- These issues to be/continue to be priority concerns for the Fundamental Rights Agency, ECDC (disaggregated data) and WHO Europe, Council of Europe

Leadership II

- EU ensure HIV human rights integrated into **all** policies e.g EU Drug Action Plan, cooperation across Justice Ministries
- HIV human rights essential requirement from EU for candidate and accession countries; and integral in bi- and multi-lateral agreements, neighbouring country policy
- EU/UNAIDS to promote conference recommendations, including to national governments/parliaments, encourage topics for EU presidencies, and include in new Action Plan and Communication

Rights in Austerity I

- EU and the ‘Crisis Troika’ in a time of austerity
 - promote the right to health
 - monitor the greater poverty/inequalities, vulnerability to HIV, to mental health problems and to other health harms arising from current austerity across Europe
 - ensure EU funds/capacity for speedy response to health crises
- Investment in prevention and treatment **NOW** to reduce future costs to healthcare and society: ‘invest to save’ – both EU and natnl govts
- Appropriate EU funding mechanisms prioritise HIV and relevant human rights/anti-stigma projects, and include community projects, based on need/epidemiology

Rights in Austerity II

- EU ensure intellectual property agreements do not prevent availability of more affordable medicines
- EU use innovatively its various funding mechanisms to meet need in Eastern European member states and in neighbouring countries
- EU must honour existing pledges and scale up support for the Global Fund in context of the EU 2014-20 multi-annual financial framework and the 11th European Development Fund