

UNAIDS  
REFERENCE GROUP ON HIV/AIDS AND HUMAN RIGHTS

RIISING RATES OF INFECTION? HUMAN RIGHTS IMPLICATIONS  
AND POTENTIAL ROLE OF THE REFERENCE GROUP

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THE FACTS

Numerous reports in Australia, both expert and popular, have indicated the first rises in HIV infections after more than a decade of steady falls. The rates of increase have varied between States: NSW 12.8%; Victoria 7%; Qld 20%<sup>1</sup>. These States make up 90% of Australia's national caseload. There have been increases in other States, notably South Australia. The increases have continued over the last three years.

News of the increases has been carried prominently in gay community media. Transmission amongst men who have sex with men amounts to about 85% of Australia's cases<sup>2</sup>. The news has also spread to the general media in reports of a "new epidemic" and demands for "revitalisation" of Australia's HIV strategy said to have "stalled"<sup>3</sup>.

The phenomenon in Australia is paralleled in comparable countries in Europe and North America. Overall the steady declines in HIV infection rates that characterised Western countries in the 1990s are now starting to trend in the opposite direction in a significant number of countries and with a worrying consistency.

NATIONAL RESPONSES

In Australia, the federal Government commissioned a review of the National HIV/AIDS Strategy early in 2002. The review was handed to the federal Health Minister in November 2002. Eight months later, it has not been released. This has led to complaints in specialised literature<sup>4</sup> about loss of morale, uncertainty and lack of urgency. It has led to condemnation in the general media<sup>5</sup>. Reportedly, the Australian review accuses the federal government of "watering down its commitment on the issue" and failing to give leadership to the States and Territories.

CAUSES

The increase in diagnoses of HIV may actually understate the rise of infections. There is some evidence that a declining number of people at risk (mostly young homosexual men and IV drug

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<sup>1</sup> "HIV on the Rise" in *HIV Australia* (August 2003) Vol 2 No 4 p 4.

<sup>2</sup> eg A Lovney, "Facing the Challenge" in *Sydney Star Observer*, 3 July 2003, 8; D Ryan, "If Only it Were That Simple", *Sydney Star Observer*, 17 July 2003, 9.

<sup>3</sup> "HIV Review Fears 'New Epidemic'", *The Australian*, 4 August 2003, 2.

<sup>4</sup> Above n 1.

<sup>5</sup> Above n 3.

users) are not undergoing HIV testing to the same extent as in two earlier decades. There is also some evidence of changes of reporting practices of HIV diagnosis<sup>6</sup> Various other causes have been suggested for the increase in reported sero-conversions:

- Apathy on the part of governments;
- Apathy and changes of practice amongst the chief at-risk individuals and groups<sup>7</sup>;
- Diversion of healthcare leadership into other areas following the decline of sero-conversions over the past decade;
- Continuing ambivalent messages on inter-related strategies, dealing with drug use, sexual activity law reform and anti-discrimination laws;
- A new generation of at-risk persons, never exposed to the messages of risk reinforced by funerals and personal experiences in the 1980s and 1990s;
- Changed venues of sexual encounters (Internet) with new and different negotiation of sexual and drug use behaviour;
- Introduction of fashions of deliberately risky behaviour connected with sexual sensation seeking ("bare backing")<sup>8</sup>;
- Repeated denigration and stigmatisation of sexual orientation by some religions, politicians and other groups;
- The prolonged demand for behaviour change requiring constant reinforcement of preventive messages over decades;
- Complacency occasioned by newly available drugs and therapies for treatment of HIV positive persons with some reduction of the fear of sero-conversion and its consequences;
- Insufficient attention to, or empathy for, communication with high risk behaviour groups in consequence of political changes and other contemporary concerns (eg terrorism); and
- Reduced empathy in some circles for at-risk groups consequent upon world-wide movements towards simplistic notions and other national priorities.

#### PANEL RESPONSE

This is a high priority issue in developed countries if the gains won by WHO and UNAIDS in the 1980s and 1990s are to be preserved. The strategies to be adopted, defensive of public health and human rights generally, must address the causes of the rise in sero-conversions:

- Gather and monitor statistical evidence and share same with developed countries to encourage "revitalisation" and vigilance strategies;
- UNAIDS to encourage involvement of at-risk groups to identify causes and promote effective responses;
- Integration of HIV/AIDS strategies in developed countries with other law reform strategies (eg removal of discrimination on grounds of sexuality; law reform on commercial sex work, drugs and discrimination law);
- Promote HIV awareness through the Internet. Consider technological "sweeping messages" to target Internet and other sexual contact sites;

<sup>6</sup> M Law et al "changes in the reporting of HIV diagnosis in Australia (1998) 22 *CDI* 161.

<sup>7</sup> Australia, National Centre in HIV Social Research, *Gay Community Periodic Survey*, Perth 2002, 21, Sydney 2002, 25.

<sup>8</sup> I Crawford et al, "Sexual Sensation Seeking: Reduced Concern About HIV and Sexual Risk Behaviour Amongst Gay Men in Primary Relationships" (2003) 15 *AIDSCARE* 513 at 522.

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- Involve communities at risk in reinvigorating educational messages without returning to sensationalism or punitive measures;
- Re-emphasise the HIV/AIDS paradox and the gains won by tacking HIV, including with a human rights strategy;
- Investigate impact of religious, political, media and other denigrations upon attitudes of at-risk persons and groups to safe practises with respect to HIV in order to bring home implications and consequences of such alienation.
- Consider a special global meeting on the rise of infections in developed countries;

The problem identified is not simple. The answers are likewise complex. In a non-perfect world some sero-conversions are inevitable. The achievements of the past fifteen years have been notable. The panel should urge UNAIDS to maintain the momentum and target strategies towards this apparently growing phenomenon which seems to reverse earlier consistent declines in sero-conversions over a decade or more. The phenomenon should be tacked in its earliest phase, ie immediately. This is one of the success stories of human rights and UNAIDS/WHO. We must not let it erode.