

2100

**UNAIDS
REFERENCE GROUP ON HIV AND HUMAN RIGHTS
SIXTH MEETING, GENEVA, 18-20 APRIL 2006**

**UNIVERSAL ACCESS TO THERAPY
A Summary of Some Points of Discussion**

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At the end of the Reference Group discussion of the issue of universal access to therapy, the following points, by way of summary, were offered by the session chair:

1. *Starting points:* The starting point for any consideration of the issue of universal access remains the provisions of international law on access to healthcare. This includes the provisions of Part 12 of the *International Covenant on Economic, Social and Cultural Rights* which recognises (Art 12.1) "The right of everyone to the enjoyment of the highest attainable standard of physical and mental health". The members of the Group reaffirmed their commitment to the *Guidelines on HIV and Human Rights* and specifically to the revised Guideline 6.

2. *The 3x5 objective:* The Group acknowledged the achievements of the 3x5 strategy. It accepted that this had been a

useful initiative which had increased the momentum for resolving issues that had arisen over ARVs and access to drugs and therapies on an affordable basis. However, the session recognised the failings in the achievement of the goals. In particular, whilst estimates varied, it was generally accepted that many fewer than 3 million additional persons in the developing world were recipients of such treatment. One estimate put the additional patients at about half of the propounded goal. This notwithstanding, the fixing of the goal, and future goals, was seen as a positive development to translate the fine words of the United Nations conventions and of the Guidelines into affirmative action.

3. *National initiatives:* One lesson of the past three years, during the 3x5 initiative, was that, in addition to fixing international goals, it was important to set realistic national goals and to hold national governments accountable for attaining those goals. A difficulty of global goals was that they could tend to mask national defaults. Governments that fell into default had to be rendered accountable so that their projections and commitments would go beyond paper assurances, given to WHO and UNAIDS.

4. *Specific targets:* National goals should include not only the distribution of affordable therapies but also particular initiatives such as:

- The adoption of anti-discrimination laws and measures;

- The passage of legal initiatives to enhance the rights of patients and their families and to redress wrongs where they occur;
- The identification of specific target groups and the development of policies, on a national and international level, that would address their particular needs. Such target groups include women, children including orphans, sex workers, MSM, IDU and blood transfusion groups.
- Targets also include geographic targets. Attention must therefore be given to the differences between:
 - (a) The particular needs of the sub-Saharan African and the Latin American regions;
 - (b) The particular needs of those requiring basic access to ARVs and those requiring care and other medical attention;
 - (c) Medical needs as against legal, anti-discrimination and anti-stigma needs; and
 - (d) The needs to address at once global and regional targets.

5. *Special Rapporteur:* The Group debated a proposal for the appointment of a Special Rapporteur to the new Human Rights Council of the United Nations on the subject of HIV and human rights. There was no opposition to such an appointment although some members expressed doubt that, in the current circumstances, the new Council would agree to establishing such an office. In

particular, the potential overlap with the role of the Special Rapporteur on the right to Health Care (Professor Paul Hunt), now a member of the Reference Group, was referred to. It seemed unlikely to the Group that any such appointment would be made in less than two years. If such a Special Rapporteur were appointed, concern was expressed about accountability for the reports and recommendations of the Special Rapporteur and the inter-relationship of the office with that of the current Special Rapporteur and the work of UNAIDS, WHO and the other participating agencies. Whilst no member of the Panel was negative to the suggested office, the members stressed the importance, in the meantime, of ensuring the efficiency and responsiveness of UNAIDS, including in respect of the recommendations of the Reference Group itself. They expressed the view that thought should be given to the way in which, if a Special Rapporteur on HIV and Human Rights were appointed, how that office would work in cooperation with UNAIDS and the Reference Group, given the overlap of their respective functions.

