Human rights are no longer considered peripheral to the AIDS response. Human rights are an essential tool of public health. 80% of countries explicitly acknowledge or address human rights in their national AIDS strategies. However, 80 countries still have punitive laws against
people with HIV which pose significant challenges to the AIDS response.

In the past decade, there have been some major developments in the HIV epidemic. New cases have decreased, 5 million people are now on treatment, and people are discussing the importance of human rights in relation to the disease. However, 33 million people are infected and only one-third of those in need of treatment are receiving it.

MSH recently hosted an event in our Cambridge office to discuss the reality facing vulnerable populations: the risk of exposure to HIV, the lack of prevention and treatment programming targeted at these populations, the stigma and discrimination they face, and the human rights violations affecting these groups. We were joined in the discussion by HIV and human rights collaborators from USAID-funded AIDSTAR-Two, International HIV/AIDS Alliance, Boston University Center for Global Health and Development, AIDS Action Committee of Massachusetts, and Amnesty International USA.

Elden Chaimberlain, Most at Risk Populations Specialist with AIDSTAR-Two, shared with us a recent report that AIDSTAR-Two published on the hidden HIV epidemic in Eastern Europe. Men who have sex with men do not officially exist in Eastern Europe: the governments do not recognize them. The study found that homosexual behavior is largely decriminalized in Eastern Europe; however, homosexuality is not socially acceptable. The extreme stigmatization of men who have sex with men is the largest barrier to developing HIV response programs for this group. Elden said “A man who has sex with men in Eastern Europe just wants to be able to love himself and walk down the street without being discriminated against, regardless of his HIV status. HIV & AIDS programming must be developed within a human rights approach.”

Dr. Candace Miller, Assistant Professor of Global Health at the Center for Global Health and Development at Boston University discussed the lack of basic necessities orphans and vulnerable children have throughout the world. Basic human rights are not fulfilled for these children: they suffer food insecurity, common illnesses which there are known cures for often lead to death, and there is little evidence of the impact of the billions of dollars invested in providing support to this at-risk population, she explained. Candace argues that part of the solution is social protection policies. According to Asian Development Bank, social protection consists of policies and programs designed to reduce poverty and vulnerability by promoting
efficient labor markets, diminishing people’s exposure to risks, and enhancing their capacity to protect themselves. Candace says that cash transfer programs [7] are a way to increase social protection programming and policies in the developing world. Cash transfer programs are government implemented and country owned. Cash transfer programs cost from $4 to $30 a month and, with that money, families have the ability to improve their access to health care, feed their families, and make their own decisions reducing exclusion. Candace argued that the global HIV response needs to include a focus on ending poverty and providing treatment and prevention services within a human rights framework.

John Gatto, Vice President of Programs at AIDS Action Committee of Massachusetts [8], spoke about the at-risk populations in our own front yard. In Massachusetts, there are only an estimated 600 new infections each year, but undocumented immigrants, homeless, street youth, injecting drug users, black women, and men who have sex with men are still high-risk groups, and it is becoming more difficult to reach these groups with HIV prevention and treatment efforts. Stigma, discrimination, and poverty are barriers in the US and make it challenging to provide treatment or prevention programming to those at-risk. “In Massachusetts, your zip code correlates with your HIV risk level,” he said. The AIDS Action Committee is advocating at the local, state, and federal government levels to ensure protection of marginalized communities’ rights.

Joshua Rubenstein, Northeast Regional Director at Amnesty International USA [9], explains that Amnesty International has been advocating for civil and political rights for 50 years. In recent years, they have concluded that their human rights agenda must also incorporate social and economic rights, including issues related to health. He shared examples of current human rights violations based on HIV stigma including: speaking out against tainted blood supply in China [10], laws that harshly target homosexual populations in Uganda [10], and doctors arrested for their work on HIV in Iran [11]. “To advocate for stronger and improved health systems you need to have freedom of expression,” he said.

It is essential to the HIV fight to ensure that men who have sex with men, sex workers, transgender people, injection drug users, black women, homeless youth, and orphans are empowered to access comprehensive and appropriate packages of HIV prevention, treatment, care, and support services and that law enforcement agencies and the judicial system protect the rights of marginalized communities.

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AIDS Action Committee of Massachusetts [12], AIDSTAR-Two [13], Amnesty International [14], Boston University [15], HIV & AIDS [16], human rights [17], MARPs [18], most-at-risk populations [19], USAID [20]

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