Defining the Issue

1. A meeting on HIV prevention was held in Geneva on 11-12 September 2008, bringing together the UNAIDS Regional Support Team Directors, the HIV prevention focal points and the Partnerships and Social Mobilization Officers to discuss a Secretariat-wide approach for re-intensifying prevention, building on earlier efforts. At the meeting, UNAIDS Executive Director Peter Piot underlined that prevention needs to be a substantive priority for the UNAIDS Secretariat – on same level as the “Three Ones” and “Making the Money Work”. The focus on prevention within the broader context of advancing universal access to prevention, treatment, care and support is prompted by recognition that the development of effective microbicides and vaccines in the next 5 to 10 years is unlikely; concern about the fact that the number of new HIV infections remains unacceptably high and the ultimate cost and complexity of providing HIV treatment to an ever increasing number of people; high interest in “combination prevention” (comprising programmes to address the biomedical, social-behavioural and structural determinants of HIV risk and vulnerability) at the International AIDS Conference in Mexico; as well as recent critiques and commentaries on prevention in medical and social science literature. As part of UNAIDS’ expanded work on prevention, the meeting identified the critical role of human rights and law in shifting political and programmatic commitment to address the prevention needs of vulnerable populations and populations at risk, women, young people, men who have sex with men, drug users, sex workers and prisoners, and to empower communities to demand HIV prevention as a part of the right to health. There is an urgent need to nurture a “prevention constituency”, as there are no ‘natural constituencies’ for prevention nor community demand for it.

2. This paper briefly describes the centrality of human rights to HIV prevention. It outlines a number of programmes to support human rights in enabling traditional

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1 In the 2005 World Summit Outcome, Governments committed themselves to "working actively to implement the ‘Three Ones’ principles in all countries, including by ensuring that multiple institutions and international partners all work under one agreed HIV/AIDS framework that provides the basis for coordinating the work of all partners, with one national AIDS coordinating authority having a broad-based multisectoral mandate, and under one agreed country-level monitoring and evaluation system […]" (General Assembly resolution 60/1).

In the 2006 Political Declaration on HIV/AIDS, Governments reaffirmed these commitments and called upon UNAIDS “to assist national efforts to coordinate the AIDS response, as elaborated in the ‘Three Ones’ principles and in line with the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors […]”(General Assembly resolution 60/262).

2 “Making the money work” refers to UNAIDS work to support countries’ efforts to tap into new sources of financing and ensure that this financing is used most efficiently and effectively to reach the people who need it most. See [http://www.unaids.org/en/CountryResponses/MakingTheMoneyWork/default.asp](http://www.unaids.org/en/CountryResponses/MakingTheMoneyWork/default.asp)
prevention programmes, including an enabling legal environment. It concludes with challenges faced by UNAIDS in supporting national responses on prevention and presents several questions for consideration by the Reference Group.

**Support to HIV prevention and intersections with human rights**

3. Broadly speaking, UNAIDS promotes two sets of rights in the context of HIV:
   - Those rights necessary to enable a person to avoid HIV infection and
   - Those necessary to enable a person living with HIV to live successfully.

4. UNAIDS’ essential prevention and human rights responsibilities are threefold. First, as part of the human rights function of the United Nations, UNAIDS staff have an obligation to support national responses towards ensuring that all people, including the most affected, the most marginalized and the criminalized, have access to the information, means and services to avoid HIV infection.

5. Depending on the dynamics of the local and national epidemic and the nature of the response, UNAIDS' role is to shift/increase, as needed, prevention programming to the most affected through “know your epidemic and response analyses” coupled with the “UN challenge function” – challenging, encouraging and supporting governments to overcome discrimination/denial/punitive policies to address populations that, to date, have not received sufficient or equitable prevention resources and programming: women, young people, children/orphans, men who have sex with men, sex workers, people who use drugs and people in prisons and other closed settings.

6. Second, UNAIDS staff have an obligation to ensure that HIV prevention programmes respect human rights principles, that is, are participatory, inclusive, non-discriminatory, and empowering. This means promoting more resources and programming for the mobilization and empowerment of people living with HIV, women, young people and marginalized groups in prevention.

7. Third, and related to the last point, UNAIDS staff have an obligation to help address the social and legal barriers to the uptake of prevention through the promotion of sufficient and concrete programmes that support human rights, as an integral part of funding proposals and national AIDS responses. Among other

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3 See *Charter of the United Nations* (1945), article 55: “With a view to the creation of conditions of stability and well-being which are necessary for peaceful and friendly relations among nations based on respect for the principle of equal rights and self-determination of peoples, the United Nations shall promote: a) higher standards of living, full employment, and conditions of economic and social progress and development; b) solutions of international economic, social, health, and related problems; and international cultural and educational cooperation; and c) universal respect for, and observance of, human rights and fundamental freedoms for all without distinction as to race, sex, language, or religion.” Available on-line at [http://www.un.org/aboutun/charter/](http://www.un.org/aboutun/charter/)

4 With regards to the human rights obligations of UN staff members, see the *Standards of Conduct for the International Civil Service* (1954, rev.2002), para.3: “The values that are enshrined in the United Nations organizations must also be those that guide international civil servants in all their actions: fundamental human rights, social justice, the dignity and worth of the human person and respect for the equal rights of men and women and of nations great and small.” Available on-line at [http://icsc.un.org/resources/pdfs/general/standardse.pdf](http://icsc.un.org/resources/pdfs/general/standardse.pdf)
things, these programmes help to mobilise and support civil society to demand HIV prevention and have access to it. These include programmes that seek to:

- Reduce stigma and discrimination associated with people living with HIV and key populations at risk
- Empower those vulnerable to HIV infection to know their HIV rights and laws
- Train health care workers in non-discrimination, confidentiality and informed consent
- Deal with the intersections between violence against women and vulnerability to HIV infection
- Provide for “legal audits” of the impact of law, law enforcement and access to justice on access to HIV prevention modalities and services
- Work with police, judges and Parliamentarians\(^5\) to ensure non-punitive law and law enforcement (non-discrimination, non-violence, gender/key population-friendly, decriminalization) that enables prevention roll-out and uptake
- Provide legal aid in the context of those vulnerable to HIV infection
- Transform harmful gender norms and customary practices that make men, women and young people vulnerable to infection
- Support the right to education/information of girls (keeping girls in school, ensuring sexuality/HIV education, ensuring safe schools)

**Re-examining the UNAIDS Secretariat’s strategic focus on HIV prevention**

8. At the recent meeting on HIV prevention, it was agreed that a campaign would be rolled out to re-energize coordinated prevention action throughout the UNAIDS Secretariat and Programme. Participants noted that capacity building on prevention is needed to enable all UNAIDS staff to speak with one voice, using one set of core policies and one set of frameworks which support tailored, focussed responses to address priority issues in each region and country.

9. In preparation for the meeting, each regional office had prepared an update on key issues in their region, how UNAIDS is responding to those issues, and what UNAIDS Geneva could best do to support intensified HIV prevention in their regions. Each region reported important successes, for example incorporation of prevention into national strategic plans, increased ability to address issues relating to sexual minorities in some regions, and expansion of prevention of mother-to-child transmission programmes. However, each region also reported significant challenges, grouped under five main headings:

1. **Strategic information is not driving the prevention response, leading to misdirected prevention responses with resources inappropriately targeted, or the right target but inappropriate strategy** (E.g. missing most-at-risk populations in concentrated epidemics; strategic information not available or not utilised effectively to inform programmes; inappropriate strategies prioritised without evidence base for impact)

2. **Difficult political, legal and social environments** (E.g. vulnerable groups and risk behaviours illegal and/or stigmatised; human rights abuses of men who have sex with men, sex workers, people who use drugs; high stigma against people living with and vulnerable to HIV; overly-broad criminalisation of HIV transmission; resistance to proven prevention modalities, including access to sterile injection equipment, access to condoms in prison settings)

3. **Quality and coverage issues in prevention planning, implementation and monitoring and evaluation** (E.g. national capacity gaps in terms of staff, skills, financial and other resources, affecting both government and civil society; inconsistent/weak leadership; variable quality of national strategic plans; costing issues and insufficient resource allocation)

4. **Limitations in UNAIDS Secretariat capacity to support prevention:**
   **UNAIDS Country Office, Regional Support Teams, Geneva** (in terms of leadership and coordination role, but also capacity more broadly: staffing levels, skills, strategic information, funds, other resources)

5. **UN family capacity limitations, inconsistency, insufficient development of effective joint teams** (E.g. skills limitations; inappropriate staff deployment; uncoordinated project approaches; issues related to technical support division of labour)

10. It was acknowledged that despite increased openness in addressing HIV, there remains serious reluctance on the part of some senior UN staff to address HIV prevention for the most vulnerable populations. Meeting participants underlined the need for UN staff to stand firm and united with vulnerable communities. Programmatically, UN staff must work to shift the prevention response to ensure full coverage of most-at-risk and vulnerable populations, and in doing so challenge unfavourable political, legal and social environments that block equitable and effective prevention responses.

11. Participants discussed “combination prevention”. Promoting combination prevention requires programmatic action in disparate domains, supporting social change as well as individual behaviour change. The technical support needs are also diverse, meaning that there is no one type of “HIV prevention technical support” – a broad range of skills are needed to support countries in this area, including with regards to human rights, gender and law.

12. Supporting the use of a human rights-based approach is a critical part of intensifying prevention. Doing this in the broadest sense, however, means moving a fairly “entrenched industry” that sees prevention as primarily biomedical and individual behaviour change. With regards to the UNAIDS role, this requires two fundamental changes in approach:

   - Providing much greater leadership to address the political challenges involved in shifting the prevention response to populations hitherto largely neglected: sex workers, men who have sex with men, and people who use drugs and people in prisons and other closed settings, among others;
Being able to shift the prevention response towards new types of prevention programmes that (1) address intersections of HIV and structural factors and (2) empower communities to demand prevention.

Questions for discussion
a) Do Reference Group members agree with the recommendations related to supporting a rights-based focus on prevention in issue paper 1? What should be clarified, changed, added or taken out?
b) In addition, how would the Reference Group advise the incoming Executive Director of UNAIDS with regards to the following:
   - How to mobilise the UNAIDS Programme as a whole around a human rights-based prevention agenda?
   - How to foster a constituency for prevention – nationally and internationally?
   - How to ensure that marginalised and most-at-risk populations get their fair share of local and national programmatic action?
   - How to provide leadership on HIV prevention that is about daring, risk-taking and pushing to overcome critical legal, political and social barriers, but at the same time is appropriate to the UNAIDS mandate and engages key partners?
   - How to avoid confusion about the content of a “right to prevention” – i.e. that it necessitates programming adapted to epidemic dynamics, the needs of communities and individuals vis-à-vis the risks and vulnerabilities they face, rather than “all commodities and all approaches for all people, regardless of one’s situation”?

Supporting documents