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8 December 2006

Dear Mr. Darrow,

I refer to your letter of 13 October 2006 regarding Resolution E/CN.4/RES/2005/84, "The protection of human rights in the context of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS)".

As requested, kindly find attached comments and inputs from the Department of Economic and Social Affairs (DESA) of the United Nations Secretariat on the recent steps that DESA has taken to promote and implement, where applicable, programmes to address the urgent HIV-related human rights of women, children and vulnerable groups in the context of prevention, care and access to treatment.

Any questions of clarification or follow-up can be directed to Mr. Eric Olson, Social Affairs Officer, DESA, telephone: 212-963-0013, e-mail: olsone@un.org.

Yours sincerely,

Johan Schölvinnck

OHCHR REGISTRY

11 DEC 2006

Recipients:

M.D.
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Mr. Mac Darrow
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MDGs and Right to Development Unit
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**DESA inputs to OHCHR on
HIV/AIDS and women, children and vulnerable groups**

This document contains inputs from the United Nations Department Economic and Social Affairs (DESA) submitted to the Office of the High Commissioner for Human Rights describing steps that DESA has taken to promote and implement, where applicable, programmes to address the urgent HIV-related human rights of women, children and vulnerable groups in the context of prevention, care and access to treatment.

HIV/AIDS and women

The United Nations Committee on the Elimination of Discrimination against Women regularly raises the issue of HIV/AIDS in the context of constructive dialogue with States parties. In addition, the United Nations Commission on the Status of Women decided at its 50th session in 2006 to consider the theme: "The equal sharing of responsibilities between women and men, including care-giving, in the context of HIV/AIDS" at its 53rd session in 2009. The Division for the Advancement of Women within DESA will be responsible for the preparations for the 53rd session, which will include the organization of an expert group meeting on the topic in 2008 and the preparation of the expert group meeting's report to the Commission.

HIV/AIDS and youth

HIV/AIDS is one the 15 priority areas identified in the World Programme of Action for Youth. The United Nations Programme on Youth, located within DESA, reports to the United Nations General Assembly and the United Nations Commission for Social Development on progress and constraints in addressing issues relating to youth and HIV/AIDS. The Youth Programme has continued to work with UN system agencies and youth-led NGOs to assist them in defining approaches to addressing issues related to youth and HIV/AIDS in a manner that is consistent with the World Programme of Action for Youth. The Youth Programme has also been involved in the identification and collation of indicators on HIV/AIDS and youth to enable policy makers to better monitor progress with respect to prevention, care and treatment of youth.

HIV/AIDS and older persons

The Madrid International Plan of Action on Ageing (2002) calls for improvement in the assessment of impact of HIV/AIDS on the health of older persons, both those infected and also those who act as caregivers for infected family members and/or survivors. The reliance on comparative data for the 15-49 age group has contributed to myths and misconceptions about older people's sexuality and susceptibility to HIV infection. Meanwhile, a significant improvement could be noted in this area as UNAIDS committed itself to disaggregate prevalence data for people over 50. The 2006 Global AIDS Report provided such data for two countries.

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Another important area of action, according to the Madrid Plan, is the provision of adequate information, training in caregiving skills, treatment, medical care and social support to older persons living with HIV/AIDS and their caregivers. The Madrid Plan of Action also calls for enhancement and recognition of the contribution of older persons to development in their role as caregivers for children with chronic diseases, including HIV/AIDS, and as surrogate parents. UNAIDS increased recognition of the role and needs of caregivers is evident in its 2006 Global AIDS Report.

The United Nations Programme on Ageing, located within DESA, works extensively with HelpAge International, which is the only global NGO working on ageing issues at an operational level at both national and regional levels. HelpAge International cooperates with various governments and agencies to support older people's HIV-related human rights in the context of prevention, care and treatment. The areas of work include advocacy; initiatives that increase financial and psychosocial support to older caregivers and their access to prevention, treatment and care; and development and distribution of new indicators that can capture the data needed to inform policy and programmes to better cater to the needs and rights of older caregivers. HelpAge International is also working in partnerships with academic institutes and UN agencies such as ILO and UNICEF to advocate for the implementation of social protection schemes aimed at relieving families affected by HIV/AIDS from chronic poverty.

HIV/AIDS and the family

HIV/AIDS takes a profound toll on families. The United Nations Programme on the Family within DESA, in accordance with the focus of the tenth anniversary of the International Year of the Family (2004) on families, family resilience and family policy, has given particular emphasis to the area of HIV/AIDS and the family.

In particular, the Programme on the Family organized, together with the United Nations Programme on Ageing, which is also within DESA, a policy workshop on HIV/AIDS and family well-being for the countries of south and south-east Asia at ESCAP headquarters in Bangkok, Thailand in December 2005. This was following the organization of a similar workshop for the African region held in Windhoek, Namibia, in 2004.

The purpose of the two workshops was to bring together representatives of governments and non-governmental organizations, as well as academic experts and practitioners, from various countries in the region in question to examine and analyze the impact of HIV/AIDS on families in the region; consider how families and communities are coping with the disease; and to contribute to the development of a strategic policy framework to assist Governments to strengthen the capacity of families and family networks to cope. Other objectives included promoting awareness among national authorities of the important role played by families in the prevention of HIV/AIDS and in the care of those who have HIV/AIDS and strengthening their abilities to develop and

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implement policies and programmes that enhance the capacity of families and family networks to cope with HIV/AIDS.

The workshops also explored the effects of HIV/AIDS on the family and family networks, including changing generational roles and related social intergration issues; identified coping mechanisms at different societal levels to mitigate the impact of HIV/AIDS on the family; identified further capacity-building needs and knowledge gaps for follow-up activities; and developed a policy framework and recommendations for addressing family issues and changing inter-generational roles in HIV/AIDS policies and strategies.

DESA also published a study on the impact of HIV/AIDS on families, entitled *AIDS and the Family: Policy Options for a Crisis in Family Capital*, in December 2005. The purpose of the study is to contribute to the process of developing and strengthening governmental strategies, policies and programmes that recognize the contribution of the family in reducing vulnerability to HIV/AIDS and in coping with the impact of the disease. It addresses the issues and challenges of HIV/AIDS from a family perspective and promotes family-policy development in this area. It uses rich sources of information and data on HIV/AIDS and the family, and focuses particularly on the region of sub-Saharan Africa. The author of the study is Mark A. Belsey, M.D., a retired staff member of the World Health Organization.

HIV/AIDS and Indigenous Peoples

Cultural barriers among indigenous communities in addressing HIV/AIDS and sexually transmitted diseases are creating particular – and growing – health problems among indigenous peoples worldwide. Denying the presence of HIV can prevent people from receiving necessary treatments, often endangering an entire generation of culture-bearers, particularly women and children.

The United Nations Permanent Forum on Indigenous Issues has been placing priority on data collection and disaggregation. With respect to HIV/AIDS and indigenous peoples, the Forum has pointed out that: 1) epidemiological data on incidence and prevalence among indigenous communities is rare; 2) sentinel surveillance sites are often not established in rural/remote areas where a large number of indigenous peoples live; and 3) internal migration, displacement, trafficking of indigenous women and girls, and lack of access to adequate and culturally appropriate healthcare all add to the increased vulnerability of indigenous peoples to the transmission of HIV/AIDS.

Furthermore, the issue of awareness-raising is at a very low point in indigenous communities and is sorely needed; culturally sensitive strategies for indigenous communities should be provided.

At its fifth session, the UN Permanent Forum on Indigenous Issues, focused on the session's theme, "The Millennium Development Goals and indigenous peoples; redefining the Goals" (document E/C.19/2006/11). The Permanent Forum expressed its

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support for the Toronto Charter: Indigenous Peoples' Action Plan on HIV/AIDS 2006, a platform where indigenous peoples' representatives defined the challenges and action required. The Toronto Charter (annexed to this note below for reference) considers Indigenous Peoples' holistic view of health which includes physical, social, mental, emotional and spiritual dimensions, all of which need to be considered and emphasized as a basis for defining approaches to Indigenous Peoples' health.

The Secretariat of the United Nations Permanent Forum on Indigenous Issues, located within DESA, advocates for, facilitates and promotes the coordination of implementation within the UN system of the recommendations that emerge from each annual session of the UN Permanent Forum on Indigenous Issues and promote awareness of indigenous issues within the UN system, governments, and the broad public.

Annex

The Toronto Charter

Indigenous Peoples' Action Plan on HIV/AIDS 2006

PREAMBLE

The Toronto Charter is a call to action directed at people who influence and make decisions about the provision of HIV/AIDS services for Indigenous Peoples around the world.

The Toronto Charter was developed and formulated by Indigenous Peoples throughout the world.

The Toronto Charter is intended to support agencies working in HIV/AIDS to develop programmes that will make a real difference to Indigenous Peoples and the communities from which they come.

KEY PRINCIPLES

Acknowledge that Indigenous Peoples have shared experiences relating to the AIDS epidemic and its impacts on our communities.

Affirm that the AIDS epidemic continues to have a devastating effect on our communities.

Acknowledge that Indigenous Peoples have inherent rights which guarantee them good health and well-being.

Acknowledge that the changing patterns of the HIV/AIDS epidemic are placing Indigenous Peoples at increased risk of HIV infection.

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Recognise that Indigenous Peoples have the right to determine their own health priorities.
Reaffirm that Indigenous Peoples have the right to control all aspects of their lives, including their health.

HIV/AIDS AND INDIGENOUS PEOPLES

Three decades into the HIV/AIDS epidemic Indigenous Peoples are adversely affected by this epidemic.

The epidemic is having a profound effect on families and communities from which we come.

In some countries, Indigenous Peoples have disproportionately higher rates of HIV infection than non-Indigenous people.

The impact of HIV/AIDS on Indigenous Peoples is compounded by a range of socio-cultural factors that place Indigenous Peoples at increased risk of HIV/AIDS.

It is essential that HIV/AIDS data on Indigenous Peoples be collected, analysed and reported in a manner that is respectful of the needs of Indigenous Peoples as identified by Indigenous Peoples themselves.

RIGHT TO HEALTH AND WELL-BEING

Indigenous Peoples have a holistic view of health which includes physical, social, mental, emotional and spiritual dimensions all of which need to be considered and emphasized as a basis for defining approaches to Indigenous Peoples' health.

Indigenous Peoples have the right to a state of health that is at least equal to that of other people.

Governments are responsible for ensuring equitable access to health services and equitable health outcomes for all citizens.

Governments must be committed to consulting with Indigenous Peoples in order to ensure that health programmes meet the needs of Indigenous Peoples.

Health and social programmes for Indigenous Peoples must provide culturally appropriate service delivery. Programmes need to incorporate and integrate traditional healers and systems where appropriate.

Indigenous Peoples must be able to have access to their own languages in the provision of health and social services.

Health and social programmes must disseminate and communicate information about the prevention and treatment of HIV/AIDS that is relative to the reality in which Indigenous Peoples live.

RECOMMENDATIONS

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Ensure the central participation of Indigenous Peoples in all programmes related to the prevention of HIV and programmes for the care and support of Indigenous Peoples living with HIV/AIDS.

Provide adequate resources to Indigenous Peoples to design, develop and implement HIV/AIDS programmes.

Increase current resources so that Indigenous communities can respond in a timely and effective way to the demands placed on communities by the AIDS epidemic.

Ensure the process of participation of Indigenous Peoples in United Nations forums is strengthened so their views are fairly represented.

Incorporate this Charter in its entirety in all policy pertaining to Indigenous Peoples and HIV/AIDS.

Monitor and take action against any States whose persistent policies and activities fail to acknowledge and support the integration of this Charter into State policies relating to HIV/AIDS.

The Toronto Charter is an initiative of the Planning Committee of the International Indigenous Peoples! Satellite at the 16th International AIDS Conference, 2006 and has been endorsed by Indigenous People around the world.

Source http://www.afao.org.au/view_articles.asp?pxa=ve&pxs=86&id=598#chart