Advancing the Human Rights approach to HIV and AIDS in Zimbabwe

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Overview

- Human Rights and human rights approaches to HIV and AIDS
- Brief overview of the situation in Zimbabwe
- Global UNAIDS initiatives linked to Human Rights
- UNAIDS support to national level implementation of 3 ONES
  - One strategic framework
    - MIPA
  - One coordinating authority
  - One M&E framework
- Other areas of support: Resource mobilisation and information
- Summary

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How do Human Rights relate to HIV and AIDS

- Lack of possibility to fulfill ones human rights increase the vulnerability of the population, contribute to increase in prevalence and worsens the impact of HIV and AIDS
- Poor access to information, education and health care services increase the risk of contracting the virus and the impact of HIV is felt more keenly

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So, HIV and AIDS specific approaches alone can not solve the problem.

- Underlying causes of vulnerability must be addressed
- -And HIV and AIDS made part of development programmes

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UNGASS-The declaration of commitment on HIV/AIDS

- Recognises that the realisation of human rights is essential to reducing vulnerability to HIV and AIDS.
- Protecting human rights empower people living with HIV.
- Human rights are interrelated and interdependent. So the right to health cannot be viewed in isolation from rights to education, housing and employment etc.

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UNGASS continued

- Progressive realisation of rights
- But, requires deliberate, concrete and targeted actions towards the goals.

- HIGH level meeting on AIDS 31 May-2 June. A review of achievements and establishing new commitment.

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What do we promote?

- **Those rights necessary to enable people to avoid infection**
- **Those rights necessary to cope if living with HIV**

- all the rights; civil, economic, political, social and cultural.

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A rights-based approach

- In the response to HIV epidemic (and to development), human rights help to identify the:
  - **Desirable outcomes** (e.g. non-discrimination, privacy, education, information, health, employment, social security)
  - **Desirable processes** to reach such outcomes (e.g. participatory, inclusive, non-discriminatory, transparent, accountable)

- A rights-based approach seeks to strengthen the capacity of:
  - **rights-holders** (individuals) to claim their rights, and
  - **duty-bearers** (both state and non-state) to fulfill their duties and obligations regarding such rights.

This is consistent with the prioritized MDG 6, on HIV and AIDS.

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Human Rights approach and HIV and AIDS

It’s about using the approach in:

- The way we do our work
- The way we design, develop and implement programmes
- - And advocate for an environment, **including reform of laws and public policy**, that promotes the right to protection from infection and re-infection, and the rights of people living with HIV**.**

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The Zimbabwe picture

- 1 610 000 Zimbabweans are living with HIV and AIDS
- Drop in prevalence from 24,6% in 2003 to 20,1 % in 2005. Compared to South Africa with 7,4 %
- 90% of infected are not aware of their status
- Considerable geographical variety from rural areas (22%) to mining areas, growth points, commercial farming areas and border towns (27,6%)
- Zimbabwe is experiencing a feminization of the epidemic with 55% of those infected with HIV being women
- -and young women 15-29 are particularly vulnerable

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The Zimbabwe picture cont.

- HIV infection among young people is concentrated among orphans, with female double and maternal orphans most vulnerable.
- In 2003 UNICEF estimated the number of orphans to 1,3 million (19 % of the child pop)
- Around 350 000 are in need of ARVs, and only 23 000 access treatment.
- Vulnerability of mobile and migrant populations, disabled, sex workers is still not attended to properly in programming

Policy situation

- 1999 National HIV/AIDS policy
- Supporting laws in SI 202 and Sexual Offences Act
- NAC and ATF (AIDS Levy) formed by Act of Parliament
- Strategic Framework formulated
- Topic-specific policies formulated for PMTCT and CHBC policy ***(and guidelines)***, Gender, RH; ***update on testing and VCT policy***
- Constituency-specific policies for Orphans, Youth
- Sectoral policies exist in transport, mining, Public Service Commission; teachers colleges, UDACIZA
- Organizational policies – ARDA, ZIMRA, President's Dept, National Foods, Unifreight, UN, SIDA….

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Findings from policy review in 2005

- All stakeholders view HIV and AIDS as a national emergency/crisis
  - But only some aspects reflected as such in policy
- Some sectors have organizational policies, but no sectoral policy e.g
  - Agriculture – ARDA but not whole sector
  - Private sector – companies but not CZI, ZNCC
- Some sectors have policies for one sub-sector only e.g
  - HTE for teachers colleges only
- Some topic-specific areas have guidelines but no policy e.g
  - ART guidelines for individual patient care but no overall policy on access
- There is no central repository for all policies
- No overall coordination around policy development related to HIV and AIDS.

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“A rose by any other name…” Some examples of human rights activities/opportunities

- Three Ones: govt accountability
- Universal access to treatment: Rt to health
- Universal access to prevention: Rt to health
- Roll out of HIV education: Rt to education
- Roll out of HIV information: Rt to information
- Funding: Rt to assistance and cooperation
- Millennium Development Goal 6, Rt to Health

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Three Ones – “a human rights opp” if we do it right

- **One action framework**: hrts principles: transparency, participatory, inclusion, nondiscrimination (PLHIV and marginalized groups), gender parity (women)
- **One coordinating authority**: hrts principles: responsibility, accountability of govt and broad base of actors (legislature, judiciary, law enforcement, armed forces)
- **One M&E system**: hrts principles: accountability, nondiscrimination (disaggregation by sex, age, ethnic groups, income, urban/rural)

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The 3 ONES in Zimbabwe

ONE action framework:

The ZNASP was developed through a consultative process with more than 120 stakeholders. The agreed ZNASP guiding principles include;

- HIV as an emergency
- Multi-sectoral approach (inclusion)
- Gender (gender parity)
- MIPA (inclusion, participation and non-discrimination)
- Vulnerable groups(inclusion, participation and non-discrimination)
- Universal access (Rt to health)
- Evidence and results-based strategies
- Adherence to international goals and principles

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Participation is a human right

- People have the right to participate in decision-making processes that affect their lives.
- Realising the right to participation will require work to enable rights-holders to claim this right.
- Most aspects of the epidemic are of direct relevance to people living with HIV and other vulnerable groups, e.g. drug users, sex workers, men having sex with men.

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The Greater Involvement of People Living with HIV (GIPA) as a foundation of the global response

"… acknowledging the particular role and significant contribution of people living with HIV/AIDS... in addressing the problem of HIV/AIDS in all its aspects, and recognizing that their full involvement and participation in the design, planning, implementation and evaluation of programmes is crucial to the development of effective responses to the HIV/AIDS epidemic." UNGASS DoC

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Promoting GIPA in Zimbabwe

- Support to establishing a GIPA position in NAC
- Support to re-establish ZNNP+ and technical assistance to strengthen capacity and networking of organisations of people living with HIV under development.
- Ensuring representation of People living with HIV in Global Fund (CCM), Partnership Forum, NAC structures, participation in UNGASS etc.
- Promoting GIPA in UN structures and programmes

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ONE coordinating authority-NAC

- The UN is support the strengthening of NAC through secondments and technical assistance,promoting human rights principles.
- Gender mainstreaming programme under development
- TA to broaden partnerships and ensure implementation of the multi-sectoral mandate.

ONE Monitoring and Evaluation system

- National Indicator framework established in NAC with the support from a broad base of stakeholders including ZAN, University of Zimbabwe, MoHCW, PSI, UNFPA etc
- Decentralised to district level and disaggregated by sex.
- Reference Group is working to include indicators on stigma and discrimination.
- Zimbabwe UNGASS reporting was lead by a sub-group of the M&E Task Force. But need strengthening and increased participation from civil society.

Resource mobilization

- Zimbabwe is the a high-prevalence country with least international funding for it's programmes
- UNAIDS is actively advocating for increased resources for HIV and AIDS in Zimbabwe,- both national and international resources.
- Give TA to development of Global Fund proposals and implementation.
- An Expanded Support Programme has just been signed.

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Development/dissemination of best practice materials focusing on Human Rights

- Internationally; Guide and Do's and Don'ts on rights-based approaches to HIV
- Draft model legislation, litigation, CD ROM on HIV-related human rights and law
- Recent BP on stigma and discrimination
- Upcoming BP on refugees

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Summarised, how does UNAIDS promote human rights in Zimbabwe?

Its “you and me together”!

Through:

- Cosponsor staff and activities
- Government programmes
- Civil society

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Every UNAIDS staff member is a human rights officer!

"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."

Standards of Conduct for the International Civil Service, Paragraph 3

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- Let’ move ahead !
- Spread light, peace, goodness and…

….gender, GIPA and
human rights!!!

Thank you.