Editorial

THE MORE THINGS CHANGE...

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The last thematic issues of *Health and Human Rights* on HIV/AIDS were published in 1998. The world was a very different place. Then, as now, individuals were suffering massively from discrimination and inadequate access to needed services; but at a policy and programmatic level, it appeared that things were beginning to stabilize as certain strategies were globally recognized as appropriate and useful to bring the impacts of the epidemic under control. There was not only abundant evidence of the negative effects of violations of rights both in HIV prevention and in ensuring the ability of People Living with HIV to live lives with dignity after diagnosis, but there were significant examples of policy and programmatic efforts that — through use of key human rights principles such as non-discrimination and participation — seemed poised to help bring the epidemic under control. Condoms as a cornerstone of prevention in-

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terventions was understood to be a key, if not the key, intervention and was being promoted in all countries. Voluntary counseling and testing (VCT) was understood to be the necessary gateway for ensuring that people not only learn of their HIV status but remain connected to services. Discrimination based on HIV status, gender, sexual orientation, race, ethnicity, and other reasons (such as injecting drug use or sex work) had been demonstrated to exacerbate vulnerability to HIV/AIDS and to thereby hinder prevention and care efforts. People who engaged in sex work and who injected drugs were understood to be particularly vulnerable both to infection and to inadequate access to needed services, and efforts were being made to ensure the active participation of these populations in the design of interventions. Brazil was beginning to lead a successful effort to ensure access to treatment for all who needed it within their population, and the potential for this model to make treatment available to all who would need it in other countries was on the horizon.

By 1998, integration of human rights in HIV/AIDS work had allowed for the needed effect of adding attention to civil, political, economic, social, and cultural factors to the technical and operational aspects of HIV/AIDS interventions — whether focused on prevention, care and treatment, or impact mitigation. Human rights advocacy and approaches had provided key frameworks for identification of challenges and strategies for action in the HIV/AIDS field. By this point, framing HIV/AIDS public health strategies in human rights terms had also proved useful for highlighting the importance of legal efforts and the public accountability that governments and intergovernmental organizations have for their actions towards people in the context of AIDS. All of which boded well for the future.

The place of human rights in the response was well established; and although the efforts needed to bring the epidemic under control globally were daunting, some of the largest questions seemed to be about how to ensure the political will necessary to replicate successful interventions — despite their forcing attention to stigmatized and uncomfortable issues for politicians — rather than trying to determine what the appropriate strategies ought to be. In recent years, however, while the financial resources available to HIV and AIDS work have increased, the positive influence of bringing human rights into HIV/AIDS work has increasingly been questioned despite the notable successes of the past years. Unfortunately, we now find ourselves not only with new issues to be addressed as well as with issues that have yet to be successfully addressed, but worse still with a resurgence of issues that had seemed long settled.

This special issue of *Health and Human Rights* attempts to bring together a range of articles intended to shed light on some of the most contentious issues in the current response. We hope that the insights articulated and questions raised can in some small way contribute to ensuring that the gains of the past years not be lost. This special issue gives significant space to a roundtable on the scaling up of HIV testing. Testing is at the center of both prevention and care efforts, and consensus on the most appropriate ways to increase access to HIV testing is critical for the success of future prevention and care scale-up efforts. For a host of reasons discussed in the roundtable presented here, there is a clear need to move away from a client-initiated model towards a provider-initiated model of HIV testing. However, the particularities of how this should be done continue to be debated hotly, and there are serious human rights and public health concerns at the heart of that debate. The contributions to this roundtable point to the importance of ensuring that scaling up access to testing is accompanied by concerted, planned, and long-term action to reduce stigma and discrimination and to increase access to HIV treatment. Because contrary to what some have recently suggested, testing and treatment are essential, but not sufficient, components of efforts to fight stigma and discrimination.

The impact of the ideologies and politics of the current US administration is felt not only within the US but in all corners of the world. Recent developments, supported by the US administration, such as increasing federal funding for abstinence-until-marriage sex education programs that impede discussion about the health benefits of condom use in preventing unintended pregnancy, sexually transmitted infections (STIs), and HIV/AIDS present serious challenges to the work of organizations in all parts of the world. While the US has pushed hard to drop the words "human rights" from global consensus documents relevant to AIDS, a number of governments have joined together to ensure that the words don't disappear even as the strategies themselves appear to be less and less "rights-based" in their approaches. At the United Nations General Assembly Special Session on Children, the right of adolescents to access appropriate and scientifically accurate reproductive and sexual health information and services while protected by some states was seriously challenged by a curious alliance of others — including the United States, Sudan, Iran, and the Holy See. Over the past few years within global fora where issues relevant to HIV are discussed, the US has taken a hard-line position in particular against resources and attention being provided to sex workers and drug users. Because of United States pressure, as one of the main funders of the United Nations Office on Drug Control (UNODC), the language of "harm reduction" is virtually disappearing from the corridors of the UN, as is any mention of condoms without an immediate strong focus on abstinence and "being faithful" (ABC). What is at stake is not a matter of partisanship. To counter such opposition, we need to ensure that policymakers whose main concern is effectiveness in improving health outcomes have the evidence needed to promote and protect human rights as they are relevant to effective action. With this in mind, we present two pieces with a focus on injecting drug use. The first, by Jürgens and Betteridge, highlights the human rights and public health implications of the implementation (or lack thereof) of HIV and hepatitis C prevention measures for prisoners who inject drugs and the need for their rights to be respected. The second, by Elliott et al., focuses on the larger implications of the current approach to global drug policy and provides evidence leading towards the need for a system more protective of the human rights of people who use drugs. Both articles clearly demonstrate that approaches that promote and protect the human rights of drug users and prisoners also promote and protect public health, and that countries facing an epidemic of HIV among injection drug users (many of whom are in prison) must take evidence-informed approaches and respect the rights and dignity of drug users and prisoners if they want to bring the epidemic under control.

One of the greatest successes in the fight against HIV and AIDS in recent years, and one of the few human rights victories in the context of HIV/AIDS in this period, has been increased access to HIV treatments in resource-poor countries. It should not be forgotten that it was the HIV/AIDS and human rights community, led by activists in South Africa, that insisted that the world pay attention to the imperative to provide treatment to those most in need. Using human rights arguments, and sometimes using the courts to obtain access to treatment, they forced those who remained unconvinced that treatment could be made available in resource-poor countries, to acknowledge that the fact that 95% of those in need of treatment were not able to access them was unacceptable, and that there were ethical and human rights imperatives to scale up treatment efforts. But scaling up treatment alone is not enough. Human rights demand that efforts be scaled up but also that human rights considerations be central to how these efforts are scaled up in practice. The piece by Jones highlights how Zambia, one of the countries where treatment is increasingly being made available, struggles with ensuring that it is made accessible in an equitable fashion. This is but one aspect of the invidious nature of what, despite recent advances, remains differential access to the entire range of needed health care information, services, treatment, and care between people living in countries of the North and of the South, as well as within marginalized communities in resource-rich countries.

The impact of HIV on the lives of women has been a clarion call since the early days of HIV, yet too often issues of gender and sexuality remain neglected, much to the detriment of programmatic initiatives. Despite research that emphasizes the association and stresses the urgency of addressing gender inequality in connection to both HIV/AIDS and violence against women, few efforts bring together organizations working on HIV/AIDS and gender-based violence. The article presented here by Desai focuses on married women in India and extends work already underway by focusing at the programmatic level — offering increased opportunities for training in both areas; linking across issues; and providing on-going support for expanding collaborative work in an integrated and sustained fashion. We also present a profile of the International Community of Women Living with HIV/AIDS that uses a rights framework in its efforts and, as an organization, has made a concerted effort to ensure that the perspectives of positive women are at the table when important policy and programmatic decisions need to be made.

The Thai Drug Users Network (TDN) has been a model in bringing national and international awareness to the massive violations of rights that drug users in Thailand have suffered at the hands of their government, as well as to the negative impact these violations have had on HIV prevention and treatment efforts specifically, and on strategies for ensuring the health and rights of drug users more generally. We present here two articles highlighting the groundbreaking action for health and human rights undertaken by this network. The first by Kerr et al. shows how organizing was done despite government opposition and the lack of international funding strategies set up to deal with peer-driven interventions that run counter to national policies (even when these violate rights), and its lessons can serve as an inspiration for similar efforts in other countries. The second by Fink highlights the crucial importance for local groups to be able to derive support from those outside their countries and for international groups to learn from the concrete experience of local actors that promote and protect human rights. The need for community engagement in the response to HIV/AIDS continues to be acknowledged by all actors as a mainstay of the response. These pieces show the incredible dedication and effort this really entails. They also highlight that despite the commitment in principle to community involvement, in practice many barriers remain, particularly for marginalized populations. The barriers that these populations encounter may be seen to be the result of the refusal of many governments to recognize that drug users, sex workers, and gay men have the same rights and dignity as other people, and the pieces presented here highlight the fact that protection and promotion of human rights of vulnerable populations remains one of the greatest challenges in the response to HIV/AIDS.

Finally we present two commentaries, each with a focus on the impact of discrimination on vulnerability in the context of HIV/AIDS at all levels — individual, programmatic, and societal. The first piece by Altman focuses on the very concept of vulnerability and through a variety of examples highlights the ways in which a society's determination of who is considered vulnerable will impact on how these vulnerabilities are addressed. The piece by Groce, on the other hand, brings specific attention to the heightened vulnerability of individuals because they have been largely invisible in the response to HIV/AIDS — individuals who live with permanent physical, sensory, or mental health disability — and highlights some specific approaches to engaging these populations for the future.

The examples drawn together in this issue show that rights-based approaches to HIV/AIDS can help the development of more effective means to identify the challenges and overcome the barriers to increasing access to needed services and to enable people to make informed and appropriate choices. "Barriers" operate on a number of levels — legal, social, cultural, political, financial, attitudinal, practical, among others — and these interact in complex ways. Taken together, the pieces presented here demonstrate approaches to addressing these barriers and call for changes to the ideological climate within which political decisions are made that have such significant impact on people's lives. These pieces show that for both current and emerging issues human rights remain central both to the analysis and to the response. With greater resources to fight HIV/AIDS having become available and greater efforts to scale up access to treatment in resource-poor countries underway, it can be argued that it is attention to human rights issues in the context of HIV/AIDS that continues to be sorely missing and now needs to become the focus of attention.