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The UNGASS Declaration of Commitment on HIV/AIDS: One Year Later

This article is one of a series commissioned to mark the tenth anniversary of the Canadian HIV/AIDS Legal Network. It offers a critical assessment of the impact of the UNGASS Declaration of Commitment on national HIV/AIDS strategies and programs in relation to human rights one year after its adoption. The article reviews the process leading up to the Declaration and describes the limitations of the Declaration's explicit and implicit recognition of human rights. It summarizes information provided by countries one year later to the Secretary-General and to UNAIDS on their progress in meeting the goals and targets of the Declaration, particularly with regard to human rights. It comments on what we can learn from this about countries' recognition of the centrality of promoting and protecting human rights. Finally, it suggests ways to monitor more effectively and comprehensively the implementation of a human rights-based response to the HIV/AIDS epidemic.

Introduction

In late June 2001, government dignitaries and heads of state gathered in New York for a

Special Session of the United Nation's General Assembly (UNGASS) on HIV/AIDS, to

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declare publicly their commitment to overcoming this communicable disease and human rights crisis. The UNGASS was the culmination of a two-year process, following the UN conferences of the 1990s concerning human rights, population and development, women's equality, and social development.¹ These conferences produced important "outcome documents" – programs and platforms for action that evidenced international governmental consensus to work toward common goals. While not legally binding in the same way as international treaties, these documents have nonetheless worked to establish international norms and standards and to forge a common purpose between governments, international agencies, and international civil society. They serve as evidence of international political commitment, provide a clear mandate for the UN agencies that are directly concerned with their outcomes, and function as a lever to raise the visibility of, and resources for, the issues.²

The Declaration of Commitment on HIV/AIDS from the UNGASS,³ like other UN conference documents, was the work of governments, inter-governmental agencies such as UNAIDS, and civil society organizations. Yet the Special Session was in many ways unprecedented. Although HIV/AIDS had been the subject of consideration by a number of UN bodies,⁴ this was the first time that HIV/AIDS was specifically addressed by the General Assembly as a topic of global and urgent concern.⁵ It estab-

lished time-bound targets, which allow for the measurement of governmental accountability. And as the first UN conference devoted directly to HIV/AIDS, it was the first to explicitly involve a range of civil society groups in the entire process.

The process therefore raised many expectations – from universal access to antiretrovirals to the establishment of a Global Fund that would raise new and sufficient funds to combat HIV/AIDS. Some expectations were met in the final outcome document, others dashed. From the preamble to each chapter concerning leadership, prevention, care, treatment, support, and so on, governments (with civil society working behind the scenes) negotiated the language of the text in order to draw up an agreement that all could accept. Political processes by their nature produce compromise, and the Declaration of Commitment, particularly for those who had been elaborating a human rights-based approach to HIV/AIDS during the preceding decade, represented a compromise of a most disappointing sort.

HIV/AIDS and Human Rights – A Missed Opportunity

In the recent past, there has been a growing awareness at the global, national, and community levels that all human rights – civil, political, economic, social, and cultural – must be respected, protected, and fulfilled, not only because they are the binding legal obligations of governments, but because they are critical to an effec-

tive response to HIV/AIDS epidemic. In fact, such an insight led to the adoption of the UNAIDS Framework for Global Leadership on HIV/AIDS, which laid much of the foundation for the UNGASS.⁶ The Declaration of Commitment recognized the rhetorical value of human rights in the context of HIV/AIDS and even includes a section entitled "HIV/AIDS and Human Rights." In this section, governments agreed:

- By 2003, to enact, strengthen, or enforce legislation to eliminate all forms of discrimination against and to ensure the full enjoyment of all human rights of people living with HIV/AIDS and members of vulnerable groups.⁷
- By 2005, to develop and accelerate the implementation of national strategies to promote the advancement of women and their full enjoyment of all human rights – including having control over and deciding freely and responsibly on matters related to their sexuality.⁸
- By 2005, to implement measures to increase capacities of women and adolescent girls to protect themselves from the risk of HIV infection.⁹
- By 2005, to develop and accelerate implementation of national strategies for women's empowerment to reduce their vulnerability to HIV/AIDS by eliminating discrimination, including gender-based forms of violence.¹⁰

That discrimination against women and girls received special mention,

along with discrimination against those living with and vulnerable to HIV/AIDS, was welcome but inadequate. Taken as a whole, all these human rights targets are necessary, but not sufficient. This section represents a much-diminished expression of the relationships to the promotion and protection of human rights, and

Governments resolutely rejected a human rights “chapeau” to the Declaration.

the reduction of HIV/AIDS risk, vulnerabilities, and impact.¹¹ In many ways, relegating human rights to a separate section, coupled with a focus on only these particular aspects, backtracked on the understanding engendered by years of activism and programmatic work on integrating human rights into the totality of the response to HIV/AIDS.

Governments – due to the strong persuasion of certain member states – resolutely rejected a human rights “chapeau” to the Declaration of Commitment. Instead, human rights were reduced to a focus on legal structures, to the exclusion of other tools and mechanisms. The document is virtually silent on the value and existence of rights-based approaches to HIV/AIDS policy and program work. That the identification of specific “vulnerable groups of individuals” – men who have sex with men, commercial sex workers, and injection drug users¹² – was repeatedly rejected by certain government delegations and did not find its way into the final outcome document also highlights the

retrogressive nature of the political compromise behind the Declaration of Commitment.

Nonetheless, commitments were made that had positive human rights implications, such as access to medications. In the end, the 189 delegations from countries attending the Special Session agreed to more than 25 specific goals and targets relating to the complex dimensions of the epidemic, including:

- By 2003, to ensure the development and implementation of multisectoral national strategies and financing plans for combating HIV/AIDS.¹³
- By 2005, to ensure that a wide range of prevention programs, commodities, and services are available, particularly in the most affected countries.¹⁴
- By 2003, to ensure that national strategies are developed to strengthen health-care systems and address factors affecting the provision of HIV-related drugs, including antiretrovirals.¹⁵
- By 2003, to develop or strengthen national strategies, policies, and programs to promote and protect the health of particularly vulnerable groups.¹⁶

Moreover, all these goals and targets have been linked to the UN Millennium Development Goal of halting HIV/AIDS by 2015 – a development that may eventually assist in bringing about the realization of the substantive provisions of the Declaration of Commitment.¹⁷

Reporting to the Secretary-General and UNAIDS

One of the mechanisms established to oversee the implementation of the Declaration of Commitment is a

reporting process. Governments that joined in the consensus adopting the Declaration of Commitment agreed to provide information on a yearly basis to be summarized in a report by the Secretary-General of the United Nations on progress made and obstacles encountered in implementation at the country level.¹⁸ The Secretary-General issued his first report “on progress towards implementation of the Declaration of Commitment on HIV/AIDS” on 12 August 2002.

The Secretary-General’s report was based “primarily on responses received to a questionnaire sent to Member States”¹⁹ in March 2002; its purpose was to establish a baseline against which progress toward implementation of the Declaration of Commitment could be measured. Those involved in the reporting process themselves admitted it was less than seamless. The initial report from the Secretary-General was already somewhat delayed owing to the late submission of questionnaires in response to the survey sent out by UNAIDS (the Secretariat for the UNGASS, supporting the Secretary-General as well). At the time the report was finally issued, only 97 countries had filed reports.²⁰

Limited public information

The original intention of this article was to examine all the individual country submissions in response to the UNAIDS questionnaire. Based on past experience with other UN conferences, such as the five-year review to the Fourth World Conference on Women, the UN agency questionnaire and the individual country reports are generally made available via the Internet.²¹ That has not yet been the case for this UNGASS. To date, neither the questionnaire nor the country responses are publicly accessible.

Formal requests were made to UNAIDS to obtain the individual country responses to the questionnaire, as suggested on its website. No

To date, neither the questionnaire nor the country responses are publicly accessible.

documents were made available; in fact a potential “legal problem” was referenced in making such documents public.²² UNAIDS did make available an internal document listing the countries that had returned the questionnaires for the Secretary-General’s report. We were informed that individual written permission from each country would be necessary in order to have the questionnaire responses released.²³

It is unclear why government-generated reports on compliance with an internationally agreed to, and public, document appear to be “private.” The unfortunate result is that the sources for this article are limited to the two published reports, one issued by the UN Secretary-General, the other by UNAIDS.²⁴

The Secretary-General’s Report

For all the good done by the increased visibility that the UNGASS gave to the HIV/AIDS pandemic, almost two years after the unanimous adoption of the Declaration of Commitment it appears from their own reports that governments have so far done little to advance the agenda and deliver on the goals and targets. In his summary, the Secretary-General writes:

Implementation ... is slow, in large measure owing to a lack of resources and technical capacity... While many countries report progress in putting in place measures aimed at combating stigma and discrimination and reducing vulnerability, especially of women, HIV-related stigma and the continued marginalization of vulnerable populations impede effective efforts.²⁵

The Secretary-General, reporting on the impact the Declaration of Commitment has made on country-level work in relation to human rights, states:

Countries in every region report that HIV-related stigma and the marginalization of vulnerable populations impede efforts to fight the epidemic. A growing number of countries acknowledge the importance of respect for human rights, but most have not adopted enforceable measures to protect individuals infected with or affected by HIV from discrimination.²⁶

From the perspective provided by the Secretary-General’s report, little progress appears to have been made toward the realization of human rights in the context of HIV/AIDS. For example, the Secretary-General’s report notes that in response to the Declaration of Commitment target to adopt national and legal policy frameworks on HIV and human rights protection in the workplace by 2003, slightly more than half the reporting countries from Latin America, and less than half from Africa, have such legislation.²⁷ Unfortunately, no concrete data are provided.

The UNAIDS Report

The UNAIDS Companion Report provides some additional insight into national-level developments, although again, information is related at the aggregate-regional level only.²⁸ It was issued specifically to supplement the

information contained in the Secretary-General’s report, as it states:

This report complements the report of the Secretary-General by providing additional detail on progress achieved in different regions and examples of support to implementation of the United Nations in implementing the Declaration of Commitment on HIV/AIDS.²⁹

The UNAIDS Companion Report, like that of the Secretary-General, is principally based on responses by countries to the March 2002 questionnaire sent to member states. Table 1 (page 10) provides a listing of those countries understood to have filled out and returned the questionnaire.

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Africa

Of the 45 countries that are understood to comprise the African region, 30 returned questionnaires to UNAIDS. Half the countries of sub-Saharan Africa stated that legislation, regulations, or other measures were in place to eliminate discrimination against people with HIV/AIDS. Forty percent of these countries mentioned they had laws and policies that protected people living with or affected by HIV/AIDS from discrimination in the workplace. Approximately 60 percent had national policies for working toward the rights of women affected by and vulnerable to HIV/AIDS. Almost all 30 countries that submitted a questionnaire claimed that their

Table 1: Countries Reporting to UNAIDS on the Declaration of Commitment³⁰

(Source: unpublished UNAIDS document 'SG report 2002 responding countries.doc' on file with authors.)

	Global	Africa	Asia/Pacific	Latin America and the Caribbean	East Europe/Central Asia	High Income
Total number stated in UNAIDS Companion Report as reporting	97	30	20	23	14	10
Countries stated as returning questionnaire to UNAIDS for inclusion in the Secretary-General's Report and the UNAIDS Companion Report.	[97]	Benin Burkina Faso Cameroon Congo (Kin.) Congo Cote d'Ivoire Egypt Equatorial Guinea Eritrea Ethiopia Gambia Ghana Guinea Kenya Liberia Madagascar Mali Mauritania Mauritius Morocco Mozambique Namibia Nigeria Rwanda Sierra Leone Swaziland Togo Uganda Zambia [29]	Cambodia China Fiji Indonesia Jordan Lao PDR Lebanon Malaysia Mongolia Myanmar Nepal Oman Pakistan Philippines Saudi Arabia Thailand Turkey Viet Nam [18]	Antigua Argentina Aruba Barbados Brazil Chile Colombia Cuba Dominican Republic Ecuador Guatemala Guyana Haiti Honduras Jamaica Mexico Nicaragua Paraguay Peru Suriname Trinidad & Tobago Uruguay Venezuela [23]	Armenia Azerbaijan Belarus Croatia Czech Republic Hungary Kazakhstan Latvia Macedonia Moldova Poland Romania Russian Federation Slovenia Tajikistan Ukraine FR Yugoslavia [17]	Australia Canada Finland Germany Netherlands Japan Spain Sweden Switzerland United States [10]

national HIV/AIDS programs were gender sensitive.³¹

Asia/Pacific

Of the countries that are understood to comprise the Asia/Pacific region, 18 responded to the questionnaire. Twelve respondents reported that

legal measures were in place to eliminate HIV/AIDS discrimination and that national strategies were in place to promote and realize women's human rights. However, "many countries in the region ... cite the absence of an enabling environment for the promotion and enforcement of

human rights as an impediment to effective integration of human rights into national HIV/AIDS efforts."³²

East Europe/Central Asia

Fourteen of the 30 countries that comprise this region reported to UNAIDS. Eleven of those reported

on their anti-discrimination legislation. Romania was notably singled out as a progressive example, although specifics were not related. Six other countries indicated that national strategies existed to ensure the realization of rights of women “affected by, or at risk of, HIV infection.”³³

Latin America and the Caribbean

Thirty countries are included in this region and 23 responded to the UNAIDS questionnaire. Seventy-five percent of respondents indicated that legal protections were in place to prevent HIV-related discrimination. Fifteen countries reported on specific programs to ensure the full enjoyment of the rights of women affected by HIV/AIDS. “Nearly half ... indicate that implementation and enforcement of human rights protections have been slow.”³⁴

High-income countries

Of the countries classified as “high income,” 10 reported, and stated that they “had legislation in place to prohibit HIV-related discrimination. Six of the 10 have policies to “ensure full realization of legal rights by women affected by HIV/AIDS.”³⁵

What Do These Reports Tell Us?

Even though country responses fall short of 100 percent and the story is far from complete, there is sufficient information to venture some observations.

As this was the first of the annual reports governments are responsible for filing, virtually no information relating to the *implementation* of laws and policies is contained in these reports. Yet recent, well-known cases of discrimination in India³⁶ and

Nigeria,³⁷ for example, underscore the necessity to go beyond laws and policies in future reports. As the information summarized in relation to the Asia/Pacific and Latin American/Caribbean regions explicitly

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shows, the existence of good laws and policies alone does not mean that discrimination against people living with or affected by HIV/AIDS and against women disappears. And as the Secretary-General’s report acknowledges, virtually every region reports that “HIV-related stigma and marginalization of vulnerable populations impede efforts to fight the epidemic.... [M]ost [countries] have not adopted enforceable measures to protect individuals infected with or affected by HIV from discrimination.”³⁸

As already mentioned, human rights have been part of the response to the HIV/AIDS epidemic since the creation of the first global AIDS strategy in 1987.³⁹ The classification of human rights in a discrete section of the Declaration of Commitment could leave the impression that human rights in the context of HIV/AIDS pertains only to matters discussed in that section: anti-discrimination laws, policies, and strategies; and improving the status of women. This is an unfortunate and

narrow definition of human rights. It is clear, however, from the information reported to the Secretary-General that countries are aware of human rights in a broader context. They understand that the promotion and protection of human rights figure throughout the Declaration, even if their actions appear to be insufficient, particularly as they relate to the specifics of the human rights section.

The Secretary-General’s report notes, for example, that prevention efforts must overcome stigmatization, discrimination, logistical difficulties, and laws criminalizing behaviours that increase the risk of HIV infection. It recognizes thereby that those individuals and populations that are most vulnerable are not well served.⁴⁰ Still, based on the information provided to the Secretary-General, most countries appear to have, at best, “occasionally” approached the issue. Much more could and must be done.

Human rights-sensitive indicators should be established for each section of the Declaration.

With regard to access to care and treatment, the story is largely the same. The UNAIDS report states that “many sub-Saharan countries indicate that HIV-related stigma impedes efforts to expand health care services.”⁴¹ The Secretary-General’s report notes that “approximately half of the countries in sub-Saharan Africa, Asia, and Eastern Europe indicate

that HIV-related stigma diminishes the effectiveness of national care strategies by discouraging people from seeking voluntary counseling and testing and, if needed, HIV-related care and treatment.”⁴² However, limited information was provided in the report as to what steps were being taken to address the host of issues raised by this recognition.

A Way Forward?

By way of conclusion, it might be useful to think about how explicit attention to promoting and protecting human rights might provide a sensitive barometer for measuring the

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implementation of the Declaration of Commitment. At a minimum, human rights-sensitive indicators should be established for each section of the Declaration, under which governments could report on progress made toward implementation. Within this framework, the rights to non-discrimination, equality, and participation would be given explicit attention in relation to the monitoring and evaluation of all HIV/AIDS-related efforts.

For example, to ensure **non-discrimination**, member states would continue to report on national laws, policies, and practices –

whether they are referring to discrimination as written or as applied – and bring this awareness to all sectors. Non-discrimination would then frame the realization of other rights such as association, travel, residence, education, employment, social services, and health care for people living with or affected by HIV/AIDS and all other vulnerable individuals and groups, including those who were implicitly included but not explicitly named in the Declaration of Commitment.

In ensuring **equality**, member states would focus on disaggregating the data to expose the significance not only of gender but also other characteristics, such as geographic and socioeconomic disparities, relevant to the population in question. States would indicate how national laws, policies, and practices impede and/or enhance the population’s equality in relation to needed goods and services. This would include equality in relation to access to education; health-care information; health care, treatment, and services (including those related to sexuality, sexual health, and reproductive health); as well as participation in research and the fair allocation of resources necessary to enhance the response to HIV/AIDS.

Lastly, reporting on the **participation** of people living with or affected by HIV/AIDS in the design, implementation, monitoring, and evaluation of all relevant national laws, policies, and practices – reporting in which people with HIV/AIDS themselves are engaged – would help ensure their genuine, rather than token, participation in and connection to HIV/AIDS prevention, care, treatment programs, policy, and research. By attending to the involvement of women, young people, non-

governmental organizations, and human rights institutions, countries would help draw a more complete picture of a national and human rights-based response to HIV/AIDS.

Conclusion

Taking stock of progress made one year after the adoption of a major international agreement can only be provisional, particularly given the cumbersome nature of national-level governments and international agencies. However, one year in a world with HIV/AIDS means 3.1 million deaths and approximately five million new infections.⁴³ One year in the face of HIV/AIDS is not just an ordinary year. On the basis of what governments appear to have reported so far to UNAIDS and the Secretary-General, there is an urgent need to ensure that the Declaration of Commitment need not be renamed the Declaration of Business as Usual. That the Declaration of Commitment has thus far made so very little difference in the lives of us all, and particularly in promoting and protecting human rights, ought to be a wake-up call. It ought to engender an increased focus on how the goals and targets set can ensure the full integration of human rights norms and standards into the continued and expanded response to the HIV/AIDS pandemic. It ought to make us ask – *and show* – how the Declaration can and does promote and protect the human rights of people living with or affected by HIV/AIDS, and their families and communities.

– Mindy Jane Roseman and Sofia Gruskin

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Further Reading

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Government of Canada 2002 Report to the Secretary General of the United Nations on the UNGASS Declaration of Commitment on HIV/AIDS (www.hc-sc.gc.ca/datapcb/iad/pdf/ungass2-e.pdf).

¹ World Conference on Human Rights, Vienna, 14-25 June 1993; International Conference on Population and Development, Cairo, 5-13 September 1994; Programme of Action, Fourth World Conference on Women, Beijing, 4-15 September 1995; Platform for Action, World Conference for Social Development, Copenhagen, 6-12 March 1995.

² For a review of some of these conferences and the ways in which the agreed-to language can be useful to governments and advocates, see S Gruskin, M Roseman, E Gibson. *Compendium of International Norms, Standards and Obligations relating to HIV/AIDS and Human Rights* (forthcoming).

³ United Nations General Assembly Special Session on HIV/AIDS. Declaration of Commitment on HIV/AIDS. Resolution A/Res/S-26/2, 27 June 2001 (www.unaids.org/UNGASS/docs/AIDSDDeclaration_en.pdf), hereinafter cited as Declaration of Commitment.

⁴ See, especially, Commission on Human Rights resolutions 2001/51 on the protection of human rights in the context of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) and 2001/33 on access to medication in the context of pandemics such as HIV/AIDS, available via <http://193.194.138.190/hiv/documents.htm> by clicking on "Commission on Human Rights."

⁵ Jonathan Mann addressed the United Nations General Assembly on the global HIV/AIDS epidemic as early as October 1987; see J Mann. Statement at an informal briefing on AIDS to the 42nd Session of the United Nations General Assembly, 20 October 1987, cited in R Parker, P Aggleton. *HIV and AIDS-Related Stigma and Discrimination: A Conceptual Framework and Implications for Action*. Rio de Janeiro: Associação Brasileira Interdisciplinar de AIDS/London: Thomas Coram Research Unit, 2002, at 5.

⁶ Framework for Global Leadership on HIV/AIDS (UNAIDS/PCB (10)/00.3), December 2000.

⁷ Declaration of Commitment, supra, note 3 at para 58.

⁸ Ibid at para 59.

⁹ Ibid at para 60.

¹⁰ Ibid at para 61.

¹¹ See S Gruskin. The UN General Assembly Special Session on HIV/AIDS: were some lessons of the last 20 years ignored? *American Journal of Public Health* 2002; 92(3): 337-338.

¹² See Declaration of Commitment, supra, note 3 at para 62: "By 2003, in order to complement prevention programmes that address activities which place individuals at risk of HIV infection, such as risky and unsafe sexual behaviour and injecting drug use, have in place in all countries strategies, policies and programmes that identify and begin to address those factors that make individuals particularly vulnerable to HIV infection..."

¹³ Ibid at para 37.

¹⁴ Ibid at para 52.

¹⁵ Ibid at para 55.

¹⁶ Ibid at para 64.

¹⁷ See UNAIDS. *Action Guide for UN Country Teams: Implementing the Declaration of Commitment on HIV/AIDS – Meeting a Millennium Development Goal*. UNAIDS/02.56E. Geneva: Joint Programme on UNAIDS, 2002.

(www.unaids.org/UNGASS/docs/JC868-ActionGuide_en.pdf).

¹⁸ Declaration of Commitment, *supra*, note 3 at para 100.

¹⁹ Report of the Secretary-General. On progress towards implementation of the Declaration of Commitment on HIV/AIDS, 12 August 2002, A/57/227 at 1, hereinafter cited as Secretary-General's Report.

²⁰ These countries are largely anonymous, identified by regional group, and occasionally by name in the Secretary-General's Report and the UNAIDS Companion Report, *infra*, note 24. See Table 1 for further details.

²¹ See, eg, www.un.org/womenwatch/daw/followup/beijing+5.htm.

²² Electronic correspondence from UNAIDS, on file with authors. Individual country information was obtained in some instances (and with varying degrees of success) from direct contact with UNAIDS country representatives and/or government sources.

²³ *Ibid*.

²⁴ UNAIDS, Companion Report, available via www.unaids.org/UNGASS/index.html, hereinafter cited as UNAIDS Report.

²⁵ Secretary-General's Report, *supra*, note 19 at 1.

²⁶ *Ibid* at 4.

²⁷ *Ibid* at 15.

²⁸ The UNAIDS Companion Report does not append a list of countries that reported.

²⁹ UNAIDS Report, *supra*, note 24 at 1.

³⁰ UNAIDS in its Companion Report notes that 97 countries (out of 170 officially engaged with UNAIDS; see www.unaids.org/hivaidsinfo/statistics/fact_sheets/by_region_en.htm) returned questionnaires to the Secretary-General, via UNAIDS, for his report. In a document naming the countries that submitted questionnaires to UNAIDS, there are 97 countries in total as well. (This internal UNAIDS document was sent, in the form of an electronic communication, dated 21 February 2003, and is on file with the authors.) Minor discrepancies that exist in the categorization of countries between the two documents – ie, the UNAIDS Companion Report uses the headings of Africa, Asia and the Pacific, Latin America and the Caribbean, East Europe/Central Asia, and High Income Countries, while the internal document does not – make it difficult to ensure that countries are correctly categorized in the table above.

³¹ *Ibid* at 3.

³² *Ibid* at 5.

³³ *Ibid* at 7.

³⁴ *Ibid* at 9.

³⁵ *Ibid* at 9.

³⁶ See J Csete. Epidemic of abuse: police harassment of HIV/AIDS outreach workers in India. *Human Rights Watch* 2002; 14(5) (www.hrw.org/reports/2002/india2/india0602.pdf).

³⁷ See F Morka. Nigeria – judge denies woman with HIV access to courtroom. *Canadian HIV/AIDS Law & Policy Review* 2001; 6(1/2): 77-78 (www.aidslaw.ca/Maincontent/otherdocs/Newsletter/vol6nos1-22001/internationalnews.htm).

³⁸ Secretary-General's Report, *supra*, note 19 at 4.

³⁹ World Health Assembly resolution 40.26, 15 May 1987.

⁴⁰ Secretary-General's Report, *supra*, note 19 at 12.

⁴¹ UNAIDS Report, *supra*, note 24 at 3.

⁴² Secretary-General's Report, *supra*, note 19 at 13.

⁴³ Office of Communications and Public Relations, National Institute of Allergy and Infectious Diseases, National Institutes of Health. Fact Sheet: HIV/AIDS Statistics. December 2002 (www.niaid.nih.gov/factsheets/aidsstat.htm).