

HIV and Human Rights side event

16th Session of the Human Rights Council

March 17th, Palais du Nations, Geneva

Access to HIV Treatment and to HIV prevention services: A fundamental Human Right

Thank you so much for the invitation to speak on this panel.

My name is Gracia Violeta, I am from Bolivia, a country that has 0.2% HIV prevalence with a population of 9 million people.

Many people working on human rights don't understand the connections between human rights and HIV, and that is why I will give an example of how HIV interrelate with fundamental human rights, especially, the right to life and the right to health.

I was diagnosed HIV positive in 2000 and I am living with HIV for the last ten years. When I was tested, no treatment was available for people with HIV; therefore we attended funerals weekly, wondering, who will be the next one to die?

In 2000 some leaders living with HIV founded the Bolivian Network of People living with HIV (REDBOL) and in 2002, 52 persons living with HIV presented a petition to the Inter American Commission on Human Rights, asking them to instruct the Bolivian government to take "Precautionary Measures" to avoid our deaths. These precautionary measures meant claiming for our fundamental right to live and the right to health.

The Inter American Commission favored our petition and that is why Bolivia was forced to provide antiretroviral medications, they fulfilled this duty in 2004, when only 22 out of the 52 original people with HIV who signed the petition, were still alive and many new people with HIV joined the petition. I was blessed to be among the 22 survivors. Where did the antiretroviral medications come from? They came from a donation of the Brazilian government and after from the grants of the Global Fund to fight AIDS, Tuberculosis and Malaria. Had these provisions of Human Rights in the Inter American Commission on Human Rights not been available, people with HIV in Bolivia would have passed away long ago, including me.

I told you this experience to give an example of how HIV and Human Rights relate; but also to show what can be the outcome of horizontal partnerships between people living with HIV, civil society who supported the petition, human rights bodies like the Inter American Commission on Human Rights and member states and governments like Brazil or the donors of the Global Fund who responded to the obligation to protect the right to life and the right to health.

Access to HIV treatment is a fundamental human right.

Access to HIV prevention commodities is a fundamental human right.

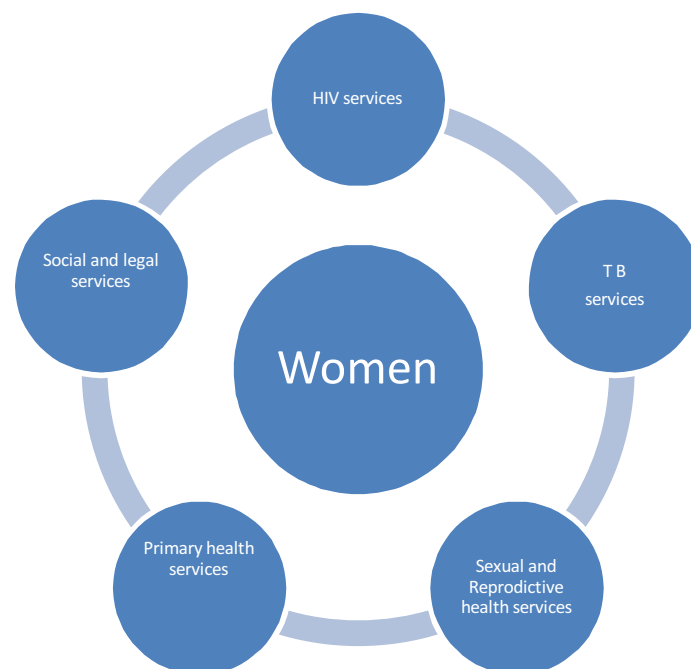
I am speaking about the right to health and the right to live.

Some people don't believe access to HIV treatment and prevention are fundamental human rights, and because of the financial crisis, some countries in the donor community are slowly walking away from the AIDS funding, thinking it is a solved problem. Others are even asking: why is it needed to continue funding HIV treatment if it is not sustainable? Precisely for that reason, you must invest now, because now is cheaper than what it could be in 2, 5 or 10 years later. People with HIV are the labor force of every day economies. Investing on HIV/AIDS treatment and prevention today, will deliver results and benefit people like me (the HIV positive ones) and for my communities (the HIV negative), after all, the entire community.

In countries like Bolivia, HIV/AIDS is not a priority because the perception is that it affects only some groups and not the majority of the population; we know this is not true. There is no perception of the investment at the community level, an investment on the workforce, that labor that produces and sustains the economy of a given country.

One of the quickest ways of sustaining the HIV response is integrating it on the existing TB, maternal and child health services and sexual and reproductive services. This is the time in which AIDS needs other health movements and services: TB, maternal and child health and primary health services. Otherwise HIV will just fall off the agenda of development.

This kind of integration is not only sustainable but also benefits people in the communities. On my work with women I realized that women need, at least, a triple integration of services:



Ideally social and legal services would boost health services. This is needed, believe me, I know this as a woman living with HIV and one who survived rape in 1998, an experience that made me

conscious of the many violations of human rights women face across the globe because of gender inequality, like violence, even the right to security and bodily integrity.

I think one fundamental message that the wider society needs to understand is that because human rights were not respected and protected in the first place, that is why HIV progressed to the levels we see now.

My call for you, in your capacities and with your respective stakeholders, is that of a reinvigorated advocacy on HIV/AIDS, especially towards the HIV/AIDS High Level Meeting in New York in June. The outcomes of that meeting will be fundamental for the future of the AIDS response. We must continue the efforts, because they are a matter of fulfilling the commitments member states already made on relation to:

- human rights (those of the individual and those of the communities)
- public health
- social and gender justice

People living with HIV, we are here to help, but we also need your help.

Thank you.

Pictures of the 12th Meeting of the UNAIDS Human Rights Reference Group Meeting and the HIV side event during the 16th Session of the Human Rights Council

<http://www.facebook.com/album.php?aid=339874&id=588810952&l=5bf98c8832>



Standing: Susan Timberlake (Switzerland), Mark Heywood (South Africa), Michael Kirby (Australia)

Seating: Gracia Violeta Ross (Bolivia), Meena Sarawasthi Seshu (India), Raminta Stuiyte (Lithuania)

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