



# AN ADVOCATE'S *Guide* to the International Guidelines on HIV/AIDS and Human Rights



ICASO

Prepared by the  
International Council of  
AIDS Service Organizations

## C O N T E N T S

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2 How to Use the International  
Guidelines to Enhance the  
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### ***Also available:***

NGO Summary of the  
International Guidelines on  
HIV/AIDS and Human Rights  
*(See separate booklet)*

## ABOUT THE ADVOCATE'S GUIDE

*The Second International Consultation on HIV/AIDS and Human Rights, convened by UNAIDS and the Office of the High Commissioner for Human Rights, has issued a series of guidelines for member states to assist them in designing programs and policies which protect and promote human rights in the context of the HIV/AIDS pandemic. The International Guidelines are comprehensive, but they are lengthy and not always easy to follow. We know from experience that just issuing the guidelines does not lead to their adoption, and that lengthy documents often hinder action. For these reasons, ICASO has created two booklets:*

- **this Advocate's Guide**, consisting of a series of articles about how to use the International Guidelines to do advocacy work in the area of HIV/AIDS and Human Rights; and
- **an NGO Summary of the International Guidelines on HIV/AIDS and Human Rights** (see separate booklet).

*The Advocate's Guide contains articles with an advocacy focus, including: tips on how to use the International Guidelines to enhance the response to the epidemic; and a generic framework for putting together an advocacy campaign. It also contains a number of success stories — stories of positive actions taken by governments in the area of human rights; and stories of successful lobby efforts mounted by CBOs and NGOs to convince governments and others to take action.*

*We know that CBOs, NGOs and PLWHIV/AIDS need to find creative ways to advocate and lobby for changes. We hope that this Advocate's Guide will be another tool in our ongoing effort to respond more effectively to the epidemic in our countries; and that this will help to improve the lives of people living with HIV/AIDS and to reduce the vulnerability of affected communities.*

## How to Use the International Guidelines to Enhance the Response to HIV/AIDS

**T**he International Guidelines on HIV/AIDS and Human Rights can be used as a tool for:

- advocacy; and,
- education and awareness raising.

Often, these activities can and should be done together.

The goal is to use the guidelines to bring about real changes that will make a difference in the lives of PLWHIV/AIDS and people at risk of HIV infection. To achieve this goal, there are two broad strategies you can pursue:

- 1. Lobbying your government to officially adopt the guidelines.**
- 2. Lobbying for action on specific parts of the guidelines.**

You may decide to pursue both strategies at the outset, or just one, depending on your resources and your evaluation of which strategy is more likely to succeed. Even if you are successful in getting your government to officially adopt the guidelines, you will probably still need to implement the second strategy before any real change occurs.

This article looks at each of these strategies in more detail.

### **1. Lobbying Your Government to Officially Adopt the Guidelines**

You may decide to develop and implement an advocacy campaign to convince your government to issue a formal proclamation adopting the International Guidelines.

The UN developed the guidelines in the hope that they would be adopted by states.

There are two advantages to this approach:

1. The guidelines are like an action plan; they contain a series of concrete actions states should take. If you are successful in getting your government to adopt the guidelines, then you can hold your government accountable for implementing the actions they contain.
2. Even if you are not successful in getting your government to adopt the guidelines, your campaign will help to raise the profile of HIV/AIDS and human rights issues and will help to educate people about the importance of the guidelines.

Here are some suggestions for mounting an advocacy campaign to get your government to adopt the guidelines.

### **Target Key Players in Government**

- Identify the key players (e.g., Prime Minister or President; Minister of Health; other Ministers; officials in the National AIDS Program).
- Send copies of the guidelines (both the NGO summary and the original guidelines) to the key players “for their information”.
- Invite the key players to attend a meeting on the guidelines. Use this opportunity to educate them about the purpose, rationale and content of the guidelines.

- Follow up with a letter to the key players requesting that the government formally adopt the guidelines.

- Arrange for individual meetings with the key players to pressure them to formally adopt the guidelines.

### **Form Alliances**

- Develop a list of other community-based HIV/AIDS organizations and NGOs working in the area of human rights who should be supportive of the work you are doing around the guidelines.
- Send copies of the guidelines to these organizations.
- Invite these organizations to the meeting (see above).
- Ask these organizations to support your campaign.
- Include leaders of the opposition parties in your mailings, briefings and meetings.

### **Use the Media**

- Send copies of the guidelines to reporters interested in AIDS issues. Suggest that they do stories on the guidelines.
- When you send the letters requesting that the government formally adopt the guidelines, send out a news release or organize a news conference.

### **2. Lobbying for Action on Specific Parts of the Guidelines**

You may want to identify parts of the guidelines that fit best with your

# Background Information on the Guidelines

own priorities, and then advocate for action around these particular issues.

For example, you might choose to focus in on one or more of the following parts of the guidelines:

- Educate the judicial branch of government on legal, ethical and human rights issues [Guideline 1].
- Support the establishment of national and local forums to examine the impact of the epidemic on women [Guideline 8].
- Support and fund community-based organizations and human rights NGOs to build their capacity to develop and monitor human rights standards [Guideline 11].
- Enact or revise general anti-discrimination laws to cover PLWHIV/AIDS [Guideline 5].
- Ensure that HIV testing of an individual is voluntary [Guideline 3].

These are just examples. You can choose other parts of the guidelines that may be more relevant to the work you are doing. You can then develop and implement specific advocacy campaigns to pressure your government for action on your chosen issues. You can use the guidelines as ammunition to support your case.

*See the article on Framework for an Advocacy Campaign on page 6 for some suggestions on how to mount an advocacy campaign.*

## **Purpose**

The International Guidelines on HIV/AIDS and Human Rights are intended to be used to promote and protect human rights in the context of HIV/AIDS. The guidelines are designed to provide a tool to assist states in creating a positive response to the pandemic based on human rights, a response that is effective in reducing the transmission and impact of HIV/AIDS. The guidelines attempt to take existing human rights norms and mould them into a series of practical, concrete measures states can adopt to fight the epidemic. Ideally, all states will officially adopt the guidelines.

## **History**

The guidelines were prepared for, and adopted by, the Second International Consultation on HIV/AIDS and Human Rights, held in Geneva, Switzerland in September 1996. This consultation brought together 35 experts — government officials; PLWHIV/AIDS; human rights activists; academics; representatives of regional and national networks on ethics, law and human rights; and representatives of UN bodies and agencies, NGOs and ASOs. The guidelines, therefore, were developed with considerable community input.

Since they were issued, the guidelines have been officially welcomed by two UN agencies: the Commission on Human Rights and the Sub-Commission on Prevention of Discrimination and Protection of Minorities.

## **Description**

There are 12 guidelines in all, each containing action-oriented measures to promote and protect human rights and achieve HIV-related public health goals.

Each guideline consists of a title, a summary statement and a series of actions states should take or consider taking. The guidelines are also accompanied by commentary setting out the rationale for each guideline and/or providing additional background information.

## **Target Audiences**

The primary target audience for the guidelines is states (including legislators; policy makers; officials working in national AIDS programs; and officials working in other relevant ministries, such as Foreign Affairs, Justice, Interior, Employment, Welfare and Education).

Secondary target audiences include the private sector; professional associations; the media; NGOs; networks of PLWHIV/AIDS; CBOs; ASOs; and networks on ethics, law, human rights and HIV/AIDS.

# SUCCESS

## Success Stories

### **Legal Network Established by NGO in Canada**

In 1992, the Canadian HIV/AIDS Legal Network (CHLN) was established to explore legal and ethical issues raised by HIV/AIDS, to educate people on these issues and to promote human rights. CHLN publishes a quarterly newsletter to stimulate discussion of these issues and to keep people up to date on recent developments.

In January 1995, CHLN entered into a joint project with the Canadian AIDS Society, a national coalition of CBOs, involving the study of a number of legal, ethical and human rights issues. The project has issued discussion papers, organized national workshops and developed recommendations for action in several key areas. The project continues to work on HIV in prisons, pressuring Canadian prison systems to take adequate steps to respond to HIV/AIDS, including ensuring proper access to condoms and bleach for prisoners, and implementing needle exchange and methadone maintenance programs to prevent transmission related to drug use within prisons.

The project is seeking leave to intervene in the Supreme Court of Canada to argue against the criminalization of sexual activity by HIV+ persons who do not disclose their HIV status to partners, on the grounds that this will do little to prevent the spread of HIV and will be detrimental to larger public health initiatives. The project's ongoing work includes other issues such as testing and confidentiality; gay and lesbian legal issues; testing and treatment of HIV-positive women; HIV and Aboriginal communities; support for HIV-positive drug users; and the need for national drug laws to adopt a harm reduction, rather than punitive, approach.

— Richard Elliott

### **Switzerland Launches Study into Institutional HIV-Related Discrimination**

In 1996, the federal department of public health in Switzerland lent its support to a research project on institutional HIV-related discrimination. The research, based on a UNAIDS protocol, is being conducted by a university institute in close collaboration with NGOs active in the fight against HIV/AIDS.

The objective is to determine whether there is institutional HIV-related discrimination in Switzerland and, if there is, to come up with recommendations to eliminate it. For the purposes of this study, institutional discrimination is defined as acts of discrimination emanating from a defined social body – e.g., the employer, the state, doctors, hospitals, social services. Individual acts of discrimination are excluded from the study. The following areas are being examined: health services; employment; administration; justice and legal procedures; social welfare; housing; education; family life; and insurance.

Swiss authorities are supporting the study because they believe that effective prevention of the spread of HIV cannot happen in the absence of a supportive environment and a society which is fully respectful of human rights.

— Florian Hübner

# stories

## **New Zealand Human Rights Act Includes Sexual Orientation and Expanded Definition of Disability**

In 1993, the Human Rights Act in New Zealand was amended to include sexual orientation and a definition of disability that covers PLWHIV/AIDS. This was the result of a long advocacy and education campaign by the New Zealand AIDS Foundation.

When New Zealand's Homosexual Law Reform Bill was passed into law in 1986, amendments to prohibit discrimination on the grounds of sexual orientation had to be dropped as a compromise necessary to ensure the decriminalization of homosexual acts at an equal age of consent (16). For the next seven years, the New Zealand AIDS Foundation worked quietly to have sexual orientation and a broader definition of disability included in the Human Rights Act.

To deal with the fact of a conservative government and the threat of a right-wing lobby, the Foundation adopted tactics designed to create a broad social consensus for the changes being sought. This was achieved in two ways: (1) by building a coalition with other groups interested in making changes to the Human Rights Act (mainly around issues of age and disability); and (2) by educating the public through the mass media. By the time open confrontation with conservative Christian groups could no longer be avoided, opinion polls rated public support for the inclusion of sexual orientation at around 85%. As a result of its efforts, the Foundation was able to convince the government to amend the Act.

— Vern Keller

## **NGO in India Challenges Penal Code Provision on Sodomy**

AIDS Bedbhav Virodhi Andolan (ABVA), an NGO that campaigns against AIDS and in support of lesbian and gay emancipation, has filed a public interest petition with the High Court of Delhi challenging the constitutional validity of Section 377 of the Indian Penal Code. Section 377, which dates from the colonial era, makes sodomy a criminal offence.

Indian prison authorities have cited Section 377 as a justification for refusing to distribute condoms among prisoners. In 1992, the Inspector General of Prisons refused to supply condoms in India's largest prison on the grounds that homosexual activity was illegal.

The court case has enabled ABVA to develop an extensive and successful public education campaign around the issues of the rights of prisoners and men who have sex with men.

— Scott Long

# framework

## Framework for an Advocacy Campaign

**T**his article presents a broad outline of a plan you can use to develop a generic advocacy campaign.

There are eight steps involved:

1. Select the issue or problem you want to address.
2. Analyze and research the issue or problem.
3. Develop specific objectives for your advocacy campaign.
4. Identify your targets.
5. Identify your resources.
6. Identify your allies.
7. Create an action plan.
8. Implement, monitor and evaluate.

Please note that these steps often overlap.

### 1. Select the Issue or Problem You Want to Address

You need to decide which issue or problem you are going to tackle with your advocacy campaign. To get there, you should consider the following steps:

- Describe several issues or problems that are of concern to you.
- Develop criteria for choosing which issue or problem you will focus on.<sup>1</sup>
- Select one issue or problem.

### 2. Analyze and Research The Issue or Problem

You need to devote considerable energy to analyzing and researching the issue or problem you have chosen to focus on. An accurate analysis,

supported by good research, is a great asset to any advocacy effort.<sup>2</sup>

### 3. Develop Specific Objectives for Your Advocacy Campaign

You need to decide what changes you would like to see to resolve (or at least address) the issue or problem you have identified. You need to establish objectives that are specific and measurable.<sup>3</sup>

### 4. Identify Your Targets

Because the resources your organization can devote to an advocacy campaign are limited, it is important to focus your advocacy efforts on the people who have the greatest capacity to respond and to bring about the changes you are seeking. These

#### FOOTNOTES

<sup>1</sup> The criteria you develop could include the following:

- Will a solution to this problem or issue result in a real improvement in people's lives?
- Is this an issue or problem we think we can resolve?
- Is this an issue or problem which is fairly easily understood?
- Can we tackle this issue or problem within the resources available to us?
- Is this an issue that will not divide us?

<sup>2</sup> Questions you can try to answer during analysis and research include:

- What is it about this situation or condition that is unacceptable or wrong? What events or incidents illustrate this?
- What factors in the broader community (e.g., traditional values, attitudes, economic difficulties) affect the problem?
- What is the cost of the problem in financial and human terms?
- What has been done to try to resolve the issue or problem?
- What should be done to resolve the problem?

<sup>3</sup> An example of a specific, measurable objective is:

*"Increase public funding allocated to HIV/AIDS prevention and education in Kenya by 25% by April 1, 1998."*

<sup>4</sup> Here are some questions you can ask yourselves during the evaluation:

- Have you made progress? Is the situation better than before? By how much?
- Have you accomplished your objectives?
- Did things go as planned? If not, what caught you by surprise? Did you have to re-think your strategy?
- If you did not accomplish what you set out to do, why not? What will you do differently next time?
- What have you learned about the issue?
- Are the people involved in the campaign happy with the results? With the process?

are usually people with the power to make policy or program decisions.

## 5. Identify Your Resources

Successful advocacy campaigns require resources. You need to take stock of the resources — people, money and in-kind contributions — which you can draw upon for this campaign. Your people resources can include both staff and volunteers. Other resources can include access to media and to distribution networks (newsletters, e-mail, etc.).

## 6. Identify Your Allies

Your campaign will have a greater chance of succeeding if you can identify other organizations and individuals who will want to work with you on this issue — for example:

- Other ASOs, CBOs, NGOs (including human rights and health organizations).
- Other components of civil society (supportive unions, religious institutions or leaders, community leaders).
- Supportive or sympathetic journalists in the media.
- Supportive government officials who may be able to lobby from inside.
- International allies — counterpart organizations in other countries who could push from outside the country.

## 7. Create an Action Plan

An action plan consists of a specific set of activities and timelines for each one. These are the activities you have identified as necessary to help you meet the objectives you have set. The plan should also show who is responsible for implementing each activity.

## 8. Implement, Monitor and Evaluate

Now comes the time to implement your plan. Monitoring involves keeping track of how the implementation of the action plan is going and what results are being achieved. This information will help you to evaluate if your action plan is successful.<sup>4</sup> Your evaluation may tell you that you need to make some adjustments to the action plan to meet your objectives. Also, this type of evaluation can be very useful when planning your next campaign.

*This is a shortened version of a larger article prepared by Bruce Waring, of the Interagency Coalition on AIDS and Development. Some of the text for the article was adapted from Critical Paths: Organizing on Health Issues in the Community, by J. Keck, J. Dauphinais and J. Lewko, 1989.*

## Chilean Court to Hear Case Involving Involuntary Testing of Prisoners

As a result of efforts by Centro Lambda Chile, a gay and lesbian NGO, a case involving involuntary HIV testing performed with contaminated needles will be heard by the court system in Chile.

In August 1996, in Santiago, 37 prisoners were tested without their consent at the Colina Prison. The tests were done with contaminated needles. The tests were conducted while the prisoners were being moved from one penitentiary to another. Records accompanying the transfer show that 22 of the 37 prisoners were HIV-positive. Only 10 needles were used to test all 37.

Centro Lambda Chile organized a press conference in collaboration with the Chilean Humanist Party to publicize the incident.

Since April 1996, Centro Lambda Chile has worked to provide support for gay prisoners forced to endure degrading and dangerous conditions of detention. Lawyers with the centre have conducted investigations and brought legal action against the prisons in an effort to improve the daily living conditions of the prisoners. The centre has also sought support from other social, religious and political groups, and from NGOs.

— Scott Long

# SUCCESS

## Success Stories

### **Legal Projects Established by NGOs in Australia**

An NGO Legal Project has been in operation in Australia since 1988. The project was established by the Australian Federation of AIDS Organizations. The project has provided direct assistance to thousands of people who have experienced HIV-related discrimination. The project now focuses on legal policy issues of national significance, such as immigration, rights to therapies and human rights laws.

More recently, the AIDS Council of New South Wales opened an HIV/AIDS Legal Centre, which is serving over 600 clients a year. The centre has succeeded in using state and federal laws which prohibit HIV/AIDS discrimination to gain justice for PLWHIV/AIDS.

— John Godwin

### **Venezuela Regulates Use of HIV Antibody Test**

In 1994, the Ministry of Health of Venezuela adopted a regulation aimed at reducing the use of the HIV antibody test to discriminate against PLWHIV/AIDS. The regulation states that the test can only be used for sani-

tary, clinical and epidemiologic reasons. It states that the test cannot be used in employment. The regulation also prohibits mandatory testing and testing without consent.

Acción Ciudadana Contra el SIDA (ACCSI), an NGO in Caracas, Venezuela, worked with the National AIDS Programme to draft the regulation. ACCSI also lobbied the Ministry Of Health to get the regulation adopted.

— Edgar Carrasco

### **Anonymous HIV Testing Expanded in Hungary**

Homeros Lambda, a gay and lesbian group, has received funding to expand its anonymous HIV testing clinics to several cities in Hungary outside the capital, Budapest. Homeros Lambda has been running an anonymous testing clinic in Budapest since 1989.

Hungarian law requires mandatory reporting of positive HIV test results. The state institute for sexually transmitted diseases — the chief state testing centre — is widely mistrusted by members of vulnerable populations because of its impersonal methods of notification, its disregard for privacy, and its use of intimidation to extract information for contact tracing.

Homeros Lambda was able to obtain permission to open an anonymous testing clinic in Budapest on an experimental basis after negotiating with the Ministry of Health. The experiment has been an unequivocal success. The clinic, located in a small office, now conducts more HIV tests annually than the state centre.

— Scott Long

### **Court in Costa Rica Orders Access to HIV/AIDS Therapies**

In September 1997, the Costa Rican Supreme Court ordered a government-funded health care provider to provide anti-retroviral therapies to William Garcia, a student gravely ill with AIDS who had filed a lawsuit against the provider. This decision paved the way for over 300 PLWHIV/AIDS in Costa Rica to receive anti-retroviral therapies. The health care provider, Caja Costarricense de Seguro Social, had refused to provide the therapies, claiming they were too expensive for the government to buy. The court advanced its schedule and held an emergency hearing in view of the gravity of Garcia's condition.



# stories

Garcia's lawsuit was made possible by strong support from the Costa Rican gay and lesbian organization, Triangulo Rosa, which established a special fund to help with his expenses, including food supplements and taxi fares to help him attend medical and legal appointments.

— Scott Long

## **Zimbabwe Drafts National Code on AIDS and Employment**

The Zimbabwe Intersectoral Committee on AIDS and Employment has drafted a national code on AIDS and employment which addresses issues such as job access, job status, job security, training, employee benefits and HIV/AIDS education. The code, which was drafted following wide national input, is expected to be formally adopted by the Zimbabwe Government under its Labour Relations Act in 1997.

The Intersectoral Committee, which was established in 1992, is made up of the ministries of Labour and Health, the trade unions, the confederation of employers and some of the NGOs working in HIV/AIDS.

— René Loewenson

## **South African HR Commission Endorses International Guidelines**

The South African Human Rights Commission has become the first national human rights body in the world to publicly endorse and adopt the International Guidelines on HIV/AIDS and Human Rights.

As a result of lobbying by the AIDS Law Project/AIDS Legal Network, the Commission agreed to address HIV/AIDS as a human rights issue at its first national conference, held in May 1997. A two-day workshop on HIV/AIDS was added to the agenda of the conference.

The workshop produced a resolution on equality for PLWHIV/AIDS. The resolution stated that discrimination against PLWHIV/AIDS violated the Constitution. It listed as particular examples of discrimination: compulsory pre-employment HIV testing and the refusal to provide PLWHIV/AIDS with financial services and insurance. The resolution was adopted at the plenary meeting of the conference and was included in its Statement of Programme and Action.

— Mark Heywood

## **South Africa Prohibits Pre-Employment HIV Testing**

As a direct result of lobbying and an advocacy campaign by the AIDS Law Project/AIDS Legal Network, the Government of South Africa has prohibited pre-employment HIV testing in the public sector. As well, the South Africa Law Commission is currently discussing draft legislation that would make it illegal to request or test for information about HIV infection without specific authorization from the Labour Court.

The South Africa Law Commission has established a committee that includes representation from PLWHIV/AIDS.

— Mark Heywood

# Human Rights Principles

The Second International Consultation on HIV/AIDS and Human Rights in Geneva, Switzerland, in September 1996, identified 17 key human rights principles underlying a positive response to HIV/AIDS. These principles are found in existing international covenants on human rights. The list of principles is as follows:

- The right to non-discrimination, equal protection and equality before the law.
- The human rights of women.
- The human rights of children.
- The right to marry and found a family.
- The right to privacy.
- The right to enjoy the benefits of scientific progress and its applications.
- The right to liberty of movement.
- The right to seek and enjoy asylum.
- The right to liberty and security of the person.
- The right to education.
- The right of freedom of expression and information.
- The right of freedom of assembly and association.
- The right to participation in political and cultural life.
- The right to the highest attainable standard of physical and mental health.
- The right to an adequate standard of living and social security services.
- The right to work.
- The right to freedom from cruel, inhuman or degrading treatment or punishment.

## Why Human Rights Are Critical to an Effective Response to HIV/AIDS

There is an undeniable link between human rights and health. Human rights and public health share the common objective of promoting and protecting the rights and well-being of all individuals. In the context of the HIV/AIDS epidemic, the promotion and protection of human rights is necessary to achieve the public health goals of:

- reducing vulnerability to HIV infection;
- lessening the adverse impact of HIV/AIDS on those affected; and,
- empowering individuals and communities to respond to HIV/AIDS.

HIV care and prevention programs with coercive or punitive features result in reduced participation and increased alienation of PLWHIV/AIDS and those at risk of infection.

People will not seek counselling, testing, treatment and support if this means facing discrimination, lack of confidentiality or other negative consequences. Coercive public health measures drive away the people most in need of such services, and therefore fail to achieve the public health goals of prevention through behavioural change, care and health support.

The incidence and spread of HIV/AIDS is disproportionately high among groups that already suffer from a lack of human rights protection and from discrimination, or that are marginalized by their legal status. Lack of human rights protection disempowers these groups.

However, when human rights are protected, fewer people become infected and PLWHIV/AIDS and their families can better cope with the disease.

## Vulnerable Groups

The International Guidelines and the articles in this Advocate's Guide frequently refer to vulnerable groups (or communities or populations). The following is a partial list of groups included in this category:

- Women.
- Children.
- People living in poverty.
- Minorities.
- Indigenous people.
- Migrants.
- Refugees and internally displaced persons.
- People with disabilities.
- Sex workers.
- Men who have sex with men.
- Injection drug users.
- Prisoners.

## Success Stories

### **Anti-Discrimination Laws Strengthened in Australian State**

The State of New South Wales amended its anti-discrimination laws in 1994 to cover discrimination on the grounds of HIV, HIV/AIDS vilification and homosexual vilification. These amendments came about as a result of extensive advocacy work on the part of Australian NGOs.

In 1991, the Government of New South Wales announced an inquiry into HIV/AIDS-related discrimination. A Community Consultative Group on HIV and AIDS Discrimination was established to assist with the inquiry. The Legal Project of the Australian Federation of AIDS Organizations presented a comprehensive submission to the inquiry, documenting 430 examples of discrimination experienced by its clients.

The report of the inquiry, published in 1992, made 74 recommendations for government action to address discrimination, including education and law reform initiatives. Intense lobbying of members of parliament in 1992–93 by the AIDS Council of New South Wales was significant in bringing about the changes to the laws in 1994.

— John Godwin

### **Government of the Philippines Takes Action Against Hospital**

In June 1997, following a complaint by ReachOut AIDS Education Foundation, an NGO working in HIV/AIDS, the Secretary of Health in the Philippines, Carmencita Reodica, ordered an investigation into the refusal of a hospital to deliver the baby of an HIV-positive woman.

The woman was discharged from the University of the East Memorial Medical Center 10 hours after being admitted, and had to be taken to another hospital to deliver her child.

ReachOut publicized the case through the media. The incident was covered extensively on at least four television programs. Several newspapers also lambasted the hospital for human right abuses. This sent a clear signal to hospitals that they should not be refusing care to people with HIV and that they should instead be practising universal precautions.

As a result of the incident, the Secretary of Health sent a letter of reprimand to the hospital and has promised to develop a memorandum of agreement with the Philippine Hospital Association to ensure that hospital personnel are trained to handle AIDS patients.

— Jomar Fleras

### **Court in Venezuela Recognizes Right to Access Therapies**

In May 1997, a court in Venezuela ruled that social services recipients living with HIV/AIDS have the right to receive anti-retroviral therapies. The Court ordered the Venezuelan Social Security System to provide the therapies regularly at no cost.

The court's decision applies only to the 30 individuals who had filed an application to the court. However, Acción Ciudadana Contra el SIDA (ACCSI), an NGO in Caracas, Venezuela, has already filed an application on behalf of an additional 61 individuals in the same situation.

ACCSI lobbied for changes in government policies to implement the court's decision. As a result, the Social Security System is creating a special fund to cover the cost of the therapies. The fund will cover therapies for all people with terminal and chronic diseases, not just PLWHIV/AIDS. This is a good example of a campaign led by HIV/AIDS organizations that has benefited other disease groups as well.

— Edgar Carrasco

# About ICASO

This guide has been prepared by the International Council of AIDS Service Organizations (ICASO)

ICASO unites groups throughout the world who have been affected by the HIV/AIDS epidemic. ICASO's recognition and respect for the human rights of all persons is central to an intelligent public health strategy to combat the AIDS epidemic. ICASO's mission is to promote and support the work of community-based organizations around the world in the prevention of AIDS and care and treatment for people living with HIV/AIDS, with particular emphasis on strengthening the response in communities with fewer resources and within affected communities.

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