

WORLD AIDS DAY REPORT 2024

SHORT VERSION

エイズ終結に向けて

権利を守る道を進む

UNAIDS

TO END AIDS

 UNAIDS

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エイズ終結に向けて 権利を守る道を進む

UNAIDS

報告書全文は www.unaids.org で

はじめに

ウィニー・ビヤニマ



UNAIDS事務局長兼国連事務次長

エイズ終結は可能です。ただし、HIV陽性者やHIVに影響を受けている人たちの人権を尊重し、守り、確保しなければ実現はしません。誰もが質の高いHIVサービスを公平に利用できるようにする必要があります。

HIV対策は大きく前進しています。公衆衛生上の脅威としてのエイズを2030年までに終結に導くことも不可能ではありません。HIVの予防と治療は、人権を重視し、尊重することに支えられてきました。そして、HIV分野のこうした成果が今度は、健康の権利の実現に向け、より広範な進歩を促すことになるのです。

ただし、現状は、すべての人の人権が実現できる状態ではありません。いまなお大きなギャップがあり、世界はエイズ終結への道を突き進んでいるというわけではないのです。その影響は公衆衛生全体にも及んでいます。

2023年の新規HIV感染者数は世界全体で130万人でした。2025年までに37万人以下に抑えるという世界目標の3倍を超えています。パン

デミックを縮小に転じるには、命を救うためのプログラムを必要とする人なら誰でも、恐怖や不安を感じることなく利用できるようなしなければなりません。

少女たちの教育の機会が奪われ、ジェンダーに基づく暴力が罪に問われることもなく、その人の立場や愛する人が誰なのかということが逮捕の理由となり、どんなコミュニティに属するのかによっては医療サービスを受けることさえ危険になる。そうした状態が続けば、人びとの命を救うことはできません。エイズ流行終結に不可欠であるHIVサービスを受けることもできないのです。人びとを罰し、差別し、スティグマを強める法律や政策、慣行が、HIVの予防・検査・治療・ケアへのアクセスを妨げています。HIVに影響を受けているコミュニティに対し、重要なサービスを提供したり、改革を提唱したりする人たちの仕事を妨げている法律や政策、慣行も同じことです。権利を尊重し、まもらなければ、こうした誤りを改めることはできません。人びとの権利を侵害する刑事法やその他の法律は早急に撤廃すべきです。HIVとエイズに影響を受けているす

べての人の権利を守る法律や方策を定めることも喫緊の課題です。HIVプログラムが機能するには、利用しやすいこと（受容）、利用する人を認めること（尊重）、気づかうこと（ケア）が不可欠なのです。

本報告書は何ができるのかを示すものです。権利の擁護を通して健康を守り、HIVサービスの継続に成果を上げてきたことが世界各地で実証済みの政策とプログラム事例を紹介します。HIV運動が行動を通して、勢いを生み出してきたことを説明しています。最新の研究、ケーススタディ、世界のリーダーたちが寄稿したエッセイ、そして2030年までに公衆衛生上の脅威としてのエイズ終結を目指す軌道に世界が乗るための推奨事項をまとめています。道案内のためのルートマップです。

HIV対策は岐路に立っています。正しい道／権利の道（right/rights path）を進むことができれば、エイズ終結は可能です。一緒に歩んでいきましょう。

略語集

Global Fund	グローバルファンド（世界エイズ・結核・マラリア対策基金）
LGBTQ+	レスビアン、ゲイ、バイセクシュアル、トランスジェンダー、 クィアプラス
PHIA	人口調査に基づくHIV影響評価
PrEP	曝露前予防
SDGs	持続可能な開発目標
UNAIDS	国連合同エイズ計画
UNDP	国連開発計画
UNODC	国連薬物犯罪事務所
WHO	世界保健機関



序章

40年以上にわたって続けられてきた世界のHIV対策が、大きな転換点を迎えています。2024年7月に国連合同エイズ計画（UNAIDS）がまとめた年次報告書『The Urgency of Now: AIDS at a Crossroads（今まさに緊急事態：岐路に立つエイズ）』は、2030年までに公衆衛生上の脅威としてのエイズ終結を果たすことは可能であり、その手段があることも示しました（1）。2030年までの終結という世界の共通目標に向けて、国連加盟国は2021年6月、総会で2025年中間目標を設定しました。その折り返し時点を迎え、世界のHIV対策は、持続可能な開発目標（SDGs）の公約でもある目標の達成に近づこうとしています。2023年には、新たにHIVに感染した人の数が1980年代後半以降のどの年よりも少なくなっているのです。命を救うために必要な抗レトロウイルス治療を受けている人の数は2023年現在、約3100万人に増えました。公衆衛生上のこの大きな成果により、エイズ関連の死亡者数はピークだった2004年以降で最も低いレベルにまで減少しています。

これほどの成果を上げてもおお、2030年までに公衆衛生上の脅威としてのエイズ終結に向けた軌道に世界が乗っているわけではありません。2023年には、930万人 [740万～1080万人] のHIV陽性者が依然として抗レトロウイルス治療を受けられない状態であり、新たにHIVに感染した人も年間で130万人 [100万～170万人] に達しています。新規HIV感染者数の増加が顕著な地域では、曝露前予防（PrEP）の普及拡大が大きく遅れています。こうした地域は、HIVの検査と治療に関する95-95-95ターゲットの達成に向けた進捗状況もサハラ以南のアフリカ地域に後れを取っています。^{（注1）} HIV感染の高いリスクに直面している人々への予防サービスの普及率は極めて低い状態にあり、多くの国で50%に達していません。少なくとも28カ国で新規HIV感染者数が増加しています。資金不足の拡大により、これまでに達成された世界のHIV対策の大きな進歩も危うくなっています。

この歴史的な岐路に立って、世界はエイズ終結の道を進むのか、それとも防げるはずの病気や死亡を防げず、果てしないコストが待つ未来に向かうのか、それは政治の意思にかかっているのです。

世界はいま、
2030年までに公衆衛生上の脅威としての
エイズ終結を果たすための手段を手にしています。

（注1） HIV陽性者の95%が検査を受けて自らのHIV感染を知り、感染を知った人の95%が抗レトロウイルス治療を受け、治療を受けている人の95%がウイルス量の抑制状態を維持する。

HIVサービスを必要とする人たちの 人権を守れなければ、 サービスを届けることもできません。

公衆衛生上の脅威としてのエイズ終結を実現するには何が必要なのか。疑いの余地はありません。HIVパンデミックが初めて認識されてから40年以上が経過しているのです。この間に様々な状況で積み上げられた研究と幅広い実践的な体験により、成功の鍵となる要素は特定されています。果敢な政治的リーダーシップの持続、手頃な価格による予防と治療ツールへのアクセスの提供、ジェンダー平等を含めた人権に関する持続的な働きかけ、コミュニティ主導の対策の広範な遂行、持続可能で確実な資金調達などです。

本報告書は、その中から人権の中心的役割について焦点を当てました。HIVの予防と治療のサービスを利用できるようにし、同時にHIVに対する脆弱性を増すような構造的決定要因への対処にも大きな関連があります。公衆衛生上の脅威としてのエイズ終結には、キーポピュレーションの人たちを含め、HIV陽性者やHIVの影響を受けているすべての人たちの人権を尊重し、保護し、実現しなければなりません。人を中心に据え、力をあわせて強固で持続可能なHIV対策を進めていくには、人権に基づくアプローチが不可欠です。HIVサービスを必要とする人たちの人権を守れなければ、サービスを届けることはできません。差別的かつ有害な法律を撤廃し、スティグマや差別、暴力の防止に有効な対応策をとらなければ、成り立たないのです。

HIVパンデミックの初期段階から、世界のエイズ対策は、コミュニティによるアドボカシー活動の継続と体系的な研究・評価のおかげで、人権を中心に据えて進められてきました。世界保健機関（WHO）の世界エイズプログラム（GPA）は発足時から、故ジョナサン・マン博士の指揮のもとで、人権と健康は切り離せないことを強調しています。1989年には当時の国連人権委員会で、HIVと差別に関する最初の決議が採択され、HIV陽性者に対する差別の問題とその原因に関する報告書が提出されました（2）。2001年の国連エイズ特別総会で採択されたHIV/エイズに関するコミットメント宣言は「HIV/エイズに対する脆弱性の軽減には、すべての人の人権と基本的自由の実現が不可欠である」と述べ、地球規模のHIV対策に関する画期的文書となっています（3）。

地球規模のHIV対策は、ジェンダーの平等実現に向けた努力を強化、前進させ、HIV陽性者やキーポピュレーションの人たちを含むすべての人の人権の重要性を世界に示してきました。キーポピュレーションとは、ゲイ男性など男性とセックスをする男性、セックスワーカー、注射薬物使用者、トランスジェンダーの人たち、刑務所など閉鎖的な環境に置かれた人たちなど、HIV/エイズ対策実現の鍵を握る人たちです。公衆衛生上の目的を達成するには、人を中心に据えた人権に基づくアプローチが有効であり、持続可能であることは、地球規模のHIV対策から得られた経験ではっきりしています。

地球規模のHIV対策における 人権の中心的役割

1996年の国連共同エイズ計画（UNAIDS）設立を多くの人が現在の地球規模のHIV対策の出発点と考えています。HIVパンデミックには、保健分野を大きく超えた対応が必要なことを認識した利害関係者が、世界レベル、地域レベル、そして各国の国内レベルでのHIVとエイズの対策を活性化するため、あえて多分野にまたがる国連機関共同のプログラムを設立したのです。流行は当時、指数関数的に増加を続け、数十年にわたる開発の成果を帳消しにする事態をすでに招いていたのですが、このことに注目する人はまだ限られていました。

人権原則に基づく国際的なHIV対策を求める動きの先頭に立ったのは、コミュニティや市民社会の組織でした。このため、人びとと人権を世界のHIV対策の中心に据えることは、UNAIDS設立当初からの明確な原則です。その最初のステップの一つとして、UNAIDSは1996年、国連人権高等弁務官事務所とともに「HIV/エイズと人権に関する国際ガイドライン」の策定に加わっています。健康と人権に関する国際的な専門家との協議を経て、国際ガイドラインは2002年に修正され、さらに2006年には統合・強化されています（4）。

深刻化する健康問題に最もよく対処するにはどうしたらいいのか。多くの国や関係者がこの点に確信を持てずにいた時期に、国際ガイドラインは、国家の対応が人権課題の解決との間に整合性を保てるようにするためのロードマップを提供し、次のように助言しています。「公衆衛生上の利益は人権と対立するものではない。そうではなく、人権が保護されれば、新たにHIVに感染する人は減り、HIV陽性者とその家族が、より良くHIVとエイズに立ち向かえるようになることが認識されている」（4）。

人権は、誰でも手ごろな価格でHIV治療が受けられる普遍的アクセスを求める世界的な動き、HIV陽性者や女性・少女、キーポピュレーションの人たちを標的とした懲罰的な法律の撤廃に向けた集中的な活動、そして2025年に向けたソーシャルイネーブラー（社会課題達成要因）の10-10-10ターゲット達成など、地球規模のHIV対策に道を開き、触発し続けてきました。

ソーシャルイネーブラー

HIVサービスへのアクセスを妨げる社会的、法的障壁を取り除き、HIVサービスの利用を促進する環境の整備に向けた10-10-10ターゲット

サービス利用を拒否または制限する懲罰的な法律や政策環境がある国を10%未満に減らす。

スティグマや差別を経験するHIV陽性者、キーポピュレーションの人たちの割合を10%未満に減らす。

女性、少女、HIV陽性者、キーポピュレーションの人たちの間で、ジェンダーの不平等や暴力を経験する人の割合を10%未満に減らす。

世界のHIV対策が権利の実現に果たした成果は大きかったとはいえ、人権侵害は依然として各国のHIV対策を妨げており、2030年までに公衆衛生上の脅威としてのエイズ終結を達成するという目標に向けた進捗状況は大きく遅れています。過去10年間にHIVの非開示・曝露・感染に対する訴追を行わず、同時にセックスワーク、同性間の性関係、少量の薬物所持、トランスジェンダーの人たち、およびHIVの非開示・曝露・感染を犯罪とみなす法律をいずれも施行していないと報告している国は、これまでのところ3カ国にとどまっているのです(5)。

最近の調査データが確認できる42カ国の結果によると、ほぼ半数(47%)の人がHIV陽性者に対し差別的な態度を示し(6、7)、25カ国の調査では、HIV陽性者のほぼ4分の1が、過去1年間にHIV関連ではない医療サービスを受けた際にスティグマを経験したと答えています(8)。医療現場以外でも、HIV感染に脆弱な立場の人たちは、世界各地で暴力や社会的排除、その他の人権侵害を経験することが多く、女性や地方に住む人はHIV関連のスティグマを受けやすくなっています(9)。

人権に基づくHIV対策は現在、確実に実現しようとすると重大かつ新たな課題に直面することになります。HIV対策を困難にする懲罰的な法律の撤廃は大きな成果を上げている一方で、人権侵害はむしろ増えており、それが必要なサービス提供を妨げているのです。多くの国で人権環境が悪化し、地球規模の課題に対する多国間の取り組みも弱体化していることがしばしばあります(10)。こうした傾向が互いに関連しあってHIV予防と治療へのアクセスを損なう恐れがあるのです。民主主義が後退する状況においては、ジェンダーの平等やキーポピュレーションの人たちの人権に関し、敵対的な気分がますます高まることが懸念されています(10~14)。

2023年は世界人権宣言75周年でした。この間に世界が制定してきた国際人権規約と文書は、すべての人の基本的権利、およびHIV陽性者やHIVに影響を受けている人たちへの権利の促進、保護、実現を保証する義務があることをあらゆる国に対し定めています。人権へのバックラッシュが強まる中でも、世界は人権の成果を重視し、尊重への努力を続けているのです。第68回国連女性の地位委員会(2024年)は、女性と少女の人権を完全に尊重し実現すること、あらゆる形態の暴力と差別をなくすこと、女性のリーダーシップと関与を促進すること、HIVを含む女性にとっての健康上の脅威に対処することを各国政府に要請しました(15)。同じく2024年には、国連人権理事会が「HIVに関する人権の保護と実現」は「すべての人が到達可能な最高水準の心身の健康を享受する権利の完全な実現、およびエイズ終結を達成するための不可欠な要素である」ことを再確認し、画期的な決議を採択しています(16)。

エッセイ

これは 平等と正義を求める 闘いです

エルトン・ジョン

ミュージシャン、
エルトン・ジョンAIDS財団創設者



2024年は、HIV対策の注目すべき新たな科学的成果が報告された年です。長期作用型予防薬はHIV新規感染の終結に向けた真の希望をもたらし、人類が達成できる最高の成果を示すことになるでしょう。

しかし、人類の最善の部分を示すこうした科学の進歩と同時に、私たちは、人類の最悪の部分が見え、非人間化と苦しみを広げ、ある命が他の命よりも重要だと考える時代を目撃し、生きています。

HIV陽性者のうち約930万人が治療を受けられずにいるのです。LGBTQ+コミュニティ、薬物使用者、女性、少女など社会的に弱い立場の人たちは、その立場のために健康情報や医療、支援を平等に受けることができません。ショックなことですが、世界の新規HIV感染者の44%は女性と少女で占められています。一方で、ゲイ男性など男性とセックスをする男性がHIVに感染するリスクは一般人口層より23倍も高いのです。

不平等が私たちの未来を脅かしています。スティグマと差別、恐怖と無視によって何百万もの人が、命を

救う医療サービスを受けられずにいます。公衆衛生上の脅威としてのエイズ終結も妨げられています。私個人としても、そしてエルトン・ジョンAIDS財団の創設者としても、胸が痛むことです。

1992年に財団を設立した当時は、ゲームチェンジャーとなる医薬品も、政府による支援もなく、逆に同性愛者を嫌悪し、エイズを非難する声があふれていました。しかし、その後の大きな進歩を私たちは目撃しています。超党派の米大統領エイズ救済緊急計画（PEPFAR）や世界エイズ・結核・マラリア対策基金（グローバルファンド）などを通して、効果的なHIV検査、治療、予防、曝露後治療薬、およびそれらの使用を大幅に拡大するための資金が提供され、何千万もの人が命を救う治療を受けられるようになってきました。それでも、なんということでしょうか、HIV陽性者は援助を受けるに値しない人たちという考え方が苦痛を伴いながらも根強く残っているのです。

恥辱とはどんな感情であり、それが何をもたらすか。そのことを私は分かっています。同性愛が罪とみなされていた時代に育ったのです。私

「私たち」と「彼ら」を分け、 「ふさわしくない」と「ふさわしい」との間に貼られた レッテルを剥ぎ取る必要があります。

は自分の性的指向を隠したことはありません。歌手やソングライターとして成功していました。それでも、薬物に依存した理由の一つは、自分が十分に愛されるに値しないと感じたからでした。私がゲイであり、依存症であるからといって私を軽視することなく、私を私として見てくれる人がいなかったら、私は今日まで生きてこれなかったでしょう。

恥辱の意識は苦痛と喪失をもたらします。その人的損失は甚大です。恐怖や憎悪、疎外によって、自殺やメンタルヘルス、薬物使用、HIV感染のリスクが増大することも分かっています。恥辱の思いがいかなる代償と喪失をもたらすのか、いま私たちすべてが理解しなければなりません。人と違うこと、無視されることによって人間性を奪われ、権利を失った何百万もの人びと、つまり科学者や芸術家や研究者、作家など、あらゆる分野でリーダーとなるべき人たちが、レッテルを貼られ、彼らが提供できたはずの才能を制限され、ついには破壊されてきました。そのことを考えると、私たち自身が世界中で、自分たちの未来を妨げてきたのではないかと感じるほどです。

実際、政治的な定義を都合よく使えば、「私たち」は数が増え、指導者の多くやその支持者の一部にとっての「彼ら」になりつつあるのです。世界はいま、民主主義自体が危機に瀕しているように見えること

がしばしばあります。自由、平等、互いへの尊重といった民主主義を支える価値観が組織的に挑戦を受け、時には無視されているのです。

私たちは社会の中から「私たち」と「彼ら」を分断し、「ふさわしくない」と「ふさわしい」に分けるレッテルを剥ぎ取らなければなりません。こうしたレッテルは疾病の拡大を潜在化させ、計り知れない苦しみを引き起こし、最終的には、社会が切実に必要としている貴重な可能性を破壊するものです。

エルトン・ジョンAIDS財団の活動が社会で頻繁に取り残されがちな人々を重視しているのはそのためです。私たちは最も困難な状況にある国や環境の中で活動を続けています。公衆衛生上のエイズ終結には、あらゆる場所で、誰もが活動へのアクセスを得ることが不可欠だからです。

もちろん、世界各国の政府が人びとの安全を守るために予防、検査、ケアのプログラムに投資することも大切です。差別のない医療システムを構築し、新たな技術や治療法への投資で得られる利益をすべての人が共有できるようにしなければなりません。公衆衛生上の脅威としてのエイズ終結は、それが実現することによってようやく可能になるのです。指導者たちはなによりも、スティグマや差別を助長している法律を撤廃し、社会と

して人にはそれぞれ違いがあることを非難し、悪者扱いするのではなく、称賛できる文化を育てていく必要があります。

ウインザーの私の家には、エイズで亡くなった友人たちのための礼拝堂があります。友人たちの思い出は私の心に刻まれているのです。そして、南アフリカのタウンシップに住む若い母親からキウウのゲイ男性まで、この40年に出会ったすべての人々から私が学んだことがあります。HIVに感染するのがいわゆる「まともな人」ではなく「あの人たち」だと思われている限り、エイズは克服できないということです。

エイズ終結に必要なものは「何か」と問われれば、科学や医学やテクノロジーなのかもしれません。では「どうすれば」終結できるのでしょうか、必要なのは包摂と共感と思いやりです。他人を悪者にしたり、スケープゴートにしたり、社会を脅したりすることは、見せかけのドラマやコスチュームを装い、それ自体が秘密や嘘であふれています。人びとはそれぞれ純粋に違うことを受け入れ、それぞれの人々が世の中にユニークな貢献を果たしていること、愛され救われる価値があることを認めなければなりません。現在の世界では困難な挑戦かもしれませんが、それこそがより豊かで高貴な究極の成果をもたらすこととなります。しっかりとそのチャレンジに突き進んでいきましょう。

命を救うHIVサービスの確保、それを脅かす人権侵害と闘う

HIVの予防と治療のサービスを確保することは、HIV陽性者やHIVの影響を受けている人たちの人権の擁護と密接に関係しています。人権がHIV対策の基盤として定着し、人権中心の考え方が持続するには、個別に取り組むのではなく力を結集しなければなりません。

東部・南部アフリカ地域では、ESAネットワークが、HIV陽性者やHIVの影響を受けているLGBTQ+の人たちに呼びかけ、健康と福祉、人権の向上に向けた支援を行っています。

2022年の第24回国際エイズ会議（ハイブリッド）では、サハラ以南のアフリカのLGBTQ+リーダーたちが、ゲイ男性の健康と権利に向けて活動するMPact Global Actionの支援を受け、域内で拡大する反LGBTQ+の感情と法律への最善の対処について戦略を探りました。モロッコのマラケシュで対面の会議を行い、ゲイ男性など男性とセックスをする男性にとって、より安全かつ活気のあるコミュニティとその擁護活動を推進するネットワークを結成すべき時期が来たと判断したのです。この新たなネットワークは、これまでの経験を生かし、LGBTQ+の人たちの地域ネットワークを維持することを目指しています。

LGBT+ Rights Ghanaのアレックス・コフィ・ドンフォー共同創設者兼事務局長は、新たなネットワークの設立に尽力しています。LGBT+ Rights Ghanaは、同性愛嫌悪と不寛容の急速な拡大がLGBTQ+の人たちにもたらすリスクを実際に体験しています。LGBTQ+コミュニティに健康情報とサービスを提供する安全な場所を作ったのですが、そのセンターは敵対的なメディア報道（その多くは北半球の極右グループに煽られていました）を受け、閉鎖を余儀なくされました。

「でも、私たちは諦めません」とコフィは語る。「私たちのコミュニティに必要なとなる安全な空間を確保するために、多様な方法を模索して改革に取り組んできたのです」

「私たちが直面しているのは、一国に限られた問題ではありません」と彼は言う。「この地域では、LGBTQ+の人たち、およびLGBTQ+の人たちに対する共感の表明を標的にした法律が次々に提案されています。私たちのコミュニティを守るには、地域ネットワークを構築しなければなりません。たとえ一国でも影響を与えることができれば、他の国にも波及して効果をあげることができます」

「LGBTQ+コミュニティは、アフリカ人として私たちが経験してきた数多くの苦しみのスケープゴートなのです。極めて疲れます。一方で、自国民の利益に配慮すべき国家機関が、自国の市民に危害を加えている現実もあります。デリケートな問題を議論しなければならないのに、極めて浅はかなアプローチしか取れないメディアもあります。私たち自身について語るには、コミュニティ内の問題としてだけでなく、広く社会に訴えかけることができる「異なる語り口」が必要なのです。LGBTQ+の人たちをエンパワーすることが、すべての人にどんな利益をもたらすのか。それを示すことができる方法を見つける必要があります」



HIV対策を世界全体、および地域レベル、国レベルで、人権と完全に結びつけていくことは、正しいだけでなく、公衆衛生上の脅威としてのエイズ終結にとって不可欠です。HIV対策の進展を妨げる人権侵害の影響に関しては近年、膨大なエビデンスが示されてきました。依然として人権侵害を続けている国の中には、HIVの流行抑制の達成に向けて順調に進んでいるように見える国もありますが、入手可能なデータからは、明らかなパターンが浮かび上がってきました。その新たなエビデンスによると、人権を促進、保護、尊重する政策の枠組みを持つ国の方が、HIV陽性者およびHIVの影響を大きく受けている人たちに対し強制的かつ懲罰的なアプローチをとっている国よりも、著しく優れたHIV対策の成果を達成する傾向が明らかにされています。とりわけ検査と治療の95-95-95カスケードに沿った成果に関しては、人権侵害が著しい悪影響を及ぼしていました。

この報告書は、世界が公衆衛生上の脅威としてのエイズ終結を目指すうえで、人権が果たす重要な役割に焦点を当てています。公衆衛生上の脅威としてのHIV終結という2030年目標の達成を含め、人権保護がHIV対策の進展に果たす役割、および人権侵害がHIV対策を後退させる役割について最新のエビデンスを検討することから始めました。次に、HIV対策の文脈の中での人権に関する現状報告を行い、世界的にみて何が欠けているのかを特定したうえで、対策の中で人権ギャップを埋めるための機会があることを強調しています。報告書は最後に、HIVの予防と治療の成果を誰もが持続的に利用できるようにする手段として、人権を強化し対策の中心とするための行動を呼びかけ、そうしなければ、数え切れないほどの命が失われ、エイズ終結に向けた世界の力も阻害されてしまうことを認識しつつ、一連の具体的な勧告を行っています。

囲み記事では、世界的なHIV対策における人道面の主要課題を取り上げ、反人権・反ジェンダーの動きに抵抗し、HIVの影響を受けるすべての人の人権を推進するためのコミュニティ主導の取り組みを紹介しています。ゲストエッセイはさまざまな地域・分野における世界のリーダーからの寄稿で、公衆衛生上の脅威としてのエイズ終結を実現するうえで、人権の保護と促進がどうしても不可欠なのか、その理由が説明されています。

この報告書は幅広い読者を対象としています。人権を保護し、必要に応じて国民がHIVサービスにアクセスできるようにする義務を一義的に負っている政府に宛てられたものでもあります。報告書で示した勧告は型破りなものではありません。むしろ、世界エイズ戦略2021-2026（17）およびHIVとエイズに関する2021年国連総会政治宣言（18）に沿った国家計画や戦略の中ですでになされている約束の遂行を各国政府に促すものです。

HIV対策に携わるすべての人に対し、この報告書は教訓を提供しています。人権は孤立し、HIV対策の個別の要素として理解されるべきものではなく、対策全体にわたって行動の指針になるものです。すべてのHIV関係者（臨床医、プログラム管理者、サービス提供者、研究者、政策立案者、コミュニティ）は、人権に基づくアプローチによってHIVサービスを提供し、ジェンダー平等と健康に対する普遍的な権利を推進し、公平性と包摂性を促すこと、そしてHIVの文脈における人権侵害をもたらし、人権侵害によって引き起こされる社会的および構造的要因に対処するための措置を講じなければなりません。



報告書は、保健・医療の広範な分野に携わるすべての人に語りかけています。HIV対策から得た教訓は、他の保健・医療分野にも適用でき、健康権に関する政府の義務にも応用できるからです。

国際ドナー（資金拠出者）も報告書の大切な読者です。現在の法律や政策、慣行に異議を唱える市民社会の活動に投資する国政当局はほとんどないことから、政策改革に向けたアドボカシーや人権の活動に必要な資金をしっかりと確保して、HIVサービスへのアクセスを拡大し、維持していくには、国際的な連帯が不可欠です。

持続可能なHIV対策を実現するには、利用しやすく公平で質の高いHIVサービスを確保し、HIV陽性者やHIVの影響を受けている人たちの人権を尊重し、保護し、満たさなければなりません。各国がHIV対策の長期持続可能性に向けたロードマップの策定に取り組む中で、すべての関係者に報告書が強調するキーメッセージはこの点にあります。HIVの影響を最も受けているコミュニティが、ステイグマや差別を恐れることなく生物医学的および行動学的介入策にアクセスし、利用できるようにする社会的実現要因を整えていく必要があり、そうでなければ成果の達成を望むことはできないのです。



ESSAY

The end of AIDS is within our grasp—if we uphold rights

Michael D. Higgins
President of Ireland



We are at a critical moment that will determine whether world leaders meet their commitment to end AIDS as a public health threat by 2030, in line with the United Nations 2030 Agenda. Whilst the end of AIDS is within our grasp, currently the world is off track to do so—as with so many of the Sustainable Development Goals, our collective blueprint for a flourishing future.

Globally, of the 39.9 million people living with HIV, almost a quarter (9.3 million) are not receiving lifesaving treatment. Consequently, a person dies from AIDS-related causes every minute.

It is 42 years since the first cases of HIV were diagnosed. It may be troubling to recall the moral

and ethical atmosphere of society then, but it is necessary to give testimony to the people who lived through the HIV experiences of the time. The people who suffered the most in the 1980s were those exposed not only to a prejudice born of misunderstanding of HIV, but also other forms of social oppression, which were—and are—too often manifested in our society.

Our multiple, concurrent global crises, including the return of extreme hunger and famine in the Horn of Africa, and the promulgation of wars in Ukraine and the Middle East, have the consequence of pushing the fight against AIDS further down the international agenda. It is essential that we keep the HIV response firmly and prominently on the agenda. Ending AIDS as a public health threat requires stepping up action to respect, promote and fulfil human rights.

As we reflect on the past four decades, it is clear that the institutional and societal responses in many countries

Challenging stigma, discrimination and inequality is key to ensuring public health.

Fulfilling the pledge to end AIDS as a public health threat is a political and financial choice.

were anything but adequate in those early years of HIV. Great strides have been made thanks to the efforts of activists and campaigning organizations, often conducted in the face of ignorance and hostility.

I take this opportunity to acknowledge and pay tribute to those activists and the researchers working at the frontiers of science for their endeavours in this important area of public health policy.

There remain many parts of the world where HIV remains stigmatized, where a sense of shame is attached to living with HIV, and where access to treatment is poor.

It is an appalling statistic that over 40 million people have died from AIDS-related causes since the beginning of the epidemic—including 630 000 people in 2023. Although this represents a halving of fatalities—from 1.3 million in 2010, and a 69% decrease from the peak of 2.1 million in 2004—these 630 000 people suffered preventable deaths and their lives have tragically been cut short. Sub-Saharan Africa, home to two-thirds of all people living with HIV globally, remains the hardest hit region.

Globally, there is much which needs to be done, and approached with urgency. Access to treatment remains the core

challenge, because about a quarter of people living with HIV lack antiretroviral medicines. Universal health coverage and access to good-quality health care, including sexual and reproductive health services, are essential if we are to end AIDS as a public health threat by 2030.

Challenging stigma, discrimination and inequality is key to ensuring public health and delivery of successful HIV programmes. The importance of supporting civil society in securing progress in the realization of human rights, including those related to the achievement of public health initiatives such as HIV programmes, remains as important today as it ever was.

Upholding the rights of women and girls is vital because gender is an inextricable aspect of HIV. Young women are disproportionately vulnerable to HIV. Older women and young girls are disproportionately affected by the burden of caregiving in the wake of HIV. Gender inequality and poor respect for the human rights of women and girls are key factors in the HIV epidemic, from the point of view of effectiveness and from the perspective of social justice.

Ensuring that the fullness of human rights is achieved, that their interconnectedness is understood, and that their moral

and practical necessity is realized is crucial if we are to rid the world of the scourge of AIDS.

Support for the rights of marginalized communities underpins Ireland's international HIV programmes and the approach to global health initiatives. It is a fundamental tenet that is essential to the success of HIV programmes given that HIV disproportionately impacts the most vulnerable people in society.

Now is the time to look forward to all that must still be achieved around the world to realize the possibility of an AIDS-free generation and to ensure people living with HIV can live their lives without stigma, fear or discrimination. We are also required to create the consciousness for more inclusive and just societies.

It is urgent that we come together in solidarity to deliver a response that eliminates inequalities based on gender, sexuality and race; that raises the dignity of all people and meets the demands of social justice; and that is truly capable of ending AIDS and ensuring people living with HIV can live free of stigma, prejudice and discrimination.

Fulfilling the pledge to end AIDS as a public health threat is a political and financial choice. The time to choose the correct path is long overdue.

ESSAY

Public health depends on human rights

Adeeba Kamarulzaman

Professor of Medicine and Infectious Diseases and Pro Vice Chancellor and President of Monash University, Malaysia, and former President of the International AIDS Society



As a trained HIV physician, it has been inspiring to witness the steady development of ever-more effective treatments for HIV. The continual expansion of proven HIV prevention tools has resulted in lifesaving benefits for so many people.

But it has also been heartbreaking to witness the obstruction of scientifically proven methods from reaching their full potential.

When in 1997 I started my service in my home country, Malaysia, my HIV practice was overwhelmed with people who inject drugs. I was struck by the contrast with

my experience where I received my medical education and training, in Australia—where although I had seen plenty of patients living with HIV, almost none of them had acquired HIV through injecting drugs.

The reason became readily apparent. Australia was addressing drug use as a public health issue, and people who used drugs could access harm reduction services and protect themselves from HIV—but Malaysia was applying a punitive and highly stigmatizing approach to drug use, and people who used drugs could not access harm reduction services or protect themselves from HIV. Drug use was prevalent in Australia and Malaysia, but the very different human rights climates drove very different public health consequences.

This experience had a profound impact on my professional career and on me personally. The Hippocratic Oath taken by all physicians mandates that we

The HIV response has demonstrated that, as health workers, we cannot leave the work of advocating for human rights to other people.

Societies are stronger when everyone is treated with respect, dignity and inclusion.

focus on helping people who are sick and that we do no harm by our actions or inactions. I came to understand that improving health outcomes for my clients needed more than just a biomedical approach. I also had to become a defender of their human rights.

Providing HIV prevention and treatment services to people who inject drugs, including people in prisons and other closed settings, led me to become deeply involved in the reform of drug policy, because it is clear that only by aligning drug policy with human rights principles will it be possible to advance public health.

Some critics said that enabling harm reduction would be impossible in a country like ours. But after years of overcoming resistance, we implemented it—and it worked. Since the introduction of the harm reduction programme, needle-sharing has stopped being the main channel for HIV transmission in Malaysia and prevented thousands of new infections.

Some critics said that harm reduction would be unaffordable, but it saved the country huge amounts of money.

The HIV response across the world has demonstrated that, as health workers, we cannot

leave the work of advocating for human rights to other people.

Human rights violations are keeping our scientifically proven tools from working. Too many people are still being pushed away from lifesaving care because they are from communities whose rights are being violated. People who come to health centres only at a very late stage of HIV tell us that they delayed seeking treatment because they were afraid of being kicked out, losing their jobs or being treated badly. When we fail to tackle discrimination, HIV wins and humanity loses.

The evidence is clear. Without protecting everyone's human rights, we will not be able to end AIDS as a public health threat.

In recognition of this, the International AIDS Society–Lancet Commission on Health and Human Rights, which I co-chaired, issued a recommendation that “practitioners and stakeholders across the health field should ensure that all aspects of their work reflect and promote a commitment to human rights”.

To help protect public health by protecting human rights, the Commission further recommended that people

working in the health field should make common cause with other sectors and communities, including human rights organizations and scientists, and advocates addressing issues such as climate justice, women's rights, LGBTQ+ rights, and racial and migrant justice.

We are at a challenging moment, in which human rights are under attack worldwide. People seeking to take away human rights sometimes claim to be defending religious values—but these claims are false.

I know that working to protect everyone's health by protecting everyone's human rights is honouring Islamic teaching, fulfilling its commitment to compassion and its prioritization of the preservation of life. To uphold human rights is to recognize the value of the life of every individual and to see that our societies are stronger when everyone is treated with respect, dignity and inclusion. Likewise, protecting public health requires that we leave no one behind, understanding that none of us is safe and secure until all of us are. It is not for us to judge others but to take care of each other.

Human rights belong to everyone, and upholding them is essential to enable us all to be healthy and to flourish.

ESSAY

Access for everyone, everywhere

Othoman Mellouk

*Access to Diagnostics and Medicines Lead,
International Treatment Preparedness Coalition*



The title of the Universal Declaration of Human Rights makes it clear. Our rights are universal. When it comes to these rights, no one is excluded.

Yet, when it comes to access to medicines and other essential health tools, the world has yet to recognize the universality of our rights. People are denied access to affordable, lifesaving health technologies based on where they live. This is a violation of human rights, and it holds back progress in ending AIDS as a public health threat.

I first became involved in the response to HIV in my home country of Morocco, motivated by a commitment to supporting the gay community and promoting principles of equality and nondiscrimination. Our work was an affirmation of the equal value of every life. There was no treatment then, and so we worked to raise awareness of HIV prevention among gay men and other men who have sex with men.

Then came an amazing medical breakthrough. At the

International AIDS Conference in Vancouver in 1996, we learned that HIV need not be invariably fatal, and there were effective treatments that could prevent the progression of AIDS.

But now the people I worked with faced another violation of rights, another exclusion. This time, it was because of where they lived: HIV treatment was almost exclusively available in North America and western Europe.

Activists united to demand that the HIV response chart a new way forward on access to lifesaving medicines. The emergence of generic manufacturers for antiretroviral medicines meant there was a path to ensure worldwide access to affordable medicines.

The 2001 Doha Declaration on the World Trade Organization Agreement on Trade-related Aspects of Intellectual Property Rights (TRIPS) and public health emphatically stated that patents should not tie the hands of countries seeking to address public health threats.

Just as no one should be obstructed from access to lifesaving medicines because of their sexuality, no one should be excluded because of their nationality.

Afterwards, we saw countries issuing compulsory licences for HIV medicines, enabling the purchase of more affordable generic versions. The vision of universal access to HIV medicines, in which the fruits of technology would be available to all, wherever a person lived, at last seemed realizable.

Today, however, access to new HIV medicines, including long-acting medicine that requires only two shots a year, is being denied to people based on where they live. Large multinational pharmaceutical companies are determining which countries will have access to affordable HIV medicines and which will be denied them. They are denying access to many countries in the Global South, including countries with high HIV prevalence and countries in which numbers of new HIV infections are on the rise.

The justification for excluding these countries is that they are “middle-income”, an arbitrary measure based on categorizations made by international finance institutions that were never

developed to determine access to medicines. In fact, the people most affected by HIV in many of these countries are some of the most economically deprived and socially excluded people on the planet.

So now we have early access to HIV medicines in high-income countries because that is where the greatest profits are made and where governments can afford those prices; late and incomplete access in lower-income countries, through voluntary licences; and access denied in many middle-income countries, which are explicitly prevented from purchasing products from generic producers granted those voluntary licences.

The voluntary nature of the current approach to medicines access is an inherent and fatal flaw. People, regardless of where they live, should never have to depend on the determination of a business to obtain the medicines they need to survive. And exclusion of countries undermines the HIV response globally. AIDS cannot be ended unless it is ended everywhere.

Using the flexibilities in the World Trade Organization Agreement on Trade-related Aspects of Intellectual Property Rights (TRIPS), rather than depending on the whims of individual pharmaceutical companies, constitutes the path towards equitable access to medicines. Countries have the right to override patent protections through the use of compulsory licensing to ensure access to medicines and vaccines needed to address high-priority health problems. Claims by the pharmaceutical industry that compulsory licences represent an unwarranted theft of their intellectual property are false, because compulsory licences still include the payment of royalties to the patent-holder.

Just as no one should be obstructed from access to lifesaving medicines because of their sexuality, no one should be excluded because of their nationality. Ensuring access to affordable medicines for everyone, everywhere, is human rights work—and it is essential for the world to be able to end AIDS as a public health threat.

ESSAY

Our message as young people: our lives are on the line

Jerop Limo

Youth activist, Executive Director of the Ambassador for Youth and Adolescent Reproductive Health Programme (AYARHEP)



My health depends on my rights. That's not a theory—it's my life. As a 26-year-old who has lived with HIV from birth, I have witnessed first-hand how protecting the health and well-being of young people is inextricably bound with upholding our human rights.

I have learned too how upholding our rights begins with seeing us as people whose experiences count, recognizing that we are not merely beneficiaries—we are co-creators. I was lucky. At the paediatric clinic where I used to go for services, my clinician, understanding and valuing

this talkative child, created opportunities for me to support other kids living with HIV. That began my life as an AIDS activist. I ventured out to become a peer educator and trained advocate. Today, I am the executive director of a youth-led nongovernmental organization, the Ambassador for Youth and Adolescent Reproductive Health Programme (AYARHEP) in Nairobi. My work now is to help lift up other young people living with or at risk of HIV.

At AYARHEP, we provide a safe space where young people can access comprehensive information about HIV, sexual and reproductive health, mental health, and any other issues that matter to them. We provide youth-friendly activities, such as educational events and sports tournaments, to engage young people living with HIV, and we advocate and partner for improvements in services for adolescents and young people.

Across the world, youth-led organizations are working to address societal stigma and promote rights.

Safe spaces are vital, because so many spaces simply are not safe for young people living with or at risk of HIV. Across the world, too many clinicians use discriminatory or stigmatizing language and approaches for young people, and too many take a casual approach to protecting the confidentiality of young people's HIV status. Young women living with HIV have been forced to take contraceptives to get antiretroviral medicine refills, and some young women living with HIV have even been forcibly sterilized. Queer young people often find they are unable to access essential services due to fear of being judged by health-care providers.

Young people have an inalienable human right to education, but in too many countries laws and policies block young people from accessing comprehensive sexuality education, with youth organizations often obstructed from providing frank and

accurate sexuality education for their peers. Some schools and colleges provide almost no information about safer sex, even though young people, especially adolescent girls and young women, are at very high risk of acquiring HIV. Legal barriers often prevent young people from getting an HIV test. Requiring young people to get approval from their parents to get a test or treatment makes many young people too scared to get them.

Across the world, youth-led organizations are working to address societal stigma and promote rights by engaging faith-based leaders, teachers, parents and community members who all have vital roles to play in tackling prejudice and defending people's rights. We help people address internalized stigma, too, accompanying them through the journey to self-acceptance, helping them to love themselves so they have strengthened resilience to overcome hardships and get the

support they need, and so they can be confident in insisting on their rights being upheld.

Every person living is equal in dignity. But people living with HIV are not recognized as equal by many providers and decision-makers. And although young people who acquired HIV at birth like me do sometimes get at least a little compassion from society, too often young people who acquired HIV later are met with judgement and blame. When a young person is struggling with adherence to antiretroviral therapy and receives criticism rather than support, it makes it harder for them to stay on treatment. If health-care providers are judgemental rather than empathetic, many young people will simply close the door on seeking health-care services.

Human rights violations have grave costs for people who experience them. When people's rights are not respected, it obstructs and discourages them from getting prevention, testing and treatment. Violations of human rights can break the very core of people's sense of self. All of us, regardless of our HIV status, just want to live a normal life. We want the opportunity to live, to love, to learn, to thrive, to give back to our communities, and to know that our communities are looking out for us. Feeling good about oneself is essential for a healthy and fulfilling life. It is there—inside ourselves—where stigma, discrimination and human rights abuses do the deepest damage.

As young people, our message is this: our lives are on the line. Policy-makers owe it to all young people to do what it takes to protect our health by protecting our rights.

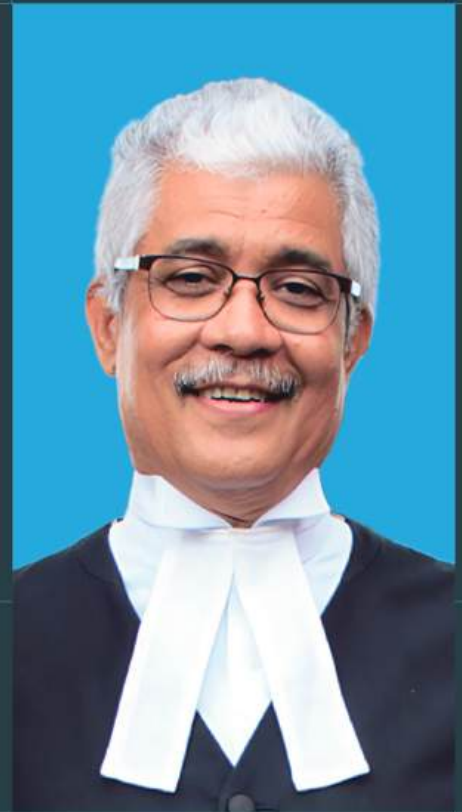


ESSAY

Removing harmful laws is a victory for human rights and public health

Douglas Mendes

Former Belize appeal court judge and Trinidad and Tobago Law Association president



As an attorney and a citizen, I have always been motivated by a deep commitment to equality and human dignity for every person.

Human rights frame every aspect of life. Our fundamental rights and freedoms, as outlined in the international human rights framework, are the essential foundation for democracy, for peace and for a healthy society. This is true for all regions of the world.

My work across the Caribbean has been shaped by an appreciation that upholding human rights law is vital for tackling the abuse of power by those who wield it, and who need to be restrained from having excessive influence over public decisions regarding a fair distribution of society's resources, so that the less powerful are protected. That recognition drove my earliest focus as an attorney, acting on behalf of trade unions in my home country of Trinidad and Tobago.

Our rights do not depend on how popular we are. We all have them. A fundamental purpose of human rights law is to protect individuals from the tyranny of the majority. States have a responsibility to protect the rights and freedoms of individuals to live their lives as they wish, so long as they do not do harm to others. There is a need for active intervention to protect the rights of individuals and communities, especially those who belong to an unpopular or disfavoured minority, so that politicians and officials cannot exert unreasonable control over people's personal lives.

I have seen for myself how the protection of human rights is essential for public health. In the case of HIV, an example is the need to tackle gender-based violence. Gender-based violence increases HIV risk and obstructs access to HIV treatment. In Trinidad and Tobago, we have seen important strides—for example, towards enacting legal

measures strengthening the ability of survivors of domestic violence to obtain protection orders. These laws, however, are sometimes administered by officials and adjudicated by judges whose attitudes still need to change. We may have passed a good law, but to protect rights we need to educate the people who will administer it.

Another example is that laws criminalizing same-sex sexual relations obstruct efforts to respond effectively to the AIDS pandemic. Such laws cost lives. Over the last several years, I and other lawyers in the Caribbean region, under the guiding hand of colleagues at the University of the West Indies, have brought together two key points: that such laws often block people from accessing HIV prevention, testing and treatment services; and that such laws violate the inalienable rights and freedoms

Our fundamental rights are the essential foundation for a democracy, for peace, and for a healthy society.

that belong to each person. When it comes to consenting adults, the state has no business in someone's bedroom, and its being there is harmful. These legal challenges have secured important progress. Over the past decade, a number of Caribbean countries—including Antigua and Barbuda, Barbados, Belize, Dominica, Saint Kitts and Nevis, and Trinidad and Tobago—have struck down the criminalization of same-sex relations. The removal of these laws represents a victory for human rights and for public health. We still have work to do. Laws criminalizing same-sex

relations are still in place in over 60 countries around the world. And although homophobia in countries that have removed criminal laws is not as virulent as it once was, it is still alive and kicking. Removing harmful laws is necessary but not sufficient for the protection of rights.

I am hopeful that we will continue to advance progress in the protection of human rights. When any of us has our rights undermined, we are all harmed. When we protect the human rights of another person, we are made freer and safer.



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ESSAY

A mother's fight for health and rights

Jeanne Gapiya-Niyonzima

Founder of ANSS, and the first person in Burundi to publicly announce that they were living with HIV



My heartbreak as a mother, and my anger at the violations of the rights of people living with HIV, gave rise to my lifetime of involvement in the HIV response. I tell people—please do not feel broken when you learn my story, please be moved instead to take action so that no one else goes through the deprivations of rights that I and many others have gone through. I share my story to explain why, as a person living with HIV, I work for human rights, and why this work must continue until we have protected the human rights of all communities affected by HIV.

Throughout my journey—and in sharing this journey with my brothers and sisters living with HIV—I have witnessed cruelty and brutality towards people living with HIV.

It began for me the day my baby tested positive for HIV and a doctor abruptly announced that I, my baby and my husband were all going to die. Later, the doctor told me to take my baby out of the hospital to die at home so that his hospital bed could be freed up for someone who could be saved.

When I told my doctor I was pregnant with a second child, he insisted I terminate the pregnancy. During the procedure, the doctor, without my consent, removed my uterus to ensure I could never have another child. I was shellshocked. I no longer felt like a woman. It took me 10 years to finally come to terms with what had been done to me. A cruel irony is that I remarried aged 36 and have remained asymptomatic. I could have had more children, but a doctor robbed me of my autonomy and made this most personal of decisions for me.

It is recognized now that women living with HIV can, with support, have babies who are free of HIV. It is recognized that forced

Please do not feel broken when you learn my story, please be moved instead to take action.

A human rights violation against anyone is an attack on the rights and health of all of humanity.

sterilization of women living with HIV is a violation of their human rights. It is also recognized now that such violations of the rights of women living with HIV push them away from health care and undermine programmes working to end AIDS. This recognition did not come automatically: all this only came because we mothers fought.

Know this: no one fights like mothers. I am a practising Catholic. I went to a World AIDS Day mass in 1994, seeking solace after years of loss and heartbreak. In the previous few years, AIDS had robbed me of my husband, my 18-month-old child, my sister and my brother. By attending the mass, I hoped to memorialize the untimely loss of so many people in my life. Instead, what I heard from the priest that day was bigotry and condemnation. The priest said all people who died from AIDS-related causes were sinners. I knew that I, my husband and my siblings, while not angels, were good people. But my late baby boy was a different matter. He, I knew, was indeed an angel.

As a mother who had been insulted and disrespected, that triggered a revolt in me. I stood in front of the church and announced I was living with HIV. I said that no one should insult my angel baby. I added that no

one should insult people living with HIV or people who have died from AIDS-related causes. I was, I declared, no more sinful than anyone else attending the mass. After the conclusion of the service, several people approached me, asking for my help to deal with the stigma and discrimination they were experiencing.

Shortly after the fateful World AIDS Day service, I co-founded l'Association Nationale de Soutien aux Séropositifs et Malades du Sida (ANSS), which evolved to become ANSS Santé Plus. For over 30 years, ANSS has worked to increase HIV-related knowledge and awareness, to combat stigma and discrimination, and to help people living with HIV realize their rights.

We have made major advances for rights and for the effectiveness of the HIV response. Before we campaigned, HIV test results were openly shared. This violated people's right to privacy and scared people away from getting tested. My colleagues and I have successfully advocated for policies that protect the confidentiality of HIV test results, providing the assurance that encourages more people to get tested.

We have secured access to medicines to treat HIV-related opportunistic infections.

We have secured progress that helps uphold the right of children living with HIV to education.

As so many widows are abused by their in-laws or rejected by their own families, we have challenged their mistreatment, including in the courts, to secure recognition of their rights.

We were the first association in Burundi to integrate the gay community into our work. Protecting rights means protecting rights for everyone. As a heterosexual woman who has become a public figure, I accept to take risks to protect others, and I have a responsibility to do so. As someone whose human rights have repeatedly been violated, I understand that a human rights violation against anyone is an attack on the rights and health of all of humanity.

In the end, the challenges I went through, and the movement I have been part of, leave me hopeful. We know the pathway to building a society in which we all thrive. If the world wants to end AIDS as a public health threat, it needs to protect the rights of every person.

ESSAY

For all to thrive

Dr Tlaleng Mofokeng

United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health



For millions of people worldwide, the full enjoyment of the right to the highest attainable standard of physical and mental health remains a distant goal. In my work as a medical doctor treating people living with HIV, as an expert on public health, and as United Nations Special Rapporteur, I know that upholding human rights is how the world will end AIDS as a public health threat.

The right to health provides us with freedoms and entitlements, protecting the social, economic and cultural rights of people. Human rights cannot be abstract principles but must be the core of the sustainable development agenda and must be expressed in all future plans for the world.

The right to health is interdependent and interconnected with the realization of other rights

such as to life, education and employment. When, for example, people are denied their right to education, their right to an adequate standard living, or their right to nondiscrimination, they are in consequence denied their right to health. The obstacles people face, and the solutions to overcome them, are intersectional.

The right to health is about more than the ability to access clinics or hospitals. It encompasses the right to underlying determinants such as safe potable water, nutritious food and a healthy environment. Sexual and reproductive health are integral elements of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; yet for women and girls and people from gender and sexual minorities, many obstacles stand in the way of their enjoyment to sexual and reproductive health. These obstacles are interrelated and entrenched, operating at different levels—in clinical care, at the health systems level, and in the underlying determinants of health.

Access to health-related education and information, including on sexual and

When people are denied their right to education, or their right to an adequate standard of living, they are in consequence denied their right to health.

The power of people will always keep us true as we demand an inclusive world where all people can thrive.

reproductive health, is especially liberating for women and girls and people from gender and sexual minorities, because their freedom is enabled through comprehensive sexuality and gender education about their rights to bodily autonomy, integrity, and protection from nonconsensual medical treatment and experimentation.

For LGBTQ+ people, structural violence in the form of punitive laws, policies and practices impedes, excludes and sometimes bars them from accessing information, health goods and services that are critical to HIV prevention and care. Protecting their right to health requires decriminalization and the ending of so-called “conversion therapy” methods.

For intersex people, protecting their health requires an end to unnecessary medical interventions. For sex workers, protecting their right to health requires an end to arbitrary arrest, confiscation of condoms and criminalization. For people who use drugs, protecting their health requires decriminalization and a massive expansion of harm reduction policy approach and services. For people in prisons and other closed settings, protecting their health requires

ensuring they have access to high-quality goods, services and information.

The effective design of health programmes and policies depends on ensuring meaningful participation and engagement of rights-holders in decision-making, particularly those who have faced the greatest barriers. This requires prioritizing and listening to their lived experiences and concerns to ensure they have consequential impact on policies, budgeting and accountability.

The right to health prioritizes the right to a system of health protection—that is, health care and the underlying social determinants of health that provide equality of opportunity for people to enjoy the highest attainable standard of health.

Global solidarity is a key component of a multilateral world. Countries need to work with each other, in the spirit of mutual respect, to ensure sharing of the resources and scientific knowledge that are crucial to the upholding of human rights and to ending AIDS.

The comprehensive approach needed for health is sometimes dismissed with the excuse that it is too ambitious to be achieved.

But I am glad to say that I have met legions of people, including community organizers, medical professionals and government officials, who are already making the changes we need.

The HIV response, led by the people for the people, has so much to teach. It has been exemplary in advancing people’s rights to health, dignity and autonomy. For decades, HIV activists and advocates have kept on winning victories to secure access to the best that science has to offer, involvement in service delivery, and removal of harmful laws. Their example shows that the realization of human rights and health depends on maintaining the fires of determination. It is possible, anchored by the right to health framework, to galvanize governments to meet their obligations to ensure nondiscriminatory, affordable and acceptable access to quality health-care services, goods and facilities.

The right to health is a powerful tool to advance justice and equity in health. The power of people will always keep us true as we demand gender equality, peace, justice, and an inclusive world where all people can thrive.

ESSAY

To protect everyone's health, protect everyone's human rights

Volker Türk

United Nations High Commissioner for Human Rights



Human rights are the bedrock of just, equitable and resilient societies. They are vital to ensure everyone, everywhere, can live in dignity, safety and freedom. And they are the crucial underpinning of public health.

HIV is treatable and entirely preventable. Nobody should die of AIDS-related causes. Nobody living with HIV should go without antiretroviral medicines. Nobody should lack access to HIV prevention tools. People can live long and full lives with HIV, and we can end AIDS as a public health threat by 2030—if treatment, testing and prevention services are accessible and available to everyone without distinction.

But despite this progress and potential, the world is currently off track when it comes to ending AIDS. Although three-quarters of people living with HIV are on treatment, one-quarter—more than 9 million people—are not.

Discrimination and stigma are obstructing progress and risking

a resurgence of infections. But we have the power and the responsibility to change this. Put simply, to end AIDS, we need to uphold our universal rights.

When human rights are promoted, health is protected. Sadly, the opposite is also true. Every policy that discriminates against people from marginalized communities or in vulnerable situations makes it harder for them to access prevention, testing and treatment. Every crackdown on civil society organizations makes it harder for people living with HIV to get the support they need. Segments of society that are at greatest risk suffer the most.

Every week, 4000 adolescent girls and young women worldwide acquire HIV, three-quarters of them in sub-Saharan Africa. Human rights violations, including gender-based violence, sexual violence as a weapon of war, and trafficking, exacerbate women's risk of HIV. So too does the denial of the

right to education, including on sexual and reproductive health and rights.

HIV prevalence is several times higher among gay men and other men who have sex with men, sex workers, people who inject drugs, transgender people and people in prisons and other closed settings because of stigmatization, marginalization and scapegoating. Criminalization generates fear among people seeking treatment and frontline health workers. These laws cost lives. A study in sub-Saharan Africa showed that HIV prevalence among men who have sex with men was five times higher in countries that criminalized same-sex relationships.



We must consign such laws to history. Thanks to courageous campaigning by civil society, a growing number of countries are doing just that. There is a global shift away from criminalization of LGBTQ+ people—but there is also a highly organized backlash, leaving no room for complacency.

We know how to end AIDS as a public health threat. Countries must remove punitive and discriminatory criminal laws, actively work to eradicate HIV-related stigma and discrimination, and protect women and girls and people from key populations from violence, harassment and abuse—as set out in the 10–10–10 targets.

We need political leadership. Governments have a legal obligation to meet their human rights obligations to all their population. Ending AIDS as a public health threat requires them to root out inequalities,

to ensure availability and accessibility of good quality health services for all, to stand up to the global anti-rights movement, and to make sure community-led organizations can work in a free and open space.

Beyond laws, we need to build a culture of rights. Political leaders must tackle discriminatory attitudes and policies towards people living with, at risk of or affected by HIV. A practical first step is for governments to invest in human rights education and training to sensitize health workers, the police, law enforcement officers, prison staff and other relevant professions. They should also ensure the meaningful involvement of people living with HIV and people from key populations in the development,

implementation and monitoring of HIV strategies and programmes.

At the global level, the international community needs to ensure universal and equitable access to HIV-related medicines and other tools and prevent them from being monopolized for private profit. We have a responsibility to strengthen development financing and to tackle the dangerous levels of debt that are obstructing low- and middle-income countries from investing in health.

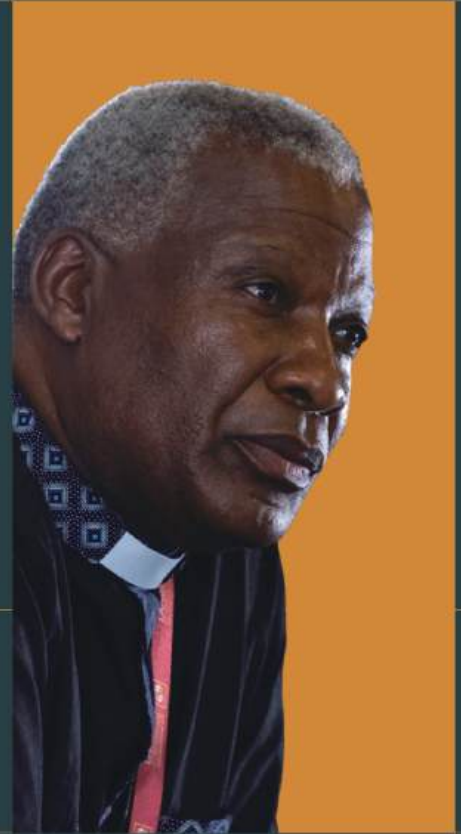
Placing human rights at the centre of the HIV response is the only way we will end the pandemic once and for all. To protect everyone's health, we need to protect everyone's human rights.

Human rights are the crucial underpinning of public health.

ESSAY

Our moral obligation to protect everyone's human rights

**The Most Revd
Dr Thabo Makgoba**
Archbishop of Cape Town



I first witnessed the impact of the AIDS crisis in the late 1990s as an ordinary parish priest. It was a frightening time. Seeing the death and devastation wrought in my own and other communities across countries burned into my heart and soul.

Faith teaches us not only that God loves each one of us, but that every person is created in the image of the creator. As such, when in some parts of the world we genuflect to one another, we are saying “The God in me greets the God in you.” In the isiZulu language, when we greet people, we say “Sawubona,” meaning “We see you”—we see you for who you are and we feel your longing.

As my predecessor Desmond Tutu said, we are God-carriers. To treat any one of God's children as less than this is not only unjust. It is not only painful for the one so treated. It is blasphemous—“like spitting in the face of God”. Every person is infinitely precious, and so we are called to respect and honour everyone.

My public ministry over the years has centred on carrying out walks of witness. These entail literally walking together with my fellow pastors through places where people live in squalor, excluded, on the periphery. We do so to affirm that every person belongs in society, and that all human rights belong to every person. As the Universal Declaration of Human Rights sets out so powerfully, “All human beings are born free and equal in dignity and rights” and “Everyone is entitled to all rights... without distinction of any kind, such as race, colour, sex, language, religion, political

Every person is infinitely precious, and so we are called to respect and honour everyone.

or other opinion, national or social origin, property, birth or other status.”

Choosing love means rejecting hateful laws against marginalized communities. Punitive discriminatory laws, such as those criminalizing LGBTQ+ people, push people away from lifesaving health care, and thus they kill.

But it is not only hateful laws that harm. We need to triumph over hateful hearts too. We need to champion the human rights of every person, not only in our legal statutes but in our everyday engagement with each other too. In this call to action, I include churches. We in the faith community have too often pushed people away with judgement and meanness. For this hard-heartedness we need to repent, and commit to always stand up for all people, especially the most marginalized. As our faith calls us, we need to love all of our neighbours.

Protecting everyone’s human rights is crucial for success in our response to HIV. When we do not adhere to the commitments made in the Universal Declaration of Human Rights, our efforts to end AIDS falter. When we undermine the rights of people to be treated with dignity and without discrimination, we push people away from the health system. When we deny people the right to association, we prevent communities from being able to hold service-providers to account to improve service delivery.

Just as pandemics know no borders, neither should solidarity. As UNAIDS data show, we cannot end AIDS in some places or for some people. We can end AIDS as

a public health threat only by upholding across international public policy the rights of everyone, everywhere. For example, new long-acting HIV prevention medicines that need to be taken only twice a year will be vital for enabling people currently missing out to be served. But companies are not moving fast enough or boldly enough to share the technology. This is undermining the advances that worldwide access to these medicines could secure.

The international policy frameworks that maintain this global apartheid in access to medicines are jeopardizing the health security of everyone, not

only in the Global South but also in the Global North. So too is our failure to tackle the debt crisis. By choking developing countries resources, the debt crisis is preventing investments in health that would ensure health security worldwide. Because we are interdependent, when we exclude anyone, everyone loses—and when we include everyone, everyone wins.

The path to victory in the HIV response is well marked. That path is marked “human rights”—respect for the dignity of all and celebration of our differences. With love in our hearts, let us walk that path together.

It is not only hateful laws that harm. We need to triumph over hateful hearts too.



CONCLUSION (結論)

公衆衛生上の脅威としてのエイズ終結への道を選ぶのか、それともパンデミックの継続を許しHIV流行再拡大のリスクを冒すのか。地球規模のHIV対策の転換点にあたり、世界はいま、その選択を迫られています。

本報告書は、人間を中心にした強力で持続可能なHIV対策には人権の重視が不可欠なことを示しています。人権侵害がHIV対策に深刻な不平等をもたらし、HIVに対する脆弱性を永続させているのです。それとは対照的に、人権に基づいたアプローチが優れたHIV予防と治療サービスの成果をあげ、サービス利用における不平等を減らし、エイズ終結に向けた進歩を加速させていることは、エビデンスにより明確に示されています。

人権の担い手として、各国政府は、HIVの文脈における基本的権利と自由を保護する約束を果たすべきです。長い目で見れば、それが人びとの苦しみを防ぎ、健全な発展を促し、財源を大きく節約することにもつながります。HIV対策のすべてにおいて人権を中心に据える必要があります。HIVの予防と治療のサービス普及を妨げ、サービスの成果を阻む要因に対処するには、さまざまな部門の協力が必要です。

国内および国外からのドナーにとっては、到達可能な最高水準の身体的、精神的健康を享受する権利の実現に向けて、HIV対策における資金ギャップを埋めることが不可欠です。人権課題への介入、HIV予防サービス、キーポピュレーションや弱い立場の人たちへの対応など、優先順位が低いままの状態に置かれている課題に対しては、新たな資金確保と配分に向け、特別な措置が必要です。持続可能なHIV対策には、人権課題への資金提供を優先しなければなりません。

公衆衛生上の脅威としてのエイズ終結への道を選択するには、政治的勇気が必要です。ただし、その勇気が、ひとりひとりの人とコミュニティ、そして社会全体に長期的な利益をもたらす、すべての人の持続可能な健康と開発というグローバルビジョンの実現に向けた進歩を促すことになるのです。

To view the full version of this report, please visit unaids.org

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UNAIDS
Joint United Nations
Programme on HIV/AIDS

20 Avenue Appia
1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org