

COVID-19: RIGHTS OF PEOPLE LIVING WITH HIV



HIV prevalence rates in SADC Region

COUNTRY	PEOPLE LIVING WITH HIV	Adult % 15-49 YRS
ANGOLA	340 000	1.9
BOTSWANA	380 000	20.7
COMOROS	-	-
DEMOCRATIC REPUBLIC OF CONGO	-	-
ESWATINI	200 000	27.3
LESOTHO	340 000	22.8
MALAWI	1 100 000	8.9
MAURITIUS	11 000	1.2
MOZAMBIQUE	2 200 000	12.4
SEYCHELLES	-	-
SOUTH AFRICA	7 500 000	19
TANZANIA	1 700 000	4.8
ZAMBIA	210 000	11.5
ZIMBABWE	1 400 000	12.8

Source: UNAIDS Data 2020 (UNAIDS data 2020)

Conditions of living for people living with HIV

- In 2019, there were 20.7 million people living with HIV (54%) in eastern and southern Africa. (UNAIDS Global Report, 2020)
- Women and girls in sub-Saharan Africa continue to be the most affected and accounted for 59% of all new HIV infections in the region in 2019, with 4500 adolescent girls and young women between 15 and 24 years old becoming infected with HIV every week. Young women accounted for 24% of new HIV infections in 2019, despite making up only 10% of the population in sub-Saharan Africa. (UNAIDS Global Report, 2020)
- Sex workers, gay men and other men who have sex with men, and

WHO encourages countries to maintain access to essential health services, including for people living with HIV, and limit disruptions in access to ART treatment and other essential medicines through a policy whereby medicines are prescribed three to six months, (WHO Guidelines, 2020)

people who inject drugs have higher HIV prevalence and incidence and often have limited access to HIV prevention, treatment and care services. (UNAIDS The Gap Report)

▪ According to UNAIDS, a six-month disruption of antiretroviral (ARV) treatment could lead to more than half a million additional deaths caused by AIDS related illnesses in sub-Saharan Africa. (UNAIDS, May 2020)

SADC responses to COVID-19

Eswatini: Fear of COVID-19 restricted movement and difficulty in accessing services due to restrictions posed a threat to the health of people living with HIV. (UNICEF,

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July 2020)

The Ministry of Health implemented multi-month dispensing (MMD) for all clients, including adolescents on chronic treatment. (ICAP Global Health, March 2020) Reports indicate expansion of HIV self-testing during the COVID-19 pandemic. (UNAIDS 2020 Global Report)

Lesotho: Community level face-to-face activities such as peer support interventions for adolescents and young people, came to a halt due to lockdown measures. (UNICEF, July 2020)

-Namibia: There was a decline in patient attendance by 27 % between March and April 2020 at outpatient clinics including emergency mother to child transmission (EMTCT) services; Implementation of psychosocial support and treatment adherence counselling was affected by COVID-19 lockdown (UNICEF, July 2020)

South Africa: 13 % of the population indicated that their chronic medication was inaccessible during the lockdown. The Gauteng Department of Health reported that almost 11,000 ARV clients skipped their ARV collection between late March and mid-May 2020. (Times Live South Africa, 19 May 2020) Testing for HIV at public health facilities declined by 57% during the first month of lockdown. (Mail and Guardian, 4 September 2020)

▪ The National Health Department of South Africa introduced innovative testing methods such as HIV self-testing which were distributed online and at community pharmacies. (Mail and Guardian, September 2020) The tests were also distributed to communities during COVID-19 community screening. (UNAIDS 2020 Global Report)

Botswana: the lockdown halted youth driven programmes such as teen clubs and peer support, which feature prominently in the country's HIV response. (UNICEF, July 2020) National ARV supply and the implementation of multi-month dispensing were also put at risk by globally restricted transport for shipment and delivery. (UNICEF, July 2020)

Zimbabwe: health services were disrupted, as a result testing, treatment and adherence have also gone down. (Zimbabwe Situation, April 2021)

Namibia and Malawi: Adopted the policy of supplying ART treatment and other essential medicines for 6 months. (CDC, 2020) (Aids Map, July 2020) Additionally in Malawi pregnant and breastfeeding women living with HIV can get their medication every three months, while adults and children can have six-monthly refills.

Zambia: Health workers and patients benefitted from the multi-month HIV prescriptions. Medically stable clients can receive six months of ART, thus eliminating the need for monthly clinic visits. The public health facilities that pivoted to six months' medications also instituted weekend and after-hours care, and home delivery, all while adhering to COVID-19 safety guidelines. (USAID, November 2020)

Applicable Regional and International standards

The **Southern African Development Community Health Protocol** (1999) focuses on HIV/AIDS and STIs, and aims to promote prevention and management policies that work

towards an inter-sectoral response to the epidemic.

The **Southern African Development Community Declaration on HIV/AIDS** (2003) commits to HIV/ AIDS prevention and social mobilisation; improving care, access to counselling and testing services, treatment and support; accelerating development and mitigating the impact of HIV and AIDS and strengthening institutional mechanisms

Articles 26 and 27 of the *SADC Protocol on Gender and Development* **relates to** gender-specific HIV and AIDS health care needs.

The African Commission in General Comment No. 1 on Article 14(1)(d) and (e) of the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa "Maputo Protocol" (2003), lays down women's right to self-protection and to be protected from HIV infection.

Article 16 of the African Charter on Human and Peoples' Rights (1981) places an obligation on Member States to provide non-discriminatory access to affordable life-saving treatments, such as antiretroviral medicines.

International Covenant on Economic, Social and Cultural Rights (art. 12) and **General Comment N° 14** (2000) recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. The right to health includes four interrelated elements adapted from the **International Guidelines on HIV/AIDS and Human Rights** (1998), particularly availability, accessibility, acceptability and quality.

Article 17 of the **International Covenant on Civil and Political Rights** (1966), encompasses obligations to respect physical privacy (for example, the

obligation to seek informed consent to HIV testing) and the need to respect the confidentiality of personal information (for example, information relating to a person's HIV status). The **2006 Political Declaration on HIV/AIDS** emphasizes that increased access to HIV testing and treatment should be implemented with the full protection of confidentiality and informed consent.

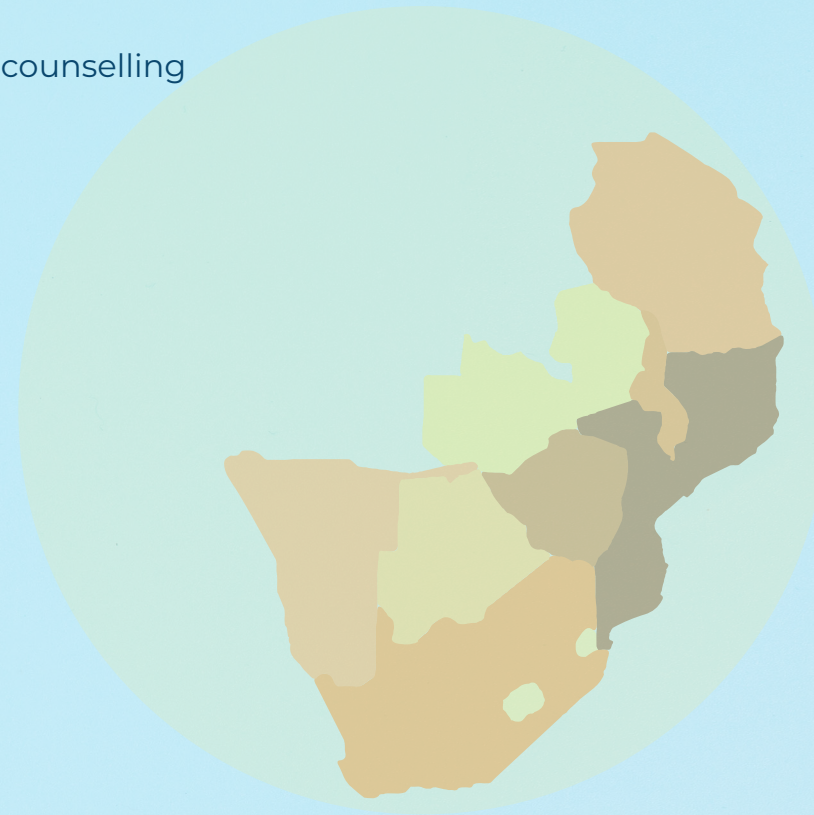
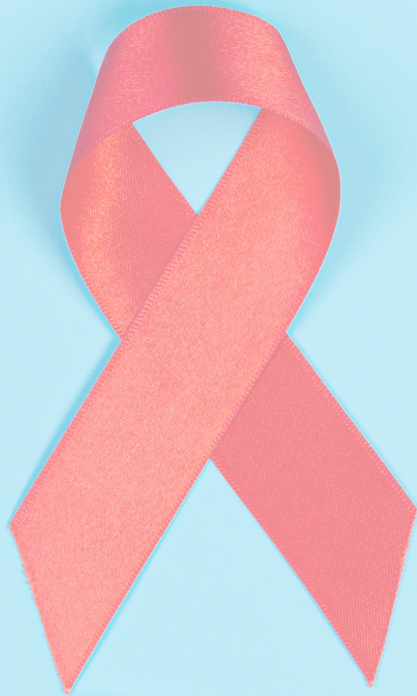
Right to education is set out in **Article 26** of the Universal Declaration of Human Rights (1948) and Article 13 of the **International Covenant on Economic, Social and Cultural Rights** (1966), guarantees that those living with HIV are not discriminatorily denied access to education on the basis of their HIV status.

Article 19 of the **International Covenant on Civil and Political Rights** (1966) provides for the right to seek, receive and impart information related to HIV prevention, treatment, care and support.

Right to an adequate standard of living and social security. The enjoyment of this right, found in article 25 of the **Universal Declaration of Human Rights** (1966) and in Articles 9 and 11 of the **International Covenant on Economic, Social and Cultural Rights** (1966) is essential to reducing the impact of AIDS on people living with HIV, families impoverished by AIDS and children orphaned or otherwise made vulnerable by HIV.

Freedom from cruel, inhuman or degrading treatment or punishment. Article 5 of the Universal Declaration of **Human Rights** and **article 7** of the **International Covenant on Civil and Political Rights**, provides for the State to ensure that prisoners have access to HIV-related information, education and

means of protection, e.g., condoms, as well as voluntary counselling and testing and treatment.



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