

**AFAO Submission to
the Joint Standing Committee
on Foreign Affairs, Defence and Trade
on the Link Between Aid
and Human Rights**

31 January 2001

The Secretary
Human Rights Sub-Committee
Joint Standing Committee on Foreign Affairs, Defence and
Trade
Parliament House
Canberra ACT 2060
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Dear Human Rights Sub-Committee

Thank you for the opportunity to present this submission on the link between aid and human rights. The Australian Federation of AIDS Organisations (AFAO) is the peak non-government body representing the community-based response to HIV/AIDS in Australia. AFAO is a not for profit organisation. Our members include the AIDS Councils in each state and territory and three national organisations: the National Association of People With HIV/AIDS (NAPWA), the Australian IntraVenous League (AIVL) representing injecting drug users and the Scarlet Alliance, the peak body for sex worker organisations.

AFAO's international work

AFAO's involvement in international work began in 1990 when AFAO was approached by the Australian aid program (then AIDAB) to host a series of study tours for people from NGOs in South East Asia and the Pacific. This led to the establishment of the AIDAB funded *AFAO NGO Partnership Program in South East Asia*. Two international project officers were employed to manage the 9 ensuing projects in Thailand, Malaysia and the Philippines. Since then, AFAO has also undertaken a range of project work with partners in the Asia Pacific region, including bilateral projects, study tours, technical assistance, and small grants to community-based organisations.

Currently, we have been in a partnership since 1993 with the Aids Task Force of Fiji as part of *AusAID's Pacific Regional HIV/AIDS initiatives*. We are also involved in the AusAID bilateral projects: the *Indonesia HIV/AIDS and STD prevention and Care Project* since 1995, and the *PNG National HIV/AIDS Support Project* since Oct



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2000. We have recently started a small grants scheme to which the first recipient was the Treatment Action Campaign of South Africa.

We also have worked on international policy issues such as community involvement in vaccine development, treatment access, and community consultations on the recent UNAIDS Framework for Global Leadership on HIV/AIDS. AFAO recognises Australia's key role in the Asia-Pacific region, and takes seriously its responsibility to share appropriate expertise and resources and to facilitate community-based responses. One means by which we will seek to do this during 2001 is the 6th International Congress on AIDS in Asia and the Pacific in Melbourne, of which we are a co-host.

Through regional and international HIV/AIDS conferences, and through our international policy and project initiatives, AFAO has maintained links with regional networks, including the Asia Pacific Network of HIV Positive People (APN+), and the Asia Pacific Council of AIDS Service Organisations (APCASO). AFAO alternates with the New Zealand AIDS Foundation as the Australia/New Zealand representative on the APCASO Council. AFAO's national member organisations the Scarlet Alliance and NAPWA, also have a long history of involvement in the development of regional networks of sex workers and people living with HIV/AIDS.

Aid and human rights

AFAO's submission will focus on our remit, which is HIV/AIDS and Australia's regional response to the epidemic. Minister Downer announced in July 2000 a \$200 million global commitment to help partner countries in the Asia Pacific region deal with the threat of HIV/AIDS. Australian government support will be crucial in helping partner countries deal more effectively with the threat of HIV/AIDS. AFAO would like to take this opportunity to identify the relationship between HIV/AIDS and human rights and how this is influenced by development assistance.

1. AFAO supports development assistance approaches which are grounded in the principles and practices of human rights.
2. AFAO strongly believes that development assistance should be structured so that it does not infringe the human rights and well being of those who it is intended to benefit.
3. AFAO believes that a central goal of development assistance should be to enhance the promotion and protection of the rights and dignity of all, with special emphasis on those who are subject to, or at risk of, discrimination or human rights abuses.

In linking aid with human rights this way, we also point to the link between human rights and HIV/AIDS. The recent UNAIDS Framework for Global Leadership on HIV/AIDS highlights the centrality of human rights in effective responses to HIV/AIDS. Key points in the Framework are:

1. protecting the human rights of people living with HIV/AIDS (PLWHA) through personal and political advocacy;
2. promoting policies that prevent discrimination and intolerance and;
3. reducing the stigma associated with HIV and AIDS.

A universal lesson from HIV/AIDS work is that discrimination towards vulnerable groups encourages the epidemic to spread and prevents the care and treatment of PLWHA.

For example, in many countries, women's unequal role and social status and their lack of human rights protection increases vulnerability to HIV/AIDS by severely limiting their capacity to refuse unwanted or unprotected sexual intercourse. In countries where discrimination against people with HIV/AIDS is a routine experience (and this is most countries in the Asia Pacific region), people are reluctant to seek the information and assistance they require to protect themselves and those around them.

It is important, then, that aid programs are established within a human rights framework. HIV/AIDS projects that respect the rights and dignity of vulnerable groups and PLWHA have a public health benefit for all by actively working to reduce the conditions that increase a population's risk and vulnerability to HIV infection. The International Federation of Red Cross and Red Crescent Societies makes this point powerfully:

*While many studies have shown that socioeconomic status is a powerful determinant and predictor of health status, poverty is only part of an explanation for ill health, disability and premature death. **There is increasing evidence that the level of respect for human rights and dignity independently and decisively influences health status.***¹

We propose that HIV/AIDS Australian aid projects be assessed in the light of the above observations. Assessment could take the form of preliminary project research based on a simple standard evaluation that would include questions such as:

- Does the proposed program increase the risk and/or vulnerability of a population to HIV/AIDS?
- Will the proposed program be periodically reviewed to assess its impact on human rights and its impact on HIV/AIDS?

As an example, Australia has made major contributions to reconstruction efforts in East Timor. While there has been a recent inter-agency mission to explore the issue of HIV/AIDS in East Timor, initial development assistance focused on the reconstruction of infrastructure and the development of institutions with little coordinated work on HIV/AIDS. Reports from development workers suggest that with the influx of foreign troops, workers and finances, conditions have been created conducive to an increase in the sex work industry. Without a programme for HIV/AIDS education and training, those people participating in sex work, some due to their financial vulnerability, are placed at an increased risk to HIV/AIDS and other sexually transmitted infections. If infected by HIV, their vulnerability to human rights violations and stigmatisation is increased as well.

Similar issues arise in relation to aid and development programmes in Africa, where societal disruption has increased the vulnerability of populations to HIV/AIDS. For example, projects employing male labourers away from their home communities have created a situation where men have sexual relations outside of marriage, became HIV infected, and then infect their wives when they return home.

¹ AIDS, Health and Human Rights: an Explanatory Manual. International Federation of Red Cross and Red Crescent Societies and Harvard School of Public Health. 1995. p. 31.

Aid must be examined in a systematic fashion for its effects on human rights, health and HIV/AIDS.

Experts in the field of human rights and HIV/AIDS are available to consult on these issues. For aid to be truly beneficial to communities and nations, aid strategies must take into account these factors.

We propose that the Commonwealth not only examine aid programmes for their human rights dimensions, but also explicitly promote human rights through aid.

This can be achieved by targeting aid through organisations that are drawn from, and work closely with, local communities and populations. For example, regional non-government organisations (NGOs) that promote human rights in Asia and the Pacific, and those working on HIV/AIDS, have ties in and with communities at risk. These organisations can identify local needs more efficiently and accurately than ministries of health or other government bodies. Aid targeted in this way will translate to increased project outcomes. We recommend that aid be used to support local NGOs which are drawn from or have strong links with local communities.

HIV/AIDS, mobility, and human rights

A further issue that we would like to raise is that of mobile populations and vulnerability to HIV/AIDS. Both migrant workers and refugees are at particular risk for HIV/AIDS. A pertinent example can be found on the Thai-Burma border. When the Thai government decided to limit the number of Burmese migrant workers in November 1999, Burmese were forced to move from place to place and reports were received of women being raped. Some of these workers, refused re-entry to Myanmar, have become refugees. Refugees are particularly vulnerable to HIV because they live in dislocated communities in which there are typically fewer services, and in which social dislocation leads to changes in behaviour, for example more frequent instances of rape.

Whether people undocumented migrant workers or refugees, these populations are at risk of HIV/AIDS due to a number of factors. The failure to meet basic needs of a population such as food, health care, and education, increases vulnerability to HIV infection. For example, if a woman refugee is not given enough food, she might engage in formal or informal sex work to feed her children. If refugees do not have access to health care service, or are unwilling to access such service due to their illegal status, HIV infected people who are not aware they are infected are likely to continue to infect others. In addition, a lack of health care facilities will make the treatment of other sexually transmitted infections, a co-factor in HIV infection, difficult or impossible. Refugees who do not know about HIV transmission are more vulnerable to infection. Basic education on HIV/AIDS and reproductive health is made difficult by the instability of people's living situation. Finally, the ability of undocumented migrants and refugees to negotiate safe sex behaviours is further undermined if their difficult circumstances affect their sense of self-esteem and self-worth. All of these factors can be viewed through dual lenses: people's basic rights such as health, education, and housing; and the increased vulnerability of mobile populations to HIV due to their lack of human rights.

We recommend that development assistance be used to improve the human rights of refugees and mobile populations, as well as to reduce their vulnerability to HIV/AIDS.

Finally, we are aware that a Human Rights Framework has been established for AusAID. We commend the adoption of this framework and particularly support the following general principles within it:

- The inclusion of human rights issues in development assistance policy dialogue between Australia and recipient countries;
- The incorporation of relevant international human rights conventions and principles into aid project design.

We hope that the commitment shown to working within this framework will result in a meaningful process of linking human rights with development assistance.

The Jubilee 2000 Project: reducing debt in poor developing countries

The issues paper for this parliamentary enquiry made reference to the Jubilee 2000 project for reducing debt.

We support Jubilee 2000 as a way to release resources for project aid and development that includes HIV/AIDS work.

The financial burden of HIV/AIDS on many countries is enormous. It necessitates an international broad-based effort that includes measures such as debt relief to help countries cope with the impact of HIV/AIDS.

Myanmar: exemption for HIV/AIDS programmes

HIV/AIDS in Myanmar is spiralling out of control. The United Nations Programme on HIV-AIDS (UNAIDS) estimates 530,000 of Myanmar's 48 million people are HIV positive. The epidemic is mainly found in intravenous drug users, sex workers, prisoners and residents of border towns and the two main cities of Yangon and Mandalay and will soon find its way into the general population. "It is what happens with an epidemic when you do nothing" commented Dr. Chris Beyrer, an epidemiologist and director of international AIDS training at Johns Hopkins School of Hygiene and Public Health.²² Although there is some work being done by international NGOs, much more needs to be done.

The boycott on international aid to Burma is harming the fight against HIV/AIDS. Dr. Frank Smithuis from Medecins sans Frontieres said recently "I would argue that funding for HIV/AIDS programmes should be exempted from a boycott as, whatever political side one is on, it is the population that is ultimately affected. And the AIDS epidemic is not limited by time or geography and will intensify problems for any future regime and possibly neighbouring countries."

At the same time, any work that is done in Burma must not be seen as support, even de facto, for the regime. If development assistance work for HIV/AIDS is

²² "Denial Deepens an AIDS Plague". Part of the article Grim Regime, A Special Report: For Burmese, Repression, AIDS and Denial. New York Times, 14 November 2000.

carried out in Burma, each program will have to be carefully evaluated within the broader political context, so that we are clear about what work we are supporting and how we are doing it. We understand the complexity of condemning a non-democratic regime while not harming the people of the country, but feel that the attempt must be made to tread this difficult path.

AFAO recommends that the Commonwealth urgently look into ways it can contribute to slowing the exploding epidemic in Myanmar.

Other recommendations

We join with the Australian Council for Overseas Aid (ACFOA) and our fellow ACFOA member organisations in making the following points:

The background paper stated that the use of aid to advance human rights has proven effective in countries with good governance. We wish to emphasize that good governance is not only about sound macroeconomic policy or solid diplomatic relationships with Western governments. Good governance is about governing with the aim of empowering communities and strengthening civil society. It is not only being open to the free market; it is looking at the effects of that action on all members of its society.

We support the proposal for a well-resourced human rights and development centre to be established in order to promote and develop human rights policy internationally.

A centre such as this would be able to provide expertise in all the areas referred to in your terms of reference for this issue.

Finally, we thank you again for the opportunity to submit our opinions and proposals on this important matter and we look forward to seeing the results of the enquiry.

Sincerely yours,

Bill Whittaker
President
Australian Federation of AIDS Organisations