Committee on the Protection of the Rights of People Living with HIV (PLHIV), Those at Risk, Vulnerable to and Affected by HIV - 71OS

 Apr 23, 2022

**Introduction**

1.This Report is submitted in accordance with Rules 25(3) and 64 of the Rules of Procedure (2020) of the African Commission on Human and Peoples' Rights (“the Commission”). It provides an update of activities carried out during the intersession period after the 69th Ordinary Session of the Commission, held virtually from 15 November to 5 December 2021.

2.The Report consists of four (4) parts. The first part deals with intersessional activities carried out in my capacity as Commissioner; the second part covers activities as Chairperson of the Committee on the Protection of the Rights of People Living with HIV (PLHIV) and Those at Risk, Vulnerable to and Affected by HIV (“Committee on HIV”); the third part elaborates on the situation of HIV/AIDS on the continent, and the fourth part contains the conclusion with a set of recommendations.

**Part I:     Activities carried out in my capacity as Commissioner**

I.Retreat on Result-based Annual Work Planning

3.From 10 to 13 January 2022, I participated in the Commission’s Retreat on Result-based Annual Work Planning, convened virtually to discuss the activities to be carried out by the Commission in 2022. The planning focused on the priority areas set out in the Commission’s Strategic Plan 2021-2025.

II.Meeting of the ACHPR on the Complementarity with the African Court

4.I participated in a special Meeting convened by the Commission to finalise documentation on the Commission’s position on Complementarity with the African Court, held virtually on 15 February 2022.

III. 70th Ordinary Session of the Commission

5. I participated in the 70th Ordinary Session of the Commission, held virtually from 23 February to 9 March 2022.  The Session was convened pursuant to Article 64 (2) of the African Charter on Human and Peoples’ Rights (the African Charter), read together with Rule 28 of the Rules of Procedure of the Commission, 2020, to consider Communications; Resolutions; Concluding Observations and Reports.

IV.35th Extra-Ordinary Session of the Commission

6.I participated in the 35th Extra-Ordinary Session of the Commission held virtually on 4 April 2022. During the Session, the Commission finalized discussion of the ‘Paper on the Complementary Relationship Between the African Commission on Human and Peoples’ Rights and the African Court on Human and Peoples’ Rights;’ and also considered the paper on Pending Applications for Observer Status, as well as items deferred from the 70th Ordinary Session of the Commission.

**Part II:     Activities carried out in my capacity as Chairperson of the Committee on HIV**

I. Continental Conference on ‘The Impact of COVID-19 on HIV Responses in Africa’

7.I participated in the above captioned event held in Saly, Senegal from 15 to 17 March 2022. The Continental Conference, which is part of the promotion mandate of the Commission, was organized within the framework of Article 45 of the African Charter. It was funded by the European Union (EU) under the EU/AGA Support Project 2021-2023.

8.The Continental Conference brought together forty-nine (49) Participants including Representatives of Government Institutions; African Union Organs; National Human Rights Institutions (NHRIs); International Organizations; Non-Governmental Organizations (NGOs); Academic Institutions, Persons living with HIV/AIDs, and Health Workers.

9.It was organised to raise awareness and build knowledge and capacity on the importance of a human rights-based approach in responding to the COVID-19 pandemic, and its significance for the protection of HIV-related human rights. The Committee on HIV also sought to draw lessons learnt from the HIV response in order to contribute to ongoing conversations on building resilience against future pandemics and other global health and development challenges.

10.Key Conclusions and Recommendations of the Continental Conference, otherwise referred to as “the Saly Declaration” is available on the Commission’s website:

* English: <https://t.co/Qgcfnjbvbb>
* French: <https://t.co/oFST2HSSnf>
* Portuguese: [https://t.co/LlIiLjwiKr&nbsp](https://t.co/LlIiLjwiKr%26nbsp);

**II. Meeting between the Committee and Partners**

11.On 16 and 17 March 2022, the Committee on HIV held a Meeting with Partners (UNAIDs and UNDP), on the margins of the Continental Conference. The Objectives of the Meeting was to share the Committee’s Plan of Action for 2022 and 2023 and identify areas of collaboration as well as source funding to support activities, as necessary.

12.During the Meeting, I expressed my willingness to pursue collaboration with partners and to swiftly deliver on the Committee’s Action Plan for 2022 and 2023.

13.Areas of collaboration were also identified, as well as funding opportunities for certain activities including the National Dialogue envisaged to take place in the Democratic Republic of Congo (DRC), for the “Study on HIV, Law and Human Rights in the African Human Rights System: major challenges and opportunities linked to rights-based responses to HIV.”

**III.     Courtesy Meeting with Dr Sihaka TSEMO, Director of UNAIDS Liaison Office to the AU & UNECA**

14. On 23 March 2022, I took part in the above-mentioned Meeting, wherein we discussed the study to be conducted jointly by the UNAIDS and the ECOSOC Working Group of the Commission on the right to health in Africa. The Meeting also discussed the UNAIDs Report on the impact of COVID-19 on the rights of PLHIV.

**Part III- Situation of HIV/AIDS on the Continent**

15.According to World Health Organisation (WHO), Africa has made significant progress against HIV over the past decade, reducing new infections by 43% and nearly halving AIDS-related deaths. However, the continent is unlikely to end AIDS as a public health threat by 2030 with many countries falling behind key elimination milestones and COVID-19 aggravating challenges.[ [https://www.afro.who.int/news/africa-cuts-hiv-infections-deaths-key-tar…](https://www.afro.who.int/news/africa-cuts-hiv-infections-deaths-key-targets-still-elusive%5D%26nbsp);

16.WHO is also tracking progress toward the 95-95-95 targets with a scorecard. According to the scorecard, in December 2021, countries in the African region reported that 87% of PLHIV know their status; 77% are on treatment and 68% have low viral load. So far only nine (9) countries—Botswana, Cabo Verde, Kenya, Lesotho, Malawi, Nigeria, Rwanda, Uganda and Zimbabwe—are on track to reach the 95-95-95 targets by 2025. It is reported that some countries including Burkina Faso, Liberia, Niger, Sierra Leone, Central African Republic, Chad, and DRC, saw 150,000 AIDS-related deaths in 2021, representing approximately 21% of all deaths from AIDS-related illnesses worldwide.[ [https://www.concern.net/news/aids-crisis-africa-5-things-know-2021]&nbsp](https://www.concern.net/news/aids-crisis-africa-5-things-know-2021%5D%26nbsp);

17.As noted in previous Activity Reports of the Committee on HIV, the vulnerability of women and girls on the continent to the HIV epidemic remains a concern. Discrimination and gender inequality remain the major cross cutting human rights issues increasing the vulnerability of women to HIV, mainly in their ability to access health services and opportunities.

18.Furthermore, gaps in the testing of infants and children exposed to HIV have left more than two fifths of children living with HIV undiagnosed. Nearly two thirds of children not on treatment are aged 5 to 14 years—children who cannot be found through HIV testing during post-natal care visits.[ UNAIDs data 2021[https://www.unaids.org/sites/default/files/media\_asset/JC3032\_AIDS\_Data…](https://www.unaids.org/sites/default/files/media_asset/JC3032_AIDS_Data_book_2021_En.pdf%5D%26nbsp);

19.Additionally, the Committee on HIV has noted that COVID-19 pandemic has exacerbated the HIV/AIDs pandemic as the world grapples with two parallel pandemics. The COVID-19 threatens decades of hard-won development and public health gains, as the pandemic and the measures put into place to contain its spread, resulted in a sharp economic downturn, which in turn has had negative impacts on national economies and people’s livelihoods.[ [https://data.unicef.org/topic/hivaids/covid-19/]&nbsp](https://data.unicef.org/topic/hivaids/covid-19/%5D%26nbsp);

20.Unfortunately, much like the inequities of HIV/AIDS treatment in Africa, COVID vaccine inequities are also adding more unnecessary risk to the lives of PLHIV. According to WHO, only 16% (or nine out of 54) African countries had met a target of vaccinating 10% of their populations against COVID-19.

21.During the Continental Conference on “the Impact of COVID-19 on HIV Responses in Africa,” aforementrioned, robust discussions were held on the subject, and the following challenges were highlighted amongst others:

* In the wake of the outbreak of COVID-19 a lot of disruptions were caused, starting from vulnerable sections of the society being disproportionately affected to the disruption of the whole health system
* Response measures to COVID-19 exacerbated the existing challenges and created new ones such as increase in violence on women’s personal, sexual, social, and reproductive life, reduction of autonomy, sense of personal safety and quality of life;
* Exacerbation of existing inequalities, reduction of access to medicines, treatments and diagnostics;
* COVID-19 halted and slowed down most of the efforts put in place for screening, prevention and supporting PLHIV;
* Increase of sexual and GBV;
* Conversion of some HIV clinic facilities into COVID-19 response facilities;
* Difficulty in reaching key population groups for community-led HIV response;
* The absence of disaggregated data on indigenous peoples and minorities living with HIV resulted to governments not considering the special needs of these categories of people in crafting responses to the COVID-19 pandemic.

**Part IV: Conclusions and Recommendations**

22.In the light of the foregoing, the Committee makes the following recommendations to the various stakeholders:

To States and Governments:

* Stop inequalities, social injustice, discrimination and ensure adequate rollout of Antiretroviral drugs, COVID-19 treatments and vaccines to all affected population;
* Finance and invest in HIV response measures as well as universal health coverage;
* Prioritise human rights-based comprehensive and integrated HIV responses;
* Build resilience against future pandemics and other global health and development challenges;
* Develop risk mitigation strategies in order to increase levels of preparedness, and ability to respond to future pandemics, while considering vulnerable groups and key populations, in order to not regress from previous gains on the fight against HIV;
* Ensure inclusion of key aspects of community-led service delivery to essential services to avoid future interruption of services;
* Ensure that health facilities are easily accessible to members of indigenous and minority communities;
* Properly fund and strengthen institutions responsible for tackling HIV; and
* Leverage telemedicine differentiated service delivery models for Adolescent girls and young women living with, affected by or at risk of HIV.

To NHRIs

* Advocate for the enactment of guidelines for the protection of PLHIV, and vulnerable groups and key populations at the national level;
* Support treaty bodies including the Commission in developing guidelines on epidemics preparedness and contingency responses;
* Advise different stakeholders on their roles in the implementation, the promotion and the enforcement of laws on the human rights of PLHIV;
* Put in place grievance and redress mechanisms;
* Conduct studies, investigate cases and gather data and evidence on the impact of COVID-19 on the rights of PLHIV;
* Increasing public awareness on the rights of PLHIV, especially through information and education;
* Scale up efforts that improve the life and well-being of vulnerable groups and key populations in the context of HIV;
* Strengthen policies, laws, and strategies to protect key populations and other vulnerable groups during the COVID-19 pandemic and future pandemics; and
* Collaborate with the Committee in capacity building for HIV responses within the context of COVID-19.

To Civil Society Organisations

* Strengthen social safety nets for PLHIV for preparedness in times of pandemics;
* Develop mental health and psycho-social support programmes for PLHIV and affected by COVID-19;
* Assess the impact of COVID-19 outbreak on availability and accessibility of HIV prevention, treatment and care services and work with Governments to find effective solutions; and
* Develop and disseminate specific technical guidance on HIV service provision for all categories of people without discrimination, in the context of COVID-19 prevention and control.

Other partners:

* Support the Committee on HIV for the popularization and dissemination of its “Study on HIV, Law and Human Rights in the African Human Rights System: major challenges and opportunities linked to rights-based responses to HIV,” which provides an overview of the pertinent issues linked to the human rights aspects of HIV in Africa. It also represents a significant contribution to the efforts already deployed to enhance the responses to HIV based on rights in Africa and in the world at large; and
* Collaborate, and also provide technical and financial support to the Committee to enable the latter effectively implement its mandate.