



# Ethical and Human Rights Implications of Strategies to Halt the Spread of HIV/AIDS



9th Ethics Conference  
Bioethics: Medical, Legal  
Healthcare Ethics  
October 25-26, 2012

# Facts & Figures of Epidemic

- 30 years +
- 25 million lives lost
- 2011:
  - 1.7 million AIDS-related deaths
  - 2.5 million new infections
  - 34 million PLWHIV
- Serious health and existential crisis
- Human **development**
- **Sensitive social factors**



# Sub-Saharan Africa & Elsewhere

- Most severely affected region
  - 68% of PLWHIV
  - 69% of new infections
  - 72% of AIDS deaths
- Rising: E.Europe, C.Asia, N.Africa, Middle East
- Rapid transmission through large homosexual networks



# AIDS Establishment



# Official Response to the Epidemic

- **MDG 6: Target A**

Target B – “15 by 15”

- **UNAIDS 2001/2006/2011 Declarations on HIV/AIDS**
- **International AIDS Conferences**
- **Billions of \$ annually**



# Global AIDS Intervention Efforts

- **Prevention as keystone**
- **Abstinence and Partner Reduction** (Risk Avoidance)
- **Vertical** and preventing **adverse human consequences** on children and families.
- **Combined Prevention** (Risk Reduction):
  - biomedical
  - behavioural
  - structural



**Public Health**  
Prevent. Promote. Protect.

# Biomedical Approaches

- Treatment as Prevention (TASP)
- Microbicides
- Pre-exposure prophylaxis (PrEP)
- Post-exposure prophylaxis (PEP)
- HIV At-home test: OraQuick
- **Timothy Brown**
- Vaccine
- Needle or syringe programmes for IDUs
- Male circumcision (MC)
- **Others:** Condom access and use, STI treatment



# ART & Behavior Change

**“...Antiretroviral treatment – while a humanitarian godsend for millions of people—might also make behaviour change even more challenging, as AIDS is increasingly perceived as a chronic manageable disease...”**

(Wilson, Halperin, “Know your Epidemic, Know your response...”)

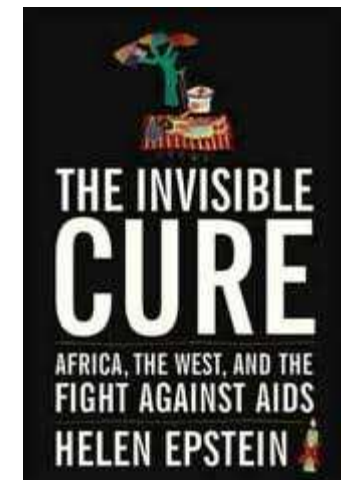
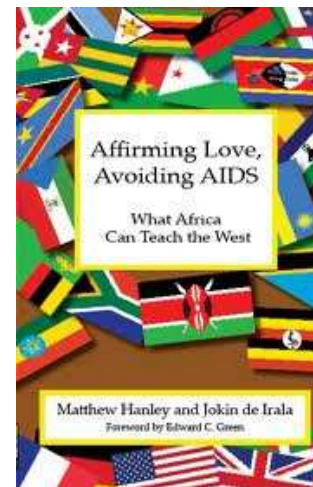
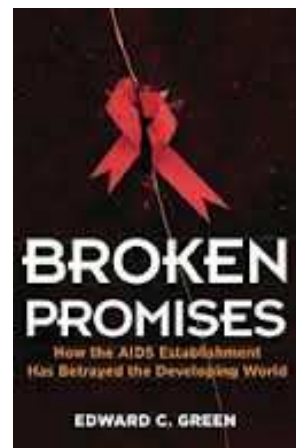
# Structural Approaches

- Culturally sensitive clinical care programmes
- Pushing for a change in laws
- Science: Expedite introduction of new prevention tools
- Young people
- Gender Equality & Poverty

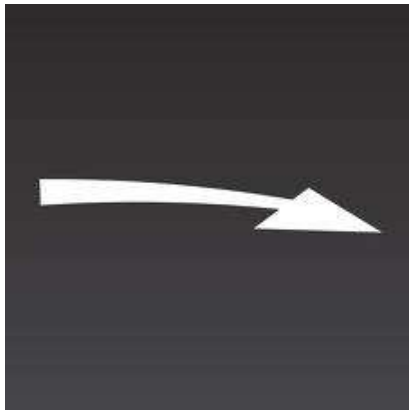


# No Unanimity among Empirical Scientists in the West

- E.Green: Efforts ought to go into changing behaviours driving HIV epidemics...
- H. Epstein: partner reduction imperative
- D.Halperin: Neglect of effective, less expensive preventive approaches



# Deflected Emphasis



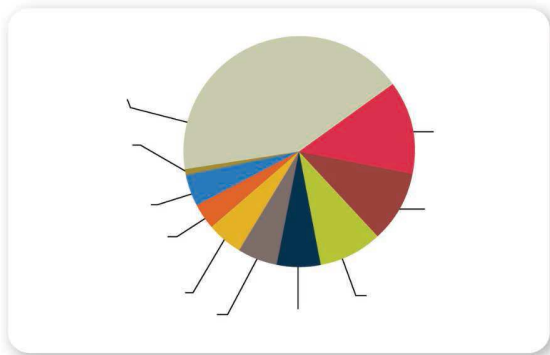
“Participatory **approaches** that emphasise putative...largely unproven underlying factors ...can deflect emphasis from

**the major immediate cause of HIV infection: multiple sexual (and injecting) partnerships”**

(Wilson, Halperin, “Know your Epidemic, know your response: a useful approach if we get it right” (Lancet, 2008)

# Reassess the Balance

- “Know your epidemic, know your response”...correct approaches
- Commercial, professional, ideological influences
- “The largest investments in AIDS prevention targeted to the general population are being made in interventions where the evidence for large-scale impact is uncertain.” (Potts et als)



# Uganda's "social vaccine"

- Behaviour change and declining prevalence
- Clear, accessible **messages**
- Education
- Leadership



# Home-grown approaches

“...I am asking my people to go back to our **time-tested culture** of no premarital sex and faithfulness in marriage. Young people need to be taught discipline, self-control, and at times sacrifice.”

(President Museveni , Int’l AIDS Conference, Florence, Italy, 1991)



# Social and Cultural Upheaval: an example of modern Kenya

“Although very few are “rich” by western standards, they are nevertheless **at the leading edge of the massive social and economic transition occurring in Africa today...** As with all such transitions, this creates **upheavals in basic norms, customs, and values**, which might facilitate the spread of HIV. “



(Epstein, Halperin, Global Sexual Behaviour, Lancet 2007)

# Cultural Practices to protect young women

**“[...] support from others [older female relatives] in protecting herself from unwanted advances and premature relationships. She lamented that these customs and practices had largely vanished as a result of rapid modernization and urbanization, but her witness is evidence that they are not beyond the people’s consciousness...”**



# The “Unpopular” Stand

“...there are **many fears** to be faced in this epidemic, and some of them have to do with our fear of **taking an unpopular stand**, of **being associated with the moral right**, or of **being labelled a “this” or “that” ....**

(Suzanne Leclerc-Madlala, “Prevention Means More than Condoms”, *Mail and Guardian*, Oct 4, 2002)



# Contrasting Liberal Scenario



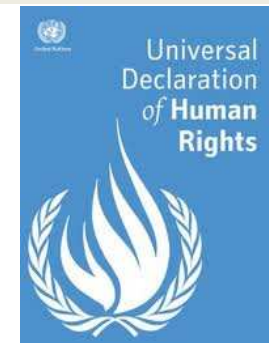
Persistent rates of **multiple partnerships**...Sustained, alarmingly **high incidence** (James D. Shelton)

# Which way to go?



# “A bridge upon which to talk”

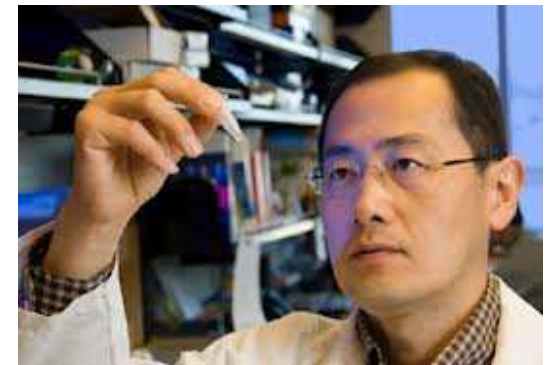
- **Founding document** of the U.N.
- **Broader dimensions of human existence**
- **Objective principles for global solidarity**
- **Common standard of rights and wrongs**
- **Power of shared or common conscience** to overrule ideological commitments, thus forming a true **human rights conscience**
- Agreement on the “**what**” not the “**why**”



# Moral Intuition and a Human Rights Conscience

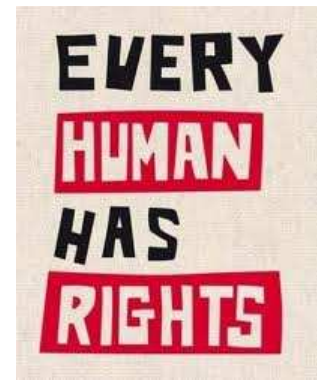
"These are very **difficult decisions**, and I think that **society should make them**," he said. "**It should not be scientists. They can find it difficult to think like the person on the street, and instead may see it simply as a good opportunity. We scientists can be involved in the decision-making process, but I think unless society is comfortable with the therapy it should not go ahead.**"

(Shinya Yamanaka, 2012 Nobel Laureate for Medicine (2007 interview, [New Scientist](#))



# HRs “Indicators” Applied to AIDS Strategies

- Do they recognize **reason and conscience** of everyone?
- Do they concur with the **ordinary moral sense** regardless of the education level?
- Are they acceptable to people of **different ages and cultures**?
- Are they **respectful of relationships**: family, community, religious groups, workplaces, associations, culture, nation, an emerging international order?
- Do they clash with **long established, time-tested social customs and government policies**?



# AIDS Intervention & LGBTI “rights”

Human beings are **social**, as well as **self-determining**...What is needed: **not a new portfolio of “group rights”, but a fuller concept of human personhood and a more ecological way of thinking about social policy...**

(Mary Ann Glendon, Rights Talk)



# Right to Education - Art. 26(2)

- ...directed to the **full development of the human personality**. Cultivating the mind and spirit (C. Malik).
- Active participation, through personal choice in **development of our capabilities**: one of our most basic human rights
- Respect each person's struggle to shape his or her own life (M. Nussbaum)
- ...Including opting out of potentially destructive behaviour - **prevention via behaviour change**. Less reliance on material things and **greater security in inner strength to control oneself**.

# A Fuller Concept of Personhood

Basis of Human Rights / Evidence-based /  
People-centred / Comprehensive / Non-  
discriminatory / dignified / holistic approach



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Mahalo Merci Xie Xie  
Thank You  
Paldies Grazie Dziekuje  
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