



STATEMENT BY THE CAMEROON HUMAN RIGHTS COMMISSION TO MARK THE WORLD AIDS DAY

1 December 2024

Theme.- *Take the Rights Path*

The Cameroon Human Rights Commission (hereinafter: “the Commission” or “the CHRC”), established by Law No. 2019/014 of 19 July 2019 and rendered operational on 29 April 2021 following the swearing in of its members before the Supreme Court sitting in Joint benches,

Bearing in mind that in June 1981, American scientists diagnosed the first clinical signs of what would later be defined in 1982 as acquired immunodeficiency syndrome (AIDS), with three clearly identified modes of transmission: blood transfusion, mother-to-child transmission and sexual intercourse,

Noting also that the human immunodeficiency virus (HIV) was recognised as the cause of AIDS, that the HIV/AIDS epidemic became manifest in 1985, with at least one case reported in every region of the world¹, and that this unusually immunodeficient disease spread rapidly, leading in 1987 to a strong mobilisation of public and private actors in the fight against AIDS. This mobilisation led to the creation of civil society organisations, in particular the International Council of Aids Services Organization (ICASO) and the Global Network of People Living with HIV/AIDS²,

Emphasising the scale of the HIV/AIDS epidemic, its social impact and the challenge of finding an effective plan to fight it:

In May 1986, in resolution WHA39.29 the 39th World Health Assembly requested the Director-General [of the World Health Organization (WHO)] to explore ways of increasing WHO's cooperation with Member States in combating AIDS, to seek extrabudgetary resources for this purpose, and to report on progress to the 40th World Health Assembly,

¹ See United Nations, “Fiche d'information. 20 ans de VIH/SIDA”, published on the website https://www.un.org/french/ga/sida/aidstwenty_fr.htm, accessed on 27 November 2024.

² *Ibid.*

In January 1987, at its 79th session, WHO Executive Board supported the priority accorded by WHO to this global health problem, and on 1 February the Director-General established the WHO Special Programme on AIDS [which later became WHO's global AIDS strategy]³,

Recalling that it was during the World Summit of Ministers of Health on Programmes for AIDS Prevention, on 28 January 1988, that the delegates from 148 member States adopted the *London Declaration on AIDS Prevention*, in which they:

- undertake to devise national programmes to prevent and contain the spread of human immunodeficiency virus (HIV) infection as part of the countries' health systems
- emphasize the need in AIDS prevention programmes to protect human rights and human dignity
- seek the involvement of all relevant governmental institutions and nongovernmental organisations in creating [a] supportive social environment needed to ensure the effective implementation of AIDS prevention programmes and humane care of affected individuals
- [said,] following this Summit, [that] 1988 shall be a year of Communication and Cooperation about AIDS⁴,

Recalling also that, following the recommendation of 8 April 1988 by WHO Special Programme on AIDS to establish a World AIDS Day, the United Nations General Assembly (UNGA), at its 38th plenary session, in its resolution No. A/RES/43/15 of 27 October 1988 on the prevention and control of acquired immunodeficiency syndrome (AIDS), designated 1 December as **World AIDS Day**. This date was considered ideal for attracting the attention of journalists and the general public⁵, given the “gap” in the 1988 calendar between *Black Friday sales* and the end-of-year holidays,

Aware that the aim of the celebration of this Day is to make “1 December a day of international commitment [and] of mobilising all those involved in the fight against HIV in all sectors[, a day] of demonstrations in support of people living with HIV [and] of commemoration of those who died of AIDS-related diseases”⁶,

Welcoming the theme of the 2024 World AIDS Day, which is **Take the Rights Path**, through which Ms Winnie Byanyima, the Executive Director of UNAIDS, calls all actors concerned:

to action to protect everyone's health by protecting everyone's rights [and recalls that w]orld leaders pledged to end the AIDS pandemic as a public health threat by 2030, and they can uphold their promise, but only if they ensure that the HIV response has the resources it needs and that the [...] rights of everyone are protected⁷.

Noting that through the above theme, the United Nations AIDS Programme (UNAIDS) reminds people and governments that HIV has not gone away and that the substantial progress

³ See WHO Special Programme on AIDS: report by the Director-General, available online at <https://iris.who.int/handle/10665/193987>, accessed on 27 November 2024.

⁴ See WHO, “Global Programme on AIDS, World Summit of Ministers of Health, London Declaration on AIDS Prevention, 28 January 1988”, 3 pp., esp. p. 2.

⁵ See *Sidaction*, «La Journée mondiale, un rendez-vous crucial né il y a 35 ans», <https://www.sidaction.org/transversal/la-journee-mondiale-un-rendez-vous-crucial-ne-il-y-a-34-ans/>, accessed on 26 November 2024.

⁶ See *Sidaction*, *op. cit.*

⁷ See United Nations AIDS Programme (ONUSIDA), “World AIDS Day”, <https://www.unaids.org/fr/World-AIDS-Day>, accessed on 11 November 2024.

made in the response to HIV is directly linked to progress in the protection of human rights, and in particular the right to health, through the strengthening of health systems, the optimal achievement of which can be hampered by shortcomings, including stigma and discrimination that prevent the global actors from moving towards the eradication of AIDS and are undermining efforts to protect to public health⁸,

Noting also that, for UNAIDS, the concept of the “rights path” refers to:

- equality [meaning] ensuring equal access to prevention, treatment and care services for all, without discrimination
- non-discrimination [meaning] combating stigma and discrimination against people living with HIV/AIDS
- human rights [meaning] defending the rights [...] of people living with HIV/AIDS and their families
- access to health [meaning] promoting universal access to quality health services for all
- strengthening international solidarity to end the aids epidemic by 2030⁹,

Considering that in the Preamble of the Constitution of 18 January 1996, the people of Cameroon, “[r]esolved to harness our natural resources in order to ensure the wellbeing of every citizen without discrimination, by raising living standards, [and] proclaim our right to development as well as our determination to devote all our efforts to that end”, given that “the human person, without distinction as to race, religion, sex or belief, possesses inalienable and sacred rights [and t]he State shall provide all its citizens with the conditions necessary for their development”,

Considering also that numerous African human rights instruments to which Cameroon is a party enshrine the right to health, namely:

- Article 16 (1) and (2) of the African Charter on Human and Peoples' Rights, which provides that:

[e]very individual shall have the right to enjoy the best attainable state of physical and mental health [and that] State Parties to the present Charter shall take the necessary measures to protect their people and to ensure that they receive medical attention when they are sick

- Article 14(1) of the African Charter on the Rights and Welfare of the Child (ACRWC), which provides that “[e]very child has the right to enjoy the best attainable state of physical, mental and spiritual health”
- Article 14(1) and (2) of the Protocol to the African Charter on Human and People’s Rights on the Rights of Women in Africa (the Maputo Protocol), which mandates that States shall:

ensure that the right to health of women, including sexual and reproductive health is respected and promoted [and for this reason] shall take all appropriate measures to [p]rovide adequate, affordable and accessible health services, including information, education and communication programmes to women especially those in rural areas,

Considering further with UNAIDS that “although there is no [universal] instrument that specifically addresses the issue of HIV, a number of [universal] human rights provisions have been interpreted as having a significant impact on the effectiveness of the response to HIV, including”¹⁰:

⁸ UNAIDS, “World AIDS Day, 1 December. Take the Rights Path”, <https://www.un.org/en/observances/world-aids-day>, accessed on 26 November 2024.

⁹ See UNAIDS, “Take the Rights Path – World AIDS Day”, *op. cit.*

- Articles 1, 3 and 25 of the Universal Declaration of Human Rights (UDHR), which enshrine the right to dignity and equality, the right to life, liberty and security of person, and the right to an adequate standard of living, including the right to health
- Article 12 and 15 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), which respectively enshrines the right to the highest attainable standard of health and the right to enjoy the benefits of scientific progress and its applications
- Articles 14 and 26 of the International Covenant on Civil and Political Rights (ICCPR) respectively dedicated to the right to non-discrimination and equality before the law,

Bearing in mind that the global statistics on the state of the HIV/AIDS pandemic published by UNAIDS published in 2024 specifically reveal that, a total of:

- 39.9 million people globally were living with HIV in 2023
- 1.3 million people became newly infected with HIV in 2023
- 630 000 people died from AIDS-related illnesses in 2023
- 30.7 million people were accessing antiretroviral therapy in 2023
- 88.4 million people have become infected with HIV since the start of the epidemic
- 42.3 million people have died from AIDS-related illnesses since the start of the epidemic¹¹,

The Commission commends the efforts of the Government and its partners who are working tirelessly to prevent the spread of HIV/AIDS and to support persons living with HIV/AIDS, in particular:

- the official launch of the second *Cameroon Population-based HIV Impact Assessment* (CAMPRIA) survey on the impact of HIV in Cameroon in 2024 (following the 2017-2018 survey) by the Ministry of Public Health (MINSANTÉ), in the presence of the US Ambassador to Cameroon, on 1 August 2024,
- the launch of the 22nd *AIDS-free holiday campaign* by MINSANTÉ on 31 July 2024, on the theme *No to deviance and moral depravity, yes to a future without HIV/AIDS* at the Esplanade of the Head Office of the African Synergy in Yaounde
- the press conference organised by MINSANTÉ on 9 July to mark the launch of the *transition plan for the three-test HIV screening algorithm in Cameroon*
- the first statutory meeting of the National AIDS Control Commission (CNLS) on 23 April 2024 and on the same occasion the launch of the *Paediatric Surge initiative*, by MINSANTE in collaboration with technical and financial partners, and civil society organisations involved in the fight against HIV/AIDS, to accelerate paediatric HIV care
- the 12th Conference of the Francophone Alliance of Healthcare Actors against HIV and Chronic or Emerging Viral Infections (AFRVIH), held at the Yaoundé

¹⁰ See UNAIDS, “Handbook on HIV and Human Rights for National Human Rights Institutions”, OHCHR and UNAIDS, 2008, pp. 48, esp. pp. 4 and 8.

¹¹ See UNAIDS, “Fact Sheet 2024. Latest AIDS data”, <https://www.unaids.org/en/resources/fact-sheet>, accessed on 13 November 2024.

The Commission remains very concerned about the prevailing security situation in areas affected by terrorism, particularly in the Far North, North-West and South-West regions, where health personnel are killed, injured or threatened, and the Government and private health facilities have been destroyed and/or damaged, making it difficult for people living with HIV/AIDS to have access to health care,

The Commission notes, with regrets, that:

- due to insecurity in Regions subject to terrorist attacks of *Boko Haram* or the brutality of secessionist terrorists, some health workers abandon patients, including those living with HIV/AIDS, without access to adequate health care
- there is a lack of antiretroviral drugs (ARV) and other essential treatments for people living with HIV/AIDS, due to shortages or unavailability of these drugs in insecure areas
- the increase in transport costs in interior and remote areas, which affects the treatment of HIV/AIDS patients and prevents them from attending regular follow-up appointments at health centres
- limited access to resources and livelihoods, forcing some women and young girls to live in prostitution and leading to an increase in sexually transmitted infections (STIs) and sexually transmitted diseases (STDs) in general, with a particular spread of HIV
- insufficient resources to prevent and respond to HIV/AIDS through information and communication technologies (ICTs),

The Commission notes that, out of the 220 recommendations accepted by the State during the adoption of *Cameroon's report* after undergoing the fourth cycle of the Universal Periodic Review (UPR) on 26 March 2024, 25 are in favour of the right to good health and nine specifically relate to HIV/AIDS. These recommendations have been transmitted by the CHRC to the relevant stakeholders, each as far as it is concerned, in the following manner:

- The recommendation to “*redouble efforts to improve the health of the population and children by investing in training and increasing the availability of medical personnel*”, addressed to the General Secretariat of the Presidency of the Republic (SG/PR), the General Secretariat of the Office of the Prime Minister, Head of Government (SG/PM), the Ministry of Public Health (MINSANTÉ), the Ministry of the Public Service and Administrative Reform (MINFOPRA), the Ministry of Women's Empowerment and the Family (MINPROFF) and the Ministry of Social Affairs (MINAS)
- The recommendation to “*implement large-scale public awareness campaigns on health care, nutrition, hygiene and disease prevention*”, addressed to MINSANTÉ, MINAS and civil society organisations (CSOs)
- The recommendation to continue to “*invest in health services to better protect the right to health of people living with HIV/AIDS*”, addressed to the Ministry of Economy, Planning and Regional Development (MINEPAT), MINSANTÉ, MINAS and MINPROFF
- The recommendation to “*continue to focus on promoting the health sector and equitable access to health care through the Health Sector Strategy and the Health*

- The recommendation to “*continue to focus on promoting the health sector and equitable access to health care through the Health Sector Strategy and the Health Financing Strategy*”, addressed to MINEPAT, MINSANTÉ, MINAS and the Ministry of Public Finance (MINFI)
- The recommendation to “*continue efforts to improve access to health care*”, addressed to MINSANTÉ and MINEPAT
- The recommendation to “*ensure the effective implementation of the strategic plans adopted in the health sector*”, addressed to the SG/PM and MINSANTÉ
- The recommendation to “*improve the accessibility and quality of health and medical services through the use of digital technologies*”, addressed to MINSANTÉ, the Ministry of Communications (MINCOM), the Ministry of Posts and Telecommunications (MINPOSTEL) and the Ministry of Mines, Industry and Technological Development (MINMIDT)
- The recommendation to “*further strengthen measures to mitigate the impact of diseases such as HIV/AIDS*”, addressed to MINSANTÉ and the Ministry of Decentralisation and Local Development (MINDDEVEL)
- The recommendation to “*intensify awareness-raising campaigns to eliminate mother-to-child transmission of HIV*”, addressed to MINSANTÉ, MINPROFF, MINAS and civil society organisations,

The Commission fully agree with António Guterres, the United Nations Secretary General, who stated that “we will overcome AIDS if the rights of everyone, everywhere, are protected”¹²,

The Commission reiterates the recommendations it made on the previous World AIDS Days, in particular that:

1. *Stakeholders in charge of health facilities*
 - improve the standards of living of patients in hospitals, such as the specific conditions of women and children
 - embrace the logic of global solidarity and shared responsibility, to sustain HIV/AIDS services and achieve the target set for 2030
 - deliver health messages to the public by striving to overcome misconceptions and participating in raising public awareness
 - improve community health actions by building the capacities of actors to contribute to the care of HIV-positive patients
2. *the Minister of Social Affairs (MINAS) carries out advocacy with the relevant members of Government for the funding of specific projects to combat sexual exploitation of internally displaced persons (IDPs). This issue is one of the major causes of HIV infection in the host areas of these vulnerable persons*
3. *MINCOM accelerate the introduction of information systems adapted to the new generations, including social media and ICT*
4. *CSOs*

¹² See United Nations, “HIV/AIDS, Meetings Coverage and Press Releases”, <https://press.un.org/en/vihsida>, accessed on 14 November 2024.

- educate communities and families on the causes, consequences and treatment of HIV/AIDS-related diseases
 - o not turn away people living with HIV/AIDS, and
 - o to better support them in their treatment process
- to actively advocate for the elimination of stigma against and adherence to treatment by people living with HIV/AIDS,

The Commission recommends that:

- MINSANTE intensify awareness-raising among health personnel against stigma and discrimination of HIV/AIDS patients in hospitals and in Government and private health establishments
- MINAS and MINSANTÉ to provide hospitals with more dedicated resources to finance minimal care for indigent HIV/AIDS patients, especially in remote areas
- MINSANTE and MINAT, with the help of paramedical health personnel, to establish mobile screening and treatment services for HIV/AIDS patients in remote or isolated areas
- all Ministries and public administrative bodies, including the Defence and Security Forces (DSF), and private sector employers to apply the principle of non-discrimination towards people living with HIV/AIDS when recruiting in their professional milieu
- *MINAT, religious and traditional authorities, and CSOs*, through traditional chiefs, to intensify public awareness campaigns to more effectively combat the stigmatisation of people living with HIV/AIDS and their families,

For its part, *the Commission will spare no effort* to continue promoting the rights of persons with HIV/AIDS with a particular focus on their right to health and to non-discrimination. This will be achieved through training workshops, awareness-raising campaigns, advocacy, visits to places of detention, fact-finding missions, the handling of complaints and self-initiated investigations,

The Commission once more calls on anyone who has been a victim or witness of human rights violation, particularly the rights of people living with HIV/AIDS, to contact it, including through its **toll-free number 1523** (free calls even without airtime).

Useful CHRC addresses

Website: www.cdhc.cm

Facebook et Twitter: **Cameroon Human Rights Commission**

WhatsApp: **691 99 56 90**

Yaoundé, 1 December 2024



James Mouangue Kobila