

9 The World Health Organization

In 2004, the World Health Organization endorsed the definition of reproductive and sexual health included in the Program of Action of the International Conference on Population and Development. The WHO strategy on reproductive health adopted by the World Health Assembly in 2004 recognizes that:

The adoption of these [reproductive and sexual health] at the ICPD marked the beginning of a new era and the achievements of the past decade are many and profound.

<http://www.who.int/reproductive-health/strategy.htm>

Paragraph 07 of the **Reproductive Health Strategy**, 2004

This strategy has been developed following the resolution WHA55.19 on WHO's contribution to the achievement of development goals in the United Nations Millennium Declaration which asked the WHO General Director to develop a strategy to attain the international goals related to reproductive health.

<http://www.emro.who.int/cah/pdf/WHA55.pdf>

WHO's contribution to achievement of the development goals of the United Nations Millennium Declaration, 2002

The strategy produced comprises three parts. The first one shows discrepancies between global goals and global realities. With respect to sexually transmitted infections:

Together, these aspects of reproductive and sexual ill-health (maternal and prenatal mortality and morbidity, cancers, sexually transmitted infections and HIV-AIDS) account for nearly 20% of the global burden of ill-health for women and some 14% for men.

Paragraph 22 of the Reproductive Health Strategy states:

...WHO estimates unsafe sex to be the second important global risk factor to health.

The strategy recognizes and is based upon some core human rights set out in international human rights instruments such as:

the right of all persons to the highest attainable standard of health; the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so; the right of women to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence; the right of men and women to choose a spouse and to enter into marriage only with their free and full consent; the right of access to relevant health information; and the right of everyone to enjoy the benefits of scientific progress and its applications.

WHO proposes to Member States five key action areas:

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- 1 **Strengthening health systems capacity**
- 2 **improving information for priority setting**
- 3 **mobilizing political will**
- 4 **creating supportive legislative and regulatory frameworks**
- 5 **strengthening monitoring, evaluation and accountability.**

Drawing on the OHCHR/ UNAIDS Guideline on HIV/AIDS (quoted above – in **Core Document 5**), WHO Action area 2 is important with respect to men who have sex with men because of the lack of epidemiological and social data related to this group in most countries. As the WHO strategy highlights **“improved data collection and analysis are essential bases for selecting among competing priorities for action and for aiming health-system interventions”**.

Action areas 3 and 4 are also important in the wake of what is explained in this context: the *UNAIDS/ OHCHR Guidelines on HIV/AIDS and Human Rights* call upon States to review criminal law which prohibits sexual acts between men, and the Special Rapporteur on the right to health emphasizes that discrimination is a key factor in making MSM more vulnerable to HIV infection.

Most recent data on HIV/AIDS infection show that prevention programmes get better results when addressed to the most vulnerable people. It is the conclusion made by the World Health Organization in a press release on November 21 2006, taking into account the AIDS epidemic updates report published jointly with UNAIDS, which recognizes that:

In many countries HIV prevention programmes are not reaching the people most at risk of infection, such as young people, women and girls, men who have sex with men, sex workers and their clients, injecting drug users and ethnic and cultural minorities.

<http://www.who.int/hiv/mediacentre/news62/en/index.html>

“Global AIDS epidemic continues to grow”, November 2006

http://www.who.int/hiv/mediacentre/2006_EpiUpdate_en.pdf

AIDS epidemic update, December 2006

With respect to strategies set out by international organisations to address HIV/AIDS, the national role in implementing HIV/AIDS programs is very important, but WHO underlines a failure in this field since:

There is an increasing evidence of HIV outbreaks among sex who have sex with men but most national AIDS programmes fail to address the specific needs of these people. [...]

The people at highest risk, men who have sex with men, sex workers and injecting drug users, are not adequately reached through HIV prevention and treatment strategies because not enough is known about their particular situation and realities.

Homophobia is acknowledged as one of the drivers of the epidemic whose understanding is **“absolutely fundamental to the long-term response to AIDS”**.