ECPI Euroregional Center for Public Initiatives

European Court of Human Rights
Council of Europe
F-67075 Strasbourg CEDEX
France
Via fax + 33 3 8841 2730 and post

29 September 2011

In the case

Applicant: CENTER OF LEGAL RESOURCES on behalf of Valentin CAMPEANU
vs.
Respondent: Romania

Application number: 47848/08

Written comments submitted by Euroregional Center for Public Initiatives based on the leave granted according to the Rules of the Court

Dear Mr. President,

1. **Considering the leave granted by the President of this Court on 12 September 2011, in accordance of Article 36 § 2 of the Convention and the Rules of the Court,** EUROREGIONAL CENTER FOR PUBLIC INITIATIVES has the honour of submitting to the European Court of Human Rights its written comments in the case of *Center for Legal Resources on behalf of Valentin Campeanu v. Romania*, Application no.47848/08.

2. As instructed in your communication, in its written observations, **ECPI** will not include any comments on facts or merits of the case, but address only the situation of stigmatization and discrimination of people living with HIV in accessing healthcare services in Romania. The proposed intervention will show that the application on behalf of Mr. Valentin Câmpeanu remains relevant for the treatment of people living with HIV/AIDS (hereinafter: *PLHIV*) in Romania today and for the lack of adequate policies responding effectively to the infringements of the rights of PLHIV.

I. INTEREST OF THE INTERVENER

3. ECPI is a Romanian human rights NGO that promotes sexual and reproductive rights and non-discrimination in Romania. Since its inception in 2008, ECPI has been one of the few human rights organizations actively involved in monitoring and advocating for the human rights of PLHIV. In June 2011, ECPI in collaboration with Uniunea Națională a Organizațiilor Persoanelor Afectate de HIV/SIDA (UNOPA) published a report on the situation of human rights in the case of women living with HIV (*Sexual and reproductive rights. The case of women living with HIV in Romania*). ECPI is involved in providing correct and comprehensive information to European and international relevant actors regarding the situation of Antidiscrimination and sexual and reproductive rights in Romania. Recently, we forwarded a submission to the UN Commission on the Status of Women on human rights violations affecting women living with HIV in Romania.

II. DISCUSSION

4. We hope that our written comments may be of some assistance to this Honourable Court in understanding the stigmatization and discrimination of PLHIV in accessing healthcare services in Romania. First, we will stress that children and youth infected with HIV in Romania represent a particularly vulnerable category of PLHIV (1). Second, we will start presenting the PLHIV treatment in the healthcare system by describing the conditions of accessing universal Antiretroviral treatment (hereinafter: *ARV*) and medication for other HIV-related medical conditions, underlining existing shortcomings. We will continue by showing that the government has given far less attention to combating widespread stigma and discrimination against PLHIV that limit broader access to medical services (2). Third, we will bring evidence that the existing laws and mechanisms to combat discrimination, including HIV-related discrimination, are not effective (3).

1. Children infected with HIV in Romania are particularly vulnerable

5. The children and youth living with HIV/AIDS in Romania are an especially vulnerable category of people. Their history was determined by the State's public policies in relation to natality, poverty, basic healthcare standards, as well as the State's global approach of the future of these children and youth – not planning their social inclusion in the Romanian society.

6. Romania has a particular situation in the context of the HIV epidemics: in spite of the low rate of new HIV infections, Romania has one of the largest groups of PLHIV in Central and Eastern Europe.[1] This is because about 10.000 children were infected between 1986 and 1991 in public hospitals and orphanages, as a result of Government policies that exposed them to the risks of HIV transmission through multiple usages of needles and microtransfusions with unscreened blood.[2] Thus, in December 2004 there were 7,088 cases of AIDS and 4,462 cases of HIV infection registered among children (0-14 year olds at the time they were registered with HIV/AIDS). Out of these 3,482 children died of AIDS by the end of 2004.[3]

7. The large number of children living in orphanages in the years between 1986 and 1991 was a result of the aggressive pronatalist policies of the Ceauşescu regime, when abortion prohibition was combined with total banning of contraceptive methods. Consequently, the 1970s and the 1980s saw a dramatic increase in the number of unwanted babies, and the most affected mothers pertained to the poorest social categories, single women, factory workers and Roma women living in the cities. Women who were forced to deliver abandoned their children and those who were not able to provide food for their children placed them in orphanages or the so-called 'dystrophic hospitals' that dealt with malnutrition of infants.[4]

8. The large number of HIV infection among children was directly due to the treatment these children were subjected to in orphanages and hospitals. Infants that were dubbed "normal" by the system were raised in the "leagane" up to the age of 3. On the other hand, children with disabilities were considered "irrecuperable" and "unproductive" and sent to be taken care of by the Ministry of Labor. The personnel's negligence and lack of qualifications led to the infection of children. The Ministry of Labor employees did not

have sufficient training to deal with these children's special needs, and the disabled infants faced a worse situation than the normal ones.[5] By the mid 1970s, the Government closed down many nursing schools, so it was more difficult to find adequately trained personnel. Women from neighboring villages were hired at the orphanages, receiving low payment and not having the necessary training to cater to the needs of a disabled child.

9. Although Romania was not facing, at that moment, a major threat of HIV infection, this was made possible through incorrect practices in hospitals and orphanages. Antibiotics were mostly injected instead of being administered orally, and the medical staff was not trained or unwilling to sterilize the few needles that were available. Given the Government-imposed investigations that were mandatory for the death of a baby younger than one year of age, doctors were striving to keep the infants alive, using a procedure based on myth rather than science: microtransfusions. It was believed that transferring a small quantity of blood from a healthy person would actually improve the general state of an ill child. This useless procedure directly exposed babies to the infection with HIV, since the blood used to make the microtransfusion was not adequately screened.[6]

10. Consequently, the HIV/AIDS epidemics that burst out between 1986 and 1991 was the result of Governmental policies, with most infections taking place in hospitals and childcare units.

11. In 2006, Human Rights Watch was stressing out that the majority of children infected during 1987-1981, at that moment in the child protection system, were reaching adulthood and no coordinated plan existed for their transition to the more limited services available to HIV-positive adults or for the transition to appropriate assisted-living arrangements for those who may need them.[7]

2. Discrimination is widespread in the healthcare system

12. The State implemented a system for PLHIV's universal access to ARV therapy and medication for other HIV-related diseases. However, it has given far less attention to combating stigma and discrimination against PLHIV that limit their broader access to medical services. The stigmatization and discrimination against PLHIV existing in the Romanian society is reflecting on the medical personnel's attitude and behaviour towards PLHIV. When healthcare services provided are more specialized and cannot be substituted by private NGOs' initiatives or they are emergency services, such as mental healthcare services, the refusals and low standard of care affect PLHIV the most.

2.1. Access to ARV treatment

13. Romania began providing PLHIV access to ARV therapy in 1995, but access to treatment did not become widespread until after the government announced a National Plan of Action for Universal HIV/AIDS Care and Treatment in 2001.[8] Since 2002, free universal access to ARV medication was recognized by law.[9] In 2004, UNAIDS reported, 5,700 patients, including 4,350 children registered to receive ARV treatment.[10]

14. In practice, access to ARV is provided by the infectious diseases doctor the PLHIV is registered with. The patient must visit his/her infection diseases doctor every month for

an ARV supply. In times of shortages, the patients come to the hospital more often for smaller supplies. When the PLHIV is living in a closed institution or is hospitalized for a longer period of time, his/her access to ARV treatment relies heavily on the steps made by the institutions to obtain the supply from the infectious diseases doctor the patient is registered with. There are no formal agreements between institutions in this sense.[11]

15. In 2003, the UN Committee on the Rights of the Child expressed concern that although the ARV treatment was free, it was accessible to a limited number of people, and continuity was usually interrupted due to lack of funds.[12] Six years later, although the Committee admires the efforts made by Romania to provide universal access to treatment, it is concerned that they are not available effectively, and access varies from one region to another.[13] At the end of 2009 and in 2010, PLHIV were facing stock outs of ARV medication due to lack of financial resources from the National Health Insurance House and disfunctionalities in the management of the national HIV program.[14]

2.2. Access to medication for other HIV-related medical conditions

16. PLHIV are vulnerable to a range of opportunistic infections and to central nervous system and other disorders, including some that can be fatal if left untreated. Discrimination hinders PLHIV's access to this medication.

17. The law states that medication for HIV-related medical conditions should be covered by the public health insurance and patients can have their prescriptions filled free of charge at either hospital pharmacies or private pharmacies. However, supplies of drugs commonly used to treat HIV-related medical conditions are often unavailable in hospital pharmacies because the state did not insure the necessary funds. They are also unavailable at some private pharmacies or only available at full price, because private pharmacies are afraid they will not be reimbursed from the public health fund. In addition, some families refuse to go fill their prescriptions from private pharmacies due to fear of breach of confidentiality since AIDS appears written on the prescription.[15]

2.3. Stigma and discrimination in the society

18. A Country Report by the United Nations General Assembly Special Sessions on HIV/AIDS (UNGASS) shows that between 2003 and 2005, the general HIV/AIDS awareness among Romanians is very high, but the level of knowledge about the complexity of this disease and the acceptance of PLHIV are very low – 4% for knowledge and 17% for acceptance.[16]

19. Starting from 2004 up to present, the national equality body, National Council for Combating Discrimination (NCCD), has ordered and published opinion surveys that measured the perception of discrimination recognized by the respondents to exist in the society and the social distance towards certain groups. In time, the level of perception of discrimination on HIV status increased together with the level of social distance towards PLHIV.

- **Perceived discrimination**

20. In 2004, a large number of subjects did not believe that people living with HIV suffered from discrimination and positioned themselves distant from the group (30% did not even want to deal with a PLHIV).[17] In 2005, the situation changed and PLHIV were

considered amongst the most discriminated groups of people from Romania.[18] Recently, more people perceive the HIV-based discrimination – 70% believe that PLHIV are largely or heavily discriminated against – and PLHIV are the first most discriminated group in Romania.[19] Discrimination in the public healthcare system is perceived being present in large measure or heavily by 64% of the population.[20]

- **Social distance**

21. Since 2005 until present, the PLHIV are the first most discriminated group in Romania. In 2005 (the first year there is data on), only 1% of Romanians declared having friends or acquaintances HIV positive.[21] In 2010, contact with a PLHIV was still a powerful taboo among Romanians, 41% were not willing to eat with such a person and 88% were not willing to drink from the same glass with such a person; if a relative was ill with AIDS, 38% would keep it secret.[22]

22. Social distance is maintained by young people, too. A recent survey conducted among 15-19 year olds shows high levels of intolerance towards PLHIV: 43.9% would not eat with a person infected with HIV, 29.2% think that a student living with AIDS should not attend the same school with other students and 34% believe that a teacher infected with HIV should not be allowed to teach class.[23]

23. There are no such surveys performed among professionals, including healthcare professions. However, the existing data show that in 2005, the highest degree of intolerance towards PLHIV was registered in case of population living in urban area, with high or medium education degrees, between 18-29 years old, predominantly women.[24] Some of these terms are characteristic for the composition of healthcare personnel in the country.

2.4. Discrimination in accessing healthcare services

24. PLHIV are discriminated against in accessing healthcare services because medical personnel are reluctant to provide them with services involving physical contact with the patient. Besides ARV treatment, PLHIV have other healthcare needs related to opportunistic infections, dental care, dermatological and gynecological, psychiatric care, emergency routine surgery or ambulance services. Often, healthcare personnel dealing with cases of PLHIV are reluctant to provide treatment, reschedule patients, and ask them to come at the end of the program, or do not respect confidentiality and inform other patients about the HIV status of the person who needs care.[25]

25. Starting from 2004, UNOPA has been monitoring human rights violations of PLHIV. In 2004, over half of the cases of human rights violations occurred in the healthcare sector, access to medical treatment being the most serious problem for PLHIV in Romania. In July-September 2004, out of 1,316 interviews, UNOPA discovered 317 potential human rights violations, out of which 161 cases referred to incidents happening in the healthcare sector.[26] Of all cases monitored in 2005, most of them were again linked to access to ARV treatment and access to treatment for opportunistic infections.[27] PLHIV rights violations in the healthcare sector remained the biggest problem for PLHIV throughout the years 2006, 2007 and 2008, each UNOPA report highlighting the prevalence of these cases over all human rights violations.[28]

26. These concerns raised at the national level were urged at the international level, too. In 2004, the UN Special Rapporteur on the Right to Health noted the deterioration of primary healthcare in Romania and expressed its concern towards discrimination of HIV positive children.[29] He urged the Romanian Government to take action to change the attitudes that foster discrimination against PLHIV and persons with mental disabilities.[30] The barriers surrounding PLHIV's access to medical treatment related to common medical conditions, unrelated to HIV, are rooted in discrimination against PLHIV by the healthcare personnel. Especially the ones in rural areas lack necessary training to deal with the needs of PLHIV. In addition, patients with AIDS lack information needed in order to demand their lawful rights in accessing medical services.[31] This attitude has not changed significantly up to present. In 2009, the UN Committee on the Rights of the Child was concerned that children affected by HIV/AIDS often experience barriers in accessing health services.[32]

2.5. Discrimination in the mental healthcare system

27. PLHIV are more exposed to mental health problems caused by the virus itself, but many of them experience depression as a result of discrimination and isolation. Suffering from a mental illness actually doubles the stigma of a PLHIV.[33] International studies suggest that Romanian children living with HIV are more likely to need mental healthcare than their disease-free peers.[34]

28. In 2006, reports showed that there were no mental healthcare services in Romania for the special needs of children and youth living with HIV and the mental healthcare system was itself deficient.[35]

29. First, Romania was providing almost no mental health services tailored for HIV-positive children and youth (therapy, psycho-social support and behavior modification programs, appropriate psychiatric care, palliative care).[36] Quite the opposite, cases have been reported that the personnel from the special centers for children with HIV were misusing mental health therapy – to control or punish children living with HIV for misbehaving:

> *In a few instances, children and NGO staff also described past use of what appear to have been strong sedatives to control children at Vidra Placement Center No. 7, a government institution created in the late 1980s to house children living with HIV. Gogu P. (not his real name), a seventeen-year-old former resident of the Vidra Placement Center, told us, 'They made fake files claiming that we had mental problems. They were destroying a child's life in that environment. They sent a child to [psychiatric] Hospital No.9 because we were calling names and fighting against each other. Just to make sure that their lives were easy, they took us to Hospital 9 and required medication to calm us down. When I am eighteen I will go and ask to see the medical exams and my medical file to see what they gave me. They wanted to see this bad side of us. In Vidra we didn't take our medication because we wanted to die; we took nails in order to die.'*[37]

30. Second, psychiatric hospitals sometimes refused to treat HIV-positive children and youth even when they were suffering from serious psychiatric disorders.[38] Staff member at the National Authority for the Protection of the Rights of the Child told Human Rights Watch that

> *'children who switch from HIV to AIDS and develop dementia and should be hospitalized in a mental facility face problems when the staff finds out their status*

and try to release the person before his condition is stable. But they can't be hospitalized in an infectious disease hospital because of their mental condition—there is no psychiatric staff. We can't do a lot in this situation. We can request talks or submit a complaint to the Ministry of Health, or the Directorate of Child Protection can develop services for children who are in the terminal stage, but they are very expensive and require a neuro-psychiatrist.'[39]

31. Third, nutrition and living conditions in many psychiatric facilities were so substandard that in-patient care in those facilities posed a risk to the health of PLHIV.[40]

3. State response to HIV stigmatization and discrimination

32. The State has been ineffective in addressing stigmatization and discrimination of PLHIV in accessing healthcare services. Although national legislation forbids healthcare personnel from refusing to provide healthcare services to PLHIV and obliges them to treat all patients in a non-discriminatory manner,[41] these legal provisions are not effectively implemented in practice and cases of discrimination in the healthcare system are not sanctioned.[42]

33. The attitude at the highest level of administrative bodies in charge with healthcare policies is important. In a 2006 interview for Human Rights Watch, Prof. Dr. Adrian Streinu-Cercel stated about doctors refusing to treat PLHIV that "*Rejection is human (...) The doctor has a choice whether or not to treat an HIV-positive patient. If a doctor is forced to treat a patient, then there may be cases of malpractice.*"[43] Since 1997 up to present, Prof. Dr. Streinu-Cercel has been the President of the National Commission for Fighting AIDS (current National Commission on Infectious Diseases and for Fighting AIDS). The Commission, organized at the level of the Ministry of Health, is in charge with the prevention and combating of HIV infection in Romania and ensuring patients' access to HIV/AIDS specific therapy.

34. In 2005, the UN Special Rapporteur on the Right to Health stated that poor financing of the healthcare system drives the denial of care in cases when healthcare personnel's refusals are based on very real concerns about the possibility of HIV transmission because health units do not possess sufficient resources to ensure adequate infection control.[44] This situation remains unchanged in 2010, when public healthcare units are confronted with lack of medical materials essential to ensure universal precautions.[45] Not ensuring universal precautions in any situation, not only for patients living with HIV exposes the medical personnel and other patients to infections.[46] Given the means of HIV transmission, placing an HIV positive patient in a room with other patients does not present any risk of contracting HIV. Segregation of patients in separate rooms, isolation rooms, separate wards or separate hospitals is not recommended in any medical standards. Such practice is discriminatory.[47]

35. The UN Special Rapporteur on the Right to Health stated that healthcare workers at the primary health service level in rural areas and small towns lack information about the rights of patients, particularly in the context of HIV/AIDS. The Special Rapporteur urged the development of pre-service and in-service training on patient rights for healthcare workers.[48] This recommendation has never been addressed systematically by the State.

36. There is no case law of national courts in Romania sanctioning discrimination on the ground of HIV positive status in accessing healthcare services.

37. The medical professions associations applied no disciplinary sanctions for discrimination based on HIV positive status conducted by healthcare personnel (Colegiul Medicilor din România (CMR), Ordinul Asistenților Medicali Generalişti, Moașelor și Asistenților Medicali din România (OAMGMAMR)).

38. The National Council for Combating Discrimination (NCCD) reports sanctioning no case of discrimination based on the HIV status in accessing healthcare services (the few cases of discrimination it found refer to breaches of confidentiality of PLHIV). NCCD is the national equality body, charged with the prevention and sanctioning of all forms of discrimination, including discrimination against PLHIV.

39. One case decided by the NCCD is particularly relevant – NCCD Decision No.136 of 26.04.2006. A young men living with HIV was taken by his parents to the Psychiatric Hospital "Elisabeta Doamna", Iaşi, because he was having a violent behaviour and he attempted suicide. Dr. B.D., the on-call doctor, allegedly refused to hospitalize him when she found out his HIV status. A police agent and the president of the Association "Zâmbete de copii", who were accompanying the young men's parents to the hospital, confirmed that Dr. B.D. refused and the medical assistant T.D. took the young men in for the night on her responsibility. These declarations were contradicted by the medical file indicating that Dr. B.D. admitted the patient. The medical assistant deigned admitting the patient herself (it was not in her mandate). For these reasons the NCCD decided to dismiss the case for not being substantiated enough. This case is an illustration of the ineffectiveness of the mechanisms for protection and promotion of rights, especially in the field of discrimination based on HIV positive status in accessing healthcare services.

40. The lack of financial resources and trained human resources, together with the lack of case law and sanctions of discrimination in the field of access to healthcare demonstrate that the State has been ineffective in addressing stigmatization and discrimination of PLHIV.

III. CONCLUSION

41. These written comments demonstrate the widespread stigmatization and discrimination people living with HIV/AIDS are confronting in the Romanian healthcare system and how the State has been ineffective in addressing these realities up to present. For the reasons set forth above, this Court should find discrimination in the enjoyment of Convention rights on the ground of HIV status, contrary to Article 14 of the Convention read in conjunction with Articles 2, 3, 5 and 8.

In the name of the Euroregional Center for Public Initiatives,

Florin Buhuceanu
Executive President

[1] See UNGASS Country Progress Report, Romania, Reporting period: January 2006–December 2007, p. 5, available at http://www.unaids.org/en/dataanalysis/monitoringcountryprogress/2010progressreportssubmittedbycountries/2008progressreportssubmittedbycountries/romania_2008_country_progress_report_en.pdf.

[2] See Human Rights Watch, Life Doesn't Wait. Romania's Failure to Protect and Support Children and Youth Living with HIV, August 2006, HUMAN RIGHTS WATCH VOLUME 18, NO. 6(D), p.4 [herainafter *Life doesn't wait*].

[3] See Ministry of Health, National Commission for Fighting AIDS, Institute for Infectious Diseases "Prof.Dr.Matei Balş", Department for Evaluation and Monitoring of the HIV/AIDS Infection in Romania, General Data at 31 December 2004, available at http://www.cnlas.ro/date-statistice/ (last visit 29.09.2011).

[4] See Human Rights Watch, Romania's Orphans: A Legacy of Repression, December 1990, Vol.No.2: Issue No.:15, pp.2, 3 [herainafter *Romania's orphans*].

[5] *Id.*, p. 4.

[6] *Id.*, pp.6, 7.

[7] See Life doesn't wait, *supra* note 2, pp.55, 72-73.

[8] *Id.*, p.35.

[9] See Law 584/2002 regarding preventive measures for the spread of AIDS in Romania and for the protection of HIV positive persons or having AIDS, Art.10 [hereinafter *Law 584/2002*].

[10] See UNAIDS Report on the Global AIDS Epidemic 2004, p.117, cited in Report submitted by the Special Rapporteur on the right of everyone to the highest attainable standard of physical and mental health, Paul Hunt. Mission to Romania, 21 February 2005, E/CN.4/2005/51/Add.4, ¶49, p.15.

[11] See ECPI, Sexual and reproductive rights. The case of women living with HIV in Romania, June 2011, Bucharest, p.12 [hereinafter *Sexual and reproductive rights*].

[12] See Committee on the Rights of the Child, Concluding Observations to Romania, 18 March 2003, 32nd Session, CRC/C/15/Add.199, ¶ 51.

[13] See Committee on the Rights of the Child, Concluding Observations to Romania, 12 June 2009, 51st Session, CRC/C/ROM/CO/4, ¶ 72 [hereinafter *CRC Concluding Observations 2009*].

[14] See declarations made by Prof. Dr. Adrian Streinu-Cercel in press conferences reflects in mass media, available at http://www.romedic.ro/fonduri-insuficiente-pentru-tratamentul-pacientilor-cuhiv%7Csida-0N19143, http://www.hotnews.ro/stiri-esential-8071427-adrian-streinu-cercel-daca-nu-vorbani-pentru-terapii-hiv-sida-atunci-vom-avea-problema-serioasa-atunci-vorbim-virusuri-mutante-nici-nuvreau-gandesc.htm (last visit 27.09.2011). See also Eduard Petrescu, Consultant for Romanian Center for HIV/AIDS, Analysis Report of the situation of Romania's response to HIV/AIDS, December 2010, p.50 and UNOPA, Press releases of 21.01.2011, 25.11.2010 and 19.05.2010, available at http://unopa.ro/?page=pagini_list&PageId=Comunicate+de+presa_16&m=2 (last visit 27.09.2011).

[15] See Life doesn't wait, *supra* note 2, pp.36-37.

[16] See UNGASS Indicators Country Report Template, Romania National Multi-Sectoral HIV/AIDS Commission, p.4, available at http://data.unaids.org/pub/Report/2006/2006_country_progress_report_romania_en.pdf (last visit 27.09.2011).

[17] See NCCD, Barometru de opinie privind discriminarea în România (Opinion survey on the discrimination phenomenon in Romania), 2004.

[18] See NCCD, Percepţii şi atitudini faţă de fenomenul de discriminare (Perceptions and attitudes on the discrimination phenomenon), 2005, p.59 [hereinafter *Perceptions 2005*].

[19] See NCCD, Fenomenul discriminării în România (The discrimination phenomenon in Romania), 2010, p.15 [hereinafter *Discrimination 2010*].

[20] See Discrimination 2010, *supra* note 19, p.20.

[21] See Perceptions 2005, *supra* note 18, pp.14, 62.

[22] See Discrimination 2010, *supra* note 19, pp. 27, 28, 30.

[23] See Romanian Association for the Promotion of Health, Research report. Opinion survey on knowledge, attitudes and practices among young people between 15 and 19 related to HIV infection, other sexually transmitted infections and consequences of unprotected sex (2010), p.30.

[24] See Perceptions 2005, *supra* note 18, p.15.

[25] See Life doesn't wait, *supra* note 2, pp.5, 23-24.

[26] See UNOPA, Initiatives for the promotion and efficient safeguard of the right of PLHIV/AIDS, Minitoring Report, Reporting period: July-September 2004, pp.5, 15. See also UNOPA, Monitoring the human rights violations of PLHIV/AIDS, April-June 2004, p.15.
[27] See UNOPA, Monitoring the human rights violations of PLHIV/AIDS, January-March 2005; UNOPA, Monitoring the human rights violations of PLHIV/AIDS, April-September 2005.
[28] See UNOPA, Monitoring the human rights violations of PLHIV/AIDS, July 2006-March 2007; UNOPA, Monitoring the human rights violations of PLHIV/AIDS, January 2008-March 2008.
[29] See Report submitted by the Special Rapporteur on the right of everyone to the highest attainable standard of physical and mental health, Paul Hunt. Mission to Romania, 21 February 2005, E/CN.4/2005/51/Add.4, ¶ 13 [herainafter *Special Rapporteur's Report*].
[30] *Id.*, ¶ 25.
[31] *Id.*, ¶¶ 52, 53, 54.
[32] See CRC Concluding Observations 2009, supra note 13, ¶ 72.
[33] See UNGASS, HIV/AIDS and Disability, Final Report of the 4th International Policy Dialogue, March 11-13, Canada, p.21.
[34] See Brown LK, Lourie KJ, Pao M., "Children and Adolescents Living with HIV and AIDS: A Review." *Journal of Child Psychology and Psychiatry,* Vol. 41, No. 1, 2000, pp. 81-96, cited in Life doesn't wait, *supra* note 2, p.27.
[35] See Life doesn't wait, *supra* note 2, p.27.
[36] *Id.*, p.27.
[37] *Id.*, pp.30-31.
[38] *Id.*, p.5.
[39] *Id.*, pp.28-29.
[40] *Id.*, p.5.
[41] See Law No.95/2006 regarding the reform in the field of health, Art.374.(3), 642.(3), and 652, Governmental Ordinance No.137/2000 regarding the prevention and sanctioning of all forms of discrimination, republished, Art.2.(1), 10.(b) and Law 584/2002 regarding measures to prevent the spread of AIDS disease in Romania and for the protection of persons infected with HIV and having AIDS, updates, Art.6.(f).
[42] See Life doesn't wait, *supra* note 2, p. 4.
[43] *Id.*, p. 5.
[44] See Special Rapporteur's Report, *supra* note 29, ¶ 52, p.15.
[45] See Sexual and reproductive rights, *supra* note 11, pp.17-19.
[46] See WHO and SIGN (Safe Injection Global Network), WHO best practices for injections and related procedures toolkit, March 2010, WHO/EHT/10.02, available at http://whqlibdoc.who.int/publications/2010/9789241599252_eng.pdf (last visit 27.09.2011).
[47] See Sexual and reproductive rights, *supra* note 11, pp.26-27.
[48] See Special Rapporteur's Report, *supra* note 29, ¶¶ 53-54, p.15-16.