

TAG

Treatment Action Group

May 18, 2020

Sheikh Mohammed bin Zayed al Nahyan

Crown Prince of Abu Dhabi and Deputy Supreme Commander of the UAE Armed Forces
United Arab Emirates

CC: Mohammed bin Rashid Al Maktoum, Ruler of Dubai and Vice President of the UAE

Abdul Rahman Mohammed Al Oweis, Minister of Health

Lana Nusseibeh, UAE Ambassador to the United Nations

Your Excellency,

We write to you to raise serious concerns regarding the medical care prisoners living with HIV in the United Arab Emirates, including those held at al-Awir central jail in Dubai, are receiving – both during the COVID-19 pandemic and prior to it. People with underlying health conditions, including people who are immunocompromised, have a higher risk of severe illness from Covid-19.

Given it appears their health cannot be adequately protected while they remain in detention, COVID-19, like other infectious diseases, poses a particularly serious risk to people in prisons and detention centers. We urge you to consider the appropriate release of prisoners with HIV, considering reports that prisons in the UAE do not provide adequate health care for people living with HIV or protection from COVID-19, putting them at increased risk of serious illness. The UAE should also consider the release of those who have been unjustly detained, and should improve prison conditions and access to medical care for all prisoners, particularly those living with HIV.

Human Rights Watch research has revealed that prison administrators have for years failed to provide prisoners living with HIV in UAE prisons regular and uninterrupted access to lifesaving HIV medication and other critical medication that hospitals are prescribing to them, with some suffering from opportunistic infections, including tuberculosis, as a result of weakened immune systems. Sources recently told Human Rights Watch that prisoners with HIV in al-Awir prison, where some coronavirus cases have reportedly been recorded, have been denied access to Rashid hospital, which is in charge of their care, since mid-March as part of precautions the UAE is taking to contain the spread of the coronavirus. This could leave many of them even more vulnerable to fatal opportunistic infections, such as tuberculosis, and disease progression. Sources say at least one prisoner has suffered from tuberculosis while serving his sentence and at least two suffer from kidney disease. While the World Health Organization says there is no evidence to date that the risk of infection or complications of COVID-19 is higher among people living with HIV who are clinically and immunologically stable on antiretroviral treatment, those with advanced disease, low CD4 count, or who are not taking or unable to get access to antiretroviral treatment may have increased risk of infections and health complications from COVID-19.

As the number of COVID-19 cases in the UAE increases, jails and detention centers are at grave risk of COVID-19 outbreaks that threaten the physical and mental health of both detainees, staff, and the

broader population. Detainees living with HIV in the UAE are segregated from the rest of the prison population in a discriminatory manner that leaves them isolated and denied access to prison amenities. But sources close to detainees in one prison told Human Rights Watch that prison staff do intermittently enter their quarters to carry out security checks and to provide food and other supplies, which has left some prisoners with weakened immune systems fearful of contracting the virus.

The UN High Commissioner for Human Rights, Michelle Bachelet, has [called on governments around the world to reduce detainee populations](#) as part of overall efforts to contain the COVID-19 pandemic: “Authorities should examine ways to release those particularly vulnerable to COVID-19, among them older detainees and those who are sick.” A [joint statement](#) on COVID-19 in prisons by UNODC, WHO, UNAIDS, and OHCHR notes that “prison populations have an overrepresentation of people with substance use disorders, HIV, tuberculosis, and hepatitis B and C” and that these groups “may be at increased risk of complications from COVID-19.” Therefore, authorities must ensure “uninterrupted access to the prevention and treatment of HIV, TB, hepatitis, and opioid dependence.”

Governments have an international legal obligation to protect and treat the detainees in their custody. International guidelines on human rights standards in prisons state that prisoners have a right to medical services, without discrimination, at least equivalent to services available to people in the community, including for HIV and other infectious diseases.

UAE authorities are obligated by international human rights law to ensure that prisoners and prison staff are protected from infection and have access to treatment if ill. We urge you to draft and implement comprehensive plans to prevent and respond to a COVID-19 outbreak in detention facilities that do not rely on simple lockdowns but provide measures to protect the physical and mental health of detainees, and when necessary, reduce prison populations and release those most vulnerable.

In this time of crisis, we are calling on you to consider facilitating the appropriate release on health grounds of all prisoners in UAE custody who are not being afforded access to appropriate medical treatment and care or include them in upcoming prisoner amnesties. We also urge you to make sure remaining detainees have access to appropriate medical care, to launch an independent investigation into the denial of adequate medical care in UAE prisons and to allow independent international monitors to enter the country and regularly monitor prison and detention facilities, including by conducting private visits with prisoners.

Sincerely,

Treatment Action Group, USA

together with

2. Global Coalition of TB Activists
3. Global TB Community Advisory Board
4. International Network of People who Use Drugs
5. International Network of Women who Use Drugs
6. Stop TB Partnership
7. TB People
8. Youth RISE
9. ACT! AP (Asia-Pacific Coalition of TB Activists)
10. Africa Coalition on Tuberculosis
11. AfricaNPUD

¹ Listed in order by global institutions, regional networks, national organizations, individuals.

12. Alianza LAC-Global por el Acceso a Medicamentos
13. European AIDS Treatment Group
14. European African Treatment Advocates Network
15. International Treatment Preparedness Coalition–Latin American & Caribbean
16. International Treatment Preparedness Coalition–Middle East & North Africa
17. International Treatment Preparedness Coalition–South Asia
18. Action against AIDS Germany, Germany
19. Action for Health Initiatives, Philippines
20. Afrihealth Optonet Association (CSOs Network), Nigeria
21. Afrocab Treatment Access Partnership, Zambia
22. Canadian HIV/AIDS Legal Network, Canada
23. Center for Global Health Research and Policy, USA
24. Centre on Drug Policy Evaluation, Canada
25. Delhi Network of Positive People (DNP+), India
26. društvo AREAL, Slovenia
27. Empower India, India
28. For Alternative Approaches to Addiction, Think & Do Tank (FAAT)
29. Forum Droghe ONLUS, Italy
30. Fundación IFARMA, Colombia
31. Georgia Harm Reduction Network, Georgia
32. International Drug Policy Consortium, UK
33. Instituto RIA, Mexico
34. Joined Hands Welfare Organization, Zimbabwe
35. Lawyers Collective, India
36. Medicines, Information and Power, Colombian National University, Colombia
37. Misión Salud, Colombia
38. Moms Stop The Harm, Canada
39. Northeastern University School of Law Program on Human Rights and the Global Economy, USA
40. Positive Malaysian Treatment Access & Advocacy Group (MTAAG+), Malaysia
41. Radanar Ayar Association, Myanmar
42. StoptheDrugWar.org
43. TB Proof, South Africa
44. Zimbabwe Civil Liberties and Drug Network, Zimbabwe
45. Prof. Brian Citro, Northwestern Pritzker School of Law, USA
46. Eldred Tellis, Sankalp Rehabilitation Trust, India
47. Czar Lee, Malaysia