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**Consultation on Human Rights in the HIV response**

**Promoting human rights in HIV response:**

***Regional and subregional strategies and best practices***

**12-13 February 2019, Room XII, Palais des Nations, Geneva, Switzerland**

**High Level Opening**

**10.00 am 12 February 2019**

**Check against delivery**

Ms Kate Gilmore, Deputy High Commissioner for Human Rights

Mr Rico Gustav, Executive Director of the Global Network of People Living with HIV

Mrs Maria Nazareth Farani Azevêdo, Permanent Representative of Brazil

Mr Tim Martineau, acting Deputy Executive Director of UNAIDS

Distinguished ladies and gentlemen

It is an honour to be here at the opening session of this important consultation on human rights in the HIV response. I last addressed this Chamber in 2017 during a panel discussion on “Realizing the right to health by enhancing capacity-building in public health”.

I am delighted to speak to you today on behalf of the Director-General of the World Health Organization, Dr Tedros, who cannot be with us as he is in Addis Ababa attending the First FAO/WHO/African Union International Food Safety Conference.

In addition to being the 70th anniversary of the Universal Declaration of Human Rights, 2018 also marked the 70th anniversary of WHO’s founding and of the adoption of the WHO Constitution. This past year has therefore been an important moment to reflect on our collective achievements in advancing the right to health.

WHO was founded on the principle that health is a fundamental human right, and since day one, the right to health has been central to WHO’s identity and mandate. The principle of the right to health, and the idea of people-centred care, has permeated all of WHO’s strategies and actions at global, regional and country level, and it is what drives our actions every day.

The right to health is also the foundational principle behind WHO’s new 5-year strategy, which was adopted by Member States in May 2018. Through this strategy, WHO seeks to ensure that by 2023:

* 1 billion more people benefit from universal health coverage;
* 1 billion more people are better protected from health emergencies; and
* 1 billion more people enjoy better health and well-being.

Our core mandate is to ensure people-centred care for all groups including those who are too often marginalized and overlooked. We continue to strive for universal health coverage to enable everyone to obtain the health services they need, when and where they need them, without facing financial hardship.

In all regions of the world, some people struggle more than others. Adolescent boys and girls. Refugees and migrants. Sex workers and drug users. People with HIV or tuberculosis. Transgender people. Men who have sex with men. People in prisons. People belonging to minority ethnic groups. And people who simply are poor.

WHO is currently finalizing a menu of high-impact health interventions that countries should consider when designing and funding their Universal Health Coverage packages. This menu includes those interventions that are *critical* for the health and wellbeing of these groups.

At WHO, we also track and publish information about health inequities. Our health equity assessment toolkit is a software application that countries can use to measure inequities, so they can act appropriately. WHO prioritizes its efforts to reach people and locations most affected and underserved.

In the context of HIV, we work closely with many networks of affected communities, including people living with HIV, such as the Global Network of People Living With HIV, or GNP Plus, an organization in official relations with WHO.

We are delighted that GNP Plus and other partners from affected communities and civil society are increasingly embracing universal health coverage – both as a mechanism to secure sustainable responses to HIV but also as a critical tool to ensure the right to health.

Studies continue to highlight high levels of discrimination experienced by people living with HIV including in health settings.

Discrimination remains a major barrier to people accessing prevention services, HIV testing and treatment and care. Put simply, discrimination kills.

We have already heard the UNAIDS Secretariat and Co-sponsors recently joined the Global Network of People Living with HIV to launch a ‘Global Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination’. This partnership is fully supported by WHO and we look forward to taking joint action on this critical matter. In particular, we will lead work to address discrimination in the health sector.

Universal health coverage will not be achieved when people are marginalized, criminalized, stigmatized, or denied access to health services for any reason.

It will not be achieved when people are burdened by out-of-pocket health costs, driving the poorest further into poverty. It will not be achieved without action to address health determinants including those related to inequities, human rights and gender – including issues of sexual orientation and gender identity. And it will not be achieved without robust capacity to prevent, detect and respond to disease outbreaks that can cripple nations and put the world at risk. The foundation for all of this is robust health systems that provide the services that people need, and robust financing systems that can ensure sustainability.

The Sustainable Development Goals give us the platform not just to improve health outcomes, but to transform the health systems on which billions of people depend. The SDGs have not only reframed the overall context of global health but have opened the space for deeper discussions on the right to health.

Resolution 38/8 by the Human Rights Council urged countries to bring their laws, policies and practices – including their strategies for implementing the health-related SDGs – fully into compliance with their obligations under international human rights law. I very much look forward to today’s consultation and hearing from countries on their progress in advancing human rights to improve outcomes in the context of HIV, and in health care in general.

WHO is pleased to be engaged in this debate and we commend the efforts of governments, UN agency partners, civil society organizations, the private sector, community groups, as well as patient advocates and goodwill ambassadors. We all bring something to the table. We all depend on each other. The spirit of the SDGs requires that we work together for the good of the people we serve.

Finally, ladies and gentlemen, WHO is coordinating a process to develop a ‘*Global Action Plan for Healthy Lives and Well-being for All’*, with 11 other agencies, to further align our work and to accelerate progress on critical areas including addressing health determinants and through engaging communities and civil society. A commitment to human rights and health for all is at the heart of this initiative.

I wish you a fruitful consultation and would like to underline our availability and willingness to continue supporting countries in breaking down human rights barriers for all people.

Thank you.