

Consultation on Human Rights in the HIV response. Promoting human rights in HIV response: Regional and subregional strategies and best practices

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12-13 February 2019 Palais des Nations, Geneva, Switzerland

Thanks very much to Kate Gilmore, thank you to OHCHR for organizing this event with the core group, and thank you so much to the colleagues on the panel and everybody for being here today and tomorrow. This is an incredibly important set of discussions that we're very happy to contribute to.

I have to start by speaking to the key statistics on HIV. Kate mentioned some but I'll just elaborate them a bit because I think they still speak to the scale of the problem and the issues that we face in front of us.

There are indeed now about 37 million people living with HIV and shockingly, depressingly, we still have 1.8 million new infections every year.

On the positive side we have managed to secure treatment for roughly 22 million people around the world.

So we are seeing progress: there has been a 34% drop in deaths and 75% of people now who are HIV positive now know their status. We still have an incredibly long way to go with only a modest decline of 18% in new infections since 2010: certainly much much less than the 75% we need.

As Kate mentioned, and Rico Gustav as well, we are very much seeing a concern around people being left behind in the response. While new infections are decreasing as I said, we are seeing regions such as Eastern Europe and Central Asia where infections have approximately doubled since 2000.

And perhaps the issue of the fault lines in society is the key aspect of what we are seeing in the nature of the epidemic at the moment. It's quite shocking to see that two-thirds of all new infections are in Sub-Saharan Africa and one in five new infections are among women aged 15 to 24. And conversely, approximately 47% of new infections globally are among key populations and their sexual partners. The risk of acquiring HIV for people who inject drugs is actually 22 times higher than for people who do not, it's 28 times higher for gay men and other men who have sex with men and 13 times higher for both sex workers and transgender women.

And we know the issues that are at stake here: there is insufficient investment still in HIV prevention and treatment; we have an uncertain funding environment, and it's good to see attendees here from the Global Fund. Replenishment of funds is absolutely a key part of the response into the future.

That combined with shrinking civil society space is something that is a great concern to us. We see slow and even static efforts to address the human rights barriers: the stigma, discrimination, policy and legal issues that we know are formidable obstacles and they are preventing us from reaching those who are being left behind.

So human rights are key to ensuring people are not left behind. We know that addressing laws, policies, gender inequality and discrimination in all its forms is key to ending HIV.

And the human rights norms, the frameworks, the commitments are all in place: we have the treaties, the SDG agenda, the political declaration.

And what really remain is very real action. How do we cover those last miles to reach the most vulnerable and how do we translate this knowledge, those commitments into that action?

This is not easy. We can only do this by working in partnership - governments, civil society, accountability mechanisms, human rights groups and health professionals.

But action ultimately comes from activism. That is why communities have been at the centre of the AIDS response and why they are pushing the AIDS response and UNAIDS, pushing all of us to work and do more on rights.

Two years ago civil society called on us to do more to address HIV related stigma and discrimination, but it's important that we see this, not just in healthcare, but across society: in schools, in court rooms, in homes and communities, the workplace and in development and humanitarian settings. Civil society knew that something had to be done to galvanise and motivate people to do something, to cooperate and to push governments, donors and regional bodies to concrete action.

So UNAIDS, with UN Women, UNDP and GNP+, created the Global Partnership for Action to Eliminate all forms of HIV related stigma and discrimination. I really hope that the discussions and decisions today and tomorrow will contribute to the global partnership so we see real implementation of the obligations we have all committed to.

The people gathered in this room today are here because we all play a role in ensuring human rights are part of the HIV response, and protecting or promoting the rights of people living with, affected by or vulnerable to HIV.

We need your accounts and stories: of success, of best practice, of emerging barriers and problems, of opportunities and challenges, and of course of ideas.

It's no accident that we have commissioners, judges and parliamentarians speaking here, academics who work on stigma and the role of law, civil society who have pushed for legal changes. The role of law is a profound one – it can act as barrier or enabler.

Punitive and discriminatory laws prevent the most vulnerable from accessing health services, including HIV prevention, testing, treatment and care. It increases vulnerability to violence, isolates individuals from their families and stokes stigma. Fear that a person's use of drugs or sexual orientation may be revealed by a health professional, or

stigmatising treatment of a police officer arresting you for carrying condoms, are the daily experiences of many people and the reality behind the data.

How do we make sure that those criminalised and marginalised populations have equal and quality access to universal health care? That human rights programmes continue to be funded as a country transitions to middle income?

Many countries have already passed legislation that specifically prohibits discrimination on the basis of HIV status, but legal barriers remain on the books in others – criminalisation of HIV transmission, exposure and non-disclosure, laws criminalising sex work, drug use, same sex sexual conduct. We need people, governments, human rights institutions, communities, to review their laws, to initiate programmes to end human rights abuses on the ground and to remove stigmatising attitudes.

Decriminalisation of sex work could avert over a 30% of new infections among sex workers and their clients in the next ten years, the biggest effect from a single intervention that we know of.

Decriminalisation of drug use can lead to a significant decrease in HIV infections among people who use drugs.

Lower ages of consent to testing and treatment has been correlated with higher uptake of testing among adolescents, and community based and peer based services ensure the most vulnerable and hardest to reach have access to services that are acceptable to them.

So what remains is action. This year on Zero Discrimination Day, UNAIDS will be calling for action to remove discriminatory laws, not just in health, but across the board.

So I want to thank everybody for this important discussion and to be able to participate really look forward to the conclusion of the next day and a half. Thank you.