FROM PROMISES TO ACTION: SCALING UP EFFORTS AGAINST HUMAN RIGHTS BARRIERS INCLUDING HIV RELATED STIGMA AND DISCRIMINATION

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THE COVID-19 PANDEMIC HAS BROUGHT TO THE FORE WHAT THOSE AFFECTED BY HIV HAVE KNOWN FOR YEARS: THAT INEQUALITIES, STIGMA AND DISCRIMINATION ARE MAGNIFIED IN TIMES OF CRISIS AND LEAVE BEHIND THOSE MOST MARGINALIZED.
Thank you, Mandeep, it is always a pleasure to be working with you on a panel like this one and greetings to my fellow panellists, colleagues and friends joining online.

The COVID-19 pandemic has brought to the fore what those affected by HIV have known for years: that inequalities, stigma and discrimination are magnified in times of crises and leave behind those most marginalised. Those at the bottom.

These two intersecting pandemics of HIV and COVID-19 provided the backdrop against which the new Global AIDS strategy for the next five years up to 2026 was developed. For 40 years, we have known that a human rights-based approach is essential to ensuring people-centred, effective responses, but this knowledge has not always resulted in action. We felt that this must change.

This new global AIDS strategy lays out a map to get the world back on track to end AIDS by 2030 as is in the targets of the Sustainable Development Goals. It recognises that only by ending inequalities through removing human rights barriers through equalizing the enjoyment of human rights will we end AIDS by 2030 for everyone.

It recognizes that gender inequalities and harmful gender norms deprive women and girls of their autonomy over their bodies, denies them the power to make decisions about their lives and health. Discriminatory policies and laws hinder adolescent girls and young women from exercising their sexual and reproductive health rights. Because of this, AIDS remains one of the leading causes of death for women aged between 15 to 49 years globally.

When I was growing up, men in my country would say I have three children and one girl, meaning that I have three boys and one girl. Children were boys, a girl was a disposable asset you set off at marriage. In many countries in my region in Africa, marital rape is still not a crime because a woman’s body is assumed to be owned by the husband, the man who married her.

Stigma, discrimination, violence and punitive laws undermine the HIV response. They prevent people living with HIV, key populations and by this I mean men who have sex with men, sex workers, transgender people, people who use drugs, prisoners and other groups highly at risk of HIV.
They are prevented from accessing services and protecting their health. Key populations targeted by criminal laws are up to seven times more likely to be living with HIV than those in legally supportive environments. In 2019 key populations and their sexual partners accounted for 62% of new infections globally. In some regions rates of infection among key populations are actually increasing.

To this day, 67 countries still criminalize same-sex sexual activity, that includes my own country Uganda, 92 criminalize HIV transmission, HIV exposure and non-disclosure, 32 criminalize or prosecute transgender people and almost all countries still criminalize personal drug use and aspects of sex work.

This has to change, and that’s why our new strategy includes targets for what we call societal enablers. If we reach these targets, then by 2025 less than 10% of people living with or affected by HIV will experience stigma and discrimination; less than 10% of people will experience gender-based inequalities and gender-based violence; and less than 10% of countries will have punitive laws and policies in place.

My friends, I am passionate about fighting stigma because stigma kills. Stigma killed my brother, he was HIV positive and would be living today but he was afraid to go to the clinic to fetch his ARVs because people he knew would find him there and would judge him. We have to fight stigma and discrimination, they kill.

Failure to reach these new targets will result in an additional 1.7 million AIDS-related deaths and 2.5 million additional new HIV infections in the next ten years.

In the face of these numbers, to continue as we have is unconscionable. We have to do things differently. We need a radical upscaling of political commitment, we need funding and we need action on human rights, to reduce inequalities that impact the most at risk, the most vulnerable.

UNAIDS is working with UNDP, UNWomen, GNP+ an international NGO led by people living with HIV, Global Fund, communities and governments through the Global Partnership for Action to Eliminate All
Forms of HIV-related Stigma and Discrimination. I want to recognize the 21 countries that have committed in this partnership and call on others also to make that commitment today. Join this partnership and let’s fight discrimination and stigma.

We continue to engage and support a broad range of stakeholders, from governments to courts, to continue making the case that it is imperative to remove human rights barriers, and today, we are launching a series of human rights factsheets on a range of topics, including on key populations and stigma and discrimination. We encourage you to use them in our joint efforts to change the status quo that continues to push many to the margins of our societies and away from life-saving health technologies.

This is a difficult but exciting time; I cannot remember the last time so many people across the world were advocating for a human rights approach to health. We must seize this opportunity, and we must act. I believe we can and we will and I ask you to join us in fighting to end those inequalities that drive AIDS.

Thank you very much