

WINNIE BYANYIMA

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UNAIDS EXECUTIVE DIRECTOR STATEMENT

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WAD EVENT ON HIV, HUMAN RIGHTS AND LGBTI PEOPLE

Honourable Members of Parliament,
Commissioners,
Distinguished fellow speakers and guests,

Thank you, Marc Angel and Sophie in 't Veld, for hosting this important event on World AIDS Day.

I am sorry I cannot join you live. I am marking this day in Kinshasa, the Democratic Republic of Congo, together with communities, people living with HIV, government and other partners.

We have come a long way in the HIV response. Since 2010 new infections have declined by 23% and among children they have declined 52%. In 2019 25.4 million people were on HIV treatment.

Yet these gains are not experienced equally. I want to talk to you about Anthony, a gay man living in sub-Saharan Africa. Anthony experienced harassment, marginalization and discrimination based on his sexual orientation and HIV status. He received death threats. In the health system he saw persistent stereotypes, myths and biases, assuming all gay men and other men who have sex with men have HIV. He moved to the US where again stigma and discrimination continued to create many issues. However, he states that community advocates helped him to become resilient and he is now acting as a peer educator and supporter.

Anthony's experiences of stigma and discrimination based on his sexuality and HIV status are, unfortunately, still common. Stigma, discrimination, violence and punitive laws and practices all prevent LGBTI persons from accessing HIV prevention, testing and treatment. The risk of acquiring HIV is 26 times higher for gay men and other men who have sex with men and 13 times higher for transgender persons than the rest of the population.

Make no mistake, these inequalities are the outcome of human rights violations.

Transgender people who experience stigma in healthcare settings are 2.4 times more likely to avoid health services. In Africa, gay men and other men who have sex with men in countries that criminalized same-sex sexual activity were more than twice as likely to be living with HIV. Yet 69 countries still criminalise same-sex sexual activity and 32 report criminalizing or prosecuting transgender persons.

UNAIDS is working hard with governments, and with civil society to remove stigma and discrimination and discriminatory criminal laws. We are leading the process to develop the new Global AIDS Strategy and will be advocating strongly for specific human rights targets, including on decriminalization. With UNDP, UN Women, Global Fund and GNP+ we are leading the Global Partnership to eliminate HIV related stigma and discrimination, including for LGBTI communities.

And of course we are using the knowledge we have gained in the past 40 years on the importance of a human rights based response to support the COVID-19 response, outlined in 10 key recommendations in our recent report Rights in a Pandemic. Because despite these lessons, the world is repeating its mistakes. LGBTI communities were targeted, arrested and stigmatized. New criminal laws were introduced quickly, and already-criminalized groups were disproportionately impacted.

Today I want to pick just three of our recommendations that we must implement in our COVID-19 response going forward. These are:

1. First, put communities at the centre – of policy making, of implementation and of monitoring, as equal partners.
2. Second, criminal approaches do not work. They do not aid the public health outcomes and can actively undermine them, often targeting those communities most marginalized.
3. Finally, it is a myth that there can be a trade-off between public health and human rights. Human rights must be the foundation of any response for it to be effective and for it to help everyone.

Thank you.

