

PANEL INTERVENTION

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Madame Chairperson, Distinguished Delegates, Members States and Partners,

UNAIDS profoundly appreciates the opportunity to address the interlinkages between the AIDS response and the important themes of this panel: inequalities, social justice and rights.

Let me take a moment to recognize the leadership of our cohosts – Alanna Armitage, the UNFPA Regional Director, and Olga Algayerova, the Executive Secretary of UNECE.

Enroute to this conference from Moscow to Geneva, I was following the deliberations online. I am impressed and inspired to see how this conference is advancing an essential dialogue that can get us on-track - not only discuss, but to overcome the inequalities and barriers to social inclusion and human rights.

The world has been responding to AIDS for over 30 years. Goal 3.3 in the Agenda for Sustainable Development call to end AIDS as a public health threat by 2030 AND to ensure that no one is left behind. What we have learned so far is that to end the AIDS epidemic, we must do much more to address underlying and intersecting factors of vulnerability and see health within the broader context of equality, social justice, inclusion and human rights, including sexual and reproductive health and rights.

This is an area where too many member states are still not on track. The UNECE region is – unfortunately – no exception. Too many people are still marginalized, stigmatized and criminalized because of their gender, nationality, age, disability, race, ethnic origin, sexual orientation, religion, language, socio-economic status, or HIV or other health status, or because of selling sex, using drugs and/or living in prison.

Until we are reaching and empowering those furthest behind – and prioritize that we reach them first, there is a real risk that we will never reach the spirit or the targets of the sustainable development goals to leave no one left behind.

In this intervention, UNAIDS would like to highlight the important links between HIV and inequalities, social justice and rights, with a particular focus on:

1. Gender-based violence;
2. Breaking inequality cycles, including ending HIV-related stigma and discrimination;
3. Social inclusion of key populations and other vulnerable groups.

First, gender inequalities and harmful gender norms drive the systematic denial of women's rights and block the advancement and empowerment of women and girls. Many diverse populations of women and sexual minorities, including women living with HIV, adolescent girls and young women, women from diverse races, ethnicities and socio-economic backgrounds, women affected by conflict, migrant women, female sex workers and transgender people, are affected by pervasive gender biases, gender-based violence and unequal gender norms, which undermine effective HIV responses.

As indicated in the 2018 regional report on ICPD Implementation, gender-based violence, including violence against women, and discrimination is still widespread in societies in the UNECE region, and must be overcome if we are serious about ending AIDS.

Second, too many people across our region continue to face barriers to accessing the SDG goal of Universal Health Coverage. Recognizing that discrimination in health care settings is a major barrier to achieve the SDGs, 12 UN agencies have committed to work together to support Member States to eliminate discrimination in health care and improve accountability. If all countries in the UNECE region were to implement such a policy, it would encourage people fearing discrimination to come out of the shadows to voluntarily access friendly, life-saving health services.

To realize the vision of Zero Discrimination, UNAIDS, UNWomen, UNDP and GNP+ are also convening a *Global Partnership for Action to eliminate all forms of HIV-related stigma and discrimination*. This initiative aims to catalyze and accelerate implementation of commitments made by Member States, UN agencies, bilateral and international donors, NGOs and communities to end all forms of HIV-related stigma and discrimination.

Third, the 2018 regional report notes further that more progress is needed to ensure social inclusion. In several countries, minority groups, including ethnic minorities, persons with disabilities, key populations, persons of diverse sexual orientation and gender identity, and migrants continue to face stigma, discrimination and violence.

Thirty years after the first cases of HIV were diagnosed in EECA, it is time to go beyond just making prevention, testing and treatment services available to ensure that laws and policies address and protect those that are most vulnerable to HIV.

Madame Chairperson, important commitments have already been made by Member States. Not only in the ICPD Programme of Action, but also in the 2016 Political Declaration on HIV and AIDS. Two years ago, all UN member states committed to:

“promoting laws and policies that ensure the enjoyment of all human rights and fundamental freedoms for children, adolescents and young people, particularly those living with, at risk of and affected by HIV, so as to eliminate the stigma and discrimination that they face;”

Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, Article 63 (f).

Now it is time to put these commitments into action. Laws and policies must be gender-responsive and respect the human rights of all, including those living with or at higher risk of HIV, such as sex workers, drug users, gay men and other men who have sex with men, migrants, prisoners and transgender persons.

Until these key populations get access to legal protection and accessible, discrimination-free health and social services – it will be very difficult to end AIDS in these populations. Until we end AIDS here, we will not end AIDS anywhere.

Community-based organizations, such the youth-led organization Teenergizer, have an essential role to play in ensuring an effective HIV response and in efforts to reduce stigma and discrimination.

The most effective AIDS responses in Europe – those that have significantly reduced new HIV infections - have acted in parallel: scaling-up evidence-based HIV prevention, treatment, care and support AND using HIV as an entry point to end social exclusion, marginalisation, poverty, and inequities.

Madame Chair – please allow me to conclude on a personal note. This year, I observe my own ICPD+25. Twenty-five years ago, I started the working on some of the early HIV prevention programmes in Eastern Europe, at a time when there were only a handful of people diagnosed with HIV. It is deep regret that I recall that there are now 1.4 million people living with HIV in Eastern Europe and Central Asia - and the numbers are getting larger every year.

I do not plan to spend the next 25 years on this agenda, because we do not have so much time left to achieve the SDGs. In fact, we have less than half as much time left – 11 years, 2 months and 30 days.

On behalf the Joint Programme, UNAIDS will continue to support member states to end AIDS, but also work with a renewed sense of urgency to ensure that no one is left behind.

Thank you.