

35th meeting of UNAIDS Programme Coordinating Board

Geneva, 9-11 December 2014

Statement by the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Dainius Pūras

Agenda item 1.3.: Report of the Executive Director of UNAIDS

Dear Chairperson;
Distinguished Delegates;
Ladies and Gentlemen,

I am happy to be here today with you to discuss important issues which are in the heart of my mandate of the UN Special Rapporteur on the Right to Health.

I welcome the report of the Executive Director for its vision, and I congratulate the progress made by UNAIDS in fighting the HIV epidemic – reducing AIDS-related deaths, reducing new HIV infections, and increasing the access to HIV treatment in the last decade.

I also welcome the UNAIDS Fast-Track initiative, but I would like to draw the Board's attention that much more remains to be done for the most-at-risk populations for ending the AIDS epidemic to be possible.

The most-at-risk-populations are in need of HIV prevention and treatment. This won't be possible without scaling up the financial resources for HIV prevention and treatment. But financial resources won't be possible without the recognition of the need of these services for the most-at-risk-populations.

Some significant progress has been made in certain countries in improving access and domestic funding of HIV treatment. Globally, including in Eastern Europe and Central Asia, domestic resources account for approximately 80% of the HIV spending. However, too little resources, international and domestic, are dedicated to HIV prevention - only 25% of the total international HIV spending goes to prevention and only 14% of the total domestic HIV spending goes to prevention. The most-at-risk populations are in need of special HIV prevention services, such as needle and syringe programmes and medically assisted therapy.

For example, in the region of Eastern Europe and Central Asia, where the injecting drug use is the major driver for HIV epidemics, the recognition of the most-at-risk population and a strong HIV prevention target will be critical in ending the AIDS epidemic in the region. Therefore, I would like to recommend the Board to adopt strong HIV prevention targets along with the 90-90-90 treatment target to ensure that the Fast-Track initiative provides the most strategic direction to end the AIDS epidemic.

I welcome the Report's recognition of the Global Fund's work and its dedication of substantial resources in fighting the HIV epidemics worldwide, but would like to draw the Board's attention to the potential setback in fighting the HIV epidemics in middle income countries.

The Global Fund applies stricter requirements for middle income countries in accessing its HIV grant funding. However, many middle income countries, for example, in Eastern Europe and Central Asia have not prepared to replace the international funding with domestic funding, especially for HIV prevention that concerns the most-at-risk-population. On the other hand, we know that ending the HIV epidemics in the region won't be possible without adequate HIV prevention services for the most-at-risk-populations. Therefore, I would like to call the Board's attention to the need of a well-planned strategy where access to HIV prevention services won't suffer from this transition.

Populations that are most-at-risk of contracting HIV such as prisoners, people who inject drugs, sex workers, gay men and other men who have sex with men, transgender people, experience high levels of stigma, violence and discrimination. This is so despite the fact that the UN Declaration on the Commitment to HIV/AIDS, including the latest Declaration on 2011, underscored the centrality of human rights and a rights-based approach in national responses to HIV, and underlined that the promotion and protection of human rights constitute an essential component in preventing the transmission of HIV and reducing the impact of HIV and AIDS.

Some of these groups encounter more heightened levels of violence and discrimination than others, including their underrepresentation in HIV treatment programmes, despite being most-affected by HIV. People who use drugs are underrepresented in HIV prevention and treatment programmes, and services are not tailored to their needs. This is the most-at risk-group in Eastern Europe and Central Asia where the HIV rise is led by the injecting drug use.

In Eastern Europe and Central Asia, the denial of medical care and access to justice for people living with HIV, and most of all of people who use drugs, is common place. Over the years, the UN Special Rapporteur has received complaints on a variety of issues, including the denial of health care due to actual or suspected drug use; police beating people suspected of using drugs, and other allegations of human rights violations.

Moreover, harm reduction programmes and services, such as needle exchange programmes and opioid substitution therapy are limited and in some countries legally banned. Women are denied access to harm reduction services on an equal basis with men and are targeted by police as well as intimate partners, abused and discriminated against for their drug use. Young people who use drugs are denied factual information and services about safer injection and harm reduction. Sex workers are raided and forced into HIV testing, with positive outcomes resulting in harassment, blackmailing and prosecution.

International human rights framework however is clear on the protection and promotion of human rights of all on equal basis. The International Covenant on Economic, Social and Cultural Rights (art. 12) establishes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. As part of this obligation, States must ensure that health care is available widely, accessible and acceptable for most-at-risk-populations, and of a good quality - medically and scientifically appropriate.

Strengthening community systems should be a priority in addressing HIV prevention and treatment as these prove most-acceptable for the most-at-risk population and as such most effective in fighting HIV epidemics. A strong civil society with adequate resources remains central to successfully ending the AIDS pandemic. Moreover, civil society should be invited to play a key role in both the development and oversight of the systems response at all levels.

Distinguished Delegates;
Ladies and Gentlemen,

International drug policies and national responses to the use of drugs need to be discussed in the context of human rights to assure universal access to the enjoyment of fundamental rights and freedoms enshrined in the Universal Declaration on Human Rights. Tomorrow we all will commemorate the day when the Universal Human Rights Declaration was approved by UN General Assembly, and we should keep following

universal human rights principles, without regressing to selective approaches to human rights.

Close cooperation between key stakeholders, policy makers and community representatives is a crucial element in securing a comprehensive and effective response to HIV prevention and treatment. More leadership and coordination among Co-sponsors of UNAIDS in preventing and responding to crisis situations shall also be secured in responding to and preventing new HIV infections and AIDS deaths in these countries.

Human rights provide a way of holding States to account – of making sure that people affected by HIV, including those who use drugs, are not invisible – of exposing stigma, discrimination and other abuse – of asking tough questions and demanding clear answers. The approach to these issues and challenges with a human rights lens shall be considered and needs to be supported by the international community.

In conclusion, I want to thank everybody in this room for your commitment, passion and boldness. Let me assure you that among my highest priorities while carrying out my mandate will be the promotion of evidence based and human rights friendly ways of contributing to the end of HIV/AIDS epidemic.

Thank you, Mr. Chair.