Good afternoon, honorable Members of Parliament. The Global Fund to Fight AIDS, Tuberculosis, and Malaria is the largest international funder for tuberculosis and malaria, and the second largest funder for HIV. We are also the largest multilateral grant funder for health systems strengthening, including building stronger laboratory networks, supply chains, surveillance systems, and health data systems.

Too often, the people most vulnerable to disease are the same people who do not have access to health care because of criminalization, stigma and discrimination.

HIV is a prominent example. Gay and bisexual men are 28 times more likely to contract HIV than other adult men. UNAIDS reports that 67 countries still criminalize same-sex sexual activity. Often the punishments are extremely harsh, including the death penalty in several countries. In these 67 countries, safely accessing HIV prevention, testing, care and treatment is often impossible. This continually drives new infections.

Similarly, transgender women are 14 times more likely to contract HIV than other adult women, and 20 countries criminalize or otherwise prosecute transgender people. Sex workers and people who inject drugs are also at much higher risk for HIV than the general population. Again, this creates significant barriers that drive new infections.

In countries where there is criminalization we see significantly less progress against HIV, including fewer people who are tested and know their HIV status, and fewer people accessing lifesaving treatment.

As a result, these criminalized and marginalized groups account for 70 percent of new HIV infections globally, and 94 percent of new infections outside of sub-Saharan Africa. Within sub-Saharan Africa, they account for 51 percent of new infections.

While moral debates continue, the data shows that intolerance is preventing the world from ending HIV. While the UNAIDS global target for 2021 was to reduce the number of new HIV infections to 500,000, the actual number for 2021 was 1.5 million new infections. A severe miss.

The Global Fund is trying to confront this challenge by requiring all funding requests to include programs that address the severe barriers to accessing health services caused by criminalization, stigma and discrimination. Programs shown to successfully reduce these barriers include sensitivity training for health care workers and law enforcement; legal literacy or “know your rights” programs for those at risk; and funding for legal services so marginalized people can exercise their rights.

Most importantly, our new Strategy for 2023 to 2028 commits to providing more community-based and community-led services to ensure outreach, prevention, care and treatment reaches those in need, and that communities lead monitoring and evaluation to ensure marginalized populations are being reached effectively.

Changing the laws, policies and practices that create barriers to health services requires political will. Parliamentarians are the drivers of political will, and the IPU and parliamentarians across the globe have a major role to play going forward.