

10 minute speech for IPU Human Rights Group

Good morning, thank you for inviting me here today to speak on the SDGs and Human Rights.

I want to start with a question – how many countries in the world do you think still restrict people living with HIV from entering the country? We're talking everything from asking for HIV status on a visa application form, to requiring an HIV test for a work or study permit, to detaining and deporting foreigners who are found to be living with HIV.

Tomorrow we're releasing a new map on HIV related travel restrictions that show that in 2019, 48 countries, territories and areas have some form of HIV related travel restriction.

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You have all, barring the swiss parliamentarians, travelled here today. Unless you're from a Shengen country you will have had to go through some form of immigration, perhaps apply for a visa or permit. Some of you may have studied or worked overseas. Imagine being prevented from participating in consultations, in meetings, from working, studying – all because you are HIV positive.

36.9 million people in the world are still living with HIV and another 1.8million become infected each year. Close to 1 million still die every year and 15 million still aren't on treatment. 25% of people who have HIV do not know their status.

This epidemic is not felt equally, it runs along the fault lines of society, affecting those who are already marginalised, vulnerable. This is an epidemic of stigma, discrimination, inequality, abuse, violence and human rights violations and discriminatory laws like the travel restrictions. There is no public health reason to deny entry to a country for someone living with HIV – it is not a highly infectious disease, it cannot be caught by casual contact and there are easy methods for preventing transmission. Rather, it is a result of the stigma and fear that HIV still evokes in people.

This is, in effect, a discriminatory law, something that, under human rights law and the SDGs should be repealed. And like many discriminatory laws it has the opposite effect of that intended. Instead of keeping HIV out of a country, it keeps it underground, untreated. People will not go to the doctor if they fear deportation, nor will they collect their medication.

And so from the very beginning of the response to the HIV epidemic, rights have been at the forefront. They have had to be. Prevention, testing and treatment will only work in an environment that respects human rights, that recognises prisoners need condoms, that gender inequality drives risk, that laws criminalising people based on their work, their sexual orientation, their drug use render people more vulnerable to HIV and less likely to access care.

So how does this all fit with SDGs and human rights?

SDG 3.3 says that By 2030, end the epidemics of AIDS, tuberculosis, malaria

So SDGs give us the what, the goal.

Human Rights gives us the 'how' – not just because a human rights approach will be more effective in the long-run, not just because every country still has obligations under human rights and these apply to SDGs, and not just because there's a world of best practice and jurisprudence on achieving the goals, but mainly because human rights is the only way we will fulfil that promise of leaving no-one behind.

In HIV -we know we have to end the epidemic by 2030 and to end it for everyone. Flooding the community with condoms and treatment, though it would help, and please do that, won't get us all the way. From a human rights perspective we know that services must be Accessible, Affordable, Acceptable and of Good Quality – for everyone. For us that means also making sure that services cater to the needs of different groups – that there are youth friendly services, that they observe confidentiality, are not stigmatising or discriminatory. It also calls on us to look at social determinants of health – such as gender inequality, violence, discriminatory criminal laws.

Human Rights also gives us the need for oversight, accountability such as access to justice and above all, participation

Looking at those determinants again: discriminatory laws: that's SDG 10 and 16, gender inequality, SDG 5, violence – SDGs 5 and 16 and access to justice, participation and quality health services – 16, add to that financing and you have UNAIDS' five SDGs from our strategy -we've married the two together.

While all of these are important for parliamentarians, I want to make two requests, if I may –

1. Give SDG 16 the attention it deserves. In particular, goal 16b: Promote and enforce non-discriminatory laws and policies for sustainable development
2. Make sure human rights are at the heart of all SDG work

Why SDG 16b?

It has a twin in 10.3 eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard. It also has a human rights twin – that of Article 2 of many of the human rights treaties – that rights are to be enjoyed without discrimination.

This really should be the golden thread that weaves through the SDGs. It is the key to leaving no one behind. Member states in the 2016 high level political declaration on HIV recognised this when they called for the removal of discriminatory laws that created barriers to HIV services – laws that, for example, require parental consent for a 17 year old to access sexual health services. All UN agencies recognised it when they called for the decriminalisation of drug use in the UN Common Position on Drugs last year. 11 UN Agencies recognised it when they called for elimination of discrimination in health care - calling for removal of laws that criminalise drug use, sex work, sexual orientation, gender identity and HIV transmission: Criminal laws that discriminate.

You may think this is a small group, but some estimates say that up to 10% of the population identifies as part of the LGBTIQ community, 275 million people used drugs in 2016. 68 countries still criminalise same sex sexual behaviour, 17 criminalise on the basis of gender identity, over 100 criminalise aspects of sex work and drug use, 1 in 5 people in prison are there due to non-violent drug crimes.

We have this strange way of talking about being left behind, as if we've just forgotten people or they've fallen through the cracks. If you are criminalised you are not left behind, you don't fall through the cracks. You are pushed behind through the systematic use of criminal laws, stigma and discrimination. You become the most marginalised groups in society. And in terms of SDG 16 you experience increased vulnerability to violence by partners, society and law enforcement.

You can't go to the police in most cases, if you do you risk at best bribery and corruption, at worst violence, including sexual violence. Lawyers, as human rights defenders, risk violence and

repercussions if they defend you or represent you. If you go to the doctor they may report you to the police, or simply refuse to treat you.

You often can't form associations, registration as an NGO often not allowed. Sex workers can't unionise, often can't participate, propaganda information means you can't disseminate information. They are in every sense unequal before the law.

There is some amazing work being done by parliamentarians, both to remove discriminatory laws but also to introduce laws that protect against discrimination.

1. In the last few years, Eswatini, Lesotho, Angola and Bhutan's parliaments have voted to decriminalise same-sex sexual conduct.
2. Malawi, South Africa and the Philippines have recently changed the law to allow young people to access testing and treatment without their parent's permission.
3. A number of countries, Portugal and Czechia among them, have taken steps to decriminalise personal drug use.
4. Many many countries have introduced laws protecting against HIV related discrimination
5. And quite a few have taken steps to remove travel restrictions.

My second ask, is that you seek to infuse all SDG efforts with human rights – if you are looking to reduce poverty, make sure it is for everyone. If you are expanding social protection schemes, make sure people who use drugs or have a criminal record, or irregular migration status are not neglected. Budget for human rights and have your human rights experts and community groups participate.

An example from our line of work is the goal on universal health coverage – a laudable goal but one that will not be met without human rights approaches. The HIV and Human Rights Reference Group of UNAIDS recently drafted a statement regarding the UHC Declaration that will be agreed upon later this year – advising on the various ways in which human rights must be included for health coverage to be truly universal. Universal Health Coverage is a fantastic goal, but it is only through human rights that we will recognise that something as simple as an HIV travel restriction could get in the way of achieving it.