

# CONFRONTING DISCRIMINATION ADVANCING HEALTH

SPEECH BY MICHEL SIDIBÉ, EXECUTIVE DIRECTOR, UNAIDS

2 OCTOBER 2017





## CONFRONTING DISCRIMINATION ADVANCING HEALTH

It is a great pleasure to address the Social Forum. On behalf of all of you who are advancing human rights and health across the world, let me express my sincere thanks to Brazil and Belarus, Co-Chairs of this first Social Forum on HIV and other communicable diseases and epidemics.

I also want to thank and acknowledge the presence of my daughter Loyce Maturu—the face of youth leadership for health on this panel.

When we are talking about transforming the paradigm of health, building a different society, it is very important that we have young people with us. In Africa today, more than 60% of the population is aged below 25 years old.<sup>1</sup> Without engaging young people, we cannot change the paradigm, we cannot talk about rights.

## CHALLENGING INDIFFERENCE

Nearly 40 years ago, people began to challenge indifference.

We are here because those left to die decided to say no. They changed the paradigm. Different constituencies, a whole civil society movement, emerged and came together.

At the very beginning it was a few gay men who said no to indifference, to silence and to inaction. Not only did they say no, they also created, championed and led a transformative movement, bringing a people-centred approach to the global health paradigm.

With HIV, for the first time we moved from a focus on disease to a people-centred approach. Activists broke the conspiracy of silence and forced governments and other partners to act. They broke the conspiracy of silence.

With no treatment, activists set up self-help groups and promoted HIV prevention. When treatments become available, activists worked to ensure that the South was not left behind.

Without breaking this conspiracy of silence, we would never have been able to work with different constituencies and change completely the trajectory of the price of HIV treatment.

---

<sup>1</sup> Mo Ibrahim Foundation. Africa at a tipping point. 2017 Forum report, 2017, p 12.



How would we ever have been able to reach poor people with life-saving HIV treatment if it still cost US\$ 15 000 per person per year? It would have been impossible.

Take South Africa, in 2000 less than 5000 people were on HIV treatment; today, there are nearly four million people on HIV treatment—one of the largest programmes in the world.<sup>2</sup> Access to quality affordable treatment is a human right. Together, we have been able to make treatment more affordable and therefore completely change the dynamic of demand.

## PROTECTING HUMAN RIGHTS

Confronted with these demands for action from activists and civil society, governments showed leadership. Switzerland was one of the first countries to take a pragmatic, public health and rights-based approach to drug use.<sup>3</sup> The government decided that people who inject drugs should not be treated as criminals. They initiated access to sterile needles for people who inject drugs in 1988. As Kofi Annan has said, “drugs have destroyed many lives, but wrong government policies have destroyed many more.”<sup>4</sup> In Senegal, the government worked with religious and community leaders to address stigma.<sup>5</sup> And Brazil was the first country to bring constitutional reform to make access to treatment a right. This bold move completely changed access to treatment in Brazil.

If we want to move forward, we need to understand what my friend Michael Kirby calls the AIDS paradox. This paradox is based on a simple truth, “to win against epidemics, countries must protect human rights; not curtail them.”<sup>6</sup> If we do not protect human rights, we will never advance the agenda of the people who are left behind—the very essence of the 2030 Agenda for Sustainable Development and the Sustainable Development Goals.

---

<sup>2</sup> Global reporting to UNAIDS.

<sup>3</sup> Csete J, Grobb PJ. Switzerland, HIV and the power of pragmatism: lessons for drug policy development. *Int J Drug Pol.* 2012;23:82–86.

<sup>4</sup> Annan K. Speech delivered on 15 December 2016 at the inauguration of the offices of the Global Commission on Drug Policy, Maison de la Paix, Geneva ([http://graduateinstitute.ch/home/relations-publiques/news-at-the-institute/news-archives.html/\\_/news/corporate/2016/kofi-annan-we-need-better-policy](http://graduateinstitute.ch/home/relations-publiques/news-at-the-institute/news-archives.html/_/news/corporate/2016/kofi-annan-we-need-better-policy)).

<sup>5</sup> UNAIDS. Acting early to prevent AIDS: the case of Senegal. Geneva: UNAIDS; 1999.

<sup>6</sup> Kirby M. The never-ending paradoxes of HIV/AIDS and human rights. *African Human Rights Law J.* 2004;2:167.



The imperative of protecting human rights is not only true for AIDS. It is also true for tuberculosis, Ebola, Zika and other epidemics. However, our foremost problem remains how to ensure access to services for all those in need.

Progress has been made possible through an approach grounded in human rights. Today, 19.5 million people are on antiretroviral therapy.<sup>7</sup> We met the 2015 global target of 15 million people on antiretroviral treatment six months ahead of time.<sup>8</sup> AIDS-related deaths have fallen by 48% since the peak in 2005.<sup>9</sup> We are making what we once thought impossible, possible. But more than 17 million people are still waiting for treatment.<sup>10</sup>

Just last week, UNAIDS, with a broad range of partners, announced a breakthrough pricing agreement that will accelerate the availability of the first affordable, generic, single-pill HIV treatment regimen containing dolutegravir to public sector purchasers in low- and middle-income countries, at around US\$ 75 per person per year.<sup>11</sup> This agreement will accelerate treatment roll-out, but it is not just about coverage—it is about quality, equity, dignity and health for all.

Those issues are central to what we are doing. But I am scared. I am seeing growing conservatism; we do not need walls between people, we need bridges. We are fortunate in this room to be on the right side of the road, but we need to make sure that the people on the other side of the road can benefit from our position of privilege. We cannot just continue to believe that we will remain safe on the right side of the road. I am seeing a shrinking space for civil society just when we need their voice and resolve more than ever. Global solidarity and shared responsibility are being questioned.

<sup>7</sup> UNAIDS. Ending AIDS: progress towards the 90-90-90 targets. Geneva: UNAIDS; 2017.

<sup>8</sup> UNAIDS. UNAIDS announces that the goal of 15 million people on live-saving HIV treatment by 2015 has been met nine months ahead of schedule, 14 July 2015 ([http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2015/july/20150714\\_PR\\_MDG6report](http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2015/july/20150714_PR_MDG6report)).

<sup>9</sup> UNAIDS. Fact sheet—latest statistics on the status of the AIDS epidemic (<http://www.unaids.org/en/resources/fact-sheet>).

<sup>10</sup> UNAIDS. The scales have tipped—UNAIDS announces 19.5 million people on life-saving treatment and AIDS-related deaths halved since 2005, 20 July 2017 ([http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2017/july/20170720\\_PR\\_Global\\_AIDS\\_Update\\_2017](http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2017/july/20170720_PR_Global_AIDS_Update_2017)).

<sup>11</sup> UNAIDS. New high-quality antiretroviral therapy to be launched in South Africa, Kenya and over 90 low- and middle-income countries at reduced price, 21 September 2017 ([http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2017/september/20170921\\_TLD](http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2017/september/20170921_TLD)).



## CONFRONTING DISCRIMINATION AND ADVANCING HEALTH

Everywhere in the world, human rights violations, fear, prejudice, stigma and discrimination persist, including in health-care settings. Today, I am launching a UNAIDS report entitled *Confronting discrimination*, which describes the magnitude and impact of stigma and discrimination in health care and gives concrete examples for addressing it.

Stigma and discrimination discourages people from accessing prevention services, learning their HIV status, enrolling in care and adhering to treatment.

One in 8 people living with HIV report having faced discrimination in health-care settings.<sup>12</sup> In some countries, more than 40% of transgender people avoid seeking health care because of who they are. People living with HIV who fear stigma are 2.4 times more likely to delay treatment.<sup>13</sup> Homophobic laws remain in place in 72 countries.<sup>14</sup> People who inject drugs are forced into the shadows and are not able to seek health care. Forced sterilization continues.

These are all human rights violations and they are harmful to our efforts to advance health for all. We need to confront them and ensure that everyone can exercise their human rights freely and without prejudice. If we do not confront discrimination, stigma and criminalization, I can say today with authority that universal health coverage will remain a pipe dream.

---

<sup>12</sup> UNAIDS. *Confronting discrimination: overcoming HIV-related stigma and discrimination in health-care settings and beyond*, Geneva: UNAIDS: 2017 ([http://www.unaids.org/sites/default/files/media\\_asset/confronting-discrimination\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/confronting-discrimination_en.pdf)).

<sup>13</sup> Ibid.

<sup>14</sup> Carroll A, Ramón Mendos L. *State-sponsored homophobia—a world survey of sexual orientation laws: criminalisation, protection and recognition*, Geneva: ILGA: 2017 ([http://ilga.org/downloads/2017/ILGA\\_State\\_Sponsored\\_Homophobia\\_2017\\_WEB.pdf](http://ilga.org/downloads/2017/ILGA_State_Sponsored_Homophobia_2017_WEB.pdf)).



## THE TIME TO ACT IS NOW

We have a transformative global agenda grounded in social justice, powerful scientific and medical tools, strong and binding global human rights frameworks, partnerships with governments, scientists, international organizations and civil society, and programmes that work to advance health.

We now have a moral and a legal responsibility to act. We must close the inclusion gap between those who have and those who have not. We must give voice to the voiceless, because the right to health belongs to all and we cannot leave anyone behind.

MICHEL SIDIBÉ  
EXECUTIVE DIRECTOR  
UNAIDS



