**Statement – General Session**

**Human Rights Council consultation on human rights in the HIV Response**

**Aidsfonds and PITCH[[1]](#footnote-1) program – Delivered by David Ruiz Villafranca**

**12 – 13 February 2019, Geneva**

Thank you chair, and thank you to the panellists for your inspiring presentations. We commend the co-chairs for their leaderships and for putting forward this consultation.

My name is David Ruiz, and I work with Aidsfonds. As it was said, many countries are moving toward UHC, and integrating HIV services into their national UHC plans. This could be an opportunity to address some of the weaknesses of the HIV response, like sustainability, but also could jeopardize some of the achievements. I want to share with you 3 main findings of a research we recently developed as part of a program called PITCH:

1. **Declining international support for HIV and health poses a major risk for the effective integration of the HIV and AIDS response into UHC.** There are two critical concerns as countries transition out of external donor-funded programmes for HIV and move towards UHC and domestic funding for their own HIV and AIDS responses. The first is that domestic resources may not be sufficient to achieve UHC in the foreseeable future. The second is that even where governments can fund their own HIV and AIDS response, they are not always *willing* to ensure comprehensive HIV and health services for everyone*.* Services for key populations and other stigmatised and marginalised communities, which are for the most part delivered by civil society organisations (CSOs) and community-based organisations (CBOs) especially in countries with criminalising and restrictive laws, may no longer be funded. This include the termination of funds before there is a sustainable financing plans. As a result, life-saving programs are closing, particularly for key populations, and some States parties to the *International Covenant on Economic, Social and Cultural Rights* are retrogressing on the right to health. We support Rico Gustav recommendations to develop a set of guiding principles for health donors. And that they build on existing human rights mechanisms to ensure both donors and recipients are held accountable. We recognise the critical contribution of the GF and call member states to support its replenishment to ensure funding for human rights and Key populations, including for MICs.
2. Domestic funding mechanisms for UHC come with their limitations for HIV and key populations – The issue of whether HIV and AIDS services should be part of a health insurance scheme funded through the government budget was still to be determined in the studied countries. The risk with contributory health insurance is that it can exclude the people who work in the informal sector or who cannot pay for their contributions, which in turn would lead to the discontinuation of ART if HIV and AIDS is not included in health insurance schemes. It might also pose specific challenges for key populations and marginalised groups in countries where health insurance schemes are ‘unfriendly’ towards key populations, reflecting hostile societal attitudes towards these groups. Bureaucratic hurdles could pose additional obstacles for key populations to getting insured.
3. **Legal barriers and prohibitive laws risk leaving key populations behind in UHC.** The HRC Resolution on HIV recognises that UHC must be anchored in the right to health. The Resolution also express grave concerns that restrictive and punitive legal and policy frameworks continue to discourage and prevent people from having access to services. Removing punitive laws and responding to stigma and discrimination and violations against key populations must be prioritised in the road to UHC. In all four study countries, key populations are faced with persistent stigma, discrimination and legal barriers impeding their access to care. For decades, HIV sector advocates have been vocal that the HIV epidemic could not be effectively addressed without repealing laws that criminalise same-sex relations or HIV transmission, stopping the global war on drugs, introducing strict anti-stigma and discrimination measures, and confronting the human rights violations suffered by marginalised groups. Advocacy and activism have significantly contributed to improving human rights protection for key populations globally and helped to increase their uptake of life-saving services. The support of development partners has also been decisive for the advancement of the human rights response to HIV. As countries move to domestic financing for health, development partners will have less influence with governments and there is a high risk that human rights advocacy on HIV will be discontinued due to lack of support in countries with significant legal barriers for key populations.
4. **The risk of collapse of the community response to HIV and AIDS.** As the panellists said,activism,community led organisations, regional and global networks are the game changer in the Aids and broader health response and are essential to achieve UHC. However, many of these groups often face discriminatory restrictions on their rights to freedom of association and expression. In the four countries reviewed, there are concerns about the shrinking space for communities, with policies, laws, practices and finding affecting the sustainability of their work. The replacement of international disease-specific and population-specific funding with domestic health funding could jeopardize the sustainability of local CSOs and CBOs and the services available for key populations, particularly in countries which are hostile to these groups.[[2]](#footnote-2) In addition, many governments are likely to fund biomedical interventions as part of UHC whereas non-medical HIV services, such as primary HIV prevention and important social-protection related activities might no longer be available. Traditionally these services have been provided in many countries by CSOs and CBOs through donor funding.
5. Lack of meaningful civil society participation in UHC decision-making processes at country-level – HIV remains unique within the global health field with respect to the extent of its formalised engagement with civil society.[[3]](#footnote-3) Engagement and governance mechanisms include participatory national coordinating bodies such as the national and local AIDS councils, the country coordinating mechanisms (CCM) of the Global Fund, civil society and community representatives in the governance structures of key institutions, and other formal consultation mechanisms. While these mechanisms still require improvement, they have given an important voice to the people directly affected by HIV and have contributed to a more effective response. However, in all study countries where crucial decisions about UHC are being taken at present, there appears to be limited involvement of civil society in the broader UHC planning and monitoring processes. The lack of meaningful civil society engagement poses a significant risk for realising an equitable and rights-based UHC that leaves no one behind. As stated in a Lancet Commission report “The greater integration of affected communities in global health governance, should it occur, will be one of the lasting legacies of HIV activism.”[[4]](#footnote-4)

We hope this consultation and its follow up could ensure stronger linkages between human rights and health to build the UHC we all want. And we recommend Office of the High Commissioner to further engage with WHO and co-chairs of the High Level Meeting on Universal Health Coverage to ensure that the intersectionality of public access to healthcare and human rights are clearly recognized in the UHC political resolutions

1. Partnership to Inspire, Transform and Connect the HIV Response (PITCH) is a strategic partnership between the Ministry of Foreign Affairs of the Netherlands, Aidsfonds and the International HIV/AIDS Alliance. [↑](#footnote-ref-1)
2. Lancet (2018) Advancing Global Health and strengthening the HIV response in the era of the Sustainable Development Goals: the International AIDS Society – Lancet Commission. Available from: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31070-5/fulltext [↑](#footnote-ref-2)
3. Lancet (2018) Advancing Global Health and strengthening the HIV response in the era of the Sustainable Development Goals: the International AIDS Society – Lancet Commission. Available from: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31070-5/fulltext [↑](#footnote-ref-3)
4. Lancet (2018) Advancing Global Health and strengthening the HIV response in the era of the Sustainable Development Goals: the International AIDS Society – Lancet Commission. Available from: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31070-5/fulltext [↑](#footnote-ref-4)