**UN Social Forum**

**Implementing health related SDGs through a human rights perspective**

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Over the past two decades there have been notable advances in a range of global health outcomes. Equally important has been the enormous gains made in measurement, focused around the targets and indicators defined in the SDG goals.

Rigorous and routine monitoring is a means of accountability which is a key human rights principle. Having specific indicators and regular reporting is an important tool to promote the right to health for all. At the same time, indicators do not always tell the whole story. National averages can hide significant inequalities between different regions of a country, urban vs rural populations, age groups or among most at risk populations.

Government data may also be inaccurate. Governments may be selective in presenting data that presents a more positive view, or may delay reporting negative findings or disease outbreaks. They may purposefully exclude specific subpopulations, such as ethnic, religious or racial minorities, criminalized populations, or individuals living in informal settlements. True accountability requires both disaggregation of data and broad participation with communities to validate what is presented.

Since 2010, the annual number of new HIV infections globally has declined by 16%. But dissagregate that figure and you find that in some regions new infections have declined by one-third. But in others there has been little change, and in eastern Europe and central Asia new infections are up by 60%. In countries where key populations such as MSM and sex workers are criminalized, these groups often are denied access to effective prevention strategies, subject to violence and extortion that increase their risk of infection, and denied or discouraged from seeking care. In this example, you can see the importance of equity, participation and validation.

Another health-related target of the SDGs is to end the global TB epidemic. While WHO reports small declines in TB mortality and incidence, gaps that reflect inequities remain. Effective TB diagnosis is often hindered by the lack of social security, stigma and discrimination, and lack of information. Poor quality of care and inadequate or interrupted drug supplies hamper global TB control efforts. People who use drugs, migrants and prisoners often have increased TB risk and difficulty accessing care. And national TB rates may not reveal the human rights issues that are driving the development and spread of drug-resistant TB.

The SDGs also call for an end to the epidemic of neglected tropical diseases that affect more than one billion people in 149 countries. Individuals living in poverty, with substandard housing and without adequate water and sanitation, who are in close contact with infectious vectors and domestic animals and livestock, are most vulnerable to infection with NTDs and their consequences, which can include disability, disfigurement, social isolation, and death.

Individuals with NTDs may also face stigma in health care settings, where lack of training and capacity to address advanced disease can result in people being turned away. Progress in reducing trachoma and lymphatic filariasis transmission has been remarkable over the past ten years. But goals to end the epidemic can hardly be celebrated if millions of people with hydrocele, lymphedema or limited vision are not provided support within their communities. And other diseases such as podoconiosis are so neglected that they are not even recognized by the WHO as a neglected disease.

While NTDs affect both men and women (and boys and girls), women and girls face differential and, in some cases disproportionate, impacts, for biological as well as socio-cultural reasons. Due to their traditional role in many countries collecting water and as caregivers, women are at higher risk of trachoma infection. Women with helminth infections who become pregnant are at increased risk of anemia, and if infected with schistosomiasis may experience ulcerative genital lesions which can increase their risk of HIV. Women may also be more likely to experience negative social and economic consequences, such as loss of income or educational opportunities, as a result of caring for others suffering with NTDs or because of social isolation or abandonment if infected. Because of their economic impact, NTDs can also undermine stability in communities, contributing to the potential for conflict. Alternatively, NTDs may thrive in conflict settings because of the lack of prevention and treatment available.

The successes to date of many global health programs can be understood as stemming not only from scientific and technical advances, but from the promotion and protection of human rights, including the right to health, education, non-discrimination, freedom from violence, access to justice, gender equality, and participation. The health sector obviously has a crucial role to play, but it cannot alone deal with the human rights abuses and social determinants of vulnerability and poverty which impact morbidity and mortality. While universal health coverage has been promoted as the key SDG for health, a broader attention to human rights is needed to achieve both health and well-being, and a vibrant, engaged civil society which has access to information and freedom of expression, and can ensure accountability, is essential.

Thank you.