Many thanks for this opportunity to participate in this year’s Social Forum and to contribute to this panel on the implementation of health related SDGs through a human rights perspective.

I would like to use my five minutes to deal with two specific issues that clearly establish the indispensable link between economic, social and cultural rights and SDGs, with a focus on the right to health in the context of HIV and other communicable diseases and epidemics.

I do not think there is any doubt in our minds that the goals that underpin an enabling environment for the 2030 Agenda to be successful are also essential for the realization of human rights.

This means that, in principle, the policies, targets and indicators adopted for the fulfilment of the goals will lead to the realization of the rights. From a policy perspective, this is indeed welcome.

However, the realization of the rights does not depend only on policies and that is where the human rights framework can strengthen the fulfilment of the SDG’s.

**That is the commitment to leave no one behind.**

If States comply with their immediate obligation to repeal formal discrimination and inequalities in laws and policies and take all necessary measures to eliminate the conditions and attitudes which lead to or perpetuate de facto discrimination, the commitment to leave no one behind does not run any risk of remaining unachieved.

Equally important is the obligation of States to respect the core content of all the rights, and in this case of the right to health, to protect individuals and groups experiencing discrimination that are most in need of the protection of the State. People with HIV/AIDS and their families are often subject to multiple and systemic discrimination, due to lack of adequate information which, in turn, leads to social misconceptions, prejudices and taboos and to misguided attitudes of non-acceptance and social exclusion.

It is good to mention here that our General Comment no. 22, on the right to sexual and reproductive health, adopted last year, calls for information accessibility requiring that all individuals and groups, including adolescents and youth, have the right to evidence-based information on all aspects of sexual reproductive health, including, among others, HIV prevention. It also reiterates the importance of respecting privacy and confidentiality.

Marginalised young persons that are often deprived from the enjoyment of their economic, social and cultural rights are more exposed to engaging in high risk behaviour, which in turn puts them at risk of contracting HIV and other sexually transmissible diseases. This highlights the importance of interlinkage with other SDGs and the enjoyment of economic, social and cultural rights in general.

When clarifying the content of the element of availability necessary for the realization of the rights, the general comment calls for the availability of an adequate number of functioning health‑care facilities, services, goods, programmes and medicines, including generic medicines, for the prevention and treatment of sexually transmitted infections and HIV. Here, the difficulties faced by women in access to these services and programmes due to discrimination and stigma require particular attention.

Under *International Obligations*, general comment no. 22 reminds States parties that they should ensure, in compliance with their Covenant obligations, that their bilateral, regional and international agreements dealing with intellectual property or trade and economic exchange do not impede access to medicines, diagnostics or related technologies required for prevention or treatment of HIV/AIDS or other diseases related to sexual and reproductive health.

The right to health is of fundamental importance to the realization of other human rights. The specific situation of persons with HIV/AIDS has been part of the dialogue of the Committee with States parties and of its concluding observations. In fact, as early as in 2000, in its General Comment no. 14 on the right to the highest attainable standard of health, the Committee clearly set out and I quote: “The prevention, treatment and control of epidemic, endemic, occupational and other diseases” (art. 12.2 (c))requires the establishment of prevention and education programmes for behaviour-related health concerns such as sexually transmitted diseases, in particular HIV/AIDS, and those adversely affecting sexual and reproductive health, and the promotion of social determinants of good health, such as environmental safety, education, economic development and gender equity”.

Let me use my final minute to highlight a potential opportunity of the SDG framework to support the protection of the human rights of persons with HIV / AIDS.

Goal 3 to ensure healthy lives and promote well-being at all ages also includes targets on ending or reducing AIDS and other diseases, universal health coverage, affordable essential medicines and sexual and reproductive health care, and the corresponding indicators. In this regard, these targets and indicators can provide very useful information to assess the progressive realisation of the right to health. If they are disaggregated according to the prohibited grounds of discrimination also taking into account Goal 5, they would indeed be very relevant and useful.

Thank you for your kind attention.