Excellencies, distinguished delegates, colleagues and friends,

Let me first say that it is a real pleasure to be with you today in this consultation and in this “setting the scene“ panel to discuss the progress and challenges of addressing human rights issues in the context of our efforts to end HIV/AIDS epidemics by 2030.

This is a very timely consultation.  Stakes are high, as there are many opportunities to reach this ambitious goal, and at the same time we see serious challenges that need to be effectively addressed.

Let me share some insights from my mandate – the right to health mandate. I would like to start with good news.

We need, as a global community, with UN demonstrating leadership, to be more active in sharing and spreading good news, so that stakeholders know, still better than now, about good practices and so that they can replicate them in effective and sustainable ways.

The story of responding to HIV/AIDS epidemics is a remarkable one. The progress in the global struggle against AIDS has been amazing. After an initial reaction dominated by fear and panic, more mature response have emerged. We know promising and encouraging data about millions of lives saved, through effective prevention, reduction of new cases, increasing number of cases covered by antiretroviral treatment. We know what works and why this success has happened.

We know how powerful and effective can be the synergy between  two sets of principles, two modern approaches when they are implemented with strong political will and when they reinforce each other. These are a) a human rights based approach and b) a modern public health approach based on scientific evidence.

We are on the right track. We just need more advocacy, more good governance, more passion and more people on the side of human rights and evidence, to convince governments and societies in all regions and countries, that we have effective remedies to reach the SDGs, including through investing in health, and that one of most powerful “vaccines“ is a human rights based approach, with its main elements. Among these elements, which coincide with elements of an analytical right to health framework, are the following ones: non-discrimination (zero tolerance to discrimination), participation and empowerment of those who need and use healthcare services. All this cannot happen without serious involvement of civil society, and without good quality monitoring and accountability.

When I stepped in, now almost 5 years ago as the third Special Rapporteur on the right to health, I realized how much my mandate was driven by response to HIV/AIDS epidemics. I also realized how much my predecessors Paul Hunt and Anand Grover have done to develop an analytical framewok for the mandate and then to use all the elements of an analytical framework for effective operationalization. Successes of effective implementation, and firstly, the sobering recognition by many stakeholders that human rights based approach is a practical and effective tool, are very helpful nowadays to replicate similar stories of success in other health-related fields, such as addressing non-communicable disease, and mental health.

Now I would like to address challenges and obstacles. They are many, and some of them have have increased recently. There is a tendency nowadays to attack both sets of principles and approaches that I have mentioned as effective remedies. In the era of post-truth many basic messages from science are questioned, and this is a serious challenge. Even more serious challenge is the phenomenon of proliferation of ideologies, policies and practices that question or confront universal human rights principles. Such attacks against human rights reinforce discriminatory attitudes towards vulnerable groups, including key populations. Sometimes there is the impression, that global community has lost its collective memory – about what happened in the middle of last century and why the Universal Declaration of Human Rights was so passionately and unanimously endorsed in 1948.

In special procedures, which I represent, we, mandate holders, are independent human rights experts and we have a unique opportunity to feel directly the pulse of global community. Very often we observe, while exercising our mandates (especially during country missions), the detrimental effects of these tendencies to regress to selective approaches when addressing SDGs and human rights. We need to constantly remind all stakeholders, that there are equally important three pillars – peace and security, human rights and development. And if human rights are undermined or exercised in selective way, ambitious goals to reach the SDGs, such as to eliminate HIV/AIDS will not be reached.

This is especially important for the realization of the right to health. The right to health, as we know, cannot be effectively realized, and this is especially important with regard to HIV response, if any of human rights for any reason are undermined or violated. We are aware of the detrimental impact of poverty and inequalities to health, and we know that poverty remains to be one of main risk factors impeding the elimination of AIDS. This is why reaching universal health coverage is of utmost importance.

But things are event more complicated than that. During my country missions, I realized that attempts to reach universal health coverage often remind the exercise of reaching low hanging fruits. And then those persons, who are behind, and we know that the key populations are very disporportionately at risk of lagging behind, so they may continue suffering from different forms of discrimination.

I have reminded Member States on several occasions to ensure that the focus on addressing financial exclusion does not neglect the equally important issue of discrimination on other grounds, such as race, colour, sex, religion, property, birth, physical or mental disability, health status (including HIV/AIDS), sexual orientation and gender identity, age and civil, political, social or other status.

Too often many states use punitive laws, policies and practices that impede, and sometimes altogether bar, the disadvanteged and marginalized from accessing information, as well as health goods and services that are critical to the prevention, treatment and care of HIV. Evidence demonstrates that such punitive frameworks drive people away from health services, particularly those who are most at need, and contribute to negative health outcomes.

We have to be committed and continue sending clear messages to stakeholders, that all these discriminatory attitudes and punitive approaches may not only slow down the process towards elimination of HIV/AIDS. They can fuel the epidemics, and in some countries and regions we already have things turining worse.

I would especially like to draw attention to the fact that space for civil society is shrinking in many parts of the world, and some policies come back that are not friendly to those who passionately defend the human rights of those who are vulnerable, including those who live with HIV/AIDS. Without such space and without mature partnership and trust between authorities and civil society we hardly can expect that Goal 3 will be effectively reached and that AIDS will be eliminated by 2030.

I very much hope that these two days of consultation will inspire and provide us with important evidence, data and good practices and strengthen the global coalition of forces willing to promote and protect universal human rights principles and that we can effectively contribute with HIV response to eliminating AIDS by 2030.

Thank you