

FOREWORD

Harnessing the Power and Promise of Human Rights to End AIDS by 2030

MICHEL SIDIBÉ

The HIV epidemic and response are at a critical juncture. Our advances against the epidemic have been impressive, with unprecedented numbers of people accessing antiretroviral treatment, especially in low- and middle-income countries, and a global reduction in new HIV infections.

However, the epidemic is not over, and the challenges ahead are significant. More than 15.8 million people are still awaiting treatment, while an estimated 11 million people do not know their HIV status. Globally, adolescent girls and young women account for approximately 7,000 new HIV infections every week. These figures represent an indefensible injustice: millions of people worldwide are being denied their right to health.

Common to these challenges are stigma, discrimination, gender inequality, denial of services, violence, and human rights violations against people living with HIV and those most vulnerable to the epidemic, including women, young people, sex workers, prisoners, people who use drugs, transgender persons, and gay men and men who have sex with men.

In all regions, and regardless of the nature and level of the epidemic, vulnerability to HIV is linked to inequality and disenfranchisement; and women and those at the margins of society remain underserved by health services, including HIV prevention, treatment, care, and support services. This special section of *Health and Human Rights* comes at an opportune moment to describe and reflect on our progress to realize human rights as an imperative for health. It allows us to reflect on how, in the past decades, the AIDS epidemic has transformed our understanding of the structural, legal, and social determinants of health and the approaches to address them. The epidemic has also revealed the power of those living with and affected by the disease, who came together to break the conspiracy of silence, challenge exclusion in access to treatment, and demand the protection of human rights. It comes at a time when we are facing unprecedented challenges that curtail efforts against exclusion and marginalization—including growing conservatism, contestation of multilateralism and the rule of law, and shrinking of civil society space.

The power of mobilization from our shared history tells us that today's challenges can and must be overcome. As the contributions in this section remind us, we have a transformative global agenda for sustainable development grounded in social justice and the rule of law that sets a vision for ending the AIDS epidemic as a public health threat by 2030. We have powerful scientific and medical tools, and innovative

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partnerships that bring together governments, civil society, scientists, international organizations, and other stakeholders. There is indeed great hope that the world can deliver on its promise to make the AIDS epidemic a thing of the past, but much more needs to be done, as the UN Secretary-General pointed out in his recent message for the 2017 World AIDS Day.

The question is: do we have the courage to do what is necessary to reduce vulnerability to HIV and expand access to health services for all? I believe the lessons from the AIDS response give us the opportunity to shape policies and practices aimed at empowering the “global health citizen,” as an individual who knows her rights and can voice her concerns, challenge injustices, and hold decision makers accountable.

Together, the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and I have joined our voices to call for the “empowerment of the global health citizen,” and upon stakeholders to popularize participation, democratize data, and eliminate discrimination.

Indeed, building on rights-based and community-led approaches that have been essential to our achievements in the AIDS response, we must open up health programs and policies to meaningful public engagement. As the UN Secretary-General also reminded us, “Closing gaps in service coverage requires the empowerment of populations that are often left behind: women and girls, young people, key populations and people living with HIV. All national AIDS programs require a strong community empowerment element and specific efforts to address legal and policy barriers.”

To address systemic corruption in the health sector we need institutional support, information, and tools to demand more firm and concerted action for good governance and transparency, improve “legal” empowerment, fund civil society organizations, and reinforce legal mechanisms for holding governments accountable.

Also, as this section reminds us, progress is needed in transparency and access to data for every community. Guaranteeing the right to health will

require far more independent advocacy and accountability, which the UN and civil-society groups are in a strong position to provide. Commitment from states and donors to create and preserve an enabling legal and policy environment that allows and supports civic engagement is critical.

Finally, many of the papers in this section remind us that eliminating discrimination in health care settings and law enforcement—among many contexts where discrimination is pervasive—must become an international priority. The central promise of the SDG agenda is to leave no one behind. Discrimination creates *de facto* barriers to universal health coverage, health-seeking behaviors, and prevents many from accessing health services of any kind.

The underlying message in this special section is that we have a moral and legal responsibility to act. We must build on the rights-based lessons of the past and find innovative ways to expand protections, to promote gender equality, to support civil society and community engagement, to strengthen accountability, and to close the inclusion gap between those who have and those who do not. As the UN High Commissioner for Human Rights reminded us at the 2017 Human Rights Council Social Forum: “When human dignity and equality are placed strongly at the core of policy, they unlock better outcomes.”