**Statement**

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at the

**Human Rights Council**

**Consultation on Human Rights in the HIV response**

**Promoting human rights in the HIV response:**

***Regional and subregional strategies and best practices***

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Good morning everyone! The Global Fund to Fight AIDS, TB and Malaria strongly welcomes the attention to human rights in the HIV response that is being given by the Human Rights Council. This day and a half discussion is an important opportunity to review evidence and commit to the best strategies by which to address the human rights-related challenges of the HIV epidemic. It is also a great opportunity to recommit to the political leadership needed for a rights-based response to HIV; and it is very timely because, at this point in the response, we know more than ever before that it will take strong and concerted efforts to address human rights if we are to succeed against AIDS.

In 2016, the Global Fund deepened its commitment to human rights. In its *Strategy 2017-2022: Investing to End Epidemics*, the Board of the Global Fund made one of four objectives of the organization to “Promote and Protect Human Rights and Gender Equality”. In particular, we committed to scaling-up programs that remove human rights barriers to HIV, TB and malaria services.

We made this commitment because we know that investment in human rights is not only the right thing to do, but that it also ensures that our grants will be effective. To operationalize our human rights objective, we have taken a pragmatic and programmatic approach. We are working with governments and civil society to support them to identify human rights-related barriers to HIV, TB and malaria services and to fund and put in place concrete and effective programs to remove these barriers.

For the last two years, we have been providing particularly intensive support to 20 countries.[[1]](#footnote-1) These countries have put into their funding proposals a request for a total of 34.6 million US dollars for programs to remove human rights-related barriers to HIV, TB and malaria services. They have also applied for and received 42.7 million US dollars in matching funds from the Global Fund. This means that a total of 77.3 million US dollars is now available to countries to address human rights issues related to HIV, TB and malaria. This compares to a mere 6.23 million US dollars in the 2014-2016 allocation period.

Let me underline that this kind of national political commitment to programs to reduce human rights-related barriers, and this level of funding to support them, are unprecedented in any health response in history. As such, it represents a major paradigm shift in the response to HIV, as well as a major opportunity and responsibility to achieve results.

In addition to the 10-fold increase in funding for human rights programs driven by country requests, we see further national commitment to human rights in the form of country-level multi-stakeholder meetings in the 20 countries to which the Global Fund is providing dedicated support. To date, nine such meetings have been held, with 11 planned for the first half of 2019. At these meetings, government, civil society and affected populations review data from national baseline assessments supported by the Global Fund which describe human rights-related barriers to services, existing programs to address these, and what is needed for a comprehensive response to these barriers. They then devise comprehensive responses that meet their national needs. The Global Fund will track these plans with mid- and end-term assessments to measure the impact of the programs that result from them. We will also provide implementation support where needed. We hope that many of the experts at this consultation will help us provide such support.

I will close with a story. At one of the multi-stakeholder meetings, a woman living with HIV approached our team and said: “I didn’t know that so much funding would ever go to human rights in the AIDS response, or would ever go to my rights. It gives me hope that all the women I know who live in fear of violence and sickness in the shadows might now have the support to come forward and get support as well as treatment for their HIV.”

I hope this meeting will be a part of giving all those who live in fear and illness hope that they too can benefit from life-saving drugs and services and that one day they too can take their place as full and healthy citizens living and contributing to their societies.

We look forward to learning more from these important discussions and to working with the Council and those it has so kindly invited to participate. Thank you.

1. Benin, Botswana, Cameroon, Democratic Republic of Congo (province-level), Cote d’Ivoire, Ghana, Honduras, Indonesia (selected cities), Jamaica, Kenya, Kyrgyzstan, Nepal, Mozambique, Philippines, Senegal, Sierra Leone, South Africa, Tunisia, Uganda and Ukraine. [↑](#footnote-ref-1)