

## **Meeting of the Global HIV Prevention Coalition 10-11 October 2017 – Hotel Kempinski – Geneva**

Excellencies,

Ladies and Gentlemen,

Dear members of the Global HIV Prevention Coalition,

Thank you all for your commitment to achieve the targets of the UN Political Declaration adopted last year.

Thank you for the invitation to join you at the end of two very busy days, during which you exchanged experiences and developed strategies for efficient prevention policies.

I am very impressed with the inclusive preparation of the Prevention 2020 Road Map, the process bringing together governments, international organizations and NGOs. The consultation of the people directly affected by HIV or at permanent risk of infection is key and will hopefully inspire far-reaching reforms in the countries with high numbers of new infections. Bringing the Prevention Coalition to the national level is certainly the next step to be taken; there, it has to be even more inclusive, more open to the people affected or at risk, than it already is in this international platform.

Among the 10-point plan for accelerating HIV prevention at the country level, although all are very important, let me emphasize number 8 which calls for “a particular focus on lifting the structural and policy barriers to access for services among most at-risk and vulnerable groups, reducing stigma and discrimination and providing them with equitable access, thereby ensuring the progressive realization of their human rights”.

Political leaders bear a great responsibility in the fight against stigma: the stigma attached to HIV and AIDS and the stigma attached to the persons most at-risk, namely prisoners, men having sex with men, sex workers, migrants, and drug users. The stigma of the virus and the disease can be overcome by providing clear information about the illness, progress made and promising developments in the field of treatment and on the way the virus's dissemination can be stopped.

Let me just illustrate how political leadership can break a taboo and begin to change the perception of the population with respect to the epidemic: by speaking out about his ill son, Nelson Mandela contributed to overcoming a blockade in the public health policy of South Africa. In my country, Switzerland, a prudish and conservative country, it the Government was responsible for making speaking openly about sexual activities a normal message of prevention. In my country, living with a partner without being married was still legally forbidden in some cantons until the eighties and then suddenly, on big advertisement boards in the streets of Switzerland, you had explicit pictures of all kinds of sexual activities promoting condoms while also explaining that many manifestation of tenderness bare no risk. The coming out of affected people, well known as political, cultural or economic leaders, is a huge contribution to portray in a positive way all of those sharing their situation but whose voices are less audible. The support of the religious leaders and communities calling for solidarity, compassion and understanding, is also of utmost importance.

Discrimination is the translation of the social stigma into politics. In my country, we had to address, on the one hand, the so-called horizontal discriminations – between private individuals, let us say, employers and employees, house owners and tenants, life insurers and customers. And, on the other hand, the vertical discriminations between the State and the citizen through laws creating barriers to the full enjoyment of equal rights for all. The horizontal discriminations are the most difficult to apprehend and correct, but they cannot be neglected. Anti-discriminatory laws may

be necessary, for instance, against arbitrary job dismissal. Regarding the vertical discrimination, the evaluation of all laws and practices that might reduce the access to treatment, to justice, to social security, has to be done, in order to abolish these obstacles.

Breaking the taboo, fighting against the stigma, acting in order to abolish all kinds of discrimination, all this is on the agenda to address the whole population and all those who are living with HIV. A special scrutiny is necessary in relation to vulnerable groups. They are not suffering from one stigma, but from several. They are not discriminated against in one way, but in many. And to call them "vulnerable" is playing down that they are marginalized and discriminated by law or by practice because of their conduct, their sexual preference, their activity as sex workers. Because they are criminalized.

At the International Aids Conference last year in Durban, I had the honor to participate in a panel. The first panelist spoke against the criminalization of sex workers in his country; the second panelist spoke against the criminalization of men having sex with men in his country. When I took the floor, I explained that Switzerland was swift in the fight against the epidemic among gay people, who were not only very knowledgeable about the disease but also very inspiring for the measures to be taken. They were also very vocal in pushing for a prompt introduction of new treatments, which are not only life-saving, but have also - as we now know - contributed to prevent new infections. Switzerland reacted in speaking a clear language about how to protect sex workers and their clients because the sex workers themselves were setting a good example. We needed more time to build a comprehensive strategy to stop the epidemic among injecting drug users, with harm reduction measures and low threshold or innovative treatments. A time lag in addressing the public health emergency had dramatic consequences. Why did this time lag occur? Because, even if the Swiss society had stigmatized gays and sex

workers for a long time, there was no criminalization of them, no threat of punishment, no prohibition. For them, coming out, demonstrating, petitioning, and so on, was not as difficult, as risky as it would have been for drug users, guilty of breaking the narcotics laws. In consequence, over several years, there was a high prevalence of HIV among drug users and, as we know now after a long period of incubation and development of the disease, an even higher prevalence of hepatitis C. For illegal migrants – living and working in Switzerland for years without permits – for detainees, for them it was also their status, either criminalized or deprived of the means to take care of themselves and their partners, which made access to prevention even more difficult.

Even if a country adopts a policy of harm reduction for vulnerable groups and makes these services accessible, even if they are scaled up in order to touch the whole country, including jails and other detention centers; the criminalization of their activities will always build barriers to a responsible way of protecting themselves and others. As long as they remain under the threat of being punished, stigma and practical discrimination cannot be eliminated in full.

Thank you.