

#ADHERENCE2016

#### Ending AIDS as a Public Health Threat: The Power of Change

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## HIV-related discrimination and stigma: how do we get to zero?

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#### Conflict of Interest Disclosure

Jason Sigurdson, MPA, LLB

Has no real or apparent conflicts of interest to report.



#### **Fast-Track Targets**

by 2020

90-90-90

Treatment

500 000

New infections among adults

**ZERO** 

Discrimination

by 2030

95-95-95

Treatment

200 000

New infections among adults

**ZERO** 

Discrimination

There is no Fast Track without human rights... so we need to put human rights on the Fast Track!

#### 12 populations being left behind

#### I am a person living with HIV.

Worldwide, 19 million of the 35 million people living with HIV today do not know that they have the virus.

#### I am a young woman.

76% of adolescent girls in sub-Saharan Africa do not have comprehensive and correct knowledge about HIV.

#### I am a prisoner.

HIV prevalence among prisoners in some settings is 50 times higher than among the general population.

#### l am a migrant.

Around the world, 39 countries have an HIV-related travel restriction.

#### I am an injecting drug user.

Only 55 of 192 countries offer a needle–syringe programme.

#### I am a sex worker.

HIV prevalence among sex workers is 12 times greater than among the general population.

#### I am a man who has sex with other men.

Same-sex sexual conduct is criminalized in 78 countries.

#### I am a transgender woman.

Transgender women are 49 times more likely to acquire HIV than all adults of reproductive age.

#### I am a pregnant woman.

Only 44% of pregnant women in low- and middle-income countries received HIV testing and counselling

#### I am a child.

Of the 3.2 million children under the age of 15 living with HIV, 2.4 million are not accessing antiretroviral therapy.

#### I am a displaced person.

At the end of 2013, there were 51.2 million people forcibly displaced worldwide.

#### I am a person living with a disability.

23% of men with a disability do not return to seek health care because they were treated badly at a previous visit.

#### I am 50+.

The life expectancy of people aged 50 and older living with HIV and accessing treatment is the same as the life expectancy of others of the same age.







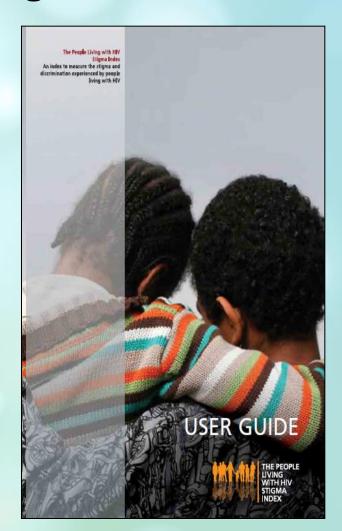
## How do we get to zero stigma and discrimination? Five key imperatives:

- Support leadership of people living with HIV and those most affected.
- Generate data to drive action. ("Location and population" approach.)
- 3. Build focused coalitions to solve specific problems.
- Invest in programmes to increase access to justice, reduce stigma and discrimination.
- Sustain/expand high-level political commitment, promote accountability for results.



#### **People Living with HIV Stigma Index**

- Implemented in over 80 countries, with over 75,000 PLHIV interviewed to date.
- Led by GNP+ and ICW community-led data to drive advocacy, influence programming and investments, improve quality of services.
- Process is as important as the data – empowers and builds capacity of individuals and implementing organizations.



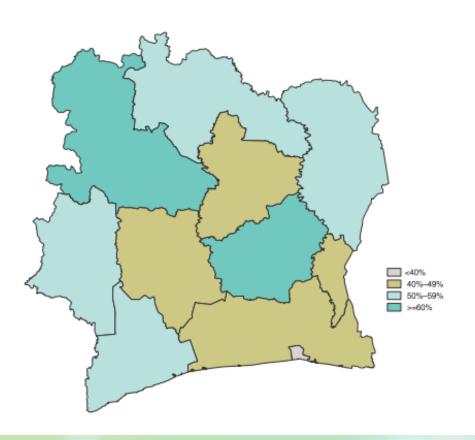
# Focus on location and population

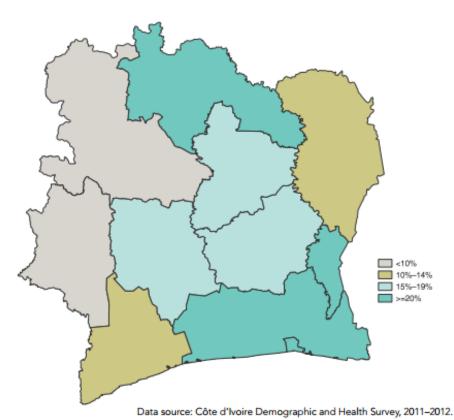
It's also key to eliminating stigma and discrimination!

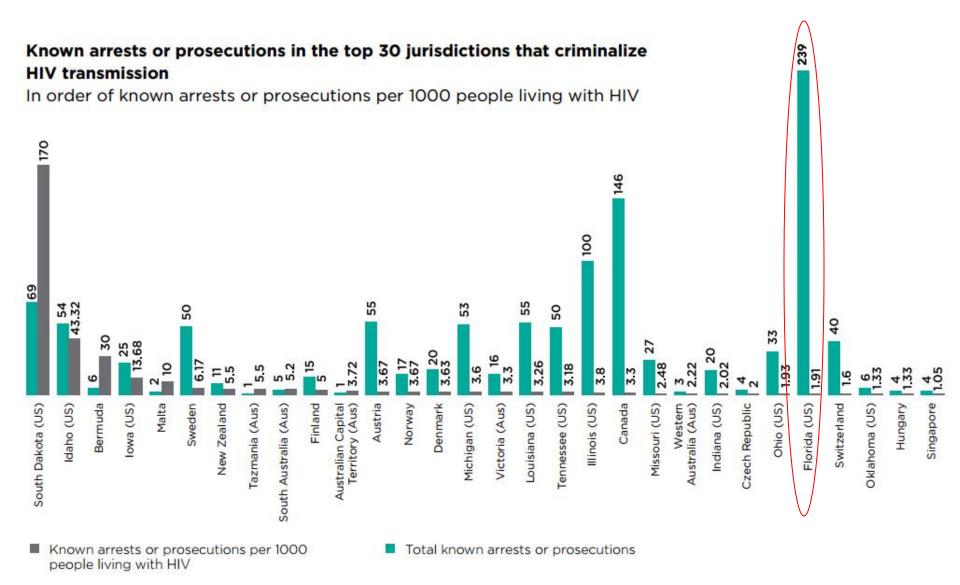


Percentage of people (aged 15–49) who report discriminatory attitudes towards people living with HIV, Côte d'Ivoire

Among people who have heard of AIDS, the percentage who had an HIV test within the last 12 months, Côte d'Ivoire







#### Welcome (not)

#### How travel restrictions have changed since 2008

For many of the millions of people living with HIV around the world, travel restrictions are a daily reminder that they do not have freedom of move internationally. In 2011, United Nations Member States agreed to eliminate HIV-related travel restrictions.





WELCOME

MA

WELCOME (NOT)



9 countries, territories and areas

WELCOME



WELCOME (NOT)



35 countries, territories and areas



## **AGENDA** FOR ZERO DISCRIMI NATION IN HEALTH CARE

I STAND FOR #ZERODISCRIMINATION

Increase
funding support
for a discriminationfree health workforce

Secure the
leadership
of professional healthcare associations in
actions to shape a
discrimination-free
health workforce

Remove legal and policy barriers that impede discrimination-free health care

Empower clients and civil society to demand discrimination-free health care

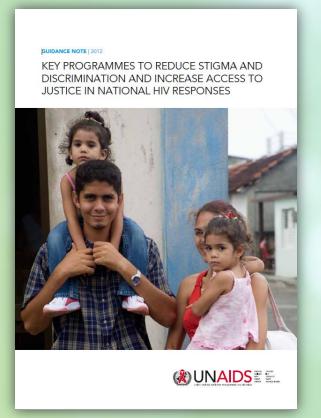
Set the standards for discriminationfree health care

Build and share the
evidence base and
best practices to
eliminate
discrimination in healthcare settings

Strengthen
mechanisms and
frameworks for
monitoring, evaluation
and accountability for
discrimination-free
health care

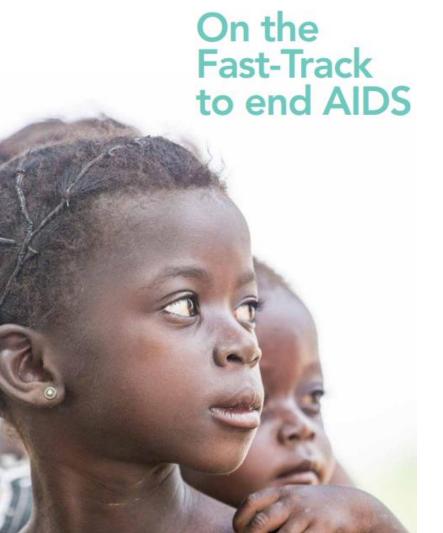


### 7 key programmes to improve the legal and social environment in the context of HIV



- Programmes to build legal literacy (know your rights and laws)
- 2. Provision of legal services
- 3. Programmes to reform and monitor laws
- 4. Programmes to reduce HIV-related stigma
- 5. Programmes to **train police** on non-discrimination, space for outreach, non-harassment, etc.
- Programmes to train health care workers on non-discrimination, informed consent, confidentiality, duty to treat, infection control
- 7. Programmes to realize gender equality and eliminate violence against women

#### UNAIDS | 2016–2021 Strategy



#### PEACE, JUSTICE AND STRONG INSTITUTIONS (SDG 16)



Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed

- Punitive laws, policies and practices removed, including overly broad criminalization of HIV transmission, travel restrictions, mandatory testing and those that block key populations' access to services
- People living with, at risk of and affected by HIV know their rights and are able to access legal services and challenge violations of human rights
- HIV-related stigma and discrimination eliminated among service providers in health-care, workplace and educational settings
- Laws, policies and programmes to prevent and address violence against key populations issued and implemented



# Milestones in political commitment and mobilization

- 2001 Declaration of Commitment on HIV/AIDS
- 2006 Political Declaration on HIV/AIDS
- 2011 Political Declaration on HIV/AIDS
- June 2016 High Level Meeting on AIDS



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## How can care providers fast track human rights and help end stigma and discrimination?

- 1. Contact your government (Min of Foreign Affairs, Permanent Mission to the UN in NY) and tell them that ending HIV stigma, discrimination, and overly-broad criminalization, need to be priorities at the upcoming High Level Meeting on AIDS.
- 2. Support/join advocacy by people living with HIV to challenge stigma and discrimination, overly broad criminalization, travel restrictions.
- 3. Initiate a discussion on zero discrimination in the healthcare settings where you work, including monitoring and quality improvement mechanisms that fully engage people living with HIV, key pops.
- 4. Sensitize the media, elected officials and public for a more accurate representation of HIV that reflects advances in prevention, treatment, care and support; sustain/build support for expanded HIV services (not punitive laws and law enforcement) as the most effective way to address the HIV epidemic and protect public health.



#### Thank you!

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THE AIDS RESPONSE HAS DELIVERED MORE THAN RESULTS. IT HAS DELIVERED THE ASPIRATION AND THE PRACTICAL FOUNDATION, INCLUDING THE MEDICAL ADVANCEMENTS, INTERVENTIONS AND PARTNERSHIPS, TO END THE EPIDEMIC BY 2030. ALL THAT TRULY REMAINS, THE MISSING LINK THAT WILL DETERMINE WHETHER FAST-TRACK TARGETS WILL BE MET OR MISSED, IS THE POLITICAL COMMITMENT TO IMPLEMENT OUR PROVEN TOOLS ADEQUATELY AND EQUITABLY.

UNITED NATIONS SECRETARY-GENERAL, BAN KI-MOON