

VIRTUAL

FAST-TRACK CITIES 2020

September 9-10, 2020

SPONSORED BY:



IN PARTNERSHIP WITH:



COVID-19: Leveraging Best Practices and Lessons Learned from HIV Stigma and Discrimination Mitigation.

Dr. Andrea Boccardi Vidarte
UNAIDS

Content

1. **COVID-19-related discrimination and stigma: a global phenomenon?**
1. **HIV- related stigma and discrimination during COVID-19 pandemic: a snapshot**
2. **Collision of two epidemics and its impact on the Fast Track response**
3. **Rights in the time of COVID-19: Lessons from HIV for an effective, community-led response**
4. **Applying the evidence of what works from HIV-related stigma and discrimination in six settings to the COVID-19 response**
5. **Global Partnership for Action to eliminate all forms of HIV-related stigma and discrimination**
6. **References**



WHEN HIV EMERGED AS A GLOBAL PANDEMIC, CHANGE TOOK YEARS. FOR COVID-19, THE TIME FRAME FOR DEBATE AND CHANGE HAS BEEN COMPRESSED FROM YEARS TO WEEKS.

Credit: Ericky Boniphace/AFP

COVID-19-related discrimination and stigma: a global phenomenon?

“...the instability and fear that the (COVID-19) pandemic engenders is exacerbating existing human rights concerns, such as discrimination against certain groups.”

UN Secretary-General



The COVID-19 outbreak reinforced the targeting of the “other”

- Asians and people of Asian descent
- Roma communities in northern Spain
- Muslim communities
- Healthcare workers and supermarkets clerks
- Homeless including refugees
- Other vulnerable groups

Verbal assaults, physical attacks in public places, denigrating campaigns on social media, boycott of their business activities, difficulties in access to educational institutions.

Source: UNESCO (<https://en.unesco.org/news/covid-19-related-discrimination-and-stigma-global-phenomenon>)

Virtual Fast-Track Cities 2020 • September 9-10, 2020

HIV-related stigma and discrimination during COVID-19 pandemic: a snapshot

“The COVID-19 pandemic is a public health emergency—but it is far more. It is an economic crisis. A social crisis. And a human crisis that is fast becoming a human rights crisis . . . By respecting human rights in this time of crisis, we will build more effective and inclusive solutions for the emergency of today and the recovery for tomorrow.”

António Guterres, United Nations Secretary-General

Key areas of human rights concerns:

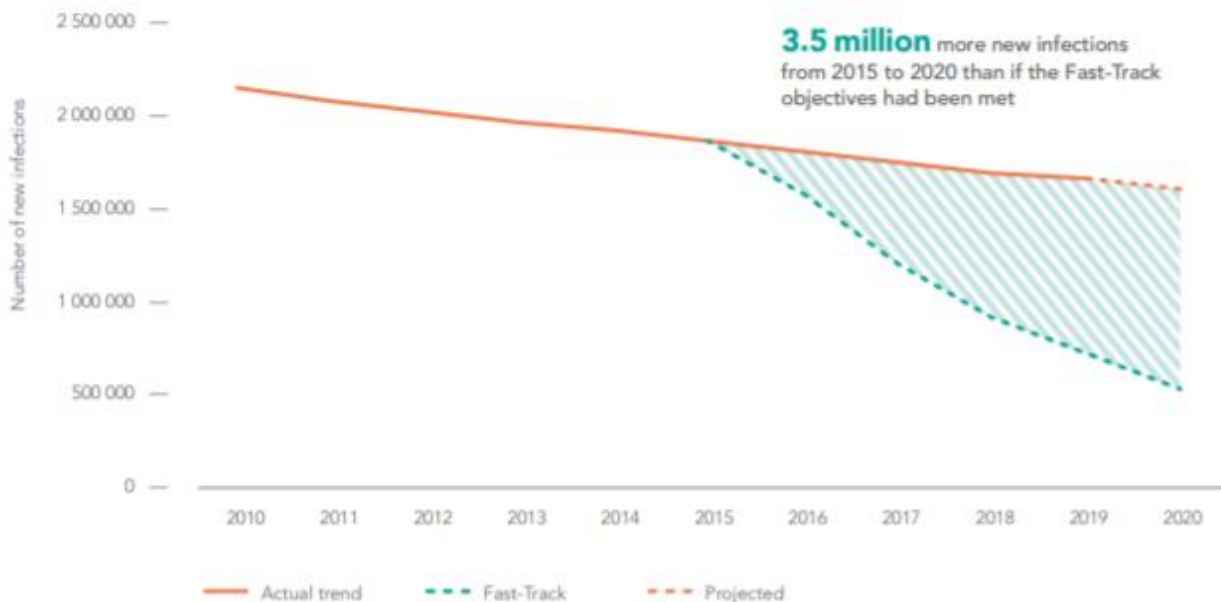
1. Disproportionate, discriminatory or excessive **use of criminal law**
2. **Discriminatory enforcement** against key populations
3. **State-based violence**, disproportionate responses or actions by law enforcement and security forces when enforcing COVID-19 response measures
4. **Legal restrictions on movement** that prevent access to food, health care, shelter or other basic needs
5. Limitations on movement are non-specific, not time-bound and not evidence-based.
6. **Disruptions in HIV treatment and prevention**, with more aggressive policy shifts to harm reduction services.
7. Overcrowding in detention settings and limited access to health and sanitation for **people deprived of liberty**
8. **Gender-based violence** against women, children and lesbian, gay, bisexual, transgender and intersex people during lockdowns
9. **Arrests and harassment** against community health workers and community-led service providers, journalists and lawyers, which are essential workers to ensure the protection of key populations and other vulnerable groups.
10. **Shrinking space** for independent civil society and judicial accountability.

Collision of two parallel epidemics and its impact on the Fast Track response

“In many parts of the world, COVID-19 is colliding with the ongoing HIV epidemic. As the latest UNAIDS report shows, the HIV epidemic remains enormous, unfinished business. Gender inequalities, gender-based violence and the criminalization and marginalization of vulnerable groups continue to drive HIV forward.”

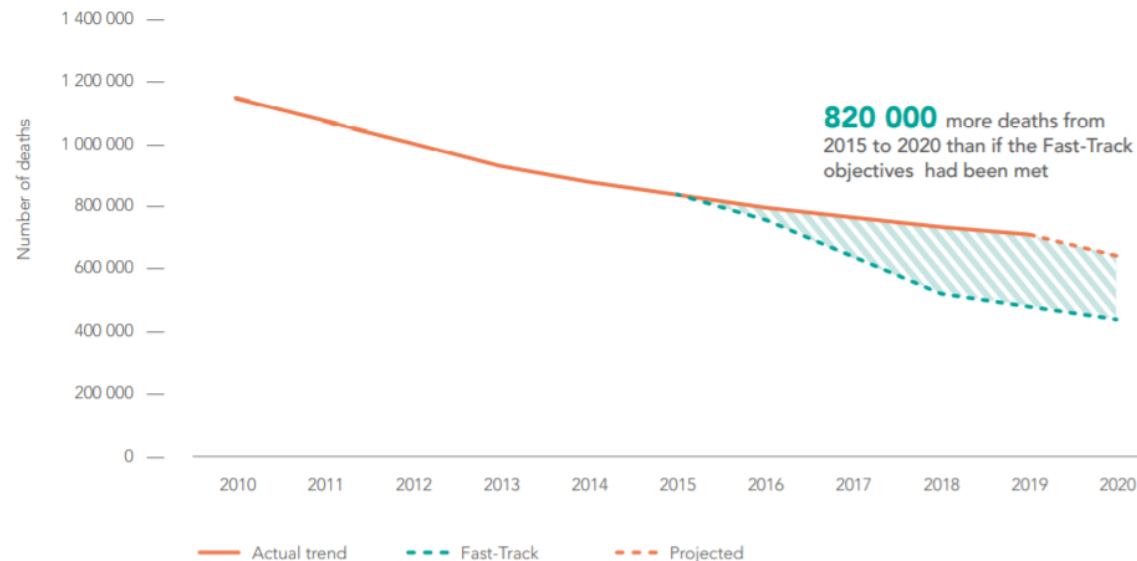
António Guterres, United Nations Secretary-General

New HIV infections projected through 2020, and modelled prediction resulting from Fast-Track interventions, global, 2010–2020



Source: Special analysis by Avenir Health using UNAIDS epidemiological estimates, 2020 (see <https://aidsinfo.unaids.org/>).

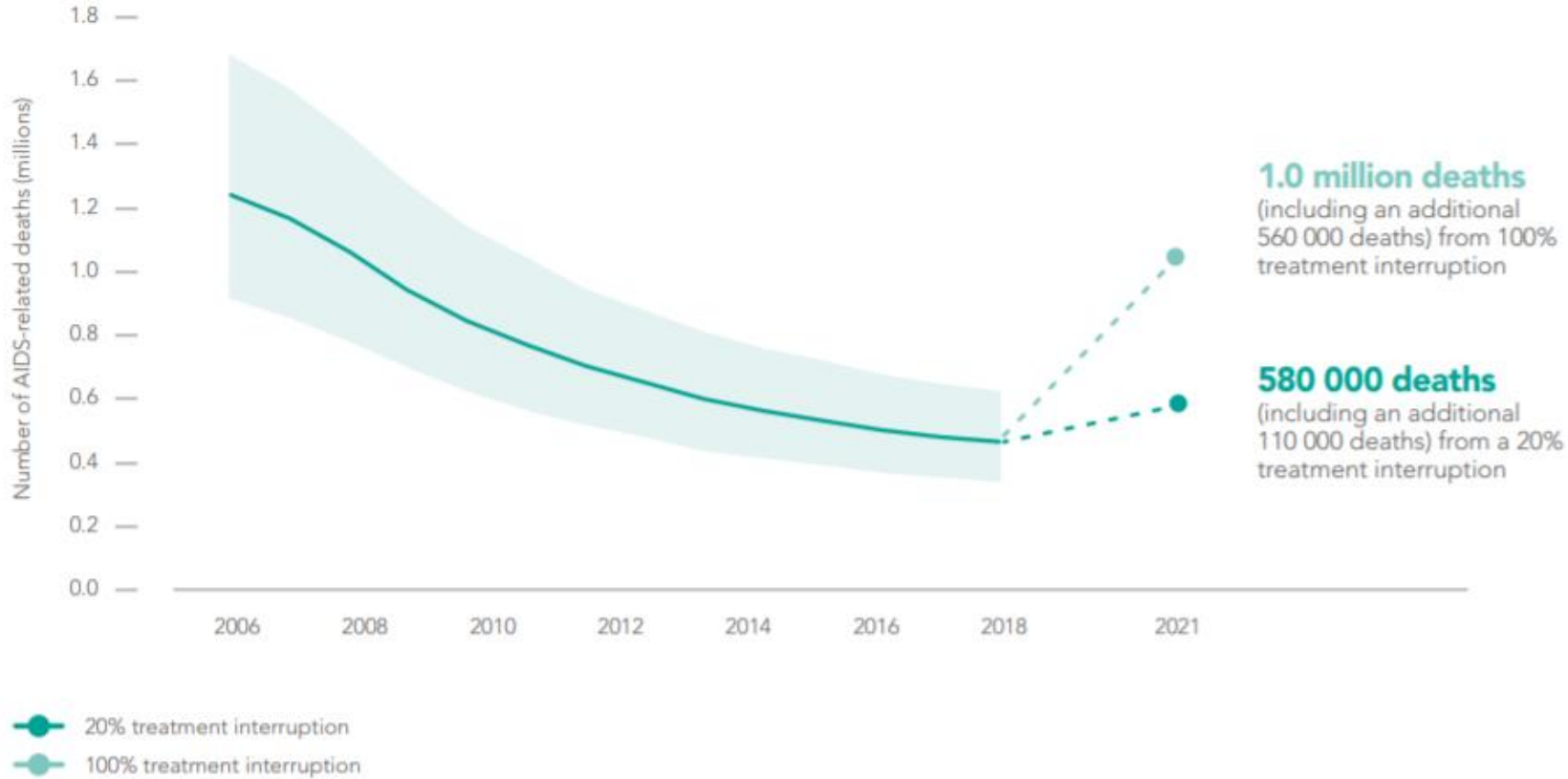
AIDS-related deaths projected through 2020, and modelled prediction resulting from Fast-Track interventions, global, 2010–2020



Source: Special analysis by Avenir Health using UNAIDS epidemiological estimates, 2020 (see <https://aidsinfo.unaids.org/>).
 Note: Methods for the estimation of AIDS-related mortality have been improved since 2016. As a result, the most recent estimates for AIDS-related mortality (orange line) are lower before 2016 than the estimates that were used to calculate the 2020 targets (green dotted line).

Country data reported to UNAIDS shows that the world global targets for 2020 will be missed.

The impact of six months of varying levels of treatment interruption on AIDS-related deaths, sub-Saharan Africa, 2020–2021



Possible impact of 6 months ART interruption on AIDS related deaths in SSA for 2020-2021

Sources: UNAIDS epidemiological estimates, 2019 (see <https://aidsinfo.unaids.org/>). Projected estimated AIDS-related deaths and child new HIV infections were derived from mathematical modelling by five research groups exploring interruptions of HIV prevention and treatment services over periods of three and six months and their effect on HIV mortality and incidence in sub-Saharan Africa. For the 100% interruption: pre-print manuscript available at: Jewell B, Mudimu E, Stover J, Kelly SL, Phillips A, Smith JA et al. for the HIV Modelling Consortium. Potential effects of disruption to HIV programmes in sub-Saharan Africa caused by COVID-19: results from multiple models. Manuscript before publication. <https://doi.org/10.6084/m9.figshare.12279914.v1>. For the 20% interruption: Personal communication with Britta L Jewell (Department of Infectious Disease Epidemiology, Imperial College London), Edinah Mudimu (Department of Decision Sciences, University of South Africa), John Stover (Avenir Health), Debra ten Brink (Burnet Institute), Andrew N Phillips (Institute for Global Health, University College London), 25 June 2020.

Rights in the time of COVID 19: Lessons from HIV for an effective, community-led response

7 Takeaways:

- 1. Communities are central
- 2. Stigma and discrimination
- 3. Support the most vulnerable
- 4. Remove barriers to action
- 5. No criminal sanctions
- 6. International cooperation
- 7. Be kind

Applying the evidence of what works from HIV-related stigma and discrimination in six settings to the COVID-19 response

Evidence for eliminating HIV- related stigma and discrimination: Guidance to countries

- Latest evidence on what works to reduce HIV-related stigma and discrimination towards populations at risk of “being left behind”*
- Provides evidence-based recommendations for six interconnected settings: **community, workplace, education, health care, justice, and emergency/humanitarian settings**
- All actions recommended at individual, interpersonal, organizational, community, public policy levels should be **rights-based**, (available, accessible, acceptable, good-quality) and **community-led**.

** For this report, population at risk of being left behind include but is not limited to: people living with HIV, key populations (gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, people in prison and other incarcerated populations), indigenous populations, people with disabilities, migrants, refugees, and women and girls, particularly adolescent girls and young women.*

Community settings, including individuals, families and communities:

- Individual (essential workers, people diagnosed with or recovered from COVID-19, populations at risk of “being left behind”)
- Interpersonal (family of people diagnosed with or recovered from COVID-19)
- Organizational (advocacy organizations, networks of people living with HIV, health facilities, community-based organizations, nongovernmental organizations, government agencies working on social services/ protection)
- Community (general public, opinion leaders, family of people diagnosed with or recovered from COVID-19)
- Public policy (national government, funding agencies, local and national duty-bearers, public health officials)

Workplace settings:

- Individual (employees)
- Organizational (employers; key population networks)
- Public policy ((local and national duty-bearers, public health officials)

Education settings:

- Individual (educators, students)
- Organizational (schools)
- Public policy (local and national duty-bearers, public health officials, ministry of education)

Health-care settings

- Individual (people diagnosed with or recovered from COVID-19)
- Interpersonal (family of people diagnosed with or recovered from COVID-19)
- Organizational (health facilities)
- Public policy (ministry of health)

Justice settings:

- Individual (populations “being left behind”)
- Community (networks of populations “being left behind”, general public)
- Organizational (police, security forces and prison administrators, the judiciary, civil society organizations)
- Public policy (government ministries, parliamentarians, funding agencies)

Emergency/humanitarian settings

- Individual (populations in emergency settings)
- Community (community-health workers)
- Organizational (community-based and humanitarian organizations, multilateral organizations)
- Public policy (national governments, national duty-bearers)

Global Partnership for Action to eliminate all forms of HIV- related stigma and discrimination

Objectives:

1. Translate political and human rights commitments into action ;
2. Revitalize partnerships among stakeholders to implement and scale up programs
3. Generate and disseminate evidence-based data to inform policy and programming, to measure progress, and support accountability

• Membership

- Co-conveners Group: PCB NGO Delegation, GNP+, UNAIDS, UN Women, UNDP, GNP+, Global Fund (to join in September)
- Technical Working Group (10 UN Organisations, 24 CSOs) of technical experts in each of the six settings of the Global Partnership
- 18 Countries: political commitment and engagement with national partners, particular PLHIV and KP network that have been underserved

Technical support to:

1. **Convene** planning meetings between UNAIDS, UNDP & UN Women, as co-convenors, to ensure a coordinated response with CS & government.
2. **Brief & Advocate** with government, civil society, joint UN teams, and other country stakeholders about the Global Partnership as an opportunity to accelerate action against HIV-related stigma and discrimination.
3. **Support** the government meeting the requirements to join the Global Partnership in the context of **national efforts to leave no one behind**
4. **Implement the community engagement strategy** –led by GNP+
4. Provide short term consultancies for development of baseline assessments (PLHIV Stigma Index 2.0), action plans, GF grant writing & review, monitoring framework, etc. (**UNAIDS TSM**).

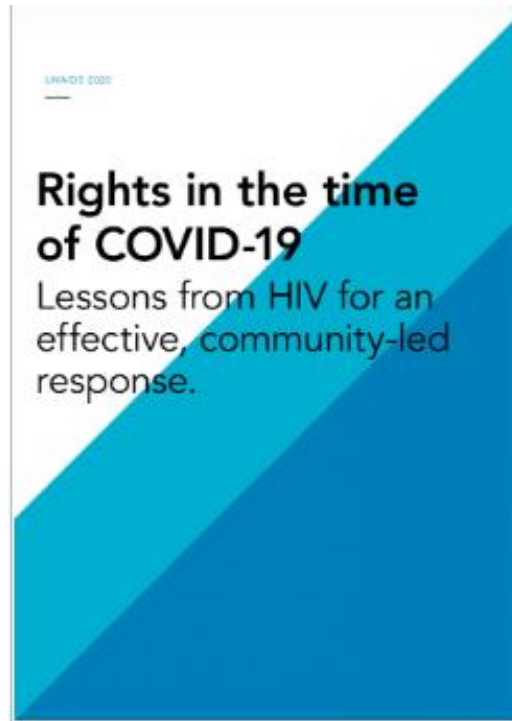
Funding Support:

4. **UBRAF Country Envelope funding:** Bi-annual financing requests: catalytic funding.
5. **Emergency Response Mechanism:** Access to emergency funding in response to human rights violations via UCOs, UN Joint Teams (e.g., retention of legal counsel)

References



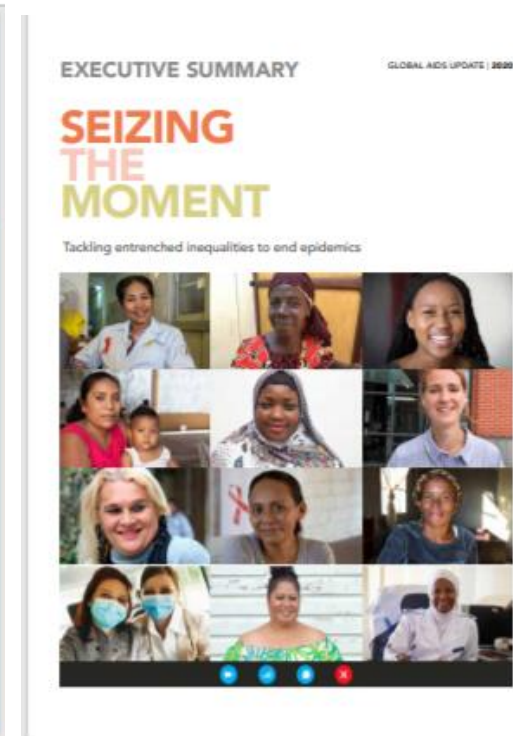
https://www.unaids.org/sites/default/files/media_asset/rights-in-a-pandemic_en.pdf



https://www.unaids.org/sites/default/files/media_asset/human-rights-and-covid-19_en.pdf



https://www.unaids.org/sites/default/files/media_asset/eliminating-discrimination-guidance_en.pdf



https://www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_executive-summary_en.pdf

[COVID-19-related discrimination and stigma: a global phenomenon? \(UNESCO\)](#)

Thanks

For additional information contact boccardia@unaids.org