

GLOBAL PARTNERSHIP FOR ACTION TO ELIMINATE ALL FORMS OF HIV-RELATED STIGMA AND DISCRIMINATION





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HIV-RELATED STIGMA AND DISCRIMINATION: THE FACTS

- ▶ Non-discrimination is a core human rights principle and obligation.
- ▶ Stigma and discrimination is a major barrier to people taking up HIV prevention, treatment, care and support services.
- ▶ Women and girls experience multiple forms of discrimination.
- ▶ Violence against women is one of the more extreme forms of discrimination.
- ▶ Stigma towards key populations—gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, prisoners and other incarcerated people and migrants—is reinforced by criminal laws and other structural barriers, which in turn fuel violence, exploitation and a climate of fear that hinders efforts to make condoms, harm reduction and other primary prevention methods available at enough levels of coverage.
- ▶ Restrictive laws and policies—including parental consent laws and policies and adult-oriented HIV services that are perceived as intimidating and of poor quality—discourage service uptake.

Health-care settings

- ▶ In 19 countries with available data, a quarter of people living with HIV report experiencing some form of discrimination in health care.
- ▶ People living with HIV who perceive high levels of HIV-related stigma are 2.4 times more likely to delay enrolment in care until they are very ill.
- ▶ Fear of HIV-related stigma owing to a potential HIV-positive status disclosure is a deterrent to HIV testing among gay men and other men who have sex with men and transgender women.
- ▶ In 19 countries with available data, approximately one in three women living with HIV report experiencing at least one form of discrimination related to their sexual and reproductive health in health-care settings.

Education settings

- ▶ Violence and discrimination in education settings have a potentially high impact on school retention, self-image and self-stigma and in turn in present and future vulnerability to HIV.
- ▶ The proportion of lesbian, gay, bisexual and transgender (LGBT) students experiencing school violence and bullying range from 16% to 85% and the prevalence of violence is between three and five times higher among LGBT students than among their non-LGBT peers.
- ▶ Specific data on sexual violence in and around schools are limited. Nevertheless, available figures suggest that sexual violence and abuse in schools, perpetuated by staff and by other students, is a reality for many students, particularly girls.

Workplace settings

- ▶ A large proportion of people living with HIV are unemployed and young people living with HIV have a much higher unemployment rate than adults.
- ▶ People living with HIV have reported losing their job or source of income as a result of their HIV status alone.

Justice system

- ▶ Eighty-eight countries report having laws criminalizing nondisclosure, exposure and transmission of HIV or prosecutions based on general criminal laws.
- ▶ Sixty-nine countries report they have laws that specifically criminalize same-sex sexual activity.
- ▶ Ninety-eight countries report that they criminalize some aspect of sex work.
- ▶ One hundred countries report that drug use or possession of drugs for personal use is a criminal offence or grounds for compulsory detention.
- ▶ Nine out of 107 reporting countries report that they impose the death penalty for drug-related offences.
- ▶ Four countries have reported that they continue to criminalize mother-to-child transmission of HIV, where women can be prosecuted for transmitting HIV to their fetus.

Household settings (individual, family, community)

- ▶ Gender inequality and harmful gender norms perpetuate stigma and discrimination and impede the ability of women and girls to prevent HIV and mitigate its impact.
- ▶ Women living with HIV who experience intimate partner violence are significantly less likely to start or adhere to antiretroviral therapy, and they have worse clinical outcomes than other women living with HIV.
- ▶ Violence or the fear of violence can make it very difficult for women to insist on safer sex and to use and benefit from HIV and sexual and reproductive health services.

Emergency and humanitarian settings

- ▶ In 2015, a study tracking HIV incidence in 36 sub-Saharan countries over 22 years found that the spread of HIV was fastest in the five-year period before the break out of hostilities.
- ▶ A 2013 study reconfirmed that displaced people, including refugees, do not have a higher HIV prevalence than host communities.
- ▶ Seven out of 10 women are exposed to gender-based violence in crisis situations.
- ▶ People who have experienced gender-based violence are at a higher risk of infection, as violent men are more likely to be living with HIV, to impose risky sexual practices on their partners and have multiple partners.
- ▶ Food insecurity during emergencies makes it harder to adhere to treatment. It can also result in behaviour, such as transactional sex, that puts individuals at higher risk of HIV.



Without addressing HIV-related stigma and discrimination, the world will not achieve the goal of ending AIDS as a public health threat by 2030.

HIV-RELATED STIGMA AND DISCRIMINATION: WHAT IS IT?

Irrational fears of HIV infection and negative attitudes and judgments towards people living with HIV persist despite decades of public information campaigns and other awareness-raising efforts.

HIV-related stigma is irrational or fear-driven negative attitudes, behaviours and judgments towards people living with HIV, their partners and families and key populations—gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, prisoners and other incarcerated people and migrants.

HIV-related discrimination is unfair and unjust treatment against a person or group of people based on their real or perceived HIV status. Discrimination in the context of HIV also includes the unfair treatment of key populations, women and girls and other groups at higher risk of acquiring HIV. Discrimination can become rooted institutionally in laws, policies and practices that negatively focus on people living with HIV and marginalized groups, including criminalized populations. It can be compounded with other forms of discrimination, including discrimination based on race, sex, socioeconomic status, sexual orientation, age, gender, identity or national origin.

Breaking down HIV stigma is critically important. HIV-related stigma prevents people from seeking HIV services, including HIV prevention, testing and treatment. Eliminating HIV-related stigma and discrimination from health-care settings, towards key populations, women and girls and people living with and affected by HIV will help to break down the barriers to accessing HIV services.

Some forms of HIV-related stigma and discrimination in the focus settings are the following:

Health-care settings: health-care providers unwilling to provide care for people living with HIV or providing them with a poorer quality of care compared with other people, non-consensual disclosure of sensitive health information, discriminatory practices such as coerced or forced sterilization and parental consent requirements that hinder adolescent access to needed sexual and reproductive health services.

Workplace settings: obstructing entry to the labour market, changing the type of work individuals can perform, preventing promotion to more senior positions, triggering people being fired from their jobs, impeding access to adult education and training and violence against women and girls in the workplace.

Educational settings: isolation in sitting arrangements and rejection during play activities, name-calling and labelling, which leads to low self-esteem, physical abuse through beating and over-punishment, which negatively

impairs participation in learning activities. Children and young people living with HIV may eventually drop out of school or continuously perform poorly and gain nothing out of the years they spend in school.

Justice system: in some countries same-sex activity is considered a criminal offence, criminalization of sex work and drug use creates climates in which civilian and police violence is rife and legal redress for victims impossible, possession of condoms is treated as evidence of sex work and the possession of syringes is treated as evidence of drug use. Incarceration and compulsory detention expose detainees to sexual assault and unsafe injection practices. Laws that discriminate against women living with, presumed to be living with, at risk of, and affected by HIV, include laws related to HIV non-disclosure, exposure and transmission, travel restrictions, mandatory testing (including of pregnant women), parental consent laws.

Household: community or family exclusion from the family, community and in places of worship, social judgment of household and community members that results in internalized stigma and self-isolation.

Emergency settings: unfair treatment and non-prioritization towards key populations and people living with HIV. Women from key populations and women living with HIV are especially prone to sexual and gender-based violence and abuse in emergency contexts.



All these forms of stigma and
discrimination result in people
living with or affected by HIV being
denied their rights.
And all must be stopped.

THE COMMITMENT

Countries have committed to end the AIDS epidemic by 2030 as part of the **2030 Agenda for Sustainable Development**. Eliminating stigma and discrimination in all its forms is fundamental to achieving the 2030 Agenda for Sustainable Development's promise of leaving no one behind and reaching the Sustainable Development Goals and targets by 2030.

In 2018, the **Universal Declaration of Human Rights (UDHR)** celebrates its 70th anniversary. It set, for the first time, fundamental human rights to be universally protected.

The UDHR has also spawned many other important international treaties, including the **International Convention on the Elimination of All Forms of Racial Discrimination**, the **Convention on the Elimination of All Forms of Discrimination against Women** and the **United Nations Convention on the Rights of the Child**. Furthermore, the UDHR continues to inspire new treaties. One of the most recent, the **Convention on the Rights of Persons with Disabilities**, is also one of the most rapidly ratified.

The landmark **2012 report of the Global Commission on HIV and the Law** urged governments to promote laws and policies that are grounded in evidence and human rights.

The 2016 **United Nations Political Declaration on Ending AIDS** recognizes the HIV epidemic as a human rights challenge. It expresses grave concern that discrimination continues to be reported and that restrictive legal and policy frameworks continue to discourage and prevent people from accessing HIV services. Member States committed to:

- ▶ Promote non-discriminatory access to health care, employment, education and social services.
- ▶ Eliminate HIV-related stigma and discrimination by 2020.
- ▶ Eliminate gender inequalities and end all forms of violence and discrimination against women and girls.
- ▶ Review and reform laws that reinforce stigma and discrimination, including on age of consent, HIV non-disclosure, exposure and transmission, travel restrictions and mandatory testing.
- ▶ Empower people living with, at risk of or affected by HIV to know their rights and access justice and legal services.

GLOBAL PARTNERSHIP FOR ACTION TO ELIMINATE ALL FORMS OF HIV-RELATED STIGMA AND DISCRIMINATION

The global partnership's goal is to reach zero HIV-related stigma and discrimination.

An opportunity to harness the combined power of governments, civil society and the United Nations, the global partnership will work together, using the unique skills of each constituency, to consign HIV-related stigma and discrimination to history.

Established after a public call for action at the 41st meeting of the UNAIDS Programme Coordinating Board (PCB) by the PCB NGO delegation, the global partnership is co-convened by UNAIDS, the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the United Nations Development Programme (UNDP) and the Global Network of People Living with HIV (GNP+).

What is its status?

During 2018, global and country consultations with networks and communities of people living with HIV, key populations and women's groups have been and are still being conducted by GNP+ and the PCB NGO delegation. Communities have recommended settings and populations of initial focus and programmatic priorities for addressing HIV-related stigma and discrimination.

The United Nations co-conveners are working with United Nations agencies and aligning efforts with implementing partners that are supporting countries addressing policy and programme barriers to HIV services, including HIV-related stigma and discrimination.

United Nations agencies and civil society organizations will constitute working groups to develop guidelines for countries that will include packages of effective programmes for eliminating HIV-related discrimination for specific settings. They will be providing technical expertise to country partners to implement their road maps for country action.

The above recommendations resulting from consultations led by GNP+ and the PCB NGO delegation are feeding into the work of the co-conveners working group for establishing the global partnership.

Who are invited to join?

The commitment to end HIV-related stigma and discrimination is universal.

All countries and partners committed to the HIV response and human rights principles are encouraged to join the global partnership and use their collective strength to eliminate HIV-related stigma and discrimination.



There are enough human rights treaties and legally-binding obligations to eliminate HIV-related stigma and discrimination. It is now time for action.

Countries planning and/or implementing initiatives addressing stigma and discrimination in at least three of the initial focused settings financed by domestic, bilateral or multilateral donors will be invited to join the global partnership early, in order to share their best practices and lessons learned.

Why should countries join?

Under international human rights law, states that have ratified international human rights treaties have an obligation to respect, protect and fulfil human rights. This includes taking proactive measures in all areas of human rights, including non-discrimination and sexual and reproductive health rights in health-care settings and the workplace and gender equality and women's empowerment.

States have an immediate legal obligation to address discrimination, even if there are severe resource constraints. Vulnerable members of society must be protected, and many measures, such as most strategies and programmes designed to eliminate HIV-related stigma and discrimination, can be pursued with minimum resource implications. This might involve the adoption, modification or abrogation of legislation, or the dissemination of information.

The global partnership will provide expertise and know-how to help countries establish or expand programmes and policies that have been shown to work in order to meet their legally-binding commitments to eliminate all forms of HIV-related stigma and discrimination.

What will the global partnership do?

Building on all commitments, the global partnership will support countries to translate those pledges into policy changes and programmes that result in the enjoyment of HIV-related rights by everybody.

The global partnership has three objectives:

- ▶ **Support fulfilment of commitments.** It will put into action the human rights obligations of Member States to end stigma and discrimination already made at the global, regional and national levels towards the elimination of HIV-related stigma and discrimination.
- ▶ **Build meaningful partnerships.** It will establish, strengthen and revitalize partnerships among stakeholders to implement and scale up programmes towards ending HIV-related stigma and discrimination.
- ▶ **Share responsibility for measurement and accountability.** It will collect and disseminate data to inform policy and programming, measure progress and support accountability towards the elimination of HIV-related stigma and discrimination.

The global partnership, supported by the co-conveners working group, will implement the following series of interrelated strategies to achieve the proposed objectives:

- ▶ Convene and link United Nations agencies, Member States and other stakeholders to catalyse leadership, ownership and increased action in

advancing legal and policy frameworks that address HIV-related stigma and discrimination, sharing of best practices, knowledge and promotion of innovative strategies and the implementation of HIV-related non-discrimination programmes, at the international, regional and local levels.

- ▶ Identify and support opportunities for the scale-up of programmes proved to address stigma and discrimination, prioritizing community and United Nations engagement.
- ▶ Optimize and mobilize resources in support of the implementation of HIV-related non-discriminatory evidence-informed programmes, identifying synergies with existing funding mechanisms and opportunities.
- ▶ Strengthen the target-setting, monitoring and reporting mechanisms that will inform the implementation status of HIV non-discriminatory policies and programmes, including reporting by gender, HIV status or key population, the type of discrimination experienced and how the case is resolved.
- ▶ Advance community leadership in efforts to advance laws, policies and programmes, including their participation in monitoring and reporting progress and in other accountability mechanisms.

Since countries joining the global partnership will have different needs, contexts and stages of progress, country actions will be tailored to the local context. However, all countries will seek to implement a core set of recommended packages of programmes and policies for each setting.

The global partnership, supported by the co-conveners working group, will establish working groups that will be co-led by a United Nations agency and a civil society organization with expertise in implementing human rights programmes to address barriers to HIV services, including HIV-related stigma and discrimination in priority settings. These working groups will collect best practices and develop implementing guidance for countries.

How can countries and partners join?

To join the global partnership, governments, civil society organizations other partners will agree to:

- ▶ **Partner** with various stakeholders, including civil society organizations, United Nations entities, key populations, the private sector, academia and other partners to address HIV-related stigma and discrimination.
- ▶ **Implement evidence-informed policies and programmes** to eliminate HIV-related stigma and discrimination in a minimum of three of the settings of initial focus through initiatives that are measurable and can be brought to scale.
- ▶ **Allocate resources to finance the implementation, monitoring and reporting** of activities to address HIV-related stigma and discrimination in the settings.
- ▶ **Monitor and report** on the concrete steps taken to address HIV-related stigma and discrimination in the settings.

Who will benefit?

The global partnership will have, initially, a special focus on the people who are being left behind in the global response to HIV. These include people living with HIV, women and girls, particularly adolescent girls and young women, and key populations—gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, prisoners and other incarcerated people and migrants.

What will countries and partners do?

UNAIDS recommends that programmes addressing stigma and discrimination be included in national strategic plans for HIV and incorporated as essential activities in operational plans. The programmes should be costed with allocated budgets and there should be indicators for monitoring progress.

Each government will work with the support of technical partners on the implementation of a national road map for action that will include the following activities:

- ▶ Establish a national multistakeholder core group on HIV-related stigma and discrimination whose key mandate will include tracking HIV-related stigma and discrimination, particularly in six settings, and support monitoring of governments and other stakeholders. Where groups with similar or overlapping objectives exist, governments will work to include the above functions as part of their work.
- ▶ Undertake or build on existing policy, programme and legal assessments about HIV-related stigma and discrimination in the six settings, based on indicators agreed by the co-conveners and the UNAIDS strategic information stigma and discrimination working group.
- ▶ Develop a costed road map for national action to address HIV-related stigma and discrimination in the six settings through a wide consultative process. Road maps for national action must comprise activities and initiatives that respond to the indicators in the assessment methodology tool, including legal environment assessments.
- ▶ Where national processes are under way, or similar action plans have been developed, governments will work with national stakeholders to complement any gaps in existing plans to avoid duplication.
- ▶ Utilize suggested stigma and discrimination indicators, including those contained in the Global AIDS Monitoring Guidelines, to monitor progress and produce an annual report based on progress in implementing the road maps for national action addressing stigma and discrimination in the settings.

It is expected that governments and partners will build on existent national frameworks and efforts on addressing legal and human rights barriers to HIV services and all forms of HIV-related stigma and discrimination being funded by domestic, bilateral or multilateral resources.

Countries will create an environment in which there is an urgency to reach zero discrimination.

Initial focus

Based on the recommendations provided by civil society organizations, global networks of people living with HIV and key populations during extensive consultations with GNP+, the group of co-conveners of the global partnership propose that road maps for national action could focus initially, but will not be limited to, the following settings:

- ▶ Health-care settings.
- ▶ Workplace settings.
- ▶ Educational settings.
- ▶ Justice settings.
- ▶ Household settings: individuals, families and communities.
- ▶ Emergency and humanitarian settings.

Populations

Programmes to eliminate HIV-related stigma and discrimination will focus on the people being left behind, including, but 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, prisoners and other incarcerated people and migrants) and women and girls, particularly adolescent girls and young women.

Initiatives addressing stigma and discrimination faced by these populations will assess their interaction with critical cost-cutting dimensions, such as harmful gender, social and cultural norms, sexual and gender-based violence, the legal and policy environment, the impact of gender, social and economic inequalities, the existence of social protection policies, communication and the media, internalized and experienced stigma and intersectional stigma and discrimination.

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