

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





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KEY POINTS

- 1.** HIV-related stigma (irrational or negative attitudes, behaviours and judgments driven by fear) and discrimination (unfair treatment, laws and policies) are widespread.
- 2.** HIV-related stigma and discrimination are persistent barriers to addressing the AIDS epidemic, restricting access to prevention, testing and treatment services for those most at risk.
- 3.** The settings where stigma and discrimination occur go beyond the health sector to include education, the workplace, the justice system, families and communities, and emergency and humanitarian settings.
- 4.** Eliminating all forms of HIV-related stigma and discrimination is fundamental to achieving the Sustainable Development Goals and targets by 2030, including ending AIDS. There are numerous international commitments in place that aim to achieve this.
- 5.** The Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination creates an opportunity to harness the combined power of governments, civil society, bilateral and multilateral donors, academia and the United Nations to consign HIV-related stigma and discrimination to history.

HIV-RELATED STIGMA AND DISCRIMINATION: TWIN BARRIERS TO ENDING THE AIDS EPIDEMIC

Despite decades of scientific advances in prevention and treatment, as well as widespread awareness-raising efforts, irrational fears of HIV infection and negative attitudes towards people living with HIV are a persistent barrier to addressing the epidemic.

HIV-related stigma is evident in irrational or fear-driven negative attitudes, behaviours and judgments towards people living with HIV, their partners and families and key populations. HIV-related discrimination is unfair and unjust treatment of a person or group of people based on their real or perceived HIV status. Discrimination also includes the unfair treatment of key populations including gay men and other men who have sex with men, transgender people, sex workers, people who inject drugs, women and girls and other groups at higher risk of acquiring HIV, such as mobile and migrant populations, and prisoners and other incarcerated people.

Discrimination can become institutionalized in laws, policies and practices that negatively focus on people and marginalized groups living with HIV, including criminalized populations. HIV-specific laws, such as those criminalizing HIV non-disclosure, exposure and transmission, further entrench stigma and discrimination. Restrictive laws and policies, such as the requirement for parental consent for adolescents and young people to access services, discourage help seeking.

HIV-related discrimination can be compounded by other forms of discrimination including discrimination based on race, sex, socioeconomic status, sexual orientation, age, gender identity or national origin.

Breaking down HIV-related stigma and ending discrimination against people living with HIV are critically important because they prevent people from seeking HIV prevention, testing and treatment services.



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 KNOW NO BOUNDARIES

Discrimination in health-care settings is one of the major obstacles to ending the AIDS epidemic as a public health threat by 2030. However, beyond the health-care sector, HIV-related stigma and discrimination are found in every area of social life, from inside families and communities to educational and workplace settings, and within the justice system. HIV-related stigma and discrimination are also exacerbated during humanitarian disasters and in emergency settings.

Health-care settings

Evidence shows that stigma and discrimination in health-care settings are widespread across the world. They seriously reduce the quality of life of people who experience them and impede the use of health services, thus preventing people from exercising their right to health (1).

Discrimination in health-care settings excludes or deters people from seeking health services for fear of stigma, judgemental attitudes or breaches of confidentiality (2). It has negative impacts along the continuum of care, from HIV prevention and testing, to treatment and sustained viral load suppression.

Discrimination in health-care settings may be manifested when an individual or group is denied access to health-care services that are otherwise available to others, or when care, treatment and/or medical procedures are refused or delayed on a discriminatory basis.

Where people cannot or will not access health services, they are less likely to be tested for HIV at all, let alone in a timely manner to ensure that they benefit from the early initiation of treatment. Similarly, where people living with HIV do initiate treatment, discrimination can lead to them being lost to follow-up and may diminish adherence to treatment (3).

Negative attitudes of health workers towards people living with HIV, key populations and women and girls, are a major driver of discrimination in the health sector (4). These attitudes include the belief that HIV is a punishment for immoral behaviour, that most people living with HIV do not care if they infect other people, and that it can be appropriate to sterilize a woman living with HIV, even without her consent. In some cases, health workers explicitly state that they would prefer not to provide services to members of key populations (5).

KEY FACTS

- ▶ In 19 countries with available data, 25% of people living with HIV report experiencing some form of discrimination in health-care settings (2).
- ▶ 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 (3).

- ▶ 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, such as denial of services or discouragement from having children by health-care professionals because of their HIV status, and even forced sterilization (6).

Education settings

Children and young people living with HIV may drop out of school or be excluded altogether (7). They may perform poorly and leave school with little gained. Discriminatory acts against children and young people living with HIV include isolation in seating arrangements and rejection during play activities; name-calling and labelling which leads to low self-esteem; and physical abuse which impairs participation in learning activities. Teachers living with HIV are also subject to stigma and discrimination in education settings (8).

Quality comprehensive sexuality education provides young people with accurate knowledge about HIV transmission and emphasizes the importance of equal rights for people living with HIV and key populations (9). In contrast, lack of access to comprehensive sexuality education perpetuates HIV-related stigma and discrimination.

Because of poverty and cultural norms many adolescent girls have disproportionately fewer opportunities to attend school. Moreover, in order to attend school, adolescent girls may engage in transactional sex to cover school fees and other costs. This puts them at risk of unintended pregnancies, HIV and gender-based violence (10).

Violence and discrimination in education settings can have a profound impact on school retention, self-image and self-stigma, and can exacerbate vulnerability to HIV. Gender non-conforming young people are particularly vulnerable to violence and bullying at school (11).

Specific data on school-related sexual violence are limited. Nevertheless, available figures suggest that sexual violence and abuse in schools, perpetuated by staff and other students, is a reality for many students, particularly girls. School-related gender-based violence increases the likelihood that young people will miss or drop out of school, thereby increasing their vulnerability to HIV (12).

KEY FACTS

- ▶ The prevalence of violence against lesbian, gay, bisexual and transgender (LGBT) students is between three and five times higher than among their non-LGBT peers (11).
- ▶ The proportion of LGBT students experiencing school violence and bullying ranges from 16% to 85% (11).
- ▶ Children in vulnerable situations who face stigma, discrimination or exclusion, are more likely to face bullying in person as well as online (13).



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.

Workplace settings

Stigma and discrimination in workplace settings remains high. People living with HIV have higher unemployment rates than the national average and lack of access to work increases the vulnerability of people living with HIV and affected communities (14).

In many countries, people living with HIV have had their job descriptions or the nature of their work changed or have been refused promotions because of their HIV status. Mandatory HIV testing as a prerequisite for work remains a key barrier to employment for people living with HIV (14). Confidentiality of HIV status, including loss of confidentiality as a result of mandatory testing, remains a central workplace issue. An HIV-positive status is often disclosed to employers or co-workers without the consent of people living with HIV (14). Countries still exclude people living with HIV from participating in certain types of employment, such as serving in the armed forces, law enforcement and the prison service (15).

The workplace provides an opportune setting to reach adults, and workplace programmes have been instrumental in bringing HIV testing to vulnerable workers, their families and community members. These avenues are closed when workplaces are hostile to people living with HIV.

KEY FACTS

- ▶ According to survey data from 13 countries, a large proportion of people living with HIV, (ranging from 7% to 61%), are unemployed. Women and young people living with HIV have a much higher unemployment rate than adults (14).
- ▶ The proportion of people living with HIV who reported losing their jobs due to discrimination ranges from 13% (in Fiji) to 100% (in Timor-Leste) (14).
- ▶ Of those who had lost a job or source of income during the previous 12 months, many attributed it to their HIV status: from 15% (Ukraine) to 80% (Belize) (14).

Justice system

Laws that discriminate against people living with HIV, (as well as people presumed to be living with HIV, at risk of HIV infection, or affected by HIV), include laws pertaining to HIV non-disclosure, exposure and transmission, travel restrictions, mandatory testing (including of pregnant women) and parental consent laws (16,17). Courts may breach patient confidentiality by using treatment records as evidence against people living with HIV in cases concerned with HIV non-disclosure, exposure and transmission.

Many countries consider same-sex sexual activity a criminal offence (18) and criminalization of sex work and drug use creates a hostile environment in which civilian and police violence against people living with HIV is rife and legal redress for victims impossible (19). Where possession of condoms is treated as evidence of sex work and the possession of syringes is treated as evidence of drug use, it is difficult to conduct condom programming and harm reduction interventions. Moreover, incarceration and compulsory detention expose detainees to sexual assault and unsafe injection practices (20).

KEY FACTS

- ▶ Out of 109 countries reporting to UNAIDS in 2017, 76 have laws that specifically criminalize HIV non-disclosure, exposure and transmission for prosecution based on general criminal laws. Four countries have reported that they criminalize mother-to-child transmission of HIV (21).
- ▶ There are 70 countries where same-sex sexual activity is criminalized, with 86 countries specifically criminalizing same-sex relations and two others that criminalize such relations in practice (18).
- ▶ Some aspects of sex work are criminalized in 84 out of 110 countries reporting to UNAIDS in 2017 (21).
- ▶ Out of 90 countries reporting to UNAIDS, 78 have laws that criminalize personal drug use or possession of drugs or that constitute grounds for compulsory detention, and nine countries report that they impose the death penalty for drug-related offences (21, 22).

Household setting: communities and families

Within their own families and communities, people living with and affected by HIV, face internalized stigma and isolation as a result of judgment and rejection. In addition, they may experience exclusion from places of worship and other community institutions. In household and community settings, HIV-related stigma and discrimination can also manifest through subtle gestures, such as refusing to share food or utensils with people living with or thought to be living with HIV, as well as more overt actions, such as rejecting or shunning a person living with HIV.

Gender inequality and harmful gender norms perpetuate stigma and discrimination and impede the ability of women and girls to prevent HIV infection and to mitigate its impact (21).

Gender-based and intimate partner violence, as well as social and cultural norms that reinforce stigma, affect the types of care women can access. Violence, or the fear of violence, makes it very difficult for women to insist on safer sex and to use and benefit from HIV and sexual and reproductive health services (23).

Women living with HIV who experience or fear 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 (25). 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 (21).

Legal norms directly affect women's risk of acquiring HIV. In many countries where women are most at risk, laws to protect them are weak. A lack of legal rights reinforces the subordinate status of women, especially in relation to women's rights to divorce, to own and inherit property, to enter into contracts, to sue and testify in court, to consent to medical treatment and to open a bank account (26).

KEY FACTS

- ▶ Worldwide, more than 700 million women alive today were married before their 18th birthday, increasing their risk of early pregnancy and sexually transmitted infections, including HIV (27). They often have limited access to prevention information and limited power to protect themselves from HIV infection.
- ▶ Women's access to property and inheritance rights can be critical in preventing HIV. Baseline surveys and community-led mappings conducted in nine countries (Cameroon, Ghana, Kenya, Malawi, Nigeria, Rwanda, United Republic of Tanzania, Uganda, and Zimbabwe) found that stigma associated with HIV-positive status was a significant deterrent to reporting or pursuing property and inheritance rights violations (24).
- ▶ Studies have shown that between 68% and 95% of women living with HIV experience intimate partner violence in their lifetime, and in some settings are twice as likely to experience it as their counterparts not living with HIV (25).

Emergency and humanitarian settings

War, climate change, food insecurity, poor governance and other challenges interrupt access to HIV prevention, treatment and support services and increase risky behaviours (28). Food insecurity during emergencies makes it harder to adhere to treatment. It can also result in transactional sex that puts individuals at higher risk of HIV (29).

Refugees from key populations living with HIV can face triple stigma based on their status (30). In humanitarian situations where confidentiality is not maintained, people living with HIV will be reluctant to seek support.

KEY FACTS

- ▶ From 2013 to 2016, the number of people living with HIV affected by humanitarian emergencies increased from 1.71 million to 2.57 million. The ratio of people living with HIV affected by a humanitarian emergency increased from 1 in 20 to 1 in 14.
- ▶ In crisis situations, seven out of 10 women are exposed to gender-based violence (31).
- ▶ In 2015, a study tracking HIV incidence in 36 sub-Saharan countries over 22 years, found that the transmission of HIV was fastest in the five-year period before the outbreak of hostilities.

COMMITMENTS TO END STIGMA AND DISCRIMINATION

Eliminating stigma and discrimination in all their forms is fundamental to achieving the Agenda for Sustainable Development's promise of leaving no one behind and reaching the sustainable development goals and targets by 2030.

The landmark 2012 report of the Global Commission on HIV and the Law (32) urged governments to promote laws and policies that are grounded in evidence and human rights.

The 2016 United Nations Political Declaration on Ending AIDS (33) recognized the HIV epidemic as a human rights challenge. It expresses grave concern that stigma and discrimination continue to be reported and that restrictive legal and policy frameworks continue to discourage and prevent people from accessing HIV services. Member States committed to:

- ▶ Promoting non-discriminatory access to health care, employment, education and social services;
- ▶ Eliminating HIV-related stigma and discrimination by 2020;
- ▶ Eliminating gender inequalities and ending all forms of violence and discrimination against women and girls;
- ▶ Reviewing and reforming laws that reinforce stigma and discrimination, including age of consent, HIV non-disclosure, exposure and transmission, travel restrictions and mandatory testing; and
- ▶ Empowering people living with, at risk of or affected by HIV, to know their rights and access justice and legal services.



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

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

In December 2017, the 41st UNAIDS Programme Coordinating Board (PCB) reviewed the available evidence of the effects of discrimination in health-care settings on the efforts to reach the global HIV prevention and treatment targets. It then identified programmatic actions to lift these barriers. In response to the call of the PCB NGO delegation and UN partners, the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination was formed.

The co-convenors group of the Global Partnership comprises the United Nations Development Programme, the United Nations Entity for Gender Equality and the Empowerment of Women, the Global Network of People Living with HIV, and the UNAIDS Secretariat, with the leadership and technical support of the NGO delegation to the UNAIDS Programme Coordination Board. This partnership creates an opportunity to harness the combined power of governments, civil society and the United Nations, to consign HIV-related stigma and discrimination to history.

Focus areas

Based on the recommendations provided by civil society organizations and global networks of people living with HIV and key populations, the partnership will initially focus on health-care, education, workplace, legal and justice, family and community and emergency and humanitarian settings.

Programmes to eliminate HIV-related stigma and discrimination will focus on the people being left behind in the HIV response, including people living with HIV, key populations, indigenous populations, prisoners and other incarcerated people, migrants, and women and girls, particularly adolescent girls and young women.

Initiatives address critical cross-cutting dimensions of stigma and discrimination faced by those populations. These include harmful gender, social and cultural norms; sexual and gender-based violence; the legal and policy environment; the impact of gender, social and economic inequalities; social protection policies; communication and the media; and internalized and experienced stigma.

The global partnership's objectives

Building on the commitments that countries have made as signatories to international conventions, as well as pledges at regional and national levels, the global partnership will support countries to translate those promises into policy changes, programmes and practices that realize HIV-related rights.

The global partnership has three main objectives:

- ▶ **Fulfilment of commitments.** It will support UN Member States to fulfil the human rights obligations to end HIV-related stigma and discrimination already made at the global, regional and national levels.
- ▶ **Building meaningful partnerships.** It will establish, strengthen and revitalize partnerships among stakeholders to implement and scale up programmes geared towards ending HIV-related stigma and discrimination.
- ▶ **Sharing 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. It will use existing indicators, such as those included in the Global AIDS Monitoring system and other customised measures.

To achieve these objectives, the global partnership, supported by the co-conveners working group, will implement a series of strategies to:

- ▶ Convene and link UN agencies, Member States and other stakeholders to catalyze leadership and foster a sense of ownership to promote legal and policy frameworks to address HIV-related stigma and discrimination;
- ▶ Share best practices, knowledge and innovative strategies for 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 proven to address stigma and discrimination;
- ▶ Strengthen the monitoring and reporting mechanisms that will inform the implementation of non-discriminatory policies and programmes; and
- ▶ Advance community leadership in efforts to advance laws, policies and programmes, including their participation in monitoring and reporting progress and in other accountability mechanisms;
- ▶ Whilst country actions will be tailored to the local context, all countries will seek to implement a core set of recommended programmes and policies for each setting.

The global partnership, supported by the co-conveners and the technical working group for each setting, will develop implementing guidance for countries.

What joining the global partnership means

By joining the global partnership, governments, civil society organizations and others will agree to:

- ▶ **Partner with various stakeholders,** including civil society organizations, UN entities, communities of key populations and people living with HIV, women's organizations, the private sector, academia and others to assess the situation of stigma and discrimination in the country, with a focus on the six targeted settings;

- ▶ **Take action and allocate resources** to implement evidence-informed policies and programmes to eliminate HIV-related stigma and discrimination in the six targeted settings, committing to a minimum of three settings during the first year, with the commitment to cover all settings in a five-year period through initiatives that are measurable and can be brought to scale; and
- ▶ **Monitor and report** on the concrete steps taken to address HIV-related stigma and discrimination in the targeted settings.

To meet the requirements to join the global partnership, each government will work with the support of technical partners on the implementation of a national road map for action to:

- ▶ Establish or use an existing **national multi-stakeholder group** on HIV-related stigma and discrimination, with a mandate to develop baseline assessments on HIV-related stigma and discrimination in the country in the six targeted settings;
- ▶ Develop or build on existing **policy, programme and legal assessments** related to HIV-related stigma and discrimination in the six targeted settings;
- ▶ Develop a **road map for national action** through a wide consultative process and in response to the recommendations from the baseline assessments; and
- ▶ Utilize recommended stigma and discrimination indicators, including those contained in the Global AIDS Monitoring guidelines, to **monitor progress and produce an annual progress report**.

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.

Where national processes are under way, or where similar action plans have been developed, governments will work with national stakeholders to fill any gaps in existing plans.

It is expected that governments and partners will build on existing national frameworks and efforts, 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.

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