

Opening remarks on the impact of HIV transmission laws on stigma & discrimination – duties and obligations of healthcare providers; global and regional perspectives

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Architecture

The Global Partnership is coconvened by UNAIDS EXD, UN Women EXD, UNDP Administrator and GNP+ EXD to catalyze and accelerate implementation of commitments made to end HIVrelated stigma and discrimination.

Political Leadership:
- UN WOMEN ED;
- UNAIDS EXD;
- UNDP Administrator;
- GNP+ EXD

The political leadership will be supported by a group of co-conveners at a technical level to provide smooth preparations for the key events, communications, day-to-day support.

Co-conveners working group (UN WOMEN, UNAIDS, UNDP, GNP+ and PCB NGO Delegtion) The Technical Working Group is comprised by members from UN and CSO organisations that have demonstrated expertise in the 6 settings of focus and have been selected in public open call. They will lead on and coordinate day-to-day provision of technical support and strategic guidance to countries, facilitate information sharing, joint working and resource mobilization.

Technical working group (UN and CSOs experts)

Countries











Membership

UN Agencies

Civil Society Organisations

WHO Asia Catalytic

UNESCO International Federation of Medical Students Associations (IFMSA)

UNDP Youth Engage

ILO ATHENA NETWORK

UN WOMEN Anti-AIDS Teachers Association Zambia (AATAZ)

UNFPA #WhatGirlsWant Campaign

UNODC ICW

UNAIDS Charitable Fund "Club Svitanok"

UNICEF Uganda Network of Young People Living with HIV/AIDS (UNYPA

WFP/IATT Frontline

SAT Regional Office

HIV Justice

IDLO

APN+

Africa Sex Workers Alliance (ASWA)

ILO

AMMAR

Asociación Ciclo Positivo

RedTraSex

ICASO

All-Ukrainian Network of PLWH

CARE International

Global Network of PLHIV (GNP+)

NGO PCB Delegation









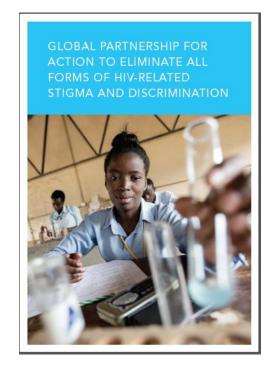




Focus

Areas of Intersectionality

- a. Healthcare settings
- b. Workplace settings
- c. Educational settings
- d. Justice System
- e. Household settings (Individuals, families and communities)
- f. Emergencies and Humanitarian settings



<u>Populations 'being left behind'</u> - including but not limited to people living with HIV, key populations, adolescent girls, young women and migrants.















"Closing gaps in service coverage requires the empowerment of populations that are often left behind: women and girls, young people, key populations and people living with HIV. All national AIDS programmes require a strong community empowerment element and specific efforts to address legal and policy barriers."

Reinvigorating the AIDS response to catalyse sustainable development and United Nations reform

Report of the Secretary-General

7 April 2017



Draft Recommendations: Healthcare Settings

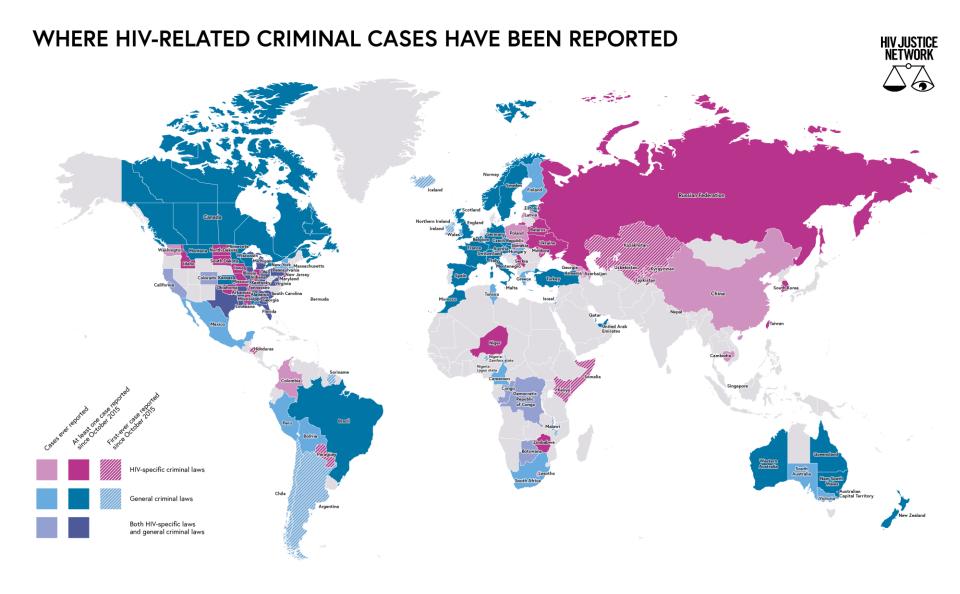


- Implementing interventions with health workers has yielded notable reductions in HIV-related stigma and discrimination in healthcare settings across a range of low, middle and high-income settings globally. These successful interventions should be integrated into national AIDS responses and fully funded and scaled.
- To effectively reduce HIV-related stigma and discrimination in the healthcare setting, all staff at the clinic/facility (e.g. security, receptionist, custodial staff) should be included in intervention efforts [67].
- Information-based and skills building programs are recommended as these methods have proven beneficial in addressing significant drivers of HIV-related stigma and discrimination (i.e. prejudice, fear, and misconceptions). However, multi-pronged approaches that consider other social and structural factors that enable HIV-related stigma and discrimination are necessary.
- Pre-service training on HIV-related stigma and discrimination, human rights and medical ethics should be incorporated into medical and nursing school curricula where possible. This should be coupled with in-service training, as well as routine monitoring of health worker attitudes and behaviors, to inform re-training efforts.
- While there are a number of intervention tools focused on reducing the multiple, intersecting stigmas that key and vulnerable populations face in the healthcare setting, further assessment and validation (as well as development) of such tools is necessary. This is particularly pertinent for those intervention tools that seek to improve acceptability and utilization of HIV prevention, care and treatment services among key and vulnerable populations, including adolescents.

Draft Recommendations: Justice Settings



- Existing laws, policies and, where relevant, practices, should be reviewed and compared against global commitments. Laws and policies that are unjust or otherwise discriminatory toward people living with HIV and/or members of other key populations must be addressed as part of the national response to HIV.
- Coordinated action is needed when seeking to reduce HIV-related stigma and discrimination and improve both the legal environment and access to justice. Not only may laws need to be revisited and amended or repealed, but action may also be needed to ensure enforcement of supportive, enabling laws and policies on the part of duty bearers across settings.
- The rights of individuals living with HIV or members of other key populations who are incarcerated need to be upheld in law and policy (e.g. through ensuring access to treatment and safe housing).
- Continued advocacy efforts are needed to monitor implementation and enforcement of both punitive and protective laws and policies.
- Duty bearers at multiple levels need to be engaged through education and sensitization trainings in order to improve the legal environment and access to justice for people living with HIV and key populations.
- People living with HIV, as well as members of key populations, need to be empowered with knowledge of their legal rights (and responsibilities) and how they can access legal support for redress or defence should it be needed.



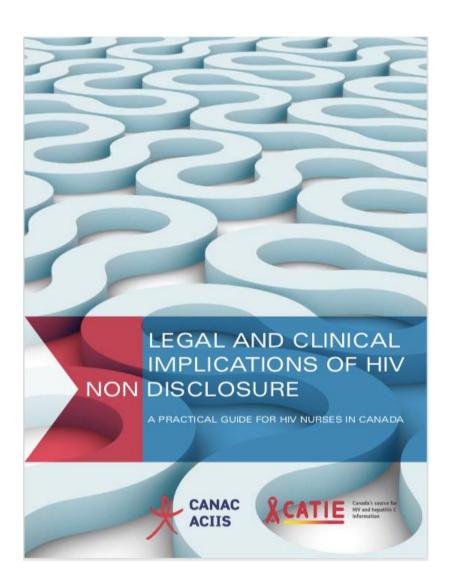
Source: Sally Cameron and Edwin J Bernard Advancing HIV Justice 3: Growing the global movement against HIV criminalisation. HIV Justice Network, Amsterdam, May 2019

HIV CRIMINALISATION HOTSPOTS Reported cases Per capita of diagnosed people living with HIV since October 2015 Greater than 1 in 1000 Between 1 in 1000 and 1 in 10,000 Fewer than 1 in 10,000 Between 1-2 reported cases

Source: Sally Cameron and Edwin J Bernard Advancing HIV Justice 3: Growing the global movement against HIV criminalisation. HIV Justice Network, Amsterdam, May 2019

Canada: Practical guide for HIV nurses (2013)





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Australia: Guide for Healthcare Professionals (2019 update)



Guide to Australian HIV Laws and Policies for Healthcare Professionals



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