



## International Community of Women Living with HIV Eastern Africa

### **Invest in actions aimed at addressing stigma and discrimination against women living with HIV**

**March 1<sup>st</sup>, 2018** - The International Community of Women Living with HIV Eastern Africa today joins the rest of the world to mark Zero Tolerance to discrimination with a commitment to speak up against HIV related stigma and discrimination particularly against women living with HIV in all our diversity.

Traditionally, women whether living with HIV or not face discrimination socially, economically and in all other areas. But for women living with HIV, the burden is twofold as stigma related to HIV makes it difficult for us to live meaningful lives. Evidence shows that HIV related stigma and discrimination severely impacts the health of women living with HIV. It hinders uptake of HIV prevention tools such as HIV testing, treatment including prevention of mother to child transmission of HIV, adherence and retention in care and treatment. It is well documented that when people living with HIV experience stigma or discrimination, they are less likely to disclose their HIV status to their sexual partners; meaning that they are more likely to engage in unsafe sex, and therefore more likely to spread HIV to their partners.

People Living with HIV Stigma index shows that nearly 30% (Kenya) of People Living with HIV have faced some form of discrimination, 23.9% of females (Tanzania) were forced to change residence due to their HIV positive status, 16% (Uganda) of people living with reported being excluded from social gatherings while 69% of females in Rwanda had been excluded from social gatherings due to their HIV status. While our governments have invested substantial amounts in addressing HIV, discrimination and violations of human rights are still major barriers to effective national responses to HIV. In Kenya for example, 28.1% of women living with HIV reported being advised by a health professional not to have a child, 16.8% had been forced to a medical health procedure in Rwanda. In Uganda, 12% indicated that they had been asked by health workers to terminate a pregnancy while 42% of women eligible for PMTCT in Tanzania had no idea such a service existed. Unfortunately, addressing discrimination and protection of rights never features as a priority in HIV programming. This perhaps is the reason we continue to see stagnation in the response to HIV with minimal results being achieved even when resources invested are considerable.

Discrimination hides the epidemic at a time when we are encouraging more people to test, get enrolled for services and live positively in order to achieve the epidemic control by 2020. Women living with HIV continue to face stigmatizing attitudes and inappropriate actions by health care

workers as well as fellow clients at facilities. They find it difficult to access Family Planning information and other sexual reproductive services because it is assumed by the communities and health care providers that ‘they should not be sexually active’.

Our countries have embraced the new strategies to address HIV scourge that include Test and Treat, eMTCT, Differentiated service delivery Model, but for these to be effective and benefit the communities, there must be a stigma free environment

In addition, we continue to have laws that criminalize HIV. HIV criminalization creates additional barriers to testing, treatment and disclosure of HIV status. When HIV is criminalized; it means punishing responsible behavior such as getting tested voluntarily and giving ignorance of HIV status a privilege. Such laws create mistrust of and lessen cooperation in initiatives such as partner notification.

Despite all the effects of stigma and discrimination, it continues to receive minimal attention within HIV programming evidenced by minimal resources to prioritize interventions to address it in the HIV response. ICWEA therefore calls upon:

**Governments and development partners to invest in interventions that have been tested and proven to be working to end stigma and discrimination particularly in health care settings. Also invest in training health care providers on human rights and medical ethics related to HIV. This will support the health care providers to deliver services with respect to the rights of their clients and their own but also reduce stigma and discrimination in the context of HIV. In turn it will reduce stigmatizing attitudes in health care settings and provide health care providers with the skills and tools necessary to ensure patients’ rights to informed consent, confidentiality, treatment and non-discrimination.**

**Invest in tools and frameworks such as stigma index for monitoring the trends and forms of stigma across years and across countries so as to enable effective planning and development of responsive mitigation strategies.**

**Monitor and reform laws, regulations and policies that are discriminatory so they support, and not hinder, access to HIV and health services.**

**Intensify HIV-related legal services to facilitate access to justice and redress in cases of HIV-related discrimination such as breaches of privacy and confidentiality; illegal action by the police; discrimination in employment, education, social services; and denial of property and inheritance rights.**

*You can join online conversations by sharing your own interpretation of Zero discrimination on the hashtag #zerodiscrimination, and our social media platforms: twitter:@ICWEastAfrica and facebook page:lcwEasternAfrica*