

GLOBAL POLICY BRIEFING

ELIMINATING HIV STIGMA AND DISCRIMINATION

Summary

Ending HIV stigma and discrimination; critical to leaving no one living with HIV behind

HIV-related stigma and discrimination often fuels the marginalisation and criminalisation of people living with or vulnerable to HIV. The consequences of HIV-related stigma and discrimination are wide-ranging and have a significantly negative impact on lives, livelihoods and living standards as well as the wider global HIV response. Ending both HIV-related stigma and discrimination are important to meet the UNAIDS' 90-90-90 targets^a, which are critical to eliminating AIDS as a public health threat by 2030.

Discrimination fuels harmful norms, actions and environments (including across social, legal, cultural and institutional settings) all of which adversely impact people living with and affected by HIV.¹ Such discrimination is frequently internalised compounding shame and marginalisation. HIV stigma can also undermine access to, availability of, and willingness to uptake prevention, testing, treatment and care services, which negatively impacts HIV health outcomes and subsequently health-related quality of life (HRQoL).^b This in turn fuels the epidemic.²

To achieve the UNAIDS' targets, the world must address negative attitudes and misleading beliefs about HIV stigma which generates fear and discrimination against people living with (PLHIV). This is often driven by existing discrimination based on social-economic status, ethnicity, gender, gender identity and sexuality among other factors. Furthermore, in both developed and developing countries, PLHIV such as people who inject drugs, unregistered migrants and sex workers are often victimised and criminalised. The vulnerability they experience is often compounded by socio-economic factors driven by poverty and inequalities.³

Restoring dignity and rights

As a company 100% focused on the needs of PLHIV, ViiV Healthcare plays an important role in the fight against HIV-related stigma and discrimination. To address the drivers of HIV-related stigma and discrimination, we are committed to collaborating across the public, private and not-for-profit sectors to challenge injustice by promoting an evidence-based, human rights approach. We support four key policy principles seeking to inform public understanding and change attitudes, policies and practices, across healthcare settings and society-at-large. These principles seek to end HIV-related stigma and discrimination by supporting the rights of PLHIV to live full, active and productive lives - with the dignity and respect they deserve.

To this end, ViiV Healthcare works to:

	Empower PLHIV and those most vulnerable to HIV by strengthening community-led programmes which assert universal rights to access HIV prevention, testing, treatment, care and support services. This enables greater ownership and leadership by people living with and affected by HIV in programme design, development, implementation and evaluation.
	Advocate for HIV programmes at all levels (community, national, regional and global) to consider the impact of and address stigma and discrimination. This includes to ensure that policies protect the dignity and rights of all PLHIV or vulnerable to HIV, particularly in healthcare settings. A people-centred, rights-based approach focuses on upholding confidentiality and privacy associated with HIV disclosure as well as access and availability of HIV testing, prevention and treatment services. This creates safe and secure stigma and discrimination-free environments. ⁴
	Improve education, public awareness and understanding of HIV to dispel stigma and discrimination with robust evidence.
	Collaboratively address legislative and structural inequalities which drive HIV-related discrimination. This ensures PLHIV are legally protected and their access to justice is enforced .

^a The UN's 90-90-90 targets which seek to achieve (by end of 2020) 90% of all people living with HIV will know their HIV status; of which 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy and of which 90% of all people receiving antiretroviral therapy will have viral suppression.

^b HRQoL supports long-term physical, psychological and social health needs

The challenge

HIV-related stigma and discrimination remains a persistent obstacle to addressing the global HIV epidemic. It poses a threat to securing the UNAIDS 90-90-90 targets and HIV-related UN Sustainable Development Goals (SDG)^c; related to health (SDG 3), gender equality (SDG 5), reducing inequalities (SDG10), peace, justice and strong institutions (SDG 16) and global partnerships (SDG 17) ⁵ UNAIDS reports that PLHIV who perceive high levels of HIV-related stigma are 2.4 times more likely to delay enrolment on to life-saving treatment and care programmes.⁶ As a result, drug adherence, retention in care and viral load suppression are all undermined. This impacts HRQoL, risks onward viral transmission and threatens progress in the global HIV response.

Empower PLHIV by strengthening community-led healthcare programmes

Addressing HIV-related stigma and discrimination requires concrete and decisive action which combats inequalities to improve the social and legal status of PLHIV and those people at greater risk of infection. This requires coordinated integrated action across the public, private and not-for-profit sectors. Such an approach monitors and advocates for reforms to policies, practices, attitudes and behaviours that exacerbate HIV-related stigma and discrimination. Such an integrated approach calls for the improvement of knowledge and awareness among policy-makers and law enforcement agencies⁷. This is critical to creating enabling environments where people living with and affected by HIV can assert their rights, access information and obtain prevention, treatment and care services.⁸

Across the globe, key and priority HIV populations^d disproportionately experience stigma and discrimination, which is why ViiV Healthcare's Positive Action programme seeks to support the agency of key and priority populations, via strategic partnerships.

HIV-related stigma and discrimination experienced by women and girls

Globally 52% of PLHIV are women and young girls; a majority of whom are concentrated in sub-Saharan Africa. For this global population group, HIV-related stigma and discrimination is embedded in gender inequality driven by financial disparities, gender-based violence, inequalities in education and restricted social independence among other factors.⁹

A strategic approach to community programming

To improve ViiV Healthcare's understanding of the impact that HIV has on the lives and aspiration of women and girls, we focus our community partnership programmes on cross-cutting issues which address HIV-related stigma and discrimination to improve health outcomes for people living with and affected by HIV.

Most recently, we are working in collaboration with the Global Fund^e to support the 'HER Voice Fund. This initiative recognises that adolescent girls and young women (AGYW) should be supported to play a vital role in driving and shaping national HIV responses where they live. The initiative provides small grants to AGYW-led community-based groups addressing logistical, administrative and language barriers focused across 13 African countries.¹⁰

Improving access to HIV services for people who inject drugs (PWID)

In a recent UNAIDS report, it was estimated that 99% of PWID lack appropriate access to health services. The report indicated that while HIV transmission among adults worldwide declined by 14% between 2011 and 2017, very little progress has been made to reduce the level of HIV acquisition in PWID.¹¹ The report also attributed this lack of progress to inadequate developments in creating an informed and enabling policy environment which addresses HIV-related stigma and discrimination using robust and reliable evidence.¹²

ViiV Healthcare's Positive Action strategic funding is in direct response to the policy and programmatic gap which increases the vulnerability of PWID. This aims to provide an investment focus on ending AIDS in PWID by 2030. Our innovative funding platform is designed to drive cross-sector collaboration to identify solutions to key 'Positive Action Challenges'. Collaborations include the International AIDS Society (IAS) and the International Network of People Who Use Drugs (PWUD) and aims to support community-led projects to improve HIV service provision to drug users.

^c A universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity by 2030

^d Key populations include: sex workers, people who inject drugs (PWID), transgender people, incarcerated people, and gay men and other men who have sex with men (MSM) along with their sexual partners. This extends to wider priority populations which include young people, adolescent girls and young women (AGYW), those living in rural communities, homeless people, people living with disabilities, refugees, unregistered migrants, people displaced by humanitarian disasters and conflict and mobile workers.

^e The world's largest global health fund focused on eliminating HIV, Malaria and TB as public health priorities by 2030

Healthcare settings: protecting dignity and rights, creating safe and secure environments

Addressing HIV stigma and discrimination in healthcare settings is critical to improving health outcomes for people living with and affected by HIV. This includes restoring trust and dignity in organisations with a mandate to support care access, quality and retention. Ending stigma and discrimination provides PLHIV with the freedom to have open and honest discussions with healthcare professionals about the availability and suitability of prevention and treatment options to improve HRQoL. Protecting the privacy and confidentiality of people's HIV status is a central part of creating safe and supportive healthcare environments. Health and community workers who are well trained and appropriately skilled in human rights and ethics, represent important champions to addressing stigma and discrimination. Yet, research shows that roughly one in every eight PLHIV is denied health services due to HIV-related stigma and discrimination.¹³

As part of ViiV Healthcare's efforts to address stigma and discrimination in healthcare settings, we are investing in implementation science research to generate evidence which supports interventions in healthcare delivery that reduce HIV-related stigma and discrimination. These interventions aim to better inform HIV programming and healthcare practice.

Public education to dispel fear with fact

Improving public understanding about HIV is important to help address the misinformation and misconceptions which often fuel HIV stigma and reinforce discrimination across society at-large.¹⁴

Mobilising public advocacy coalitions to address HIV stigma and discrimination

ViiV Healthcare has a long-established track record of proactively supporting numerous public campaigns to address HIV stigma, challenge social prejudice and eliminate discrimination experienced by people living with and affected by HIV. We were a founding corporate supporter of the Undetectable Equals Untransmittable (U=U) global campaign, which seeks to champion important evidence-based public health messaging. Underpinned by scientific evidence, 'U=U' confirms that PLHIV who are on stable treatment and with a suppressed viral load, cannot sexually transmit the virus ('Can't pass it on'). U=U also seeks to promote the importance of treatment adherence to drive progress in HIV prevention efforts.¹⁵

ViiV Healthcare has partnered with the former Welsh Rugby professional, Gareth Thomas and a UK charity - the Terence Higgins Trust (THT) - to launch the 'Tackle HIV' campaign. Tackle HIV is a public awareness campaign which aims to change public perceptions and tackle misunderstanding to address HIV stigma, leveraging conventional media, digital and social channels to mobilise and harness the power of sport. The campaign seeks to improve public understanding of HIV to support behaviour change and eliminate HIV-related stigma.^{16 17}

Addressing inequalities which drive legislative discrimination

For key and priority populations, institutional and legal discrimination frequently leads to criminalisation of PLHIV by compromising their human rights, which in turn adversely impacts health outcomes.¹⁸ HIV criminalisation deters people from accessing testing, treatment and care services as well as perversely serves to accelerate HIV risk and vulnerability for both PLHIV and society-at-large.¹⁹

At least 68 countries have laws that specifically criminalise HIV non-disclosure, exposure and transmission.²⁰ To address this injustice ViiV Healthcare stands shoulder-to-shoulder with advocates, allies and partners across the public, private and not-for-profit sectors who campaign to revoke discriminatory legislation which undermines upholding universal human rights.

To this end, our Positive Action programme provides strategic support to civil society organisations which use strategic litigation to defend human rights for lesbian, gay, bisexual and transgender (LGBT) communities in several countries including Kenya, Nigeria, Mauritius, Eastern Caribbean, Jamaica, Singapore, Papua New Guinea (PNG) and Namibia.²¹

ViiV Healthcare global policy briefings series:

Making HIV a smaller part of people's lives

ViiV Healthcare has developed a series of global policy briefings which outline our commitments through diverse partnerships to tackle key global public health priorities affecting the global, regional, national and community HIV response. We aim to inform public policy and healthcare delivery to ensure no person living with HIV is left behind, by supporting communities affected by HIV.

About ViiV Healthcare

Established in November 2009, we are the only pharmaceutical company solely focused on combating, preventing and ultimately curing HIV/AIDS. ViiV Healthcare is dedicated to researching and delivering innovative HIV medicines and solutions which make HIV a smaller part of people's lives.

UK Address: GSK House, 980 Great West Road, Brentford, TW8 9GS

Website: www.viivhealthcare.com

Twitter: @ViiVHC

Facebook: @ViiVHealthcare



References

¹ NAT. (2016). Tackling HIV stigma: what works? Retrieved 15 Jan 2019, from https://www.nat.org.uk/sites/default/files/publications/Jun_16_Tackling_HIV_Stigma.pdf

² NAT. (2016). Tackling HIV stigma: what works? Retrieved 15 Jan 2019, from https://www.nat.org.uk/sites/default/files/publications/Jun_16_Tackling_HIV_Stigma.pdf

³ NAM AIDS MAP. (2019). HIV criminalisation cases recorded in 72 countries, including 49 in the last four years. Retrieved 24 April 2020, from <https://www.aidsmap.com/news/jun-2019/hiv-criminalisation-cases-recorded-72-countries-including-49-last-four-years>

⁴ UNAIDS. (2018). *Global partnership for action to eliminate all forms of HIV-related stigma and discrimination* [PDF]. Geneva. Retrieved 15 January 2020, from https://www.unaids.org/sites/default/files/media_asset/global-partnership-hiv-stigma-discrimination_en.pdf

⁵ UNAIDS. (2018). *Global partnership for action to eliminate all forms of HIV-related stigma and discrimination* [PDF]. Geneva. Retrieved 15 January 2020, from https://www.unaids.org/sites/default/files/media_asset/global-partnership-hiv-stigma-discrimination_en.pdf

⁶ UNAIDS. (2017). *Confronting Discrimination* [PDF]. Retrieved 15 January 2020, from https://www.unaids.org/sites/default/files/media_asset/confronting-discrimination_en.pdf

⁷ Réseau National des Associations de PVVIH du Sénégal (RNP+). (2012). The People Living with HIV Stigma Index. Retrieved 27 May 2020, from https://www.gnppplus.net/assets/wbb_file_updown/4722/English.pdf

⁸ Clue. (2019). HIV and AIDS aren't over—and here is how you can help. Retrieved 15 January 2020, from <https://helloclue.com/articles/sex/hiv-and-aids-aren-t-over-and-here-is-how-you-can-help>

⁹ AVERT. (2020). Gender Inequality and HIV. Retrieved 28 April 2020, from <https://www.avert.org/professionals/social-issues/gender-inequality>

¹⁰ ViiV. (2020). HER Voice Fund. Retrieved 28 April 2020, from <https://viivhealthcare.com/en-gb/supporting-the-community/positive-action-programmes/positive-action-for-girls-women/her-voice-fund-2-0/>

¹¹ UNAIDS. (2019). UNAIDS Health, Rights and Drugs Report. Retrieved 15 January 2020, from https://www.unaids.org/sites/default/files/media_asset/JC2954_UNAIDS_drugs_report_2019_en.pdf

¹² UNAIDS. (2019). UNAIDS Health, Rights and Drugs Report. Retrieved 15 January 2020, from https://www.unaids.org/sites/default/files/media_asset/JC2954_UNAIDS_drugs_report_2019_en.pdf

¹³ HIV stigma and discrimination. (2018). Retrieved 13 August 2019, from <https://www.avert.org/professionals/hiv-social-issues/stigma-discrimination>

¹⁴ WebMD. (2020). HIV vs. AIDS. Retrieved 15 January 2020, from <https://www.webmd.com/hiv-aids/guide/hiv-aids-difference#1>

¹⁵ I-base. (2020). U=U: Undetectable = Untransmittable. Retrieved 27 May 2020, from <http://i-base.info/u-equals-u/>

¹⁶ Prevention Access. (2020). Undetectable = Untransmittable. Retrieved 27 April 2020, from <https://www.preventionaccess.org/undetectable>

¹⁷ Tackle Stigma. (2020). Retrieved 27 April 2020, from <https://www.tacklehiv.org/>

¹⁸ HIV stigma and discrimination. (2018). Retrieved 13 August 2019, from <https://www.avert.org/professionals/hiv-social-issues/stigma-discrimination>

¹⁹ AVERT (2020). HIV stigma and discrimination. Retrieved 15 January 2020, from <https://www.avert.org/professionals/hiv-social-issues/stigma-discrimination>

²⁰ The Lancet HIV. (2018). Editorial. , SEPTEMBER 01, 2018. Retrieved 27 May 2020, from [https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(18\)30219-4/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(18)30219-4/fulltext)

²¹ Human Dignity Trust. (2020). Who We Are. Retrieved 27 April 2020, from <https://www.humandignitytrust.org/who-we-are/funders/>