



The sexual and reproductive health and human rights of people living with HIV

Dr. Karim Abawi

karim.abawi@gfmer.org

Valeria Mazzanti

vmazzanti@g.ucla.edu

Training course in sexually transmitted infections, HIV/AIDS 2018



Introduction

- HIV continues to be a major global public health issue, having claimed more than 35 million lives so far.
- In 2016, around 1 million people died from HIV-related causes and 36.7 million people were living with HIV, globally.
- The access to antiretroviral treatment has been increasing for people living with HIV (PLHIV), which in turn extends their life expectancy and their productivity.
- HIV infection is often diagnosed through rapid diagnostic tests (RDTs), that is essential for immediate treatment and care.
- HIV infection has no cure, yet, but effective antiretroviral therapy (ART) drugs control the virus and impede transmission so that PLHIV can live, as well as those at risk, can enjoy healthy and productive lives.
- In 2016, around 19.5 million people living with HIV were receiving ART.
- Huge efforts by national HIV programs managed to reduce new HIV infections by 39% and HIV-related deaths by 33% between the years 2000 and 2016. ART saved 13.1 million lives during this time period.



Introduction (continued)

- Health service providers and decision makers should recognize that PLHIV have the right to enter into relationships, have sex and bear children.
- As for any human being, sexuality and reproduction is an important part of the lives of PLHIV.
- PLHIV have the right to a satisfying, safe and healthy sexuality and reproductive health.
- Ensuring that PLHIV can enter a relationship, have sex and bear children safely contribute to their own health as well as the health of their partners and families. (EngenderHealth 2009)
- Achieving a sustainable response to HIV requires addressing the needs of key populations such as young women, men who have sex with men, prisoners, people who inject drugs, sex workers, transgender people, migrant workers and refugees (WHO 2016).



PLHIV and Stigmatization

- HIV-related stigma and discrimination involve the judgements, negative attitudes and any form of abuse against PLHIV.
- This makes many people even more at risk to contracting HIV because it leads to many people refusing to test themselves and periodically check their status.
- With more people unaware of their HIV status, and therefore more people avoiding treatment when needed, stigma contributes to the rise of the epidemic.
- Individuals avoid HIV testing because they are improperly educated. Discriminatory laws make people believe HIV and AIDS are a death sentence and/or that they will lose their jobs, families, and friends.
- Stigma therefore leads to a decrease in all the progress that has been made.



PLHIV and Stigmatization

- Stigmatization includes:
 - refusing to provide care for a patient with HIV/AIDS,
 - refusing to admit a patient with HIV/AIDS to hospital, and
 - giving confidential information about patients with HIV/AIDS to other people (family members and unrelated individuals) without the patient's consent.
- Expressing the need for education and counseling is crucial to address discrimination by health care professionals with regard to:
 - modes of transmission of the virus,
 - universal precautions, and
 - the rights of PLHIV. (EngenderHealth 2009)
- Stronger partnerships and connections between community-based programs and national health ministries are also crucial when trying to reduce discrimination against PLHIV (WHO 2016).



PLHIV and Stigmatization

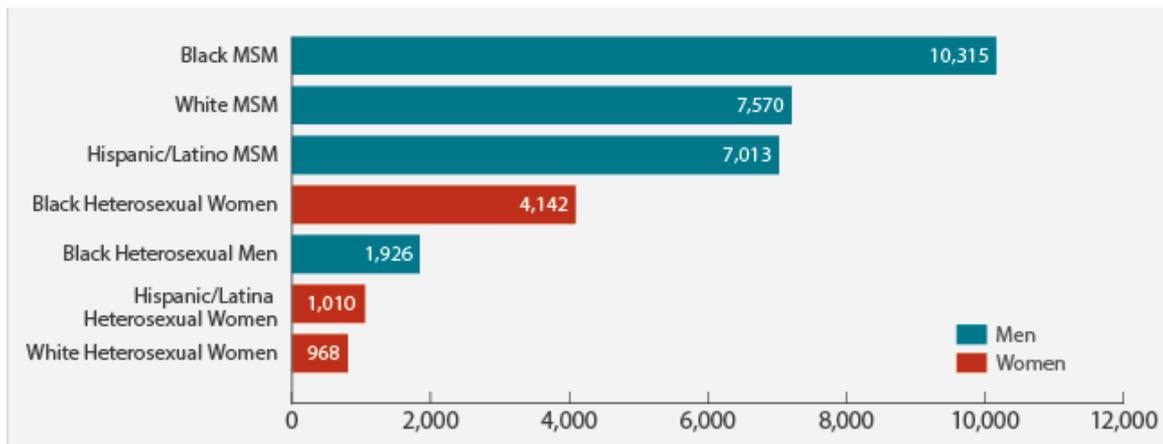
- Barriers that limit health care services to PLHIV exist around the world including:
 - continuously postponed HIV testing appointments,
 - the deliberate hiding of positive status results, and
 - poor uptake of HIV services.
- Health care providers who do not receive the appropriate training may even refuse giving service to PLHIV because of discrimination effects.
- Protective laws enforcing antidiscrimination based on human rights standards must be established by countries to eliminate stigma and violence against PLHIV.
- Civil society organizations should work with policy-makers and public health representatives to establish such laws.
- A regular schedule of hours in which PLHIV can access health services is crucial.
- Contraceptive methods should be affordable and accessible to all key populations to prevent further marginalization.



Stigmatization and Intersectionality

- Intersectionality is the interconnected nature of social identifications that overlap one another as well as systems of discrimination.
- It is important to notice that PLHIV do not fit into one single homogenous group but all have different categories they also identify to which lead to even greater stigmatization.
- Different identities have different risks of HIV infection and health care providers must be sensitive to this when counselling and treating individuals. (CDC 2016)

New HIV Diagnoses in the United States for the Most Affected Subpopulations, 2015 (CDC 2017)



CDC. CDC Fact Sheet: Today's HIV/AIDS Epidemic. Centers for Disease Control and Prevention; 2016.

CDC. HIV in the United States: At A Glance. Centers for Disease Control and Prevention; 2017.



PLHIV and Mental Health

- Many PLHIV may also be living with a variety of different mental health issues.
- The people living around PLHIV, such as partners, family members, and friends also tend to need mental health assistance.
- The most common co-morbidities seen are depression and anxiety while other disorders such as dementia are thought to be related with long-term HIV infection.
- These disorders then lead to PLHIV to have higher rates of substance abuse, smoking habits, violence, and even suicide.
- This then develops into avoiding seeking or lack of commitment to the care services that are needed, resulting in poor treatment outcomes.



Health system and People Living with HIV (PLHIV)

- The health system often fails to take into account the sexual and reproductive health needs of PLHIV.
- In many places existing laws and policies fail to support people living with HIV.
to achieve their sexual and reproductive needs.
- In some places laws and policies severely restrict the sexual and reproductive rights of PLHIV.
- Health services should provide equitable access to PLHIV, in order to maintain their sexual and reproductive health as well as that of their sexual partners and families.



National policies and PLHIV

- National and international laws should prohibit discrimination against PLHIV and protect their sexual and reproductive health.
- National human rights institutions and national court systems, regional human rights commissions and civil society organisations can help in enforcing legal obligations to protect sexual and reproductive health and address alleged violations of human rights.
- It is essential that PLHIV like any one else have access to justice and should be aware of their rights.



Criminalisation of HIV transmission

- In some places, transmitting HIV to another person is a criminal offence but relying on criminal laws to prevent HIV transmission is counterproductive.
- These laws prevent people living with HIV to disclose their status because of fear of negative consequences.
- Such laws fail to encourage everyone to take appropriate measures to protect him /herself from communicable diseases and to practice safe sex.
- A person who does not seek testing and treatment increases the risk of HIV transmission.
- Testing and counselling provide opportunity for information and support towards changing behaviours that increase the of risk HIV transmission or to access treatment, care and support services.



Criminalisation of HIV transmission

- Criminalising high-risk sexual and drug injecting behaviours among PLHIV can deter the effectiveness of educational activities destined to HIV infection prevention as the PLHIV may not trust the counsellors, if they fear that the information will be transmitted to the authorities.
- Criminalisation of HIV transmission may prevent pregnant woman living with HIV to benefit from antenatal care and antiretroviral treatment.
- Criminal laws should be limited to the exceptional circumstances of intentional transmission of HIV (where someone deliberately sets out to infect another person).



Criminalisation of key populations' behaviour

- Criminalising the way in which key populations live their lives is also dangerous for further transmission of HIV.
- Individuals in each population do not identify with these categories in fear of being exposed and arrested.
- The lack of identification within populations makes the collection and analysis of data on HIV transmission more difficult.
- Therefore the research and dissemination of the research on how to help these populations becomes even more difficult.



HIV testing and counselling

- The majority of PLHIV do not know they are HIV-positive and do not seek appropriate treatment and support. It is estimated that only 70% of people with HIV know their status. Many of them continue to transmit the infection to others.
- There is a crucial need to expand HIV testing, treatment and counselling.
- The policies should ensure that testing is voluntary and confidential.
- Health service providers should not disclose HIV status of the clients without their fully informed consent.
- HIV testing is the fundamental step in provide individuals with HIV prevention services or treatment services once their status is known.
- Strong evident links between testing and prevention, treatment and care services must be established so that individuals may actually act on their results as needed (WHO 2017).

EngenderHealth, GNP+, ICW, IPPF, UNAIDS, Young Positives. Advancing the Sexual and Reproductive Health and Human Rights of People Living With HIV: A Guidance Package. Amsterdam: The Global Network of People Living with HIV/AIDS (GNP+); 2009.

World Health Organization. HIV/AIDS. Fact sheet N°360. World Health Organization; 2017.

World Health Organization. Consolidated Guidelines on HIV prevention, diagnosis, treatment and care for key populations: 2016 Update. World Health Organization; 2016.



HIV testing and counselling (continued)

- HIV mandatory testing has been practiced in certain groups in some countries. The target populations for mandatory testing include migrants, refugees and/or travellers; military personnel; pregnant women; prisoners; injecting drug users; men who have sex with men; health-care workers; pilots; sex workers, etc.
- UNAIDS and WHO both oppose mandatory HIV testing as it violates human rights with no demonstrable public health benefit.
- The international guidelines on HIV/AIDS and Human Rights state that public health, criminal and antidiscrimination legislation should prohibit mandatory HIV testing of targeted groups, including vulnerable populations. (EngenderHealth 2009).
- Mandatory HIV testing may be used as a punishment and therefore must always be voluntary and coercion-free by any member of the health system as well as family and/or friends (WHO 2016).

EngenderHealth, GNP+, ICW, IPPF, UNAIDS, Young Positives. Advancing the Sexual and Reproductive Health and Human Rights of People Living With HIV: A Guidance Package. Amsterdam: The Global Network of People Living with HIV/AIDS (GNP+); 2009.

World Health Organization. Consolidated Guidelines on HIV prevention, diagnosis, treatment and care for key populations: 2016 Update. World Health Organization; 2016.



Family planning and abortion

- PLHIV have the same need as anyone else for contraception.
- Policies should ensure that PLHIV have the right to make their informed decision about contraceptive use. All family planning methods, including hormonal contraceptives and emergency contraception could be used for HIV-positive women but health providers should decide about the contraceptive methods, based on client's condition and the treatment that she receives.
- An HIV positive woman may want to seek an abortion. Many countries have laws that prohibit or restrict access to safe abortion. Some have restrictive laws and some other allow legal abortion to protect a woman's health.
- Under these policies women living with HIV may be eligible for abortion services. If HIV infection is the reason for legal abortion, pregnant woman should be informed and counselled, but never pressured to undergo an abortion because she is HIV-positive.



Sterilisation

- In some countries women living with HIV have been pressured to undergo sterilisation.
- The policies should prohibit forced sterilisation or forced abortion in women living with HIV.
- Women living with HIV should receive comprehensive information about available family planning methods, the right to choose abortion (where it is legal) and post-abortion care.



Marriage, divorce, and child custody

- Marriage and childbearing are internationally recognised human rights.
- These rights should be preserved for people living with HIV.
- PLHIV should not be denied custody of their children following separation or divorce, if they can lead full productive lives and be supportive parents.
- Family laws should protect the parental rights of people living with HIV.



Male circumcision

- Studies have shown that under clinical trial conditions, male circumcision can reduce the risk of HIV-negative men becoming infected with HIV by their HIV-positive female partners during vaginal intercourse by up to 60% (Gray RH 2007).
- The development and expansion of male circumcision services should ensure that the procedure are carried out safely, based on informed consent, and without coercion or discrimination (EngenderHealth 2009).
- Men living with HIV should be permitted to undergo the procedure (unless it is medically contraindicated), but they should be informed that there is no evidence that the procedure will protect their partners from infection (EngenderHealth 2009).
- The WHO and UNAIDS recommend voluntary medical male circumcision as a means of HIV transmission prevention as long as the procedure is carried out safely by well-trained health care providers who have the required equipment (WHO 2016).

Gray RH, Kigozi G, Serwadda D, Makumbi F, Watya S, Nalugoda F, Kiwanuka N, Moulton LH, Chaudhary MA, Chen MZ, others. Male circumcision for HIV prevention in men in Rakai, Uganda: a randomised trial. *The Lancet*. 2007;369(9562):657–666.

EngenderHealth, GNP+, ICW, IPPF, UNAIDS, Young Positives. *Advancing the Sexual and Reproductive Health and Human Rights of People Living With HIV: A Guidance Package*. Amsterdam: The Global Network of People Living with HIV/AIDS (GNP+); 2009.

World Health Organization. *Consolidated Guidelines on HIV prevention, diagnosis, treatment and care for key populations: 2016 Update*. World Health Organization; 2016.



The greater involvement of people living with HIV

- In order to ensure that laws and policies support the sexual and reproductive health and human rights of PLHIV, it is essential that people living with HIV play a significant role in decision-making.
- The personal experience of living with HIV provides an invaluable expertise and unique perspective on the real-world impact of abstract policies.
- Governments and international agencies should ensure the participation of people living with HIV in the choice, design, implementation, monitoring and evaluation of sexual and reproductive health related policies.



Policies affecting populations at higher risk

1. Young people

- Some 5.4 million people worldwide between the ages of 15 and 24 are living with HIV. However, routine HIV monitoring of this age category is largely ignored and lacks a lot of data, creating an absence in attention to their specific needs and policies for them. (EngenderHealth 2009, WHO 2016).
- Health system should promote youth-friendly clinics and services as much as possible.
- Schools and other public institutions should also provide protective environments and policies for young people living with HIV.
- Comprehensive and age specific sexual and reproductive health education should be provided for all young people, including those living with HIV. (EngenderHealth 2009).

EngenderHealth, GNP+, ICW, IPPF, UNAIDS, Young Positives. Advancing the Sexual and Reproductive Health and Human Rights of People Living With HIV: A Guidance Package. Amsterdam: The Global Network of People Living with HIV/AIDS (GNP+); 2009.

World Health Organization. Consolidated Guidelines on HIV prevention, diagnosis, treatment and care for key populations: 2016 Update. World Health Organization; 2016.



Policies affecting populations at higher risk

1. Young people (continued)

- Confidentiality is a critical issue for young people living with HIV. They should be reassured that their HIV status will remain private. They should receive support to decide to disclose their status to families and partners.
- In some places in-order to access sexual and reproductive health services, young persons have to obtain an authorisation from their parents or guardian. Such a law restrict young persons' access to services.
- Existing programmes should also consider the needs of young people who have been HIV-positive since birth or infected at a later stage. Guidelines should be revised to address the situation of this group of young people. (EngenderHealth 2009)
- Peer support groups, safe spaces for discussion and supportive parents or guardians can lead to higher rates of seeking and adhering to care services (WHO 2016).



Policies affecting populations at higher risk

1. Young people (adolescents)

- Mental health co-morbidities among young people are very common, especially in adolescents who tend to feel isolated, harassed and discriminated on because of their HIV status.
- Services for adolescents should include psychosocial care such as counselling that focus on the issues of self-stigma and discrimination.
- Only with the adolescent's approval must there be support from family members and friends, which may help a lot.
- Care providers must teach them their rights and the ways in which they can advocate for themselves by being involved in policy-making.



Policies affecting populations at higher risk

2. Sex workers

- HIV prevalence is usually higher among sex workers than in the general population due to their higher exposure to numerous sexual partners and inconsistency in contraception such as condom use (WHO 2016).
- Most of the programmes that address HIV and sex work often focus on reducing risk by ending sex work or preventing people living with HIV from selling sex.
- Such laws may discourage sex workers from getting tested, or from seeking treatment. (EngenderHealth 2009)

EngenderHealth, GNP+, ICW, IPPF, UNAIDS, Young Positives. Advancing the Sexual and Reproductive Health and Human Rights of People Living With HIV: A Guidance Package. Amsterdam: The Global Network of People Living with HIV/AIDS (GNP+); 2009.

World Health Organization. Consolidated Guidelines on HIV prevention, diagnosis, treatment and care for key populations: 2016 Update. World Health Organization; 2016.



Policies affecting populations at higher risk

2. Sex workers (continued)

- Policies and laws should empower sex workers, including those who are HIV positive to protect and care for their own health as well as that of their clients.
- Laws should also provide sex workers with confidential and voluntary HIV testing and treatment as well as HIV and other STI prevention and management.
- Where sex work is illegal, policies should protect those who have been forced into sex work instead of prosecuting them. They should receive appropriate counselling, care and support.



Policies affecting populations at higher risk

3. Drug users

- Worldwide, an estimated 13 million people inject drugs, while millions more use non-injected drugs. Needle sharing among injecting drug users accounts for some 10% of HIV infections globally (WHO 2017).
- The risk of being infected by HIV is estimated, using data from 49 different countries, to be 22 times greater for people who inject drugs than the overall global population. 11 of the countries involved in this study showed the risk to be 50 times greater or more for drug users (WHO 2017).
- Using drugs is highly stigmatised at general population and health care workers levels (EngenderHealth 2009).
- Drug users may also be unable or unwilling to seek services for fear of accusation or incarceration (EngenderHealth 2009).



Policies affecting populations at higher risk

3. Drug users (continued)

Harm Reduction Programmes:

- Harm reduction programmes such as sterile needle and syringe exchange programmes have proven effective and are considered an international 'best practice' in HIV prevention (Beyrer 2010).
- Some governments have adopted these programmes that allow anonymous needle exchanges and supervised injecting sites. When expanded HIV prevention services are made available at such sites, drug users can better access sexual and reproductive health services without fear of arrest (EngenderHealth 2009).
- The benefits of harm reduction programmes increase considerably when they go beyond syringe exchange alone to include HIV education, counselling, and referral to treatment options (EngenderHealth 2009).

Beyrer C, Malinowska-Sempruch K, Kamarulzaman A, Kazatchkine M, Sidibe M, Strathdee SA. Time to act: a call for comprehensive responses to HIV in people who use drugs. *The Lancet*. 2010;376(9740):551–563.

EngenderHealth, GNP+, ICW, IPPF, UNAIDS, Young Positives. *Advancing the Sexual and Reproductive Health and Human Rights of People Living With HIV: A Guidance Package*. Amsterdam: The Global Network of People Living with HIV/AIDS (GNP+); 2009.



Policies affecting populations at higher risk

4. Men who have sex with men

- HIV infection throughout populations of men who have sex with men continue to increase around the world. A man who engages in intercourse with men has, on average, 13 times more risk of testing HIV positive.
- The risks seem to be elevated for this key population due to the effectiveness of HIV transmission through anal intercourse being higher than through vaginal intercourse.
- Other reasons for this higher prevalence of infection are engaging in intercourse without using condoms, having multiple sexual partners, and the high rates of injecting drug users who are also within this population.



Policies affecting populations at higher risk

4. Men who have sex with men (continued)

- Sex between men occurs in every culture and society, though it is not always publicly acknowledged.
- In many countries sex between men is socially disapproved and in some countries it is legally prohibited.
- Health workers and employers may discriminate against men who have sex with men and police may harass or arrest them. As a result, men who have sex with men may not seek testing and medical care.
- All people are entitled to the full protection of their human rights, regardless of their sexual orientation or gender identity.
- In March 2007, international human rights experts released the Yogyakarta Principles which specifically apply existing international human rights laws to issues of sexual orientation and gender identity.



Policies affecting populations at higher risk

5. Transgender people

- Data shows that the prevalence of HIV infection within the transgender women populations are as high as, or higher, than within the populations of men who have sex with men in many countries around the world (WHO 2016).
- Transgender people may face difficulty getting HIV treatment, care, and support for fear of discrimination based on their transgender identity.
- They may be verbally harassed and mistreated, excluded from health care programmes, or health workers do not know how to provide appropriate care to them.
- The stigmatisation of transgender people increases their risk of HIV infection and diminishes their ability to obtain HIV-related care and treatment.
- The legal status of transgender people varies from country to country.
- To improve access to services, governments should legally recognise transgender people rights. (EngenderHealth 2009)



Policies affecting populations at higher risk

6. Prisoners

- HIV/AIDS is a serious health threat for prison populations in many countries (ICJ 2007).
- HIV infection is seen more often in prisoners as well as people who work in prisons or who have family members in prisons in many countries (WHO 2016).
- This effect may be due to the lack of availability in safe sex methods, such as condoms, as well as overcrowding, which leads to having multiple sexual partners, high rates of sexual violence and drug use in these settings (WHO 2016).
- HIV prevalence is seen to be higher in women prisoners than men (WHO 2016).
- The prisoners should receive the same access to health care that is available outside of prison including HIV treatment and care (ICJ 2007).

International Commission of Jurists (ICJ). Yogyakarta Principles: Principles on the application of international human rights law in relation to sexual orientation and gender identity. International Commission of Jurists (ICJ); 2007.

World Health Organization. Consolidated Guidelines on HIV prevention, diagnosis, treatment and care for key populations: 2016 Update. World Health Organization; 2016.



Policies affecting populations at higher risk

7. Migrants, refugees and internally displaced people

- Providing these groups of population with better HIV prevention, care, and treatment, as well as sexual and reproductive health care more generally, would have broad public health benefits for the receiving communities as well as among migrants themselves.
- In some countries, governments mandate HIV testing of refugees and internally displaced persons due to a mistaken belief that this will help in preventing HIV transmission.
- As among the general population, HIV testing among these groups of population should be voluntary and confidential.
- These population groups should also receive appropriate counselling, treatment and care.



Conclusion

- Human rights and public health require that health care and legal systems support the sexual and reproductive health and rights of people living with HIV.
- People living with HIV have the right to healthy and satisfying sex lives.
- Laws should protect this right and the health system should provide appropriate services to ensure their sexual and reproductive health are cared for, regardless of who they are and which subpopulation they are a part of.



References

- AVERT. HIV Stigma and Discrimination. AVERT; 2017. Available from: <https://www.avert.org/professionals/hiv-social-issues/stigma-discrimination>
- Beyrer C, Malinowska-Sempruch K, Kamarulzaman A, Kazatchkine M, Sidibe M, Strathdee SA. Time to act: a call for comprehensive responses to HIV in people who use drugs. *The Lancet*. 2010;376(9740):551–563. Available from: <https://www.sciencedirect.com/science/article/pii/S0140673610609282>
- CDC. CDC Fact Sheet: Today's HIV/AIDS Epidemic. Centers for Disease Control and Prevention; 2016. Available from: <https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/todaysepidemic-508.pdf>
- CDC. HIV in the United States: At A Glance. Centers for Disease Control and Prevention; 2017. Available from: <https://www.cdc.gov/hiv/statistics/overview/ataglance.html>
- EngenderHealth, GNP+, ICW, IPPF, UNAIDS, Young Positives. Advancing the Sexual and Reproductive Health and Human Rights of People Living With HIV: A Guidance Package. Amsterdam: The Global Network of People Living with HIV/AIDS (GNP+); 2009. Available from: http://www.who.int/reproductivehealth/topics/linkages/guidance_package.pdf?ua=1
- Gray RH, Kigozi G, Serwadda D, Makumbi F, Watya S, Nalugoda F, Kiwanuka N, Moulton LH, Chaudhary MA, Chen MZ, others. Male circumcision for HIV prevention in men in Rakai, Uganda: a randomised trial. *The Lancet*. 2007;369(9562):657–666. Available from: <https://www.sciencedirect.com/science/article/pii/S0140673607603134>
- International Commission of Jurists (ICJ). Yogyakarta Principles: Principles on the application of international human rights law in relation to sexual orientation and gender identity. International Commission of Jurists (ICJ); 2007. Available from: <http://www.refworld.org/docid/48244e602.html>
- UNAIDS. Fact sheet - Latest statistics on the status of the AIDS epidemic. UNAIDS; 2017. Available from: <http://www.unaids.org/en/resources/fact-sheet>
- World Health Organization. Consolidated Guidelines on HIV prevention, diagnosis, treatment and care for key populations: 2016 Update. World Health Organization; 2016. Available from: <http://www.who.int/hiv/pub/guidelines/keypopulations-2016/en/>
- World Health Organization. HIV/AIDS: People who inject drugs. World Health Organization; 2017. Available from: <http://www.who.int/hiv/topics/idu/about/en/>
- World Health Organization. HIV/AIDS. Fact sheet. World Health Organization; 2018. Available from: <http://www.who.int/mediacentre/factsheets/fs360/en/>