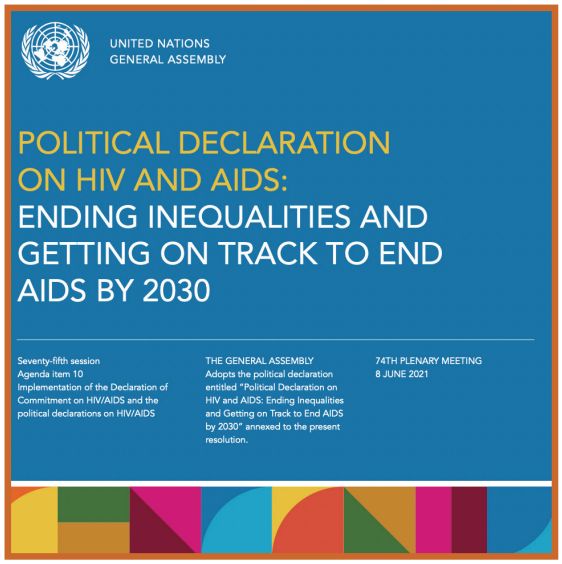
With support from the UNAIDS Regional Support Team for East and Southern Africa

SUMMARY BRIEF:

EAST AND SOUTHERN AFRICA CIVIL SOCIETY CONSULTATION ON THE SIGNIFICANCE OF AND OPPORTUNITIES PRESENTED BY THE INEQUALITIES FOCUS OF THE GLOBAL AIDS STRATEGY AND POLITICAL DECLARATION ON ENDING AIDS BY 2030 FOR THE HIV RESPONSE IN EAST AND SOUTHERN AFRICA

Introduction

It is no coincidence that east and southern Africa remains the region in the world most heavily affected by HIV, accounting for approximately 55% of all people—and two thirds of all children—living with HIV. Neither is it a coincidence that an estimated 58% of those infections were among women and girls or that key populations and their sexual partners accounted for 32% of new infections in 2020[i]. The role of inequalities in the distribution and outcome of infectious diseases has long been recognised. As far back as 1848 Rudolf Virchow, a German pathologist, in his report on the 1848 typhus epidemic, emphasized the economic, social, and cultural factors involved in its etiology, and clearly identified the contradictory social forces that prevented any simple solution. Instead of recommending medical changes (i.e., more doctors or hospitals), he outlined a revolutionary program of social reconstruction; including full employment, higher wages, the establishment of agricultural cooperatives and universal education.[ii]



This being so, inequalities should have been at the centre of the global AIDS response from the outset. This has not been the case.

The adoption in June 2021 by United Nations Member States of a set of new and ambitious targets in a Political Declaration on Ending AIDS by 2030: Ending Inequalities and Getting on Track to End AIDS by 2030, whilst long overdue, is to be welcomed. The Political Declaration is aligned to the recently adopted bold new UNAIDS Global AIDS Strategy 2021-2026: End Inequalities. End AIDS, which recognises that our failure to adequately address inequalities across multiple forms and dimensions, including those based on HIV status, gender, race, ethnicity, disability, age, income level, education, occupation, geographic disparities, migratory status and incarceration, which often overlap to compound each other, have contributed to our failure to reach the 2020 global HIV targets, and acknowledge that only by reducing these inequalities can we close the gaps for HIV prevention, testing, treatment and support by 2025 and put our countries back on course to end AIDS by 2030.

Despite the messages of early public health slogans — "AIDS Is for Everyone" and ''AIDS Does Not Discriminate''— some groups are at high risk of HIV infection, whereas others clearly are shielded from risk. AIDS is not for everyone, and social inequalities have and continue to powerfully sculpt both the distribution of HIV as well as the health outcomes of those affected. Inequality in its various and interwoven forms is in itself a pathogenic force at the centre of the AIDS epidemic and ending AIDS as a public health threat will simply not be possible unless inequality is addressed.

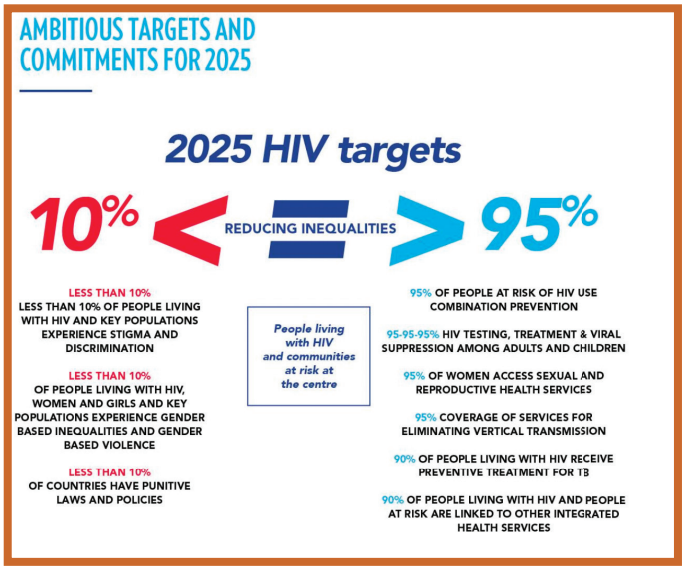
Inequalities in the HIV response remain stark and persistent—they block progress toward ending AIDS Decades of evidence and experience, synthesized in a comprehensive evidence review undertaken by UNAIDS in 2020, show that inequalities are a key reason why the 2020 global targets were missed. The inequalities that underpin stigma, discrimination and HIV-related criminalization, enhance people's vulnerability to acquire HIV and make people living with HIV more likely to die of AIDS-related illnesses. The majority of people who are newly infected with HIV and who are not accessing life-saving HIV services are from the key population groups and they live in vulnerable contexts, where inadequate political will, funding and policies prevent their access to health care.

The risk of acquiring HIV is 26 times higher among gay men and other men who have sex with men, 29 times higher among people who inject drugs, 30 times higher for sex workers, and 13 times higher for transgender people. Every week, about 4 500 young women aged 15–24 years acquire HIV. In sub-Saharan Africa, 5 in 6 new infections among adolescents aged 15–19 years are among girls. Young women are twice as likely to be living with HIV than men. Only 53% of children 0–14 years who are living with HIV have access to the HIV treatment that will save their lives.

A central reason why disparities in the HIV response remain so stark and persistent is that we have not successfully addressed the societal and structural factors that increase HIV vulnerability and diminish people's abilities to access and effectively benefit from HIV services. Recognizing the equal worth and dignity of every person is not only ethical, it is critical for ending AIDS. Equal access to HIV services and the full protection of human rights must be realized for all people.[iii]

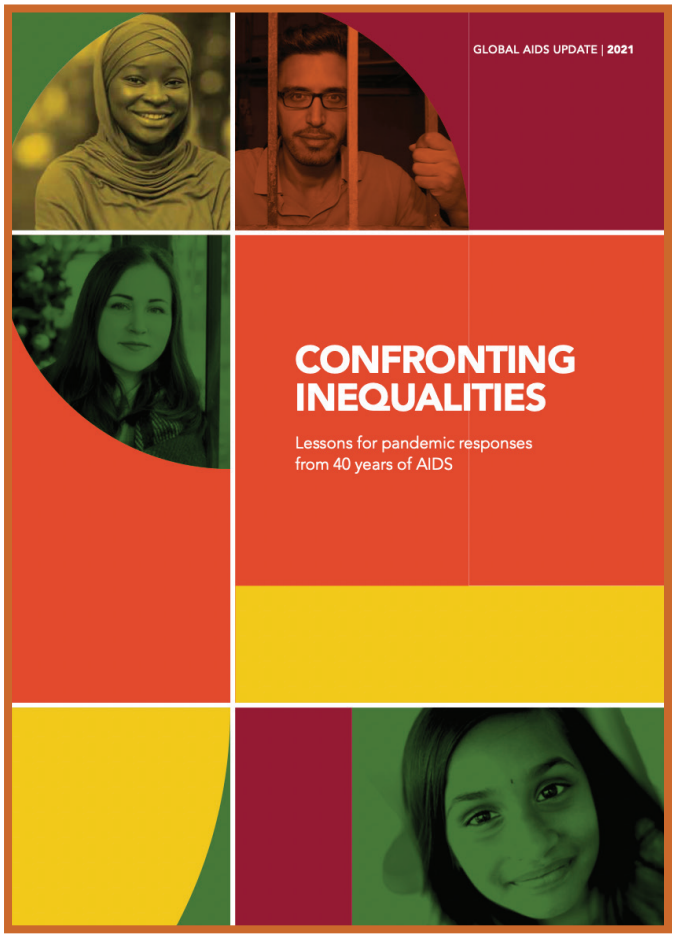
The Political Declaration recognises that key populations—gay men and other men who have sex with men, sex workers, people who inject drugs, transgender people and people in prisons and closed settings—are more likely to be exposed to HIV and face violence, stigma, discrimination and laws that restrict their access to HIV prevention and treatment services. It also recognises that inequalities across multiple forms and dimensions, whilst different in different national contexts, can include those based on HIV status, gender, race, ethnicity, disability, age, income level, education, occupation, geographic disparities, migratory status and incarceration and these often overlap to compound each other, and have contributed to the failure to reach the 2020 global HIV targets. Both the Global AIDS Strategy and the Political Declaration set out the following bold new targets to be reached by 2025 if we are to end AIDS as a public health threat by 2030:

- Ensure that less than 10% of countries have restrictive legal and policy frameworks that lead to the denial or limitation of access to services by 2025.
- They also committed to ensuring that less than 10% of people living with, at risk of or affected by HIV face stigma and discrimination by 2025; and
- Reducing to no more than 10 % the number of women, girls and people living with, at risk of and affected by HIV who experience gender-based inequalities and sexual and gender-based violence by 2025 (''the 10:10:10 targets'').



In the Political Declaration, the Member States also committed to increase and fully fund the AIDS response. They agreed to invest US$ 29 billion annually by 2025 in low- and middle-income countries. This includes investing at least US$ 3.1 billion towards societal enablers, including the protection of human rights, reduction of stigma and discrimination and law reform.

This Political Declaration comes at a time when the world continues to reel from the impact of the COVID-19 pandemic, which has further exacerbated existing inequities and

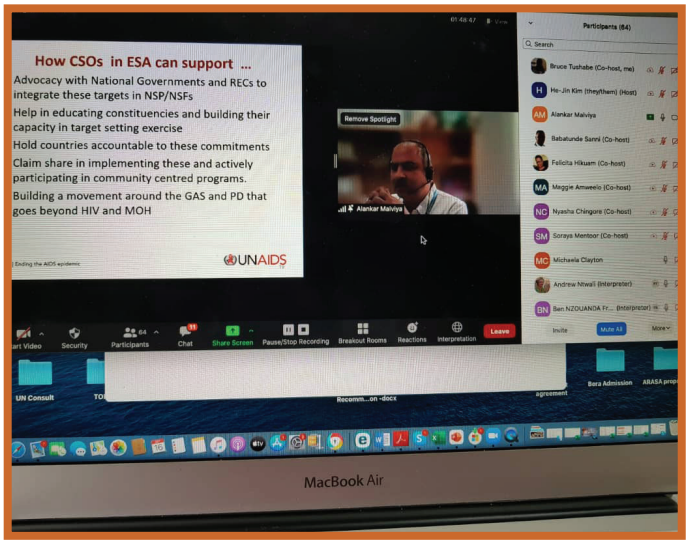


inequalities. The 2021 UNAIDS Global AIDS Update reported that people living with HIV are at a higher risk of severe COVID-19 illness and death, yet the vast majority are denied access to COVID-19 vaccines. Further, marginalized and criminalized populations and their sexual partners account for 65% of new HIV infections but are largely left out of both HIV and COVID-19 responses. These inequalities are particularly stark in sub-Saharan Africa, which continues to bear the brunt of new HIV infections and is home to 67 percent or two thirds of people living with HIV globally yet has disturbingly low vaccination rates. The highest rates of one-dose COVID-19 vaccination coverage in June 2021 were in Equatorial Guinea (19%), Botswana and Zimbabwe (9% each), and Namibia (6%). No other countries in the region exceeded 5%. As noted by UNAIDS in the 2021 Global AIDS Update, "after spending decades fighting for access to the HIV medicines available in rich countries, people living with HIV in the developing world are once again being denied their right to health by an international system that puts profits over people".[iv]

This brief presents the findings of an East and Southern Africa civil society consultation comprising a virtual consultation with 90 civil society organisations and an online survey completed by 73 civil society organisations. It identifies the myriad way in which the inequalities which fuel HIV and have been exacerbated by COVID 19 manifest themselves in the region as well as the communities most impacted by inequalities and provides recommendations for addressing inequalities in order to in order to reduce new HIV infections and end HIV as a public health threat in East and Southern Africa by 2030.

Methodology

The consultation was conducted in two parts: An online survey, which received 73 responses from 17 countries (Angola, Botswana, Comoros, DRC, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Tanzania, Uganda, Zambia, Zimbabwe) and a virtual online consultation, which was attended by 90 participants from 10 countries (Angola, Botswana, Kenya, Malawi, Namibia, South Africa, South Sudan, Tanzania, Uganda and Zimbabwe). Survey respondents and virtual consultation participants represented a spectrum of CSOs involved in the HIV response, including networks, and grassroots organisations to larger, more established organisations with national and regional reach. Constituencies of the participating organisations included people living with HIV, adolescent girls and young women, lesbian, gay, bisexual and transgender people, sex workers of all genders, and people who use drugs. Programmatic focus areas of the organisations included advocacy, human rights, community-based service delivery, provision of legal advice or legal assistance and capacity strengthening.



Findings

The state of equality in east and southern Africa

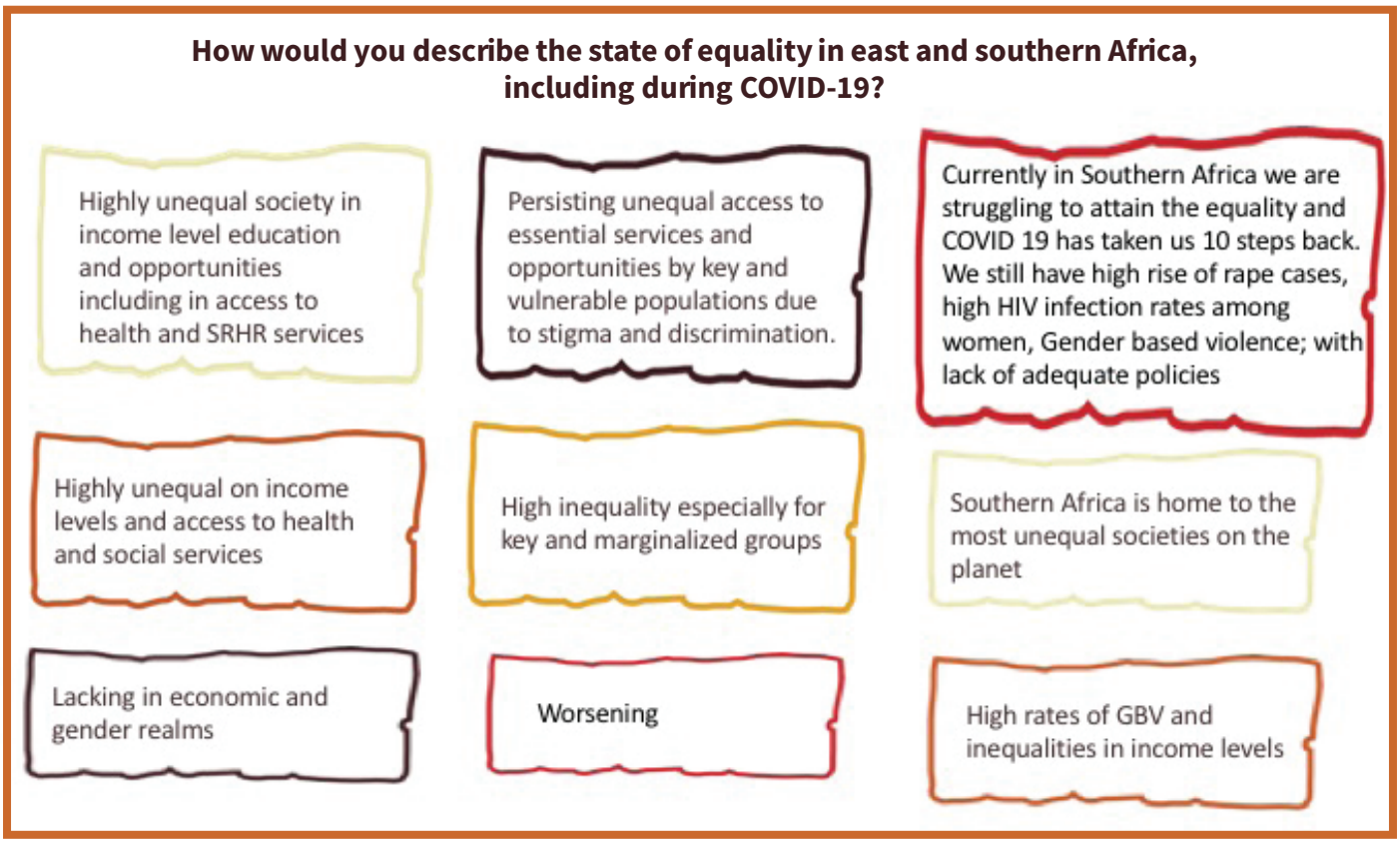
The gaps in HIV responses and resulting HIV infections and AIDS related deaths lie upon fault lines of inequality. From its beginning, the HIV epidemic has represented an acute health inequality, affecting some key populations much more disproportionately. Inequalities illustrate why the HIV response is working for some people, but not for others. Structural inequalities and determinants of health: education, occupation, income, home and community all have direct impact on health and HIV outcomes.[v]

Civil society identified high levels of inequality in the various countries in the region in respect of income, access to education and access to health and SRHR services, particularly for key and marginalised populations. These inequalities have been exacerbated by the impact of COVID 19, with the attendant lockdowns and restrictions on movement which have disrupted social and economic life and access to health services.

Whilst COVID 19 has exacerbated inequalities in our communities, it has also forced us to pay greater attention to inequality and the impact of inequality on the realisation of the right to health, including sexual and reproductive health.

''Currently in southern Africa we are struggling to attain the inequality and COVID 19 has taken us 10 steps back.''

How would you describe the state of equality in east and southern Africa, including during COVID-19?



''It has become clear that inequality can no longer be ignored as was possible pre COVID-19.''

Which group/ constituency is most vulnerable to HIV due to inequalities, including during COVID-19?

Adolescent girls and young women face barriers to accessing sexual and reproductive health and HIV services in the form of stigma and discriminatory attitudes at the hands of health care workers when accessing sexual and reproductive health and HIV prevention and treatment services. They also face breaches of confidentiality, in particular in health care settings where different sexual and reproductive health services are provided on different days of the week and entry is controlled by security guards who demand to know the nature of the services being sought. This situation was exacerbated by COVID as sexual and reproductive health services were suspended in many health facilities.

Similar barriers are faced by criminalised populations including sex workers, men who have sex with men and people who use drugs, who also face stigma and discriminatory attitudes from health care workers when accessing sexual and reproductive health and HIV prevention and treatment services.

Sex workers are harassed and arrested by law enforcement officers and are often forced to engage in sex with law enforcement officers in order to secure their release from detention. As a result, sex workers are reluctant or unable to to seek the assistance of law enforcement officers in cases of rape or other forms of sexual and gender-based violence. Curfews and restrictions on movement during COVID compromised the ability of sex workers to work and to earn an income, thus further increasing their vulnerability to HIV.

Gender inequality undermines women's bodily and economic autonomy and prevents many women from insisting on condom use or other forms of safer sex with their sexual partners. Gender inequality also results in more adolescent boys than adolescent girls completing their secondary education, compromising the latter's ability to access information and to secure formal employment and increasing their vulnerability to HIV. Lockdowns and closure of schools as a result of COVID resulted in an increase in gender-based violence as well as an increase in teenage pregnancy, and the loss of income by women who constitute the majority of the informal trading sector and thus increased vulnerability to HIV by women and adolescent girls and young women.

People living in rural areas where health facilities are few and far between are less able to access HIV prevention and treatment than those in urban areas with easier access to health facilities. This was exacerbated by COVID with the attendant travel restrictions, hikes in transport costs and suspension of government and civil society mobile health outreach services.

Homeless people and people living in poverty are less able to access HIV prevention and treatment services and to adhere to HIV treatment.

''Southern Africa is home to the most unequal societies on the planet.''

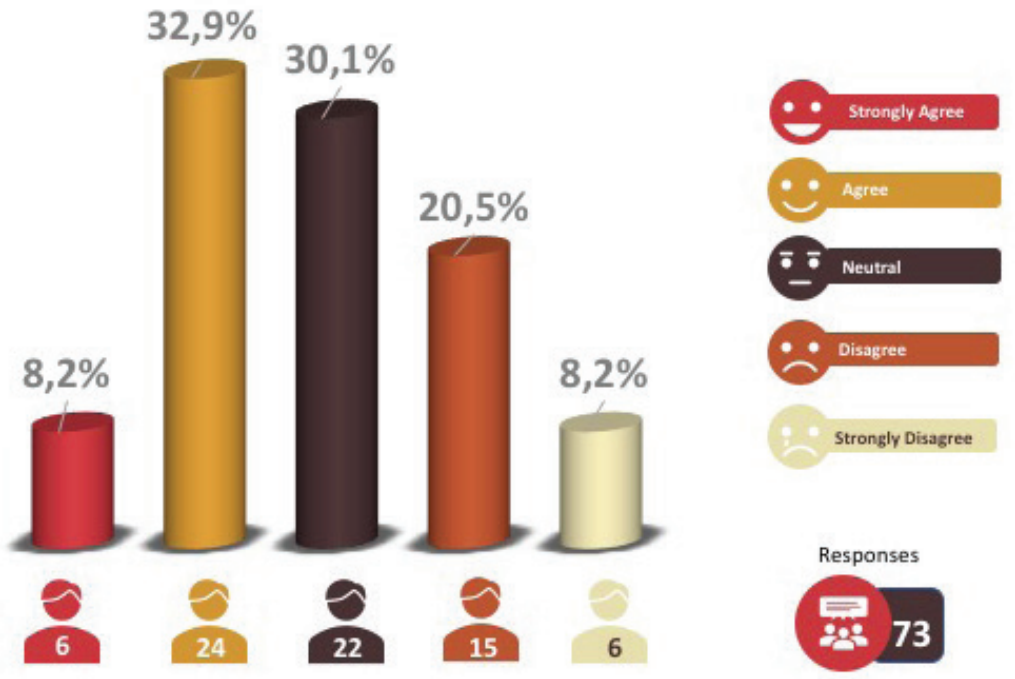
In line with these manifestations of inequality identified by civil society in the course of the consultation, adolescent girls and young women as well as sex workers were named as the communities who are most vulnerable to HIV as a result of inequalities.

Limited understanding of the link between inequality and HIV and of interventions to effectively address inequalities

An inequalities lens requires an understanding of the nature and causes of inequalities in different locations and among different population groups, and how they interact with HIV. Focusing on where, why and for whom the HIV response is not working can help identify the additional or modified actions needed to achieve better and more equal programmatic outcomes. By using an inequalities lens, countries, communities, UNAIDS and partners can craft better evidence-based approaches to reduce or eliminate inequalities, identify where modifications in approaches are needed and strengthen efforts to monitor progress towards ending AIDS as a public health threat.[vi]

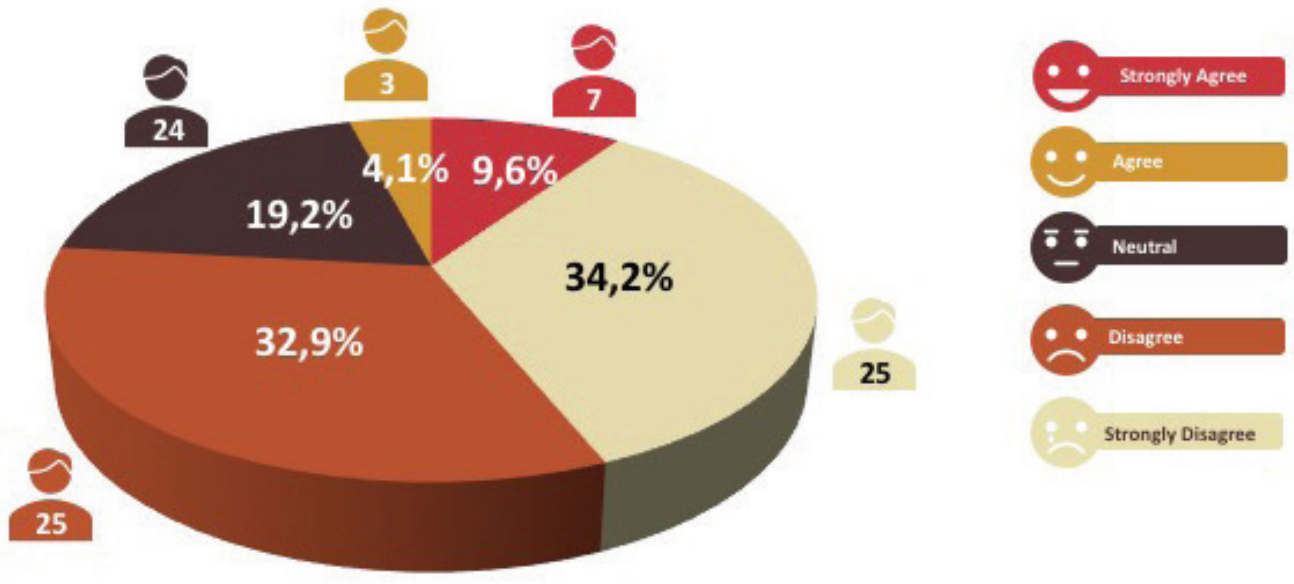
Civil society expressed concern about the apparent lack of understanding on the part of government officials and policy makers in their countries of the link between inequality and HIV. Over 60% of respondents to the online survey disagreed with the statement that government officials, other duty bearers and policy makers in their country have a good understanding of the link between inequality and HIV. Of these 37% strongly disagreed with this statement.

Our government is taking effective steps to end all inequalities faced by people living with, at risk of and affected by HIV and by communities, which are barriers to ending AIDS



Similarly, civil society also expressed concern that duty bearers and policy makers in their countries do not have sufficient knowledge and understanding of how to effectively address inequalities that fuel HIV. 67.1% of respondents to the online survey disagreed with the statement that duty bearers and policy makers in their countries know what interventions effectively address inequalities linked to HIV, of which 34.2% strongly disagreed.

Duty bearers and policymakers in my country know what interventions effectively address inequalities in linked to HIV.



Creating an enabling legal and policy environment

Punitive laws, the absence of enabling laws and policies, and inadequate access to justice contribute to the inequalities that undermine HIV responses.

Ending criminalization and discrimination — and passing rights-protective laws — are necessary to end AIDS.

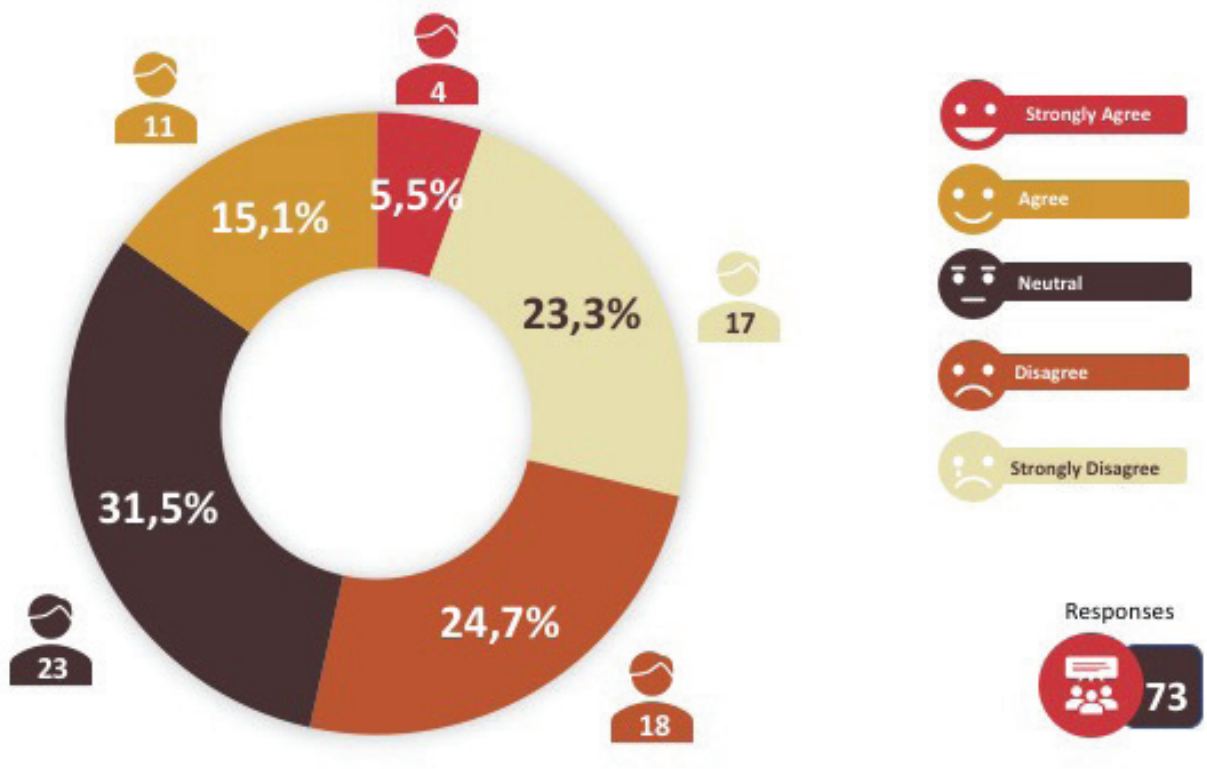
A recent study[vii] of the impact of laws on the HIV response shows that:

The AIDS response was less successful in countries with laws that criminalize same-sex sex, sex work, and drug use:
Same-sex sex criminalization was associated with 11% lower knowledge of HIV status and 8% lower viral suppression among people living with HIV (PLHIV).
Sex work criminalization was associated with 10% lower knowledge of status and 6% lower viral suppression.
Drug use criminalization was associated with 14% lower levels of both.
Criminalizing all three of these areas was associated with approximately 18%–24% worse outcomes.

On the other hand, countries with laws advancing non-discrimination, human rights institutions, and gender-based violence response had *better* outcomes and were associated with significantly higher knowledge of HIV status and higher viral suppression among PLHIV.
Non-discrimination protections were associated with 9.7% higher knowledge of HIV status and 10.7% higher viral suppression among PLHIV.
Independent human rights institutions were associated with 3% higher knowledge of HIV status and 3.3% higher viral suppression.
Gender-based violence laws were associated with 15.9% higher knowledge of HIV status and 16.2% higher viral suppression.

Despite the compelling evidence regarding the need to remove punitive laws and policies and to enact protective laws, it appears that not enough is being done in this regard. 48% of civil society respondents to the online survey disagreed with the statement that their governments are taking effective steps to remove punitive laws and policies that lead to the denial or limitation of access to services.

Our government is taking effective steps to remove punitive laws and policies that lead to the denial or limitation of access to services.



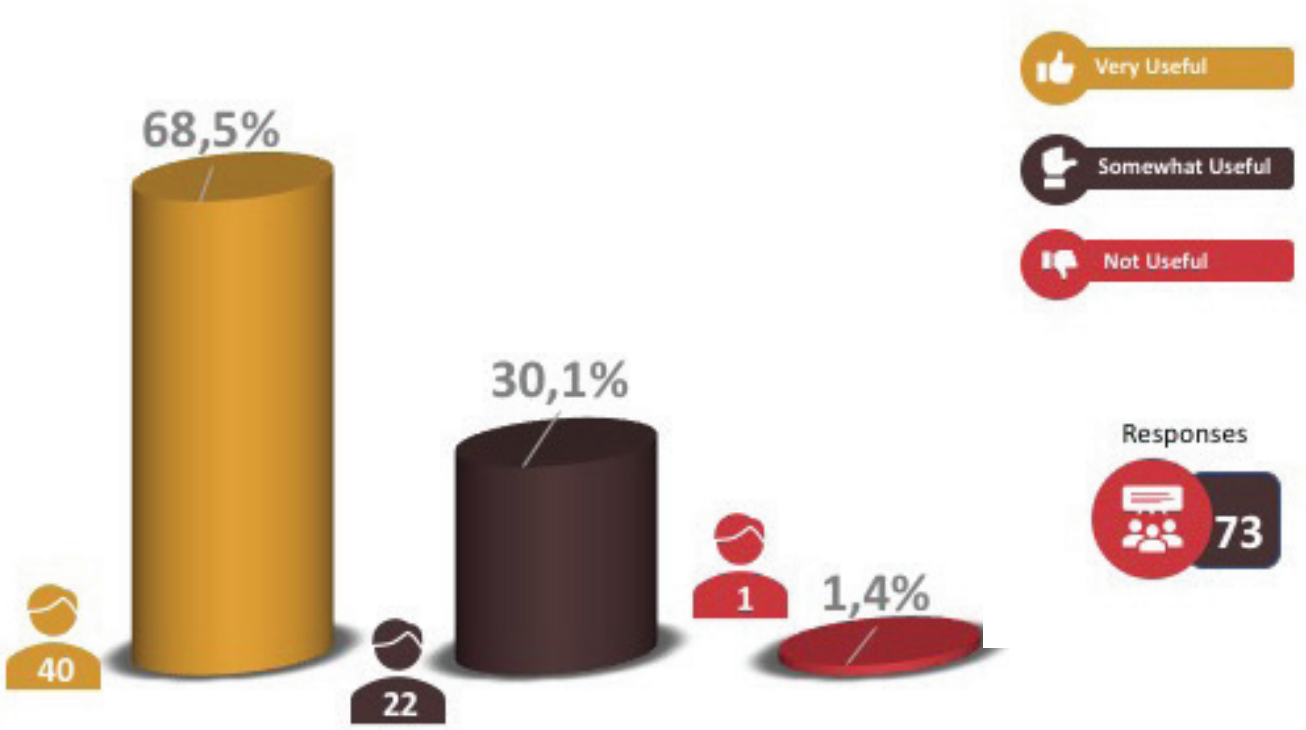
Using the inequalities lens to advance the HIV response

Inequalities mean that some people obtain immediate access to HIV prevention and treatment, while others must wait months or even years, with hundreds of thousands of people dying every year while waiting. Cutting-edge biomedical interventions and essential services reach only some people and some communities and countries. We cannot end AIDS unless we end these inequalities. The AIDS and COVID-19 pandemics follow, and deepen, societal fault lines. Inequalities exacerbate vulnerability to infectious diseases and magnify the impact of pandemics. Within countries, structural inequalities and inadequate funding mean that cutting-edge biomedical interventions and essential social services frequently cannot be reached by people and communities who need them most. HIV programmes designed to deliver the benefits of scientific advances are often not tailored to the complex needs and realities of people who experience these multiple, often intersecting inequalities.

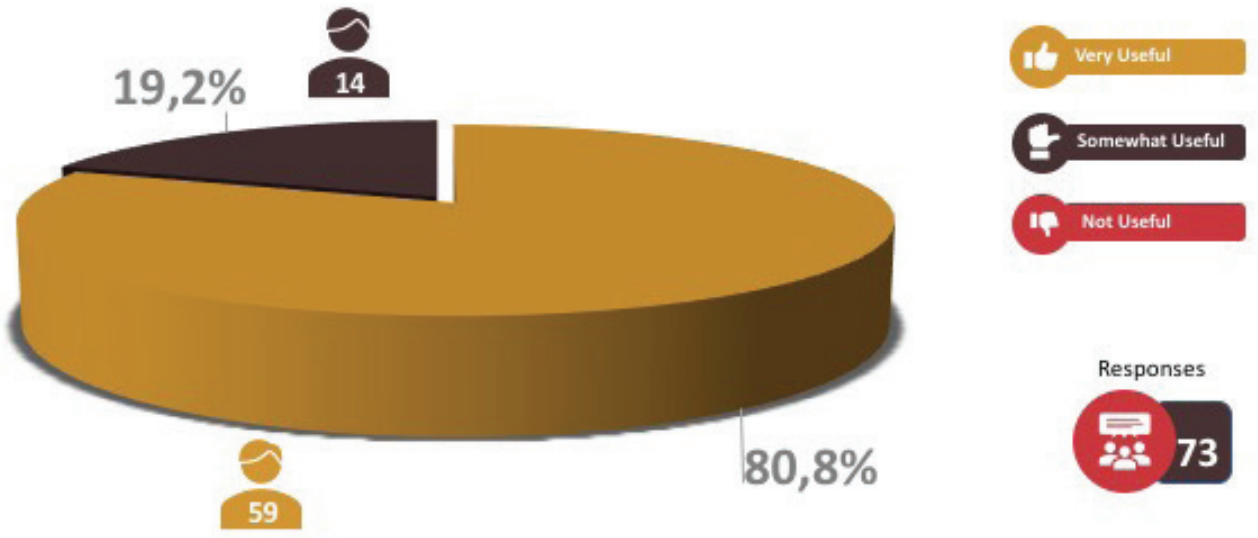
This is why the Global AIDS Strategy focuses on reaching the people and communities who are being left behind. It calls for understanding who and where these people and communities are, the patterns and causes of their vulnerability and marginalization, and why the efforts to date have not reached or not worked for them. It requires that we prioritize and scale up HIV programmes that put those people and communities at the centre of global, regional, national, subnational and community responses.[viii]

For many years, civil society has called for increased attention to and investment in addressing the social and structural barriers to an effective HIV response. It is thus not surprising that 68.5% of respondents to the online survey expressed the opinion that the inequalities lens that underpins the new Global AIDS Strategy and the 2021 Political Declaration is very useful for advancing their work and addressing the HIV-related needs of their communities and that 80.8% of respondents stated that they will use the inequalities focus as a basis for advocacy to remove the social and structural barriers to an effective HIV response.

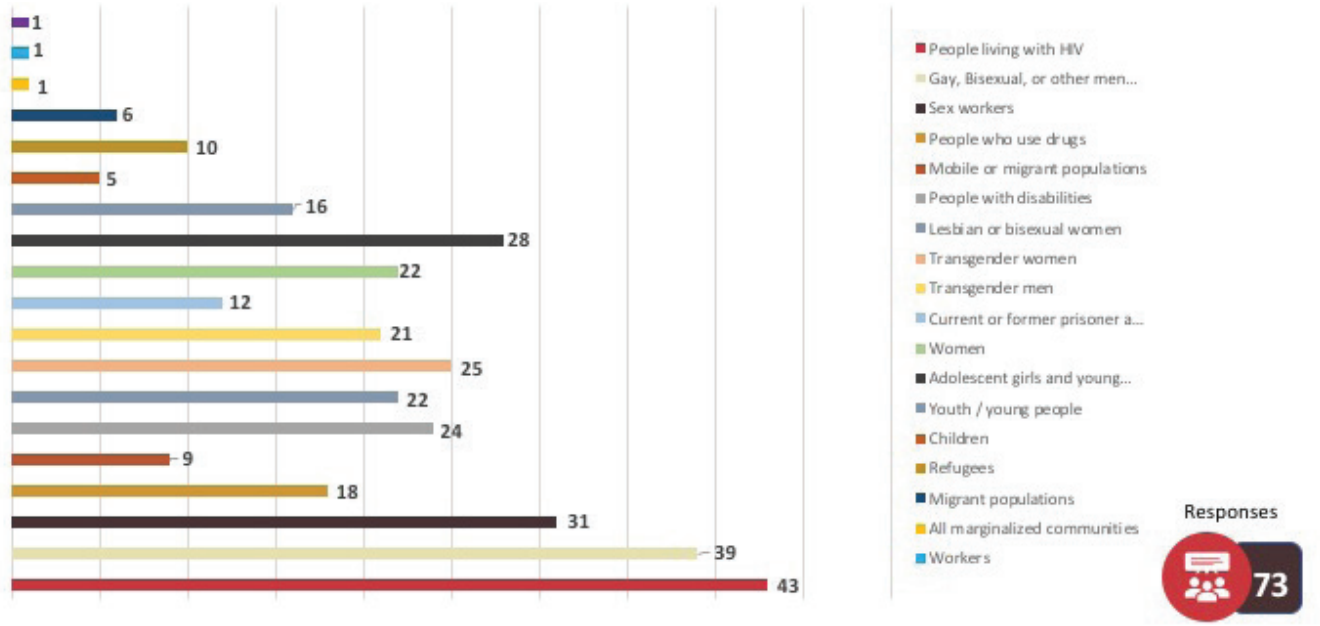
How useful is the inequalities lens for advancing your work and/ or addressing the HIV-related needs of your communi



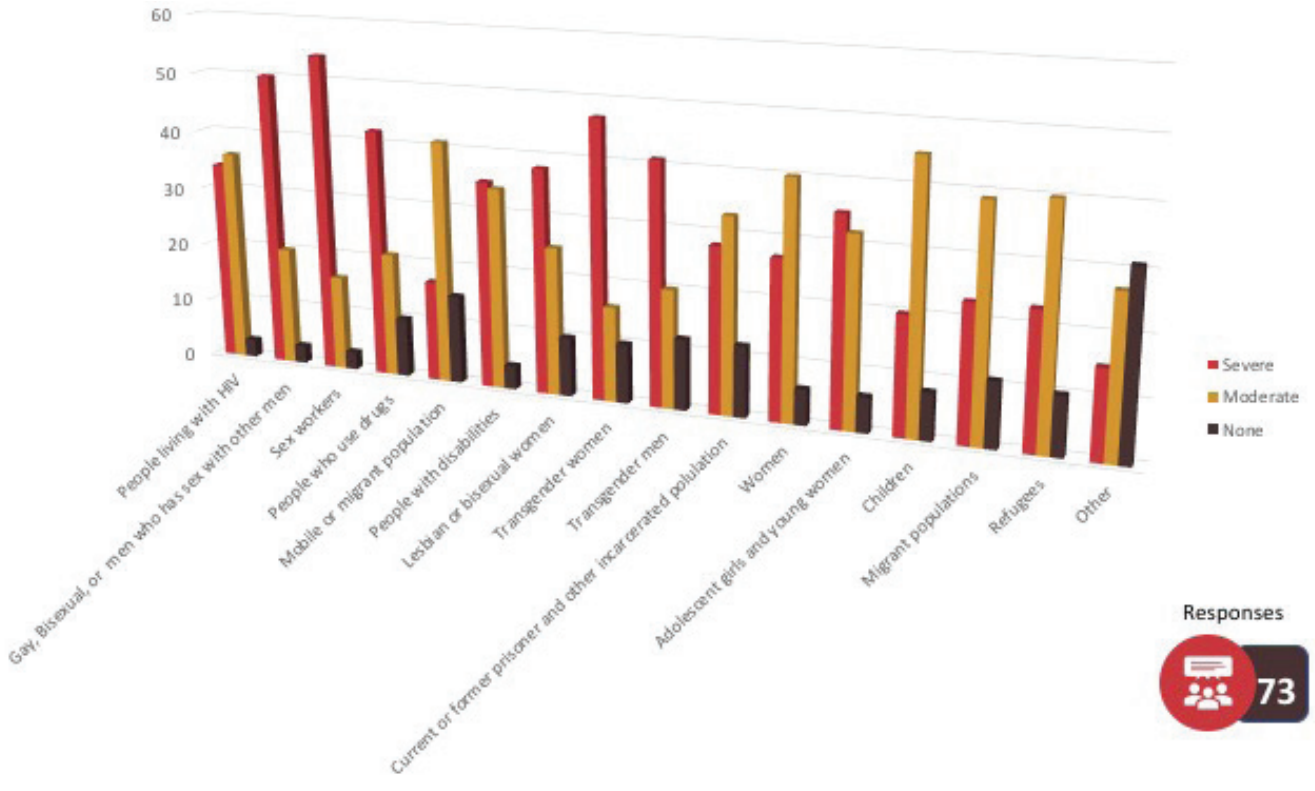
How likely is it that your organisation will use the inequalities focus of the Global AIDS Strategy 2021-2026 as a basis for advocacy for the removal of social and structural barriers to an effective HIV response?



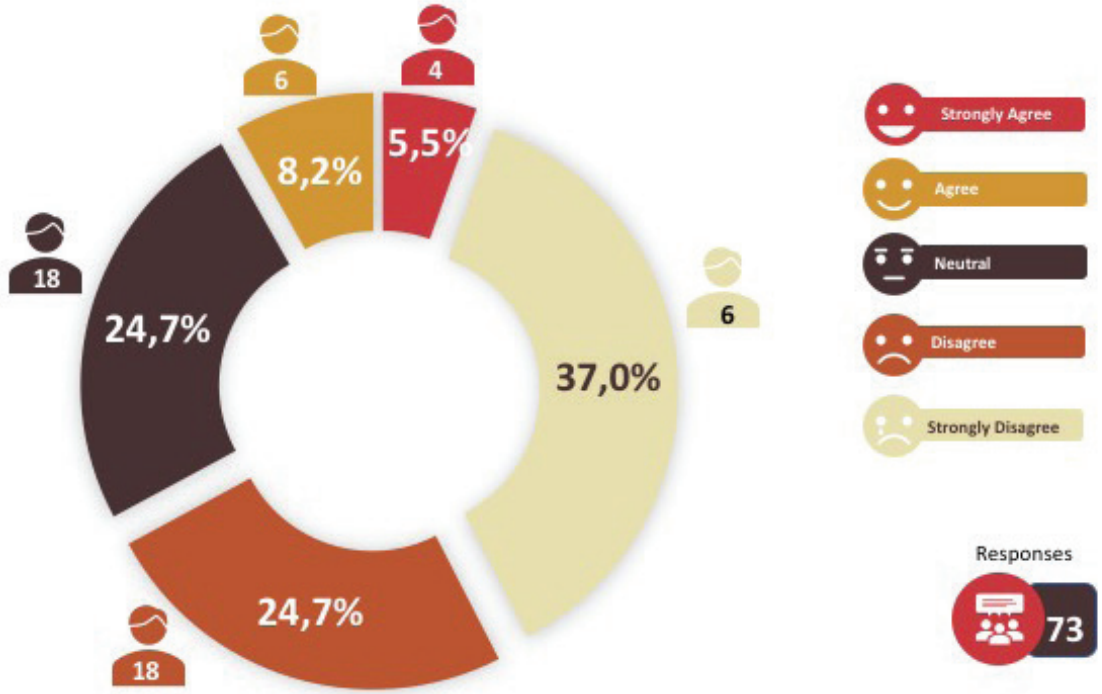
Which community/ies is/are most acutely impacted by inequalities?



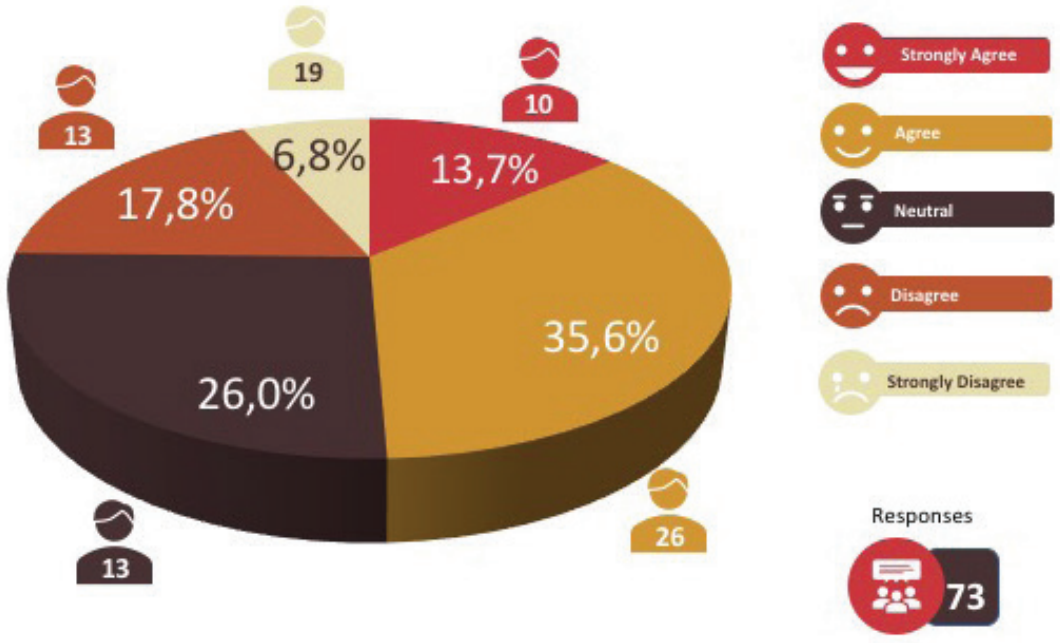
What is the level of impact of inequalities on each of the following communities?



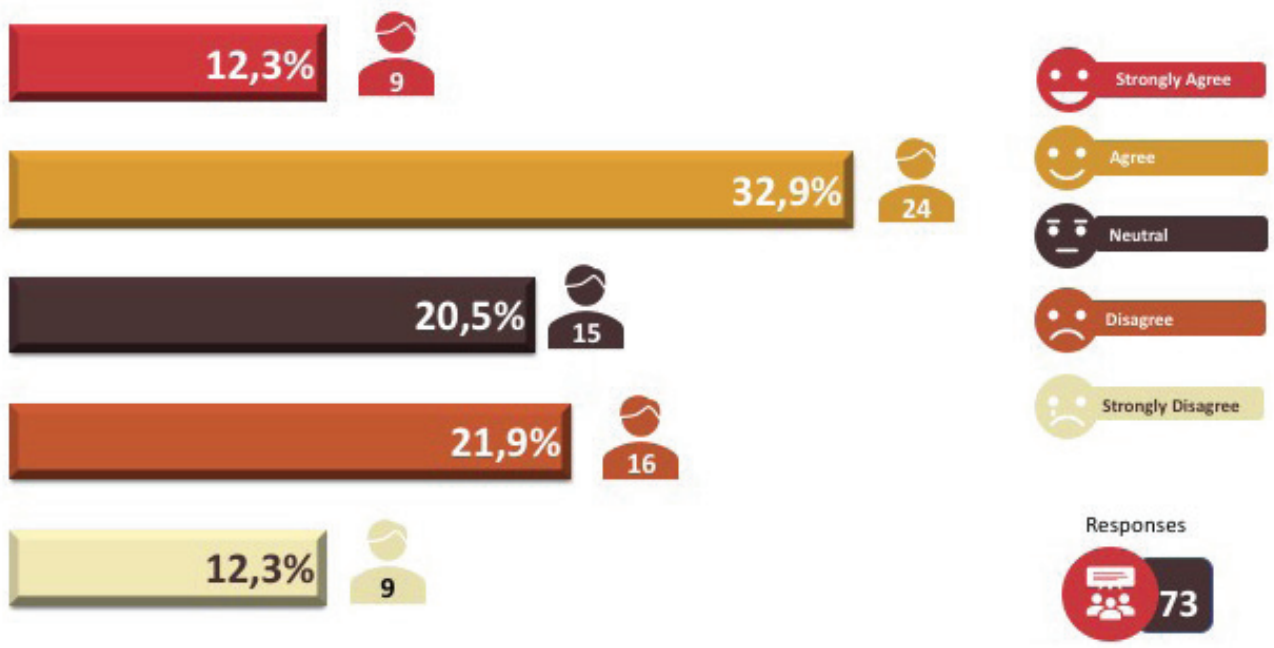
Governments officials, other duty bearers and policymakers in my country have a good understanding of the link between inequality and HIV.



Our government is taking effective steps to reduce stigma and discrimination against people living with HIV and key populations



Our government is taking effective steps to reduce gender-based inequalities and gender- based violence against people living with HIV, women and girls and key populations



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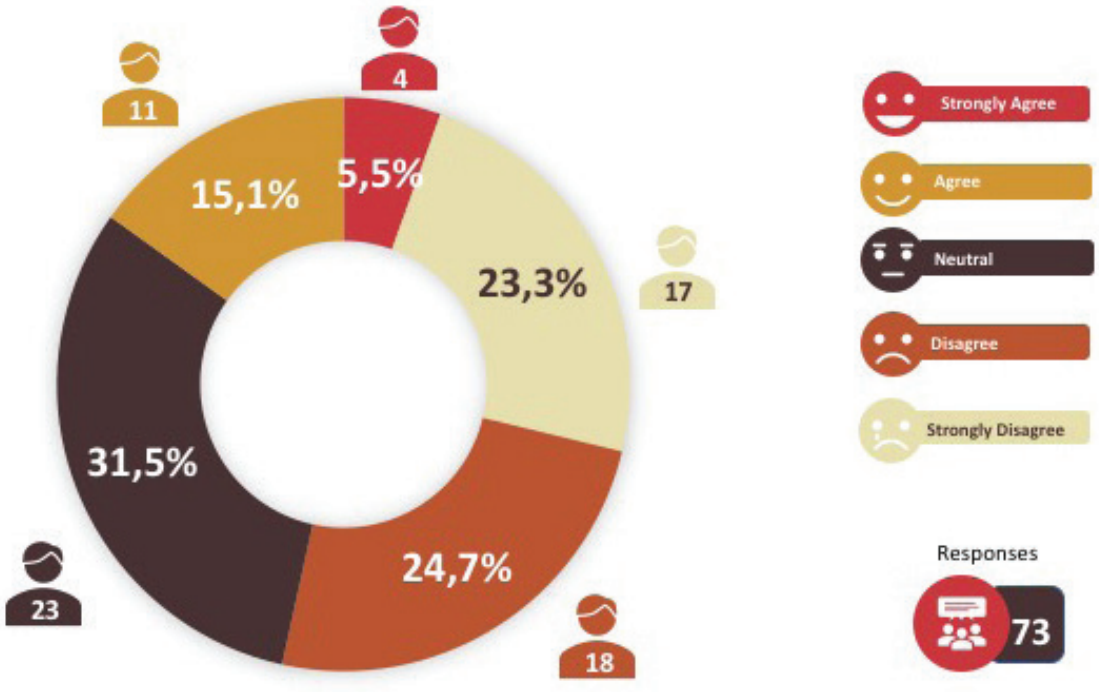
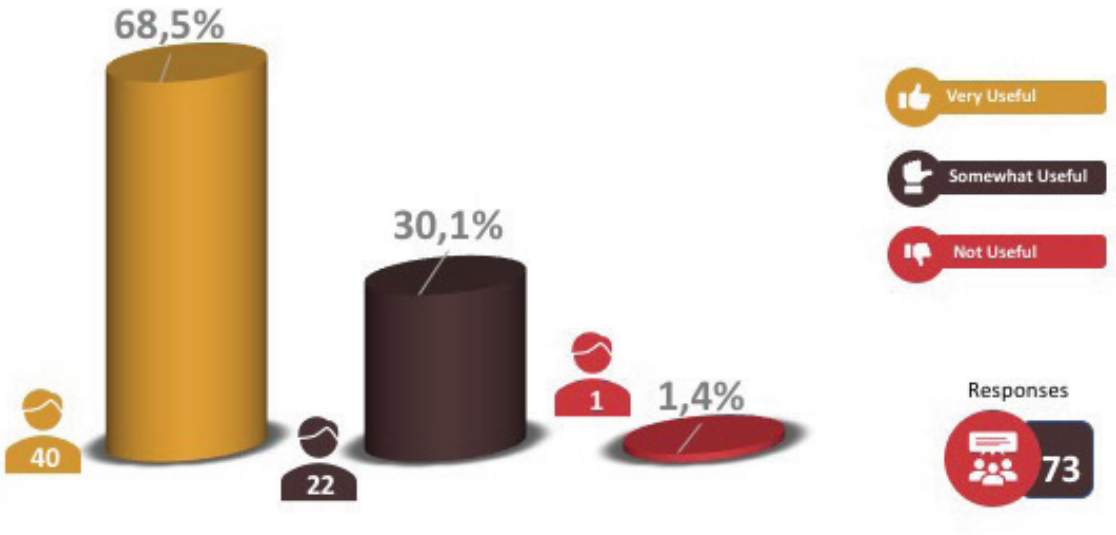
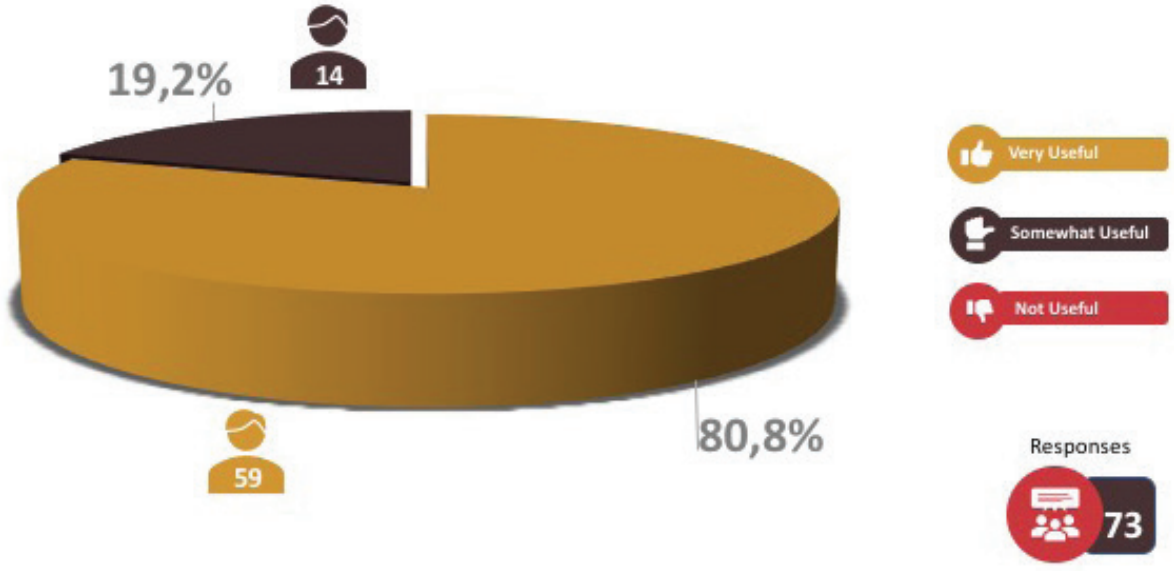


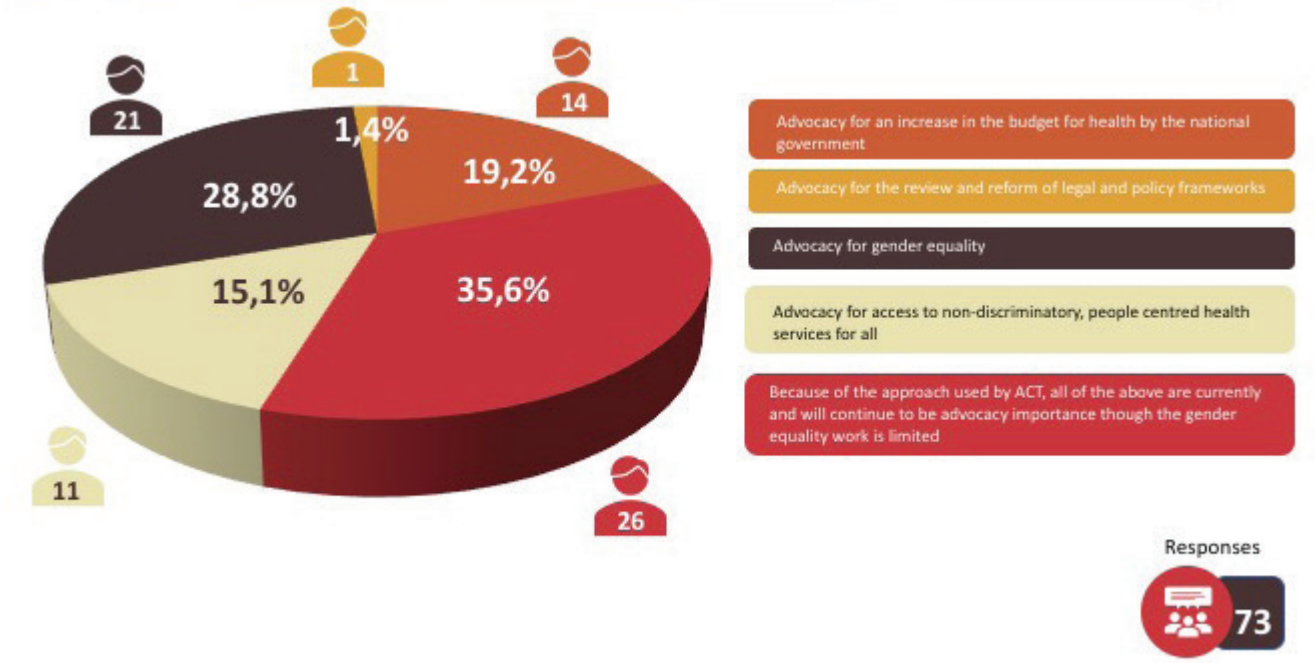
The Global AIDS Strategy 2021-2026 seeks to reduce the inequalities that drive the AIDS epidemic and uses an inequalities lens to identify, reduce and end inequalities that represent barriers to people living with and affected by HIV, countries and communities from ending AIDS. How useful is the inequalities lens for advancing your work and/ or addressing the HIV-related needs of your community?



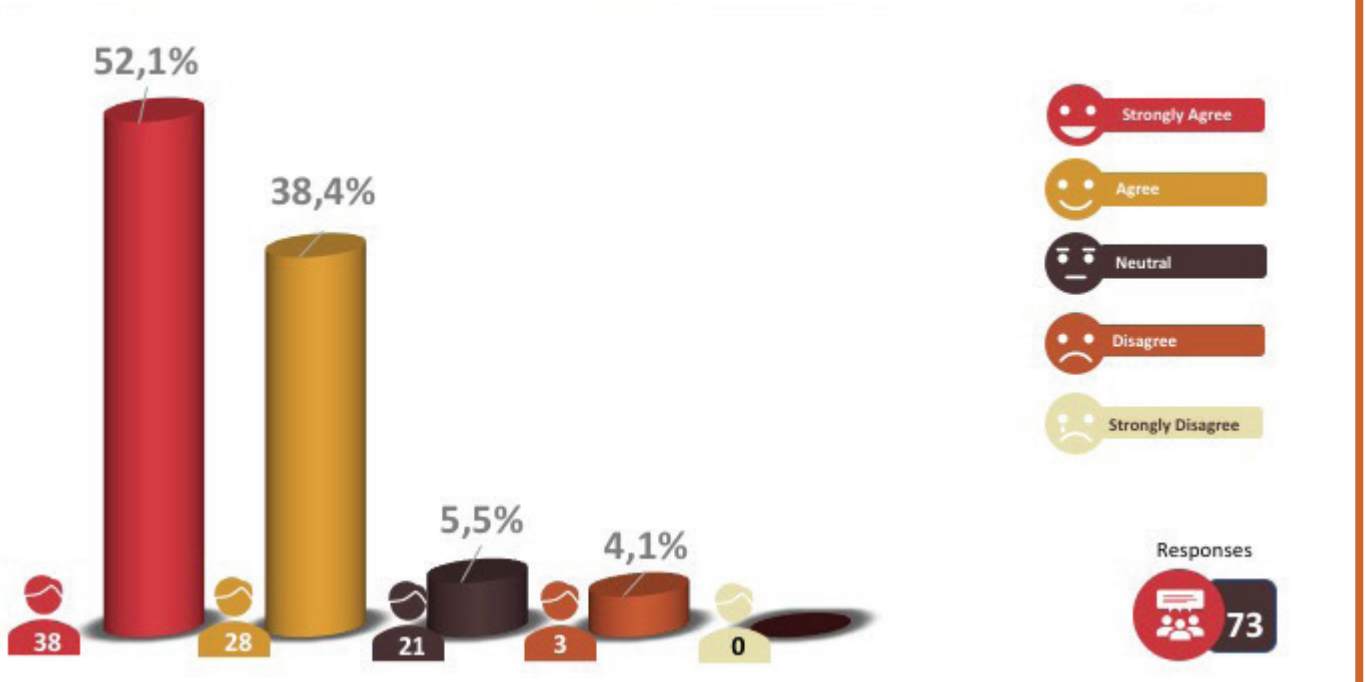
How likely is it that your organisation will use the inequalities focus of the Global AIDS Strategy 2021-2026 as a basis for advocacy for the removal of social and structural barriers to an effective HIV response?



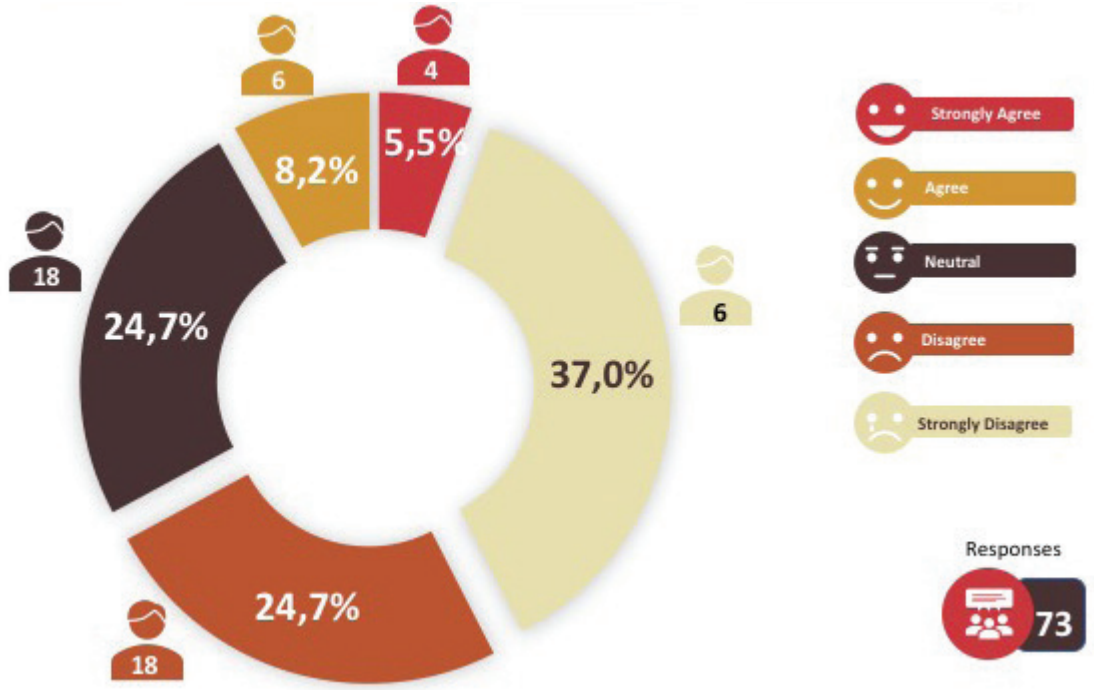
If it is likely, what will the focus of advocacy be?



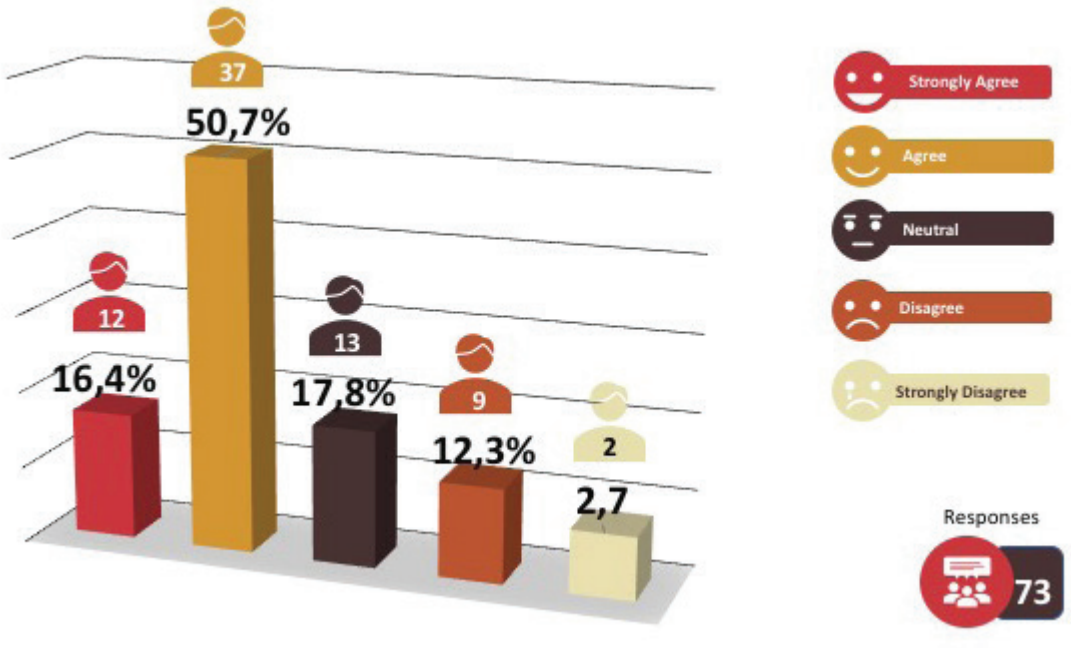
My organisation / constituency has a good understanding of the link between inequality and HIV



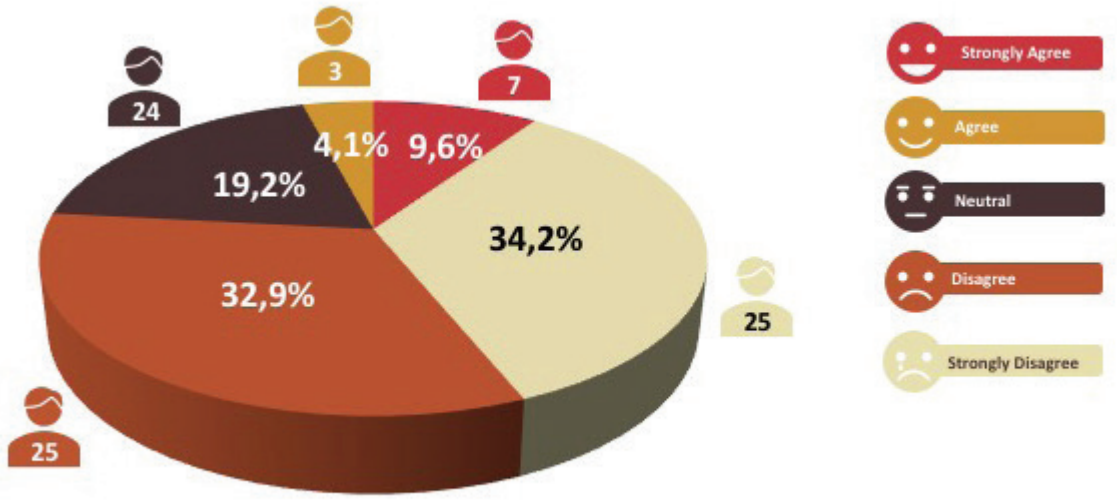
Governments officials, other duty bearers and policymakers in my country have a good understanding of the link between inequality and HIV



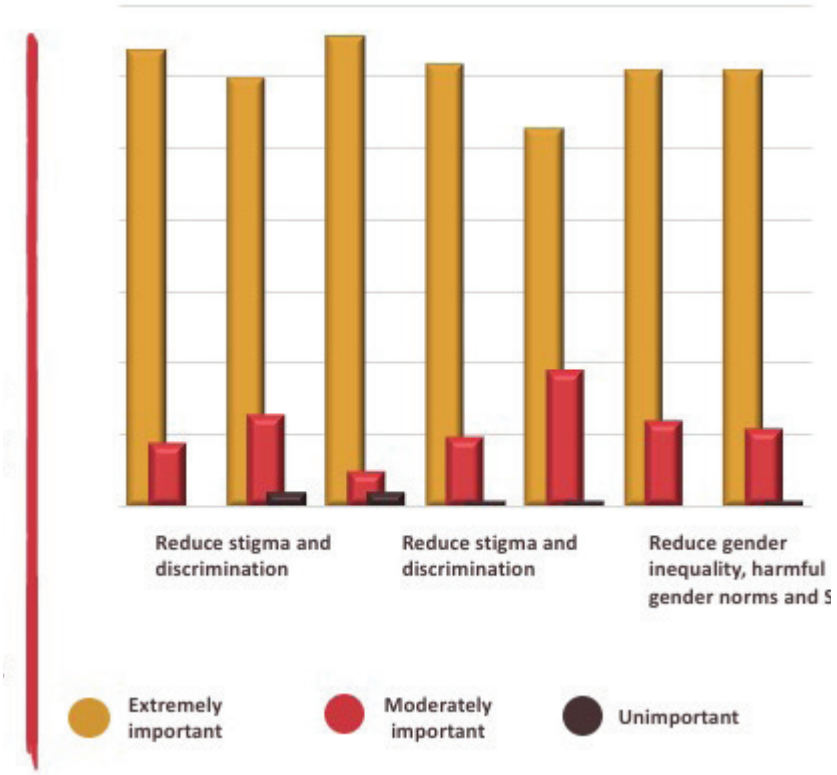
Civil society and communities in my country know what interventions effectively address inequalities linked to HIV



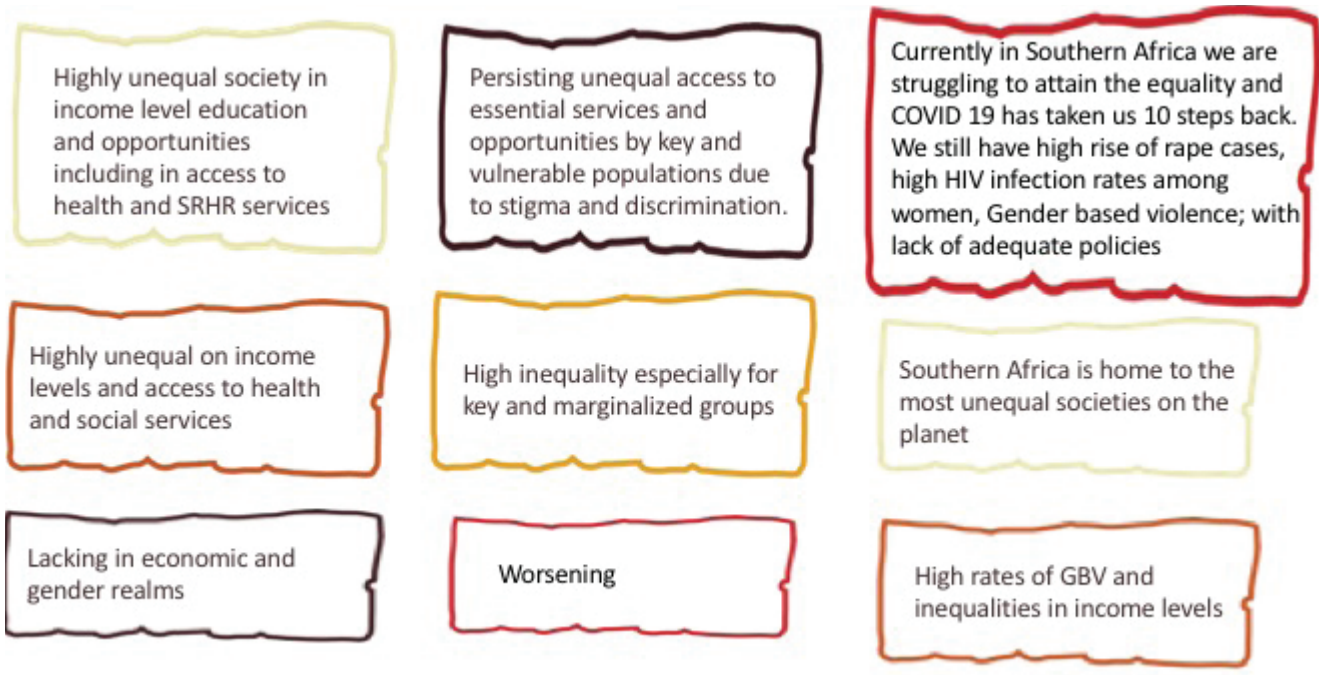
Duty bearers and policymakers in my country know what interventions effectively address inequalities in linked to HIV.



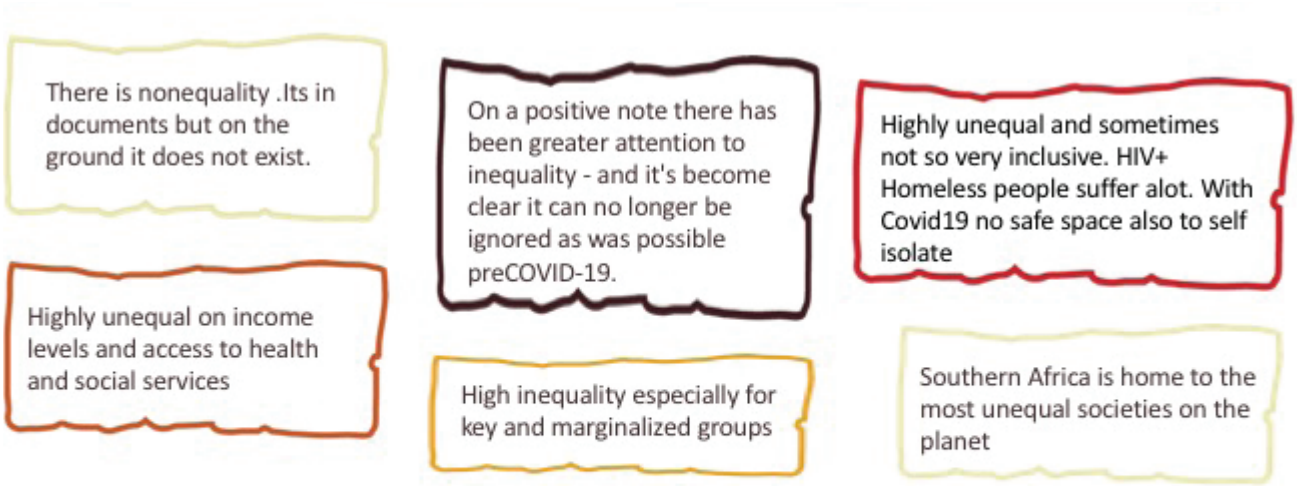
In the 2021 Political Declaration on ending AIDS, UN Member States committed to the following targets: 1) less than 10% of countries have restrictive legal and policy frameworks that lead to the denial or limitation of access to services by 2025; 2) less than 10% of people living with, at risk of or affected by HIV face stigma and discrimination by 2025; 3) reducing to no more than 10 % the number of women, girls and people living with, at risk of and affected by HIV who experience gender-based inequalities and sexual and gender-based violence by 2025. In your view, how important is it to scale up the following key programmes to address human rights and gender related barriers to HIV services in your country if these 10-10-10 targets are to be achieved?



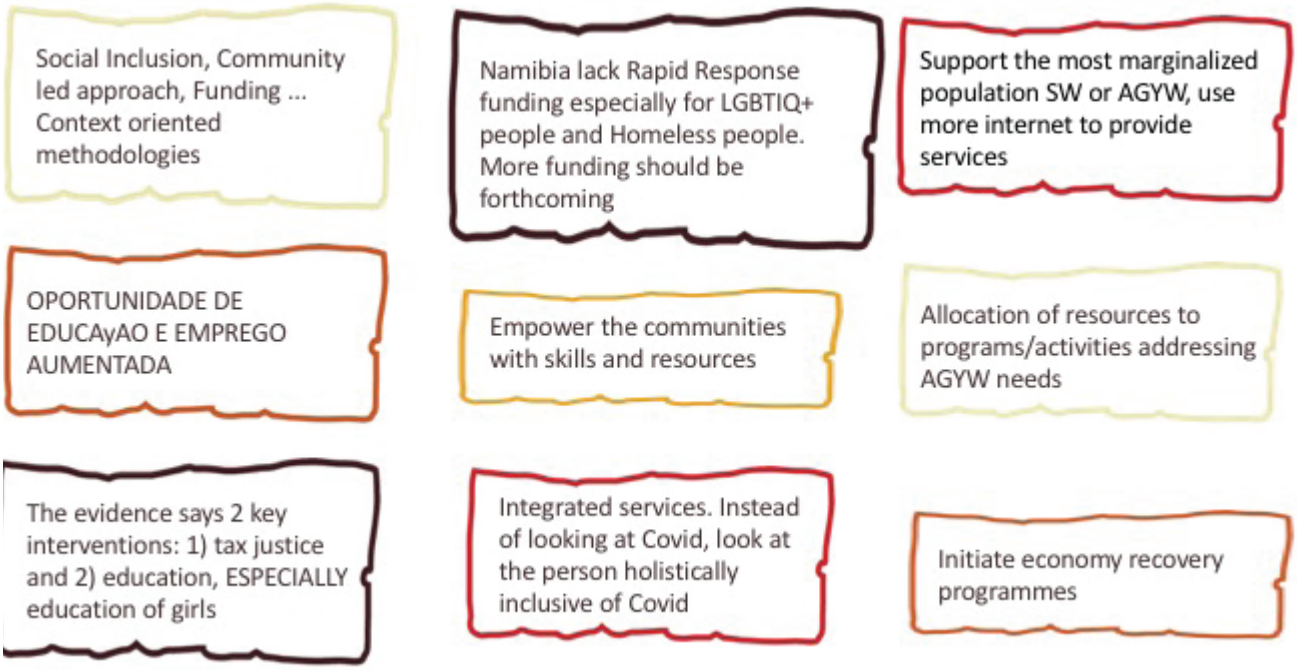
How would you describe the state of equality in east and southern Africa, including during COVID-19?



How would you describe the state of equality in east and southern Africa, including during COVID-19?



What can be done to effectively address inequality, including during COVID-19?



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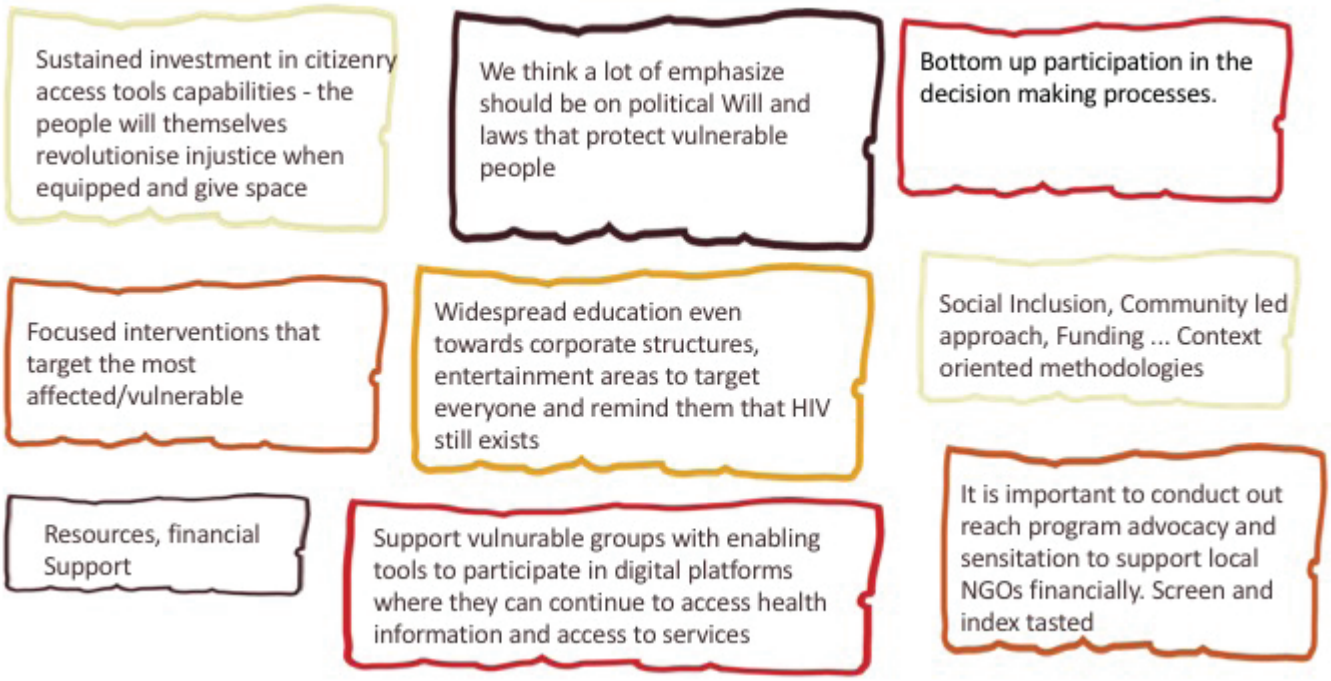

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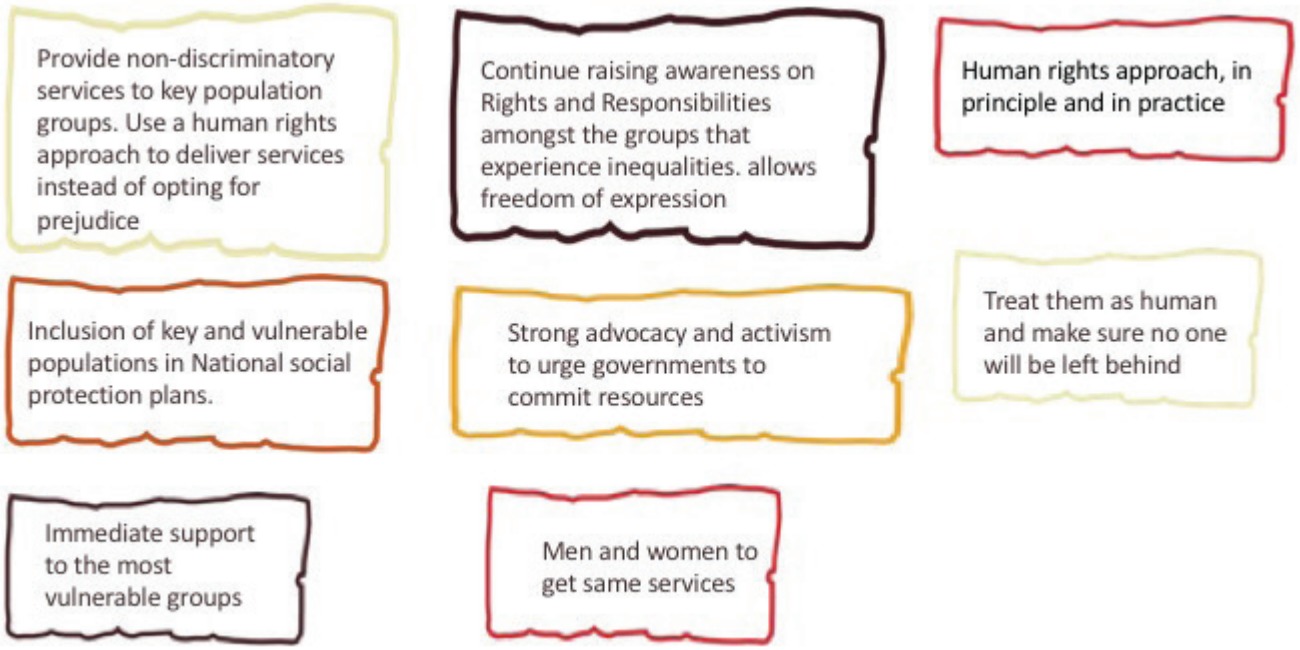


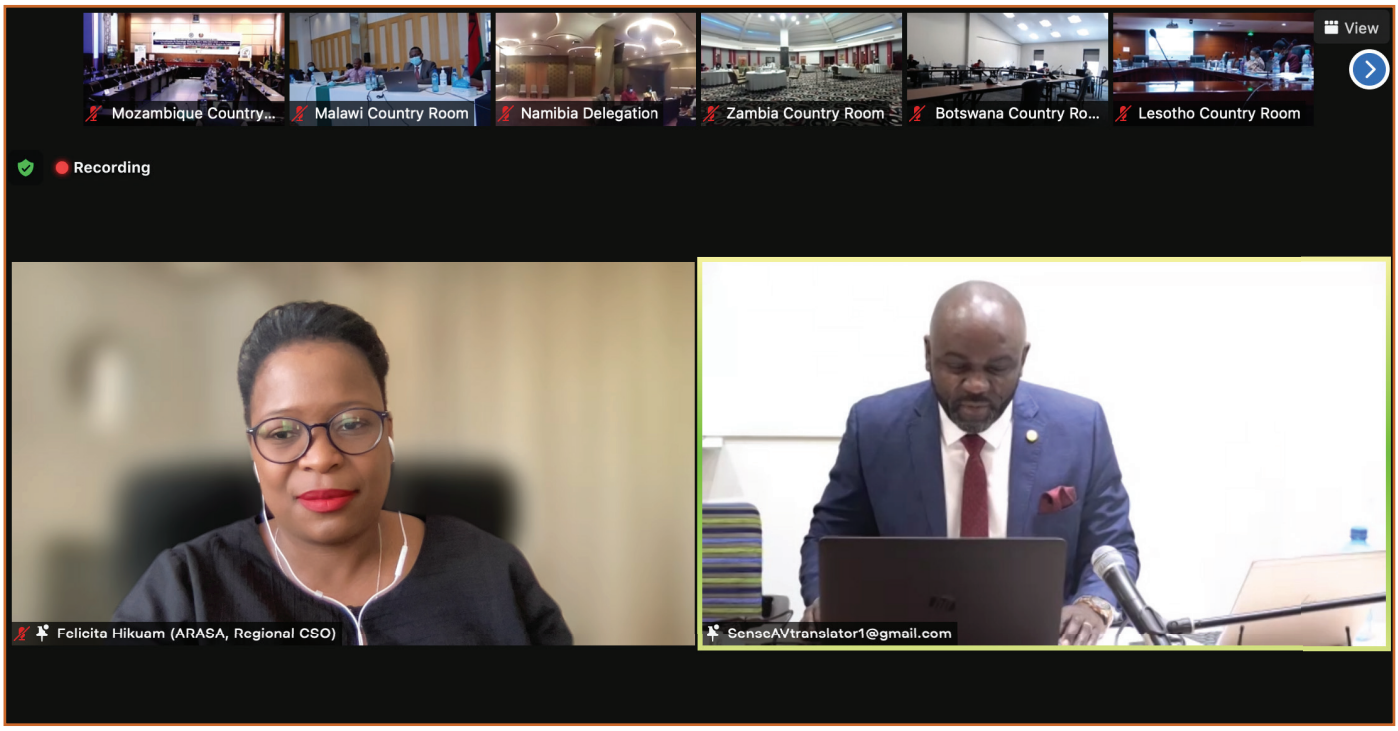
Which group/ constituency is most vulnerable to HIV due to inequalities, including during COVID-19?

Moving forward to 2030: Call to Action

The recommendations from civil society were presented to Member States on 4 October 2021 during the virtual meeting of SADC Senior Officials under the theme: Rolling out Global AIDS Strategy 2021-2026, and the UN Political Declaration's 2025 Commitments in SADC Region.

Civil society organisations call on governments in east and southern Africa to:

- Incorporate the targets in the Global AIDS Strategy and the Political Declaration into regional and national HIV strategic plans and frameworks;
- Establish, finance and implement national gender equality strategies that challenge and address the impact of sexual and gender- based violence, harmful practices such as child, early and forced marriage and female genital mutilation, negative social norms and gender stereotypes, and that increase the voice, autonomy, agency and leadership of women and girls;
- Fulfil the right to education of all girls and young women (including through ensuring that AGYW who are pregnant or have been forced into an early marriage are permitted to complete their schooling), economically empower women and intensify efforts to transform negative social norms and gender stereotypes;
- Increase access to confidential, non-discriminatory sexual and reproductive health services, including HIV prevention and treatment services for all, especially in rural areas, including through mobile outreach services and community led service delivery;
- Increase affordable mobile phone and internet coverage to enable the use of social and other digital media platforms for the provision of sexual and reproductive health and HIV prevention and treatment information and to challenge discriminatory social and gender norms;
- Review and reform discriminatory laws practices that perpetuate inequity in access to services and create barriers to access to HIV prevention and treatment services or reinforce stigma and discrimination;
- Adopt and enforce legislation, policies and practices that prevent violence and other rights violations against people living with, at risk of and affected by HIV and protect their right to the highest attainable standard of physical and mental health, right to education and right to an adequate standard of living, including adequate food, housing, employment and social protection;
- Increase domestic investment in and support for community led responses and programmes to address stigma and discrimination and gender inequality, to increase legal literacy and access to legal services for people living with and affected by HIV and key and vulnerable populations to access justice when their rights have been violated, including through pro bono legal services; and
- Learn from the lessons provided by COVID19 and improve pandemic readiness in order to ensure that resources are not diverted away from sexual and reproductive health and HIV prevention and treatment services, and that such services remain available and accessible to all who need them, even in times of pandemics.



References

i. UNAIDS Global AIDS Update 2021 at 242
ii. Taylor, R., & Rieger, A. (1985). MEDICINE AS SOCIAL SCIENCE: RUDOLF VIRCHOW ON THE TYPHUS EPIDEMIC IN UPPER SILESIA. International Journal of Health Services, 15(4), 547–559. http://www.jstor.org/stable/45130826
iii. Global AIDS Strategy 2021-2026. End Inequalities. End AIDS, 10-11
iv. UNAIDS Global AIDS Update 2021 https://www.unaids.org/en/resources/documents/2021/2021-global-aids-update
v. Global AIDS Strategy 2021-2026. End Inequalities. End AIDS, 13
vi. Global AIDS Strategy 2021-2026. End Inequalities. End AIDS, 29
vii. Kavanagh MM, Agbla SC, Joy M, et al Law, criminalisation and HIV in the world: have countries that criminalise achieved more or less successful pandemic response? BMJ Global Health 2021;6:e006315.
viii. Global AIDS Strategy 2021-2026. End Inequalities. End AIDS, 26