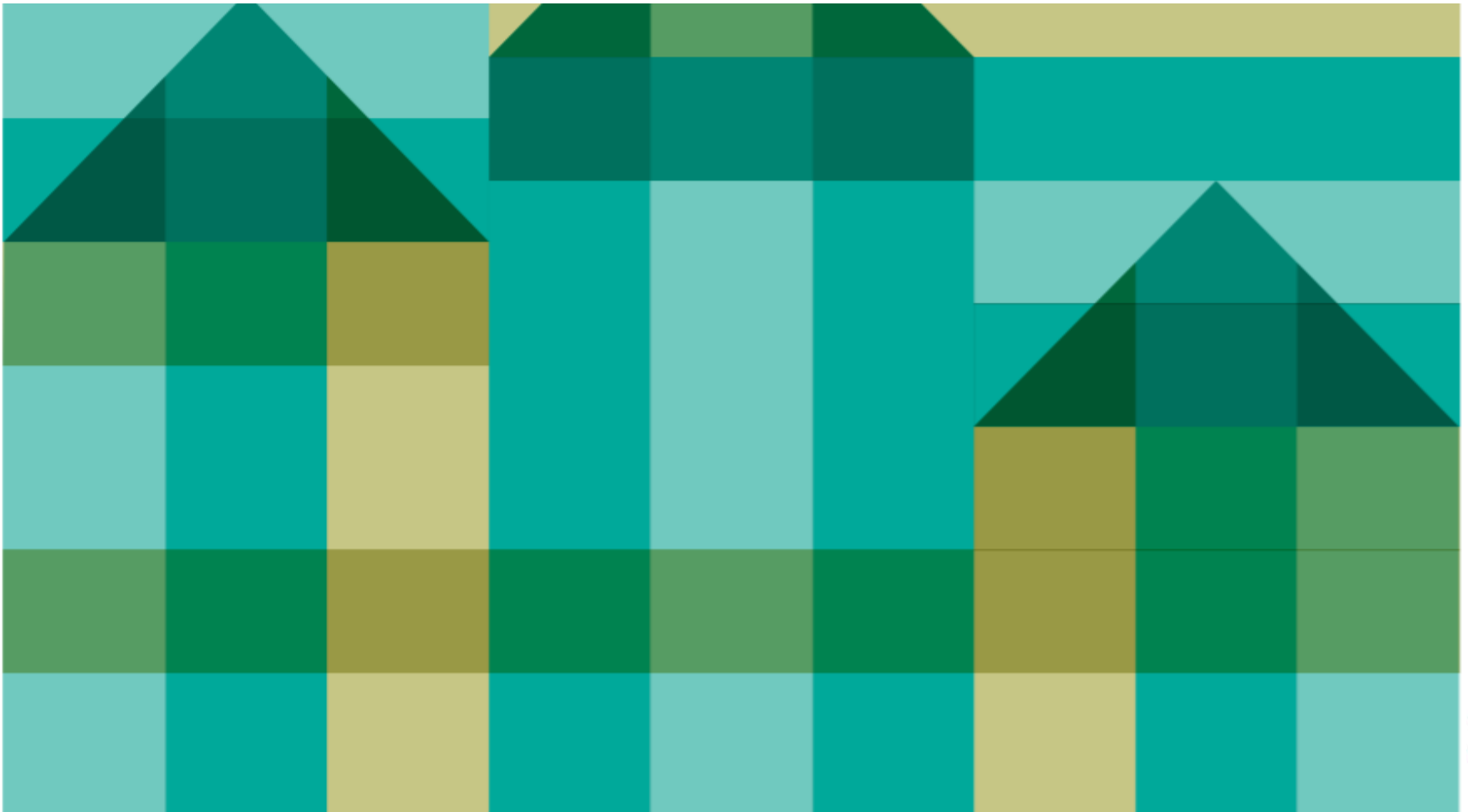


Follow Up to the Thematic Segment from the 41st PCB

ZERO DISCRIMINATION IN HEALTHCARE SETTINGS

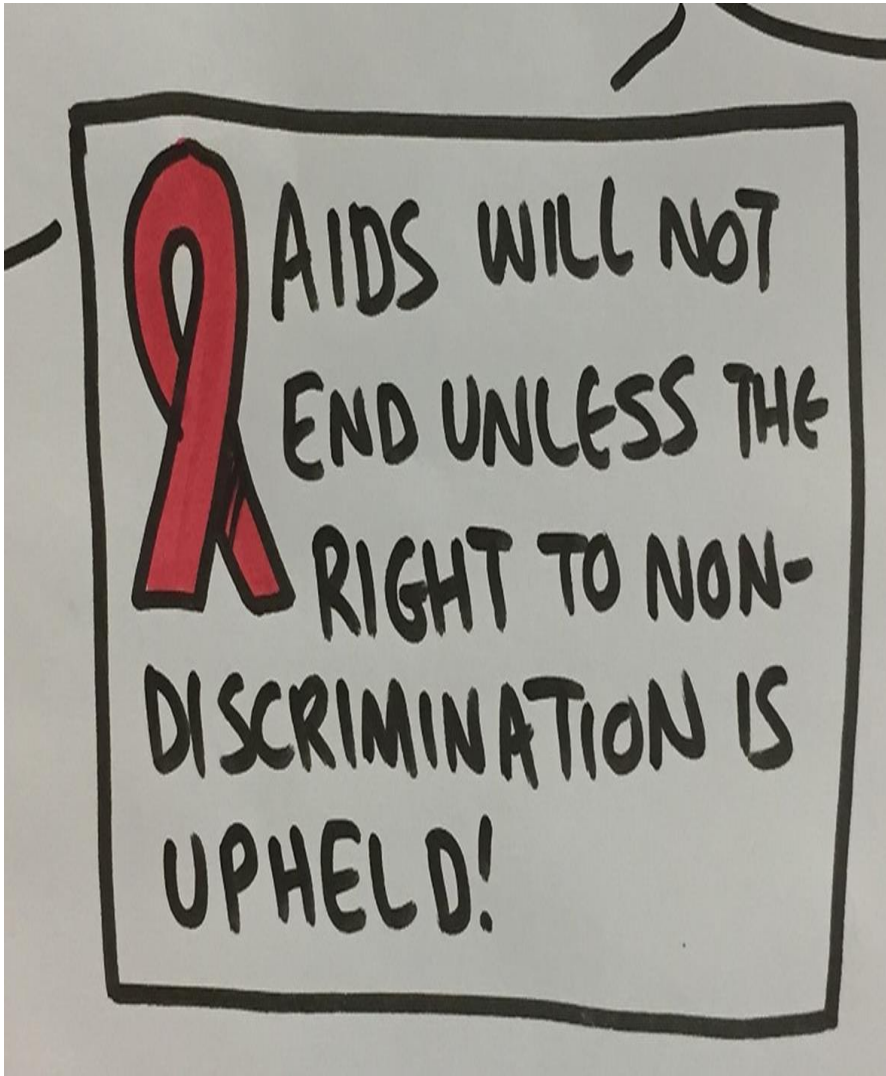


Highlights of the discussions of 41st PCB thematic segment

- Review the evidence
- Identify and showcase good practices across sectors and regions;
- Galvanize action to end discrimination

Confronting discrimination

Overcoming HIV-related stigma and discrimination in health-care settings and beyond



Inclusion gaps

In some countries more than **40% of transgender persons report avoiding health-care facilities** because they fear stigma and discrimination.

PREVENTION
All people

TESTING
Knowledge of status among people living with HIV

• PLHIV who perceived **high HIV stigma** were **2.4 times more likely to present late for HIV care**

HIV CARE
People living with HIV receiving HIV care

ART
People living with HIV receiving ART

• **Stigma or fear of stigma** leading to non-disclosure **undermine ART adherence**

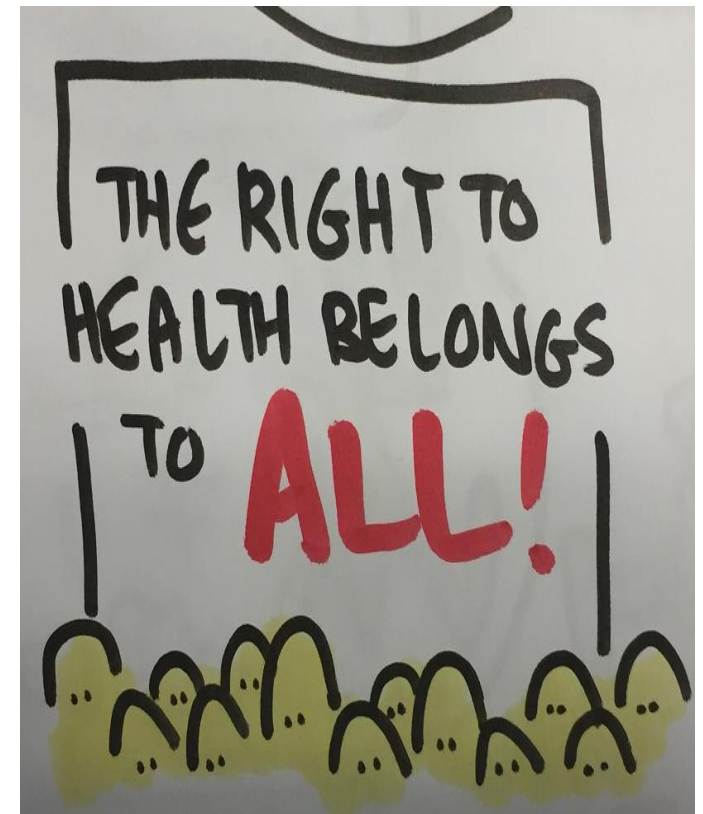
VIRALLY SUPPRESSED
People living with HIV who are virally suppressed

Lack of confidentiality in undermined HIV testing uptake in SSA countries

• **Fear of stigma a key barriers to initiating lifelong ART among pregnant women living with HIV in some settings**

Personal experiences

- Women living with HIV
- Key populations
- Young people
- Health care providers



What works: best practices

- Eliminating discrimination in health care is **actionable**
- Evidence shows that **key interventions work**. Importance of collecting evidence and M&E frameworks
- **Solutions** include:
 - Linking measuring levels of stigma to action: trainings and scale-up
 - Trainings of HCW across disciplines and different levels
 - Inclusive and rights-sensitive curricula for HCWs, responding to the needs and experiences of key populations
 - Reform laws, policies and regulations to enable stigma and discrimination-free health care



What works: best practices

Investments in strategies to ensure users and providers of health services are **empowered and know their rights and responsibilities**

Investments in functional mechanisms for **accountability and redress**

– Role of national and regional human rights institutions and courts

• It takes **political will and multi-sectoral multi-stakeholder action.**

- Students to professional associations
- Joint UN statement to end discrimination in health care settings
- Funding initiatives



CHANGE HAS TO
HAPPEN AT A
LOCAL
LEVEL!



WE NEED
TO BE
INNOVATIVE!



The call for a global compact

Imperative to catalyze and accelerate implementation of commitments to end discrimination and translate them into measurable policy change and programmatic interventions

Commitment to co-convene:
UNAIDS, UNDP, UNWOMEN,
GNP+

Consultations are underway



Walking the talk

- **Galvanize action** oriented political commitment and linked-up actions
- **Accelerate implementation** and scale up programs towards ending all forms of HIV-related S&D;
- **Ensure accountability**: close the **data gap** to inform policy and program implementation and to demonstrate **measurable progress** toward reducing HIV-related S&D