

HOT Newsletter MARCH 2022

March 1st is International Zero Discrimination Day



Are you aware of this national awareness day for anti-discrimination?

In March we need to shine a spotlight on discrimination and stigma, something many PLWHIV live and are aware of daily. #ZeroDiscrimination

How can we promote efforts to achieve a more fair, just and equitable world by challenging discrimination wherever it happens.

Key Highlights 2022 Theme Remove Laws that harm, create laws that empower.

- UNAIDS launched and first celebrated the annual day to promote awareness about discrimination against people with HIV/AIDS.
- "Remove laws that harm, create laws that empower," is the theme this year under which UNAIDS aims to address the urgent need for action against discriminatory laws.
- Many countries have flawed systems of justice that have led to a history of exclusion of a few communities from essential services, disenfranchisement and marginalisation.

Zero Discrimination Day Quotes

"Our ability to reach unity in diversity will be the beauty and the test of our civilization." — **Mahatama Gandhi**

"Darkness cannot drive out darkness; only light can do that. Hate cannot drive out hate; only love can do that." —Martin **Luther King, Jr.**

"Education, awareness and prevention are the key, but stigmatisation and exclusion from family is what makes people suffer most." — **Ralph Fiennes**

"Prejudice is a burden that confuses the past, threatens the future, and renders the present inaccessible." — **Maya Angelou**

"To bring about change, you must not be afraid to take the first step. We will fail when we fail to try" — **Rosa Parks**

It is not our differences that divide us. It is our inability to recognize, accept, and celebrate those differences." — **Audre Lorde**

So if you into Butterfly's decorate every March to stand for Zero discrimination!

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On Zero Discrimination Day, 1
March 2022, WHO is highlighting

the right of all people to live healthy, full and productive lives with dignity regardless of their HIV, viral hepatitis or sexually transmitted infections status.

[Draft global health sector strategies on HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030](#) will be considered by the 75 World Health Assembly in May 2022. The draft strategies highlight how the large expansion in services required to achieve 2030 goals and targets will not be achieved unless accompanied by strengthened efforts to address stigma and discrimination.

It is vital to address stigma and discrimination in healthcare settings, including for [men who have sex with men](#), [sex workers](#), [people who use drugs](#), [people in prison](#) and [transgender people](#) to end epidemics of HIV, viral hepatitis and STIs. Equitable, quality and person centred health services require health care staff who are compassionate and non-judgemental experts.

The health sector has a critical role to play through generating data on how stigma and discrimination impacts populations most affected by HIV, viral hepatitis and sexually transmitted infections.

The health sector also plays an important convening role for multi-sectoral partnerships to address the broader determinants of health.

Zero Discrimination Day started with a focus on HIV to highlight how people can become informed about and promote the rights of people living with and affected by HIV. In recent years it has expanded to focus on ending all forms of discrimination that impact on quality of life, health and well-being.

"On this year's Zero Discrimination, let us remember all people living with HIV and health care workers who are working under the most difficult circumstances to deliver the highest quality of care for all," says Dr Meg Doherty, Director of WHO's Global HIV, Hepatitis and STI Programmes.



HIV & STIGMA IN 2022

While Covid-19 has distracted attention away from HIV in recent years, it still rages across the world. Around **forty million** people are living with the virus globally, and around **one million** die of AIDS related illnesses each year. This defies claims that 'we have the epidemic under control' and that 'Ending HIV' is just around the corner.

If that is the case though why do we have so many living?

The Neglected Pandemic

A current US documentary on SBS '*On Demand, HIV: The Neglected Pandemic*' tackles HIV/AIDS and the issues facing people with HIV in 2021. Many parallels can be drawn for people living with HIV in Australia.

The documentary is narrated by Jonathan Van Ness from *Queer Eye*, who recently disclosed his own HIV status. 1.2 million people are living with HIV in the US, and around fifteen thousand still die of HIV-related causes each year in the country.

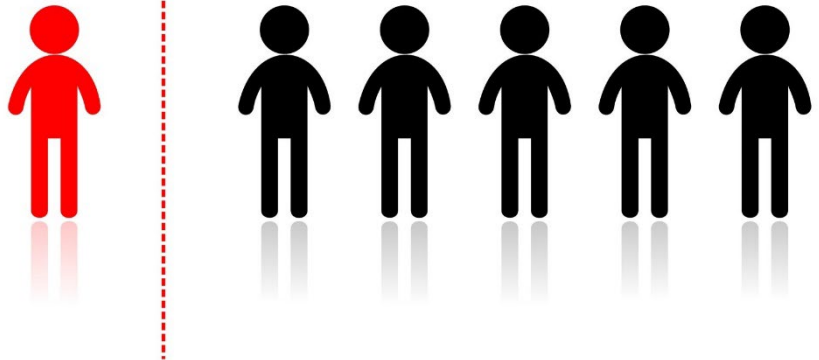
According to Van Ness, 'the stigma around HIV can be devastating' and personal stories in the documentary illustrate this. People living with HIV report being confronted with stigma, and ostracised by family and health workers.

Tiffany, a young black woman speaks about the impact of her diagnosis. 'I was suicidal. There's so much shame and judgment.' According to Tiffany, sharing her HIV status made a big difference to her well-being. 'Stigma will kill you faster than HIV,' she says.

Economic & Emotional Burden of HIV

The statistics in the program are disturbing, and challenge notions that 'HIV is no longer a problem.'

For instance, in the state of Georgia, AIDS is the leading cause of death for black women aged 25-34 and black men 35-44. One in two black MSM (men who have sex with men) in the US will contract HIV. The Latin/Hispanic community are also disproportionately represented in HIV statistics with 27% of new cases emerging from that community.



The transgender community in the US has nine times the number of new HIV cases than the cisgender community, the documentary found. We meet a transgender woman named Latrese who speaks of being jailed in a male prison facility for the 'crime' of HIV Positive sex work. Thirty seven states in the US still have HIV specific criminal laws. This has happened in Australia too and not too long ago.

The documentary also cites evidence that up to 40% of homeless people in the US are from the LGBTQI community, and that many are HIV Positive. Jonathan Van Ness contends, 'the economic and emotional burden for people living with HIV is not being recognised.'

WHY DISCRIMINATION & STIGMA IS STILL A TOPIC FOR PLWHIV?

Stigma and discrimination is one of the main reasons why people are reluctant to test for HIV, share their HIV status with others, go on HIV treatment or use PrEP. **Stigma can be deadly.** It can result in people with HIV getting diagnosed late, when the virus may have already progressed to AIDS.

Stigma and HIV

- There is a two-way relationship between stigma and HIV. People who experience stigma are more vulnerable to HIV, while people with HIV often experience stigma.
- Misinformation and fear increases the stigma surrounding HIV and AIDS.
- One in eight people with HIV are denied health services because of stigma and discrimination.
- Providing clear information about HIV, plus public awareness campaigns and stigma-reduction sessions for healthcare professionals and others can help people recognize and address the stigmatizing attitudes they hold.

What is the difference between stigma and discrimination?

While stigma refers to an attitude or belief, discrimination is the behaviors that result from those attitudes or beliefs. HIV discrimination is the act of treating people living with HIV differently than those without HIV. Here are a few examples:

What are the effects of HIV stigma and discrimination?

HIV stigma and discrimination affect the emotional well-being and mental health of people living with HIV. People living with HIV often internalize the stigma they experience and begin to develop a negative self-image.

Stigma refers to the negative attitudes and judgements people have about others, based on an aspect of their identity. Stigma leads to discrimination, social isolation and abuse.

People with HIV are often stigmatized. This stigma is linked to fears about HIV, which emerged at the beginning of the epidemic when little was known about how HIV was transmitted. Although there is now a lot of more information about this, HIV-related stigma persists.

People from **groups most affected by HIV** also experience HIV-related stigma, whether they have HIV or not. They can also experience stigma relating to their sexual orientation or gender identity (**homophobia**), their **gender**, race, profession, age, or on other grounds.

What links HIV and stigma?

People who experience stigma are less likely to access the services and support they need to look after their health. Stigma and discrimination is one of the main reasons why people are reluctant to test for HIV, share their HIV status with others, go on HIV treatment or use [PrEP](#).

Stigma can be deadly. It can result in people with HIV getting diagnosed late, when the virus may have already progressed to AIDS. This makes treatment less effective, increases the likelihood of passing on HIV, and leads to unnecessary deaths.

The effects of stigma are seen in:

- **Healthcare settings:** Findings from the People Living with HIV Stigma Index suggests one in eight people with HIV have been denied health services. Stigma can lead to health providers delaying or denying treatment, demanding extra payment, and treating people in disrespectful and upsetting ways.
- **Social settings:** People with or affected by HIV might be shunned by family, friends and the wider community and be treated badly at work or school. The fear of social isolation makes people reluctant to access HIV and sexual health services, even when they need them.
- **Mental health:** Stigma can lead to low self-esteem, depression and other mental health issues. This can lead people to misuse alcohol and drugs and take risks with their health that make them vulnerable to HIV, like having sex without condoms. It also drives the silence and shame that stops people accessing services.
- **The law:** Discriminatory laws and policies about HIV reinforce stigma. These laws can make people afraid to seek out healthcare or legal support. It can also stop people being honest if they're a sex worker, have same-sex relations or inject drugs. This means they are less likely to access services to protect their health.

What can we do to tackle stigma?

Addressing misinformation and changing attitudes and behaviors

Stigma-reduction dialogues, trainings and sensitizations can help people recognize and address the stigmatizing attitudes they hold and change their behavior. Running such sessions with healthcare providers, police, religious and community leaders, employers, journalists and politicians can help to change attitudes among these groups and in wider society. Enabling people with or affected by HIV to run (or co-run) these sessions is key for ensuring people understand the realities these communities face. These sessions should also address misinformation about how HIV is passed on.

Putting people with HIV at the center

Enabling people with or affected by HIV to design and deliver **programmers** is key to creating stigma-free, friendly HIV and sexual health services and support that marginalized people feel willing and able to use.

Challenging every day stigma

It is important to call out stigma whenever we see it – be that at work, in our communities or even at home. Public, community-led campaigns can provide information to challenge stigma, and show others that marginalized people are just like everybody else.

Tackling stigmatizing laws

Community-led advocacy to tackle discriminatory laws and policies is vital. It is also important to campaign for laws to protect people from HIV-related stigma and discrimination.

Counselling, information and support

Providing mental health support can help people recognize and deal with the effects of stigma. It is also important to support people with HIV to understand more about the virus and their treatment. This can help people take a more active role in their care and reduce feelings of self-stigma.

A rights-based approach

A **human rights**-based approach ensures that people with or affected by HIV are treated with dignity. A rights-based approach aims to create an environment that enables people with or affected by HIV to claim their right to health and to other rights, such as the right to live free from discrimination. Taking a rights-based approach to all HIV programming is essential.

How can we make a difference in our community/network? What ways can we stop HIV STIGMA and DISCRIMINATION?

Talk to us at the HIV Outreach Team Consumer Advisory Committee to see what we can do to effect change,

Even better still would you like to have a seat and a voice on the HOT Consumer Advisory Committee? Call Dianne 0449545751, email dianne.nyoni@health.nsw.gov.au or speak to your case manager we would love to hear from you and meet you.



Lifeline 13 11 14

Beyond Blue 1300 22 4636

Headspace 1800 650 890

Men's line Australia 1300 789 978

Multicultural Mental Health 1300 726 289

Crisis Care (Counselling, accommodation & food) 9223 1111

Feel free to call these agencies to talk or be referred for emergency assistance. HOT will be available over the holiday period to call also.

WORD FROM OUR CONSUMER ADVISORY GROUP

“Contact us with your stories poems or topics you want covered in future issues”

Dianne.nyoni@health.nsw.gov.au

WE CAN DO THIS TOGETHER, STAY SAFE

We acknowledge the traditional custodians
of the land on which we live and work and
pay our respects to the elders past and present.



