



AGENDA FOR ZERO DISCRIMI NATION IN HEALTH CARE

I STAND FOR #ZERODISCRIMINATION



STAND OUT

NON-DISCRIMINATION IS A CORE HUMAN RIGHTS PRINCIPLE AND OBLIGATION, BUT DISCRIMINATION IN HEALTH-CARE SETTINGS REMAINS WIDESPREAD AND TAKES MANY FORMS. DISCRIMINATION IS A BARRIER TO ACCESSING HEALTH AND COMMUNITY SERVICES AND PREVENTS THE ATTAINMENT OF UNIVERSAL HEALTH COVERAGE. IT LEADS TO POOR HEALTH OUTCOMES AND HAMPERS EFFORTS TO END THE AIDS EPIDEMIC AND ACHIEVE HEALTHY LIVES FOR ALL.

DISCRIMINATION IN HEALTH-CARE SETTINGS

People around the world face barriers to accessing quality health care and enjoying the highest attainable standard of health. Why this occurs varies between countries and communities, but some barriers are present everywhere. These include the various forms of discrimination faced by people who are marginalized, stigmatized, criminalized and otherwise mistreated because of their gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socioeconomic status, or HIV or other health status, or because of selling sex, using drugs and/or living in prison.

LESSONS FROM THE AIDS RESPONSE

One in eight people living with HIV report having been denied health care. But examples of HIV-related stigma and discrimination go beyond denial of care or lower quality care, and include forced sterilization, stigmatizing treatment, negative attitudes and discriminatory behaviour from providers, lack of privacy and/or confidentiality and mandatory testing or treatment without informed consent. In these contexts, discriminatory practices undermine people's access to HIV prevention, treatment and care services and the quality of health-care delivery, as well as adherence to HIV treatment.

DRIVERS AND FACILITATORS OF HIV-RELATED DISCRIMINATION

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Stigma and prejudice, social and cultural beliefs

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Fear and lack of access to means of protection

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Legal, regulatory and policy barriers

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Impunity and lack of mechanisms of redress

MANIFESTATIONS/ OUTCOMES OF HIV-RELATED DISCRIMINATION

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Denial of health care

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Poor quality of care

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Forced sterilization

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Disrespect and abuse

IMPACTS OF HIV-RELATED DISCRIMINATION

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Poor uptake of HIV testing

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Losses to follow-up at all stages of treatment cascades

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Poor health outcomes

UNPRECEDENTED OPPORTUNITIES FOR ACTION

In September 2015, world leaders adopted the 2030 Agenda for Sustainable Development. The agenda sets out a vision for sustainable development grounded in international human rights standards, to ensure healthy lives and build inclusive societies, and puts respect for equality and non-discrimination at the centre of its goals.

Recognizing that health-care settings are among the most common environments in which people experience HIV-related stigma and discrimination, the UNAIDS 2016–2021 Strategy, adopted in October 2015, has a clear target on eliminating HIV-related discrimination, with a particular focus on health care, the workplace and education settings. The World Health Organization places in its forthcoming global strategy for human resources for health a similar priority on ending discrimination in health-care settings, in particular on models of health workforce education for nurturing the professional ethics, practices and attitudes necessary to deliver responsive and respectful care.

These serve as a call to break the silos between development agendas, health system strengthening interventions and human rights actions, urging an integrated perspective to ensure that the root causes of inequalities are identified and addressed. Together, they provided an unprecedented opportunity for action.

THE ACTION PLAN

Building on the existing political momentum, UNAIDS and the World Health Organization's Global Health Workforce Alliance¹ are initiating an agenda for action towards the elimination of discrimination in health-care settings.

The agenda aims to create a world in which everyone, everywhere, enjoys health services without discrimination, and where the health workforce is empowered to provide discrimination-free health care.

The agenda aims to prioritize actions in three critical areas:

- ▶ **Political impact: by increasing political commitment through mobilization of all key constituencies, to secure prioritization of this agenda at all levels.**
- ▶ **Accountability: by promoting monitoring and evaluation frameworks and mechanisms to build evidence, monitor progress and ensure accountability.**
- ▶ **Implementation: by fostering scale-up of implementation of effective actions to achieve discrimination-free health care.**

¹ <http://www.who.int/workforcealliance>

**THE AGENDA FOR ZERO DISCRIMINATION
IN HEALTH CARE AIMS TO ACHIEVE
THE SHARED VISION, THAT EVERYONE,
EVERYWHERE, ENJOYS HEALTH SERVICES
WITHOUT DISCRIMINATION, BY BRINGING
KEY STAKEHOLDERS TOGETHER TO TAKE
JOINT ACTION.**

7 PRIORITIES OF THE ACTION PLAN



The agenda for action offers a space for collaboration for countries, the World Health Organization, UNAIDS, other United Nations and intergovernmental organizations, professional health-care associations, civil society, academics and others to take prioritized, coordinated and coherent action at all levels for achieving zero discrimination in health-care settings. A secretariat coordinated by UNAIDS and by the Global Health Workforce Alliance will coordinate such efforts.

A virtual community of practice, Equal Health for All, has been created to facilitate communication, collaboration and experience sharing in the framework of the action plan. To contribute to the common vision and actions, join the virtual community of practice by sending an email to iovitaa@unaids.org and ghwa@who.int.

DISCRIMINATION-FREE HEALTH-CARE SETTINGS SHOULD MINIMALLY:

01.

PROVIDE TIMELY AND QUALITY HEALTH CARE REGARDLESS OF GENDER, NATIONALITY, AGE, DISABILITY, ETHNIC ORIGIN, SEXUAL ORIENTATION, RELIGION, LANGUAGE, SOCIOECONOMIC STATUS, OR HIV OR OTHER HEALTH STATUS, OR BECAUSE OF SELLING SEX, USING DRUGS AND/OR LIVING IN PRISON.

02.

PROHIBIT MANDATORY TESTING OR TREATMENT, OR COERCIVE PRACTICES.

03.

RESPECT PATIENT PRIVACY AND CONFIDENTIALITY.

04.

LINK MARGINALIZED AND MOST AFFECTED POPULATIONS TO ADDITIONAL SERVICE PROVIDERS, PEER SUPPORT NETWORKS OR COMMUNITY-BASED ORGANIZATIONS, OR LEGAL SERVICES WHEN NECESSARY.

05.

EMPLOY CLINICAL PROVIDERS WHO ASK HEALTH QUESTIONS OR PERFORM HEALTH INTAKES TO ACTIVELY INFORM PEOPLE OF THEIR RIGHTS AND PROVIDE QUALITY NON-JUDGEMENTAL CARE.

06.

PUT IN PLACE GRIEVANCE MECHANISMS AND MECHANISMS OF REDRESS AND ACCOUNTABILITY FOR DISCRIMINATION AND VIOLATION OF THE RIGHTS OF CLIENTS.

07.

ENSURE PARTICIPATION OF AFFECTED COMMUNITIES IN THE DEVELOPMENT OF POLICIES AND PROGRAMMES PROMOTING EQUALITY AND NON-DISCRIMINATION IN HEALTH CARE.

