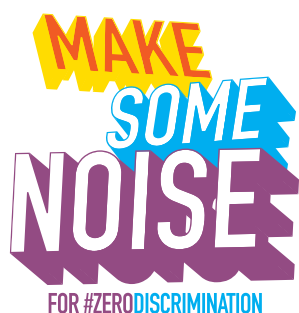


AGENDA FOR ZERO DISCRIMINATION IN HEALTH-CARE SETTINGS



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

There has been great progress in the response to HIV during the past decade. The world is one step closer to eliminating HIV infections among children, more people living with HIV know their status and are accessing HIV treatment and AIDS-related deaths are declining.

However, throughout the world, stigma, discrimination, exclusion and inequality continue to make people vulnerable to HIV and hinder their access to HIV prevention, treatment and care services.

People living with HIV, key populations and other vulnerable groups continue to face stigma, discrimination, criminalization and ill-treatment based on their actual or perceived health status, race, socioeconomic status, age, sex, sexual orientation or gender identity or other grounds. Discrimination and other human rights violations may occur in health-care settings, barring people from accessing health services or enjoying quality health care. Workers in health-care settings can also face discrimination from their co-workers and employers, or work in environments where their rights, roles and responsibilities cannot be fully exercised.

Discrimination in health care does not only relate to denial of health-care services. Examples of discrimination in health-care settings also include misinformation, requiring third-party authorizations for the provision of services, lack of privacy and breaches of confidentiality.

HIV-related discrimination can also take many forms, including mandatory HIV testing without consent or appropriate counselling, forced or coerced sterilization of women living with HIV, health providers minimizing contact with, or care of, patients living with HIV, delayed or denied treatment, demands for additional payment for infection control, isolation of patients living with HIV, denial of maternal health services and violation of patients' privacy and confidentiality, including disclosure of a patient's HIV status to family members or hospital employees without authorization.

WHAT CAN COUNTRIES DO?

Under international human rights law, countries have a legal obligation to address discrimination in health care and the workplace. They are also obliged to refrain from withholding, censoring or misrepresenting health information—for example, stating that use of condoms does not prevent the spread of HIV and other sexually transmissible infections is not permitted.

They should also prevent third parties from interfering with the realization of human rights. This includes investigating and punishing practices by health-care providers and others such as coerced or forced sterilization of women living with HIV, forced termination of pregnancies in women living with HIV or refusal to provide services to individuals belonging to key populations.

Countries should create a conducive environment for its citizens to fully enjoy their rights. For example, states should pass laws that prohibit discrimination against key populations, including in health-care settings and workplaces. They should ensure that health-care providers are trained so that services are provided in a manner that is compliant with human rights—for example, services should be provided in a way that is non-discriminatory and respects the dignity and autonomy of clients. They should ensure that users of health services know their rights and are able to claim them, including by seeking redress should their rights be violated.

THE AGENDA FOR ZERO DISCRIMINATION IN HEALTH CARE

In 2015, countries committed to the Sustainable Development Goals (SDGs), which include the target of ending the epidemics of AIDS, tuberculosis and malaria, and combating hepatitis, by 2030. Other SDGs are also critically important in reaching this goal, including achieving gender equality, employment and decent work for all, and reducing inequalities.

The Political Declaration on Ending AIDS, adopted by Member States at the United Nations General Assembly High-Level Meeting on Ending AIDS, reinforced that, in reaching all of the SDG goals, no one must be left behind and that discrimination, including in health care, must be eliminated.

Zero discrimination is also at the heart of the UNAIDS vision, and one of the targets of a Fast-Track response, which focuses on addressing discrimination in health-care, workplace and education settings.

To that end, UNAIDS and the World Health Organization's *Global Health Workforce Alliance* launched the Agenda for Zero Discrimination in Health Care on 1 March 2016, which brings together all stakeholders for joint efforts towards a world where everyone, everywhere, is able to receive the health care they need with no discrimination. This means tackling discrimination in its many forms, including by removing punitive laws, policies and practices that undermine people living with HIV, key populations and other vulnerable groups, or block their access to good quality health-care services, and by empowering them to exercise their rights. At the same time, it is important to ensure that health-care workers enjoy their labour rights free from stigma and discrimination.

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 action plan underpinning the Agenda for Zero Discrimination in Health Care aims to increase commitment, collaboration and accountability among countries, the United Nations and development partners, civil society, professional health-care associations, academics and other key stakeholders, for the following key actions:

- 01. Remove legal and policy barriers that promote discrimination in health care.**
- 02. Set the standards for discrimination-free health care.**
- 03. Build and share the evidence base and best practices to eliminate discrimination in health-care settings.**
- 04. Empower clients and civil society to demand discrimination-free health care.**
- 05. Increase funding support for a discrimination-free health workforce.**
- 06. Secure the leadership of professional health-care associations in actions to shape a discrimination-free health workforce.**
- 07. Strengthen mechanisms and frameworks for monitoring, evaluation and accountability for discrimination-free health care.**

LEADING THE WAY

One year on after the launch of the Agenda for Zero Discrimination in Health Care, there is increasing support for cohesive actions as well as an understanding that more needs to be done, better and more effectively, for achieving discrimination-free health care for all. Some examples of progress made in the past year include the following:

- ▶ **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. Over the year, its membership grew to more than 160 members from more than 70 organizations.**
- ▶ **A Regional Support Strategy for Zero Discrimination in Healthcare Settings in Asia and the Pacific has been developed and a regional meeting is being convened by UNAIDS, USAID and the Governments of Thailand and the Lao People's Democratic Republic.**
- ▶ **Thailand has embarked on systematically monitoring stigma and discrimination in health-care settings, with data collected in 22 provinces. The Ministry of Public Health is rolling out an accelerated system-wide stigma reduction programme in collaboration with civil society and concerned communities.**
- ▶ **In-person HIV related stigma and discrimination reduction training for health-care staff has been implemented in four Thai provinces, with plans for a national scale-up in 2017. An e-learning tool is also being developed.**
- ▶ **In Malawi, the National Association of People Living With and Affected by AIDS, in partnership with Airtel Malawi and UNAIDS, is using an SMS-based reporting system to provide real-time monitoring for stock-outs of antiretroviral medicines and tuberculosis medicines and experiences of stigma and discrimination faced by people living with HIV in the health-care sector.**
- ▶ **In Argentina, 21 service centres friendly to lesbian, gay, bisexual, transgender and intersex (LGBTI) people aim to increase the accessibility and acceptability of health services to LGBTI people. The components of the services include the training of health-care professionals on the specific health-care needs of LGBTI people as well as on non-discrimination, accessible opening hours, and the active involvement of the target population in the design and the functioning of the services and multidisciplinary teams that provide integrated health and social services.**



DISCRIMINATION-FREE HEALTH-CARE SETTINGS

IS YOUR HEALTH FACILITY FREE FROM DISCRIMINATION? MINIMUM STANDARDS HEALTH-CARE SETTINGS COULD USE TO ENSURE A DISCRIMINATION-FREE ENVIRONMENT FOR PATIENTS AND HEALTH-CARE PROVIDERS INCLUDE THE FOLLOWING:

01.

THE HEALTH-CARE CENTRE SHOULD PROVIDE TIMELY AND QUALITY HEALTH CARE TO ALL PEOPLE IN NEED, REGARDLESS OF GENDER, NATIONALITY, AGE, DISABILITY, ETHNIC ORIGIN, SEXUAL ORIENTATION, RELIGION, LANGUAGE, SOCIOECONOMIC STATUS, HIV OR OTHER HEALTH STATUS, OR ANY OTHER GROUNDS.

02.

INFORMED CONSENT IS REQUESTED FROM THE PATIENT BEFORE ANY TESTS ARE CARRIED OUT OR ANY TREATMENT IS PRESCRIBED. FURTHERMORE, PATIENTS ARE NOT FORCED TO TAKE UP OR REQUEST ANY SERVICES.

03.

HEALTH-CARE PROVIDERS RESPECT THE PATIENT'S PRIVACY AND CONFIDENTIALITY AT ALL TIMES.

04.

HEALTH-CARE PROVIDERS ARE REGULARLY TRAINED AND HAVE SUFFICIENT CAPACITIES AND COMPETENCIES TO PROVIDE SERVICES FREE FROM STIGMA AND DISCRIMINATION.

05.

THE HEALTH-CARE CENTRE HAS MECHANISMS IN PLACE TO REDRESS EPISODES OF DISCRIMINATION AND VIOLATION OF THE RIGHTS OF ITS CLIENTS AND ENSURE ACCOUNTABILITY.

06.

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

