



## **regional capacity building forum on hiv, tb, human rights and the law for law enforcement officers and health care workers**

### **1.0 INTRODUCTION AND BACKGROUND**

Sub-Saharan Africa is greatly affected by HIV and AIDS, with 70% of all new HIV infections in the world emanating from the region. Some progress has however been made in East and Southern Africa, with these sub-regions, reducing the rate of new HIV infections by more than 30% overall and by more than 50% in seven countries. In addition, AIDS-related mortality has declined by 39% overall in the sub-Saharan region between 2005 and 2013. The region has also witnessed an expansion in the coverage of HIV treatment with treatment now available to almost four in ten people living with HIV in the region. However, 30% of all new TB cases occur in Africa, translating into 255 per 100,000 persons each year being newly infected. Further, 34% of TB cases in the region are estimated to be co-infected with HIV and the prevalence of multi-drug resistant (MDR) and extensively drug resistant (XDR) TB is of concern.

### **2.0 KEY POPULATIONS, HIV AND TB IN AFRICA**

Key populations (Men who have Sex with Men (MSM), sex workers, People Who Use Drugs (PWUD), the LGBTI community and prisoners continue to be disproportionately affected by HIV and constitute a significant proportion of new infections in the region. Further, there is no disaggregated data on TB infections amongst MSM and Transgender populations; there is also limited TB data on people who use drugs in Africa. However, in sub-Saharan Africa the pooled HIV prevalence among sex workers is estimated at 36.9% with more female sex workers affected by the disease. Existing studies show that injecting drug use is estimated to contribute to 3.8 - 4.8% of new infections through high-risk sexual and injecting behaviour amongst PWUDs. Also, TB prevalence in prisons in sub-Saharan Africa has been estimated to be 2 - 50 times higher than that of non-prison populations. This is largely because of overcrowding, limited access to regular detection and continuous treatment, late diagnosis, poor ventilation and repeated prison transfers that encourage the transmission of TB infection and transmission in prisons. This situation is particularly worrying for key populations who are affected by the implementation of punitive laws by healthcare workers and law enforcement officers.

### **3.0 HIV, TB, HUMAN RIGHTS AND THE LAW**

The law is a mechanism through which social determinants are transformed into health and development outcomes. However, laws that are not grounded on human rights principles create social inequalities and exacerbate human rights violations against vulnerable groups. For example, laws that criminalise the actions and behaviours of key populations have necessitated stigma, discrimination and violations against MSMs, sex workers, transgender and PWUD. In particular, the criminalization of same sex relationships and various aspects of sex work expose these populations to targeted stigma, violence and marginalization by health care workers, law enforcement officers and the general public. These consequently deter sex workers from accessing HIV prevention services; constrain their ability to negotiate condom use and prevent the roll-out and rigorous assessment of HIV and TB interventions. Further, legal prohibitions on the provision of sterile needles and Opioid Substitution Therapy (OST) directly impede HIV prevention efforts amongst PWUDs. Also, the punitive use of certain laws such as the Public Health Act and municipal environmental edicts exposes these vulnerable populations to further human rights violations.

### **4.0 JUSTIFICATION**

From the above, it is clear that there is need for the review of these punitive laws and the sensitization of service providers and law enforcement agents to ensure that key populations have access to health services and are protected from human rights violations. Law enforcement officers influence the legal environment within which HIV and TB responses are undertaken. For instance, their enforcement of negating laws increases the populations' vulnerability to HIV. Further, key populations shy away from HIV and TB care and treatment services when healthcare workers treat them with contempt or break confidentiality on their sexuality. Consequently, a reduction in human rights violations by law enforcement officers as they enforce these punitive laws will greatly reduce the rate of new infections amongst key populations. Also, the incorporation of right based approaches to health service delivery by health care workers will ensure timely and quality services to key populations.

It is in this regard that KELIN in partnership with ARASA, ENDA Sante, SALC and UNDP regional office with support from The Global Fund seeks to conduct a two (2) days capacity strengthening forum for law enforcement officers and health care workers. The forum will be premised on the crucial role that law enforcement officers and healthcare workers play in supporting rights-based responses to HIV and TB in the region and will provide an opportunity for these stakeholders to share experiences and enhance their understanding of the link between HIV, human rights and the law.

#### **4.0 OBJECTIVES**

The key objectives of this meeting include:

- To enhance the understanding of the linkages between HIV, TB, human rights and the law as they affect key populations,
- To sensitize stakeholders on the rights based approach to providing health care services to key populations.
- To provide a platform for increased support for key populations' access to justice in the context of HIV and TB.
- To foster regional and in-country partnerships for increased advocacy and lobbying for removal of legal barriers which impede access to health care by key populations.

#### **5.0 EXPECTED OUTPUTS**

- Development of a action plan by participating countries to follow up on the recommendations made at the forum
- Development and/or strengthening of regional and national platforms or networks to address the legal barriers that are impeding access to services by key populations

#### **6.0 METHODOLOGY**

The forum will involve presentations from experts, panel discussions and group discussions amongst participants. Persons living with HIV and/or affected by TB will also be part of the resource persons.

#### **7.0 PARTICIPANTS**

A total of 50 participants are expected to participate in this forum. The participants will be law enforcement officers and health care workers from Botswana, Cote d'Ivoire, Kenya, Malawi, Nigeria, Senegal, Seychelles, Tanzania, Uganda and Zambia.

#### **8.0 DATES AND VENUE**

The two days forum will be held at the Great Rift Valley Lodge in Naivasha, Kenya on 5 - 6 September 2016.