DEFENDING HUMAN RIGHTS, PROTECTING AGAINST VIOLENCE, PREVENTING HIV/AIDS

Strategies for integrating human rights services into HIV/AIDS programming for female sex workers, men who have sex with men, and people who inject drugs in Nigeria

HEARTLAND ALLIANCE INTERNATIONAL

EXECUTIVE SUMMARY

Strategies to prevent and mitigate the effects of violence and discrimination against female sex workers, men who have sex with men, transgender men and women, and people who inject drugs are essential components of any HIV/AIDS prevention, care, and treatment program targeting these key populations.

Nigeria cannot reach its UNAIDS goals to end AIDS by 2030 without specifically addressing the epidemics among key populations including female sex workers, men who have sex with men, transgender men and women, and people who inject drugs. Nigeria comprises the second largest HIV/AIDS epidemic globally and the rates of HIV infection among key populations in Nigeria are two to seven times higher than those of the general population. Unfortunately, however, same-sex behavior, sex work, and drug use are criminalized and highly stigmatized. Marginalized by law and society, key populations suffer from increased emotional, sexual, economic, and physical violence at the hands of law enforcement, families, community members, and partners with no recourse. This violence not only elevates the risk of HIV transmission but also represents a barrier to testing, diagnosis, treatment, adherence, retention in care, and viral load suppression, ultimately reducing the potential impact of prevention and treatment on HIV transmission, illness, and mortality.

The results of nine years of programming by Heartland Alliance International (HAI) through the "Integrated Most-at-Risk Populations HIV Prevention Program" (IMHIPP) support the inclusion of gender, mental health, and human rights components in programs targeting key populations in Nigeria and around the world.

INTRODUCTION

VIOLENCE AND STIGMA LINKED TO HIGHER HIV RATES AND POORER TREATMENT OUTCOMES IN NIGERIA

Both HIV and violence disproportionately affect key populations in Nigeria.

The most recent HIV prevalence rates were 22.9% for men having sex with men, 19.4% and 8.6% respectively for brothel-based and non-brothel-based female sex-workers, and 7.0% for female persons who inject (Fed MOH, 2015). HIV prevalence among these key populations were thus two to seven times higher than the national HIV prevalence of 3.4% in the general population (Fed MOH, 2013).

Multiple studies have shown that key populations in Nigeria are subject to extreme stigma and violence. Fawole (2015) found that 52% of female sex workers said they had been victims of some form of violence in the last six months. Sexual violence was the most common (41.9%), followed by economic (37.7%), physical (35.7%), and psychological (31.9%). The TIERS (2016) study showed that lesbian, gay, bisexual, and transgender (LGBT) persons are frequently victims of arbitrary arrest, invasion of privacy, blackmail and extortion, battery, and assault. Cromwell (2017) found that 20% of men who have sex with men were afraid to walk around outside due to fear of violence, and 35%, 25% had been raped and 10% had been assaulted by a male partner. After the passage of the Same-Sex Marriage (Prohibition) Act of 2014, 50% of men who have sex with men reported verbal harassment (compared to 40% before) and 40% reported blackmail (compared to 26% before) (Schwartz, 2015).

52% of female sex workers have been victims of violence in the last six months

50% of men who have sex with men reported verbal harassment

WHO (2016) recommends violence prevention and mitigation violence as critical components of HIV/AIDS programming for key populations because these factors significantly heighten their vulnerability to HIV. Studies in Africa have shown higher rates of HIV infection and HIV risk behaviors among key populations who have been victims of violence. In fact, HIV/AIDS epidemics are often described as "syndemics," driven by mental health and psychosocial challenges, including substance abuse, which themselves are often caused by experiences of violence and stigma against female sex workers.[1]

Violence and stigma (and associated mental health and substance abuse) negatively affect HIV testing, access to treatment, adherence, retention, and viral load suppression.

In Nigeria, men who have sex with men who overcame stigma and shared their sexual orientation with family and healthcare providers had better retention in treatment, higher CD4 counts (white blood cells that fight infection), and lower viral loads, showing better adherence (Charurat, 2015; Schwartz, 2015). Also, in Nigeria, about one fourth reported being afraid to seek healthcare or avoided healthcare due to fear of stigma (Cromwell, 2017). After the passage of the Same-Sex Marriage (Prohibition) Act, which harshly criminalizes LGBT people and imposes punishments of up to 10 to 14 years imprisonment, many HIV-positive men who have sex with men were lost to follow up and reported higher levels of healthcare avoidance (Schwartz, 2018). Similarly, many other African studies have shown how violence and stigma result in poorer access to treatment and treatment outcomes among female sex workers (Decker, 2016; Grosso, 2015 Lyons, 2017) and people who inject drugs (Balaji, 2017).

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[1] (Fraser, 2015; Tounkara, 2015; Wirtz, 2015), men who have sex with men (Houston 2007; Secor, 2015; Poteat, 2017; Rodriguez-Hart, 2017), people who inject drugs (Gilbert, 2015), and transgender women and men (Poteat, 2016; 2017).

IMHIPP

INTEGRATING GENDER, MENTAL HEALTH AND HUMAN RIGHTS IN THE CASCADE OF HIV RELATED SERVICES

HAI's holistic service model integrates evidence-informed risk reduction and harm reduction approaches to address factors such as violence, trauma, and human rights violations that negatively affect prevention and treatment outcomes.

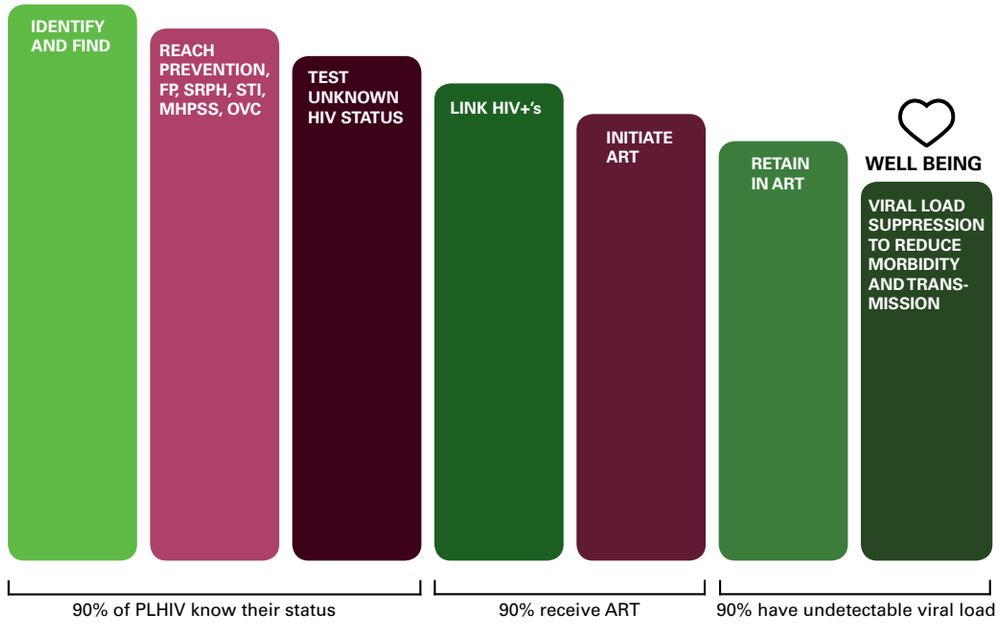
Since 2009, HAI has adopted a holistic approach to HIV prevention, treatment, and care for key populations: reaching over 543,000 individuals with high quality, evidence-based HIV prevention services and treating over 15,000 HIV-positive participants. This prevention and treatment cascade is supported through trauma-informed care as a core component of the IMHIPP program model. In addition to providing high quality biomedical prevention and treatment, HAI has promoted our participants' human rights through community empowerment, facilitated access to justice, trauma informed mental health services, and prevention and response to all forms of gender-based violence (GBV).

HAI's strategies to prevent and mitigate gender-based violence include training on crisis management and response to GBV, post-exposure prophylaxis, emergency contraception and other medical services. In the past two years alone, HAI has provided 9,643 program participants with post-GBV care, including medical, legal, emotional, and psychosocial support services.

In addition to the prevention and mitigation of GBV, HAI also works to ensure access to justice for vulnerable and marginalized people, allowing those who would otherwise be silenced have a voice. HAI empowers key populations to exercise and enforce their rights, challenge discrimination, hold government accountable, and obtain remedies through formal, informal, and alternative dispute mechanisms in accordance with human rights principles and standards.

Trauma-Informed Model Of Hiv Prevention, Treatment & Care For Key Populations

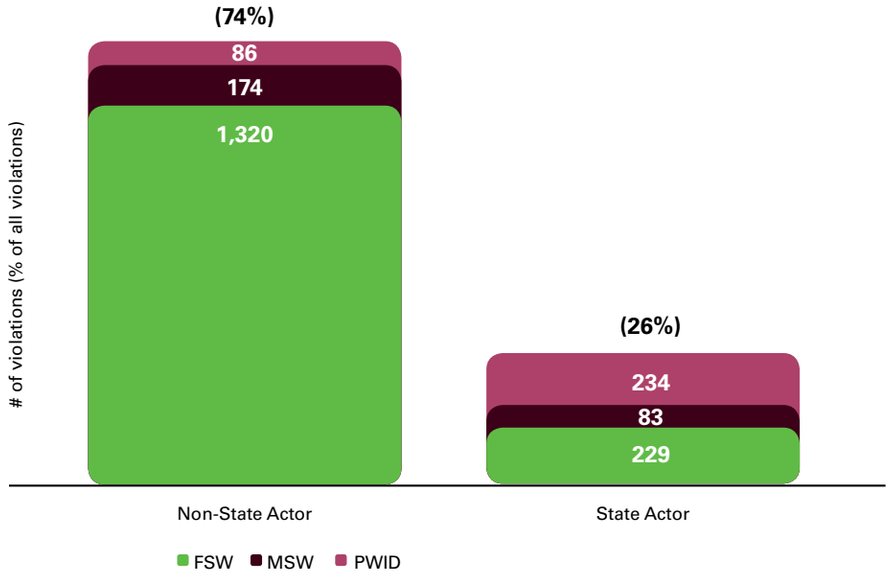
- Access to justice for women, LGBTs, sex workers, PWIDs, PLWHA
- Trauma-informed mental health and psychosocial support for survivors of GBV, torture, stigma and discrimination
- Promote gender equality and human rights (advocacy, community empowerment, safe spaces)
- Cutting-edge stigma-free health care



According to Heartland Alliance International program data, the majority (74%) of violations suffered by IMHIPP participants were committed by non-State actors, with the highest number of violations reported among female sex workers, who suffer from frequent violence and harassment (Figure 1). However, amongst the 26% of IMHIPP participants violated by State-actors, PWIDs comprised the majority of reported incidences.

These violations play a role in heightening the vulnerability of these populations to HIV by driving them further underground and limiting their access to HIV care and support services. In spite of this, HIV programs in Nigeria have been slow to address human rights and legal services. HAI has countered this trend through a training program aimed at counteracting the negative repercussions of legal violations on treatment outcomes. Through HAI's wraparound services, 2,126 individuals (female sex workers: 1,549, men who have sex with men: 257, people who inject drugs: 320) have received legal, medical, or psychosocial interventions for human rights violations between July 2017 and September 2018.

Figure I: Violations Suffered by Key Populations Requiring Legal, Medical, or Psychosocial Intervention, by Perpetrator Type (2017 – 2018)



IMHIPP CASCADES FINAL YEAR

Thanks to its comprehensive model of care, IMHIPP gained the trust of key population communities in the seven states in which it has worked over the last nine years. This led to impressive cascade results in its final nine months of implementation.

Table I: IMHIPP HIV prevention-treatment cascade results October 1, 2017 – June 30, 2018

	Reach (#)	Test (#/%)	HIV+ (#/%)	Anti-Retroviral Treatment (ART) (#/%)	Retain (#/%)
Female sex workers	143,297	108,256 (76%)	5,886 (5%)	4,788 (81.3%)	3,788 (81%)
Men who have sex with men	36,453	26,750 (73%)	2,060 (8%)	1,807 (88%)	1,807 (100%)
Persons who inject drugs	15,387	12,077 (79%)	923 (8%)	759 (82%)	759 (100%)
Total	**195,131**	**147,083 (75%)**	**8,869 (6%)**	**7,440 (84%)**	**6,357 (85%)**

CONCLUSIONS AND RECOMMENDATIONS

Policymakers, donors, and implementers must place greater emphasis on the integration of services to prevent and mitigate the effects of violence into health programming and to create an enabling environment for key populations to access healthcare services and reduce their vulnerabilities to human rights violations, and therefore their risk of contracting HIV. These services are also essential for HIV positive key populations to access and be successful in antiretroviral therapy, which prevents secondary transmission as well as illness and death.

When packaged together, these activities complement one another and help key populations to overcome the legal, institutional, cultural, economic, informational, physical, and psychological barriers that limit their ability to rise out of poverty and participate fully and equally in society.

Why integrate gender, mental health, and human rights services into HIV/AIDS programming for key populations?

- To improve the ability of key populations to access essential services
- To increase demand for HIV services, including testing and treatment
- To remove barriers (social, psychosocial) to HIV treatment, adherence, and achievement of viral load suppression which reduces HIV transmission, morbidity, and mortality
- To promote the participation of different segments of society in their own governance
- To promote accountability of government structures (police, health) to citizens

Recommended strategies for integrating gender and human rights services into HIV/AIDS programming:

PREVENTION

- Community-based human rights education
- Stakeholder engagement at national and state levels (especially the health system, the police and the courts)
- Safety and security trainings
- Information, education, and communication materials on human rights
- Security updates on social media
- Removal of discriminatory laws and policies

PROTECTION

- Alternative dispute resolution mechanisms
- Engagement of key population- friendly lawyers at state level to provide legal representation
- Key population paralegals
- Response teams easily accessible through phone and social media
- Emergency funds to key population-led NGOs during emergencies
- Violence monitoring, tracking, and reporting
- Advocacy with appropriate authorities to respond to abuses

MITIGATION

- Medical: post-exposure prophylaxis, emergency contraception, treatment of injuries
- Mental health/psychosocial: peer counseling, group counseling, “circles against violence” women’s groups
- Substance abuse treatment
- “Harm reduction” services for substance users, especially person who inject drugs
- Referral services for more complex psychosocial interventions, medical services, and other relevant survivor-centered services
- Access to justice: legal assistance against abusers

For references see: HAI Annotated Bibliography: The evidence base for comprehensive services for key populations: Addressing stigma, violence, and mental health.

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