



**MMS Bulletin #134**

*Many HIV-positive people are still left behind*

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**Highlights of the aidsfocus.ch conference**

**HIV and Aids and vulnerable groups – Do not leave anyone behind**

Von Carine Weiss

*“We’ve seen a growth of experience, in political commitment, and in the mobilisation of civil societies and community activism. But the gap between those achievements and ending the epidemic is still too wide. People are still left behind”, says Sally Smith from UNAIDS at the 14th aidsfocus.ch conference.*



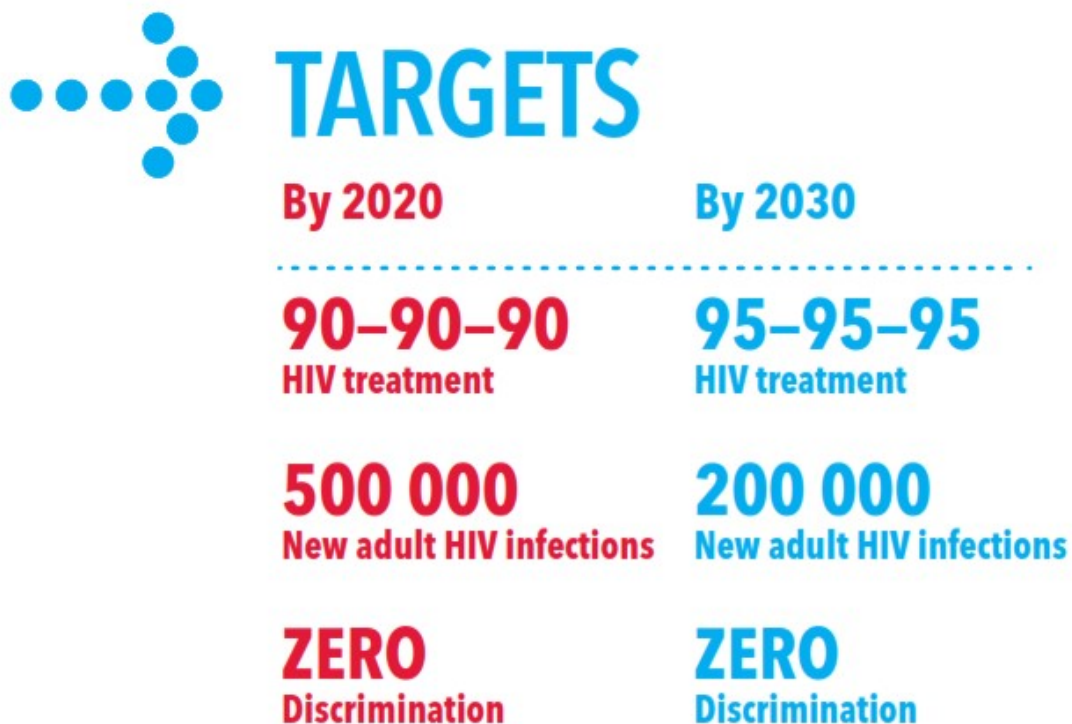
This year’s annual aidsfocus conference shed light on vulnerable groups such as sex workers,

disabled people, gay and lesbians; migrants and prisoners. Globally, men who have sex with men (MSM) are 19 times more likely to contract HIV than other men, while transgender people are up to 49 times more likely than the general population. Vulnerable groups engage in behaviours that put them at higher risk of becoming infected and they are among the most marginalized and discriminated populations in society. At the same time, the resources devoted to HIV prevention, treatment and care for these populations are not proportional to the HIV prevalence - a serious mismanagement of resources and a failure to respect fundamental human rights. If we want to achieve the ambitious goal to end the Aids epidemic by 2030 we cannot leave anyone behind...

## **Fast track**

The AIDS response needs to be fast-tracked in key locations and populations. Setting ambitious targets are necessary to ending the AIDS epidemic.

“To end the AIDS epidemic by 2030 would mean that AIDS is no longer a public health threat. It means that the spread of HIV has been controlled or contained and that the impact of the virus on societies and on people’s lives has been marginalized and lessened, owing to significant declines in ill health, stigma, deaths and the number of orphans. It means increased life expectancy, unconditional acceptance of people’s diversity and rights, and increased productivity and reduced costs as the impact of AIDS diminishes. “ UNAIDS (2014)



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Vulnerable groups are often mistaken for a minority but the number of migrants, disabled people or prisoners speak for themselves! Muriel Mac-Seing from Handicap International pointed to the 1 billion people living with disability worldwide – they need to have the same rights and possibilities to access prevention and care services for sexual and reproductive health services including HIV and AIDS as anyone else.

## ***Universal access to health care for everyone***

We tend to argue that universal access is guaranteed if we achieve geographical coverage of health care services. It is undeniable that geographical access to health services is important. However vulnerable groups often face the issues of being refused at the health facility either verbally or by body language. Anthony Waldhausen from the Gay and Lesbian network in South-Africa addresses stigma and victimisation at health facilities through sensitisation trainings with nurses and doctors by including clerks and other hospital management staff. They are often the ones who receive the patients first and deny access to LGBTI (Lesbian, gay, bisexual, transgender and intersex) persons verbally or through body language. Muriel Mac-Seing from Handicap International reported on disabled people who were rejected by health care providers who asked “why do you need a pregnancy test or HIV counselling?” As if disabled people never had sexual intercourse or would never do it.



Also Migrants in Switzerland face several barriers accessing health care services. Migrants in Switzerland face issues with regards to their legal status, or their lack of knowledge where to receive information or treatment, told us Claude Isofa Nkanga from Fondation PROFA. Health care providers often don't know about the cultural background of their patient and misinterpret a headache for a minor illness. Headaches in other cultures are often a way of

saying “things are not going well in my life”, “I face difficulties with my husband” etc. Claude Isofa Nkanga recommends that health care providers in Switzerland need more cultural competencies.

## ***Changing mindsets is the way forward***

The presentations clearly pointed to the need to change mindsets of health care providers but also of policeman, hospital staff, prisoner staff, different ministries, basically the majority of the general population about who are vulnerable groups and what are their needs.

Laurant Gétaz illustrated in an excellent way how important prison health with regards to sexually transmitted diseases is important for the general population in Bolivia. The results of a survey conducted in one prison in Bolivia was enough evidence for the Bolivian government to realise “good prison health is public health”!

## ***We cannot just talk about sex***

Several speakers pointed to the fact that sensibilisation of different stakeholders or engaging the target community to talk about their sexual behaviour needs creativity and sensitivity. “We cannot just talk about sex...”. Anthony Waldhausen, as well as Sally Smith reported on their experience with Faith-based organisations and how to engage with priests and other believers on the topic of HIV and AIDS. For them the entry point is engaging this group into a dialogue by using the bible passage “How can we save lives for all...”

## ***Where will be our aidsfocus?***

Aidsfocus.ch is committed to contribute to reaching the ambitious goal of ending the AIDS epidemic by 2030 as set out by UNAIDS. We appreciate the support of the Swiss government towards this ambitious goal:

**“An AIDS-free generation is in our reach. It is our responsibility to make it happen. Nations have to unite in this common goal and act together with force of conviction,” said Didier Burkhalter, President of Switzerland. “The objective is clear: end AIDS by 2030!”**

We will keep our **aidsfocus** on vulnerable groups in the coming years and will follow up national and international debates on fast tracking the AIDS epidemic.

**Fast track**  
Ending the Aids Epidemic by 2030 and ensuring healthy lives and promoting wellbeing for all at all ages

**Fast-Track Targets**

By 2020  
**90-90-90**  
**500 000 new infections among adults**  
**ZERO discrimination**

By 2030  
**95-95-95**  
**200 000 new infections among adults**  
**ZERO discrimination**

**90%** of people living with HIV knowing their HIV status.

**90%** of people who know their HIV-positive status on treatment.

**90%** of people on treatment with suppressed viral loads.

**Vulnerabel groups**

- People living with HIV
- Displaced persons
- Adolescent girls and young women
- People who inject drugs
- Prisoners
- Sex workers
- Migrants
- Gay men and other men who have sex with men
- Transgender people
- Children and pregnant women living with HIV
- People with disabilities
- People aged 50 years and older

**References**

UNAIDS - Fast-Track - Ending the AIDS epidemic by 2030:  
[http://www.unaids.org/en/resources/documents/2014/JC2686\\_WAD2014report](http://www.unaids.org/en/resources/documents/2014/JC2686_WAD2014report)


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<http://www.unaids.org/en/resources/documents/2014/HighlightsFastTrack>

Lancet Series (2014): HIV and sex workers: <http://www.thelancet.com/series/hiv-and-sex-workers>

UNAIDS Gap report.:  
<http://www.unaids.org/en/resources/campaigns/2014/2014gapreport/gapreport>

Mind the Gap: <http://www.unaids.org/en/resources/campaigns/2014/2014gapreport/slides>



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