



PROMOTING ACCOUNTABILITY:  
HOW TO BETTER MONITOR PROGRESS  
AGAINST STRUCTURAL BARRIERS IN THE  
HIV RESPONSE?

The webinar will start shortly.

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# Programme



*Moderator: Helena Nygren-Krug, Senior Advisor, Joint United Nations Program on HIV/AIDS (UNAIDS)*



**Measuring racial and social disparities and promoting accountability in the HIV response and beyond**

LaRon E. Nelson, Associate Dean for Global Affairs & Planetary Health, Independence Foundation Professor and Associate Professor, Yale School of Nursing



**Gender and accountability: How to meaningfully measure progress and ensure programmes are gender responsive?**

Keren Dunaway, IAS Youth Champion & International Community of Women (ICW) Latina



**Monitoring programmes during COVID-19 and advocating to prevent service disruption for people who use drugs:**

**Harm reduction services in India**

Eldred Tellis, Founding Director of the Sankalp Rehabilitation Trust, India

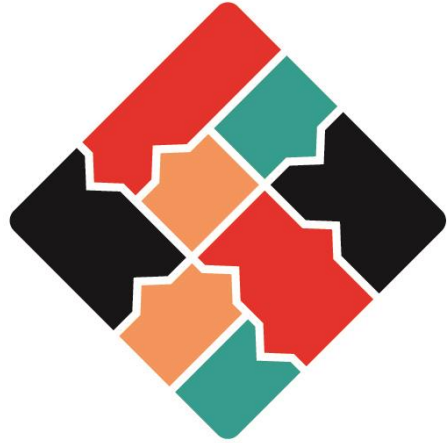


**From science to policy: Monitoring global progress through HIV Policy lab**

Matthew Kavanagh, O'Neill Institute for National and Global Health Law, United States



Yale



# EDUCATIONAL FUND

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Measuring racial and social disparities and promoting accountability in the HIV response and beyond

**LaRon E. Nelson, PhD, RN, FNP, FAAN**

**Associate Dean for Global Affairs & Planetary Health Independence  
Foundation Professor and Associate Professor of Nursing**





# THE FOUR <sup>OF</sup> DIMENSIONS **RACISM**

## **INSTITUTIONAL**

Policies and practices that reinforce racist standards within a workspace or organization.

## **STRUCTURAL**

Multiple institutions collectively upholding racist policies and practices, i.e. society.



## **INTERPERSONAL**

Racist acts and micro-aggressions carried out from one person to another.

## **INTERNALIZED**

The subtle and overt messages that reinforce negative beliefs and self-hatred in individuals.

*Inspired by  
Race Forward Trainings*

**Slow Factory  
Foundation**

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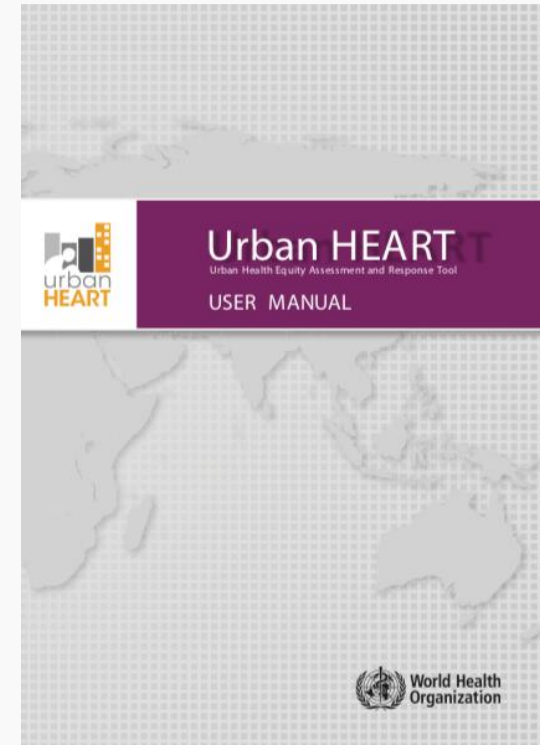
# Measuring Inequities – Collect the Evidence

1. Document the impact of inequitable social policies and norms on health outcomes, including HIV
  - Racialized Impacts
  - Gendered Impact
  - Class Impact
  - Age Impact
  - Other groupings of privilege and marginalization



# Measuring Inequities – Collect the Evidence

- Urban Health Equity Assessment & Response Tool
  - Social & Human Development
  - Economics
  - Governance
  - Physical Environment & Infrastructure





# Measuring Inequities – Collect the Evidence

- State-Level Racism Index calculates racial disparity
- scores across four domains:
  - Education
  - Economics
  - Employment
  - Incarceration

FULL TEXT ARTICLE

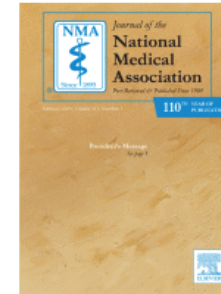
## The Role of Racial Residential Segregation in Black-White Disparities in Firearm Homicide at the State Level in the United States, 1991-2015

Anita Knopov B.A., Emily F. Rothman Sc.D., Shea W. Cronin Ph.D., Lydia Franklin, Alev Cansever B.A., Fiona Potter B.A., Aldina Mesic M.P.H., Anika Sharma, Ziming Xuan Sc.D., S.M., M.A., Michael Siegel M.D., M.P.H. and David Hemenway Ph.D.  
Journal of the National Medical Association, 2019-02-01, Volume 111, Issue 1, Pages 62-75,  
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Abstract

Objective

To investigate the relationship between racial residential segregation and



Journal of the  
National  
Medical  
Association

Volume 111, Issue 1

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# Measuring Inequities – Inspect the Evidence

2. Are there Patterns - If they are not random, then they are built-in (systematic)





# Measuring Inequities – Understand the Evidence

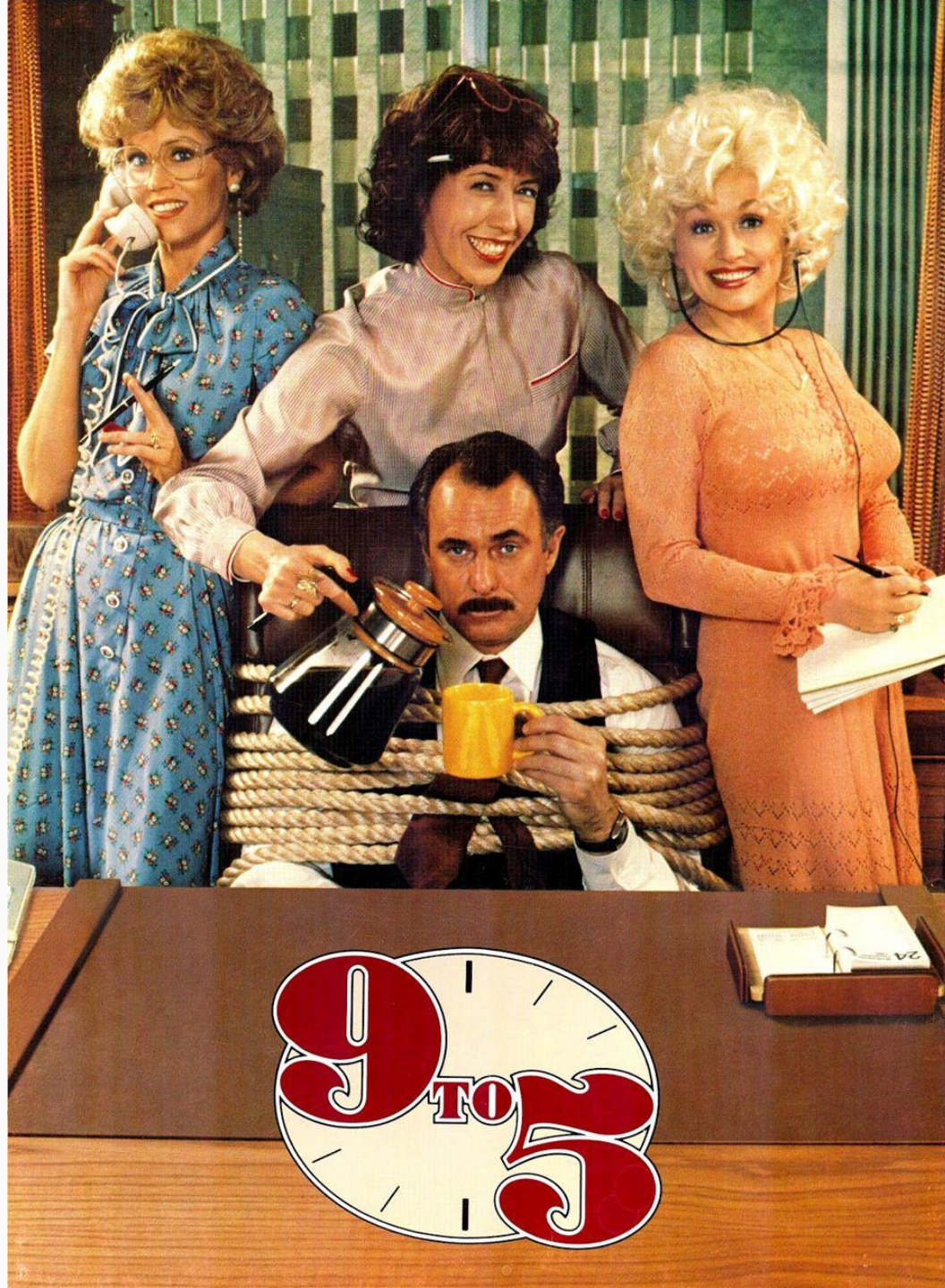
## 3. Examine the Social and Political Drivers

- What are the organizational practices and policies that contribute to the inequities? (institutional)
- How are these inequities reinforced across institutions? (structural)
- What are the incentives that reinforce the inequities? (political economy)



# Measuring Inequities – Act on the Evidence!

4. Use the Evidence – Data alone will not solve the problem, but can help promote accountability
  - Set targets (draw the line)
  - Facilitate cross-sectoral approaches
  - Monitoring change
  - Knowing when to escalate







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THANK YOU



# EDUCATIONAL FUND

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“We Know, We Can”

Youth Area  
ICW Latina



# The project and the youth area



## Context

- The ICW Latina Youth Area started in 2017 during the High Level Meeting in San José, Costa Rica
- “We Know, We Can” started in early 2020 under the IAS Youth Champion programme led by the ICW Latina Youth Area
- The main objective of the project is to strengthen political advocacy agendas through data analyses of the situation of young women with HIV in Argentina, Chile, Honduras and Nicaragua
- Based on a situational analysis of data disaggregation a political advocacy plan will be created

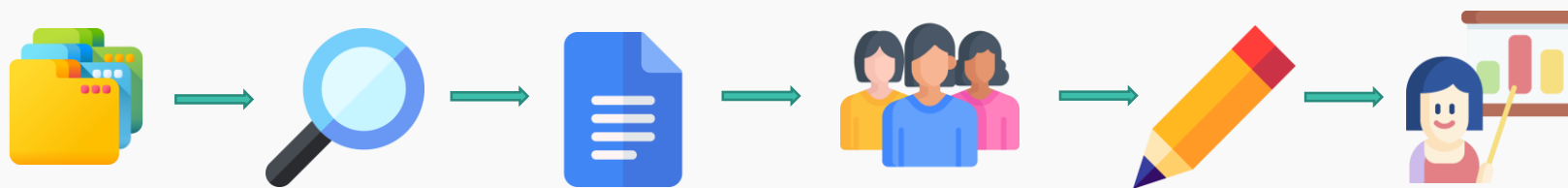




# What we did, what we are doing and what we are going to do ...



## Our activities



- Data collection
- Analysis of the collected documents
- Women's circle
- Situational report
- Advocacy plan
- Results presentation



**In our search, we found it difficult to find data that was disaggregated**



# Argentina



- There are no accurate records of health services access among young women living with HIV
- However, it is possible to describe the situation from semi-structured interviews from the study *Characteristics of women recently diagnosed with HIV in Argentina* (2012) by the Argentinian Network of Positive Women
- There is information about access to HIV prevention, but no information about of access to health services. There is a comprehensive care guide for women living with HIV, but no data on how many women have access to the HPV vaccine or PAP tests

*"Argentina has information on stigma and discrimination because social organizations have influenced studies of stigma and discrimination for many years, because there was a big concern of the subject. But now we need to have information about what interests us, which is access to sexual and reproductive health"- Cintia Gerez, Argentina*





# Chile



- According to UNAIDS in Chile, there is no data on the number of women living with HIV who have developed cervical cancer
- An attempt was made to request the information through the Transparency Law from the Ministry of Health with the deadline of August 5<sup>th</sup>. The ministry did not respond being granted an extension for responding
- There is no data available on the number of young women living with HIV between 15 and 29 years of age who have access to the HPV vaccine. In the Ministry of Health guidance (*AUGE: acquired immunodeficiency syndrome HIV / AIDS*, 2013), no recommendation is provided around women living with HIV and the HPV vaccine.

*"Actually, the obstacle was in all the data that I mentioned and I think it is because of the same invisibility that women with HIV have in the development of public policies that affect people with HIV" - Sara Hernandez, Chile*





# Honduras

- There are no age-disaggregated data on stigma and discrimination
- There is no data on access to the HPV vaccine or PAP
- There are no gender-disaggregated data available
- Secret Law
- Outdated information

*“Only general data was found” – Kenia Donaire, Honduras*







# Nicaragua



- According to data collected by Women of Leadership, only 2 out of 10 young women have access to contraception after their first delivery. It is important to note that this information is for all women, the data is not disaggregated to understand access for young women living with HIV
- Key actors did not answer the request for collaboration
- The information available was general and not specific to young women living with HIV

*"The data we found were from the general population and not disaggregated by gender, the studies are not up-to-date, mostly they talk about prevention and education of STIs"*  
Karla Gomez, Nicaragua





# Overall

- No gender-disaggregated data was available
- The information available was out of data
- Many guidelines from the ministries of health were outdated and did not specifically recommend HPV vaccines or PAP tests for women living with HIV
- Support from key actors was limited
- There is no Transparency Law for public access to data in Central America
- Most information that was available was related to HIV prevention
- There's a vast difference on access to information between Central and South America
- The lack of disaggregated data is the primary barrier for an Advocacy Plan with specific actions





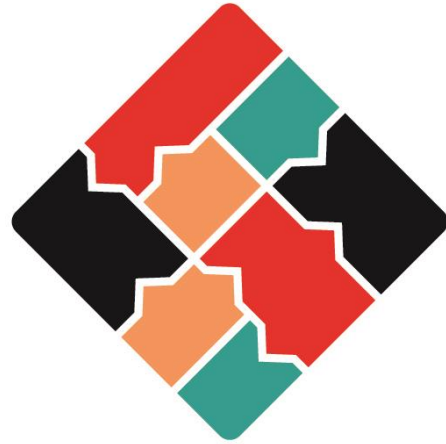
# How to improve?

- **Comply with international treaties**
- **Talk to decision makers**
- **Include specific M&E indicators on young women living with HIV**
- **Rethink M&E of care protocols**



[icwlatina.org](http://icwlatina.org)

[icwlatinajovenes@gmail.com](mailto:icwlatinajovenes@gmail.com)



# EDUCATIONAL FUND

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Monitoring programmes during COVID-19 and preventing Harm Reduction service disruption for People Who Use Drugs in Mumbai

**ELDRED TELLIS**





# Sankalp Rehabilitation Trust works primarily with street-based people who inject drugs

Almost 70% homeless migrants

- Mostly unemployed between ages 18-50
- Some are daily wagers – 95% Male  
5% Female



**SANKALP**  
**REHABILITATION TRUST**

Never, never, give up



# Their lives during lockdown

- No work and no earning
- No regular meals
- No general health care due to hospital occupancy with COVID-19



**SANKALP**  
**REHABILITATION TRUST**

Never, never, give up



# Service delivery disruption

- No transportation during lock down
- Restricted mobility - Staff couldn't reach workplace
- Some had to be accommodated in Admin office or Detox Centre to keep services open





# Advocacy

- Advocacy with MDACS, for Oral Substitution Therapy (OST) on weekly basis
- Advocacy with police for needle exchange services
- Advocacy with the municipal corporation for those who have shifted within proximity of Drop-In Centre.



**SANKALP**  
**REHABILITATION TRUST**

Never, never, give up



# Ensuring uninterrupted services

- Initially the Drop-In Centre opened once a week. This was increased to 6 times/week (even though staff are responding to 4 days/week) after lockdown eased.
- Minimum one meal a day was distributed; whenever possible two were also distributed.
- Distribution of dry ration of those with families
- Providing detoxification for those in need





# Outreach

- Needle syringe exchange done within walking radius of 2km besides availability at Centre
- Abscess management on the streets
- Continued referral for emergency services
- Assistance for pick-up of ART
- Initiating Hep C treatment with Sofosbuvir under Govt. treatment Centres





# COVID-19 prevention

- Provided masks to clients on OST
- Maintain safe distancing in queues outside the Drop-In Centre (DIC)
- Providing sanitizer for all OST clients entering DIC
- Soap for good hand washing
- Conducting meeting in small groups of 8 to maintain social distancing
- Conducting COVID-19 testing with municipal authorities
- Ongoing counseling (individual & group) on COVID-19 prevention strategies.





# Findings of survey (1)

- With 60% having only primary or no education, messages failed to reach them in the absence of TV or Smart phones
- With 44 % shifting from using in groups to alone, it could have reduced transmission of blood borne viruses
- Almost 90% having no work or earning less than before, they found survival very difficult



# Findings of survey (2)

- Due to work within walking radius, 35% were unable to get access to clean needles and syringes
- 90% found it difficult to very difficult to access General treatment
- Although almost 70% felt they may get infected, 77% said they needed more information on COVID-19

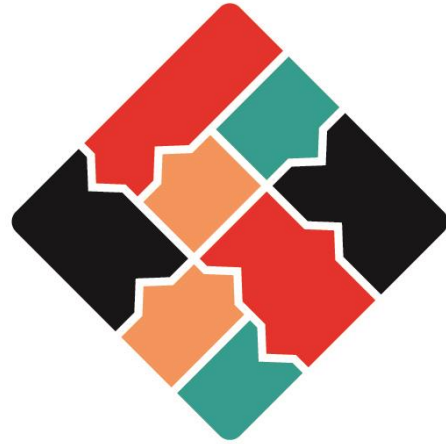


**THANK YOU!**



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Never, never, give up



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**From science to policy: Monitoring global progress through HIV  
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# HIV Policy Lab

*Policy as Data to End the AIDS Pandemic*

Matthew Kavanagh, PhD  
Director, Global Health Policy & Politics Initiative  
O'Neill Institute for National & Global Health Law  
Georgetown University

Produced by



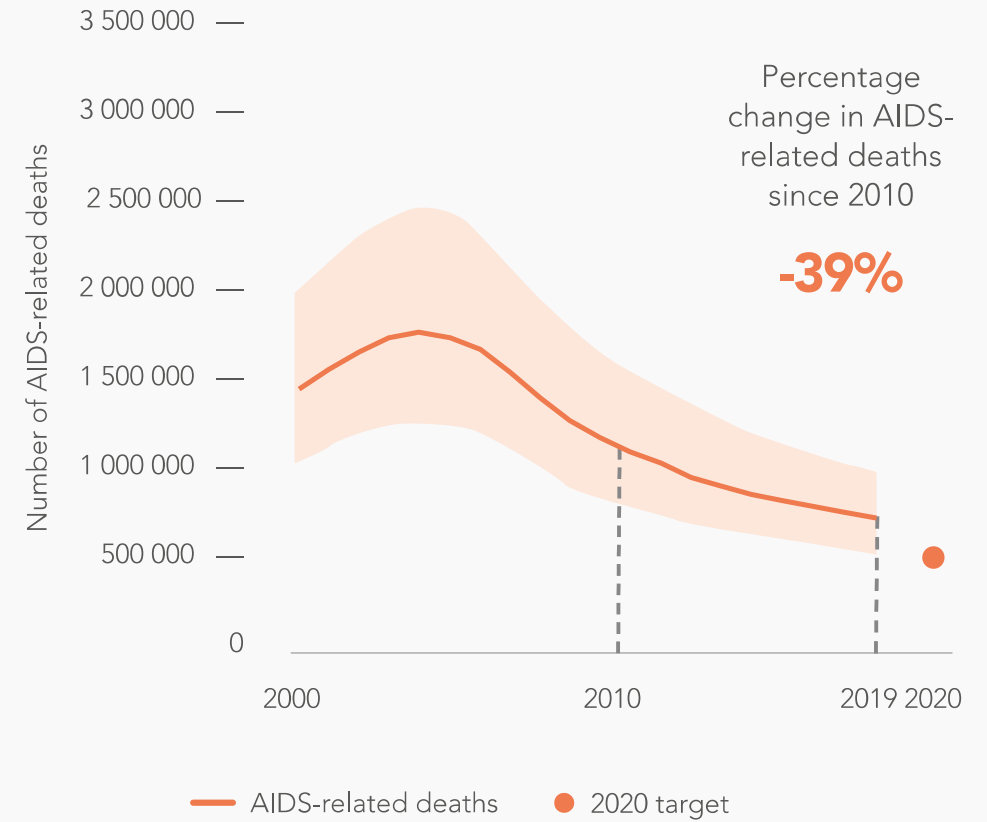
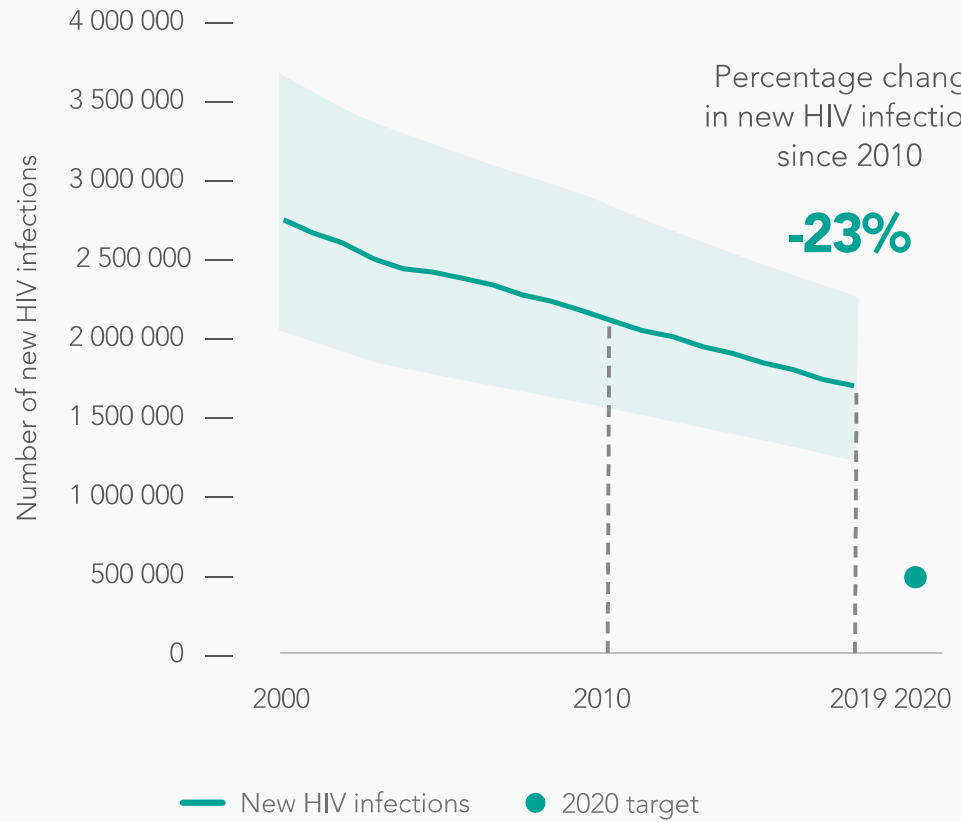
In partnership with





# HIV Policy Lab

We are not on track to reach global goals...



Source: UNAIDS epidemiological estimates, 2020 (see <https://aidsinfo.unaids.org/>).

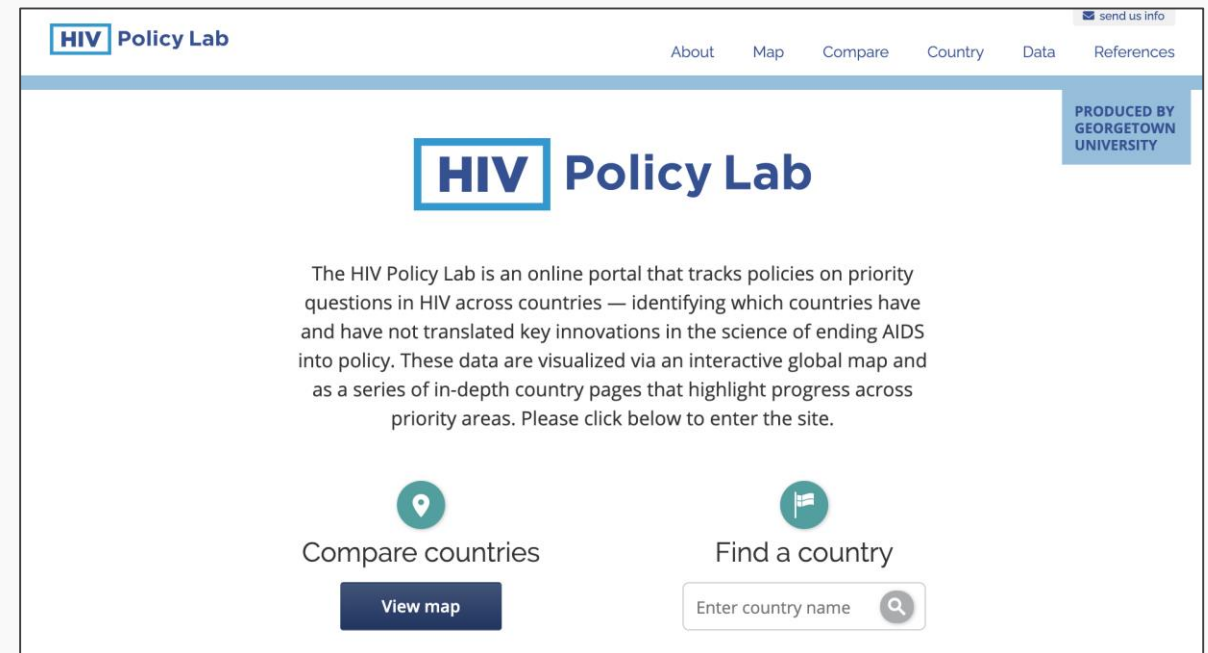
After decades of the global AIDS response and scientific advance, it would be tempting to believe that most countries have adopted the “right” policies, with a few outliers...





# HIV Policy Lab

- Database and Visualization Platform
- 33 law/policy indicators (50, including sub-indicators)
- 4 policy areas:
  - clinical/treatment
  - testing/prevention
  - Structural
  - health systems
- 194 countries
- 4 years of data & counting...



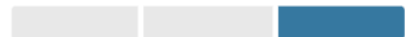

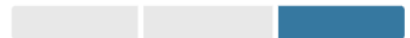

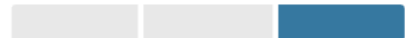














## Clinical / treatment

[send us info](#)

CT

MOST

Domain / indicator / topic	Question	Adoption level 		
		Not adopted	Partially adopted	Adopted
<b>CT1</b> Treatment initiation 	Are all people living with HIV, regardless of CD4 count, eligible to start HIV treatment in national policy?			
<b>CT2</b> Same-day treatment start 	Is the option to start treatment the same day as HIV diagnosis included in national policy?			
<b>CT3</b> Treatment regimen 	Are up-to-date first-line ARV regimens aligned with international recommendations included in national HIV policy?			
<b>CT4</b> Differentiated service delivery 	Do national HIV treatment policies identify those who are stable and include multiple options for differentiated HIV treatment services (e.g. multi-month dispensing, community ART dispensing, reduced clinic visits)?			
<b>CT5</b> Viral load testing 	Is viral load monitoring at least once per year provided for in national policy?			
<b>CT6</b> Pediatric diagnosis & treatment (2-part) 	Are national pediatric testing and treatment policies aligned with international recommendations?			
<b>CT7</b> Migrants access to healthcare (2-part) 	Are HIV services and primary healthcare available to all migrants under the same conditions as citizens under national policy?			
<b>CT8</b> TB diagnostics 	Are rapid diagnostic tests (e.g. TB LAM) aligned with WHO recommendations used as the initial diagnostic test for TB in PLHIV under national policy?			

# South Africa

Show data as of ⓘ

Most recent data ▼

## Overall country policy adoption ⓘ

VERY FEW
FEW
SOME
MANY
**MOST**

## Policy indicator adoption ⓘ (out of 33 policy indicators)

24 5 4 0  
 Adopted Partial Not adopted Data not available

## HIV incidence ⓘ

**200.00k**  
 new HIV infections  
 in 2019

▼ 36%  
 since  
 2014

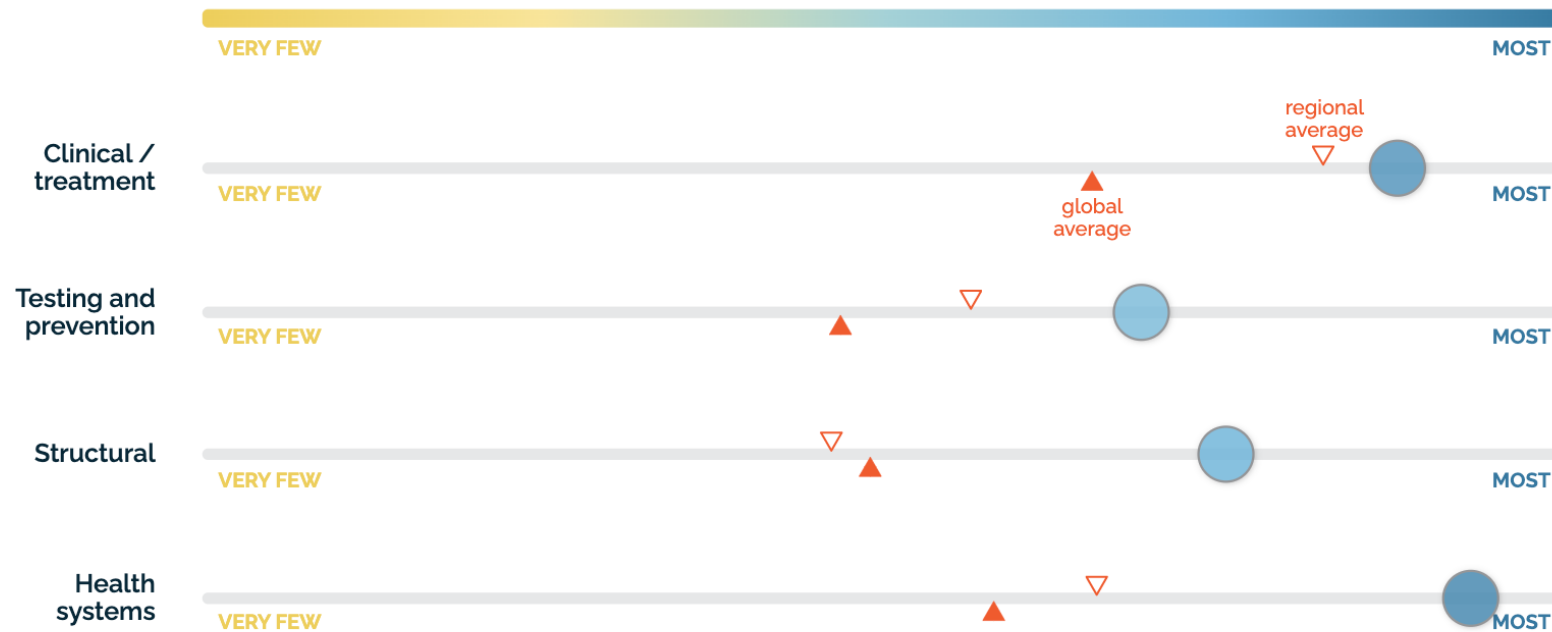
## ART treatment ⓘ

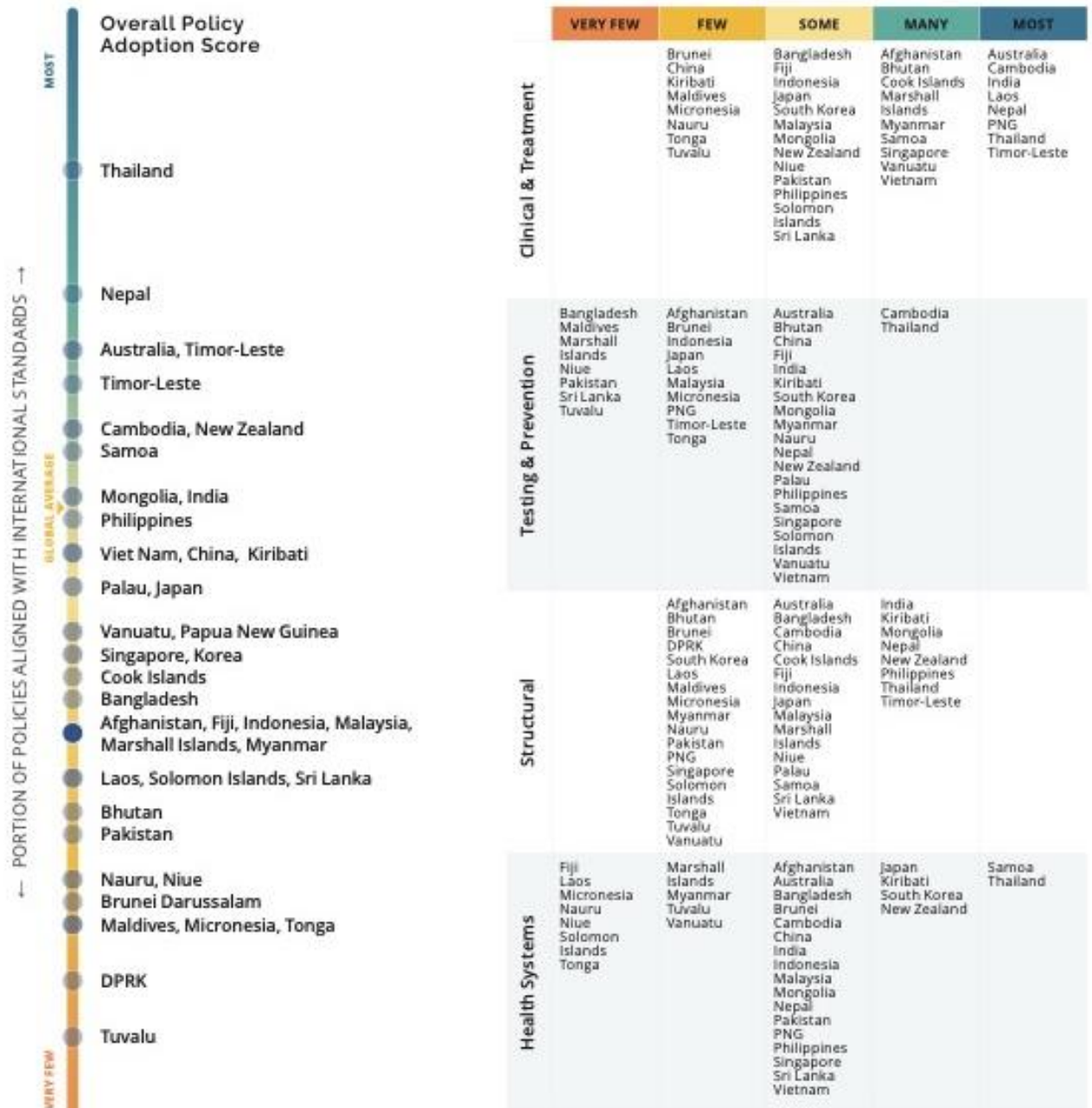
**75%**  
 of people on ART  
 in 2019  
 among those who  
 know  
 HIV status

▲ 21%  
 since  
 2015

Does not meet 90% target

## Policy adoption by topic area





## Policies in the Asia Pacific from the 2020 HIV Policy Lab Report

- Law & policy remains a major barrier to halting HIV in the region.
- No country has fully adopted core policies aligned with WHO, UNAIDS, and other international standards, across 33 issues.
- Thailand as the law and policy environment most aligned international standards in the region
- Several countries have aligned “most” (>80%) of clinical polices with international standards but quite a few have not.
- No country in the region has aligned even most of its policies on testing, prevention, structural drivers, and health systems
- More data at [HIVPolicyLab.org](http://HIVPolicyLab.org)





Thailand

Overall country policy adoption



Policy adoption (out of 33)



HIV incidence

**5.40k** new HIV infections in 2019

▼ 51% since 2014

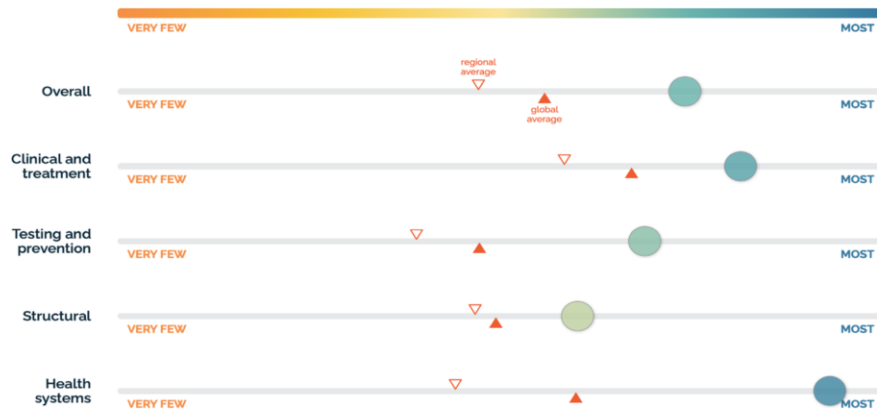
ART treatment

**80%** of people with HIV on ART in 2019

▲ increase from 53% in 2014

Does not meet targets for 90/90/90 goals

## Policy adoption by category



Australia

Overall country policy adoption



Policy adoption (out of 33)



HIV incidence

**820** new HIV infections in 2019

▼ 18% since 2014

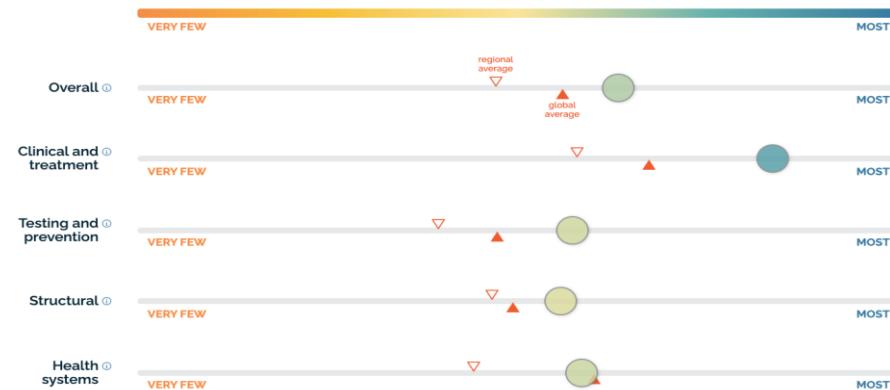
ART treatment

**83%** of people with HIV on ART in 2019

▲ increase from 73% in 2014

Meets targets for 90/90/90 goals

## Policy adoption by category



Several of the countries that have achieved the most progress on the 90/90/90 targets also have adopted more policies aligned with international standards



## Philippines

Overall country policy adoption

VERY FEW FEW **SOME** MANY MOST

Policy adoption (out of 33)

**12** Adopted **8** Partial **11** Not adopted **2** Data not available

HIV incidence

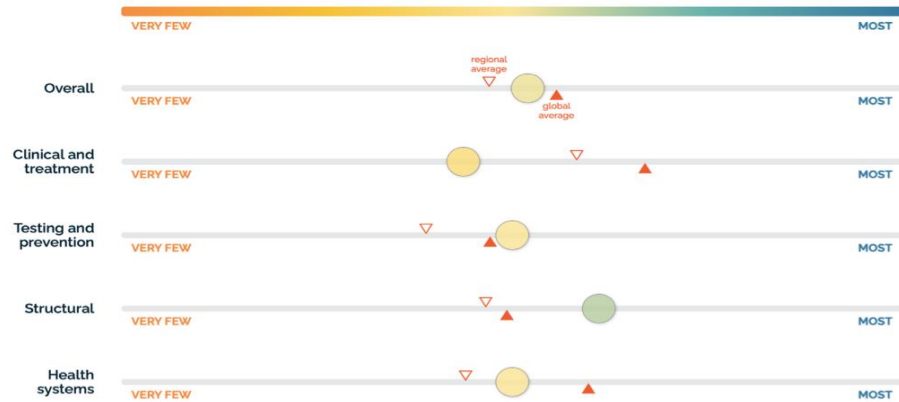
**16,00k** new HIV infections in 2019 **+80%** since 2014

ART treatment

**44%** of people with HIV on ART in 2019 **+ Increase** from 20% in 2014

Does not meet targets for 90/90/90 goals

### Policy adoption by category



## Pakistan

Show data as of **Most recent data**

Overall country policy adoption

VERY FEW **FEW** SOME MANY MOST

Policy adoption (out of 33)

**8** Adopted **8** Partial **16** Not adopted **1** Data not available

HIV incidence

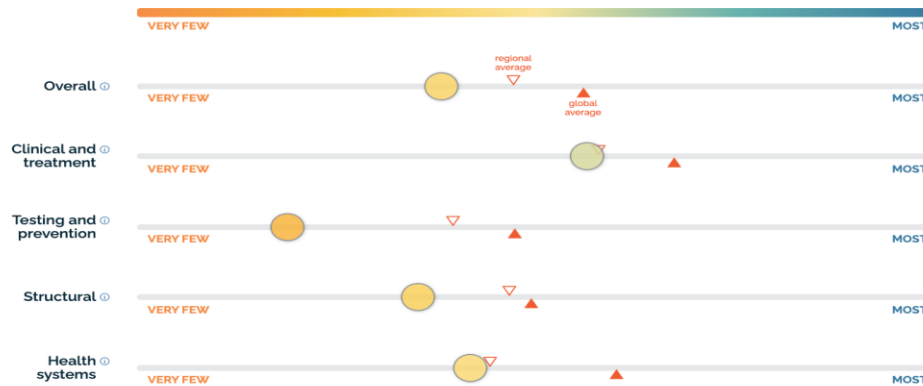
**25,00k** new HIV infections in 2019 **+39%** since 2014

ART treatment

**12%** of people with HIV on ART in 2019 **+ Increase** from 4% in 2014

Does not meet targets for 90/90/90 goals

### Policy adoption by category



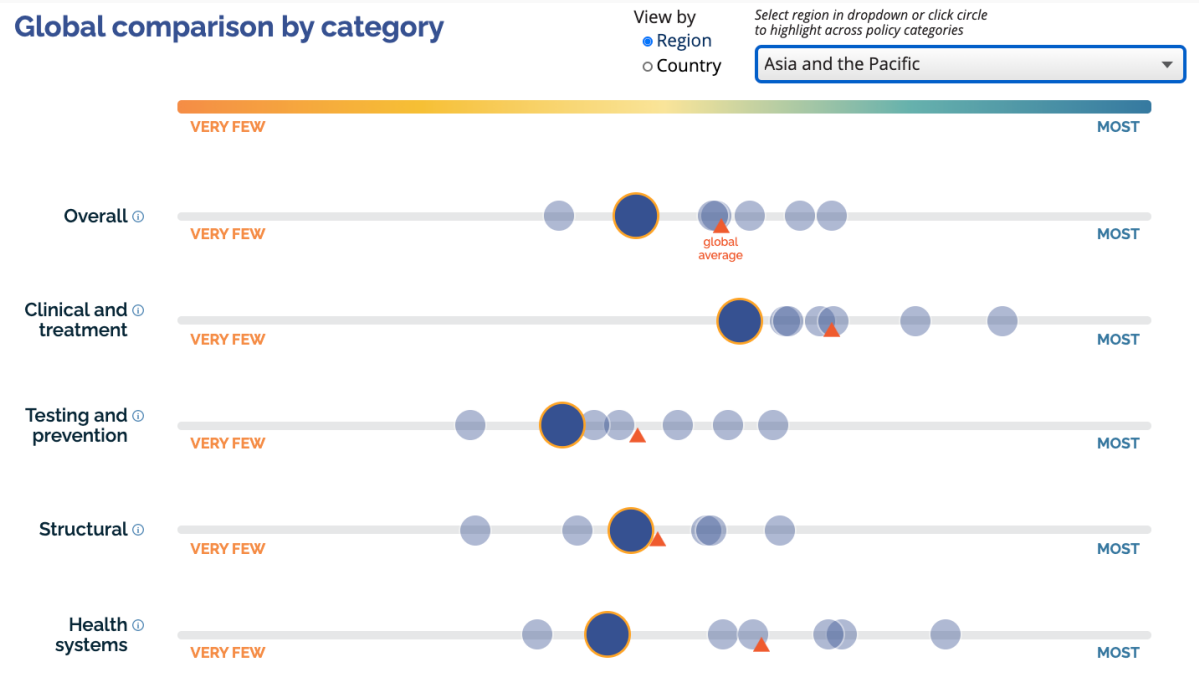
Some of the countries facing the fastest rising new HIV infections and AIDS deaths have adopted the fewest international law and policy recommendations.



## HIV Policy Lab

### Asia Pacific Region

#### Global comparison by category



## In the Asia Pacific Region 2020 Global HIV Policy Report

- only 40% of AP countries have updated their treatment guidelines to align with current WHO recommendations on first-line regimens for adults, and only 22% have done so for children.
- only 44% of countries allow adolescents to access testing and/or treatment without parental consent.
- fewer than one quarter of AP countries' policies make PrEP available to all populations at substantial risk.
- 42% of countries continue to criminalize same-sex sexual relations and only 30% have laws in place that prohibit discrimination based on sexual orientation.



[www.hivpolicylab.org](http://www.hivpolicylab.org)

**Thank you for your help!**

Matthew Kavanagh, PhD  
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