



Legal and Protective Network to Address HIV-related Abuses against Key Populations and Persons Living with HIV in Ghana

BACKGROUND

Men who have sex with men (MSM) and female sex workers (FSWs), both considered key populations (KPs) and persons living with HIV (PLHIV) face noticeable human rights abuses, stigma and discrimination, based on their sexual orientation or sex-related work. They also are subjected to sexual and gender-based violence (SGBV) from both the general population and their peers. HIV-related discrimination, stigma, human rights abuses, and gender-based violence are observed at multiple levels throughout society, from family and peers to the state level. For example, MSM frequently face subtle forms of SGBV from sex partners and peers. Similarly, many PLHIV face overwhelming stigma associated with their HIV status, and the resulting discrimination can be devastating to their general well-being. Discrimination takes the form of abandonment by spouses or families, social ostracism, job and property loss, school expulsion, denial of medical services, lack of care and support, and violence. As a result of their sexual preferences, orientation, and number of sexual partners, MSM and FSW face discrimination and related stigma from health workers as they seek services to address HIV and other sexually transmitted infections. They also face a myriad of human rights abuses and violence from some state institutions, particularly the police.

EFFECTS OF UNCHECKED HIV-RELATED ABUSES

One of the grave consequences of abuses targeting KPs and PLHIV is that these populations are less likely to seek health services, including HIV testing. They also may shy away from disclosing their HIV status to others, adopting HIV preventive behaviors, and accessing HIV treatment, care, and support!. This has serious consequences for national efforts to reduce HIV infection through increased uptake of HIV and AIDS services among KPs and PLHIV in Ghana. In most instances, KP and PLHIV choose to remain silent about abuses or, in instances in which they have the courage to seek justice, do not receive full cooperation from relevant state institutions. As a result, survivors often do not access state and non-state services, for fear of facing further stigma and discrimination. To mitigate these

consequences, with support from the U.S. Agency for International Development (USAID), the Strengthening HIV/AIDS Response Partnership with Evidence-based Results (SHARPER) Project instituted a community based rapid-response system to provide a network of health, legal, and protective options for these populations.

MITIGATING HIV-RELATED ABUSES

The community based rapid-responses system provides an interface for KPs and PLHIV to access appropriate health, legal, and police protection when abused, threatened, or harmed. SHARPER updated an existing community-mobilization training manual from the International Federation of Women Lawyers (FIDA) to include information on KPs and PLHIV, gender-based violence, stigma and discrimination, and referral for support.

The project, in collaboration with its 33 implementing partners, also developed criteria to assist in the identification of M-friends and M-watchers. M-friends are community members (e.g., lawyers, doctors, traders, traditional leaders, and teachers) in positions of influence who are sympathetic to the challenges KPs and PLHIV face. On the other hand, M-watchers are peers of KPs and PLHIV who have been trained as peer educators and have been identified to have the necessary qualities and capacities to undertake additional responsibilities. M-friends and M-watchers were identified and trained on understanding of HIV and AIDS, the relationship between stigma and discrimination and how this affects and drives HIV infection, the effects of human rights abuses and negative gender norms and gender based violence on KPs and PLHIV, and identification of referral sites for survivors who need temporal accommodation and upkeep. Following their training, these two groups were deployed as a network across the 10 regions of Ghana.

To streamline the deployment of the M-friends and M-watchers, SHARPER also trained gender focal persons for all implementing partners. In addition to their other programmatic roles, the gender focal persons coordinated and facilitated the activities of M-friends and M-watchers in an effort to make immediate services available to KPs and PLHIV.

The M-friends and M-watchers network has been linked to a system for reporting human rights abuses, under the Commission on Human Rights and Administrative Justice and Ghana Police Service. These connections will facilitate the process of ensuring justice for KPs and PLHIV who are discriminated against and whose human rights are abused, and will improve cordiality between police, PLHIV and KPs.

RESULTS

Since December 2012, M-friends and M-watchers have been using their influence to facilitate access to needed health, legal, and protective services for KPs and PLHIV. Working with gender focal persons and other peer educators, the M-friends and M-watchers improved three major performance indicators between January 2013 and September 2014 (Table 1).² The establishment of this network also shortened the time KPs and PLHIV (who report their cases) take to receive support services, from multiple days to within 24 to 48 hours.²

Table I. 2014 USAID|SHARPER Project Data Sheet

Performance Indicator	FYI4 Target	FYI4 APR Achievement	% of Target Achieved for YRI4
# of people reached by an individual, small group, or community- level intervention or service that explicitly addresses gender-based violence and coercion related to HIV/AIDS	20,000	26,822	134%
# of survivors of gender-based violence who reported receiving support services	300	231	77%
# of M-friends and M-watchers trained and deployed	200	350	166%

CONCLUSIONS

In 1987, Jonathan Mann forecasted three components to the HIV epidemic: HIV; AIDS; and stigma, discrimination, and denial. He predicted that stigma, discrimination, and denial would be as central to the epidemic as the illness itself. It is tragic that more than 25 years later, stigma and discrimination continue to be major problems, even when prevention of HIV is more possible (and more critical) and treatment for HIV is more accessible than ever before.

The deployment of M-friends and M-watchers has greatly contributed to a gradual increase in reporting and documentation of abuse cases involving KPs and PLHIV. However, these reports likely still account for only a small percentage of the abuses that occur. KPs and PLHIV remain apprehensive about stigma and the possibility that their identities will be disclosed during the resolution of reported abuse cases.

National stakeholders must work together to scale up the training and deployment of M-friends and M-watchers across Ghana. More importantly, the role of M-friends and M-watchers must be institutionalized in the design, implementation, and evaluation of all HIV interventions. A massive wave of concrete action by M-friends and M-watchers can reduce HIV-related stigma, discrimination, human rights abuses, and gender-based violence directed at KPs and PLHIV. This will pave the way for more people to publicly disclose their HIV status, for more people to openly seek medical and other health-related services, and for a directly correlated reduction in the number of new HIV infections.

REFERENCES

- ¹ Joint United Nations Programme on HIV/AIDS (UNAIDS). Reducing HIV Stigma and Discrimination: A Critical Part of National AIDS Programmes. Geneva: UNAIDS; 2007.
- ² USAID/SHARPER FYI3 Annual Report, October 2013.

About FHI 360

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About Sharper

Strengthening HIV and AIDS Response Partnership with Evidence Based Results (SHARPER), Contract Number GHH-I-00-07-00043-00, was a four-year initiative by USAID/GHANA that was designed to reduce HIV transmission among key populations, persons living with HIV, and their sex partners. FHI 360 implemented the project in collaboration with 33 partner organizations in 166 districts across Ghana.