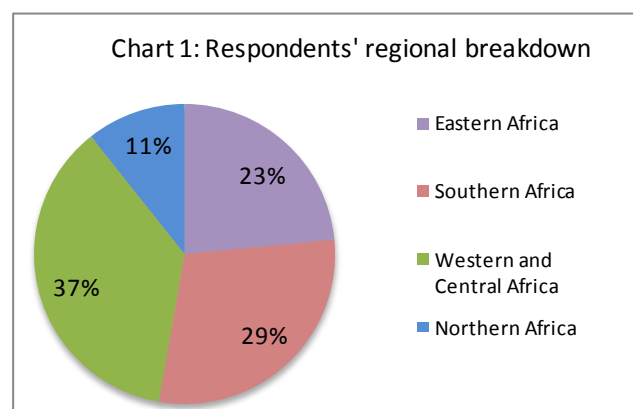


## 2010 NGO Consultation on Stigma and Discrimination: Data summary: Africa

This is a summary report of the data received from Africa during the 2010 UNAIDS Programme Coordinating Board (PCB) NGO Consultation. This information complements the global data summary, available at [www.pcbngo.org](http://www.pcbngo.org). Sara Simon and Natalie Siniora of the UNAIDS PCB NGO Delegation's Communication Facility worked with Laurel Sprague, data analyst at Wayne State University, to develop the summary report and five regional reports. All information is public for use in your own advocacy. Please credit the 2010 UNAIDS PCB NGO Delegation consultation on stigma and discrimination (S&D). We would like to thank the more than 1500 civil society participants who took part in the survey, the interviews and focus groups and made this data possible.

### I. Who took the survey?



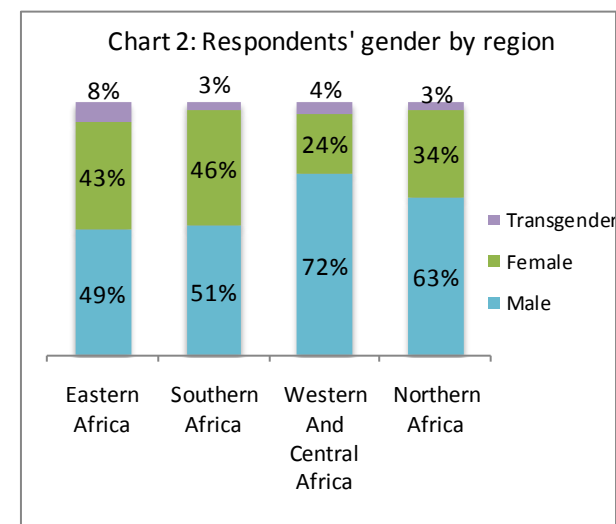
respondents in Eastern Africa identify as transgender. 72% of respondents in West and Central Africa are male.

#### a. Subregions

Three hundred and twenty-eight respondents from Africa<sup>1</sup> took the survey. The largest number of respondents is from Western and Central Africa and the smallest from Northern Africa.

#### b. Gender

Correlating with the global survey results, more men than women took the survey. 8% of survey



#### c. Identification

In every subregion, most individuals and organizations identify with or serve people living with HIV (PLHIV). A high number across all subregions identify with or serve youth and then women and girls (at least half of respondents from each subregion say they identify with or serve youth). There are fewer overall respondents from Northern Africa, but more balanced representation from people who use drugs, men who have sex with men, migrants, prisoners, and sex workers than in other regions. More respondents from Southern Africa represent transgender persons; and more respondents from Eastern Africa represent older persons, people with disabilities and faith based organizations than in other regions.

<sup>1</sup> Please see annex for the list of countries in each subregion.

Respondents were asked what kind of organizations they work for: Eastern African respondents are more likely to come from community-based organizations (44%), or advocacy/campaigning organizations (36%). Southern African respondents are more likely to be from international NGOs or networks (26%). Western and Central African respondents are more likely to come from national NGOs or networks (43%), or community-based organizations (31%). Northern African respondents are more likely to come from a national NGO or network (55%).

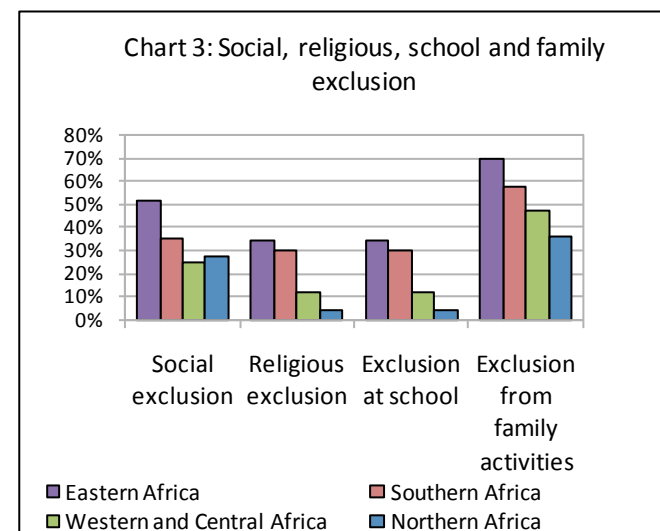
Table 1: Population groups respondents identify with or serve *	Eastern Africa	Southern Africa	Western and Central Africa	Northern Africa
People living with HIV	75%	75%	58%	61%
Women and girls	59%	53%	52%	42%
People who use drugs	17%	15%	12%	27%
Sex workers	39%	24%	24%	36%
Gay or lesbian	25%	27%	16%	30%
Men who have sex with Men	20%	27%	25%	36%
Transgendered people	13%	20%	9%	6%
Youth	53%	51%	72%	67%
Children	39%	32%	46%	15%
Older persons	25%	14%	13%	9%
Refugee or asylum seeker	15%	8%	6%	15%
Internally displaced person	16%	8%	12%	3%
Migrant	7%	13%	8%	21%
Mobile communities (temporary movement or permanent resettlement)	13%	14%	6%	6%
Indigenous communities and ethnic minorities	15%	12%	16%	9%
People with disabilities	28%	17%	19%	6%
Prisoners	23%	15%	13%	21%
Former prisoners	4%	9%	4%	6%
Labour	7%	6%	6%	3%
Faith based	23%	17%	19%	3%
Private sector	9%	5%	9%	6%
No answer	1%	1%	1%	3%
Total number of respondents	75	93	113	33
*Multiple answers possible				

## II. How do respondents experience stigma and discrimination?

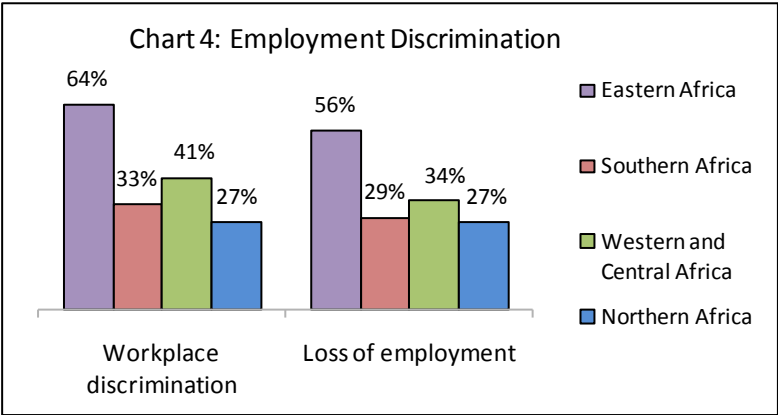
Respondents answered on behalf of themselves or groups that they work with. Respondents from all regions report a high level of experiences of stigma and discrimination. Respondents from Eastern Africa report that they, or groups they work with, are experiencing stigma and discrimination at high levels in almost every category.

Table 2: Signs of HIV-related stigma or discrimination experienced by respondents or the groups they work with*	Eastern Africa	Southern Africa	Western and Central Africa	Northern Africa
Negative attitudes and behavior because of HIV status or association with certain groups	88%	84%	72%	73%
Social exclusion	52%	36%	25%	27%
Religious exclusion	34%	30%	12%	5%
Workplace discrimination (exclusion or forced disclosure)	64%	33%	41%	27%
Loss of employment	56%	29%	34%	27%
Exclusion at school	42%	23%	21%	14%
Exclusion from family activities	70%	58%	47%	36%
Health professionals are not helpful or refuse to provide care	40%	52%	22%	27%
Travel or immigration discrimination	40%	22%	25%	14%
Involuntary disclosure of HIV status by health staff, government officials, or press	36%	32%	26%	23%
Detention or isolation	18%	7%	13%	9%
Physical threats	36%	29%	19%	18%
Criminalization and other discriminatory laws	68%	45%	35%	45%
None of the above	0%	0%	16%	9%
Total number of respondents	50	73	68	22

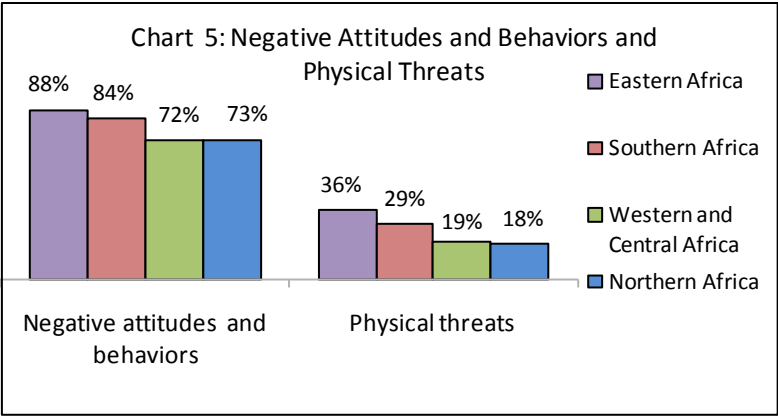
\*Multiple answers possible



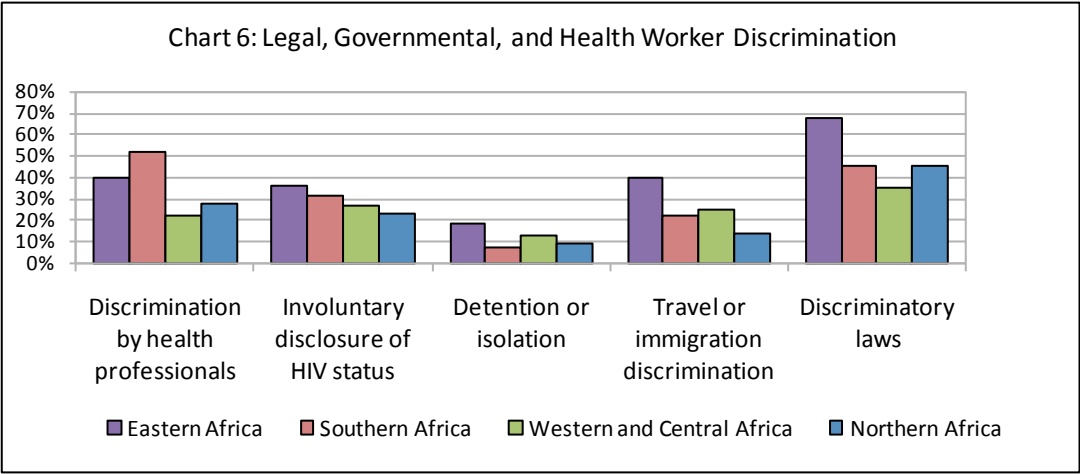
Respondents from Eastern Africa report the second highest numbers in the study for exclusion from family activities (Australia/New Zealand was highest) and some of the highest numbers for social exclusion (3rd highest in the study). Respondents from Southern Africa also report some of the highest numbers in the study for family exclusion.



Eastern African respondents report the highest levels of workplace discrimination amongst the subregions, as well as some of the highest levels in the entire study. Almost one third of respondents from all subregions report that they, or the groups they work with, are experiencing workplace discrimination or loss of employment.



Eastern Africa reports some of the highest numbers in the study for physical threats and negative attitudes. More than 70% of respondents from each region report experiences of negative attitudes and behaviors.

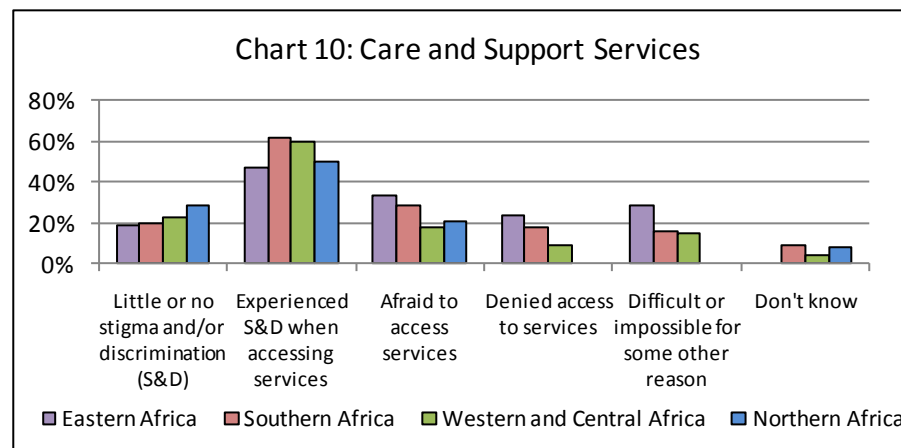
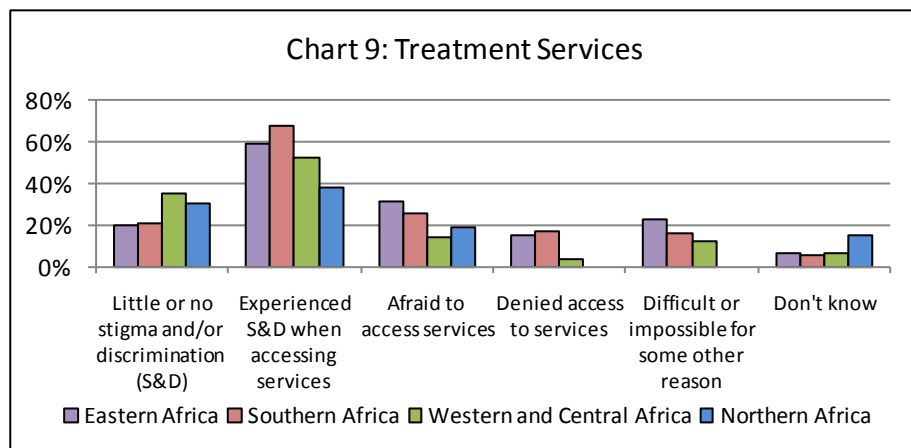
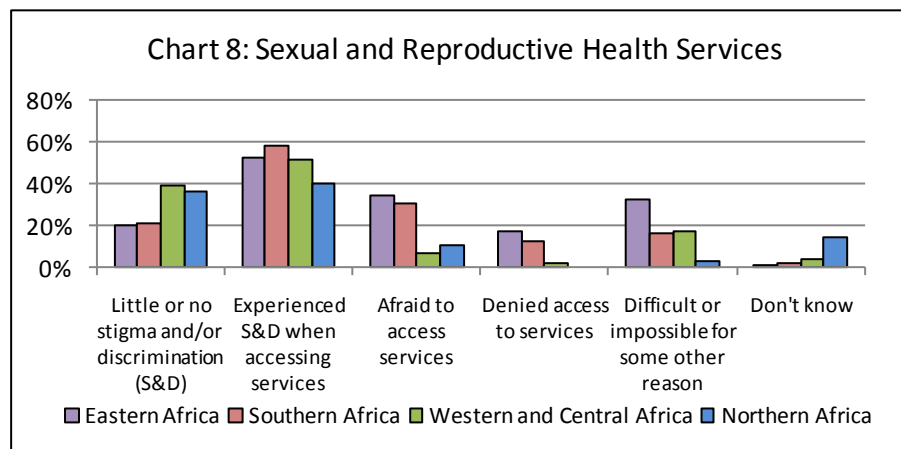
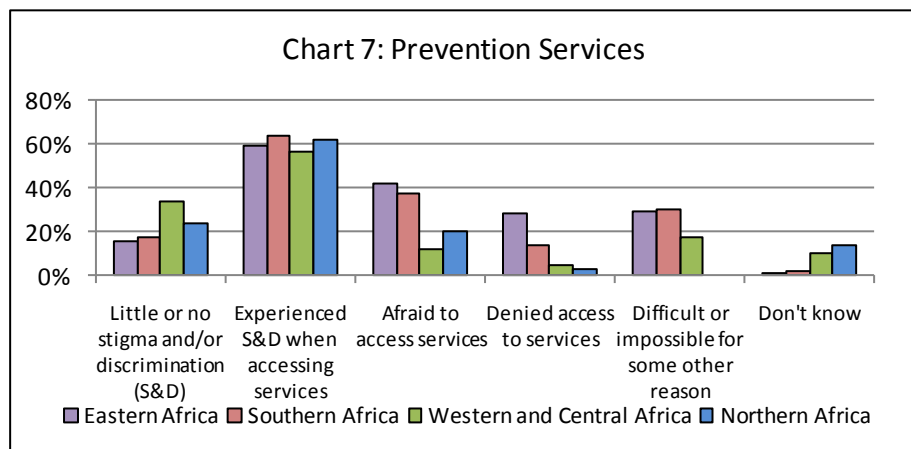


Eastern Africa reports some of the highest numbers in the entire study for travel or immigration discrimination and the highest numbers of any subregion or region for discriminatory laws. Southern Africa reports the highest level of discrimination by health care workers on the continent.

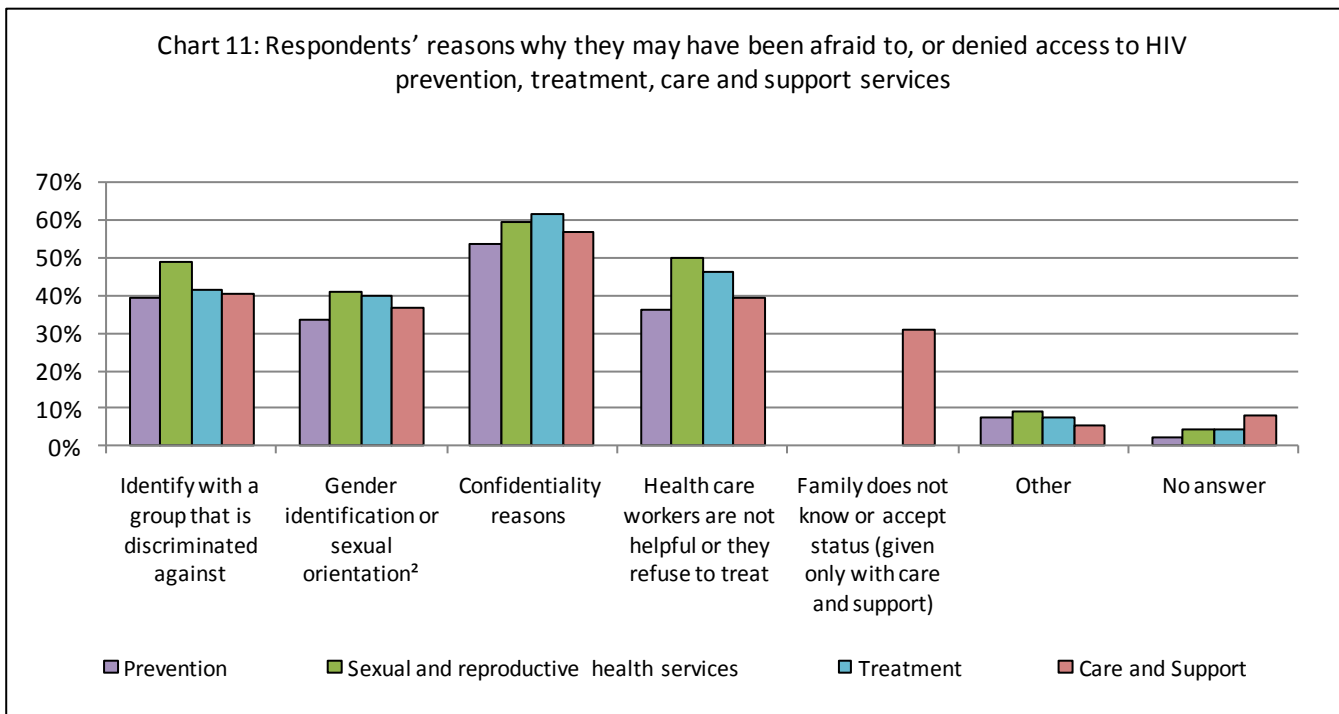
### III. How does S&D impact on respondents' access to HIV prevention, treatment care and support?

The majority of respondents indicate that they, or some of the people they work with, can access services despite stigma and discrimination. The pattern is fairly consistent across all four categories of services. Western and Central Africa report the greatest access to services and the least stigma and discrimination, while still indicating that there are significant fear barriers and some outright denial of services. Northern Africa reports a similar situation to Western and Central Africa, but with higher fear numbers and generally lower numbers for accessing services. Eastern Africa reports a similar situation to Western and Central Africa, but with higher fear numbers and generally lower numbers for accessing services. Eastern Africa has the highest numbers for fear and for denial of access to services of all of the subregions – with one exception: Southern Africa reports a slightly higher percentage of those denied access to treatment services. Southern Africa reports the highest rate of respondents who experience stigma and discrimination yet are still able to access services. The number of respondents who are afraid to access, especially in Eastern and Southern Africa, is striking and shows that fear is a major barrier.

Charts 7-10: Impacts of S&D on respondents' access to HIV prevention, treatment, care and support services.



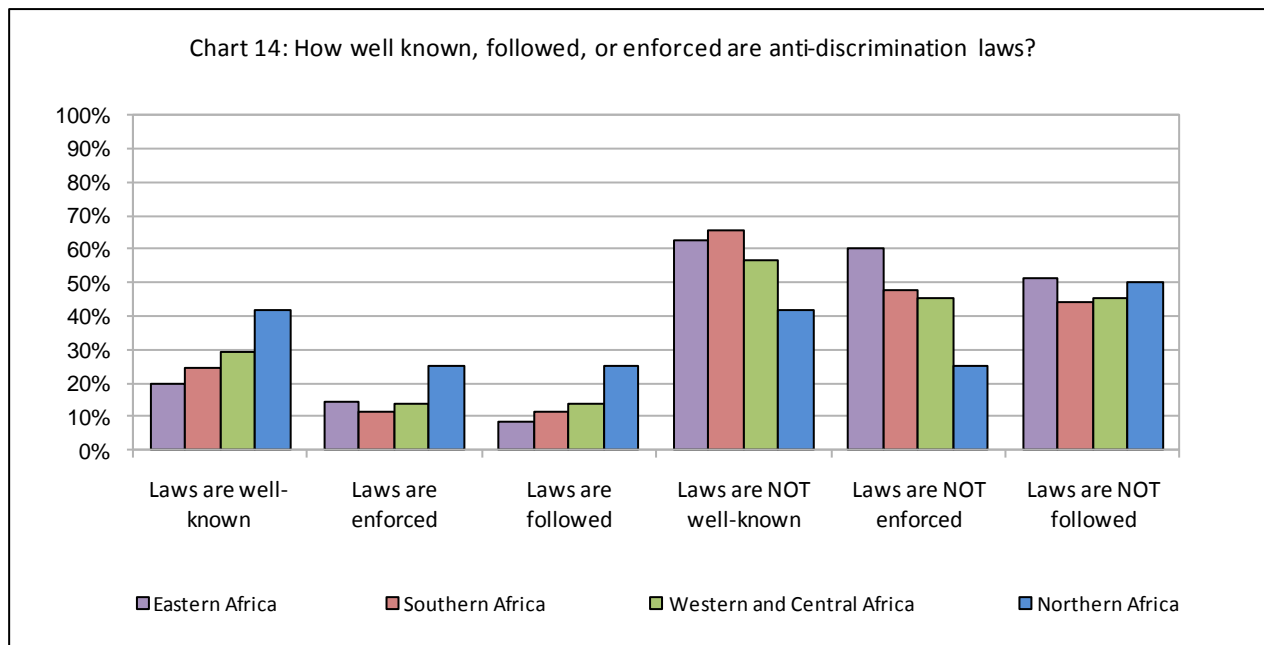
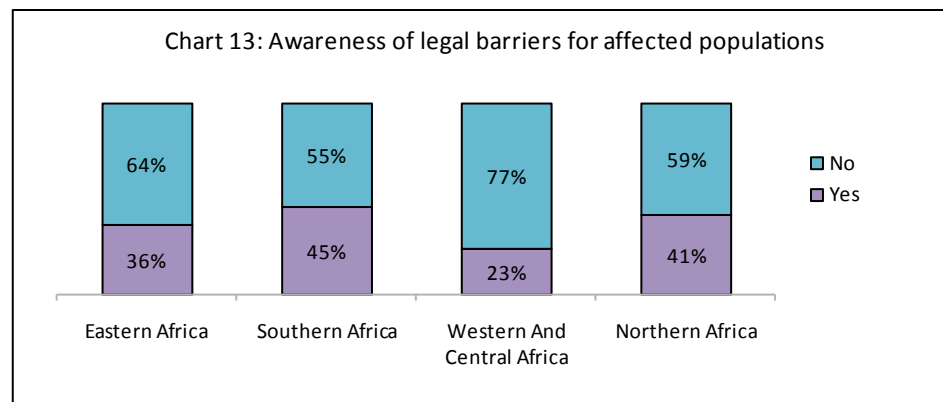
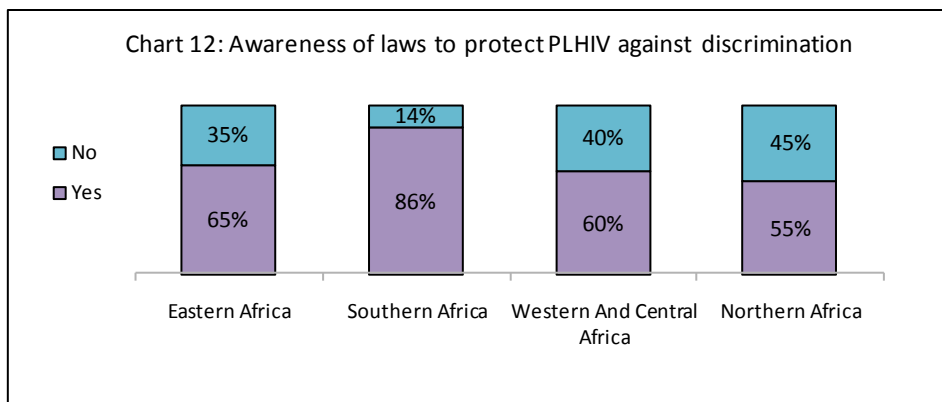
Respondents who answered “afraid” or “denied” were given four choices as to why: identifying with a group that is discriminated against; gender identification or sexual orientation; confidentiality reasons; or health care workers are not helpful or refuse to treat. Due to a low number of respondents from Eastern and Northern Africa, the chart below shows combined responses for Africa. An especially high number of respondents from Southern Africa report that belonging to a discriminated group is the reason they are afraid to access or denied access to services. Respondents from Southern Africa and Western and Central Africa report the most concerns about gender identity and sexual orientation as barriers to prevention, sexual and reproductive health (SRH), and treatment services (especially in terms of SRH). Confidentiality is reported as a big problem across the subregions, as shown below, particularly in regards to accessing treatment. Many respondents point to health worker discrimination as a barrier, particularly when accessing sexual and reproductive health services.



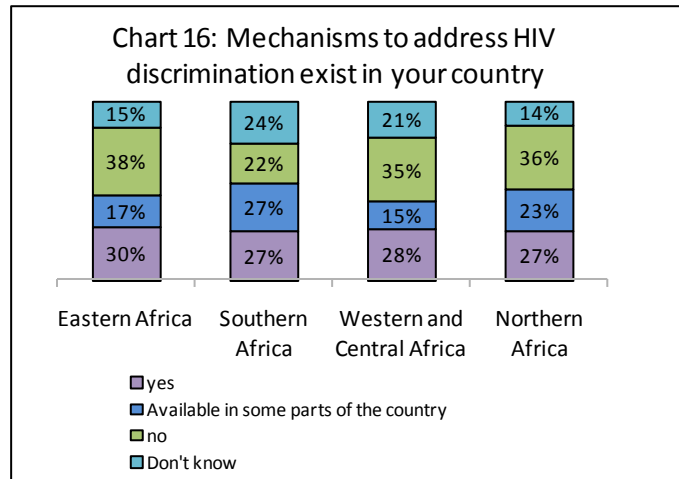
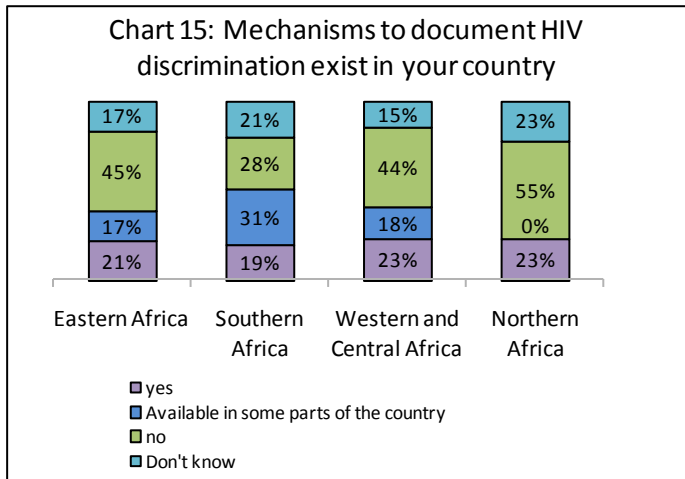
<sup>2</sup> This response option was not available in some of the surveys completed by respondents identifying as living in Africa. The response was not an option for: 5 respondents (5%) of those asked about prevention; 1 respondent (2%) of those asked about sexual and reproductive health services; 1 respondent (2%) of those asked about treatment services; and 1 respondent (1%) of those asked about care and support services.

#### IV. Do respondents know of protective laws and services?

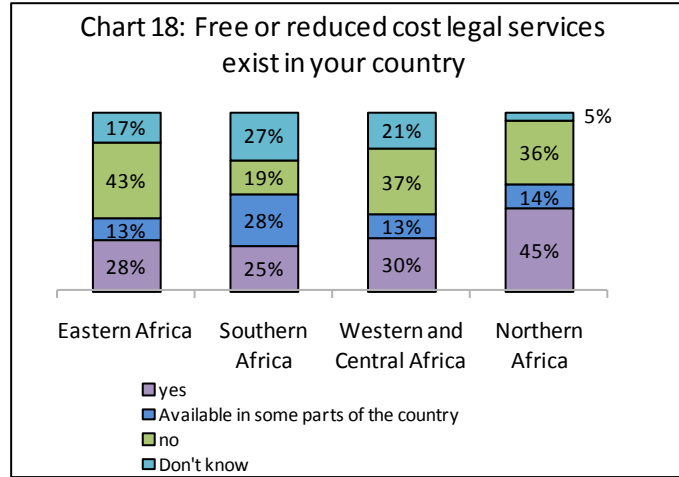
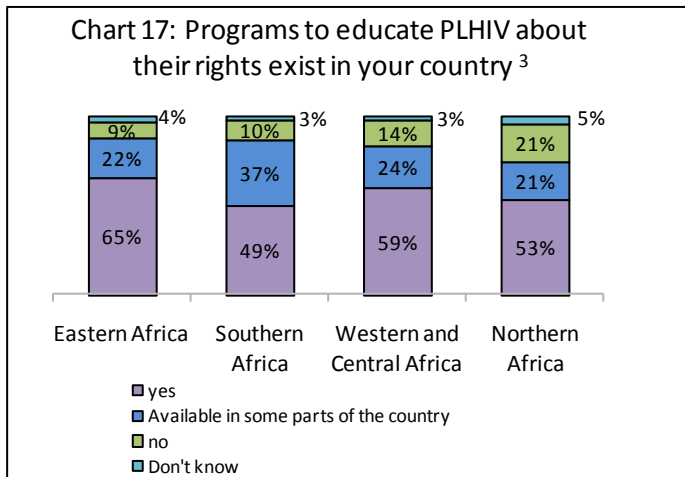
At least half of all respondents in each subregion know of protective laws, with the highest amount in Southern Africa. Fewer respondents know of legal barriers for affected populations in their country, with Southern Africa again having the most respondents who are aware.



For every subregion, the biggest problem identified by respondents is that the laws are not well-known. In all subregions, laws are more likely to be reported as known than to be enforced or followed. There are particularly high problems of enforcement reported in Eastern Africa (although the problem is high across all the subregions).



Very few respondents report mechanisms to document or address HIV-related discrimination in their country. Southern Africa reports the highest numbers of mechanisms to document (answering either Yes or Available in some parts of the country).



Programs to educate people are more known to subregions, especially in Eastern Africa but also in Southern and Western and Central Africa. Free or reduced-cost legal services are reported most available in Southern and in Northern Africa.

<sup>3</sup> This question was not included in 2% of the surveys completed by individuals in the Africa region.

V. What do respondents identify as barriers to tackling stigma and/or discrimination?

Table 3: What limits stigma and discrimination programming?*				
	Eastern Africa	Southern Africa	Western and Central Africa	Northern Africa
	% chosen	% chosen	% chosen	% chosen
Lack of resources	82%	77%	76%	62%
Lack of engagement by partners on the ground	64%	59%	41%	57%
Lack of staff or other dedicated persons to work on this	70%	50%	62%	38%
Legal barriers in your country	55%	47%	52%	38%
Poor technical capacity of staff to implement effective programming	45%	39%	52%	43%
Stigmatizing attitudes or behaviors of staff	48%	53%	39%	33%
Lack of government support	57%	42%	27%	43%
Religious barriers in your country	55%	39%	24%	33%
Cultural barriers in your country	52%	20%	23%	24%
Don't know	0%	3%	5%	5%
Total number of respondents	44	66	66	21
*Multiple answers possible				

In every subregion, respondents identify lack of resources as the top barrier to tackling stigma and discrimination. In Eastern Africa, at least half of all respondents identified many high barriers: lack of dedicated staff; lack of engagement by partners; and lack of government support. Eastern African respondents are more likely to cite lack of government support and cultural and religious barriers. Southern African respondents are more likely to cite stigmatizing behaviors of staff; and Western and Central African respondents are more likely to cite the poor technical capacity of staff as a barrier. Legal barriers were cited by all subregions, but less so by respondents from Northern Africa.

## VI. What are respondents' top priorities to address stigma and discrimination?

Table 4: Top Priorities by Region**			
Region	Rank	Priority	Respondents
Eastern Africa	1*	Providing support to PLHIV and promoting greater meaningful participation	13,3%
	1*	Strengthening partnerships or coordination amongst key actors to address stigma and discrimination	13,3%
	3	Funding civil society organizations	12,2%
Southern Africa	1	Supporting capacity building of civil society organizations	12,4%
	2*	Providing support to PLHIV and promoting greater meaningful participation	12,1%
	2*	Pressuring governments to change harmful policies and laws	12,1%
Western and Central Africa	1	Funding civil society organizations	15,9%
	2	Raising awareness and knowledge among the public about HIV	12,4%
	3	Supporting capacity building of civil society organizations	12,1%
Northern Africa	1*	Raising awareness and knowledge among the public about HIV	12,7%
	1*	Pressuring governments to change harmful policies and laws	12,7%
	3*	Providing support to PLHIV and promoting greater meaningful participation	11,1%
	3*	Funding civil society organizations	11,1%
* Indicates a tie			
** Respondents were asked to pick their first, second, and third priority from a list of 16 choices			

Providing support to PLHIV and promoting the greater and meaningful involvement of persons living with HIV is a top priority in all subregions except Western and Central Africa, where priority is given to supporting civil society and to raising general awareness about HIV. Southern African respondents prioritize capacity building for civil society organizations first; followed by support to PLHIV and pressure to end punitive laws. Northern Africa identifies both awareness raising and pressuring governments to change punitive laws as top priority.