



IDDC Policy Briefing on HIV & AIDS and Disability

Based on the World Report on Disabilityⁱ launched in June 2011, over one billion persons with disabilities live in the world, of whom between 110-190 million experience very significant difficulties. This corresponds to about 15% of the world's population. The prevalence of disability is growing due to population ageing and the global increase in chronic health conditions, including HIV and AIDS.

As UNAIDS has acknowledged in its 2009 'Disability and HIV Policy Brief'ⁱⁱ, persons with disabilities are at equal or higher risk of HIV infection than the rest of the community for several reasons: **poor access to information on sexual and reproductive health and HIV&AIDS; poor access to health care**, including HIV&AIDS services; **poverty and marginalisation**; and **high rates of sexual abuse and exploitation**. Despite these increased risk factors, persons with disabilities are hardly being included in HIV and AIDS policies and programmes, because it is assumed that they are not at risk of HIV infection.

People with disabilities and exposure to HIV & AIDS

The limited evidence available suggests that people with physical, intellectual, mental or sensory disabilities are as likely, if not more likely, to be at risk of HIV infection^{iii iv}. The few available HIV prevalence studies that include people with disabilities support this claim as they indicate similar or higher infection rates among this group^{v vi vii}. For example, a survey from South Africa reports HIV prevalence among persons with disabilities at 14.1%^{viii}; a study from Kenya among deaf people reports HIV prevalence of 7%^{ix}; and unpublished data from Senegal suggest that HIV prevalence among persons with disabilities in the Dakar region is almost double (1.2%) that of the non-disabled population^x.

Additionally, there is a growing understanding that people living with HIV or AIDS are also at risk of developing disabilities on a permanent or episodic basis as a result of their illness^{xi xii xiii xiv xv}. With the roll out of antiretroviral treatment (ART) in Sub-Saharan Africa changing the "face of AIDS" from an acute to a chronic illness, services need to be prepared for this extra need for rehabilitation, particularly in high prevalence areas such as Southern Africa^{xvi xvii}. Given the number of people in need of ART we can predict that Sub-Saharan Africa will have to address the issue of disability on a large scale. Data from several studies point to rising numbers of impairments, within the next decade, which have the potential to develop into disabilities in people living with HIV & AIDS such as respiratory impairments, musculo-skeletal impairments, neuro-cognitive disorders, sensory disabilities (blindness and hearing impairments), mental disorders and mental health problems, and fatigue^{xviii xix xx xxi xxii xxiii xxiv xxv xxvi}.

Poor access to information and prevention services

People with disabilities lack full access to prevention services for a variety of reasons that may include social, cultural or structural barriers and different disabilities may be impacted differently depending on the context. Commitment is needed to pursuing truly inclusive policies that aim to address the barriers that persons with disabilities face in accessing prevention services. Key to this is the need to involve persons with disabilities and Disabled People's Organisations (DPOs) in policy and programme creation and implementation.

In resource-poor settings, very little is understood on the interrelationship between HIV and disability; therefore it is necessary to understand and present knowledge on this issue to inform an adequate and sustainable response.

Poor access to health care

Lack of access to health services is a key barrier to persons with disabilities accessing treatment, care and support. These barriers may include physical inaccessibility, lack of sign language facilities or failure to provide information in alternative formats such as Braille, audio or plain language. Ensuring accessible health services will also benefit parts of the non-disabled population (e.g. older people, pregnant women, and illiterate people) and improve the quality of those health services.

Poverty, marginalisation and stigmatisation

HIV and AIDS also serves to exacerbate existing difficulties facing people with disabilities by, for example, increasing health, welfare and psycho-social needs, providing additional fuel for stigma and discrimination and further limiting economic opportunities^{xxvii xxviii}.

Persons with disabilities who are HIV positive often face a double stigma; for women with disabilities who are HIV positive this is even greater. There are often multiple layers of stigma to be addressed; inclusion of people with disabilities within HIV and gender-related stigma reduction programmes should be guaranteed in order to address these double and triple stigmas.

Strengthening the capacity of Disabled People's Organisations (DPOs) and networks is vital to address stigma and discrimination, and ensure the accessibility of programmes and services.

The United Nations Programme on HIV/AIDS (UNAIDS) recognises that vulnerable populations with limited access to their basic human rights are often at increased risk of exposure to HIV^{xxix xxx}
^{xxxi xxxii}.

High rates of sexual abuse and exploitation

Women and girls with disabilities in particular are often at increased risk of HIV as a result of their increased exposure to sexual violence^{xxxiii xxxiv}.



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About IDDC

IDDC is a network of 26 international NGOs supporting the inclusion of persons with disabilities in development efforts in over 100 countries. IDDC promotes **inclusive development**, i.e. respecting the full human rights of every person, acknowledging diversity, eradicating poverty and ensuring that all people are fully included and can actively participate in development processes.

Full members: AbleChildAfrica, ADD International, Associazione Italiana Amici di Raoul Follereau (AIFO), The Atlas Alliance, CBM, Disabled Peoples Organisations - Denmark (DPOD), Dutch Coalition on Disability and Development (DCDD), EducAid, EU-CORD, Finnish Disabled People's International Development Association (FIDIDA), Handicap International Federation, International Federation of Anti-Leprosy Associations (ILEP), Leonard Cheshire Disability, The Leprosy Mission International, LIGHT FOR THE WORLD, Liliane Fonds, Netherlands Leprosy Relief, Norwegian Association of Disabled (NAD), Organismo di Volontariato per la Cooperazione Internazionale la Nostra Famiglia (OVCI), Platform Disability and Development Cooperation (PHOS), Plan International, Save the Children UK, Sightsavers, Swedish Organisations of Persons with disabilities International Development Cooperation Association (Shia), World Vision UK

Associate member: International Federation for Spina Bifida and Hydrocephalus (IF)

ⁱ World Health Organization and World Bank (2011). World Disability Report. Available from: http://www.who.int/disabilities/world_report/2011/report/en/index.html

ⁱⁱ UNAIDS, WHO, OHCHR. Disability and HIV Policy Brief, Editor. 2009. Available from: http://data.unaids.org/pub/Manual/2009/jc1632_pol_brief_disability_long_en.pdf

ⁱⁱⁱ UNAIDS, WHO, OHCHR. Disability and HIV Policy Brief, Editor. 2009. Available from: http://data.unaids.org/pub/Manual/2009/jc1632_pol_brief_disability_long_en.pdf

^{iv} Groce, N.E. HIV/AIDS & Disability: Capturing Hidden Voices. 2004, World Bank and Yale University: Yale.

^v Shisana, O. et al. South African National HIV Prevalence, Incidence, Behaviour and Communication Survey 2008: A Turning Tide among Teenagers? 2009, HSRC Press: Cape Town.

^{vi} Taegtmeier, T. et al. A peer-led HIV counselling and testing programme for the deaf in Kenya Disability and Rehabilitation, 2008. 31(6): p. 508-514.

^{vii} Touko, A. et al. Sexual vulnerability and HIV seroprevalence among the deaf and hearing impaired in Cameroon. 2010. Journal of the International AIDS Society 2010. 13(5): <http://www.jiasociety.org/index.php/jias/issue/view/1450>

^{viii} Shisana, O. et al. South African National HIV Prevalence, Incidence, Behaviour and Communication Survey 2008: A Turning Tide among Teenagers? 2009, HSRC Press: Cape Town.

^{ix} Taegtmeier, T. et al. A peer-led HIV counselling and testing programme for the deaf in Kenya Disability and Rehabilitation, 2008. 31(6): p. 508-514.

^x RARS/APAPS. Rapport de l'étude sur la vulnérabilité des personnes vivant avec une déficience face au VIH dans la région de Dakar au Sénégal, 2011. Unpublished report. Handicap International.

^{xi} UNAIDS, WHO, OHCHR. Disability and HIV Policy Brief, Editor. 2009. Available from: http://data.unaids.org/pub/Manual/2009/jc1632_pol_brief_disability_long_en.pdf

^{xii} Hanass-Hancock, J. and Nixon, S. HIV, Disability and Rehabilitation. Consideration for Policy and Practice. Issue Brief. 2010, Health Economics and HIV/AIDS Research Division (HEARD): Durban.

^{xiii} O'Sullivan, L., et al. Gender dynamics in the primary sexual relationships of young South African woman and man. Culture, Health & Sexuality, 2006. 8(2): p. 99-113.

- ^{xiv} O'Brien, K., et al. Exploring Disability from the Perspective of Adults Living with HIV/AIDS: Development of a Conceptual Framework. *Health and Quality of Life Outcomes*, 2008. 6: p. 76.
- ^{xv} O'Brien, K. et al. Scoping the Field: Identifying Key Research Priorities in HIV and Rehabilitation. *AIDS and Behavior*. March 2009. DOI 10.1007/s10461-009-9528-z. 2009.
- ^{xvi} Nixon S. et al. Rehabilitation: A crucial component in the future of HIV care and support. *South African Journal of HIV Medicine*. 2011; June: 12-6.
- ^{xvii} Nixon S. et al. The Increasing Chronicity of HIV in Sub-Saharan Africa: Re-thinking "HIV as a Long-Wave Event" in the Era of Widespread Access to ART. *Globalisation and Health*. 2011; 7(41): <http://www.globalizationandhealth.com/content/7/1/41>
- ^{xviii} Hanass-Hancock, J. and Nixon, S. HIV, Disability and Rehabilitation. Consideration for Policy and Practice. Issue Brief. 2010, Health Economics and HIV/AIDS Research Division (HEARD): Durban.
- ^{xix} Barnett, T. and Whiteside, A. *AIDS in the Twenty-First Century: Disease and Globalization*. 1st ed. 2002, Basingstoke, UK.: Palgrave Macmillan.
- ^{xx} Hanass-Hancock, J. and Nixon, S. The Fields of HIV and Disability: Past, Present and Future. *Journal of the International AIDS Society*, 2009. 12(28): <http://www.jiasociety.org/index.php/jias/issue/view/1450>
- ^{xxi} Kealeboga, J.J. HIV-Associated Neurocognitive Disorders in Botswana: A Pilot Study. in 9th AIDS Impact Conference. 2009. Garberone, Botswana.
- ^{xxii} Myezwa, H. et al. HIV/AIDS: use of the ICF in Brazil and South Africa - comparative data from four cross-sectional studies. *Physiotherapy* 2011. 97: p. 17-25.
- ^{xxiii} Myezwa, H. et al. Assessment of HIV-positive In-Patients using the International Classification of Functioning, Disability and Health (ICF), at Chris Hani Baragwanath Hospital, Johannesburg. *African Journal of AIDS Research*, 2009. 8(1): p. 93-106.
- ^{xxiv} Heaton, R. HIV-associated Neurocognitive Impairments Remains Prevalent in the Era of Combination ART: The CHARTER Study, in CROI - Conference on Retrovirus and Opportunistic Infections, Session 38 - Emerging Patterns of Neuropathogenesis in Current ART, Abstract 154. 2009: Montreal.
- ^{xxv} Luyirika, E., Kamba, M., and Watiti, S. Meeting the challenges of disability and HIV in East Africa: A workshop on prevention and management of disability in HIV. in XVIII International AIDS Conference. Disability Zone at the Global Village. 2010: Vienna.
- ^{xxvi} Smart, T., Mental health and HIV: a clinical review. *HIV & AIDS Treatment in Practice*, 2009. 145: p. 1-22.
- ^{xxvii} UNAIDS, WHO, OHCHR. Disability and HIV Policy Brief, Editor. 2009. Available from: http://data.unaids.org/pub/Manual/2009/jc1632_pol_brief_disability_long_en.pdf
- ^{xxviii} Groce, N.E. HIV/AIDS & Disability: Capturing Hidden Voices. 2004, World Bank and Yale University: Yale.
- ^{xxix} UNAIDS. HIV/AIDS and Disability. Statement by the Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Commission on Human Rights, Editor. 1996: Geneva.
- ^{xxx} UNAIDS, WHO, OHCHR. Disability and HIV Policy Brief, Editor. 2009. Available from: http://data.unaids.org/pub/Manual/2009/jc1632_pol_brief_disability_long_en.pdf
- ^{xxxi} UNAIDS. Global Report: UNAIDS Report on the Global AIDS Epidemic 2010. Available from: http://www.unaids.org/documents/20101123_GlobalReport_Foreword_em.pdf
- ^{xxxii} Groce, N.E. Global Survey on HIV/AIDS and Disability. 2004 [cited 2004 01.09.]; Available from: <http://cira.med.yale.edu/globalsurvey>
- ^{xxxiii} Disabled Women's Network-DAWN (1995). In Iglesias, M., Gil, G., Joneken, A., Mickler, B. & Knudsen, J. S. (1998). Violence and disabled women.
- ^{xxxiv} Enarson, E. (2009). Women, gender and disaster: Abilities and Disabilities. Gender and Disaster Network, Gender note #4. Available from: www.gdnonline.org/resources/GDN_GenderNote4_Abilities.pdf