

Enabling the Forgotten: Inclusion as a Key Factor to Fast-Track the End of AIDS amid Sustainable Development

As the Heads of State and Government and its representatives assemble at the United Nations from the 8 to the 10th of June 2016 in New York, we are provided with an opportune moment to reflect on the effectiveness of the global AIDS response to reach the 1 billion people with disabilities who account for 15% of the world's populationⁱ.

While the response to HIV and AIDS has been transformative and demonstrated an “outstanding global solidarity and shared responsibility”, we now urge stakeholders that it is time to reach out to those “who have been left behind”. People with disabilities are one of these groups. Existing evidence indicates that they are exposed to many risk factors such as restricted access to education, including comprehensive sexuality and HIV education; increased rates of violence and social isolation; social and structural barriers to health services; and limited access to employment or social protectionⁱⁱ. To be able to celebrate our past achievements and revitalise our commitment to end AIDS by 2030, it becomes imperative to ensure inclusion of all those who have been left behind.

Additionally, the response to HIV has seen “outstanding achievements in extending access to antiretroviral treatment” (ART). Subsequently, we can now shift our thinking towards increasing quality of life and function. HIV is increasingly recognised as a chronic condition with secondary complications that lead to additional health challenges such as comorbidities and the onset of disability. Unaddressed, these have the potential to negatively affect ART adherence and quality of life among people infected and affected by HIV. Hence, now that we have ART available, it is of equal importance to improve overall health and functioning in order to keep people on long term ART with low viral loads. This requires the integration of disability and rehabilitation services into the continuum of care.^{iv} On a large scale disability and rehabilitation issues have been neglected or at best addressed in isolated initiatives within the global response to HIV and AIDS. Outside the field of HIV and AIDS, disability issues have gained traction in the last years and we consider it a right to be enabled to participate in all spheres of life. The UN Convention on the Rights of Persons with Disabilities (CRPD), now ratified by 159 countries, ensures that people with disabilities must be included in all global development and health initiatives, although implementation lags far behind new legal assurances.^v Furthermore, the Sustainable Development Goals not only include people with disabilities in several targets, but importantly promise to ‘leave no one behind.’

Considering this new inclusive developmental agenda, we call upon delegates of the HLM to support the “pledge to intensify efforts of disability inclusion to increase life expectancy, quality of life and dignity of all people living with, at risk and affected by HIV” (1). Within this we strongly support the declarations reaffirmation of the 2030 Agenda for Sustainable Development and its principal to leave no one behind (6) as well as the “note that despite the recognition of the CRPD the global AIDS response remains inadequately targeted or accessible to persons with disabilities” (33).

As delegates move forward to finalise the HLM declaration we call upon them to include people with disabilities, considering the following points:

58. Ensuring access to testing & treatment will accelerate progress on Healthy Lives and Promote Well-Being for All at All Ages (SDG 3)

- Ensure the inclusion of people with disabilities in all programmes targeting HIV testing and treatment. This includes the promotion of universal design of health services that are accessible to all as well as disability focused training of health care workers.

59. Investing in transformative AIDS responses will contribute to Gender Equality and Empower Women and Girls (SDG 5)

- Ensure that women and girls with disabilities are included in all “transformative AIDS responses” in particular as they are at equal or higher risk of exposure to HIV and more likely to experience barriers to health, education, and social participation
- Invest in HIV-prevention and SRHR strategies and programmes that are not only gender transformative but also disability inclusive (e.g. comprehensive sexuality education and SRHR services that are accessible to people with diverse disability related needs)

67. Enhancing governance, monitoring, and accountability will deliver results for and with people

- Include people with disabilities in all stages of the response to HIV and AIDS, include disability in HIV policies and national programmes (including targets) and monitor progress of inclusion with appropriate disability indicators

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ⁱ WHO/World Bank. 2011. World Disability Report. Geneva: WHO. http://www.who.int/disabilities/world_report/2011/en/

ⁱⁱ World Health Organization, *ibid*

ⁱⁱⁱ World Bank. 2004. A Population at Risk: HIV/AIDS and Disability: Capturing Hidden Voices. Washington, DC: The World Bank. <http://siteresources.worldbank.org/DISABILITY/Resources/Health-and-Wellness/HIVAIDS.pdf>

^{iv} Hanass-Hancock J, Regondi I, Van Egeraat L, Nixon S. 2013. HIV-related disability in HIV hyper-endemic countries: A scoping review. *World Journal of AIDS*, 3, 257-279.

^v United Nations. 2006. Convention on the Rights of Persons with Disabilities <http://www.un.org/disabilities/convention/conventionfull.shtml>