

# Additional guidance for Latin American and Caribbean countries – GAM 2019

Regional indicators to measure progress towards zero  
discrimination



## Introduction

The Second Latin American and Caribbean Forum for the Continuum of HIV Care was held in Rio de Janeiro, Brazil, in 2015. The Forum's participants, comprised of representatives from the region's National HIV/AIDS Programs, civil society, key populations (KPs), people living with HIV (PLHIV), academia, and donor agencies, adopted a "Call to Action", that included regional targets on prevention and zero discrimination for 2020. Subsequently, UNAIDS, UNDP, UN Women and UNFPA LAC offices developed indicators, with input from governments, civil society and other stakeholders, to measure progress towards the zero discrimination targets at the country and the regional levels. Three indicators have been prioritized and included in this document. All countries in the Latin American and Caribbean (LAC) region are expected to report on these indicators for the year 2018.

### LAC 2.3.1b (A-E). People from key and vulnerable populations who experienced discrimination in health services

Percentage of people from key and vulnerable populations who experienced discrimination in health services in the last 12 months (A-E)

*This indicator is divided into five sub-indicators:*

- A. Percentage of sex workers who experienced discrimination in health services
- B. Percentage of men who have sex with men who experienced discrimination in health services
- C. Percentage of people who inject drugs who experienced discrimination in health services
- D. Percentage of transgender people who experienced discrimination in health services
- E. Percentage of members of a vulnerable population\* who experienced discrimination in health services

*\*Vulnerable populations depend on the country's epidemiological and social context, and often include women and girls, indigenous and afro-descendent people, migrants, incarcerated people, adolescents and young people, and people who use drugs, other than injecting drugs.*

#### What it measures

Progress towards reducing discrimination experienced by key and vulnerable populations in health services.

#### Rationale

Lack of confidentiality has been reported in some healthcare settings, with service provision influenced by negative attitudes about a person's HIV status, behavior, sexual orientation or gender identity, and does not adhere to established policies and protocols. Healthcare staff may not feel comfortable around sexual and gender minorities, sex workers, and persons who use drugs, and lack the technical capacity to provide appropriate care for these populations. Key populations have a variety of health needs and may experience discrimination when accessing HIV and other essential health services. The stigma and discrimination experienced in these settings can impact their decision to access HIV testing and treatment, prevent them from being honest with health staff about their sexual history and behaviors, and deter them from adhering to treatment.

This indicator directly measures experienced stigma and discrimination. This indicator could provide further understanding and improve interventions in reducing HIV stigma and discrimination by showing change over time in the percentage of people experiencing stigma and indicating priority areas for action.

#### Numerator

Number of respondents from key/vulnerable populations who answered "yes" to at least one of the following questions\*:

1. In the last 12 months, have you been denied health services you needed or requested because you are a \_\_\_\_\_ (sex worker, man who has sex with men, trans woman or man, person who injects drugs, vulnerable population)
2. In the last 12 months, have you experienced hostility or rejection from the administrative staff at a health facility because you are a \_\_\_\_\_ (sex worker, man who has sex with men, trans woman or man, person who injects drugs, vulnerable population)

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3. In the last 12 months, has a health care professional or administrative staff told other people without your consent that you are a \_\_\_\_\_ (sex worker, man who has sex with men, trans woman or man, person who injects drugs, vulnerable population)

There will be a separate numerator for each population. Countries are expected to report on those vulnerable populations that are relevant to their epidemiological and social context.

\*Questions adapted from instrument developed by RedTraSex (2014). Estudio sobre estigma y discriminación en los servicios de salud a las mujeres trabajadoras sexuales en América Latina y el Caribe.

### Denominator

Number of respondents

There will be a separate denominator for each population. Countries are expected to report on those vulnerable populations relevant to their epidemiological and social context.

### Calculation

Numerator/Denominator

### Method of measurement

Behavioral surveillance and special studies.

### Measurement frequency

Every two years

### Disaggregation

- Gender (female, male, transgender)
- Age (<25 and 25+ years)
- Cities and other administrative areas of importance

### Additional information requested

Please provide the questions included in the survey instruments. If there are subnational data available, please provide the disaggregation by administrative area, city or site in the space provided. Submit the digital version of any available survey reports using the upload tool.

### Further Information

Trabajo sexual y violencia institucional. Cuando la clandestinidad va de la mano del abuso de autoridad y la vulneración de derechos (diciembre 2017). Investigación en 13 países de Latinoamérica y el Caribe.

Sex work and institutional violence: rights violations and power abuse of women sex workers. Research conducted in 14 Latin American and Caribbean countries/6-12-2016  
AMMAR (2017). El trabajo sexual y la violencia institucional: vulneración de derechos y abuso de poder-Argentina

RedTraSex (2014). Estudio sobre estigma y discriminación en los servicios de salud a las mujeres trabajadoras sexuales en América Latina y el Caribe. RedTraSex, Buenos Aires, Argentina.

ILGA (2017) State-Sponsored Homophobia report

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Morrison, M. A., & Morrison, T. G. (2002). "Development and validation of a scale measuring modern prejudice toward gay men and lesbian women". *J Homosex*, 43(2), 15-37.

Gato, Jorge, Anne Marie Fontaine, and Nuno Santos Carneiro (2012). "Multidimensional scale of attitudes toward lesbians and gay men: construction and preliminary validation." *Paidéia (Ribeirão Preto)* 22.51 (2012): 11-20.

Mayfield, Wayne (2001). "The Development of an Internalized Homonegativity Inventory for Gay Men", *Journal of Homosexuality*, 41: 2, 53 — 76

Tebbe, Elliot A., Moradi, Bonnie, Ege, Engin (2014). "Revised and Abbreviated Forms of the Genderism and Transphobia Scale: Tools for Assessing Anti-TransPrejudice". *Journal of Counseling Psychology*, Vol 61(4), 581-592.

Balsam KF, Beadnell B, Molina Y. The Daily Heterosexist Experiences Questionnaire: Measuring minority stress among lesbian, gay, bisexual, and transgender adults. *Measurement and Evaluation in Counseling and Development*. 2013;46:3–26.

Herek, Gregory M. "Sexual stigma and sexual prejudice in the United States: A conceptual framework." *Contemporary perspectives on lesbian, gay, and bisexual identities*. Springer New York, 2009. 65-111.

Eduard J. Beck, Kenika Espinosa, Tanisha Ash, Peter Wickham, Christine Barrow, Ernest Massiah, Ben Alli & Cesar Nunez (2017): Attitudes towards homosexuals in seven Caribbean countries: implications for an effective HIV response, *AIDS Care*.

### LAC 4.1.1. Number of acts of violence against lesbian, gay, bisexual, transgender and intersex (LGBTI) persons reported in the past 12 months

#### What it measures

Progress in reducing acts of violence against LGBTI

#### Rationale

Acts of violence against LGBTI hamper efforts for prevention, including combination prevention, access to treatment and cares and social protection, which constitute an extreme form of discrimination. Although the majority of cases are not reported because of fear of reprisal, dread of re-victimization by the justice system, feelings of shame about being a victim, and lack of knowledge about rights and existing redress mechanisms, those that are reported cover a wide range of acts of violence that include blackmail, psychological, physical and sexual assaults, damage to property, bullying, harassment, verbal abuse or insults, or offensive graffiti or letters (hate mail), and murder. The stress experienced by sexual and gender minorities because of the threat of violence, insecurity and lack of protection lead to psychological distress, adoption of risk behaviors, depression, and suicide. Because HIV and other STIs are often associated with being gay, many sexual and gender minorities avoid testing and treatment services for fear of being found out and assaulted within their communities or the community where the health facilities are located. In this sense, the Inter-American Commission on Human Rights (IACHR) understands that acts of violence against LGBTI persons, commonly referred to as hate crimes (also referred to as bias crimes, homophobic or transphobic acts), are best understood under the concept of violence based on prejudice motivated by the perception towards non-normative sexualities and identities.

#### Numerator

Number of acts of violence against LGBTI persons reported in the past 12 months.

Acts of violence include blackmail, psychological, physical and sexual assaults, damage to property, bullying, harassment, verbal abuse or insults, or offensive graffiti or letters (hate mail), and murder.

#### Denominator

N/A

#### Calculation

N/A

#### Method of measurement

National and regional human rights observatory and networks, national redress mechanism, or equivalent national entity records.

#### Measurement frequency

Annually

#### Disaggregation

- Population (lesbians, gay men, bisexual men, bisexual women, transgender women, transgender men, intersex persons)
- Age (<25 and 25+ years)
- Cities and other administrative areas of importance

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### **Strengths and weaknesses**

At National level there are already in place human rights observatories and platforms, which generate periodical reports. Regional Networks are working on reporting of human rights violations to inform different monitoring global and regional mechanisms, for instance EPU, CEDAW and Interamerican Commission on Human Rights mechanism.

Level of impunity is very high in the region, especially in Central America. It is also difficult to access to official data.

### **Further information**

INTER-AMERICAN COMMISSION ON HUMAN RIGHTS Violence against Lesbian, Gay, Bisexual, Trans and Intersex Persons in the Americas 2015 [www.iachr.org](http://www.oas.org/en/iachr/reports/pdfs/violenceigbtipersons.pdf)  
<http://www.oas.org/en/iachr/reports/pdfs/violenceigbtipersons.pdf>

### **LAC 5.1.1. Human rights violations towards people living with HIV and key populations**

Percentage of reported cases of human rights violations towards people living with HIV and key populations that have been resolved in the past 12 months

#### **What it measures**

Progress towards the protection of human rights of people living with HIV and key populations

#### **Rationale**

Although stigma and discrimination are widely recognized as drivers of the HIV epidemic, people living with HIV and key populations throughout the world continue to experience discrimination on a daily basis. Most discrimination cases are not reported, and the few that are documented tend to be anecdotal and not registered in real time. Because of underreporting, available estimates tend to be low and do not provide an accurate snapshot. Reasons for underreporting include fear of reprisal, lack of confidence in the system, illiteracy, limited access to technology (phone, internet), and perception that the process for filing complaints is cumbersome and does not protect the privacy and confidentiality of the complainant. Protecting the human rights of people living with HIV and key populations requires a range of approaches to “create social and legal environments that encourage people to take up and use HIV services” (UNAIDS, 2012). Strengthening legal services and redress mechanisms are concrete actions that can facilitate access to justice when rights are violated.

#### **Numerator**

Number of reported cases of human rights violations towards people living with HIV and key populations that have been resolved in the past 12 months

A grievance is defined as “resolved” when the monitoring system has followed its internal procedures to investigate and take appropriate action, including any appeals process, and a letter has been sent to the complainant explaining the final disposition of the complaint. Anonymous complaints will have a memo on file.

#### **Denominator**

Number of cases of human rights violations towards people living with HIV and key populations reported in the past 12 months

#### **Calculation**

Numerator/denominator

#### **Method of measurement**

National human rights observatory, national redress mechanism, or equivalent national entity records.

#### **Measurement frequency**

Annual

#### **Disaggregation**

- Population (people living with HIV, sex workers, men who have sex with men, people who inject drugs, transgender people)
- Cities and other administrative areas of importance



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### **Additional Information requested**

Please include a qualitative description of the redress systems in place in the country, including whether a redress system exists and is operational. Please also provide information on the human rights violations reported.

### **Further information**

USAID, PASCA, 2016, Estigma y Discriminación asociados al VIH Encuesta de opinión pública. Informe regional. Centroamérica

USAID, PASCA 2016 Estigma y Discriminación asociados al VIH Encuesta de opinión pública. Informe de país. BELICE

CIM, OEA, ONUSIDA (2014) Derechos humanos de las mujeres que viven con VIH en las Américas

ONUSIDA (2015) DIAGNÓSTICO SOBRE POLÍTICAS Y SERVICIOS DE PREVENCIÓN DE VIH PARA POBLACIONES CLAVE EN AMÉRICA LATINA  
<http://onusalac.org/1/images/2015/pdf/diagnostico-onusida-junio-2015.pdf>