

***National Council for HIV and AIDS***

## White Paper:

## Advances in Human Rights in the context of HIV and AIDS

The National Council for HIV and AIDS CONAVIHSIDA, as responsible for coordinating and leading the National Response to HIV and AIDS, has been developing strategic actions that have contributed to increasing the life expectancy of people living with HIV in the Dominican Republic, contributing to the mitigation of the violation of their human rights, reduction of stigma and discrimination. These actions have the vision of achieving the three zeros: zero new HIV infections, zero AIDS-related deaths and zero discrimination.

In 2015, the three zeros served as the basis for the HIV targets within the 2030 Agenda on Sustainable Development, with the measurable targets for the year in question being established, being framed in the Political Declaration for the year 2021. At the United Nations (UN) General Assembly, it articulated the interim milestones of 2020 in the 2016 Political Declaration on the Eradication of AIDS. This statement monitors 10 objectives, initially introduced in the 2011 Political Declaration and in support of the accelerated action strategy. In the case of the Dominican Republic, the goals are framed in the National Strategic Plan for the Response to STIs-HIV and AIDS (PEN 2021-2024).

1. **Monitoring and Commitments for the National Response to HIV and AIDS:**

Here are the 10 commitments that the National Response to HIV and AIDS monitors:

1. Ensure that 30 million people living with HIV have access to treatment, meeting the 90–90–90 targets by 2020.
2. Eliminate new childhood HIV infections by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018.
3. Ensure access to combined prevention options for at least 90% of people by 2020, especially young women and adolescent girls in countries with high prevalence, and key population groups (gay men, men who have sex with men (MSM), transgender people (TRANS), sex workers and their clients, people who inject drugs, and deprived of liberty). These include: pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction, and condoms.
4. Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key population groups, by 2020.
5. Ensure that 90% of young people have the knowledge and skills to protect themselves from HIV and have access to sexual and reproductive health services by 2020, to reduce the number of new HIV infections among adolescent girls and

young women to less than 100,000 a year.

1. Ensure that 75% of people living with HIV or at risk or affected by HIV benefit from HIV-sensitive social protection by 2020.
2. Ensure that at least 30% of all sexual and reproductive health operations/tasks are community-led by 2020.
3. Ensure that HIV investments increase to $26 billion by 2020, with a quarter of that figure going to HIV prevention and 6% to social facilitators.
4. Empower people living with, at risk from the virus or affected by HIV to know their rights and access justice and legal services to prevent and respond to human rights violations.
5. Bring AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C.

It should be noted that, at the global level, progress towards meeting the goal of eliminating the AIDS epidemic, prior to the COVID-19 epidemic, was already somewhat delayed; this new health crisis has the potential to move us further away from the goal.

1. **HIV Outreach and Strategy 90-90-90:**

More than twenty years ago, when a person became infected with HIV, on average, they lived no more than 12 years. Today, a young person who becomes infected with this virus can have a life expectancy equal to that of a person not infected with HIV, if they have access to lifelong and uninterrupted antiretroviral (ARV) treatment. To promote and monitor broad access to ARV treatment, the United Nations Programme on HIV and AIDS (UNAIDS) introduced the 90-90-90 targets in 2013. With these goals it is sought that:

1. That 90% of people living with HIV know their HIV status.
2. That 90% of people diagnosed with HIV receive continued antiretroviral therapy.
3. That 90% of people receiving antiretroviral therapy have viral suppression, which means that the virus in their body is reduced to undetectable levels.

However, progress in eliminating HIV as a public health problem has been uneven. At the end of 2020, there were 74,995 people living with HIV in the country; of these, 73,621 are adults and 1,374 children. Of these, 67,496 (90%) are expected to know their HIV status by 2020; that, of these, 60,746 are under treatment (i.e. 90% of those identified); and that 54,671 have suppressed viral load (90% of those in treatment).

Among the results obtained, we can express that 82% of people living with HIV know their serological status. This implies that the country did not meet the established goal; for this pillar there is a gap of 8%, that is, of 74,995 people living with HIV, only 61,812 know their serological status.

The distribution of adults living with HIV shows social disparities, and key populations (sex workers, men who have sex with men, Haitian migrants and Trans women) remain the most affected; just over half of people living with HIV (38,853) belong to a key population.

1. **Scope of Antiretroviral Drugs (ARVs) for HIV:**

Despite the fact that the Dominican Republic has a unique system for the supply of medicines, an information system that accounts for consumption and stocks, and secured financing by the Ministry of Finance to cover current demands, problems were experienced in the supply of some ARVs in 2018 and 2019. According to official data, during the year 2020, the country did not suffer shortages of any ARV drugs.

As ARV treatment services have expanded in the country, AIDS-related deaths have declined. Infected people who manage to have an undetectable viral load and recover the immune system have the same mortality rate as the general population, which has allowed mortality to decrease in our country. If the country continues to expand the "*Treatment for All Strategy*" and the drug delivery strategy to national levels for several months, this trend is expected to continue to decline.

1. **Gender inequalities and discriminatory violence against women, girls, HIV+ people and key population groups:**

Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key population groups, by 2020, in many countries, laws or social norms caused people to be treated differently or excluded from essential services because of the way they live their lives or simply because they are the ones who are.

Such laws are discriminatory, denying human rights and fundamental freedoms. Gender equality is a primary human right. However, currently, 1 in 3 women and girls in the world between the ages of 15 and 49 have reported experiencing physical or sexual violence by their partner within a 12-month period. It is important to implement new legal frameworks and strengthen existing ones with a view to promoting equality for girls and women, and eliminating discrimination against people living with HIV and key population groups.

1. **Migration and HIV:**

In the case of migration restrictions linked to HIV and AIDS in the Dominican Republic, CONAVIHSIDA has been working on an initiative together with other health sectors and actors, as well as partner international cooperation agencies, such as UNAIDS and UNDP with the purpose of making a change (resolution) to the General Migration Law No.285-4, Of 15 August 2004, with regard to the procedures for immigration and stay of foreigners in the country, article 15(1) provides that foreigners suffering from "*an infectious-contagious or communicable disease, which due to its seriousness may pose a risk to public health",* shall not be admitted to the country.

Although **the law conditions the restriction on the fact that it represents a risk to public health**, the immigration authorities make an erroneous interpretation, by including HIV in this concept, considering it a threat to national health, which is why foreigners who apply for residence are discriminated against, testing them for HIV or its antibodies, in violation of the prohibition established in Law No.135-11, which exhaustively lists the situations in which the implementation of the same may be ordered; and, if the test is positive, the renewal of the visa based on having the health condition is rejected.

Faced with this situation, in response to the demands made by civil society and networks of People with HIV (PLHIV), and acknowledging having received complaints of cases from foreigners who have requested and have been legally declined residence, complying with all the general requirements, on March 12, 2019, CONAVIHSIDA sent the General Directorate of Migration a clarifying communication on the distorted conception regarding the risk represented by the HIV for public health.

In this communication, it is explained "*that HIV is not an infectious-contagious or communicable disease that endangers public health; HIV cannot be an impediment to coexistence among citizens, because it is NOT a disease that can be spread by the mere fact of social exchange between people, as it entails other modes of transmission, the most common being unprotected sexual relations*", and ends the letter requesting the Director General of Migration to investigate the cases of residences that have been rejected for having the status of HIV +.

Concomitantly, it was identified the need to articulate efforts to coordinate in a meeting with the Migration authorities and representatives of the Government Ministries involved in the issue, in order to sensitize and guide them on the issue in question, in order to correct the situation in which multiple violations of rights occur, starting with the realization of the test itself, that in Law No.135-11 is allowed exhaustively, and this is not one of the allowed cases.

Faced with the scenario described, at the request of the Human Rights Observatory for Vulnerable Groups (ODHGV), the Human Rights Observatory for Trans Persons (ODHGV), the Center for Guidance and Integral Research (COIN) and Trans Siempre Amigas (TRANSA), the Dominican Republic was summoned by the Inter-American Commission on Human Rights (IACHR) to participate in a regional public hearing, in the framework of the 172nd Session of the same, on May 9, 2019, at the regional headquarters of the University of the West Indies, in Kingston, Jamaica.

The hearing had as its theme ***"****The Rights of People with HIV and AIDS in the Dominican Republic",* and among the complaints addressed was the discrimination of People Living with HIV (PLHIV) in the field of migration. Our country delegation was made up of the Ambassador of the Dominican Republic in Jamaica. There, the country undertook to take the necessary measures to stop the violations of rights in the field of migration described.

Subsequently, after several efforts by the Executive Directorate of CONAVIHSIDA to achieve a multisectoral meeting, said instance presented the problem to the plenary of CONAVIHSIDA in its Second Extraordinary Session on November 27, 2019, which making use of the attributions given by the HIV and AIDS Law and its Internal Regulations, promulgated by Decree No.217-13, of July 30, 2011, designated by Resolution No.1-2019-01, **the formation of an Ad Hoc Technical Commission to address the issue of Health, Migration and HIV**, composed of the following members:

1. Ministry of Public Health and Social Welfare;
2. Ministry of the Interior and Police;
3. Ministry of Foreign Affairs;
4. Directorate-General for the Control of Sexually Transmitted Infections and AIDS (DIGECITSS)
5. Directorate-General for Migration;
6. General Directorate of Epidemiology (DIGEPI);
7. Ministry of Foreign Affairs;
8. Networks of People Living with HIV;
9. Human Rights Observatory for Vulnerable Groups;
10. Joint United Nations Programme on HIV/AIDS (UNAIDS), as technical support; and
11. United Nations Development Programme (UNDP), as technical support.

The Commission's mission is to make the necessary arrangements for the Dominican Republic, in compliance with the commitments assumed before the International Community in the field of the National Response to HIV and AIDS – such as the Declaration of Commitment in the Fight against HIV/AIDS of 2001 and the Political Declarations on HIV and AIDS of 2006, 2011 and 2016; as well as within the framework of the Dominican Constitution, the HIV and AIDS Law, No. 135-11 and other adjective norms, to review the policies relating to restrictions on entry into the country and stay, based on the serological status of persons, with a view to officially and definitively eliminating such practice that violates their human rights, in compliance with the commitments made to the International Community in the field of the National Response to HIV and AIDS, as well as within the framework of the Constitution, the HIV and AIDS Act, No. 135-11 and other adjective norms.

It should be noted that this bad practice of the country, insofar as it constitutes a violation of the human right of free movement, as well as the prohibition of testing for HIV and its antibodies, informed consent and counseling before and after the aforementioned test -in itself violative-, within the framework of Law No.135-11, generates barriers that weaken, rather than strengthen, access to HIV prevention, treatment, care and support services, in line with the global movement to lift migration barriers to which powers such as the United States have joined since 2010.

In this context, CONAVIHSIDA convened the first working session of the Technical Commission "Health, Migration and HIV", on March 10, 2020, and in it the numerous unsuccessful attempts of CONAVIHSIDA and the Human Rights Observatory for Vulnerable Groups were evidenced, to sensitize the authorities of the General Directorate of Migration -where there were several cases in progress-, and **the need for a joint ministerial resolution of the Ministry of the Interior and Police and the Ministry of Public Health, which orders the abolition of the test for HIV or its antibodies, as part of the tests carried out on persons seeking residence in the country,**  since HIV is not an infectious disease that represents a risk to public health, but already due to advances in science and changes in its approach, it is a chronic health condition.

To achieve compliance with the aforementioned ministerial resolution, training of migration authorities on the epidemiological, technical and legal aspects of HIV and AIDS would be included.

In order to coordinate the implementation of a Critical Path for the achievement of this goal, the Commission appointed a Petit Committee, composed of:

1. Ministry of Public Health
2. Ministry of the Interior and Police
3. CONAVIHSIDA
4. Human Rights Observatory
5. UNAIDS

Due to the health crisis caused by the COVID-19 pandemic and declaration of a state of emergency; as well as due to the period of governmental transition and change of authorities, the work of the Ad Hoc Technical Commission on Health, HIV and Migration, and those of the Petit Committee, were paused and are expected to be resumed in a short time, for which it is recommended the preparation of the preliminary draft of the proposed Ministerial Resolution, so that when resuming the work, the Petit Committee has a base document to discuss and agree, before submitting it to the AdHoc Technical Commission for approval.

1. **HIV and Social Protection:**

HIV and AIDS can push individuals and households into poverty, due to reduced working capacity and increased medical expenses. Stigma and discrimination often marginalize people living with HIV (PLHIV) and members of their households by excluding them from essential services. While many of the existing social protection schemes were not established with the HIV epidemic in mind, their potential to contribute to a comprehensive HIV response is increasingly recognized.

Ensure that 75% of people living with HIV or at risk or affected by HIV benefit from HIV-sensitive social protection. This commitment seeks to increase the percentage of people living with HIV or in a situation of vulnerability to the HIV epidemic who benefit from national social protection services.

According to official data from the Single System of Beneficiaries (SIUBEN), 21% of PLHIV (15,002) and their families benefit from social protection programs. The percentage increases to 24% among PLHIV registered in health services. Likewise, at the end of 2019, the HIV Assessment and Social Protection tool developed jointly by UNAIDS and WFP was applied in the Dominican Republic, with an evaluation team composed of Progresando con Solidaridad, PROSOLI, the Cabinet Organization for the Coordination of Social Policies, the Single System of Social Security Beneficiaries, the Social Subsidy Administrator and the National Council for HIV and AIDS. This tool provided an opportunity to review the sensitivity of the country's social protection programmes to HIV.

During the application of the tool, a documentary review and a national workshop were developed where the different selected population groups, members of the social protection system, the Government health system, UN agencies and civil society, some of whom were beneficiaries of social protection programs, participated, reaching the following conclusions:

* The most vulnerable populations selected to participate in the assessment have little knowledge about their rights to social protection, about what the different programs exist in the country are, how they can access them and how their benefits improve their quality of life.
* The plans, policies, strategies, frameworks, social protection and health systems in place and in place in the country are insensitive to HIV.
* The main barriers to accessing public health services such as the National Health Service, Social Security, National Health Insurance in the subsidized and contributory regime, and private and / or voluntary health insurance, are stigma and discrimination, high out-of-pocket expenses, the absence of nutritional and food support, and the non-availability of preventive services, clinics and diagnostics that respond to the specific needs of key populations, such as transgender people, men who have sex with men, and sex workers. In the case of Haitian nationals, the language barrier, the limited information on how to obtain health insurance, not having a job and doing sex work, reduces their opportunity to obtain health insurance.
* In the case of social protection programs, excluding health systems, those in force in the country are: conditional and unconditional cash transfers (non-cash transfers); and the main barriers are: lack of identification documents (in the case of migrants with irregular immigration status), lack of information about existing programs and belonging to a homoparental household.
* With regard to the coordination relations between social protection, government agencies, ministries and people working in the AIDS response, health and social protection, these occur in the country, but they need to be consolidated.

While it is true that national and international commitments and agreements, as well as the above declaration and a successful response to AIDS, must be quantified through the achievement of concrete objectives delimited temporarily. They demand careful monitoring of the progress made in the implementation of the commitments and urge that annual reports be issued on these developments. These reports are designed to identify challenges and constraints and to recommend actions to accelerate the achievement of the goals.

Some of the information provided in this report, have been extracted from the Global AIDS Monitoring 2021 represents the fifth year of focus towards the SDGs. It is also the fifth and final year of reports on the HIV monitoring framework for 2016-2021.