IDDC Policy Briefing on HIV & AIDS and Disability

Based on the World Report on Disability 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’, 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. 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. For example, a survey from South Africa reports HIV prevalence among persons with disabilities at 14.1%; a study from Kenya among deaf people reports HIV prevalence of 7%; and unpublished data from Senegal suggest that HIV prevalence among persons with disabilities in the Dakar region is almost double (1.2%) that of the non-disabled population.

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. 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. 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.
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.

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.

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.

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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.


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

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