

## STI Prevention and Control: The Role of Laws, Human Rights and Structural Factors

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## Key Messages

- Commonalities & differences between HIV and the broader STI field
- Laws, HR & structural factors prominent in the HIV field
  - For many years, at level of political discourse
  - Recently operationalized as combination HIV prevention.
  - Quickly changing landscape in HIV prevention
    - Progress in biomedical strategies, continuum of prevention and care
  - **Biomedical vs. Social/Structural**
    - not competing, but highly complementary/synergistic/mutually enabling
- Some may tend to think that 'the other' STIs are different
  - "They lack the severity and stigma of HIV"
  - "Legal and human rights less important"
  - Remember the social history of venereal disease (severity)
  - Remember the moral panic dimension of STI control (stigma)
  - HIV and STIs are often inter-related co-infections
  - **There is a lot more in common than what we tend to think**
- **This is the group of "the converted"!**

## Lessons from History

## Centuries Old...

- As historians and critics of Western culture and sexuality have shown, in the Christian era the sexual dimension of life became a central focus of interest of religious precepts and moral control strategies.
  - During the long feudal period, much of the canon law, as reflected in the nascent civil law, questioned sexual desires and practices of the faithful.
  - The transformation of the industrial revolution affected the power of the church and resulted in a more secular legislation, although religion was replaced by modern medicine, whose vision of sexuality often recodified the centrality of religious morality as scientific knowledge, relabeling sin or crime as disease.
  - Initial focus on 'Venereal Diseases'...

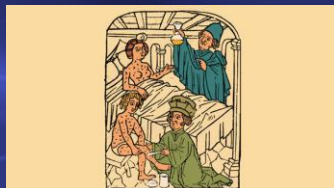


## Images of Disease

Two syphilis patients, a woman in bed and a man sitting on a stool, both covered with lesions, are depicted in this woodcut from 1497, just three years after the disease spread across Europe for the first time.

A physician holds up a flask of the woman's urine that has been sampled for analysis, while another applies a mercury-containing salve to the man's legs—a treatment that was often said to be worse than the disease.

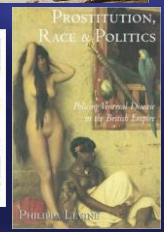
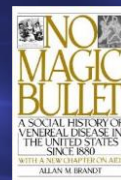
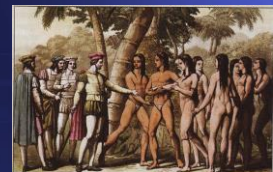
(l) Durer on Syphilis  
(r) Titian on Charles V in a codpiece



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## Otherness...

- Social construction of dominated peoples as promiscuous, as sources of disease
- Contribution to historical stigmatisation of ethnic minorities.
- Discussion between colonizers and North American aboriginals about who was to bear responsibility for venereal disease



## Sex Work

- Sex work (traditionally, 'prostitution'), in many historical forms (eg, ceremonial prostitution) has existed since the dawn of civilization.
- Response of Christian Europe: negative and exclusionary
- Relationship seen between prostitution and 'venereal' diseases.
- Many countries made legislation that prohibited, or set up toleration/exploitation regimes (sanitary control).
- VD such as syphilis, feared for their severity in pre-antibiotic era, involved the presumption of depravity and could justify divorce.
- Strong analogies with history of HIV**



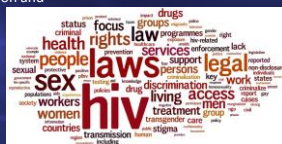
## Recent History

- Last 60 years: important changes in the situation of women, non-heterosexuals, and people affected by HIV
- Regarding people with non-heterosexual identities, greater range of changes:
  - from progress towards full equality of rights (including gay marriage and adoption, and laws that recognize gender identity assumed by trans people)
  - to the neo-criminalization of homosexuality observed in certain countries.
- Global movement against AIDS made significant changes in the relationship between scientists, doctors, community and regulatory agencies,
  - Provided access to experimental treatments, strengthening the role of civil society, and expanding access to ART.
- Since its emergence, AIDS was doubly stigmatized: as deadly and mysterious disease, and as a marker of membership in excluded groups.
  - Predictably, stigma led to discrimination (eg less access to services, public disapproval for the sick, discourse of 'divine punishment' for their 'promiscuity' (gay men, sex workers).



## Prevention...

- First large-scale policy post-discovery of HIV focused on promoting 'behavioural change'
  - Focused on abstinence, fidelity & condom use.
  - Some results in several countries
  - Later acknowledged that sexual practices often not decided upon, but resulting from social norms, coercion, emotions
    - Especially among 'vulnerable' populations
- More recently, focus on confronting social vulnerability to reduce risk of infection and ensure their access to treatment.

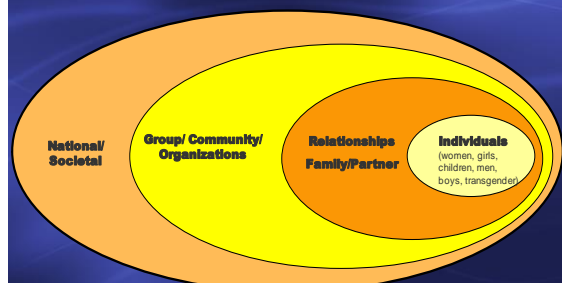


## Complex legal change in 3 decades

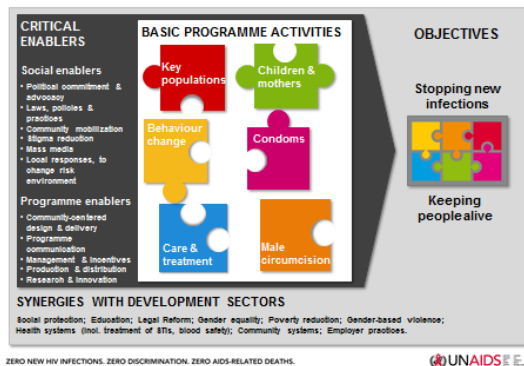
- On the negative side:
  - Some countries restricted access to people living with HIV.
  - Penalties for so called 'conscious exposure of another person to HIV risk' by an HIV carrier
  - Persistence of laws that criminalized practices of stigmatized vulnerable populations (eg, 'sodomy', prostitution, drug use) or banned useful measures (eg 'harm reduction').
  - Some countries have not only maintained these laws, but have expanded penalties.
- On the positive side:
  - Recognition of social vulnerability and its relationship with the HIV epidemic raised the need for structural interventions at several levels.
  - Some recognition of harmful effects of criminalization of certain practices over public health.
  - Strong community based networks for global action on human rights
  - Legal progress in many countries has expanded access to treatment, and laws improving the status of women, non-heterosexuals, drug users and other populations.
- In conclusion, a look at the recent history shows:
  - the growing relationship between public health, public policy and legislation, and
  - the role that genuine community participation may have in that relationship...
  - ...based on both scientific evidence and international human rights principles.

## Social and Structural Factors in STI/HIV Transmission and Prevention

## The Context of Individual Practices



## AIDS investment framework



## Social Drivers and Structural Interventions in HIV field

### Jonathan Mann *et al.*'s work

- AIDS in the World
- "Social marginalization, discrimination, and stigmatization, in other words a lack of respect for human rights and dignity, is itself a root cause of the epidemic..."

### Increasing recognition

- Sweat et al 1995 – Possibly first paper on 'structural interventions'
- Special issue of AIDS in 2000 (Sumartojo, Blankenship, Parker, Des Jarlais, Wohlfeiler, Schriver, O'Leary, others) – Several topics
- Latkin & Knowlton 2002 – Micro-structural & environmental influence
- Rhodes et al, 2005 – Structural HIV prevention is unavoidably political
- The Lancet 2008 Special Issue:
  - Gupta et al – Structural Interventions; Piot et al (Coming to terms with Complexity)
- Auerbach et al, 2011: Conceptual and Methodological Considerations
- Parkhurst 2012: HIV Prevention, Structural Interv. & Social Values
- Lancet Special Issues on MSM (2012) & Sex Work (2014)
- Specific interv.: Sonagachi, Stepping Stones, IMAGE, SHAZI, Avahan
- Recent Trials on Conditional Cash Transfers (mixed results)

## Social Drivers and Structural Approaches

- Social Drivers** are "the core social processes and arrangements—reflective of social and cultural norms, values, networks, structures and institutions—that operate around and in concert with individual behaviors and practices to influence HIV epidemics in particular settings."
- (Auerbach *et al* 2011)

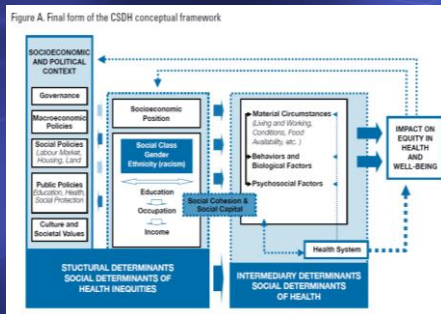
## Links with Social Determinants of Health



"The social determinants of health are the **conditions** in which people are born, grow, live, work and age, including the health system. These circumstances are **shaped by the distribution of money, power and resources** at global, national and local levels, which are themselves **influenced by policy choices**. The social determinants of health are **mostly responsible for health inequities** - the unfair and avoidable differences in health status seen within and between countries." (Emphasis added).

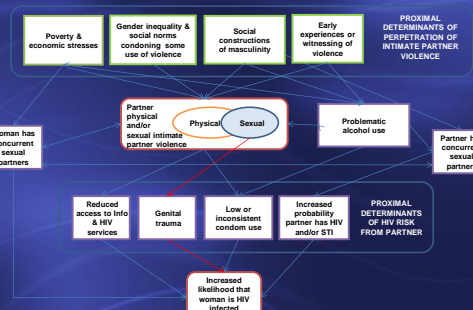


## World Health Organization's Commission on SDH Conceptual Framework



Source: Solar O, and Irwin A (2010)

## Pathways of Association between Intimate Partner Violence and Women's risk of HIV Infection (C. Watts 2012)



## Structural Approaches

- Generally they address **factors** that:
  - Depend on the **State** and social environment (e.g. **law and policy change**)
  - Imply involvement of other government sectors (**Education, justice, finance, the media, decision makers**)
  - Even affect the global economy or politics (**global agreements**)
  - Seek to alter **individuals' life conditions** (e.g. **economic and educational opportunities**; community support; effective access to services)
  - **Affect their options** (e.g. **changes in social norms** that affect capacity to negotiate individual practices, decisions about sexuality)
- They may focus at levels that are:
  - **Closer to individuals** (e.g. offer access to appropriate services) - **Ameliorative**
  - or **more distant from them** (e.g. changing laws, working with the media to reduce stigma, reduce economic dependency) - **Fundamental**

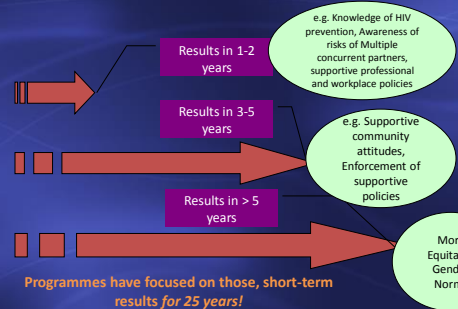
## Types of Structural Approaches

- **Ameliorative** approaches focused on HIV ('critical enablers')
  - Increased access to health services (incl. outreach, harm reduction)
  - Legal reform and enforcement, legal services
  - Programs to confront stigma & discrimination
  - Strengthening sex education programs
  - Community empowerment / building social capital
  - Addressing economic dependence (e.g. conditional cash transfers)
- **Fundamental** approaches focused on social & human development
  - Programs focused on promoting gender equity, education reform, poverty reduction and income redistribution, democracy

## Attributing Causality: Challenges

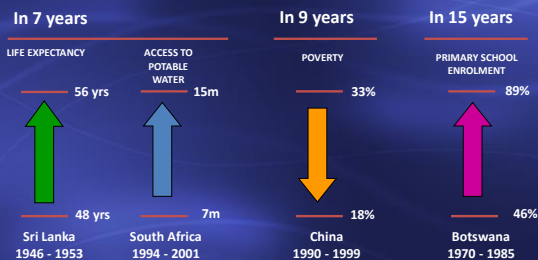
- Suitability of the Randomized Control Trial
  - Experimental design: controlling for context
    - **But structural interventions are about context!** (e.g. think of legal)
    - Easier to focus on structural interv. operating at individual level
      - E.g. Conditional cash transfers, harm reduction, access to services
    - Efficacy vs. effectiveness
- Alternative approaches: Observational designs, qualitative 'naturalistic' evaluations, modeling retrospectively, triangulation
- Kirby *et al* 2008: Retrospective multi-method approach – 'combination evaluation'? – Uganda

## The Role of Time



UNAIDS Social Change Communication Working Group, 2008.

## Progress can be achieved in short time periods



WHO Commission on Social Determinants of Health, August 2008

## New Preventive Technologies: From Efficacy to Effectiveness

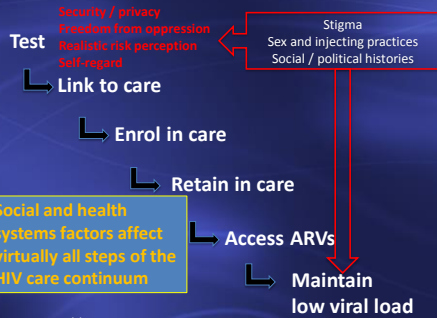
Given an estimated **efficacy**, **effectiveness** is a **contingent** outcome of the collective activity of a range of factors:

- Individuals (users and others)
  - Acceptability, feasibility, other issues (e.g. Pregnancy) → **Adherence**
- Institutions (professionals and their cultures)
- Technologies themselves
- Legal environments
- Norms, values, and discourses that animate human behaviour/practice.

Adapted from Auerbach, citing Kippax (2011), Race (2011); Haraway (2011); Michaels & Rosengarten (2010)

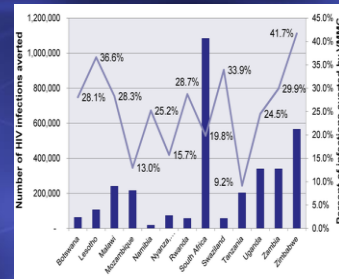


## The Care Cascade: Context



Source: C. Dadds, IAPAC TasP Meeting, London, September 2013

## Lessons from Implementation of VMMC: High Initial Expectations for Impact in SSA



Source: Hankins et al. 2011 PLOS-Medicine

## ... But Radically Different Responses

- Kenya as an 'innovator', Malawi as a 'laggard' (Dickson et al. 2011, *PLOS-Medicine*)
  - Kenya: National Programme; >200,000 MC procedures
    - Has achieved over 45% of target of 94% coverage
  - Malawi: Resisted developing a national programme.
    - Has achieved <1% of its target of 80% coverage
- Differences in history of ethnic as well as religious competition and conflict
  - MC divisions align well in Malawi with historical political competition, patronage and contestation for power. Some alignment in Kenya, but equally strong competition between groups with shared MC practices (e.g. Kikuyu and Kalenjin)

Source: J. Parkhurst, ASSHH Conference, July 2013

## Legal and Human Rights Issues Relevant to HIV/STI Prevention in Key Populations

## Sex Work and Human Rights Violations

- Sex workers are rarely addressed in international human rights law. Yet human rights laws apply to everyone.
- Evidence of widespread HR violations against SW, perpetrated by both state and non-state actors. These violations increase HIV risk, and undermine effective HIV work.
  - Violations include homicide; physical and sexual violence from law enforcement, clients, and intimate partners; unlawful arrest and detention; discrimination in accessing services; forced HIV testing.
- Substantial gaps exist in a rights-based response to HIV for SW.
  - We must acknowledge, address, and prevent violence, abusive police practices, and other violations, to ensure rights and improve public health.
- Without addressing HR violations among SW, merely providing HIV services will remain an insufficient and misguided response.
  - HIV responses for SW should ensure their HR through active promotion of equality, and non-discrimination in accessing prevention and interventions.
- HR violations against SW are most profound in criminalised policy regimes. The solution requires reform not only to policy, but also its implementation, given evidence of abusive practices.
- Policy reform, SW mobilisation, and grass-roots organisation are essential and mutually reinforcing strategies that have achieved success in health and human rights promotion for sex workers.



### HIV and sex workers 4

#### Human rights violations against sex workers: burden and effect on HIV

Michelle D'Arcy, Anna Lavelle, Ganga Sundar, F. Chi, Susan G. Sherman, Marnie S. Sachs, Khalil B. Bhattarai, Mandy D. Shalaby, Chris Berger

London 2012, 2013, 2014, 2015  
 Published research documents widespread abuses of human rights perpetrated by

## Conflation of Trafficking and Sex Work\*

- Currently dominant understanding of prostitution conflates 'human trafficking' with 'prostitution' and 'sexual exploitation'.
  - within some governments and within international organisations that provide policy guidance and recommendations to governments
- This conflation bears critical thinking, as lawmakers endeavor to use human rights-based models to address human trafficking and prostitution.
- Unfortunately, conflating and equating prostitution with 'trafficking' and 'sexual exploitation' has ultimately served to undermine efforts to address both trafficking and sexual commerce,
  - Also contributes to the harm that SW face from local law enforcement and from potentially violent clients and intermediaries.
- This set of confluences is undermining efforts to control HIV/STI among SW.

\* Trafficking and the conflation with sex work: Implications for HIV Prevention and Control – Working Paper, Global commission on HIV and the Law



## Myths and Realities

Conflation of trafficking and sex work assumes that:

- All prostitution is done by **women and girls**.
- Prostitution is **primarily experienced as violence** by women and girls.
- All prostitution constitutes **human trafficking and sexual exploitation**.

However, a strong body of research on prostitution shows the following:

- **Men and transgender people also sell sex**, though they are targeted differently by law enforcement.
- Sex work is fundamentally an **income generating activity**, rather than experienced as violence
  - Criminalisation of sexual commerce enhances violence faced by SW.
- **Prostitution and human trafficking are not the same phenomenon**, and it is incorrect to assume that everyone who sells sex is being exploited

## What could be done?

To comprehensively address the problems inherent within the current framework we must:

- **Assess what local impact of laws will be on police & their practices** prior to implementation. In some cases, sex workers can "leverage the combined forces of community empowerment, collective action and network-based governance to regulate..." police.
- Consider the **possibility of economic migration** in laws and policies that govern sex work
- **Avoid legislation that frames all sex work as 'trafficking'**.
- **Include MSM and transgender people** in sex work policy; consider all laws that may impact sexual minorities and sexual marginalised or stigmatised groups.
- **Tie policy frameworks on SW** with those that assess and intervene in **informal sectors**.
- **Include economic empowerment** more centrally as a platform for easing the legal, social and physical vulnerabilities of selling sexual services.

Anti-trafficking framework is highly problematic in its ability to offer a clear conceptual understanding of sex work, migration, and vulnerability.

Disaggregating human trafficking from prostitution and forced labour are fundamental to crafting cogent and effective law and policy on this issue.

## Sex Work, HIV and the Law\*

- Sex work often involves having sexual intercourse in **situations of secrecy, facing the constant fear of exposure or violence**. This makes it difficult to ensure that safer sex is practiced consistently.
- Rape by police, clients, or strangers emboldened by the atmosphere of impunity for those who attack SW in many countries, **increases the risk of contracting HIV/STI**.
- Where communities are **demoralised by lack of access to justice** for victims of violent attacks, HIV/STI policies that rely on empowered individuals insisting on safer sex cannot succeed.
- **Lack of access to services**: SW may find it difficult to secure appropriate state health care services related to HIV/STI prevention and treatment, due to social stigma as well as the outright refusal, in some cases, to provide services to sex workers.

\* Sex Work, HIV and the Law, Working Paper - Global commission on HIV and the Law



## The Potential Role of the Law

- Law has a limited role to play in the broader context of the marginalisation and stigmatisation of sex workers. However,
- From the perspective of HIV/STI goals, the law could contribute to:
  - Creating avenues for **SW and their clients to report crimes voluntarily**, including rape or the operation of organised crime networks.
  - **Prohibiting the discrimination and abuse** that sex workers often face when seeking services for the prevention and treatment of HIV/STI.
  - Ensuring the **uncensored flow of information about HIV/STI** through peer-led interventions or mass media.
  - Providing meaningful, well-enforced **penalties for police** who engage in harassment or blackmail of sex workers.
  - Encouraging the collectivisation or **collective voice of sex workers**.
  - Ensuring that there are no obstacles to **advocacy and service provision** groups supporting SW.



## Gay, other MSM and TW

- In 200 years homosexuality became a medical condition (psychopathic – neurotic); finally in 1990 it was depathologized
- Rights have advanced formally in many countries (to full equality) but stigma remains active
  - Some countries have criminalized it;
  - UN increasingly assuming a position of full recognition.
- G/MSM & TW at increased risk for HIV/STIs.
- Syphilis is very important among MSM in many places
- Impossible to conceive of eradication of congenital syphilis if the syphilis epidemic amongst MSM remains unchecked.
- Due to stigma, G/MSM & TW have limited access to sexual health services, including HIV/STI
- Discrimination and social/legal exclusion of MSM and TW not only affect HR – they are also against sound public health practices

## Key Messages for MSM/TW

- Criminalisation of same-sex behaviour has profound implications across the spectrum of policies, issues, and programmes relating MSM
- Responses to HIV epidemics among MSM in highly disparate legal, political and HR environments have to be context-specific:
  - One size will not fit all.
- Laws and policies that promote universal access and gender equality may fail for MSM where homophobic cultural, religious, or political forces are active:
  - Good policies for HIV do not guarantee good outcomes for MSM & TW.
- Although quantification of the impact of structural interventions is important, action is mandated to decrease HR abuses against MSM on social justice and human dignity grounds alone.

MSM, HIV and the Law: The Case of Gay, Bisexual and other Men who have Sex with Men (MSM) – Working Paper, Global Commission on HIV and the Law





## Final Points

- Laws, human rights and structural factors have been prominent in the HIV field throughout the epidemic
  - Recently operationalized as a component of combination HIV prevention.
  - ...While biomedical HIV prevention is advancing quickly
  - Biomedical vs. Social/Structural: not competing (nor alternative), but highly complementary/ synergistic/mutually enabling
- Some believe that legal and rights aspects of STIs are different from those of HIV because STI lack the severity and stigma of HIV. However,
  - The social history of 'old' venereal diseases shows their severity and impact
  - The moral panic dimension of STI responses depicts prevailing stigma
  - HIV and STIs are often inter-related and synergistic co-infections
- Legal and HR Dimensions: particularly important for key populations
  - Sex workers: Avoid conflating with traffickers; recognise as labor; protect
  - Gay, other MSM and TW: Decriminalise, fight against stigma, protect
- STIs and HIV: A lot more in common than what we tend to think
  - Let's not make the same mistakes twice! Let's learn from each other!

