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Disability and HIV (cross-country)



3-4 May, 2017
Protea Parktonian All Suite Hotel
Braamfontein, Johannesburg

2017 Annual
International SASPEN Conference

**INCLUSION, INTEGRATION
AND TRANSFORMATION:**
Social Protection for Persons with
Disabilities in the SADC

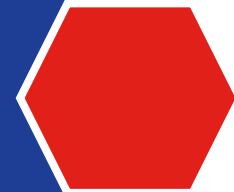
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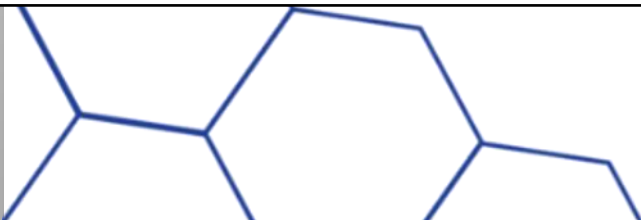
Introduction
Problem Context
Rationale for Call of Action
General Assertions
Discussion Points



There has been significant scientific and social research into the causes and effects of HIV/AIDS, however; little attention has been given to the effects and risks of HIV/AIDS on people with disabilities

There is a disconnect between HIV/AIDS prevention programming and what is made available to persons with disabilities.

Programs and policies have often failed to address greater systemic issues, such as poverty and the discrimination of women, which place certain vulnerable groups at risk of HIV

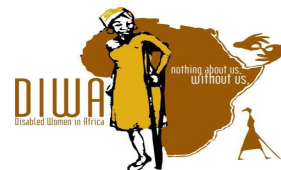


In SADC region persons with disabilities are prevented from equitably accessing HIV/AIDS prevention service. Reasons being attitudinal and physical barriers which includes:

- a. The assumption that persons with disabilities are not at risk of contracting HIV,
- b. The assumption that persons with disabilities are not sexually active.
- c. That persons with disabilities are not a significant group warranting special attention.
- d. That persons with disabilities do not consider themselves to be at risk of contracting HIV

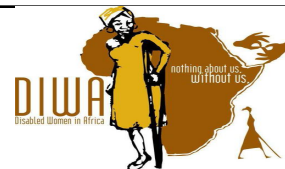


- a. The inaccessibility of the programs
- b. The inaccessibility of the materials disseminated by the programs
- c. Greater systemic issues involving poverty, lack of education, lack of employment opportunities, gender dynamics, cultural determinants such as cleansing and lack of access to health services that are preventing major efforts to reduce the transmission of HIV/AIDS in the region
- d. In Sub-Saharan Africa, there is poor education on family planning methods, HIV/AIDS, Cervical cancer, Sexual and Reproductive Health and other health issues for people with disabilities more in particular women and girls with disabilities.



e. The UNCRPD provides for persons with disabilities the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability and that States Parties should give persons with disabilities the same 'range' quality and standard health care they provide to the rest of the population. However, the relationship between HIV and disability has not received due attention, although persons with disabilities are found among all KEY population risk of exposure to HIV

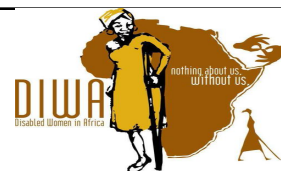
- ◆ Persons with disabilities are approximately 15% of the world population.
- ◆ Persons with disabilities form a huge constituency which must not be left out on development agenda..
- ◆ The 2030 SDG agenda is promoting and encouraging States to “LEAVE NO ONE BEHIND”
- ◆ Health is a mainstay of development and lack of health may lead to detrimental results.
- ◆ Bearing in mind that disability is a development and human rights issue, so is HIV / AIDS
- ◆ All programs and policies must be inclusive of disability issues so as to promote development



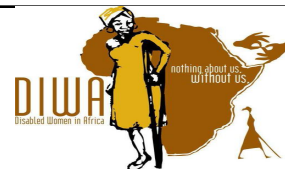
- It has been demonstrated that many non-governmental organizations at the operational level rarely design projects that position persons with disabilities at the center of HIV interventions.
- No disaggregation of data to show engagement of people with disabilities and gender who are infected with HIV.
- No proper Monitoring and Evaluation systems to capture program impacts on people with disabilities.
- Little evidence of the engagement of development partners in programs that target persons with disabilities alone, or mainstreaming activities.

- ◆ Acknowledging that persons with disabilities are equally affected by the pandemic and that there is need for deliberate targeting them in HIV response
- ◆ Acknowledging that people living with HIV may develop impairments as the disease progresses, and maybe considered to have a disability when social, economic, political or other barriers hinder their full and effective participation in society on an equal basis with others

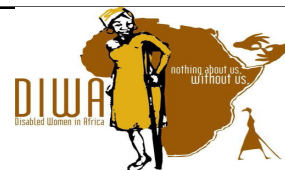
- ◆ While considerable efforts have been made to reduce the intense and disabling effects of HIV/AIDS in the general population, there have been very few measures to build intervention programs that minimize the impact of this pandemic on people with disabilities.
- ◆ Just as disability is a development and human rights issue, so is good health. Yet, people with disabilities remain on the margins of the national development agenda, with regards to access to HIV/AIDS information, prevention and treatment.
- ◆ Given the 2030 Sustainable Development Goals agenda which promotes and encourages States Parties to “LEAVE NO ONE BEHIND” there is a need for all programs and policies to be inclusive of disability-related health issues. This can be done by - ratifying the Convention and the Optional Protocol to translate evidence into practice.

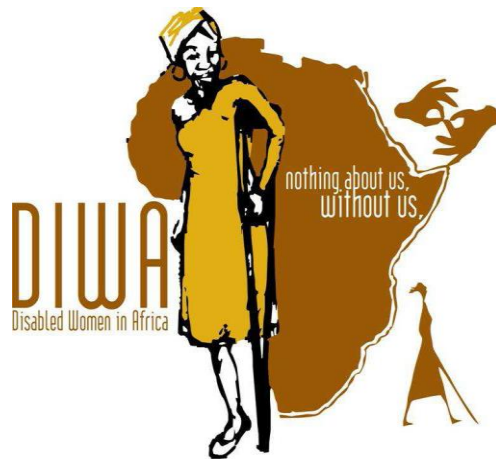


- ◆ Regional processes of (de)stigmatization in the health and programming sectors and how they are tied to the policy environment and the activities of CSOs in particular.
- ◆ Effective regional based actions and processes necessary to realize access to health rights for persons with disabilities.
- ◆ Availability of regional support and networks for the transformation of our societies into inclusive spaces where health rights negotiation is supported at every level.



- ◆ As already alluded to on my 6th slide that WHO estimates that 15% of the world population is composed of persons with disabilities, this is the more reason why this population MUST NOT BE LEFT BEHIND in all existing health promotion and prevention issues, especially with regards to HIV/AIDS.
- ◆ There are few data on HIV prevalence among persons with disabilities. There is need to build and strengthen the existing databases to generate more evidence on the linkages between HIV and disability.





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