

## To End AIDS, We Must Fight Injustice

December 10, 2013 by [Ralf Jürgens Public Health Program](#)



Last week, on World AIDS Day, there was reason to celebrate.

Over 10 million people now benefit from the life-saving medicines that have transformed AIDS from a death sentence to a chronic, manageable disease. As a result, the number of people dying from AIDS continues to fall. The number of new HIV infections has dropped in many parts of the world. Some people even predict that, if we maintain current HIV investments, we can hope to see the end of AIDS within our lifetime.

But can we afford to be so optimistic?

Many people are excluded by society or criminalized—like those who use drugs, sex workers, Roma, men who have sex with men, and more. Many people attach a heavy stigma to HIV and discriminate

against people living with the virus. These factors push people with HIV, and those at high risk of infection, away from the health care system—denying them prevention, care, and treatment, including life-saving HIV medicines.

Those who work to end AIDS are increasingly recognizing that in order to succeed—achieving zero AIDS-related deaths and zero new infections—we must also work to end discrimination and other human rights abuses.

[Legal empowerment](#) programs like that of [UGANET](#) in the above video are key to this goal.

They show how it is possible to integrate legal support into health services, and to promote access to justice of people living with, or vulnerable to, HIV. When people learn about their rights from a paralegal who is also a trusted community member, and when they can access the law conveniently—and not through some unfamiliar 9-5 legal practice a day's journey away—barriers to their health care recede.

For more than eight years the Open Society Foundations has supported access to justice programs as a health and human rights intervention and monitored their effectiveness. Recently we [undertook an in-depth evaluation](#) of the impact of such programs for people living with HIV and their caregivers.

Increasingly, the public health benefits of these programs are being recognized. The Joint UN Programme on HIV/AIDS now says that [access to justice programs are key interventions](#) that should be part of every national AIDS program, while the Global Fund to Fight AIDS, Tuberculosis and Malaria [has included a human rights objective in its recent strategy](#).

Such recognition, however, is only a start.

It is high time to move from rhetoric to real action on HIV and human rights.

This means moving beyond support for a small number of access to justice projects in only a few countries. It means ensuring that governments around the world—with outside support if needed—include these programs in their national AIDS strategies and bring them to scale. This is one of the reasons why Open Society is supporting the inclusion of [justice as a post-2015 millennium development goal](#).

I encourage you to watch the above video and get inspired. See what's possible when people become empowered to protect their rights and their health.

# Innovating Justice for Widows in Kenya

September 21, 2012 by [Tamar Ezer Public Health Program](#)

After losing her husband to AIDS, Consolata was chased away from her home by in-laws who blamed her for her husband's death, forcing her to live in the marketplace with her children. Four years later, she started to get sick and discovered she was HIV positive. Given her stressful living situation, her health rapidly deteriorated.

In Kenya, as in many countries in sub-Saharan Africa, HIV has magnified problems in unequal property and inheritance regimes. Women's inability to own and manage land, housing, and property perpetuates economic dependence on men and creates particular vulnerability upon a husband's death, when polygamy, widow inheritance (where the widow herself is "inherited"), or high-risk work may be the only way to survive. Impoverished women also have reduced capacity to cope with HIV and AIDS.

Consolata comes from Kisumu County in western Kenya, which has the highest HIV prevalence in the country at a rate of 15 percent. This has led to high number of premature deaths and very young widows. Many of these widows are disinherited and left homeless and destitute by in-laws, making them more vulnerable to abuse, exploitation, and illness.

On paper, Kenyan laws recognize women's rights to own and inherit property, but in practice, many women are chased away from their land, and access to justice is hard to obtain. In rural areas, courts are distant, and community ties are strong. Court cases are expensive and time-consuming, and they are culturally frowned upon for family disputes, exacerbating tensions. Even with a positive legal decision, it is difficult for a widow to come back to live with her family.

In 2009, the Kenya Legal and Ethical Issues Network on HIV and AIDS (KELIN) pioneered a new approach for obtaining access to justice for widows and their children. Working with customary legal structures in Homabay and Kisumu Counties, KELIN helped reconstruct community-based mediation systems so that they respect Kenyan law and human rights. KELIN held community dialogues with widows, elders, and government officials to get their buy-in for the project. They then conducted trainings for the elders and widows on the human rights provisions of Kenyan laws relating to property. Customary structures (Luo Council of Elders, Kabondo Elders, and Nyakach Elders) now mediate family disputes and help reinstate widows and children in their homes and family land.

There is a happy ending to Consolata's story. She found out about KELIN's project, and KELIN's coordinator put her in touch with Elders in her community, who negotiated with Consolata's in-laws to allow her to come back to her land. KELIN's support went above and beyond legal negotiations. They provided Consolata and her in-laws with construction materials and the community came together to build her a new home on the reclaimed land.

Over the past three years, KELIN has taken on 148 cases involving disinheritance, of which the vast majority have been successfully resolved with women and children back on their land. On average, each case takes only three months to resolve—a much better rate than the average three years (and unpredictable outcomes) for court cases. Additionally, KELIN, in partnership with the communities, has facilitated the construction of 17 houses for the most vulnerable widows, further contributing to raising awareness of widows' rights to inherit and strengthening the bond between widows and the community.

KELIN has developed a tool which provides step by step guidelines on how to engage cultural structures and actors or others interested in this approach.

KELIN's work and the innovative approach deserve widespread recognition. Indeed, the United Nations Global Commission on HIV and the Law applauded KELIN's groundbreaking work in its July 2012 report, *Risks, Rights and Health*, noting, "Perhaps the most promising route to change is adaptation of traditional legal systems to promote equality for women and their children and recruitment of respected community members to mediate inheritance disputes between widows and their in-laws."

Most recently, KELIN has been nominated for a 2012 Innovating Justice Award, an award that recognizes the most promising developments in the justice sector. Please take a moment between now and October 1, 2012, to cast your vote for KELIN on the Innovating Justice website!

# Fighting an Epidemic in Russia from 3,000 Miles Away

February 26, 2014 by [Tatyana Margolin](#) [Public Health Program](#)



Russia is home to the world's fastest-growing HIV epidemic. Driven by injection drug use, it is now becoming generalized. If you use injection drugs in Russia, you likely have HIV, hepatitis C, and more often than not, tuberculosis.

Although the Russian constitution grants the right to free access to health services in government facilities, it does not provide effective care to those who have these multiple infections. And it bans opioid substitution therapy—the most effective opiate addiction treatment.

In many ways, the story of Max, who you meet in this video, is typical of the hundreds of thousands of Russians who use drugs. As an intravenous drug user, he contracted HIV and hepatitis C.

But when Max was denied testing and treatment for his hepatitis C, he did something no Russian who uses drugs had done before—Max turned to the justice system.

Faced with the daunting task of taking on his region's health system in court, Max used the Internet for help. He contacted the Canadian HIV/AIDS Legal Network. Through online sessions with a lawyer who was more than 3,000 miles away, Max crafted his legal arguments and strategy.

Representing himself, Max sued the regional hospital in Tver that denied him testing, and won his case on appeal. The court ordered testing and treatment for him.

Max's victory inspired him to help others confront the injustices they experience in health services. He co-founded a project at the Andrey Rylkov Foundation in which street outreach workers provide legal consultations for people who use drugs alongside offerings of clean needles and food.

In his outreach work, Max relies on the website Hand-Help.ru—a unique online resource that offers advice about ever-changing Russian drug laws to drug users, their friends, and their families. The site wants to correct a widespread lack of understanding of drug laws common not only among people who use drugs and the general population, but also law enforcement officials, prosecutors, and judges.

In a vast country like Russia, where accessing a lawyer is not always practical or possible, Hand-help is only a click away, offering accurate and up-to-date advice and information.

Armed with an innovative resource like Hand-help, and a conviction that Russians who use drugs should be treated as people worthy of respect, Max wants others to recognize their power.

“The most important thing,” Max says, “is strength in your own life—to fight for help, to stand up for something.”



# Legal Help for Sex Workers—from Sex Workers

March 5, 2013 by [David Scamell](#) [Public Health Program](#)



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I grew up with my granny and aunt and we stayed in a four room house with four of my cousins. When my granny passed away, my mother took me to her hostel where she had a room. It was not a nice place for children to grow up. When I was in grade ten my father said he wouldn't pay for another year and I should just stay at home. My mother started getting sick and my father didn't want to support us. My friends told me I could make money in town, so I started going to town to do sex work.

It is a great privilege to be able to help others as a paralegal. Other sex workers never even knew that there is a Bill of Rights in our Constitution but now they practice those rights because of the WLC.

—Ncumisa, Women's Legal Centre paralegal

The Women’s Legal Centre (WLC) is a grantee of the Open Society Foundations based in Cape Town, South Africa that provides legal services for sex workers in collaboration with sex worker organizations. Sex work is criminalized in South Africa and sex workers face routine harassment, intimidation, and even abuse from police. Police use municipal laws against loitering, solicitation, and drunken behavior to threaten, arrest, or detain sex workers for days at a time. And many are released only after paying large fines. Police use these tactics, in large measure, because convictions for sex work are difficult to achieve. Few clients want to risk self-incrimination by testifying.

WLC began its outreach by offering weekly group workshops on human rights to sex workers. It soon expanded, employing four former and current sex workers as paralegals. The benefits of peer-based legal assistance are clear, says a paralegal named Ncumisa. “We know the industry. It is easy to communicate freely without fear of being stigmatized since we share similar experiences in their line of duty.” Anita, another paralegal, agrees. “It is very important because we understand the difficulties and obstacles that sex workers encounter on a daily basis,” she says. “We personally know how violent police can be towards sex workers, so we can offer advice.”

To do community outreach, WLC paralegals partner with a counseling and advocacy organization called Sex Worker Education and Advocacy Taskforce. They provide male, female, and transgender sex workers with legal information and advice, and assist with court hearings, bail applications, and filing complaints about police abuse. “For two weeks we do day and night outreach where we find them in the hot spots. Then weekday mornings for two weeks we do follow-ups. We give legal advice, and help them with protection orders and lodging complaints to the Independent Police Investigative Directorate. And we do a 24 hour helpline,” says Ncumisa.

“My favorite part is motivating and helping sex workers to contest their fines for something that we believe it is work—not crime,” Ncumisa explains. “I love the expression on their faces when we get them out of jail, seeing how happy and trusting they are.” Her colleague Anita agrees, adding “I know what it feels like to be wrongfully accused and charged. So it feels great to be of help in the community.”

There wasn’t enough money to feed everyone in my family so I found a job in a factory. While I had that job, an older friend told me about what she did to make money. She said sex work was like a normal job because you can do it during the day, and that your family wouldn’t know. I started doing sex work at age 18. I found that doing sex work was better because I felt good when I could put food on the table and make sure nobody goes hungry.

When I got my job as a paralegal I was over the moon because I am doing something good. I enjoy my work at WLC because it is something I have a passion for. Working as a paralegal has given me more insight into how the police really have no respect for us sex workers. I see how different the police act when there is a paralegal around. They are more respectful.

—Gaironessa, Women’s Legal Centre paralegal