



EQUALITIES REVIEW

SUBMISSION FROM THE NATIONAL AIDS TRUST

The National AIDS Trust (NAT) is the UK's leading policy and campaigning organisation for HIV. We develop policies and campaign to prevent the spread of HIV, to ensure those living with HIV have access to treatment and care, and to eradicate HIV-related stigma and discrimination.

Health inequalities

NAT believes that health inequality is one of the most corrosive and pervasive of inequalities, directly and profoundly affecting quality of life and undermining the human right to health. We trust that health inequalities will be a central concern of the Equalities Review, building on the work of such seminal reports as the Black Report, the Acheson Report and the Government's 'Programme for Action' on Health Inequalities.

Current health inequalities targets within Government tend to focus on indicators of mortality. Whilst this is obviously a fundamental concern, it is also important to assess the impact of health inequalities on morbidity. Furthermore, the Equalities Review should be aware of such work as that of Richard Wilkinson 'The Impact of Inequality: How to Make Sick Societies Healthier' which charts the effect of inequality on psychosocial health and wider social wellbeing.

Equalities Legislation

NAT welcomes recent legislative developments such as regulations against discrimination on grounds of sexual orientation and the Disability Discrimination Act 2005 which protects those living with HIV from discrimination in a number of areas, effectively from the point of diagnosis. Along with many other organisations, however, we believe that the current legislative framework remains inconsistent and inadequate. **We are calling for a Single Equality Act**, and a year ago produced a publication along with Justice 'Keep it simple: The case for a new Equality Act', which

makes the case for the simplification, harmonisation and extension of current equalities legislation through a Single Equality Act.

In the course of the debate on the Disability Discrimination Bill last year, NAT advocated a social rather than simply a medical model of disability as being appropriate for any consideration of protection against discrimination (see for example NAT's submission to the Joint Committee on the Draft Disability Discrimination Bill). The DDA Act 2005 unfortunately reflected the medical disability model. Whilst we welcome the extensions in protection afforded to people living with HIV from the point of diagnosis by the DDA 2005, no legal protection is provided to people associated with HIV, carers or relatives of people living with HIV or people working for HIV organisations. We have examples of discrimination against people in all these situations and **equalities legislation needs to be more widely and socially drawn to reflect the realities of discrimination in society.**

HIV and health inequalities

The relationship between HIV and health inequalities in the UK is stark. 75 per cent of HIV infections occurring in the UK are amongst gay or bisexual men. The vast majority of those living with HIV are gay or bisexual men (45%), or men and women from African communities (31%). Both these groups are marginalised, albeit in distinct ways.

HIV remains a health condition which is subject to significant levels of stigma and discrimination. We would refer the Equalities Review to the report into HIV-related stigma and discrimination commissioned by NAT from Sigma Research, 'Outsider Status: Stigma and discrimination experienced by Gay men and African people with HIV' December 2004. Reports of Sigma Research also chart something of the relationship between HIV and inequality, examining for example the particular inequalities experienced by working class, BME and migrant gay men (see www.sigmaresearch.org.uk).

The relationship between HIV and inequality is complex. HIV infection can generate inequality as people, as a result of their positive diagnosis, experience rejection and discrimination in employment, housing and social relations (we refer the Equalities Review to reports from the Crusaid Hardship Fund for examples).

HIV prevalence can also coincide with other inequalities to particularly harmful effect. For example, there is relatively high HIV prevalence amongst people seeking asylum or of uncertain

residency status many of whom also endure poor housing conditions. Cramped and inadequate housing make confidentiality of medication and thus of HIV positive status very difficult and can also make some women more vulnerable to sexual assault or abuse. There are serious impacts on medication adherence, mental health, personal safety and possibilities of HIV transmission.

There needs to be a more consistent assessment of health impacts, and in particular impacts on health inequalities, from particular government policies and initiatives. To give just two examples, the dispersal of asylum seekers and the deportation of failed asylum seekers both have significant health-related implications which appear not to have been adequately addressed. The recent commitment in the Public Health White Paper 'Choosing Health' to health impact assessments is welcome, and support from the Equalities Review for this process would do much to ensure it becomes a reality.

Since HIV predominantly affects minority groups who often experience discrimination, there is also a danger that their health-related needs will be neglected.

There is currently an emphasis within public sector policy on the delegation of decision-making to the local level and the increasing empowerment of the 'citizen-consumer'. We have no position on the broader merits of this approach but do wish to raise the question of how the needs and rights of minority groups can be protected, maintained and supported. There are currently no national indicators specifically around HIV requiring local Primary Care Trust action. Research recently carried out by NAT and other sexual health charities suggests that as a result HIV, and in particular HIV prevention/health promotion, is being neglected at the local level. This of course increases health inequalities and denies people from these communities vital health promotion services.

We recommend that the Equalities Review, in considering health inequalities, identify actions which must continue at the national level to ensure the specific health needs of minorities and marginalised groups are met.

Health inequality and people of undocumented residency status

One of the most pressing issues in relation to HIV and health inequality is the recent denial of free hospital treatment on the NHS

in England, including free HIV treatment, to people who have failed in their asylum application or are otherwise of undocumented residency status.

We have many cases being brought to our attention of people being denied life-saving treatment with serious immediate implications for their health and, in the near future, the prospect of death. Furthermore, the denial of free maternity care removes a key opportunity for an ante-natal HIV screen for many women vulnerable to infection, and means that some HIV positive mothers will be denied the anti-retroviral treatment they need to avoid mother-to-child transmission.

Not only does this policy seriously exacerbate health inequalities in our society for those without legal residency status, it also has a wider impact on BME communities. In the case of HIV, to allow a serious infectious disease to remain untreated has a serious implication for public health. The people denied treatment remain much more infectious than they would be on treatment and are denied the advice and support in safer sex they would be able to access if they had contact with clinical services. Whilst there are implications for public health as a whole, there will be particularly severe impacts for the health of the relevant BME community in which these people live and socialise.

A further impact of these measures is for intrusive and discriminatory questions on health entitlement being asked of people of African origin and members of other BME communities, even when they are entitled to treatment, but not of white British people. Furthermore, we have had cases of Africans entitled to treatment being wrongly refused treatment under the pretext of the new regulations.

We urge the Equalities Review to consider what basic rights and equalities are due to all living in the UK, regardless of their residency status. The Government still provides free education to the children of those without such legal residency status - we would argue strongly that similar provision should be made for free healthcare, as was available prior to the changes introduced in April 2004.

As has been made clear above, it is impossible to consider equality as it relates to recently arrived BME communities without dealing with the rights of those whose residency status is illegal, insecure or unknown. But as importantly, inequality remains inequality, irrespective of residency status, for the many thousands living in this country

currently denied access to basic social provision. Of all those 'without a voice', these are amongst those most in need. We trust the Equalities Review will be their advocate.

**National AIDS Trust
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