

8. Recommendations

This Report has found anecdotal evidence that key populations and vulnerable populations experience a variety of stigmatising and discriminatory behaviour in healthcare facilities and by healthcare workers in Botswana, Malawi and Zambia. Access to justice to hold healthcare institutions and personnel accountable and to seek redress for violations is restricted for those most vulnerable to abuse. The complaints bodies examined have the potential to provide some remedy to victims but certain contextual changes are vital to ensure that these systems can effectively fulfil the right to an effective remedy for persons who are discriminated against in healthcare and that healthcare users enjoy full respect for their human rights in a manner which is supportive of public-health objectives.

8.1 Legislative reform

- The decriminalisation of consensual same-sex sexual acts in Botswana, Malawi and Zambia is an important step to removing barriers to access for LGBT persons.
- Criminal laws that are used to unlawfully target and harass sex workers and infringe on their basic human rights should be reviewed.
- Public health laws need to be reformed to include protections for complainants against secondary victimisation and service denial and to put in place clear procedures for handling complaints in the context of healthcare.
- Botswana should consider the adoption of comprehensive disability legislation and policy in line with the CRPD.
- Legislative reform should include the right of healthcare users to access their medical records immediately and without justification to ensure the integrity of health records and to ensure that complaints can be proven effectively where misconduct occurs.
- Botswana should consider the development of an independent national human rights institution to deal with human-rights related complaints and to conduct investigations into human rights violations.

8.2 Policy reform

- Policies and plans need to include commitments to end discrimination in healthcare, with particular measures to protect sex workers, LGBT persons, women living with HIV, and persons with disabilities.
- Healthcare-related policies should include budgetary and personnel commitments to enable available, effective and sufficient complaints processes for healthcare users to lodge grievances.

- Clear procedures for the referral of complaints that raise potential criminal conduct must be put in place to ensure effective and streamlined cooperation with policing.
- Facility-level policies and procedures that segregate and employ identifying practices against people living with HIV should be reviewed to ensure these practices do not contribute to stigma and discrimination and treatment avoidance.
- Policies in all three countries need to be reviewed and clarified with respect to the entitlement of healthcare users to access HIV and STI services alone or with a partner of their choosing.
- Policies with respect to accessing PEP (in Zambia in particular) need to be reviewed and/or clarified to ensure that key populations and vulnerable persons can access PEP timeously, safely and without the risk of secondary victimisation.
- At all levels of health management, policies must be developed and enforced to ensure that persons with diverse disabilities can access healthcare services independently and with due respect for their dignity, safety and right to informed consent and information.

8.3 Development of ethical standards and guidelines

- Professional ethical standards of conduct for healthcare workers must be updated to include concepts relating to discrimination and to address the particular forms of discrimination and healthcare needs experienced by key populations and vulnerable populations.

8.4 Training of healthcare workers

- Discrimination-inclusive ethical guidelines must be included in professional training and education curricula and must be made examinable to ensure trainees' commitment and capacity to uphold ethical obligations.
- Healthcare workers should be required to undergo ethical training that includes revised concepts and examples of discrimination for ongoing professional development. Curricular development should include consultations with vulnerable populations such as sex workers, LGBT persons, women living with HIV and persons with disabilities to ensure that their diverse needs and experiences are sensitively accommodated.

8.5 Improve the availability, effectiveness and sufficiency of complaints bodies

- Facility-level complaints processes in Botswana, Malawi and Zambia should be clarified and standardised to ensure the safety of complaints lodging for vulnerable persons, and to include measures to ensure the effectiveness and sufficiency as described in this report.
- Where facility-level or internal complaints processes are being developed, as with the ombudspersons at health facilities in Malawi, consultative processes should be held to ensure that the guidelines and terms of reference for these bodies provide appropriately for the safety of vulnerable populations, and that they are available, effective and sufficient.

- All complaints bodies should incorporate complaints-analysis processes to ensure that systemic problems are identified and that healthcare workers are supported to be responsive to concerns about discrimination.
- Information about complaints procedures and healthcare users' rights should be clearly displayed in health facilities, in a language and tone that is accessible, including to persons with disabilities. The information should include the name and contact details of the person at the facility to whom complaints can be made.

8.6 Capacity-building and education for healthcare users and key stakeholders

- Healthcare users and key stakeholders including NGOs, support groups, CBOs, community health networks and committees and paralegals should be trained on health rights and the use of complaints processes to support accountability and redress for discrimination in healthcare.
- Training of complaints body staff should include strategies to ensure the safety and protection of key populations and vulnerable populations.

8.7 Specialised health services

- To the extent that key populations and vulnerable populations are excluded from accessing health services safely and appropriate to their health needs, the provision of specialised services should be considered to ensure safe access to services in the interim. Any specialised services should be sensitive to the risk of stigma and discrimination that persons accessing such services might face and should develop operating procedures which eliminate such risks.

8.8 Further research

This report reveals many areas in which further research is required. A few issues in particular are noted:

- There is a need for more accurate and inclusive quantitative data on key populations and vulnerable populations discussed in this report.
- This report does not examine traditional medicine or traditional fora for complaints, and these areas require further research.
- The report reveals the need for further information from healthcare facilities and healthcare workers on issues relating to accountability and discrimination in healthcare.
- Further research and investment is required to understand the particular needs of other healthcare users not considered in this report who may be vulnerable to healthcare discrimination and difficulties accessing justice. This includes but is not limited to persons who use drugs, persons with mental disabilities, and children and the youth.