



THE ROBERT CARR DOCTRINE

*Principles for
a Meaningful
Response to HIV
Among the World's
Key Affected
Populations*

RE-THINK THE PROBLEM

HIV and AIDS are byproducts of social inequity.

The HIV epidemic has taken its heaviest toll on socially, financially, politically, and legally marginalized communities:

- Gay men and other men who have sex with men (MSM)
- Sex workers
- People who use drugs
- Transgender people

This epidemiologic fact is the biological manifestation of social fault lines. Gay men and other MSM, people who inject drugs, sex workers, and transgender people are legally marginalized and socially stigmatized, and are commonly the targets of discrimination and brutal violence worldwide. Experiences of marginalization, stigma, discrimination, and violence are compounded for people living with HIV. Criminalization of HIV transmission, HIV exposure, and non-disclosure is often a proxy for broader human rights abuses aimed at MSM, people who use drugs, sex workers, and transgender people. Stigma, discrimination, criminalization, and violence hinder access to vital information, services, and support for the populations that need them most, undermining the overall HIV response.

RE-STRUCTURE THE RESPONSE

HIV is not just a public health issue.

The current response to the epidemic is underpinned by the faulty assumption that HIV is solely a public health issue. Efforts to address the epidemic are therefore centered on a narrow range of actors and strategies. In reality, the epidemic is a symptom of underlying societal inequities and injustices. A National AIDS Council that prioritizes key affected populations is severely compromised when the rest of that country's government continues to arrest, harass, and violate the rights of MSM, people who use drugs, sex workers, and transgender people, including those living with HIV. Similarly, scientific advances in HIV prevention and treatment, while welcomed and strongly encouraged, are wasted when communities shouldering a disproportionate HIV disease burden are blatantly denied access to services or cannot access them safely. Bilateral and multilateral funding strategies that fail to prioritize investment toward hardest-hit populations, civil society advocacy, and community development will inevitably fall short of achieving an "AIDS-Free Generation." Structural factors drive the HIV epidemic, so our solutions must address those factors as well. Small-scale interventions targeted at the individual level are important, but they are not enough.

RECLAIM THE MOVEMENT

HIV is a human rights issue—we all have a "right to be."

All human beings, by virtue of their humanity, are born equal in dignity and rights. Yet affirmation of the human rights of MSM, people who use drugs, sex workers, and transgender people has provoked denials, excuses, vitriolic statements, and draconian legislation by governments around the world. We hear about "values" and "religion" and "morality" and "tradition" and "good society" and "sovereignty" as reasons to perpetuate indifference and oppression. Denial of human rights, police brutality, and discriminatory laws become acceptable if they apply to MSM, people who use drugs, sex workers, and transgender people. We emphatically reject these false notions.

The end of the HIV epidemic lies with our capacity to develop targeted, tactical, and multi-tiered approaches. Interventions and services are needed at the biological, behavioral, interpersonal, familial, community, social, cultural, and legal levels. All stakeholders, at multiple levels, must act comprehensively, concurrently, over a sustained period of time, and with respect to the HUMAN RIGHTS and DIGNITY of MSM, people who use drugs, sex workers, and transgender people, including those living with HIV. Although difficult, COALITION work is transformative, and holds the key to unlocking our collective potential to end the epidemic. Ultimately, our success depends on how well we can work together to respond to those most in need.

ABOUT ROBERT CARR

Dr. Robert Carr was a world-renowned advocate, HIV activist, champion of social justice, and tireless defender of human rights.

Before his untimely passing in 2011, Robert dedicated his life to nurturing community-based responses to HIV around the world, becoming well known as a pioneer and global leader in advancing the health and human rights of marginalized groups. Robert's work spanned many roles over the course of his distinguished career, but all of his efforts were grounded in compassion, dignity, and justice for all.

Robert's advocacy began in 2000 in his native Jamaica, where his work focused on ending stigma and discrimination against people living with HIV. He quickly emerged as a national leader, taking the helm of a prominent NGO dedicated to addressing the HIV-related needs of key affected populations across Jamaica— Jamaica AIDS Support for Life—in 2002.

Robert was uniquely effective in creating opportunities and structures that allowed for community voices to shape global HIV policy. He co-founded numerous coalitions designed to elevate and champion the health and rights of key populations at national and global levels. These coalitions include the Caribbean Vulnerable Communities Coalition, a network of indigenous frontline service providers working on rights-based programming with marginalized groups across the Caribbean, and the Global Forum on MSM & HIV (MSMGF), a global network of advocates and organizations serving men who have sex with men, where he continued to provide leadership as co-chair until his passing.

In addition to building these coalitions, he himself contributed greatly to creating sound global HIV policy with regard to key populations, serving as a representative of the NGO delegation to the UNAIDS Programme Coordinating Board (PCB) and as director of policy and advocacy at the International Coalition of AIDS Services Organizations (ICASO).

Robert envisioned a global HIV response that was complex, effective, and locally specific. One that seeks to recognize and understand the unique vulnerabilities impinging upon vulnerable groups—including violence, discrimination, economic marginalization, and social injustice—and creates long-term, structural responses that are intelligent, community-centered, and realistic. His vision was years ahead of its time, though he would have said "long overdue," and he held fast to it, never allowing expectations to be lowered in the face of constrained economic resources, political resistance, or reticence to tackle difficult issues.

Robert's legacy is a road map for our movement, and by espousing the principles he held dear and holding the leaders of the HIV response accountable to them, we seek to carry on the mission he began.

SPONSORING ORGANIZATIONS



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