successfully manage the marine resources of the Indian Ocean. Collaboration and sharing of national experiences that builds regional understanding of the ecosystems and resources of the Indian Ocean will transform its blue economy.

Community engagement was endorsed as being critical to provide transparency and establish the 'social licence' to operate. This included the importance of establishing best-practice environmental standards, and which are also integrated to account for multiple uses of ocean space.

More specifically, participants agreed on the following recommendations:

- Implementation of marine-specific policies, legislation and regulations for the protection, exploration and sustainable use of marine resources, along with robust regulatory frameworks prior to exploration and approved exploitation
- Sharing of national experiences and best-practice, particularly from experiences of government and industry cooperating in exploration and development of offshore hydrocarbon resources, which will enhance sustainable development of Indian Ocean blue economies.
- Adoption of international data standards for the collection of benthic habitat, oceanographic and geological data to allow the development of regional scale information was considered an important capability not just for seabed resources but for all pillars of the Indian Ocean blue economy. A metadata repository, hosted by an IORA Member State, would be a valuable and tangible step towards this outcome.
- Agreement on data management, standards and accessibility to inform a regional approach, and identify data expertise in the region.
- Capacity building is a critical need for many member states which can be achieved by technology transfer and targeted training programs, including in environmental risk assessments and improved assessment of social and environmental value. Capability outside of the Indian Ocean region should also be drawn upon with the example of the capacity building programme implemented by the Secretariat of the Pacific Community, as a specific example.
- Pursuing development of baseline information along with well-designed ongoing monitoring programs and that this may need public-private partnerships which should be formed under suitable standards and governance structures.
- The International Seabed Authority is currently developing exploitation regulations for deep seabed mining beyond national jurisdiction and IORA member states should actively engage with this process to ensure recognition of the specific circumstances and ambitions of Indian Ocean states.

All stakeholders in the exploitation of Indian Ocean seabed resources want three things: secure economic growth, increased certainty, and greater license to operate. By pursuing these recommendations the Indian Ocean region will move closer to these outcomes.

All stakeholders in the exploitation of Indian Ocean seabed resources want three things: secure economic growth, increased certainty, and greater license to operate. Workshop participants believed that pursuing these recommendations will move the Indian Ocean region closer to these outcomes. ■

To read more, go to *http://www.iora.net*

Other reading: www.earthmagazine.org/article/staking-claim-deep-sea-mining-nears-fruition

Author: Dr Lyndon Llewellyn, research programme leader of data and technology innovation, Australian Institute of Marine Science.

Ministers and high-levels officials representing 20 member countries of the Indian Ocean Rim Association. They attended the first Indian Ocean Rim Association Ministerial Conference on the Blue Economy. Mauritian prime minister, Sir Anerood Jugnauth, sits in the middle in the front row.
Photo: Vishal Bheeroo, special correspondent, Expat Times, Mauritius

Africa, women and the blue economy

African countries should promote healthy ocean governance to grow their economies and improve the lives of people, and especially poor women, writes *Narnia Bohler-Muller*.


Dr Nkosazana Dlamini-Zuma

The start of the 25th African Union (AU) Summit in Johannesburg, South Africa, on 8 June 2015 coincided with *World Oceans Day*. This presented an opportunity to consider how African member states, and the AU particularly, are improving their relationship with the seas and how healthy oceans and the prosperity and security of people are intertwined.

The *AU's Agenda 2063* aims at 'a prosperous Africa based on inclusive growth and sustainable development'. On prospects for the continent's blue economy, it outlines that 'Africa's … ocean economy, which is three times the size of its landmass, shall be a major contributor to continental transformation and growth'. It is important that this goal be followed through with mechanisms that protect and promote environmentally and ecologically friendly policies and practices.

> Dr Dlamini-Zuma believes that developing African sea power presents an opportunity for women to thrive

The AU is already undertaking important initiatives in this regard, for instance the Continental Conference on the Empowerment of African Women in Maritime took place in Luanda, Angola in March 2015. The conference theme was *'African Maritime Women: Towards Africa's Blue Economy.'*

In addition, one of the goals of the AU's *2050 Africa's Integrated Maritime Strategy (AIMS)* is to encourage member states to create a blue economy that would foster wealth creation through coordinated and sustainable maritime industries, such as fishing, shipping and resource extraction.

The AU has also declared that 2015 to 2025 will be Africa's Decade of Seas and Oceans. This also happens to be the Decade of Women's Empowerment under Agenda 2063.

Impetus for improved ocean governance has been particularly evident at the intergovernmental negotiations of the United Nations (UN) Post-2015 Sustainable Development agenda. One of the SDGs – goal 14 – is central as it encourages countries to 'conserve and sustainably use the oceans, seas and marine resources for sustainable development.'

Dr Nkosazana Dlamini-Zuma, chair of the AU Commission, delivered a presentation at *The Economist's Third World Ocean Summit 2015*. The message is clear: achieving a balance between ocean health and economically sustainable development is challenging, but necessary. Many parts of the oceans are threatened and need protection, but essential changes are only likely to occur if the oceans are also valued as a source of future African prosperity.

Dlamini-Zuma believes that developing African sea power presents an opportunity for women to thrive. Not only is the blue economy a vital part of Africa's 50-year industrialisation plan, Agenda 2063, but it also provides an opportunity to achieve the continent's post-2015 development goals on women's involvement in employment and leadership:

'Now we're trying to get everybody to focus on this and we are also saying to women that this is an underdeveloped area. Don't let the men develop it. Don't come in at the end. You must be part of that development.'

The South African *Department of Environmental Affairs leads Operation Phakisa*, which aims to create a local blue economy that would contribute billions of rand to the country's gross domestic product and create thriving maritime industries. ■

Author: Narnia Bohler-Muller, acting executive director, Africa Institute of South Africa, HSRC

The 2014 Stigma Index Survey: experiences of people with HIV

The Stigma Index measures the level of stigma and discrimination experienced by People living with HIV (PLHIV), and is a survey undertaken by nearly 50 countries, worldwide. *Allanise Cloete et al* describe the 2014 PLHIV Stigma Index Survey conducted earlier this year in all nine provinces of South Africa.

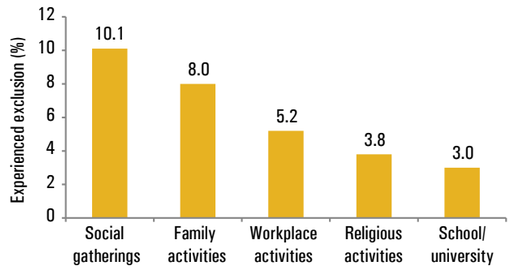
Historically, the Stigma Index was a joint initiative of several organisations: the Global Network of People Living with HIV/AIDS (GNP+), the International Community of Women Living with HIV/AIDS (ICW), the International Planned Parenthood Federation (IPPF) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), who worked together to develop the survey. Under the greater involvement of people living with AIDS principle, the benefits of the index, particularly for those conducting it, go further than just collecting needed evidence.

The process of implementing the index is intended to be empowering PLHIV, their networks and local communities. The 2014 South African PLHIV Stigma Index was commissioned by the South African National AIDS Council (SANAC) and undertaken by the Human Sciences Research Council in collaboration with three NGOs belonging to the SANAC PLHIV sector, namely, the National Association of People Living with HIV and AIDS (NAPWA), the Treatment Action Campaign (TAC), Positive Women's Network and UNAIDS.

Overall, the majority of PLHIV who took part in the survey were female. Almost half of respondents reported living with an HIV-positive diagnosis for five years or more. The mean age of the study sample was 36 years. Half were sampled from small towns or villages and most were in a relationship. Two-thirds were unemployed. Of concern is that more than half of the respondents reported having gone without food during the last 12 months.

The study found that PLHIV had experienced moderate levels of external stigma (stigma from others), such as exclusion from family activities and other social gatherings because of their HIV positive status (Figure 1).

Figure 1: Experiences of stigma and discrimination involving exclusions from social situations reported by respondents



Source: 2014 South African PLHIV Stigma Index

Experiences of external stigma were not extended to services such as health care services, for example only a few survey respondents reported that they had been denied access to health care, or had lost their jobs or income because of their HIV status. Nevertheless over one quarter (27.5%) of the respondents believed that health care professionals had breached confidentiality and one-third (35.3%) believed that their records would not be kept completely confidential.

There is evidence of internalised stigma (self-stigma) among the PLHIV that were interviewed, with some expressing feelings of shame, guilt, self-blame, low self-esteem and feeling suicidal (Table 1).

Table 1: Self-reported internal stigma among respondents in the survey

Feelings experienced	%
Ashamed	28.7
Guilty	28
Blaming oneself	30.5
Blaming others	19.1
Having low self-esteem	22.2
Should be punished	11.1
Suicidal	11.2

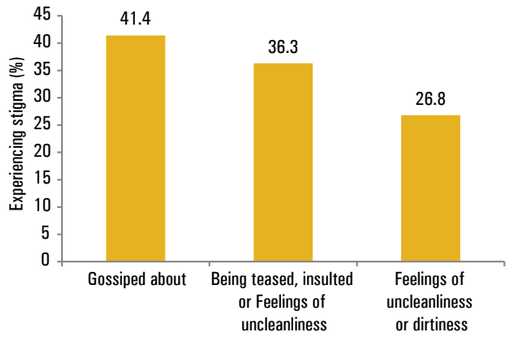
Source: 2014 South African PLHIV Stigma Index

Regarding internalised stigma, 28.7% felt ashamed, 28.0% had feelings of guilt, 30.5% blamed themselves, and 19.1% blamed others and had low self-esteem (22.2%).

Hence there is evidence of internal stigma experienced by a sizeable proportion of PLHIV who took part in the study. Of note is that experiences of internal stigma were found to be higher than experiences of external stigma reported by respondents in the last 12 months. Of concern is that one in ten of the respondents felt that they should be punished as a result of their HIV-positive status (11.1%) and one in ten felt suicidal in the last 12 months (11.2%).

In this study, TB-related stigma was also measured as experienced by PLHIV. During the project initiation phase, the steering committee made a decision to include items that relate to TB-related stigma in South Africa because of the high co-morbidity of TB and HIV (SANAC, 2014a). The study found moderate levels (26.8%-41.4%) of TB-related stigma.

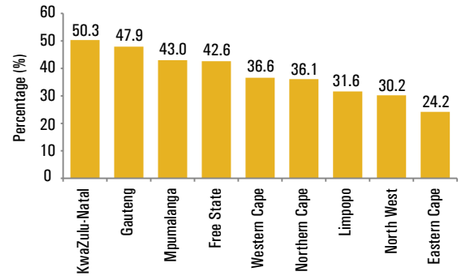
Figure 2: Experiences of TB-related stigma and disclosure reported by respondents in the study



Source: 2014 South African PLHIV Stigma Index

Differences between provinces were also striking with regard to external, internal - HIV related stigma and TB-related stigma. For instance, with regards to internal stigma, proportionately more respondents from Mpumalanga, KwaZulu-Natal and Free State (which have the highest HIV prevalence) had felt some internalised stigma than Eastern Cape and North West.

Figure 3: Experiences of feeling internalised stigma by province



Source: 2014 South African PLHIV Stigma Index

In terms of sexual reproductive health and human rights, 92.6% of respondents indicated never being coerced into sterilisation by a healthcare professional following their HIV-positive diagnosis. However it is of concern that 7.4% of respondents reported forced sterilisation. It is recommended that further investigation be conducted into forced sterilisation by the National Department of Health.

Concerning work, health and education services, 5.3% of respondents reported having changed their place of residence or that they were denied access to rental accommodation, nearly half of whom (48.6% of 5.3%) indicated that their HIV-positive status was the reason, or part thereof, for being forced to change their place of residence or being denied access to rental accommodation. Forty percent of those who reported having lost a job indicated that their HIV-positive status was either directly or indirectly responsible for having lost a job or another source of income during the preceding 12 months. Importantly, over 90.0% of respondents reported never having experienced discrimination in health care settings.

Disclosure of HIV-positive status to spouses and partners was found to be 89.4%. This was also the case with disclosure to other older family members (84.6%). High rates of disclosure of HIV-positive status were found in this study. This was expected because we recruited PLHIV who belong to support group structures. In the workplace however it was found that most respondents in the study indicated that their employers and/or bosses (51.5%) were not aware of their HIV-positive status. Of concern is that over one quarter (27.5%) of the respondents believed that health care professionals had breached confidentiality and one-third (35.3%) believed that their records would not be kept completely confidential.

Results of the survey demonstrate that although South Africa made some good progress in the management of HIV-related stigma, in particular within the health care sector, about one-third of PLHIV who took part in the study reported some form of external stigma while there was evidence of internalised HIV-related stigma and stigma-related to TB. There is therefore an urgent need to develop both national policies and evidence-based stigma reduction programmes to address HIV-related stigma and discrimination in South Africa. ■

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