

## UNAIDS PROGRAMME COORDINATING BOARD

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### **THIRTY-FIFTH MEETING**

**Date:** 9-11 December 2014

**Venue:** Executive Board room, WHO, Geneva

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### **Agenda item 7**

**Update on actions to reduce stigma and discrimination in all its forms**

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**Additional documents for this item:** *none*

**Action required at this meeting – the Programme Coordinating Board is invited to:**  
*See decision points in below paragraphs:*

76. *Take note* of the report;

77. *Request* the Joint Programme to support Member States and civil society in accelerating efforts to ensure enabling legal and social environments where everyone, including key populations\* and other marginalized populations, can access HIV services; and provide a report at a future meeting of the Programme Coordinating Board.

**Cost implications for decisions:** *none*

\* As defined in the UNAIDS 2011-2015 Strategy 'Getting to Zero', footnote n. 41: 'Key populations, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context'.

## ACRONYMS

<b>AFAO</b>	Australian Federation of AIDS Organizations
<b>AINSW</b>	All India Network of Sex Workers
<b>COHRE</b>	Center on Housing Rights and Evictions
<b>COWHLA</b>	Coalition of Women Living with HIV/AIDS
<b>ESCAP</b>	UN Economic Social Commission for Asia and the Pacific
<b>EU</b>	European Union
<b>GARPR</b>	Global AIDS Response Progress Reporting
<b>GCWA</b>	Global Coalition on Women and AIDS
<b>GNP+</b>	Global Network of People living with HIV
<b>ICW</b>	International Community of Women Living with HIV/AIDS
<b>IDLO</b>	International Development Law Organization
<b>ILO</b>	International Labour Organization
<b>INERELA+</b>	International network of religious leaders living with, or personally affected by, HIV
<b>ICRW</b>	International Center for Research on Women
<b>IPPF</b>	International Planned Parenthood Federation
<b>IPU</b>	Inter-Parliamentary Union
<b>LGBTI</b>	Lesbian, Gay, Bisexual, Transgender and Intersex
<b>NSWP</b>	Network of Sex Work Projects
<b>PAHO</b>	Pan-American Health Organization
<b>PANCAP</b>	Pan Caribbean Partnership against HIV/AIDS
<b>PCB</b>	Programme Coordinating Board
<b>PEPFAR</b>	United States President's Emergency Plan for AIDS Relief
<b>STI</b>	Sexually Transmitted Infection
<b>UBRAF</b>	Unified Budget, Result and Accountability Framework
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNDP</b>	United Nations Development Programme
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNFPA</b>	United Nations Population Fund
<b>UNGEI</b>	United Nations Girls Education Initiative
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>UN Women</b>	United Nations Entity for Gender Equality and the Empowerment of Women
<b>USAID</b>	United States Agency for International Development
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organization

## EXECUTIVE SUMMARY

1. Stigma and discrimination remain defining challenges of the global response to AIDS. We now have the tools to dramatically reduce HIV incidence and mortality, and important advances have been achieved. Yet, sustaining progress in the coming years hinges on our ability to address the legal, social, cultural and other factors that result in people being left behind. In many societies, people living with HIV or most affected by HIV suffer discrimination that magnifies their vulnerability. In some areas, new punitive laws are being enacted, making services less accessible. In numerous countries, underfinancing and resistance to implementing evidence-informed and rights-based services for marginalized groups undermine a strategic response to AIDS.
2. Addressing stigma and discrimination is the foundation of UNAIDS' work and it is integrated into the core functions of the organization, including through support to country partners, strategic information, standard-setting, communications, and global advocacy. Specific areas of work against stigma and discrimination, implemented by the Joint Programme and described in this report, include training of health care workers; improving workplace policies; sensitizing school staff and students; promoting education and training programmes on sexuality, gender equality and anti-bullying; advocating for law reform; engagement with police, prosecutors, judges and parliamentarians; dialogue on the legal environment; support for legal services and strategic litigation; and empowerment of affected communities.
3. UNAIDS is committed to expanding its response to stigma and discrimination in the coming years, and to supporting efforts by governments and civil society in this area. This report details a growing focus within UNAIDS for supporting implementation of standards and programmes to reduce stigma and discrimination at the country level. It also finds that these efforts need to be intensified in light of the scale of the challenges. Intensified efforts should now galvanize stakeholders towards increased country-level impact through: (a) coordinated actions to be taken by governments, funders, and UNAIDS to reduce stigma and discrimination; (b) more consistent partnership with people living with HIV, women, young people and key populations; and (c) the implementation of programmatic actions aiming at achieving agreed-upon targets on Zero Discrimination, alongside HIV treatment and prevention targets.

## INTRODUCTION

*“I know of a woman living with HIV who went to [an] antenatal [clinic and] at the point of delivery, [the doctor] went through the files and when he saw her file he said ‘This one, [!] am not touching her.’ She was on the stretcher already and [was] in labor. He said, ‘It’s a positive case... I didn’t leave my house to come and do a positive case today. I am not prepared.’ The woman was left on the stretcher.”<sup>1</sup>*

4. At its 33<sup>rd</sup> meeting, the UNAIDS Programme Coordinating Board requested: “UNAIDS in collaboration with Member States and partners to...report to the 35<sup>th</sup> Programme Coordinating Board on concrete actions taken to reduce stigma and discrimination in all its forms consistent with the UN High Level *Political Declarations 2006-2011*, the *UNAIDS Strategy 2011-2015*, and all the Programme Coordinating Board decisions relating to reduction of stigma and discrimination.” This report responds to that request.
5. States have made strong commitments to address stigma and discrimination in the 2001 *Declaration of Commitment on HIV/AIDS*<sup>2</sup> and the 2006 and 2011 *Political Declarations on HIV and AIDS*<sup>3</sup>; through Programme Coordinating Board decisions; and the strategic decision to make human rights and gender equality a pillar of the AIDS response in the UNAIDS strategy *Getting to Zero*, as well as including Zero Discrimination a part of the UNAIDS vision.<sup>4</sup> The Unified Budget, Result and Accountability Framework (UBRAF) operationalizes UNAIDS’ role in achieving Zero Discrimination. The Programme Coordinating Board has dedicated two recent thematic segments to addressing stigma and discrimination which addressed: (a) the creation of an enabling legal environment of protective laws and law enforcement, as well as access to justice in the context of HIV<sup>5</sup>; and (b) non-discrimination, particularly the implementation and expansion of dedicated programmes in national AIDS responses.<sup>6</sup>

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<sup>1</sup> GNP+, ICW. Quality of Family Planning Services and Integration in the Prevention of Vertical Transmission Context – Perspectives of Women living with HIV and Service Providers in Cameroon, Nigeria and Zambia. September 2014. Accessed on <http://www.gnpplus.net/resources/quality-family-planning-services/> at 17.10.2014

<sup>2</sup> UN General Assembly, *Declaration of Commitment on HIV/AIDS: Resolution adopted by the General Assembly, 2 August 2001, A/RES/S-26/2*

<sup>3</sup> UN General Assembly, *Political Declaration on HIV/AIDS: Resolution Adopted by the General Assembly, 15 June 2006, A/RES/60/262*; UN General Assembly, *Political Declaration on HIV and AIDS: Intensifying our Efforts to Eliminate HIV and AIDS: Resolution adopted by the General Assembly, 8 July 2011, A/RES/65/277*

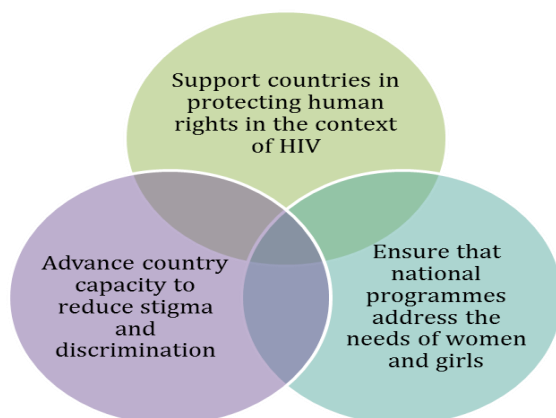
<sup>4</sup> *Getting to zero: 2011-2015 strategy* Joint United Nations Programme on HIV/AIDS (UNAIDS), [http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/20101221\\_JC2034E\\_UNAIDS-Strategy\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/20101221_JC2034E_UNAIDS-Strategy_en.pdf)

<sup>5</sup> Programme Coordinating Board Thematic Segment on Enabling Legal Environments, December 2011. For relevant Programme Coordinating Board papers, see [http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2011/thematic%20segment\\_final\\_correction2Dec.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2011/thematic%20segment_final_correction2Dec.pdf)

<sup>6</sup> Programme Coordinating Board Thematic Segment on Non-discrimination, December 2012. For relevant Programme Coordinating Board papers, see [http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2012/20121111\\_PCB%2031\\_Non%20Discrimination\\_final\\_newcoverpage\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2012/20121111_PCB%2031_Non%20Discrimination_final_newcoverpage_en.pdf)

6. This report provides information on salient actions taken by UNAIDS since 2011, using as its starting points the issuance of the 2011-2015 UNAIDS Strategy *Getting to Zero* and the 2011 *Political Declaration on HIV/AIDS*, both of which contributed to enhanced commitment and accountability with regard to eliminating stigma and discrimination. The report focuses on what has been done by the Joint Programme<sup>7</sup>, providing pertinent examples of actions taken in relation to the objectives of the UNAIDS Strategy to:

- a) Support countries in protecting human rights in the context of HIV;
- b) Advance country capacity to reduce stigma and discrimination; and
- c) Ensure that national programmes address the needs of women and girls.



7. While UNAIDS has supported increased government commitments to the reduction of stigma and discrimination as well as significant global standards on rights-based approaches to the health and needs of various populations affected by HIV, many challenges remain that continue to hinder the AIDS response. Much more needs to be done at country level for greater impact. These challenges are described in this report together with actions to increase partnership and investment in measuring progress towards Zero Discrimination, particularly at country level, and evaluating the most effective and efficient programmes to do so.

8. Targets for progress against stigma and discrimination are under development as part of the retargeting process undertaken by UNAIDS this year. The targets are based on the recognition that reducing HIV-related discrimination is a prerequisite to ending the AIDS epidemic as a public health threat by 2030. Some of the non-discrimination targets being considered include:

- a. By 2020, no new HIV related discriminatory laws, regulations and policies are passed, and 50% of countries that have such laws, regulations and policies repeal them.
- b. By 2020, all people living with or affected by HIV enjoy health care services without discrimination.

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<sup>7</sup> The report does not seek to describe actions to reduce HIV-related stigma and discrimination by States, civil society or institutions outside UNAIDS as such an efforts would require a much longer time frame and research efforts as well as the engagement of States and civil society.

- c. By 2020, fewer than 10% of people living with or affected by HIV are discriminated within the community and less than 10% of the general population reports discriminatory attitudes towards people living with HIV or acceptance of intimate partner violence.

## SUPPORT TO COUNTRIES IN PROTECTING HUMAN RIGHTS IN THE CONTEXT OF HIV

### *Enhancing commitment and country action through global and regional platforms*

9. A major milestone in galvanizing action to improve the HIV-related legal environment and reduce stigma and discrimination was the *Global Commission on HIV and the Law*.<sup>8</sup> UNDP, which served as the secretariat to the Commission, hosted a global technical advisory group to provide input and support the Commissioners. Over 680 written submissions were received from over 1,000 authors in 140 countries. The Commission held seven regional hearings involving people living with HIV and affected populations, government officials, parliamentarians, police, and the judiciary; and supported the Commission to develop and disseminate its report. The UNAIDS Secretariat provided political, financial and technical support to these efforts. Since the issuing of the report, the Joint Programme has worked to advance the recommendations at country level on a range of issues, including criminalization of HIV transmission and key populations, gender inequality and violence, rights of young people and key populations to health services, and access to medicines.
10. A series of regional activities have taken place to engage senior officials and people living with and affected by HIV on issues of stigma and discrimination. In 2013, the European Union (EU) and the UNAIDS Secretariat co-convened a symposium on HIV and human rights in the EU and neighbouring countries, entitled *Right to Health, Right to Life*.<sup>9</sup> The forum resulted in renewed commitment to follow-up to the Dublin Declaration and its important human right provisions.<sup>10</sup> In the Caribbean, the Pan Caribbean Partnership against HIV/AIDS (PANCAP) launched the *Justice for All* initiative, and with the support of UNAIDS, convened a series of national and community conversations/consultations bringing together parliamentarians, judiciary, civil society, private sector, faith organizations and youth to generate awareness and commitment on how to address stigma and discrimination.<sup>11</sup>

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<sup>8</sup> Global Commission on HIV and the Law: Rights, Risks and Health, Final Report, July 2012

<http://www.hivlawcommission.org/resources/report/FinalReport-Risks,Rights&Health-EN.pdf>

<sup>9</sup>[http://ec.europa.eu/health/sti\\_prevention/events/ev\\_20130527\\_en.htm](http://ec.europa.eu/health/sti_prevention/events/ev_20130527_en.htm)

[http://www.unaids.org/en/media/unaids/contentassets/documents/document/2013/05/20130529\\_EC\\_discussion\\_paper.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/document/2013/05/20130529_EC_discussion_paper.pdf)

<sup>10</sup> <http://www.euro.who.int/en/health-topics/communicable-diseases/hiv/aids/policy/guiding-policy-documents-and-frameworks-for-who-europes-work-on-hiv/dublin-declaration-on-partnership-to-fight-hiv-aids-in-europe-and-central-asia>

<sup>11</sup> This work has been complemented by the Report of the Global Commission on HIV and the Law, the Anti-stigma Framework and the Regional Model Policy and Model Antidiscrimination Legislation, developed by PANCAP, and has been supported by the UN Secretary-General's Special Envoy for AIDS in the Caribbean, Edward Greene. It is expected that this process will result in country strategies to eliminate stigma and discrimination by 2015.

11. In Eastern and Southern Africa, Ministries of Education and Health issued in 2013 a high-level commitment to ensuring access to sexuality education and sexual and reproductive health services for adolescents and young people. Importantly, it included a commitment to review laws and policies on the age of consent, child protection and teacher codes of conduct to improve independent access to health services.<sup>12</sup> This was supported by the United Nations Educational, Scientific and Cultural Organization (UNESCO), the UNAIDS Secretariat, UNFPA, UNICEF, WHO, and bilateral and civil society partners, including young people.
12. In Asia and the Pacific, with the support of UNAIDS, Member States of the UN Economic Social Commission for Asia and the Pacific (ESCAP) committed to address legal and policy barriers to universal access by conducting reviews of national laws, policies and practices with a view to eliminate all forms of discrimination against people living with HIV and key affected populations.<sup>13</sup>
13. UNAIDS has been working closely with the African Union to support the work of the African Commission on Human and Peoples' Rights raising awareness and adopting resolutions on involuntary sterilization and the protection of human rights in access to HIV services and on violence against LGBTI people.<sup>14</sup> Support has been provided to the work of the *Committee on the Protection of the Rights of People Living with HIV and Those at Risk, Vulnerable to and Affected by HIV* established by the African Commission on Human and Peoples' Rights.<sup>15</sup>
14. During 2012-2013, with the support of various partners, including the UNAIDS Secretariat and UNDP, the *East African Community HIV & AIDS Prevention and Management Bill*<sup>16</sup> was passed by the East Africa Legislative Assembly. This law contains protective provisions, and if assented to by the Heads of State of the five countries of the region, will become law in each country.<sup>17</sup>
15. In the Middle East and Northern Africa, UNAIDS supported the adoption by the Arab Parliament in 2012 of the *Arab Convention on HIV Prevention and Protection of the Rights of People Living with HIV*<sup>18</sup> and the roll out of *Arab AIDS Strategy* endorsed in 2014 by the Council of Arab Ministers of Health.<sup>19</sup>
16. At the global level, UNAIDS engages on an ongoing basis with the mechanisms of the UN human rights system, with a view to maintaining HIV as a major human rights

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<sup>12</sup> On 7 December 2013, with the support of UNAIDS, health and education ministers and other representatives from 20 countries in Eastern and Southern Africa made a commitment to support sexuality education and sexual and reproductive health services for adolescents and young people.  
<http://www.unesco.org/new/en/hiv-and-aids/our-priorities-in-hiv/sexuality-education/east-and-southern-africa-commitment/>

<sup>13</sup> Resolutions 66/10, November 2011 and 67/9, June 2012.

<sup>14</sup> <http://www.achpr.org/sessions/54th/resolutions/260/> and

<http://www.achpr.org/sessions/55th/resolutions/275/>

<sup>15</sup> <http://www.achpr.org/mechanisms/hiv-aids/>

<sup>16</sup> <http://www.eala.org/media-centre/press-releases/343-eala-passes-regional-bill-on-hiv-and-aids-.html>

<sup>17</sup> Kenya, Tanzania and Uganda have so far assented to the Bill.

<sup>18</sup> This partnership grew out of the Regional Workshop on integrating human rights in NSPs (Riyadh, November 2011, see *Making it Work: Lessons learnt from three regional workshops to integrate human rights into national HIV strategic plans*, UNAIDS, International HIV/AIDS Alliance 2012.

<sup>19</sup> <http://www.unaids.org/en/resources/presscentre/featurestories/2014/march/20140317arabaidstrategy/>



imperative and to recognize achievements and gaps in meeting human rights obligations.<sup>20</sup> UNAIDS also provides statements, briefings and information in other human rights fora and events.<sup>21</sup>

### ***Advocacy campaigns, awareness-raising and “speaking out”***

17. UNAIDS has made Zero Discrimination a significant focus of its global advocacy and communications efforts, including engagement of the general population through social media. On the occasion of World AIDS Day 2013, the UNAIDS Executive Director launched in Australia, with Nobel Prize laureate Aung San Suu Kyi, the *Zero Discrimination Campaign*,<sup>22</sup> providing a platform for country-level and sector-specific initiatives to raise awareness and mobilize support. The campaign has led to the establishment of 1 March as *International Zero Discrimination Day*, which is to be celebrated annually.<sup>23</sup> Cosponsors have also mobilized their constituencies to take action against stigma and discrimination and expand access to HIV services. Notably, the International Labour Organization (ILO) launched the *Getting to Zero Campaign* in December 2012, complementing its *VCT@WORK Campaign* which aims to reach five million workers with HIV testing and counselling by 2015.<sup>24</sup>
18. UNAIDS has enlisted the support of high profile figures to speak out against stigma and discrimination, including Crown Princess Mette-Marit of Norway, Toumani Diabate, the internationally-acclaimed musician from Mali, football stars and others. Recognizing the important role and influence of the private sector, a joint initiative of the UNAIDS Secretariat, GBCHealth and Levi Strauss & Co. mobilized over 40 pledges from leading global CEOs to oppose HIV-related restrictions on entry, stay and residence.<sup>25</sup> The Chief Executives underscored that not only are travel restrictions discriminatory and serve no public health purpose, they are also bad for business.<sup>26</sup> In the *Protect the Goal* campaign<sup>27</sup>, launched on 9 June 2014 in the lead up to the 2014 FIFA World Cup, Heads of State from countries participating in the World Cup recommitted to the Three Zeroes. Social media and country-level events were used to raise awareness about HIV and address stigma and discrimination.

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<sup>20</sup> [http://www.unaids.org/sites/default/files/media\\_asset/20120320\\_SP\\_EXD\\_human-rights-council\\_en\\_0.pdf](http://www.unaids.org/sites/default/files/media_asset/20120320_SP_EXD_human-rights-council_en_0.pdf)

<sup>21</sup> For example, see feature story from UNAIDS Secretariat organized side-event at the HRC, March 2014:

<http://www.unaids.org/en/resources/presscentre/featurestories/2014/march/20140314discriminationbarriers/>

<sup>22</sup> <http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2013/december/20131201zerodiscrimination/>

<sup>23</sup> For more information on Zero Discrimination Day, see

<http://www.un.org/en/events/observances/days.shtml>;

<http://www.unaids.org/en/resources/campaigns/20131126zerodiscrimination/>

<sup>24</sup> Guidelines for the implementation of the VCT campaign were developed by ILO in collaboration with GNP+, and incorporate the non-discrimination principles of the Recommendation.

<sup>25</sup> <http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2012/july/20120722prceopledegehiv-travel/>

<sup>26</sup> In this regard, since 2008, the Secretariat has promoted the recommendations of the International Task Team on HIV-related Travel Restrictions, which it supported. See

<http://www.unaids.org/en/media/unaids/contentassets/>

[dataimport/pub/report/2009/jc1715\\_report\\_inter\\_task\\_team\\_hiv\\_en.pdf](dataimport/pub/report/2009/jc1715_report_inter_task_team_hiv_en.pdf)

<sup>27</sup> <http://www.unaids.org/en/resources/campaigns/protectthegoal/>

UNAIDS advocates for equal global freedom of movement for people living with HIV. Since 2011, 13 countries, territories and areas have removed their HIV-related restrictions on entry, stay and residence, leaving 38 still with restrictions.<sup>28</sup>

19. UNAIDS issues statements in relation to emerging human rights issues affecting the AIDS response in specific countries,<sup>29</sup> as well as on thematic issues of broader concern. In 2012, a joint UN statement was issued, calling on countries operating compulsory drug detention centres and so-called rehabilitation centres for sex workers to close them and instead implement voluntary, evidence-informed and rights-based health and social services in the community.<sup>30</sup> The World Health Organization (WHO) developed with partners and published in May 2014 an inter-agency statement on eliminating forced, coercive and otherwise involuntary sterilization, which included attention to women living with HIV.<sup>31</sup>

***Generating strategic information and guidance, and promoting dialogue to improve the legal environment***

20. In follow-up to the findings and recommendations of the Global Commission on HIV and the Law, issued in 2012, UNDP has supported 84 countries to consider the recommendations and take action. National dialogues have been convened in 49 countries, where governments, civil society and other stakeholders have been mobilized to discuss the role of the law in the HIV response in the country context. Among the results to date, the Government of Ghana, for example, following the national dialogue in April 2013, decided to reconsider its draft HIV Bill and a proposed provision that would have criminalized HIV transmission.
21. Over the years of the HIV epidemic, many countries have reviewed their laws in terms of whether they support or hinder the AIDS response. Building on these efforts, and in follow up to the work of the Global Commission, in 2014 UNDP issued a new generation of guidance which seeks to improve and standardize such legal reviews: *Legal Environment Assessment for HIV: An operational guide to conducting national legal, regulatory and policy assessments for HIV*.<sup>32</sup> Through dialogue with

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<sup>28</sup> In June 2012, the Secretariat and UNDP supported the Republic of Moldova to remove its HIV travel restrictions. The Secretariat also provided technical and advocacy support that was critical to the removal of HIV-related travel restrictions in the Republic of Korea in July 2012, Mongolia in January 2013, Uzbekistan in September 2013, Tajikistan in March 2014, and Comoros in July 2014. Furthermore, Australia, Andorra and the Slovak Republic clarified their legal situation by confirming that they no longer apply restrictions on entry, stay and residence based on HIV status. In 2013, the Secretariat also supported the development of a submission requesting the removal of HIV-related travel restrictions in Papua New Guinea, in the context of the review of the Migration Act (1978) and Migration Regulation (1979).

<sup>29</sup> See e.g. UNAIDS press statement on Uganda's homosexuality law, August, 2014 <http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2014/august/20140801ugandalawannulled/>

<sup>30</sup> See [www.unodc.org/documents/southeastasiaandpacific/2012/03/drug-detention-centre/JC2310\\_Joint\\_Statement6March12FINAL\\_En.pdf](http://www.unodc.org/documents/southeastasiaandpacific/2012/03/drug-detention-centre/JC2310_Joint_Statement6March12FINAL_En.pdf)

<sup>31</sup> OHCHR, UN Women, UNAIDS, UNDP, UNFPA, UNICEF and WHO. For statement, see

[http://www.who.int/reproductivehealth/publications/gender\\_rights/eliminating-forced-sterilization/en/](http://www.who.int/reproductivehealth/publications/gender_rights/eliminating-forced-sterilization/en/)

<sup>32</sup> For tool, see <http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/practical-manual--legal-environment-assessment-for-hiv--an-opera/>

the Global Fund, conducting a legal environment assessment is now one possible component of the Global Fund module on “Removing legal barriers to access”.<sup>33</sup>

22. UNAIDS continues to support countries to assess and remove legal barriers to an effective HIV response. For example, the UNDP, UNFPA, UNAIDS Secretariat publication *Sex Work and the Law in Asia and the Pacific, 2013* provides information on laws in 48 countries in Asia and the Pacific with a view toward improving the legal and policy environment for sex workers in the context of HIV.<sup>34</sup> Also in Asia Pacific, UNESCO coordinated<sup>35</sup> a review of access to these services which resulted in the joint publication *Young people and the Law in Asia and the Pacific: A review of laws and policies affecting young people’s access to sexual and reproductive health and HIV services, 2013*.<sup>36</sup>
23. Other examples of support to countries, include (a) the UN Joint Team on HIV/AIDS support to a new *Gender Identity and Health Comprehensive Care for Transgender People Act* in Argentina in 2012; (b) in 2013, the UNAIDS Secretariat support to the adoption in Nigeria of the *Anti-Stigma and Discrimination Bill*; (c) in 2012, the UN Country Team support to Vietnam in the development and passage of a new law that ended compulsory detention of sex workers and improved due process for people accused of illicit drug use; and (d) a 2012 UNODC-supported review of drug laws in West Africa, in particular in relation to enabling harm reduction.<sup>37</sup>
24. UNAIDS has worked to amplify the voices of civil society within law reform processes. With the support of UNFPA, the All India Network of Sex Workers (AINSW) strengthened its capacity for advocacy<sup>38</sup> and in 2013 campaigned against proposed amendments of the *Immoral Traffic Prevention Act* that conflated sex work with trafficking and would have resulted in criminalizing sex workers, as well as their clients. AINSW also raised awareness of stigma and social discrimination against sex workers, highlighting that sex workers were unable to access welfare schemes like pensions, as well as educational facilities for their children.
25. In recognition of the important role of the judiciary in providing justice for people living with and affected by HIV, UNAIDS has held a number of meetings with judges and Ministries of Justice to ensure the judiciary is sensitized to HIV in terms of critical public health, scientific, medical and legal issues. Of particular note, in 2013, the UNAIDS Secretariat with the support of the Government of Norway has issued a

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<sup>33</sup> Core\_HumanRights\_InfoNote\_en-2.pdf

<sup>34</sup> <http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/sex-work-and-the-law-in-asia-and-the-pacific/>

<sup>35</sup> The research was jointly funded by UNESCO, UNFPA and UNDP, with technical inputs from UNAIDS Secretariat and Youth LEAD.

<sup>36</sup> See <http://www.unescobkk.org/resources/e-library/publications/article/young-people-and-the-law-in-asia-and-the-pacific/browse/1/>

<sup>37</sup> Was presented at AIDS 2012 <http://pag.aids2012.org/abstracts.aspx?aid=18203>

<sup>38</sup> <http://hivadvocates.net/advocacy-stories/reforming-policy/sex-workers-in-india-launch-a-national-campaign-to-end-violence-against-sex-workers/>

guidance note on *Ending Overly Broad Criminalization of HIV Non-Disclosure, Exposure and Transmission: Critical scientific, medical and legal considerations*.<sup>39</sup>

26. In its efforts to promote protective laws, UNAIDS continues to work with parliaments and parliamentary associations. In 2012-2013, UNDP supported the Inter-Parliamentary Union (IPU) to co-publish the study *Effective laws to end HIV and AIDS - Next steps for parliaments*<sup>40</sup> to assist parliamentary scrutiny of laws that impede effective HIV responses and to highlight positive examples of selected parliaments that have adopted rights-based laws. In December 2013, UNAIDS Secretariat and the IPU launched an initiative to support 'Parliamentary leadership for accelerating access to HIV treatment'.<sup>41</sup>

### **Supporting the creation of protective social environments**

27. The UNAIDS Strategy underscores that people living with HIV and other key and marginalized populations can and should "*mobilize as forces for change, self-protection and empowerment*". The critical need to involve people living with HIV and support them with holistic and comprehensive strategies that include the reduction of stigma and discrimination has been articulated in the policy framework *Positive Health, Dignity and Prevention* (2011)<sup>42</sup> developed by the Global Network of People living with HIV (GNP+), International Community of Women Living with HIV/AIDS (ICW), UNAIDS and others, along with operational guidelines for its implementation.<sup>43</sup>
28. People living with HIV and other key populations continue to report stigma and discrimination in the context of education, health services and in the world of work. As regards to health care settings, there have been a number of efforts to promote training and support for health care workers to address stigma and discrimination. For example, a training package on HIV, gender and human rights was developed by WHO and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) for frontline health workers and implemented in four Caribbean countries.<sup>44</sup> In 2012-13 in India, ILO and the Ministry of Labour developed a programme to reduce stigma in the health sector focusing on hospitals under the Employee State Health Insurance Corporation. The programme trained 500 medical staff, and people living with HIV and other key populations joined as trainers. In Asia and the Pacific region, UNDP and WHO, provided, in 2013, intensive training of health care providers on STI and HIV treatment for men who have sex with men and transgender people, including addressing stigma and discrimination; and jointly

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<sup>39</sup> For guidance note, see

[http://www.unaids.org/en/media/unaids/contentassets/documents/document/2013/05/20130530\\_Guidance\\_Ending\\_Criminalisation.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/document/2013/05/20130530_Guidance_Ending_Criminalisation.pdf)

<sup>40</sup> See [http://www.ipu.org/PDF/publications/law\\_hiv\\_en.pdf](http://www.ipu.org/PDF/publications/law_hiv_en.pdf)

<sup>41</sup> UNAIDS and IPU, Parliamentary leadership for accelerating access to HIV treatment: An IPU/UNAIDS collaboration, December 2013.

<sup>42</sup> [http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110701\\_phdp.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110701_phdp.pdf)

<sup>43</sup> [http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2013/20130802\\_Positive\\_Health\\_Dignity\\_Prevention\\_Operational\\_Guidelines.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2013/20130802_Positive_Health_Dignity_Prevention_Operational_Guidelines.pdf)

<sup>44</sup> Barbados, Belize, Grenada, Suriname

developed *The Time has Come*, a regional health sector stigma reduction training package.<sup>45</sup>

UNFPA is leading work on integrating HIV and sexual and reproductive health, with a view to de-stigmatizing HIV through delivering HIV services as part of routine sexual and reproductive health services.<sup>53</sup> UNFPA has also provided support to GNP+ and its efforts to advocate in key events for strengthening sexual and reproductive health and HIV linkages.<sup>54</sup> UNICEF leads on addressing child vulnerability through HIV- sensitive approaches, as means to reduce stigma and discrimination.<sup>55</sup>

29. ILO has engaged employers, trade unions and Ministries of Labour in efforts to address stigma and discrimination in the workplace. In 2010, a new international labour standard on HIV and AIDS and the World of Work was adopted, the HIV and AIDS Recommendation, 2010 (No. 200). Country-level programmes are also increasing focus on discrimination related to sexual orientation and gender in the workplace.<sup>46</sup>

Since 2011, ILO has developed guidance tools and studies: (a) *Toolkit for Trade Unions on HIV and AIDS*, 2011<sup>54</sup>; (b) *Good Practices in Labour Inspection and HIV and AIDS*, 2012<sup>55</sup>; (c) *Working together with businesses – Guidance on TB and TB/HIV Prevention, diagnosis, treatment and care in the workplace*, 2013<sup>56</sup>; (d) a study on *The Impact of Employment on HIV Treatment Adherence*, 2013<sup>57</sup>; (e) a study on *Access to and Effects of Social Protection on Workers living with HIV and their Households*, 2014<sup>58</sup>; (f) *Mainstreaming HIV and AIDS in youth employment*, 2014; (g) and a *Handbook on HIV and AIDS for Labour Inspectors*, 2014.<sup>59, 60</sup>

30. In the context of the education sector, HIV-related stigma and discrimination represent an impediment to both the right to education and to the AIDS response. Evidence shows that comprehensive sexuality education that provides accurate and age-appropriate information can contribute to combatting stigma and discrimination towards people living with HIV as well as marginalized and key populations. Education also plays a role as a protective factor against HIV infection, especially for girls. To this end, UNESCO – along with Cosponsor and civil society partners - works with countries to strengthen the education sector response to HIV. For example, UNESCO and ILO worked in the Eastern Europe and Central Africa region to develop *Practical Recommendations on HIV Policy Implementation in the Education Sector in EECA countries* in 2011. Ministries of Education of Belarus, Kyrgyzstan,

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<sup>45</sup> [asia-pacific.undp.org/content/rbap/en/home/library/hiv\\_aids/the-time-has-come/](http://asia-pacific.undp.org/content/rbap/en/home/library/hiv_aids/the-time-has-come/)

<sup>46</sup> See, for example, the *Gender Identity and Sexual Orientation: Promoting Rights, Diversity and Equality in the World of Work (PRIDE) Project* - in Argentina, Thailand, South Africa and Hungary at [http://www.ilo.org/newyork/issues-at-work/gender-and-equality/WCMS\\_184205/lang-en/index.htm](http://www.ilo.org/newyork/issues-at-work/gender-and-equality/WCMS_184205/lang-en/index.htm)

the Russian Federation, Tajikistan and Ukraine subsequently endorsed recommendations on non-discrimination and access to sexuality education.<sup>47</sup>

31. In West and Central Africa, during 2012-2013, UNICEF<sup>48</sup> and UNESCO have helped to improve the situation regarding stigma and discrimination faced by teachers living with HIV by supporting the development of a regional HIV workplace policy for the education sector, supporting the revisions of school curricula, teacher and peer training. In 2014, UNESCO partnered with the governments of Cote d'Ivoire, Ghana and Nigeria to support regional and national plans to produce culturally-sensitive sexuality education modules on gender and diversity.
32. Engaging religious institutions and leaders in addressing stigma and discrimination is also critical. In recognition of the need to support interaction between networks of religious leaders, people living with HIV and key populations, the UNAIDS Secretariat has supported partnership between the Ecumenical Advocacy Alliance, GNP+, and the International network of religious leaders living with, or personally affected by, HIV (INERELA+) since 2011. In 2013, a Framework for Dialogue tool was developed to support networks of religious leaders, people living with HIV and key populations to discuss the evidence generated by the People Living with HIV Stigma Index, and how to respond together. During 2012-2013, dialogues took place in Ethiopia, Malawi and Myanmar, resulting in plans for future collaboration and action.

### ***Promoting the inclusion of populations left behind in the AIDS response***

33. In 2014, WHO, UNDP, UNFPA, UNODC and the UNAIDS Secretariat consolidated guidance on the clinical interventions and critical enablers required for successful implementation of programmes for the five key populations and outlined “essential strategies for an enabling environment” including: (a) supportive legislation, policy and financial commitment, including decriminalization of certain behaviours of key populations; (b) addressing stigma and discrimination, including by making health services available, accessible and acceptable; (c) community empowerment; and (d) addressing violence against people from key populations.<sup>49</sup>
34. Men who have sex with men continue to experience one of the highest rates of HIV infection globally;<sup>50</sup> and stigma, discrimination, punitive laws and violence based on sexual orientation and gender identity are major obstacles to an effective response to HIV as well as violations of their rights, as outlined in the report of the High Commissioner for Human Rights to the UN Human Rights Council.<sup>51</sup> Specific

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<sup>47</sup> See <http://unesdoc.unesco.org/images/0021/002151/215101R.pdf>

<sup>48</sup> The policy was drafted in consultation with people living with HIV, Ministries of Education, and teacher unions from 13 countries in the region and finalized together with ILO and UNDP (ref.)

<sup>49</sup> The five populations covered were: men who have sex with men, transgender people, sex workers, people who inject drugs and people in prisons and other closed settings. Policy brief: Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, 2014 WHO/HIV/2014.8

<sup>50</sup> UNAIDS *The GAP report*, 2014, ([http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS\\_Gap\\_report\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf), accessed 23 September 2014)

<sup>51</sup> [http://www2.ohchr.org/english/bodies/hrcouncil/docs/19session/A.HRC.19.41\\_English.pdf](http://www2.ohchr.org/english/bodies/hrcouncil/docs/19session/A.HRC.19.41_English.pdf). The impact of stigma and discrimination on health was further noted in 2013 when PAHO Member States unanimously

regional initiatives are bringing together partners to understand the challenges and commit to joint action. A 2013 study in Latin America, supported by UNESCO, the Pan-American Health Organization (PAHO) and the UNAIDS Secretariat, as well as civil society networks Vivo Positivo and Asosida, identified key barriers and facilitators in access to health services for men who have sex with men and transsexuals.<sup>52</sup> UNAIDS has convened international and regional meetings to provide a platform for men who have sex with men to voice their concerns, develop their advocacy strategies, and influence the content of national responses to the epidemic.<sup>53</sup>

35. Sex workers remain one of the most highly marginalized and discriminated against populations, including in the context of the HIV epidemic where HIV prevalence among sex workers is on average 12 times higher than that of general population.<sup>54</sup> UNAIDS has partnered with sex workers to develop and refine guidance for a response to HIV by and for sex workers that is based on empowerment, human rights and the leadership of the community. Through a joint Advisory Group on Sex Work, in 2012 guidance was updated to clarify issues concerning the legal environment; the need to focus on reduction of demand for unprotected paid sex; the difference between sex work and trafficking; and the economic empowerment of sex workers.<sup>55</sup>
36. UNAIDS has produced, with the engagement of sex workers, a number of technical documents that set standards of care to guide the response to HIV. The WHO, UNFPA, UNAIDS Secretariat and the Network of Sex Work Projects (NSWP) *Prevention and treatment of HIV and other sexually transmitted infections for sex workers in low- and middle-income countries* (2012), *inter alia*, calls for protection against stigma, discrimination and violence, as well as decriminalization of sex work<sup>56</sup> and the WHO, UNFPA, UNAIDS Secretariat, World Bank and NSWP document *Implementing Comprehensive HIV/STI Programmes with Sex Workers: practical approaches from collaborative interventions* (2013), details sex worker-led community empowerment programmes and strategies by which to address stigma, discrimination and violence, and positions sex workers as service providers, not only recipients.<sup>57</sup>

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adopted a resolution identifying LGBTI groups as vulnerable and underserved when it comes to health services, and in need of special attention to reduce health inequities. For resolution, see [http://www.paho.org/hq/index.php?option=com\\_docman&task=doc\\_download&qid=23287&Itemid=270&lang=es](http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&qid=23287&Itemid=270&lang=es)

<sup>52</sup> <http://www.onu.cl/onu/wp-content/uploads/2013/01/ESTUDIO-ESTIGMA-Y-DISCRIMINACION-HSH-Y-MUJERES-TRANS.-CHILE-dic-2012.pdf>

<sup>53</sup> For example, in May 2013 and May 2014, the Secretariat and UNDP brought together LGBT and AIDS advocates from around the world for policy and strategy consultations. A further meeting was held in July 2014 examining strategies for young LGBTIQI activists aged 18-30 from across Europe. The meeting was convened by UNAIDS, ILGA-Europe and the International Lesbian, Gay, Bisexual, Transgender, Queer Youth and Student Organization (ILGYO)

<sup>54</sup> UNAIDS *The GAP report*, 2014, ([http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS\\_Gap\\_report\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf), accessed 23 September 2014)

<sup>55</sup> Annex to the UNAIDS *Guidance Note on HIV and Sex Work* (March 2009) [http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2009/JC2306\\_UNAIDS-guidance-note-HIV-sex-work\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2009/JC2306_UNAIDS-guidance-note-HIV-sex-work_en.pdf)

<sup>56</sup> [http://www.who.int/hiv/pub/guidelines/sex\\_worker/en/](http://www.who.int/hiv/pub/guidelines/sex_worker/en/)

<sup>57</sup> [http://www.who.int/hiv/pub/sti/sex\\_worker\\_implementation/en/](http://www.who.int/hiv/pub/sti/sex_worker_implementation/en/)

37. In May 2014, UNFPA and UNDP co-chaired together with NSWP, and the UNAIDS Secretariat provided support to the first meeting of *the Steering Committee on HIV and sex work* whose role was to provide further advice to UNAIDS on the legal and human rights framework relating to sex work; the roll out and scale-up of implementation guidelines; and the identification of gaps in strategic information. At global, regional and country level, UNFPA continues to provide support to NSWP to participate as technical experts in the development of policies, guidelines and tools that affect sex workers.<sup>58</sup>
38. People who use drugs remain targets of punitive laws and law enforcement, as well as violence, in the context of high levels of stigma, discrimination and HIV prevalence. In 2013, UNODC, in order to better inform its work regarding HIV and drug use, established a partnership with fifteen networks of people who use drugs and NGOs addressing HIV and drug use.<sup>59</sup> The group has been actively involved in the selection of UNODC High Priority Countries for injecting drug use and HIV and has contributed to several key consultative processes.
39. Prisoners continue to suffer from discrimination based on their legal and health status, as well as insufficient access to health care services while in closed settings. In response, UNODC launched (with ILO, UNDP, WHO, and the UNAIDS Secretariat) a policy brief “HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions”.<sup>60</sup> The document outlines 15 interventions that are essential for effective HIV prevention and treatment in prisons and other closed settings and calls for a rights-based approach to prisoners and their health.
40. HIV prevalence among persons with disabilities is nearly the same or higher compared with people without disabilities, while perceptions of risk are low.<sup>61</sup> At country level, UN joint teams on AIDS provide technical support to national counterparts in ensuring mechanisms for inclusion and participation of persons with disabilities. To support this effort, in 2012, the Secretariat developed an *Issues Brief* on integrating disability into AIDS programmes.<sup>62</sup>
41. Refugees and migrants have often been blamed for spreading HIV among host populations and have been subject to discrimination and mandatory testing. In 2014, the United Nations High Commissioner for Refugees (UNHCR), WHO and the UNAIDS Secretariat updated the *Policy Statement on HIV Counselling and Testing for Refugees and other persons of concern to UNHCR* which advocates against compulsory or mandatory HIV testing of refugees and others of concern on public

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<sup>58</sup> For example, UNFPA provided capacity strengthening support for the Latin American sex work network REDTRASEX which enabled them to renew a global fund grant worth \$3.8million and supported South-South cooperation between community-led organizations from India and Africa, including sharing of good practices and technical expertise, through scholarships to the 2012 Kolkata Freedom Festival and ICASA in 2013.

<sup>59</sup> See <https://www.unodc.org/unodc/en/hiv-aids/new/drugs.html>

<sup>60</sup> See [http://www.unodc.org/documents/hiv-aids/HIV\\_comprehensive\\_package\\_prison\\_2013\\_eBook.pdf](http://www.unodc.org/documents/hiv-aids/HIV_comprehensive_package_prison_2013_eBook.pdf)

<sup>61</sup> UNAIDS *The GAP report*, 2014, ([http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS\\_Gap\\_report\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf), accessed 23 September 2014)

<sup>62</sup> [http://www.hiseminars.org/uploads/media/UNAIDS\\_Strategy\\_01.pdf](http://www.hiseminars.org/uploads/media/UNAIDS_Strategy_01.pdf)



health grounds or for any other purposes.<sup>63</sup> To promote treatment access for all patients, regardless of their migrant status, guidelines on *Delivery of Antiretroviral Therapy (ART) to Migrants and Crisis affected populations in Sub-Saharan Africa* were developed, this year, in partnership with 15 different agencies, including UNHCR, ILO, UNDP, the UNICEF, WFP, and the UNAIDS Secretariat.<sup>64</sup>

### ***Enabling the UN system to be 'fit for purpose' to advance Zero Discrimination***

42. For the UN to be effective in supporting countries to address stigma and discrimination, it needs to lead by example and ensure there is zero tolerance for stigma and discrimination related to HIV within the organization.<sup>65</sup> In this context, a campaign titled *Stigma Fuels HIV* was launched in 2011 by UN Cares<sup>66</sup> and UN Plus<sup>67</sup> in more than 70 countries, involving more than 15 different UN entities, and reaching thousands of UN employees worldwide with its message.
43. The UN Secretary-General has continued his strong advocacy against all forms of discrimination, including on the basis of sexual orientation, and has underscored that discrimination has no place within the UN.<sup>68</sup> In line with this commitment, in 2014 the Secretary-General extended recognition and benefits to all legally-married same-sex partners of UN staff members, including health insurance coverage.<sup>69</sup> UN Resident Coordinators have been requested to reinforce the message of zero tolerance for homophobia and transphobia in the UN workplace, and ensure the safety of lesbian, gay, bisexual, transgender and intersex (LGBTI) staff and their families in countries with high levels of homophobia and transphobia.<sup>70</sup> Individual agencies have shown leadership and commitment, for an example, an event organized by the World Food Programme (entitled "WFP embracing equality: celebrating differences" to educate and sensitize all WFP staff in connection with the International Day against Homophobia.
44. *In-reach Training*—developed by the United Nations Population Fund (UNFPA), the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), the United Nations Office on Drugs and Crime (UNODC) and the UNAIDS Secretariat—supports UN staff to better understand the needs of and challenges faced by key populations. The overall aim is to enhance UN Country Team efforts to support access to services for all in need, promote community

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<sup>63</sup> <http://www.unhcr.org/cgi-bin/texis/vtx/search%5C?page=&comid=4acda0499&keywords=HIV-strategies&policies>

<sup>64</sup> <http://www.unhcr.org/541fe8a19.html>

<sup>65</sup> For more on the campaign, go to <http://www.bestigmfree.org>

<sup>66</sup> UN Cares is the UN-system workplace programme on HIV that seeks to capacitate staff to protect themselves from HIV, access treatment, and benefit from a supportive and nondiscriminatory workplace. See <http://www.uncares.org/UNAIDS2/content/about-us>

<sup>67</sup> UN Plus is the UN system wide organization of staff members living with HIV. See <http://www.unplus.org/wp/>

<sup>68</sup> Secretary-General's remarks to special event on "Leadership in the Fight against Homophobia", 11 December 2012. <http://www.un.org/sg/statements/index.asp?nid=6504>

<sup>69</sup> UN widens its same-sex marriage policy to include all legally-married staff [http://www.un.org/apps/news/story.asp?NewsID=48222#.VF\\_n\\_VWd0z7Q](http://www.un.org/apps/news/story.asp?NewsID=48222#.VF_n_VWd0z7Q)

<sup>70</sup> The staff group representing lesbian, gay, bisexual, transgender, and intersex staff members of the UN system, see [www.unglobe.org](http://www.unglobe.org) and peer support via [ohrm\\_globe@un.org](mailto:ohrm_globe@un.org).

empowerment and engagement, and better address stigma, discrimination, violence and punitive legal environments.

UNFPA, UNDP, UNODC, UNICEF, UNAIDS Secretariat, NSWP and local organizations of key populations expanded *In-Reach Training* with training for UN staff from 22 countries in West and Central Africa and six countries in Central Asia, bringing the total now to 80 countries. The Africa Sex Worker Alliance attributed some of the significant increase of engagement of UN staff, especially from UNFPA and UNDP, to the *In-Reach Training*.

45. In order to better support country-level staff in engaging partners to address HIV-related human rights crises, in 2012, the UNAIDS Secretariat developed guidance to all staff on the subject, followed by webinars. In May 2014, it held an internal strategy and capacity-building meeting for its country staff in Sub-Saharan Africa to support their engagement in efforts to advance the health and rights of key populations. Building on this, UNDP has led efforts to publish guidance on preventing and responding to HIV-related human rights crises for all staff in the Joint Programme and the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund).<sup>71</sup> Both guidance notes reflect existing best practices across the UN system and suggest approaches for advancing protection and access to HIV services in the context of HIV. These approaches have been used in recent HIV-related human rights crises, including in Jamaica, Kyrgyzstan, Malawi, Nigeria, Tajikistan, Uganda and Zambia, to engage government actors, parliamentarians, religious and traditional leaders as well as civil society.

Two recent examples of the UNAIDS Secretariat responding to human rights crises relate to the December 2013 adoption of anti-homosexuality laws in Nigeria and Uganda and the related negative implications for the HIV response. Actions included a high level visit to Nigeria to meet with local stakeholders and define a strategy for mitigating immediate risks to HIV services; engaging the Office of the President, the national AIDS authorities, and relevant line ministries in both countries; supporting civil society organizations and their development of crisis response mechanisms; supporting those arrested and advocating for their protection and uninterrupted access to HIV services; monitoring impact of the laws/crises on the national AIDS response; and in Uganda, supporting civil society efforts in their successful effort to challenge the anti-homosexuality legislation.

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<sup>71</sup> UNDP *et al.* *Preventing and Responding to HIV Related Human Rights Crises: Guidance for UN Agencies and Programmes* (forthcoming).

## ADVANCING COUNTRY CAPACITY TO REDUCE STIGMA AND DISCRIMINATION FOR PEOPLE LIVING WITH HIV AND OTHER KEY POPULATIONS

### ***Measuring stigma and discrimination and disaggregating data***

46. Efforts to address stigma and discrimination start with understanding their magnitude and impact on people's lives and on the AIDS response. To measure stigma and discrimination in the general population, the UNAIDS Secretariat has engaged in a process with others<sup>72</sup> which has resulted in the finalization of improved and standardized measures. Through this process, three indicators were included in the Indicator Registry,<sup>73</sup> with one indicator on discriminatory attitudes towards people living with HIV being included in the *Global AIDS Response Progress Reporting* (GARPR) and rolled out in the 2014 round.<sup>74</sup>
47. One of the most harmful forms of stigma and discrimination occurs in health care settings where women and men living with HIV and members of other key populations often report rejection, judgmental attitudes and denial of health care - leading to low rates of uptake and adherence to HIV treatment and prevention.<sup>75</sup> From 2012 to 2014, the UNAIDS Secretariat and WHO participated in a collaborative project led by the Health Policy Project to get an agreed and tested tool by which to measure stigma and discrimination in health facilities.<sup>76</sup> After review and field-testing<sup>77</sup>, six indicators have been approved in early 2014 and included in the Indicator Registry.<sup>78</sup>
48. Another important tool for the measurement of stigma and discrimination is the People Living with HIV (PLHIV) Stigma Index<sup>79</sup>, supported by UNAIDS, GNP+ and ICW and used in over 50 countries.<sup>80</sup> Since 2013, the UNAIDS Secretariat, working

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<sup>72</sup> The process comprised a literature review that identified over 1000 measurements, selection of 12 proposed measurements that were field-tested in Rwanda, and the determination of nine measures as being valid and reliable. Those involved included GNP+, IRW, International Planned Parenthood Federation (IPPF) and Johns Hopkins Bloomberg School of Public Health (JHU).

<sup>73</sup> Indicators 1069, 1071 and 1072 can be found at: <http://www.indicatorregistry.org/?q=taxonomy/term/677>

<sup>74</sup> UNAIDS, *Global AIDS Response Progress Reporting 2014. Construction of Core Indicators for monitoring the 2011 United Nations Political Declaration on HIV and AIDS*, [http://www.unaids.org/en/media/unaids/contentassets/documents/document/2014/GARPR\\_2014\\_guidelines\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/document/2014/GARPR_2014_guidelines_en.pdf)

<sup>75</sup> Journal of the International AIDS Society. Volume 16, Supplement 2 November 2013. *Global action to reduce HIV stigma and discrimination*. <http://www.jiasociety.org/index.php/jias/issue/view/1464>

<sup>76</sup> List of participating entities: Elizabeth Glaser Pediatric AIDS Foundation (EGPAF); Fujian Provincial Center for Disease Control and Prevention; Global Disease Detection and Response Program at the U.S. Naval Medical Research Unit No. 3; Global Network of People Living with HIV/AIDS (GNP+); International Center for Research on Women (ICRW); Kenya Medical Research Institute (KEMRI); National HIV and AIDS Programme, Saint Kitts and Nevis; National HIV and AIDS Response Programme, Dominica; National Institutes of Health, Office of AIDS Research (OAR); National Institutes of Mental Health (NIMH); Rutgers University; PATH; United Nations Joint Programme on HIV/AIDS (UNAIDS); University of Alabama at Birmingham (UAB); University of California, Los Angeles (UCLA); University of California, San Francisco (UCSF); University of Puerto Rico; University of the West Indies (UWI)

<sup>77</sup> The process was supported financially by USAID, PEPFAR, Ford Foundation and the US National Institutes of Mental Health.

<sup>78</sup> See indicators 1079 – 1085 at <http://www.indicatorregistry.org/?q=taxonomy/term/677>

<sup>79</sup> See [www.stigmaindex.org](http://www.stigmaindex.org)

<sup>80</sup> In total, since 2008, fifty countries have completed the Stigma Index, more than 1,300 people living with HIV have been trained as interviewers, and 45,000 have been interviewed.

with GNP+ and ICW, have put in place an international coordination mechanism, housed in GNP+, to support better the further roll-out of the Stigma Index, as well as the garnering of lessons learned in its implementation thus far.

49. Disaggregated data is essential to understanding and addressing discrimination against women and girls. UN Women, together with MEASURE, UNAIDS, WHO, UNDP, the United States Agency for International Development (USAID), the United States President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund, and others, led a process started in 2011 to agree on a set of standardized indicators for the programmatic areas at the intersection of gender and HIV.<sup>81</sup>
50. New modelling and economic analysis produced by the World Bank has illustrated the returns on investment of interventions that ensure rights-affirming engagement, evidence-based programming and an enabling policy/legal environment for HIV programmes.<sup>82</sup> Moreover, to reinforce the evidence-base for programmes to address stigma and discrimination as part of the national AIDS response, the UNAIDS Secretariat supported in 2013-2014 the development of a supplement to the Journal of the International AIDS Society, *Global Action Against Stigma – getting evidence of programmes to reduce stigma and discrimination that work*.<sup>83</sup>

### ***Including and expanding programmes on stigma and discrimination in national AIDS responses***

51. For the last several years, UNAIDS, with partners, has supported the inclusion and expansion in national AIDS responses of programmes to reduce stigma and discrimination. Such programmes have included: (1) stigma reduction; (2) law reform; (3) legal services; (4) sensitizing law enforcement officials to HIV and human rights (e.g. police, prosecutors, judges); (5) training of health care workers in nondiscrimination and medical ethics; (6) legal literacy or “know your rights” and (7) reducing discrimination against women in the context of HIV.<sup>84</sup>
52. UNAIDS included these programmes as “critical enablers in the investment approach to HIV”,<sup>85</sup> and States committed to implement them in the 2011 *Political Declaration on HIV and AIDS*.<sup>86</sup> In 2012, they were further articulated in a UNDP/UNAIDS

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<sup>81</sup> <http://hivhealthclearinghouse.unesco.org/library/documents/compendium-gender-equality-and-hiv-indicators>

<sup>82</sup> *Global HIV Epidemics* series on men who have sex with men<sup>82</sup>; sex workers<sup>82</sup>; and people who inject drugs<sup>82</sup> issued by the World Bank, UNFPA, UNDP, UNODC and Johns Hopkins School of Public Health.

<sup>83</sup> This work was coordinated by the Stigma Action Network, with further support from the US National Institute of Mental Health and the STRIVE research programme consortium funded by UKaid from the UK Department for International Development. See <http://www.ijasociety.org/index.php/ijas/article/view/18934/3308>

<sup>84</sup> See description of such programmes at: [http://www.unaids.org/en/media/unaids/contentassets/documents/document/2012/Key Human Rights Programmes en May2012.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/document/2012/Key%20Human%20Rights%20Programmes%20en%20May2012.pdf)

<sup>85</sup> See Schwartlander et al, Towards an improved investment approach for an effective response to HIV/AIDS, *The Lancet*, Volume 377, Issue 9782, Pages 2031 - 2041, 11 June 2011; see also UNAIDS Issues Brief, *A New Investment Framework for the Global HIV Response*, 2011

<sup>86</sup> General Assembly Resolution, A/RES/65/277, 8 July 2011, para. 80 For full text of the 2011 *Political Declaration* see

Secretariat publication *Understanding and Acting on Critical Enablers and Investment Synergies for Strategic Investments*.<sup>87</sup> In 2014, these programmes were included in the guidance of the Global Fund to assist States and civil society in making Global Fund proposals and implementing Global Fund grants.<sup>88</sup>

National Strategic Plans on AIDS must address the needs of different key and marginalized population groups. An analysis of such plans to review how far they address the needs of young key populations was conducted for the Asia Pacific region by UNESCO and published with UNICEF, UNFPA, UNDP, WHO, Save the Children, GNP+ and UNAIDS this year.<sup>89</sup>

53. Between 2011 and 2014, the UNAIDS Secretariat, with the support of the Ford Foundation and the engagement of the International AIDS Alliance, developed and conducted regional trainings to support national capacity to integrate programmes that address stigma and discrimination into national strategic plans, investment cases, and Global Fund concept notes. Notable examples of the translation of these efforts into country level action can be found in Morocco and Thailand.<sup>90</sup>

### ***Building the capacity of law enforcement***

54. Police, prosecutors and judges play a critical role in the AIDS response. UNAIDS has sought to sensitize police, prosecutors and judges to HIV-related human rights issues. In 2012-2013, for example, the UNAIDS Secretariat established partnerships with the judiciary in Pakistan regarding the rights of prisoners, with police in Cambodia and India, and with the military in Bangladesh; and also developed for UN Joint Teams in the region *Practical Guidance on Engaging Uniformed Services in HIV*.<sup>91</sup> In 2013, UNODC developed training materials for law enforcement and civil society organizations demonstrating how they can influence, positively or negatively, access by people who inject drugs to HIV services with workshops held so far in 17 countries.<sup>92</sup>

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[http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/06/20110610\\_UN\\_A-RES-65-277\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/06/20110610_UN_A-RES-65-277_en.pdf)

<sup>87</sup> See document at

[http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/201211\\_UNAIDS\\_UNDP\\_Enablers\\_and\\_Synergies\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/201211_UNAIDS_UNDP_Enablers_and_Synergies_en.pdf)

<sup>88</sup> For relevant Global Fund Information Notes, see

<http://www.theglobalfund.org/en/fundingmodel/support/infonotes/>

<sup>89</sup> See "In or Out? Asia-Pacific Review of Young Key Populations in National AIDS Strategic Plans"

<http://unesdoc.unesco.org/images/0022/002285/228565E.pdf>

<sup>90</sup> The UNAIDS-supported National AIDS Strategy 2014-16 of Thailand applies a rights-based approach, lists "social justice" as a core concept and includes discrimination targets by 2016. In Morocco, with UNAIDS support, an HIV and human rights strategy 2013-2016 has been developed and a platform is in place convening key stakeholders.

<sup>91</sup> <http://www.aidsdatahub.org/guidance-joint-un-teams-aids-engaging-uniformed-services-aids-responses-asia-and-pacific-unaids-2013>

<sup>92</sup> Belarus, Brazil, India, Kazakhstan, Kenya, Kyrgyzstan, Moldova, Myanmar, Pakistan, Philippines, South Africa, Tajikistan, Thailand, Ukraine, United Republic of Tanzania, Uzbekistan and Vietnam.

### **Strengthening access to justice**

55. To support the judiciary, in 2013, the UNAIDS Secretariat, with the assistance of an advisory committee comprised of judges, issued *Judging the Epidemic: A Judicial Handbook on HIV, human rights and the law*.<sup>93</sup> The same year, UNDP developed two compendia of HIV-related case law entitled *Compendia of Judgments: Background Material, Judicial Dialogue on HIV, Human Rights and the Law in Asia and the Pacific and Eastern and Southern Africa*.<sup>94</sup> In relation to employment, ILO produced a handbook for judges aimed at promoting the application of international labour standards in national and regional courts, entitled: *HIV and AIDS and Labour Rights: A Handbook for Judges and Legal Professionals*.<sup>95</sup> These resources have since been used in trainings in Asia and Africa and have already had an impact in the courts; for example, in South Africa<sup>96</sup> and Brazil<sup>97</sup>, ILO Recommendation, 2010 (No. 200) was cited in decisions involving discrimination of workers living with HIV.

Just three weeks after participating in an ILO training held in Arusha in October 2013, one of the participating industrial court judges handed down a ruling upholding the rights of a woman worker living with HIV, citing ILO's equality *Conventions Nos. 100, 111 and Recommendation, 2010 (No. 200)*.<sup>98</sup>

56. To assist courts in making important decisions relating to HIV, the UNAIDS Secretariat has also engaged in specific matters as a 'friend of the court' or *amicus curiae*. So far, the UNAIDS Secretariat has engaged in six cases.<sup>99</sup> Among these is

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<sup>93</sup> [http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2013/201305\\_Judging-epidemic\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2013/201305_Judging-epidemic_en.pdf)

<sup>94</sup> <http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/compendium-of-judgements--background-material.html> and <http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/compendium-of-judgment-for-judicial-dialogue-on-hiv--human-right.html>

<sup>95</sup> [http://www.ilo.org/wcmsp5/groups/public/---ed\\_protect/---protrav/--ilo\\_aids/documents/publication/wcms\\_228498.pdf](http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/--ilo_aids/documents/publication/wcms_228498.pdf)

<sup>96</sup> [http://www.ilo.org/wcmsp5/groups/public/---ed\\_protect/---protrav/--ilo\\_aids/documents/legaldocument/wcms\\_151844.pdf](http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/--ilo_aids/documents/legaldocument/wcms_151844.pdf)

<sup>97</sup> See Adriana Ricardo da Rosa contra Sociedade de Ônibus Porto Alegre Ltda. – SOPAL (Case No. TST-RR-104900-64.2002.5.04.0022, issued 3 August 2011); Edson Osório Leites contra SOGAL – Sociedade de Ônibus Gaúcha Ltda (Case No. TST-RR-61600-92.2005.5.04.0201, issued 22 June 2011); PHILIPS da Amazônia Indústria Eletrônica Ltda. Contra Ricardo Carvalho Santos (Case No. TST-RR-1017500-36.2007.5.11.0018, issued 7 March 2012, published on 16 March 2012) and Fernando César Festante contra Banco SANTADER (Brasil) S.A. (Case No. TST-RR- 124400-43.2004.5.02.0074, issued 25 April 2012, published on 11 May 2012).

<sup>98</sup> See *Veronica Muthio Kiojka v Catholic University of Eastern Africa, Industrial Court of Kenya at Nairobi, Cause No. 1161 of 2010, Judgment issued 8 November 2013*.

<sup>99</sup> (1) in 2011, in the case of *F.S. v Chile* before the *Inter-American Commission on Human Rights* regarding the forced sterilisation of people living with HIV; (2) in 2012, with UNFPA, before the Constitutional Tribunal of Peru where the Tribunal struck down a provision of the Penal code relating to the criminalization of consensual sexual activity among young people; (3) in 2013, in the *Agency for International Development et al v. Alliance for Open Society International, Inc, et al* before the US Supreme Court which struck down, on 20 June 2013, a federal law that required private health organizations to oppose sex work as a condition to access AIDS funding; (4) in the *Canada (Attorney General) v. Bedford* case before the Canadian Supreme which held that criminal laws prohibiting brothel keeping, living on avails of prostitution and communicating in public for the purpose of prostitution violate the right to security as provided under the *Canadian Charter of Rights and Freedoms*; (5) in 2014, before the High Court of Malawi in the certification case of *The Republic Versus Mussa Chiwisi, The Republic Versus Mathew Bello and The Republic Versus Amon*

the case of *United States Agency for International Development et al v. Alliance for Open Society International, Inc, et al* where, on 20 June 2013, the Supreme Court of the United States struck down a federal law that required private health organizations to oppose sex work as a condition to get accessing AIDS funding.<sup>100</sup>

57. UNAIDS has supported country efforts to increase access to justice for people living with and affected by HIV. For example, the UNAIDS Secretariat and UNDP have supported the work of the *Kenya HIV and AIDS Tribunal*,<sup>101</sup> the only HIV-specific tribunal in the world, which has dealt with over 300 cases of discrimination. ILO has engaged partners to enhance the availability of HIV-related legal aid in the Russian Federation.<sup>102</sup> In Cambodia, ILO and the UNAIDS Secretariat, in partnership with the Cambodia Business Coalition on AIDS and the Cambodia Food Service Workers Federations, have supported a legal hotline for entertainment workers. As regards legal/rights literacy, in Papua New Guinea, UNAIDS and the Australian Federation of AIDS Organizations (AFAO) supported Kapul Champions, the national network of men who have sex with men and transgender people, to develop and disseminate publications *Do you know your rights?* and *Walk With Me*.<sup>103</sup> UNDP in Eastern Europe and Central Asia, in cooperation with the International Development Law Organization (IDLO) and civil society, have supported legal empowerment trainings which include how to submit complaints regarding rights violations. The web-based tool, administered by the Regional HIV Legal Network, has received numerous complaints.<sup>104</sup>

## PROMOTING NATIONAL PROGRAMMES THAT ADDRESS THE NEEDS OF WOMEN AND GIRLS AND COUNTER GENDER BASED VIOLENCE

58. UNAIDS has made the reduction of stigma, discrimination and violence against women and girls a priority. The engagement of, and support to, women living with HIV is central to these efforts. In this context, the leadership capacity of women and girls living with HIV and key populations has been strengthened through the support of UNDP, UN Women and the UNAIDS Secretariat in 68 countries, 2012-2013.
59. UN Women and the European Commission provided support to an important initiative in five countries (Cambodia, Jamaica, Kenya, Papua New Guinea, and Rwanda) aimed at (i) ensuring that organizations of women living with HIV and women affected by HIV/AIDS provide leadership for and influence the shaping of policies, programmes and resources allocation; and (ii) enhancing national commitment to and action for addressing gender equality in the national AIDS response. The initiative has successfully integrated gender equality concerns into policies, programmes and budgets, as illustrated by the signing of a *Declaration of*

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*Champyuni* which is related to the legality under the Constitution of Malawi of laws criminalising same-sex sexual relations (case still pending); and (6) in 2014, in the European Court of Human Rights, in the case of *Kurmanayevskiy and others v Russia* in which 3 Russian citizens challenge the ban on using methadone and buprenorphine for drug dependence treatment in Russia (still pending).

<sup>100</sup> See Agency for International Development et al v. Alliance for Open Society International, Inc, et al, 2013, available at [http://www.supremecourt.gov/opinions/12pdf/12-10\\_21p3.pdf](http://www.supremecourt.gov/opinions/12pdf/12-10_21p3.pdf).

<sup>101</sup> <http://www.unaids.org/en/resources/presscentre/featurestories/2012/february/20120223akenya>

<sup>102</sup> [http://www.ilo.org/public/english/region/eurpro/moscow/info/files/13\\_4en.pdf](http://www.ilo.org/public/english/region/eurpro/moscow/info/files/13_4en.pdf)

<sup>103</sup> <http://dayagainsthomophobia.org/wp-content/uploads/2014/07/WalkWithMe-Final.pdf>

<sup>104</sup> See <http://hiv-legalaid.org/>

*Commitment to Eliminate Stigma, Discrimination and Gender Inequality affecting Jamaica's HIV/AIDS Response (2011)* and the creation of a nationally-owned multi-stakeholder coordination mechanism on gender and HIV chaired by Cambodia's National AIDS Authority. In addition, more than 400 staff of national AIDS coordinating authorities at national and subnational levels across all five countries have been trained on mainstreaming gender and human rights in HIV policies and programmes, resulting in more gender-responsive national AIDS strategies.

60. Other examples of work to give voice to women in the HIV response and address the stigma and discrimination they face include: (a) the publication of an issues brief in 2012 by the UNAIDS Secretariat, *Standing Up, Speaking Out, Women and HIV in the Middle East and North Africa*, in which women living with HIV from 10 countries in the region described the HIV-related realities that shape the hopes and challenges of their lives<sup>105</sup>; and (b) in 2013 support to a collaborative civil society platform, *UNZIP the lips*, which provided political space for women living with HIV at the *Women Deliver Conference*<sup>106</sup> and influenced outcomes at the *Asia-Pacific High-level Intergovernmental Meeting on Assessment of Progress against Commitments in the Political Declaration on HIV/AIDS and the Millennium Development Goals* in 2012.<sup>107</sup>
61. Furthermore, in March 2013, UNAIDS supported the Global Coalition on Women and AIDS (GCWA)<sup>108</sup> and ICW to present to the *Commission on the Status of Women*, the link between gender inequality, gender-based violence and HIV, as well as the implications of violation of the sexual and reproductive rights of young women living with HIV. Two issues briefs, *Advancing young women's sexual and reproductive health and rights in the context of HIV*<sup>109</sup> and *Unite with women, unite against violence*.<sup>110</sup>
62. UNAIDS has continued to support the roll-out<sup>111</sup> of the *UNAIDS Agenda for Accelerated Country Action for Women and Girls*<sup>112</sup> and the *Gender Assessment*

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<sup>105</sup> The voices in the report belong to members of *MENA-Rosa*.  
[http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/20120713\\_MENA\\_Women\\_and\\_AIDS\\_2012\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/20120713_MENA_Women_and_AIDS_2012_en.pdf)

<sup>106</sup> Conference in Malaysia May 28-30, 2013. <http://unzipthelips.org/wp-content/uploads/2014/02/UNZIP-Call-to-Women-Deliver-Delegates.pdf>

<sup>107</sup> <http://www.unescapsdd.org/events/egm-escap-roadmap>

<sup>108</sup> Since 2004, the UNAIDS Secretariat has hosted GCWA, supporting the elaboration and dissemination strategic information on the challenges faced by women and adolescent girls in the context of HIV, including inequality, violence and the lack of realisation of their sexual and reproductive health and rights.

<sup>109</sup> This was supported by the Government of Canada, the Norwegian Agency for Development Cooperation (NORAD), UNFPA, and UNAIDS Secretariat.

<sup>110</sup> See *Unite with women, unite against violence and HIV*, UNAIDS 2014,

[http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2014/JC2602\\_UniteWithWomen\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2014/JC2602_UniteWithWomen_en.pdf)

<sup>111</sup> The Agenda has been implemented in over 100 countries, and the Gender Assessment Tool in 24 countries, with 23 more countries currently carrying out assessments, or beginning to implement recommendations or follow up activities from the results produced by the gender assessment

<sup>112</sup> The Programme Coordinating Board received a mid-term evaluation of the Agenda at its 31st meeting in December 2012. See UNAIDS/PCB (31)/12.20



*Tool*.<sup>113</sup> Both provide opportunities for strengthening the response to stigma and discrimination. Since December 2012, the UNAIDS Secretariat has also supported a dialogue platform for the meaningful participation of women living with HIV in UNAIDS policy and programmatic efforts related to: (a) zero-tolerance for gender-based violence; (b) advancing the sexual and reproductive health and rights of women in all of their diversity; and (c) positioning the needs and rights of women living with HIV in the post-2015 development framework.

63. Efforts are being made to assist women affected by HIV to claim their property and inheritance rights. For example, in 2012-2013, UNDP, in collaboration with the Huairou Commission, Open Society Foundation, and the Center on Housing Rights and Evictions (COHRE), supported the development and piloting in Cameroon, Uganda and Zambia of the document *Tools for Change: Applying United Nations standards to secure women's housing, land, and property rights in the context of HIV*.<sup>114</sup>
64. Under its regional programme, *Action to Promote the Legal Empowerment of Women in the Context of HIV*,<sup>115</sup> UN Women, has awarded, between 2011 and 2013, \$2.2 million in small grants to 20 legal service organizations, community-based networks, and organizations of women living with HIV in Cameroon, Ghana, Kenya, Malawi, Nigeria, Rwanda, Tanzania, Uganda, and Zimbabwe. Examples of outcomes related to the reduction of stigma and discrimination include: (a) the Civil Resource Development and Documentation Centre in Nigeria advocating for the passage of the *Anti-Stigma Bill* into law in the Cross River State and for the *Gender and Equal Opportunities Bill* in Cross River and Ebonyi States; and (b) the International Federation of Women Lawyers in Ghana enhancing the awareness of 108 local authorities, 89 traditional leaders, 61 community level leaders, and 737 community members about their obligations to protect women's property and inheritance rights in the context of HIV.
65. Stigma, discrimination and violence experienced by women living with HIV in health care settings is a particular concern, and undermines efforts to eliminate new HIV infections among children and the expansion of treatment for positive mothers. In the last few years, the UNAIDS Secretariat has supported GNP+ to shape policy direction and programme implementation in the Global Steering Group of the *Global Plan for Eliminating New HIV Infections in Children by 2015 and Keeping their Mothers Alive*.
66. Indigenous women and girls in many countries face HIV risks due to social marginalization, stigma and poor access to services. An example of a response is the work of UNFPA, UNICEF and the UNAIDS Secretariat, in partnership with the Population Council, in Belize where information was collected on the extent to which adolescent girls, including Mayan girls, had access to social programmes to reduce

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<sup>113</sup> UNAIDS Gender Assessment Tool: towards a gender transformative HIV response, Guidelines, 2014, [http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2014/JC2543\\_gender-assessment\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2014/JC2543_gender-assessment_en.pdf)

<sup>114</sup> <http://www.opensocietyfoundations.org/sites/default/files/tools-for-change-20120416.pdf>

<sup>115</sup> <http://www.unwomen.org/en/news/stories/2011/3/un-women-awards-nearly-1-5-million-in-small-grants-towards-realizing-women-s-property-and-inheritan>

their risk of HIV, sexually transmitted infections (STIs), unwanted teenage pregnancies and violence.<sup>116</sup>

67. UNDP supported trainings that were conducted in Egypt and Libya as part of the *Religious Leaders Initiative on HIV, gender and human rights*.<sup>117</sup> Following the trainings, many religious leaders started their own initiatives, including sensitization sessions during sermons, outreach with Muslim students and partnerships with women NGOs to provide awareness-raising sessions for female prisoners.
68. Much work has been done to empower and engage women against stigma, discrimination and violence. In 2014, the UNAIDS Secretariat developed a report on innovative community practices to influence policy and programming for addressing violence against women, through the HIV response, particularly highlighting the linkages between violence against women, gender inequalities and HIV: *Community innovations to address gender-based violence and HIV*.<sup>118</sup> In Sudan, UNFPA supported efforts to address issues of gender-based violence, through the development of protocols, guidelines and training modules, including Standard Operating Procedures in West and South Darfur states and a survivor-centred approach. In Darfur, UNFPA supported centres for prevention and response to gender-based violence; community outreach activities on such violence; and social reintegration of survivors. UNFPA also supported the development of the *National Action Plan on Violence Against Women* and the establishment of State Joint Committees on Combating Violence against Women.
69. Through the *UN Trust Fund to Eliminate Violence Against Women*, UN Women supported a programme, the Coalition of Women Living with HIV/AIDS (COWHLA) and Stepping Stones,<sup>119</sup> to increase knowledge about gender-based violence, promote HIV risk awareness and enhance communication skills. As a result, women reported an increased ability to negotiate sexual practices, while couples reported more fluid communication and a decrease in the use of physical and emotional violence as a means to settle conflict. In addition, village chiefs banned harmful practices, such as 'sexual cleansing'.<sup>120</sup>
70. A significant focus of UNESCO's recent work has been on addressing school-related gender-based violence. Together with the United Nations Girls Education Initiative (UNGEI), UNESCO published a Discussion Paper on school-related gender-based violence, followed by an East Asia and Pacific regional report which was accompanied by a social media campaign launched on *International Women's Day*

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<sup>116</sup> [http://www.popcouncil.org/uploads/pdfs/2012PGY\\_AdolGirlsCoverageBelize.pdf](http://www.popcouncil.org/uploads/pdfs/2012PGY_AdolGirlsCoverageBelize.pdf) - study done in late 2011, published June 2012

<sup>117</sup> <http://www.undp.org/content/dam/kuwait/documents/projectdocuments/Human%20Development/Religious%20Leaders%20prodoc-Arabic.PDF>

<sup>118</sup> [http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/07/20110719\\_Community%20innovation.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/07/20110719_Community%20innovation.pdf)

<sup>119</sup> Between 2012 and 2013, this programme reached 3,000 women living with HIV, 311 survivors of intimate partner violence, and more than 12,000 men and 28,000 women in 144 communities, see: <http://www.steppingstonesfeedback.org>

<sup>120</sup> 'sexual cleansing', whereby a woman whose husband has died has unprotected sexual relations with a man appointed by the community, see: <http://www.unwomen.org/~media/headquarters/attachments/sections/trust%20funds/untrustfundevaw/untf-withinourreach-en%20pdf.ashx>, p4.

2014.<sup>121</sup> UNESCO also collaborated with UN Women on a peer education toolkit to address gender-based violence in schools. This work on gender-based violence includes efforts to address homophobic and transphobic violence and bullying in schools.<sup>122</sup>

## CHALLENGES AND OPPORTUNITIES

- 71. Scaling up anti-stigma and discrimination programming:** There are number of programmes that have proved effective in addressing stigma and discrimination in national AIDS responses, but they have not been taken to scale. Civil society organizations implementing human rights programmes report being seriously underfunded and under threat of downsizing or closure, at the very moment that their work is most critical to overcoming barriers to prevention and treatment.<sup>123</sup> There continue to be punitive approaches, insufficient attention to inequality and violence, and marginalization of women, girls and key populations. Ending the AIDS epidemic will require the engagement of a broad range of partners, including those who are critical to transforming the social and legal environment so that it reinforces inclusion, dignity and opportunity for everyone living with and affected by HIV. The next phase of the programmatic response to stigma and discrimination will require greater investment in measuring progress towards Zero Discrimination, particularly at country level, and evaluating the most effective and efficient programmes to do so.
- 72. Assessing and communicating programme impact:** The UNAIDS Strategy *Getting to Zero* and the UBRAF have amplified and elevated efforts to reduce stigma and discrimination. The Strategy and UBRAF present what should be done, what is planned, and provide indicative budgets for such work. However, as reducing stigma and discrimination can be labour-intensive, involving a wide spectrum of partners and relatively long timeframes for achieving change, it can be difficult to assess and communicate the outcomes and immediate impacts of actions taken. Furthermore, although a number of initiatives and actions have occurred at country level, much of the work has been done at global and regional levels. It is not always clear how some of these initiatives are being translated at country level and what their local impact is. Greater efforts are needed to assess, learn from, and communicate the impact of anti-stigma and discrimination programming.
- 73. Expanding investment in anti-stigma and discrimination efforts as a pathfinder for social justice:** Through its actions and strategic alliances across movements and sectors, UNAIDS is supporting efforts to address gender inequality and violence, social exclusion, and widespread punitive approaches and criminalization. It is

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<sup>121</sup> See [http://www.ungei.org/resources/files/UNGEI-UNESCO\\_SRGBV\\_Discussion\\_Paper\\_FINAL.pdf](http://www.ungei.org/resources/files/UNGEI-UNESCO_SRGBV_Discussion_Paper_FINAL.pdf) and [http://www.ungei.org/resources/files/UNGEI-UNESCO\\_SRGBV\\_Discussion\\_Paper\\_FINAL.pdf](http://www.ungei.org/resources/files/UNGEI-UNESCO_SRGBV_Discussion_Paper_FINAL.pdf)

<sup>122</sup> This work is being pursued through: (a) multi-country operational research on sexuality, gender and diversity involving five countries (Botswana, Lesotho, Namibia, South Africa and Swaziland); (b) in Latin America and the Caribbean, a regional consultation scheduled for fall 2014 in Bogota; (c) teacher training and support activities August-October in Mexico, El Salvador and Argentina; (d) support to a Chilean NGO for the production of materials on preventing and mitigating homophobic bullying in schools; and (e) in Eastern Europe and Central Asia, a regional project to review data with an aim to develop practical guidance for schools in the region to address gender-based violence in schools, including homophobic bullying.

<sup>123</sup> UNAIDS. *Sustaining the human rights response to HIV: An analysis of the funding landscape*. Geneva (forthcoming).

working with all branches of government – the executive, parliament and the judiciary – and creating space for dialogue with civil society and people most affected by the epidemic. In doing so, it helps position the AIDS response as a pathfinder for greater social justice. As a result, a number of governments have shown considerable leadership in implementing evidence-informed, inclusive and protective measures for their marginalized populations affected by HIV. But the persistence and scale of the challenges, as reported by people living with and affected by HIV, indicate that greater investment and intensity of efforts is required for realizing the vision of Zero Discrimination, and that these efforts should be more fully integrated into the response to AIDS.

## CONCLUSION

74. Stigma and discrimination not only represent human rights violations, they also seriously impede action to end the AIDS epidemic. This report illustrates significant and intensified work by UNAIDS since 2011 to reduce stigma and discrimination on behalf of and with a broad range of populations affected by HIV. However, the scale of action is not sufficient to overcoming the persistent, high prevalence of stigma and discrimination, or the punitive approaches toward key populations.
75. The opportunities are many. The science showing that HIV treatment reduces infectiousness by over 90% offers the possibility of reducing the significant amount of stigma and discrimination that is based on irrational fear of infection. Efforts to increase treatment and prevention requires and enables working much more closely with people living with HIV and other key populations to find means to overcome social and legal barriers to access to HIV services. Thus, intensified efforts to end the AIDS epidemic are imperative to review and reinforce efforts to realize the vision of Zero Discrimination. These efforts could include setting specific targets to galvanize greater action and accountability in this area and more coordinated efforts at country levels to translate international commitments and standards into policy and programmatic responses that will impact positively the lives of those affected by HIV. Such work would also serve to inform and enhance the human rights and gender equality components of the Treatment and Fast Track initiatives as well as the next UBRAF and UNAIDS strategy.

## DECISION POINTS

The Programme Coordinating Board is invited to:

76. *Take note* of the report.
77. *Request* the Joint Programme to support Member States and civil society in accelerating efforts to ensure enabling legal and social environments where everyone, including key populations<sup>124</sup> and other marginalized populations, can

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<sup>124</sup> As defined in the UNAIDS 2011-2015 Strategy 'Getting to Zero', footnote n. 41: 'Key populations, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response. In all countries, key populations include

access HIV services; and provide a report at a future meeting of the Programme Coordinating Board.

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people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context'.