

# UPDATE ON ACTIONS TO REDUCE STIGMA AND DISCRIMINATION IN ALL ITS FORMS

**Additional documents for this item:** none

**Action required at this meeting – the Programme Coordinating Board is invited to:**

See decision points in paragraphs below:

117. *Take* note of the report.

118. *Request* the Joint Programme to support Member States and civil society in scaling up programmes to eliminate stigma and discrimination towards people living with HIV and key populations in the context of Fast-Tracking the HIV response;

119. *Request* the Joint Programme to support Member States and civil society in accelerating efforts to create enabling legal and social environments that ensure non-discriminatory access to health services, including for key populations;

120. *Request* the Joint Programme to provide a report at a future meeting of the Programme Coordinating Board.

**Cost implications for decisions:** none

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## ACRONYMS

AIDS	acquired immune deficiency syndrome
HIV	human immunodeficiency virus
ILO	International Labour Organization
OHCHR	Office of the High Commissioner for Human Rights
PCB	Programme Coordinating Board
PEPFAR	United States President's Emergency Plan for AIDS Relief
SDG	Sustainable Development Goal
TB	tuberculosis
UBRAF	Unified Budget, Results and Accountability Framework
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	Special Session of the United Nations General Assembly
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WFP	World Food Programme
WHO	World Health Organization

## I. INTRODUCTION

HIV-related stigma refers to the negative beliefs, feelings and attitudes towards people living with HIV, groups associated with people living with HIV (e.g. the families of people living with HIV) and other key populations at higher risk of HIV infection, such as women, adolescents, people who inject drugs, sex workers, gay men and other men who have sex with men, transgender people and people in prisons and other closed settings.<sup>1</sup>

HIV-related discrimination refers to the unfair and unjust treatment (act or omission) of an individual based on his or her real or perceived HIV status. Discrimination in the context of HIV also includes the unfair treatment of key populations and other at-risk groups. They include men, transgender people, people in prisons and other closed settings and, in some social contexts, women, young people, migrants, refugees and internally displaced people. HIV-related discrimination is usually based on stigmatizing attitudes and beliefs about populations, behaviours, practices, sex, illness and death. Discrimination can become rooted institutionally in laws, policies and practices that negatively focus on people living with HIV and marginalized groups, including criminalized populations.<sup>2</sup>

1. Stigma and discrimination remain major barriers to the global HIV response. Ending AIDS by 2030 will require an increased collective effort to address the legal, social, cultural and other factors that result in people being left behind. People living with HIV or people affected by HIV often experience intersectional forms of discrimination, including discrimination based on their gender and gender identity, race, ethnicity, age, occupational drug use, sexual orientation, migration status. These added layers of stigma and discrimination increase their vulnerability to HIV and undermine their rights, including the right to health, work and education. In many countries, resistance to implementing evidence-informed and rights-based services for key populations blocks an effective response to HIV.
2. Epidemiological evidence shows that, globally, people who inject drugs and gay and other men who have sex with men are up to 24 times more likely to acquire HIV than adults in the general population, while sex workers are 10 times more likely and transgender people are 49 times more likely to acquire HIV. Prisoners are five times more likely to be living with HIV than adults in the general population.<sup>3</sup> Women and adolescent girls, particularly in sub-Saharan Africa, are more than twice as likely to acquire HIV than their male peers;<sup>4</sup> yet many national HIV programmes do not ensure sufficient access to services for women and adolescent girls.<sup>5</sup> Much of the increased risk and vulnerability stems from stigma and discrimination. Stigma and discrimination, as well as punitive laws and violence based on sexual orientation and gender identity, exacerbate people's vulnerability to HIV, undermine the HIV response and violate human rights.
3. In the 2016 Political Declaration on Ending AIDS, Member States expressed the serious concern that stigma and discrimination continue to increase people's vulnerability to HIV and prevent them from accessing HIV services.<sup>6</sup> They committed to the elimination of stigma and discrimination by 2020.<sup>7</sup> The Political Declaration on Ending AIDS includes a commitment by States to review and reform laws that may reinforce stigma and discrimination, such as age of consent laws; laws related to HIV non-disclosure, exposure and transmission; policy provisions and guidelines that restrict access to services among adolescents; travel restrictions; and mandatory testing.
4. The Joint United Nations Programme on HIV/AIDS (UNAIDS) 2016–2021 Strategy sets the following 2020 target for progress against stigma and discrimination: "90% of people

living with, at risk of and affected by HIV report no discrimination, especially in health, education and workplace settings". The target reflects recognition that reducing HIV-related discrimination is a prerequisite to ending the AIDS epidemic as a public health threat by 2030.

5. UNAIDS is committed to support government and civil society efforts to respond effectively to HIV-related stigma and discrimination. At the 35th meeting of the UNAIDS Programme Coordinating Board (PCB), UNAIDS reported on concrete actions taken "to reduce stigma and discrimination in all its forms consistent with the UN High-Level Political Declarations 2006 and 2011, the UNAIDS Strategy 2011–2015, and all the Programme Coordinating Board decisions relating to reduction of stigma and discrimination".<sup>8</sup> The PCB requested UNAIDS to provide a report at a future PCB meeting.<sup>9</sup>
6. The present report responds to that request and provides an update to the previous report. It describes the Joint Programme's actions since 2015 to eliminate stigma and discrimination, and provides information about results and outcomes.

## **II. CATALYSING POLITICAL COMMITMENT TO END DISCRIMINATION TO ACHIEVE THE SUSTAINABLE DEVELOPMENT GOALS**

7. This section reviews the political commitments made since 2015 to end stigma and discrimination in all its forms, including the 2030 Agenda for Sustainable Development, the 2016 Political Declaration on Ending AIDS, and the UNAIDS 2016–2021 Strategy, as well as discussions on HIV-related stigma and discrimination at the Human Rights Council and in the context of the Global Commission on HIV and the Law.

### **2030 Agenda for Sustainable Development**

8. The 2030 Agenda for Sustainable Development envisages a world of universal respect for human rights and human dignity, the rule of law, justice, equality and non-discrimination, as reflected in the Agenda's central principles of ensuring that no one is left behind and reaching the furthest behind.<sup>10</sup> Eliminating stigma and discrimination in all its forms is fundamental to achieving the Agenda's promise of leaving no one behind and reaching the Sustainable Development Goals (SDGs) and targets by 2030.
9. UNAIDS was the first United Nations (UN) organization to align its strategy to the SDGs,<sup>11</sup> placing particular emphasis on the following: SDG 3 (Good health and wellbeing, including achieving universal health coverage and ending the AIDS and tuberculosis epidemics); SDG 4 (Quality education); SDG 5 (Gender equality and women's empowerment); SDG 8 (Decent work and inclusive economic growth); SDG 10 (Reduced inequalities); SDG 16 (Peace, justice and strong institutions); and SDG 17 (Partnerships for the goals).<sup>12</sup>

### **2016 Political Declaration on Ending AIDS**

10. The 2016 Political Declaration on Ending AIDS highlights the "promotion, protection and fulfilment of all human rights and the dignity of all people living with, at risk of, and affected by HIV" as an objective and means to ending the AIDS epidemic.<sup>13</sup> The Political Declaration also frames the HIV epidemic as a human rights challenge.<sup>14</sup>

## UNAIDS 2016–2021 Strategy

11. The UNAIDS 2016–2021 Strategy includes a specific strategic result area for the removal of punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV. The result area is aligned to SDG 16: Promote just, peaceful and inclusive societies. The Unified Budget, Result and Accountability Framework (UBRAF) operationalizes the UNAIDS Strategy and is divided in three output areas under result area 6 (i.e. legal and policy reform, access to justice and rights, and ending HIV-related stigma and discrimination in health care).
12. The UNAIDS Strategy 2016–2021 encourages countries to work with service providers in healthcare, workplace and educational settings to eliminate HIV-related stigma and discrimination. To prevent and challenge violations of human rights, strengthened programmes are needed to empower people living with, at risk of or affected by HIV to know their rights and access legal services. Countries are encouraged to remove punitive laws, policies and practices that block an effective HIV response, including those related to travel restrictions, mandatory testing, HIV transmission, same-sex sexual relations, sex work and drug use.

## Human Rights Council

13. UNAIDS and the Office of the High Commissioner for Human Rights organized a panel discussion during the March 2016 Human Rights Council on the progress made in addressing human rights. The event had been requested in the 2015 Human Rights Council Resolution 30/8. The panel stated that:
  - “Efforts to end the AIDS epidemic have been most effective when they were rights-based. Moreover, it was a matter of respect for human dignity that the HIV response should, at all levels, tackle the stigma, discrimination and violence that drives the epidemic. The panel stressed that the world would not succeed in ending AIDS as a public health threat by 2030 without renewed commitments and efforts to address the legal and human rights barriers that make people vulnerable to HIV and that block effective responses.<sup>15</sup>
  - People living with HIV continue to face stigma and discrimination in all sectors, including within families and communities, at the workplace and in health-care settings. The people who are the most vulnerable to HIV—who include women and girls; sex workers; lesbian, gay, bisexual and transgender people; people who inject drugs; and people in prisons and other closed settings—face high levels of stigma and discrimination. Addressing stigma and discrimination in all aspects of life and society, including in health-care settings, is therefore the essential basis for ending AIDS by 2030.”<sup>16</sup>
14. At its 35th session in June 2017, the Human Rights Council adopted a resolution on the right to physical and mental health in the implementation of the 2030 Agenda for Sustainable Development.<sup>17</sup> In light of the multiple forms of discrimination, stigma, violence and abuse that affect people’s right to the highest attainable standard of physical and mental health, UNAIDS supported Human Rights Council Member States to ensure that the resolution explicitly mentions HIV-related stigma and discrimination. The resolution reiterates the need for States to adopt or strengthen laws, policies and practices that eradicate any form of discrimination, stigma, violence and abuse in health-care services. It urges States to work towards the full implementation of all SDGs and aims to contribute to the realization of the right to physical and mental health.<sup>18</sup>

15. In 2017, the UNAIDS Secretariat supported the Office of the High Commissioner for Human Rights (OHCHR) and the two co-chairs, Belarus and Brazil, in organizing the Human Rights Council Social Forum. This annual meeting is convened by the Human Rights Council and is dedicated to the promotion and protection of human rights in the context of HIV and other communicable diseases and epidemics. One of the panels focused on discrimination and the realization of the right to health. Panellists stressed the need to end stigma and discrimination in order to achieve the full realization of the right to health.

### **UN General Assembly Special Session on the World Drug Problem**

16. In preparation for the UN General Assembly Special Session (UNGASS) on the World Drug Problem in 2016, the UN Office on Drugs and Crime (UNODC) organized seven regional dialogues on drug policy and HIV. Among other issues, they addressed stigma and discrimination as barriers to the HIV response. Also in 2016, the UNAIDS Secretariat produced the major *Do no harm* report on health, human rights and people who use drugs, while Member States adopted the UNGASS Outcome Document which stressed the need to:

- “Encourage the voluntary participation of individuals with drug use disorders in treatment programmes, with informed consent, where consistent with national legislation, and develop and implement outreach programmes and campaigns, involving drug users in long-term recovery, where appropriate, to prevent social marginalization and promote non-stigmatizing attitudes, as well as to encourage drug users to seek treatment and care, and take measures to facilitate access to treatment and expand capacity.”<sup>19</sup>

17. The document also emphasized the need to:

- “Ensure non-discriminatory access to health, care and social services in prevention, primary care and treatment programmes, including those offered to persons in prison or pre-trial detention, which are to be on a level equal to those available in the community, and ensure that women, including detained women, have access to adequate health services and counselling, including those particularly needed during pregnancy.”<sup>20</sup>

### **Global Commission on HIV and the Law**

18. The landmark 2012 report of the Global Commission on HIV and the Law urged governments to promote laws and policies that are grounded in evidence and human rights. The Commission has been an important catalyst for social justice and human rights in the HIV response. Its report presented the evidence and rationale for legal reform and facilitated the sharing of best practice examples. Since the report’s release, efforts to advance its recommendations have been documented in 88 countries. Several countries have conducted comprehensive assessments of laws, policies and practices affecting people living with HIV, after which some countries reformed relevant laws. Countries have also acted to halt discriminatory practices against people living with HIV.

19. Five years after the Commission completed its work, the UN Development Programme (UNDP) organized a review meeting in New York. Titled “Opportunities for the future: what are the emerging issues on HIV, human rights and the law?”, the meeting reviewed progress in implementing the Commission’s recommendations. It concluded that the Commission had influenced legislative and policy changes in countries around the world. However, there had been limited progress in addressing punitive laws, policies and practices that hinder the HIV response.



## **Other platforms and actions for catalyzing political commitment to end discrimination**

20. UNAIDS facilitated and provided technical support during the negotiations on the Commission on the Status of Women's Resolution on women, the girl child and HIV (Res 60/2), which was adopted in 2016. The resolution places strong emphasis on structural issues related to gender equality and women's empowerment, and calls for gender responsive approaches and an end to gender-based violence, discrimination against women and girls, and harmful practices (e.g. child marriage, forced marriage and female genital mutilation). It also upholds women's right to control their sexual lives and health by including access to post-exposure and pre-exposure prophylaxis, which strengthens their abilities to manage HIV risk. The resolution urges governments to increase financing for gender equality and the empowerment of women and girls via national HIV responses, and to promote the meaningful participation and leadership of women and girls living with HIV.
21. In September 2015, 12 UN agencies released a joint statement calling for an end to violence and discrimination against lesbian, gay, bisexual, transgender and intersex people.<sup>21</sup> The UNAIDS Secretariat and the World Health Organization (WHO) also led efforts to strengthen the UN's commitment to ending discrimination in health care, which resulted in 12 UN entities issuing a joint statement to that effect in June 2017.<sup>22</sup>
22. UNAIDS has also worked with the private sector on issues related to stigma and discrimination. For example, the UNAIDS Secretariat established a partnership with DLA Piper, a global business law firm that dedicates time to *pro bono* and community projects tackling stigma and discrimination.

## **Enabling the UN system to end discrimination**

### UN frameworks and guidance notes for equality and non-discrimination

23. UNAIDS provided inputs to the development of a "Shared framework for action on combating inequalities and discrimination". The High-Level Committee on Programmes developed the framework in 2016 at the request of the UN Chief Executives Board for Coordination. The framework for implementation includes equality (i.e. moving towards substantive equality of opportunity and outcomes for all groups), non-discrimination (the prohibition of discrimination against individuals and groups on the grounds identified in international human rights treaties), and the broader concept of equity (understood as fairness in the distribution of costs, benefits and opportunities). It addresses both horizontal (between social groups) and vertical (e.g. in income) inequalities, as well as inequalities of opportunity and outcomes. Intergenerational equity is also addressed, as are inequalities between countries. The framework calls for aligning strategic frameworks and plans across systems, building on the many actions and areas of support that are underway within the UN system.
24. For the UN to be effective in supporting States' actions against stigma and discrimination, it needs to lead by example and ensure there is zero tolerance for stigma and discrimination related to HIV within its own agencies and programmes. "Human Rights Up Front" is an initiative of the UN Secretary-General which seeks to bring UN efforts together in a mutually supportive manner that bolsters prevention and prioritizes human rights. The initiative aims for a cultural shift in the UN system, so that all staff and UN entities act with an awareness of their wider responsibility to support the UN Charter and mandates. It encourages staff to act to prevent serious human rights violations, and it pledges the support of UN Headquarters for people who act against abuses and violations.

25. UNAIDS developed a *Guidance note on preventing and responding to HIV-related human rights crises*, which responds to UN staff's need for country-based guidance on how best to respond to such crises. The note expanded the guidance prepared in 2012 and is useful for joint UN country teams on AIDS, as well as for staff members of other international organizations, including representatives of foreign diplomatic missions and civil society groups.<sup>23</sup>
26. The UNAIDS Secretariat and WHO's Global Health Workforce Alliance jointly launched the "Agenda for Zero Discrimination in Health-Care Settings" in March 2016 to guide collective advocacy, leadership, accountability and implementation of evidence-informed interventions so everyone, everywhere, can receive the health care they need without discrimination. This means tackling discrimination in all its forms and empowering people to exercise their rights. At the same time, it notes the importance of ensuring that health-care workers enjoy their labour rights, including their right to be free from stigma and discrimination.
27. The action plan to support the "Agenda for Zero Discrimination in Health-Care Settings" aims to increase commitment, collaboration and accountability among States, the UN, development partners, civil society, professional health-care associations, academics and other key stakeholders, through the following actions:
- Remove legal and policy barriers that promote discrimination in health care;
  - Set standards for discrimination-free health care;
  - Build and share the evidence base and best practices to eliminate discrimination in health-care settings;
  - Empower clients and civil society to demand discrimination-free health care;
  - Increase funding support for a discrimination-free health workforce;
  - Secure the leadership of professional health-care associations in actions to shape a discrimination-free health workforce;
  - Strengthen mechanisms and frameworks for monitoring, evaluation and accountability for discrimination-free health care.<sup>24</sup>
28. The 2013 UNAIDS launched the annual Zero Discrimination Day, on the first of March. The campaign for 2017 focused on zero discrimination in health-care settings and popularized the hashtag #zerodiscrimination.<sup>25</sup> The focus was timely: data from the People Living with HIV Stigma Index from 50 countries indicated that 1 in 8 people living with HIV reported having been denied health care at some point.<sup>26</sup>
29. UNAIDS provided technical support for the development of the *Guidance note on human rights for resident coordinators and UN country teams*. The Guidance note was released in 2016 and features tools and resources, as well as practical guidance for supporting human rights at country level.<sup>27</sup>
30. The UNAIDS Secretariat issued the UNAIDS *Guidance note on Fast-Track and human rights* in May 2017.<sup>28</sup> It presents practical advice for putting human rights principles and approaches at the centre of efforts to Fast-Track HIV prevention, testing and treatment. The guidance note summarizes key human rights elements that should accompany HIV services and support efforts to eliminate any discrimination that hinders access to those services. Checklists are provided to support and guide the design, monitoring and evaluation of HIV services accordingly. The document serves policy makers, HIV programme implementers, civil society organizations, the UN and donors.

### Building the capacity of staff

31. The dedication and work of UNAIDS staff are vital for fulfilling the vision of zero discrimination. Numerous staff members are supporting programmes to reduce HIV-related stigma and discrimination, responding to urgent human rights crises and advocating for the removal of punitive laws. The UNAIDS Human Rights Defenders Awards, awarded in January 2016, recognize staff members' outstanding contributions to the UNAIDS Secretariat's human rights priorities. The awards recognize four categories of excellence: innovation in human rights; inclusion of people living with HIV and other marginalized groups; support of civil society organizations; and prevention of or response to HIV-related human rights crises.
32. The UNAIDS Secretariat was the convening force of "UN Cares", the UN system-wide workplace programme on HIV. The programme has been lauded as a sterling example of "One UN", since it draws together UN agencies in countries to provide services, training and advocacy around HIV, including on issues such as stigma and discrimination. In 2015, "UN Cares" launched "UN for All", a series of training modules for addressing stigma and discrimination in the UN workplace. The "UN for All" training modules are being implemented around the world; feedback is overwhelmingly positive. Although it is an internal programme, "UN Cares" offers a model for HIV workplace programming and has the potential to reach far beyond the UN system.<sup>29</sup>
33. UN Plus is the UN system-wide advocacy group of UN staff living with HIV. It advocates on issues that concern UN staff members who are living with HIV, such as stigma and discrimination and access to treatment, care and support. Through UN Plus, UNAIDS empowers people living with HIV, including by facilitating meetings with the UN Secretary General, which have helped increase understanding and support for staff living with HIV at the highest levels of the UN.<sup>30</sup> During 2015, UN Plus conducted a qualitative study on the experiences of UN staff living with HIV, which highlighted remaining challenges. Based on the recommendations of the study, UN Plus initiated two activities: a compilation of good practices on access to treatment, care and support; and mapping of resources for tackling cases of HIV-related harassment and discrimination. These initiatives will further assist UN Plus advocacy and support work for creating an enabling work environment for UN staff living with HIV.
34. To support the engagement of partners around HIV-related human rights issues, the UNAIDS Secretariat developed a series of human rights webinars. In 2017, UNAIDS organized a webinar for its staff on the Agenda for Zero Discrimination in Health-Care Settings. It also organized joint webinars on rights-based monitoring and evaluation of national HIV responses with OHCHR, and on the Fast-Track approach and Human Rights with the Global Fund. Cosponsors are also working with governments in East Asia and the Pacific to develop tools and guidance and to use them in the training and education of health-care professionals.
35. UNAIDS, along with Cosponsors such as the UN Development Programme (UNDP), the UN Population Fund (UNFPA), UNODC and WHO, has developed "In Reach" training to increase UN staff capacity to support key populations. The training workshops sensitize UN staff and introduce them to approaches for working with key populations. The trainings are human rights-based and are designed to reduce cultural barriers and stigmatizing attitudes UN staff may have towards key populations. Trainings have been held in all regions and will be presented to UN country teams as well.

## Enhancing commitment for country action through regional platforms

### Regional leadership to support country action

36. A series of regional activities has been used to engage policy makers in tackling stigma and discrimination against people living with and affected by HIV. In eastern and southern Africa, UNAIDS has mobilized the “African Think Tank on HIV, Health and Social Justice”, a catalyst for countries in the region to identify problem-solving mechanisms and provide leadership in pre-empting and addressing human rights crises. It convenes national dialogues with key stakeholders, including key populations. The dialogues provided a neutral platform for evidence-informed discussions, and have led to the development of a strategic country reflection document to guide national dialogues on advancing social justice.
37. In the Middle East and North Africa, UNAIDS has led a regional campaign on stigma and discrimination and addressing women’s vulnerability, including working with the Regional Global Workforce Alliance, law enforcement agents and regional gender forums (e.g. during a women leaders’ conference in the United Arab Emirates).<sup>31</sup> WHO, in partnership with people living with HIV, led a regional campaign to address stigma and discrimination in the health sector. The #DignityAboveAll campaign, which involved consultations, advocacy outreach and social media activity to influence health policy change, was launched on 1 December 2016. It has been rolled out in 14 countries, including 10 countries that set up committees to propose revised or new policies. In most participating countries, Ministers of Health made public statements, and three countries have already introduced new policies to address stigma and discrimination.
38. The UNAIDS Secretariat mobilized funds from the OPEC Fund for International Development to support the MENA-Rosa Network (a regional network of women living with HIV) to scale up and expand care, treatment, support and prevention services for women living with and affected by HIV. It also supported sub-regional treatment literacy training of trainers for women living with HIV, which focused on strengthening treatment adherence and reducing stigma in health facilities.
39. In Asia and the Pacific, a regional consultation on HIV-related stigma and discrimination in health-care settings was held in May 2017 in Bangkok with support from a coalition of partners, including the UNAIDS Secretariat and UNDP.<sup>32</sup> The aim was to foster cross-regional learning and exchange on regional stigma and discrimination reduction efforts, including promoting evidence-based interventions, and to develop a joint regional platform for a sustainable response to stigma and discrimination in health-care settings.
40. The consultation led to national action plans being developed for the 11 participating countries (Bhutan, Cambodia, India, Indonesia, Lao PDR, Myanmar, Nepal, Pakistan, the Philippines, Thailand and Viet Nam). The action plans were based on the UNAIDS/WHO 2016 *Action plan for zero discrimination in health-care settings*, which notes that eliminating stigma and discrimination in health-care settings requires commitment, collaboration and accountability among countries and all stakeholders.
41. In 2015, UNODC together with the UNAIDS Secretariat and ESCAP organized the third regional consultation on compulsory centres for drug users with the participation of senior representatives of drug control, health and finance agencies from nine countries, including Cambodia, China, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand and Viet Nam. Community representatives from China, Indonesia and Thailand also participated. The meeting adopted a set of recommendations as part of a transition plan towards voluntary, community-based treatment and services for people who use drugs.

42. In 2015–2016, the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), working with UNFPA, WHO and UNODC, developed the *Essential services package for women and girls subject to violence* in 2015. It provides guidance for the delivery of high-quality services for women and girls experiencing violence, particularly in the context of HIV. In 2016–2017, UN Women rolled the package out in Asia and the Pacific.<sup>33</sup>
43. In 2016, UN Women, in collaboration with UNFPA, UNDP and UNAIDS Secretariat, produced regional policy and programme guidance on preventing HIV and gender-based violence in Asia and the Pacific. The document summarizes evidence on HIV and gender-based violence in the region, presents case studies on emerging best practices, and provides advice for collaboration and guidance for advocates, programmers and policy-makers.<sup>34</sup>
44. In Latin America and the Caribbean, UNAIDS supported the development of regional zero discrimination targets which were adopted at the Second Latin American and Caribbean Forum on the Continuum of HIV Care in 2015. It subsequently developed indicators, in consultation with Member States, civil society and other stakeholders, to report on those targets.
45. The First Lady of Panama, Lorena Castillo de Varela, delivered a speech in favour of the zero discrimination agenda at the opening of the 40th meeting of the PCB. Ms Castillo, who is the UNAIDS Special Ambassador for AIDS in Latin America and who advocates for zero discrimination worldwide, said that everybody must have access to essential health and education services without fear of being harassed, mistreated or rejected. She also underlined the progress made in Panama to expand HIV testing services for young people and key populations, such as gay men and other men who have sex with men, transgender people and sex worker. She noted advances made in protecting the rights of women and girls in Panama, for example by increasing the country's minimum marriage age to 18 years.
46. UNAIDS Cosponsors have mobilized their constituencies to act against stigma and discrimination and to expand access to HIV services. The International Labour Organization (ILO) has promoted the private sector's contribution to the 90–90–90 strategy by increasing access to HIV-related services in the workplace. The ILO has also promoted partnerships between the private sector and Ministries of Health to increase access to HIV-related services for mobile and rural populations. HIV testing services, counselling and information, condom access and referrals to treatment are among the services that have been integrated in workplace health promotion programmes, reaching more than 15 000 predominantly female workers. A stigma- and discrimination-free environment is an essential condition for service access.
47. In eastern Europe and central Asia, the UNAIDS Secretariat and Cosponsors have mobilized and enhanced capacities of constituencies to eliminate HIV-related stigma and discrimination, particularly in health-care settings.<sup>35</sup> In 2017, the UN Organization for Education, Science and Culture (UNESCO) and the UNAIDS Regional Support Team partnered on a global campaign, "Make Some Noise", to promote the principle that everyone has the right to be treated with respect and to live free from discrimination, coercion and abuse. The Regional Support Team, working with the UNESCO Institute for Information Technologies in Education and a leading regional social media network, OK.RU, arranged a live broadcast of a meeting in which people living with HIV shared their experiences, with health and education experts professionals joining the discussion. The broadcast had over one million views on the OK.RU social network.

### Civil society engagement

48. Civil society has been at the forefront of the HIV response, demanding access to treatment and other HIV services as a human right, invoking a broad range of human rights and supporting community-led HIV services and outreach. UNAIDS supports civil society organizations in advocacy for law and policy reform through technical assistance and *amicus curiae* interventions in high-profile HIV and human rights cases. In 2016, UNAIDS issued the report *Invest in advocacy*, which highlights community participation in efforts to strengthen accountability around commitments related to the HIV response.<sup>36</sup>
49. For example, in Egypt, the Al Shehab Foundation for Comprehensive Development, the International Development Law Organization and UNAIDS successfully advocated for a person living with HIV who had been dismissed from work for being HIV-positive.<sup>37</sup> The court's directive, issued in February 2016, was that employment is a basic human right for all Egyptian citizens, regardless of their health condition, as long as they can work. The ruling set an important legal precedent for future discrimination cases and is consistent with UNAIDS guidance and the Arab AIDS Strategy (2014–2020).
50. The UNAIDS Secretariat and OHCHR organized an expert meeting in Bellagio, Italy, in February 2017 to link organizations working against the unjust application of criminal laws. Participants came from all regions and included experts from the judiciary, legal field, academia, health practice, international and UN agencies and civil society. They explored ways to remove laws that negatively impact on health and human rights, and debated strategies for addressing the impact of such laws and for challenging the misuse of criminal laws. The meeting resulted in innovative new thinking on how to address discriminatory use of criminal law and identified entry points for action.

### Support for legislative and regulatory processes

51. Members of Parliament have important roles in preventing and addressing HIV-related stigma and discrimination. UNAIDS has worked with parliamentarians to encourage and support them to in acting at the community, national and global levels against HIV-related stigma and discrimination.<sup>38</sup> UNAIDS has also urged parliamentarians to adopt legislation that protects people living with HIV from discrimination. For example, in India in 2017, UNAIDS supported Members of Parliament in the adoption of legislation protecting people living with HIV.<sup>39</sup> At the global level, UNAIDS works closely with the Inter-Parliamentary Union to support the leadership role of parliamentarians in the HIV response.
52. Assessments of HIV-related laws and policies were conducted in Bhutan, Lao PDR and Pakistan, building on collaboration between UNDP, the UNAIDS Secretariat and the United Nations Economic and Social Commission for Asia and the Pacific, which has supported more than 20 countries to address legal and policy barriers to effective HIV responses. UNDP and other Cosponsors and partners assisted 18 countries in sub-Saharan Africa to report results related to the strengthening of legal and policy environments for sexual and reproductive health, HIV and tuberculosis (TB). In Guyana, UNDP and the UNAIDS Secretariat, working with the Ministry of Public Health, facilitated a national dialogue that included other line ministries and civil society organizations. Along with Cosponsors, the UNAIDS Secretariat also supported the development or amendment of relevant laws in Lao PDR, Myanmar, Papua New Guinea, the Russian Federation, South Africa, Tajikistan and Turkmenistan.<sup>40</sup>
53. In the Seychelles, the National Assembly voted in May 2016 to decriminalize consensual adult same-sex sexual activity by removing Section 151 from its Penal Code (Amendment) Act. This followed on a UNDP-supported legal environment assessment,

which strongly recommended decriminalization as a way to strengthen the national HIV response.

54. Among the long-standing examples of discrimination against people living with HIV are restrictions on entry, stay and residence based on a person's HIV-positive status, known as "HIV-related travel restrictions". UNAIDS has actively engaged with governments and other partners to lift these restrictions, which are discriminatory, interfere with human rights principles, and propagate HIV stigma. In recent years, UNAIDS has advocated for the lifting and clarification of laws, policies or regulations on HIV-related travel restrictions for specific groups in China, Northern Cyprus, Republic of Korea and the United Arab Emirates. A global validation exercise of UNAIDS' travel restrictions list is currently underway.

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

#### Guidance on the clinical interventions and critical enablers for key populations

55. When countries adopted the 2030 Agenda for Sustainable Development, they pledged that no one will be left behind.<sup>41</sup> This pledge was reiterated in the 2016 Political Declaration on Ending AIDS.<sup>42</sup> By that point, UNAIDS and Cosponsors had already issued several guidance notes on the clinical interventions and critical enablers that are required to successfully implement programmes for key populations, and had outlined strategies for creating an enabling environment.<sup>43</sup>
56. Stigma, discrimination, punitive laws and violence based on sexual orientation and gender identity exacerbate people's vulnerability to HIV, hinder an effective response to HIV, and violate human rights. In 2015, the Global Forum on MSM & HIV launched, together with the UNAIDS Secretariat, the Global Platform to Fast-Track HIV responses among gay and other men who have sex with men. The Platform allows members to provide strategic advice to UN agencies, major donors and other stakeholders on the HIV programme needs and priorities of gay and other men who have sex with men.
57. Sex workers face high levels of stigma and discrimination, and are at high risk of violence and HIV infection, vulnerabilities that often are compounded by sex work-related laws. Sex workers are frequently shamed and blamed for acts of violence committed against them by police, clients, family, health-care providers and employers, and they tend to be poorly served by HIV services.
58. UNAIDS supports sex worker organizations in many countries to advance their human rights and access to HIV services.<sup>44</sup> UNFPA supported community-led services for sex workers in Nepal, Philippines and Viet Nam. In Mongolia, a series of behaviour change communication activities were implemented among female sex workers, including dissemination of information and education materials on HIV and sexual and reproductive health. These enabled sex workers to enrol in community-based testing and treatment services. Similar activities in Pakistan sensitized more than 1,000 sex workers on sexual and reproductive health rights, while the "Love9" programme was used in Cambodia from 2013 to 2016 to educate female entertainment workers about family planning and HIV. UNFPA implemented the programmes in partnership with sex worker civil society organizations.
59. People who inject drugs remain a target of punitive laws and law enforcement, as well as violence, and are at very high risk of HIV infection: the estimated number of new HIV infections among people who inject drugs increased by 33% from 2011 to 2015. Punitive laws, policies and practices, including high rates of incarceration, block access to evidence-based harm reduction services. People who inject drugs, especially women,

are vulnerable to violence in the context of high levels of stigma and discrimination. Women who inject drugs can also be victims of other human rights violations, including coerced sterilization and abortion.

60. Evidence supports a shift in the global approach to drug use. The 2016 UNAIDS *Do no harm: health, human rights and people who use drugs* report documented the kinds of actions that are effective for reducing the risk of HIV and other harms related to drug use. UNODC, together with UN Women, WHO and the International Network of Women Who Use Drugs, published a short practical guide to address the specific needs of women who inject drugs in 2016.<sup>45 46</sup> In 2016, UNODC together with the International Network of People Who Use Drugs, the UNAIDS Secretariat, UNDP, UNFPA and WHO developed an implementation guide for collaborative approaches to support the leadership role of people who inject drugs in advancing human rights, addressing stigma and discrimination, and advocating for legal reform.<sup>47</sup>
61. A series of implementation tools have been developed to guide programmes on HIV, sexually transmitted infections and viral hepatitis C for sex workers, gay and other men who have sex with men, transgender people and people who inject drugs.<sup>48 49 50 51</sup> The tools were developed with affected constituencies, and with the support of researchers, service providers, nongovernmental organizations and UN agencies, including UNFPA, UNDP, WHO and the UNAIDS Secretariat. The tools summarize best practices for rights-based programmes that can ensure non-stigmatizing, non-discriminatory ways of reducing HIV risk and impact. They focus on addressing violence and other human rights abuses and on ensuring that quality, holistic services are delivered by nonjudgmental service providers. Community empowerment and support for community-led approaches lie at the heart of the normative guidance.
62. Prisons and other closed settings are associated with high risks for the transmission of infectious diseases, including HIV and viral hepatitis (through sharing injection equipment for drug use, unsafe sex or unsafe medical practices), and with limited access to health services that are often poor quality as well. A weak legal framework, along with stigma and discrimination against incarcerated persons and ex-prisoners are among the reasons for poor access to HIV prevention and treatment services, both in prison and after release.
63. In 2015, UNODC organized a global consultation on HIV prevention, treatment, care and support in prisons and other closed settings to promote access to evidence-based health services. UNODC supported Member States in developing revised UN standard minimum rules for the treatment of prisoners and detainees. The UN General Assembly adopted a revised version, known as “The Nelson Mandela Rules”, in December 2015.<sup>52</sup> It also addresses HIV services.
64. UNODC provided support to 10 countries in eastern and southern Africa, as well as Moldova, Ukraine and Viet Nam, to increase access to a comprehensive package of interventions for HIV in places of incarceration.<sup>53</sup> For example, supported by UNODC, Viet Nam initiated a pilot methadone service in a prison in 2015. Nepal adopted a new prisons health policy along with comprehensive standard operating procedures on HIV in prisons, based on UNODC’s comprehensive package.
65. In May 2017, at the 26th session of the Commission on Crime Prevention and Criminal Justice, Member States adopted a resolution encouraging them to ensure access to measures for the prevention of mother-to-child transmission of HIV in prisons.<sup>54</sup>



### Other marginalized groups

66. Stigma and discrimination against people with disabilities may lead to them being turned away from sexual and reproductive health services, considered a low priority for assistance or denied health information they need. In addition, all key populations include people with disabilities, many of who experience multiple forms of stigma and discrimination in all walks of life, including health, education, work and the justice system. This applies particularly to women and girls with disabilities, who experience double discrimination based on gender and disability.
67. In August 2017, the UNAIDS Secretariat issued a reference paper on disability and HIV, which includes a framework and opportunities for action that improves access to HIV services and mainstreams disability-related actions in all sectors.<sup>55</sup>
68. Stigma and discrimination increase the vulnerability of young people to HIV. PACT, a coalition of more than 25 youth organizations and networks working on HIV and supported by UNAIDS, launched a youth-led political campaign to address this reality in 2017. The campaign aims to increase awareness of the causes of risk and vulnerability that jeopardize young people's health and that hinder their access to HIV and sexual and reproductive health services. The campaign continues until the end of 2020 and focuses on three strategic areas: challenging harmful legal and policy barriers; supporting youth participation in the HIV response; and strengthening innovative partnerships between networks of young people.
69. The International Federation of Medical Students Associations issued a *Declaration of commitment to eliminate discrimination in health-care settings* at the 2016 World Health Assembly. As part of the #uproot agenda, the Federation entered into a Memorandum of Understanding with youth-led organizations and networks of young people living with HIV and of young key populations, with the support from UNAIDS. The memorandum defines joint activities aimed at the elimination of discrimination in health-care settings. The Federation, one of the world's oldest and largest student-run organizations, represents and engages with a network of 1.3 million medical students from 136 national member organizations in 127 countries.
70. Humanitarian emergencies have a disproportionate impact on vulnerable people. Key populations and other marginalized groups are often less able to cope with emergency-related shocks. The PCB devoted the thematic segment of its October 2015 session to HIV in emergency contexts. A year later, in November 2016, the UN Secretary-General addressed a letter to the President of the Security Council on the implementation of UN Security Council Resolution 1983 (UNSCR 1983), which had been adopted on 7 June 2011. That resolution had called for urgent and coordinated international action to curb the impact of the HIV epidemic in conflict and post-conflict situations. In January 2017, the Department of Peacekeeping Operations and UNAIDS published a progress report on the implementation of the resolution.

### **III. ADVANCING IN-COUNTRY CAPACITY TO REDUCE STIGMA AND DISCRIMINATION FOR PLHIV AND OTHER KEY POPULATIONS**

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

71. Measuring HIV-related stigma and discrimination is essential to understand the scale of the problem and its impact on people's lives. However, it is a difficult task due to limited quantitative data on the impact of punitive legal environments, stigma and discrimination on funding for, and access to HIV services.

72. To close that gap, UNAIDS published the *Confronting discrimination* report in October 2017. It compiles the latest evidence on stigma and discrimination in health-care settings and its impact on HIV prevention, testing and treatment. It also documents best practices for confronting stigma and discrimination, which are a valuable resource for programme managers, policy-makers, health-care providers and communities.
73. As indicated in the 2011 and 2016 Political Declarations, the success of an HIV response should be gauged by the achievement of clear, time-bound targets. That calls for careful monitoring of progress in implementing commitments, all of which have to be reported annually by the UN Secretary-General. Those reports allow for identifying challenges and constraints, and for recommending remedial actions. The 2017 *Global AIDS Monitoring report* is the first such report of the SDG era. It reports on the HIV monitoring framework for 2016–2021 and on specific indicators for stigma and discrimination against key populations. The aim is to improve the quality and consistency of data collected at country level, and to enhance the accuracy of analysis at national, regional and global levels.<sup>56</sup>
74. UNAIDS, in partnership with the Global Network of People Living with HIV and the International Community of Women Living with HIV/AIDS, continues to support the implementation of the People Living with HIV Stigma Index. The Index is a research methodology developed by and for people living with HIV to identify and assess trends in the stigma and discrimination they experience, and to inform advocacy and programming activities. The Index is currently being revised, based on lessons from its initial implementation, with the revised version expected at the end of 2017.<sup>57</sup>

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

#### Seven key human rights programmes

75. Since 2012, UNAIDS has advocated for seven key programmes to address stigma and discrimination and increase access to justice.<sup>58</sup> Essential for every HIV response is the reduction of stigma and discrimination against people living with HIV or at risk of HIV infection. The seven programmes focus on:
- Stigma and discrimination reduction;
  - HIV-related legal services;
  - Monitoring and reforming laws, regulations and policies relating to HIV;
  - Legal literacy (“know your rights”);
  - Sensitization of law-makers and law enforcement agents;
  - Training for health-care providers on human rights and medical ethics related to HIV; and
  - Reducing discrimination against women in the context of HIV.
76. HIV programmes should address the actionable causes of stigma and discrimination, and should empower people living with and vulnerable to HIV. Research shows that the main actionable causes are: (a) ignorance about the harm of stigma; (b) continuing irrational fears of infection; and (c) moral judgments. Programmes can address the causes in a variety of ways: community interaction and focus group discussions; use of media; engagement with religious and community leaders, and celebrities; inclusion of non-discrimination as part of institutional and workplace policies; measuring of HIV-related stigma, including through the HIV stigma index; and peer mobilization and support developed for and by people living with HIV.<sup>59</sup>

77. UNAIDS is supporting countries to implement and scale-up the seven human rights programmes in country HIV responses.<sup>60</sup> With UNAIDS engagement and guidance, the Global Fund's catalytic funding for human rights was structured around the programmes. Using a matching funds requirement for countries, the catalytic funding is also leveraging greater domestic investment in human rights. Baseline assessments are being conducted in 20 countries and follow-up evaluations are planned. The analysis will facilitate building the evidence base on how programmes that support human rights also contribute to improved access and use of health and HIV services.

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

### Stigma and discrimination in health care

78. In the context of the UNAIDS Secretariat and WHO led the Agenda for Zero Discrimination in Health-Care Settings.<sup>61</sup> UNAIDS organized a side-event at the 2017 World Health Assembly on mobilizing global action to stop discrimination in health care, while representatives of governments, international organizations and civil society called for intensified joint efforts to eliminate discrimination in health-care settings. Participants also committed to championing the Agenda.

79. Through its analytical work, the World Bank is contributing to reducing HIV-related stigma and discrimination in health care. For example, the World Bank supported a study in Uganda on how access to information may improve the quality of health-care services and health outcomes. The study found that health education could significantly reduce HIV stigma.

80. WHO has managed a 10-month campaign, "Dignity Above All", across its Eastern Mediterranean Region to mobilize communities, health-care workers and policy-makers to ensure that all people living with HIV can access quality care and treatment without stigma and discrimination. In Egypt, WHO supported the Government to develop a national policy to address stigma and discrimination in health-care settings. The policy affirms the right of people living with HIV to health care, and emphasizes the ethical duties of health-care providers to provide adequate and equitable care.

81. In 2014–2015, UN Women commissioned a global review of HIV treatment access for women, and presented the findings and recommendations at the 2016 International AIDS Conference. A global reference group of women living with HIV led the design of the review and guided the process, which engaged over 200 women living with HIV from 17 countries. The findings revealed gaps in sex-disaggregated data collection and persistent gender-related barriers in women's treatment access and adherence across their lifecycle. Stigma and discrimination were identified as key barriers. Other barriers included: violence and the fear of violence; poor treatment literacy; lack of access to or control over resources and care responsibilities; fear of disclosure, and of HIV-related employment refusal or dismissal; and punitive laws. Several enablers were also identified, including peer support. The final report is expected at the end of 2017.

### Stigma and discrimination in the workplace

82. The ILO provided tailored support to 18 countries to protect the rights of workers living with HIV, Fast-Track the uptake of voluntary HIV testing and counselling, reduce stigma and discrimination, and introduce HIV-related legal and policy reforms. The latter focused particularly on non-discrimination policies, drafting anti-stigma national strategies, and providing legal aid services to workers who may be vulnerable to discrimination.

83. Numerous countries have acted. In Nigeria, the joint UN country team on gender, human rights and key populations provided technical input to the draft *National HIV stigma reduction strategy*, which was published in 2016. In South Africa, the ILO contributed to a publication on HIV and the law, *The South African National AIDS Council stigma and discrimination booklet*. In Uganda, the ILO, with the Ministries of Gender, Labour and Social Development, supported finalization of the draft *HIV non-discrimination regulations in employment*. In Swaziland, the ILO, UNAIDS Secretariat and UNDP supported the revision of the *Public sector HIV/AIDS coordinating council workplace policy framework*, while the ILO's *Recommendation 200: HIV and the world of work*, aims to ensure safe and non-discriminatory workplace practices for all, including people living with HIV.<sup>62</sup> *Recommendation 200* is also applicable to sex workers' right to safe working conditions, an issue that is addressed in other guidance, as well.<sup>63</sup>
84. In 2015–2017, UN Women has helped improve sustainable livelihoods for women living with HIV by facilitating their access to and control over economic resources. For example, a UN Women Fund for Gender Equality grantee in the Republic of Tanzania developed the business skills of more than 3,000 rural women in 2016, enabling them to launch their own small businesses, increase their decision-making powers in households and communities, and access legal support and HIV services. In Uganda in 2016, a series of entrepreneurship trainings developed and delivered by UN Women equipped young women living with HIV with basic social and economic skills. The training has been accompanied by ongoing mentorship and supportive supervision. As a result, groups of women living with HIV have started their own businesses and are accessing additional government support for entrepreneurs. UN Women expanded these business development trainings to more young women in 2017.

#### Stigma and discrimination in the education sector

85. Stigma and discrimination continue to affect learners and educators living with or affected by HIV. Children and young people from marginalized or key populations also experience discrimination in some educational settings. Schools that are not safe or inclusive violate the right to education (as enshrined in the United Nations Convention on the Rights of the Child) and contravene the Convention Against Discrimination in Education. In 2015–2017, the UNAIDS Secretariat, UNESCO, UNFPA and UN Women continued to promote the scale-up of comprehensive sexuality education, which includes education on HIV-related stigma and discrimination.

#### Faith-based organizations and religious leaders

86. UNAIDS works with a range of faith partners to address stigma and discrimination through the “Framework for Dialogue” tool, which the UNAIDS Secretariat developed in partnership with the Global Network of People Living with HIV, the International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS, and The World Council of Churches Ecumenical Advocacy Alliance. The tool uses as a starting point the data from the national Stigma Index report, which inform the dialogues. In the past year, the Framework has been used at national and district levels in Kenya (where an impact evaluation was conducted) and in Ethiopia, Malawi, Myanmar, Thailand and Uganda.
87. UNAIDS has also worked with faith partners on a call to action for strengthened language in the Political Declaration on Ending AIDS, and on a religious leaders' HIV testing campaign which led to more than 1,500 religious figures from different faiths taking an HIV test and encouraging their followers to do the same.

## **Community settings**

88. Community-led service delivery and peer support is important for increasing access to services and addressing the effects of stigma and discrimination in health facilities. Community-led service delivery can also offer channels for people to comment on the quality of HIV and other services. By including networks of people living with and affected by HIV in the design, delivery and monitoring of HIV services, community-led approaches lay the groundwork for more effective interventions. Similarly, community mobilization approaches that rely on and strengthen existing community resources can increase awareness of services and human rights, and reduce structural barriers. Peer support models are also effective for reducing self-stigma.
89. Innovative tools, such as “U-Report”, a social messaging tool developed with UNICEF support for engaging young people to speak out, can be a tool for assessing the views and concerns of young people living with HIV. For example, when “U-Report” conducted a poll in 16 countries in June 2016 to examine adolescents’ and young people’s fears around HIV testing, it found that 48% of the nearly 40 000 respondents said social stigma was their biggest fear.<sup>64</sup>
90. In 2015–2017, UN Women continued supporting and mobilizing young women advocates to define a common agenda and participate in HIV policy and programming at global and regional levels. For example, UN Women in 2016 facilitated opportunities for young women advocates to engage and influence several inter-governmental processes, including the 60th session of the Commission on the Status of Women and the development of the 2016 Political Declaration on Ending AIDS. With UN Women and UNAIDS support, young women advocates, including those living with HIV, engaged in the first-ever Commission on the Status of Women Youth Forum held in 2016. UNAIDS supported the development of the Youth Forum HIV and Sexual and Reproductive Health and Rights Working Group together with young women living with HIV and young women feminists. In the Commission on the Status of Women’s “Youth-Agreed Conclusions”, advocates highlighted the need for spaces for meaningful engagement and organizing by young women living with HIV to work towards ending gender-based violence, removing discriminatory HIV laws, and eliminating discrimination in health-care settings, including the coerced sterilization of young women living with HIV.

### Sensitizing police to HIV and human rights

91. UNDP, in partnership with the Kenya Legal and Ethical issues Network on HIV and AIDS, the National Empowerment Network for People Living with HIV in Kenya and the National AIDS Control Council, held a two-day workshop with the Office of the Kenya Police Service on sexual and gender-based violence and HIV. The training, which attracted more than 65 participants from Nairobi County, was aimed at sensitizing police staff about the legal and policy frameworks surrounding HIV and gender-based violence and at exploring methods the police could use to assist survivors of gender-based violence. It also granted police personnel an opportunity to share their own experiences, and to initiate a community network for reporting cases of violence against persons living with HIV.<sup>65</sup>

## **Building capacity of the judiciary and strengthening access to justice**

### Sensitizing prosecutors and judges to HIV and human rights

92. The UNAIDS Secretariat and Cosponsors have supported efforts to sensitize prosecutors and judges to HIV and human rights. In 2017, UNDP organized a three-day forum on HIV, human rights and the law with African judges. Almost 50 participants,

including 30 judges from 16 countries, attended the Africa Regional Judges Forum on HIV, Human Rights and the Law. Discussions focused on transgender persons and their rights, HIV and tuberculosis in prisons, criminalization of HIV transmission, people who use drugs, and adolescent sexual and reproductive health and rights, as well as child marriage. Relevant cases were shared with participants. A landmark judgement in Malawi on the overly broad criminalization of HIV non-disclosure, exposure and transmission was also examined.<sup>66</sup>

93. From 2014 to 2016, UN Women strengthened alternative dispute resolution mechanisms and community justice systems in Kenya, Nigeria and Uganda, and increased women's legal awareness and literacy in Kenya, Nigeria, the Republic of Tanzania, Uganda and Zimbabwe. In 2016 the UN Women also developed the capacity of community-based organizations, grassroots networks and paralegals to respond and/or refer women living with HIV to appropriate legal and social services in Nigeria, the Republic of Tanzania, Uganda and Zimbabwe. In the Republic of Tanzania, after supporting local paralegals' capacity to address the needs of Maasai women living with HIV, 60 women secured land plots and 20 others submitted applications to obtain land titles in 2016. In Nigeria, also in 2016, UN Women supported the training of law enforcement agents, the judiciary and other justice sector workers on safeguarding and upholding the property and inheritance rights of women living with HIV.

#### Amicus curiae interventions in HIV and human rights cases

94. "Friends of the court" interventions by the UNAIDS Secretariat are important for fostering the consistent application of public health and human rights standards in the context of HIV. The UNAIDS Secretariat has acted as "friend of the court", or *amicus curiae*, in a number of high profile HIV and human rights cases.<sup>67</sup> In 2016, the UNAIDS Secretariat submitted *amicus* briefs to the East African Court of Justice on a Ugandan anti-homosexuality law, to the Kenyan High Court on a case of coercive sterilization, and to the UN Human Rights Committee on mandatory HIV testing for foreign language teachers in the Republic of Korea.

#### Increase access to justice for people living with HIV

95. Improved legal aid and access to justice for persons living with HIV is essential to end stigma and discrimination. In 2015–2016, UN Women improved such access for women living with HIV in China, Malawi, Uganda, Viet Nam and Zimbabwe. For example, in Uganda, in 2016 UN Women mentored 60 cultural and community leaders and 78 women living with HIV in rural areas to identify women's rights violations and gender-based discrimination in the context of HIV. UN Women also developed the capacity of elders involved in informal justice to recognize the HIV-specific needs of women and girls and promote women's rights. This work has resulted in increased trust in informal justice mechanisms at the local level, faster review of complaints, particularly from women living with HIV, and stronger coordination with the formal justice system. In Viet Nam, in 2016 UN Women helped women living with HIV identify gender-specific bottlenecks in access to legal aid, work that resulted recommendations to amend the legal aid law.
96. The UNAIDS Secretariat is supporting the International Development Law Organization to implement a project on building sustainable approaches to reduce discrimination and advance access to justice for people living with HIV and other key populations. The project is designed to strengthen the capacity of university legal clinics to support human rights-based responses to HIV in Uganda, and the United Republic of Tanzania.

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

97. Women and adolescent girls in sub-Saharan Africa are more than twice as likely to acquire HIV than their male peers. Yet many national HIV programmes do not ensure sufficient access to services for women and adolescent girls.<sup>68</sup> Much of the increased risk and vulnerability stems from stigma and discrimination.
98. In consultation with the Global Coalition on Women and AIDS, UNAIDS and UN Women convened a meeting in June 2017 to review strategies to ensure accountability for the commitments to gender equality and women's empowerment in the HIV response. The meeting discussed ways in which the "#TeamWomen" initiative could support such engagements, and identified strategies, mechanisms and opportunities for ensuring fulfilment of the commitments.
99. Eliminating gender inequality requires the engagement and sensitization of men. In 2016, the UNAIDS Secretariat, together with the International Planned Parenthood Federation and Sonke Gender Justice, launched a platform for action on male engagement in the HIV response.<sup>69</sup> In 2016, UNICEF supported the implementation of the Optimizing HIV Treatment Access project in Côte d'Ivoire, the Democratic Republic of Congo, Malawi and Uganda to accelerate treatment initiation for pregnant and breastfeeding women living with HIV. Increased male involvement is a cornerstone of the initiative. Male champions and male-led study circles were set up to reduce HIV-related stigma and discrimination against pregnant women and to shift gender norms around family health and care-seeking behaviour. HIV testing and counselling among couples increased after the interventions. Peer support also helped reduce self-stigma and empower pregnant and breastfeeding women to manage their own HIV risk and care needs, as well as that of their infants.

##### **Driving change through women's leadership**

100. In order to drive change through women's leadership, UN Women in 2016 organized a feminist leadership training course for female key populations in Indonesia. Participants developed an action plan and advocacy strategy to achieve gender-sensitive HIV policies and programmes. UN Women also organized a photographic exhibition, "Interpretation of Personal Stories", in 2016 in Kazakhstan to draw public attention to stigma and discrimination as a cause of violence against women, especially those in key populations.
101. UN Women's "Engagement+Empowerment=Equality" effort of 2015–2016 strengthened the leadership capacity of more than 1,000 young women and adolescent girls in Kenya, Malawi and Uganda, including 250 girls and women living with HIV. Through mentoring, capacity building and peer support, young champions assisted in the design and validation of the "All-In" assessments. Within nine months, the young champions reached thousands of young women through outreach activities, as well as social and print media. They now feel more confident in bringing their priorities to the attention of community leaders and other local decision-makers.

##### **Addressing gender-based violence**

102. Due to gender inequities, many adolescents and young women are unable to protect themselves against HIV or access sexual and reproductive health services and HIV services. Violence against women and girls is one of the most prevalent human rights violations in the world. In surveys, one in three women who have been in a relationship report that they have experienced some form of physical and/or sexual violence by their

intimate partner in their lifetime. In some regions, women who have experienced such violence were 50% more likely to acquire HIV than other women.<sup>70</sup> Adolescent girls are especially vulnerable to intimate partner violence.<sup>71</sup>

103. Some of the intimate partner violence experienced by young women occurs within the context of child marriage. A violation of fundamental human rights, child marriage can also severely compromise a girl's development, result in early pregnancy and social isolation, interrupt her schooling, and limit her opportunities for a career and vocational advancement,<sup>72</sup> as well as increase the likelihood of acquiring HIV. El Salvador, Trinidad, and Tobago, and Zimbabwe recently declared child marriage illegal. In 2015, UN Women supported Malawi to adopt the Marriage, Divorce and Family Relations Bill ending child marriage, followed by a constitutional amendment raising the minimum age of marriage to 18 years in 2017. In addition, it is estimated that on average one in four young women have experienced some form of sexual violence in childhood, with less than 10% of survivors receiving health and child protection services.<sup>73</sup> Trafficking for sexual exploitation and other harmful practices, such as female genital mutilation, also contribute to heightened HIV risk and transmission.
104. The UNAIDS 2016 guidance document on HIV prevention among adolescent girls and young women addresses the scaling-up of community-based and peer-led initiatives to alter harmful gender norms and masculinities. This is intended to increase protective sexual behaviours, prevent partner violence, change inequitable attitudes, and reduce transmission of HIV and other sexually transmitted infections.<sup>74</sup> The guidance document also recommends social protection schemes and cash transfer programmes as ways to increase income and economic opportunities, and reduce the vulnerability of adolescents and young women.
105. The UNAIDS Secretariat, working with a consortium, developed Action Linking Interventions on Violence Against Women and HIV Everywhere,<sup>75</sup> which was piloted in six countries between 2015 and 2017. The framework provides practical guidance on how to integrate and operationalize evidence on the linkages between HIV and violence against women in programmes and national policies. With UNAIDS assistance, the Global Fund has included violence against women programmes in both the human rights catalytic fund and the adolescent girls and young women catalytic fund.
106. WHO led the development of a new, consolidated guideline on sexual and reproductive health and rights of women living with HIV, which were published in 2017.<sup>76</sup> The guidelines cover key issues related to comprehensive sexual and reproductive health and rights-related services and support for women living with HIV. Since women living with HIV face unique challenges and human rights violations related to their sexual lives and reproductive roles, the guidelines emphasize the need for an enabling environment to support more effective health interventions and improved health outcomes.
107. In Haiti, UNAIDS provided technical support to empower young women and men to access sexual and reproductive health services, and tackle gender-based violence (including intimate partner violence) and early pregnancy challenges. Ninety adolescent and youth representatives from three departments attended a series of workshops that provided skills building in advocacy, communication and leadership on HIV, sexual violence and unplanned pregnancies among young girls. In Malawi, UN Women, working with UNAIDS and UNICEF, in 2016 assisted in a court case against a man living with HIV who had publicly admitted to engaging in sexual cleansing practices with 104 women and girls, some as young as 12 years. The man was sentenced to 24 months in November 2016 under the provisions of the Gender Equality Act, which was invoked in court for the first time.



108. In 2016 and 2017, UNESCO focused on strengthening the education sector response to school-related gender-based violence, including violence on the basis of sexual orientation and gender identity/expression. UNESCO has also been leading efforts to strengthen the education sector response to school-related gender-based violence, as co-chair of the Global Partners Working Group on School-Related Gender-Based Violence with the UN Girls' Education Initiative. UNESCO led the development of a global guidance document on preventing and addressing such violence, in collaboration with Germany, Norway, the United States of America and various UN partners. The guidance was published in 2016 and three workshops have been organized since then for UNESCO nonprofit organizations and representatives from 18 African countries.
109. UNESCO and the UN Girls' Education Initiative developed a communications resource for working group members, and co-authored a policy paper with Education for All. At country level, efforts on school-related gender-based violence have led to capacity development for government staff in Zambia, the production of a policy paper and toolkit in India, and the development of curricula and teacher guides in the Russian Federation.
110. In May 2016, UNESCO organized an International Ministerial meeting bringing together Education Ministers from all regions to affirm a call to action on addressing homophobic and transphobic violence in schools, and to launch the report *Out in the open: education sector responses to violence based on sexual orientation and gender identity/expression*. This was first global UN report on the nature, scope and impact of this type of violence. Over 56 countries have affirmed the call to action and follow-up work is ongoing in countries.
111. Ministries of Education from Indonesia and Viet Nam conducted research into these forms violence, while UNESCO and UNDP convened national consultations in China, Indonesia, the Philippines and Thailand. There are plans to develop a regional analysis based on the findings. UNESCO will support a study in education settings in Tamil Nadu, India, on bullying, harassment and discrimination that is linked to sexual orientation and gender identity/expression. In Latin America, a publication and teacher facilitation guide on sexual orientation and gender identity/expression violence in schools was produced. UNESCO is working with the Ministry of Education of Chile on transgender children's rights in schools; lesbian, gay, bisexual, transgender and intersex guidelines for teachers; and comprehensive sexual education curricular improvement. UNESCO also produced a southern Africa regional study on school-related gender-based violence, which generated evidence for improvements in education policies.
112. In 2016, UN Women supported the engagement of women living with HIV in drafting and implementing gender equality strategies and gender-based violence action plans in 14 countries (Argentina, Cameroon, El Salvador, Kazakhstan, Kyrgyzstan, Malawi, Moldova, Paraguay, Peru, United Republic of Tanzania, Tunisia, Ukraine, Uruguay and Viet Nam). In Viet Nam, collaboration between the Women Living with HIV Network and the Government resulted in the adoption of the national thematic project on gender-based violence prevention and response for 2016–2020. The project presented an operational framework to implement the 2016–2020 National Action Plan on Gender Equality. It highlights sexual violence against women in public spaces, identifies specific measures to implement integrated gender-based violence and HIV services, and establishes a multi-stakeholder coordination mechanism.
113. The World Bank contributes directly to gender-based violence prevention programmes through operations such as the Great Lakes Emergency Sexual and Gender-Based Violence and Women's Health Project. World Bank Executive Directors approved US\$ 107 million in financial grants to Burundi, the Democratic Republic of Congo and Rwanda to provide integrated health and counselling services, legal aid and economic

opportunities to survivors of sexual and gender-based violence. This ongoing project aims to strengthen health services for poor and vulnerable women in Africa's Great Lakes region. The International Conference on the Great Lakes Region, an intergovernmental organization with 12 Member States, is receiving support to expand a regional policy response. The project is also strengthening access to much-needed maternal and reproductive health services in Burundi and the Democratic Republic of Congo.

## V. CONCLUSION

114. The legal and human rights dimensions of HIV prevention, testing and treatment programmes must be addressed if the world is to end the AIDS epidemic as a public health threat by 2030. But those efforts must be accompanied also by deliberate actions that improve the environments in which HIV responses operate. That requires confronting HIV-related stigma and discrimination, marginalization, social exclusion, violence and gender inequality.
115. As the world intensifies actions to Fast-Track the HIV response, stakeholders should continue to support and scale-up programmes to reduce stigma and discrimination and increase access to justice. These programmes help realize basic human rights and are critical enablers for the success of HIV prevention, testing and treatment programmes. Despite Member States' repeated recognition of the need to eliminate discrimination and the efforts of some donors to make specific funds available, funding for such programmes remains insufficient and under threat.
116. While this report has documented the extensive efforts of the Joint Programme to address stigma and discrimination, it also shows that much more needs to be done if we are to end the AIDS epidemic by 2030.

## VI. DECISION POINTS

The Programme Coordinating Board is invited to:

117. *Take note* of the report;
118. *Request* the Joint Programme to support Member States and civil society in scaling up programmes to eliminate stigma and discrimination towards people living with HIV and key populations in the context of Fast-Tracking the HIV response;
119. *Request* the Joint Programme to support Member States and civil society in accelerating efforts to create enabling legal and social environments that ensure non-discriminatory access to health services, including for key populations;
120. *Request* the Joint Programme to provide a report at a future meeting of the Programme Coordinating Board.

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