

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

Additional documents for this item: none

Action required at this meeting—the Program Coordinating Board is invited to:

120. *Take note* of the report;
121. *Request* the UNAIDS Joint Program to:
 - a. Support Member States, civil society, networks of key populations and other partners, including national, regional and international human rights institutions and bodies, to set national targets and programmatic indicators to track progress and report impact of stigma and discrimination reduction programmes in routine monitoring and reporting mechanisms;
 - b. Coordinate and increase technical assistance, and develop synergies between the Global Partnership for action to eliminate all forms of HIV related stigma and discrimination and bilateral and multilateral donors and other stakeholders investing in programmes to eliminate stigma and discrimination in all its forms at national, regional and global level;
 - c. Continue to strengthen capacities of civil society, women and adolescent organizations, networks of people living with HIV and key populations at country level to demand discrimination-free services and participate in the design, implementation and tracking of programmes to end discrimination; and
 - d. Report back to the Programme Coordinating Board on progress made on reducing HIV-related stigma and discrimination.
122. *Call on* Member States and donors to:
 - a. Increase political support and investments in the implementation of the key human rights programmes and in the minimum package of evidence based interventions to end HIV related stigma and discrimination faced by people living with and affected by HIV in six settings: health-care, workplace, education, justice, household (communities and families), emergencies and humanitarian; and
 - b. Engage civil society, networks of people living with HIV and key populations in the design, implementation and monitoring of programmes to end discrimination.

Cost implications for the implementation of the decisions: To be determined

TABLE OF CONTENTS

ACRONYMS	4
EXECUTIVE SUMMARY	5
I. INTRODUCTION.....	6
II. OVERVIEW OF HIV-RELATED STIGMA AND DISCRIMINATION WORLDWIDE	7
Evidence of HIV-related stigma and discrimination	7
Forms of HIV-related stigma and discrimination.....	8
Intersecting inequalities, stigma and discrimination.....	9
The impact of stigma and discrimination on targets for ending AIDS.....	10
III. BUILDING ON POLITICAL COMMITMENT TO END STIGMA AND DISCRIMINATION	10
The 2030 Agenda for Sustainable Development.....	10
The 2016 Political Declaration for Ending AIDS	11
UNAIDS' 2016–2021 Strategy	11
Human Rights Council resolutions on human rights in the context of HIV	11
UN human rights treaty obligations and standards.....	12
Regional human rights treaty bodies' recommendations	13
IV. GUIDANCE AND RECOMMENDATIONS FOR COUNTRY ACTION TO END STIGMA	
AND DISCRIMINATION.....	13
Recommendations of the Global Commission on HIV and the Law	13
UN Commitment to end HIV-related stigma and discrimination.....	13
Programming for ending HIV related stigma and discrimination	14
Tools to support country actions for ending stigma and discrimination.....	14
V. UPDATES ON EFFORTS TO END HIV-RELATED STIGMA AND DISCRIMINATION.	15
The Global Partnership for Action to Eliminate HIV-related Stigma and Discrimination	15
Catalytic funding to end stigma and discrimination.....	17
The Joint programme's efforts to support countries to eliminate stigma and	
discrimination.....	18
In health-care settings.....	19
In workplace settings.....	20
In educational settings	20
In the justice system.....	21
In the household: families and communities	23
In emergency and humanitarian settings.....	25
VI. CONCLUSION	25
VII. DECISION POINTS	25
REFERENCES AND NOTES.....	27

ACRONYMS

AIDS	Acquired immune deficiency syndrome
Global Fund	Global Fund to fight AIDS, Tuberculosis and Malaria
Global Partnership	Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination
GNP+	Global Network of People Living with HIV
HIV	Human immunodeficiency virus
ILO	International Labour Organization
LGBT	Lesbian, gay, bisexual and transgender persons
OHCHR	Office of the High Commissioner for Human Rights
PCB	Programme Coordinating Board
SDG	Sustainable Development Goal
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
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

EXECUTIVE SUMMARY

HIV-related stigma and discrimination are among the major obstacles blocking achievement of the goal to end AIDS by 2030. They violate the rights and dignity of people living with, affected by and at risk of HIV, and deny them effective access to HIV prevention, testing and treatment services.

Countries have made several commitments at regional and global levels to end stigma and discrimination, including through legally binding human rights treaties and political declarations.

The Sustainable Development Agenda unequivocally puts equality and non-discrimination and "leaving no one behind" at the core of global development towards 2030. In the 2016 Political Declaration on Ending AIDS, which echoes the UN Sustainable Development Agenda, UN Member States committed to eliminate all forms of HIV-related stigma and discrimination, including violence and abuse against people living with HIV and key populations.

However, countries are slow in realizing their commitments, including effecting changes in their laws, increasing legal literacy and access to justice, and ensuring adequate training and capacities of health-care workers and law enforcement agents to prevent HIV-related stigma and discrimination. Far too many countries still report high levels of violence, stigma and discrimination, and discriminatory laws and policies, including against key populations and women living with HIV.

Leveraging each Cosponsor's comparative advantage, the UNAIDS Joint Programme has supported countries' efforts to eliminate HIV-related stigma and discrimination, with measurable results in regions such as eastern and southern Africa. In other regions, progress has been mixed.

The launch of the Global Partnership for Action to Eliminate all forms of HIV-related Stigma and Discrimination in 2018, the UBRAF country envelopes for 2020–2021 and the Global Fund's unprecedented increase in investments dedicated to human rights programmes create new opportunities—for country action and for harnessing the combined strengths of civil society, governments, UN agencies and donors to tackle stigma and discrimination in a coordinated, targeted and consistent manner.

As the global response moves towards defining a set of targets for 2025, it is vital that countries remove human rights-related barriers to services and scale-up their efforts to end all forms of stigma and discrimination faced by people living with, affected by and at risk of HIV as a basis for achieving the 2030 goal.

I. INTRODUCTION

1. The present Update Report responds to the following decisions by the 41st and 42nd Programme Coordinating Board (PCB)'s meetings:

- **41st PCB's decision related to Agenda Item 5: Update on actions to reduce stigma and discrimination in all its forms**

7.2 Requests 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;

7.3 Requests the Joint Programme to support member states and civil society in accelerating efforts to create enabling legal and social environments that promote non-discriminatory access to health services, employment, justice and education, including for key populations;

7.4 Requests the Joint Programme to provide a report on progress at a future meeting of the Programme Coordinating Board.

- **42nd PCB's decision points related to Agenda Item 8: Follow-up to the thematic segment from the 41st Programme Coordinating Board meeting on zero discrimination in health-care settings**

10.1 Taking note of the background note (UNAIDS/PCB (41)/17.27) and the summary report of the follow-up to the thematic segment of the 41st Programme Coordinating Board on "zero discrimination in health-care settings"

10.2 Recalling decisions 7.2 and 7.3 from the 41st Programme Coordinating Board meeting on actions to reduce stigma and discrimination in all its forms, call on Member States, stakeholders and partners to:

- a. establish and improve measurements to track progress on ending discrimination;*
- b. strengthen and scale up multi-sectoral measures to address all forms of discrimination, including legislative and budgetary measures;*
- c. ensure supportive work environments for health-care workers to reduce discrimination both towards service users and other health-care workers integrating ethics and human rights, such as non-discrimination, free and informed consent, confidentiality and privacy, into pre- and in-service training curricula for health workers.*

10.3 Request the UNAIDS Joint Programme to:

- a. accelerate efforts to develop synergies and links with national, regional and global efforts to reduce discrimination in all its forms, including in health-care settings, and with efforts to achieve relevant Sustainable Development Goals and to leave no one behind in the achievement of those goals;*
- b. support Member States, civil society, networks of key populations and other partners, including national, regional and international human rights institutions and bodies, to integrate the measurement of discrimination in health-care settings into routine monitoring of the AIDS response and to consolidate and disseminate existing evidence on effective programmatic and policy responses to eliminate discrimination in health-care settings;*
- c. strengthen collaboration with the Global Fund and other funding mechanisms and donors to increase investments in programmes to reduce discrimination in health-care settings.*

10.4 Call for Member States and key donors to increase their investments to adequately address discrimination in health-care settings as part of a fully funded global HIV response.

10.5 Report back to the 44th Programme Coordinating Board on the progress made on the measures to track progress on ending discrimination.

II. OVERVIEW OF HIV-RELATED STIGMA AND DISCRIMINATION WORLDWIDE

Evidence of HIV-related stigma and discrimination

2. Evidence based on country reports provided to UNAIDS and other available data show that stigma and discriminatory attitudes towards key populations and people living with and affected by HIV remain extremely high in far too many countries.
3. In 29 of 68 countries with available data between 2013 and 2018, over half of respondents aged 15–49 years said they would not buy fresh vegetables from a shopkeeper living with HIV; in 3 of those countries, more than three quarters said they would not do so.¹ Efforts to dispel the stigma surrounding the epidemic have had a measurable positive effect in eastern and southern Africa, where population-based surveys show lower and declining levels of stigmatizing attitudes in 9 of the 10 countries with sufficient data to track long-term trends. Progress has been mixed in other regions.²
4. In eastern and southern Africa, 20% or more of adults in 4ⁱ of the 13 countries with recent population-based survey said they would not buy vegetables from a shopkeeper living with HIV.³ In western and central Africa, in 9ⁱⁱ of the 18 countries with recent population-based survey at least half of adults said they would not buy vegetables from a shopkeeper living with HIV.⁴
5. In the Middle east and North Africa, available data show that in Egypt and Yemen, for example, nearly 80% of respondents said that would not purchase vegetables from a vendor living with HIV.⁵ In eastern Europe and central Asia, at least 70% of respondents aged 15-49 years in 4ⁱⁱⁱ of the 7 countries with recent population-based survey data said they would not buy vegetables from a shopkeeper who is living with HIV.⁶ In 2016, 60% of countries in the European Economic Area reported that health-care professionals' negative and discriminatory attitudes towards men who have sex with men and people who inject drugs hampered the provision of adequate HIV prevention services for these groups.⁷
6. In the Caribbean, little progress has reportedly been made in reducing misconceptions about HIV and the ensuing stigma and discrimination. For example, when surveyed, two thirds of people in Jamaica said that they would not purchase vegetables from a vendor living with HIV.⁸ In Latin America, at least 30% of respondents aged 15-49 years surveyed in 5^{iv} of 7 countries with recent data said they would not buy vegetables from a vendor living with HIV.⁹

ⁱ The four countries in eastern and southern Africa, in the order from highest to lowest percentage of respondents who said they would not buy vegetables from a shopkeeper living with HIV, are Ethiopia, Angola, Uganda and Mozambique.

ⁱⁱ The nine countries in western and central Africa, in the order from highest to lowest percentage of respondents who said they would not buy vegetables from a shopkeeper living with HIV, are Guinea, Mauritania, Ghana, Benin, Sierra Leone, Guinea-Bissau, Senegal, Liberia and Gambia.

ⁱⁱⁱ The four countries in eastern Europe and central Asia, in the order from highest to lowest percentage of respondents who said they would not buy vegetables from a shopkeeper living with HIV, are Turkmenistan, Kyrgyzstan, Kazakhstan and Tajikistan.

^{iv} The five countries in Latin America, in the order from highest to lowest percentage of respondents who said they would not buy vegetables from a shopkeeper living with HIV, are Guatemala, Colombia, Panama, Paraguay and El Salvador.

7. In Asia and the Pacific, at least 40% of respondents aged 15-49 years in 7^v of 13 countries with recent population-based survey said they would not buy vegetables from a vendor living with HIV. In a few countries, concerted efforts, guided by strong national policies are showing results in reducing stigma and discrimination.¹⁰ Results from two rounds of surveys conducted in Thailand (in 2014–2015 and 2017) indicate progress in reducing HIV-related stigma and discrimination in the country. Nevertheless, 1 out of 10 people living with HIV surveyed in 2017 still report experiencing stigma and discrimination in health-care settings and 1 in 3 said they avoided attending a health facility due to internalized stigma.¹¹

Forms of HIV-related stigma and discrimination

8. Stigma and discrimination manifest in rejection, isolation, denial of opportunities or health-care services, and often violence based on real or perceived HIV status, or membership to a key population.
9. Stigma and discrimination against women living with HIV are also common. Women living with HIV continue to report involuntary sterilization, forced abortions, criminalization of vertical transmission of HIV and other forms of discrimination related to reproductive health. These include being advised not to have children, as well as inappropriate or abusive treatment and denial of care during labour. In 22 of 30 countries with available data, more than 10% of women living with HIV reported that a health-care professional had coerced them regarding methods of giving birth, because of their HIV status.¹²
10. Stigma and discrimination are also commonplace in the world of work. Findings released in 2018 by GNP+ and ILO based on surveys carried out on more than 100 000 people living with HIV in 13 countries indicate higher than average unemployment levels among people living with HIV.¹³
11. Large proportions of people living with HIV are unemployed, ranging from 7% of those surveyed in Uganda to 61% in Honduras. Ten of thirteen countries with these data recorded unemployment rates of 30% or higher among people living with HIV. These rates were much higher among young people living with HIV. They ranged from 11% in South Korea to 61% in Greece, with some countries recording over 50% unemployment among young people: Fiji (56%), Greece (61%), Honduras (60%) and Timor-Leste (50%). In all countries with survey data, unemployment rates among transgender people living with HIV and women living with HIV were high.¹⁴
12. Several countries have laws, policies and practices that institutionalize and reinforce stigma and discrimination against marginalized groups living with and affected by HIV, including criminalized populations. Data reported to UNAIDS in 2019 show that at least 48 countries and territories still have laws and regulations imposing mandatory HIV testing and HIV status disclosure as part of requirements for entry, residence, work and/or study permits. Thirty of those countries and territories still impose bans on entry or stay and residence based on HIV status, and 19 deport non-nationals on the ground of their HIV status.
13. Perceived, potential or actual HIV transmission, as well as non-disclosure of HIV-positive status, is still criminalized in 86 jurisdictions around the world. At least 11 countries and

^v The seven countries in Asia and the Pacific, in the order from highest to lowest percentage of respondents who said they would not buy vegetables from a shopkeeper living with HIV are Mongolia, Myanmar, Philippines Afghanistan, Timor-Leste, Pakistan and Lao People's Democratic Republic.

territories prescribe the death penalty for drug offences, while 98 countries criminalize some aspect of sex work. Four countries report that people can be prosecuted or punished for carrying condoms. Sixty-eight countries criminalize consensual adult same-sex sexual relations, with the death penalty being an option in 10 of them.

14. Experiencing violence, including verbal and physical abuse, is common among people living with, affected by or at risk of HIV. Surveys and studies show that large percentages of key populations are victims of physical and sexual violence. Among the 36 countries with recent data, more than half of sex workers in 8 countries reported experiencing physical violence, and in 2 countries, at least half of them reported experiencing sexual violence.¹⁵ In 4 of 17 countries with recent data, more than 1 in 5 gay men and other men who have sex with men reported experiencing sexual violence.¹⁶ Physical and sexual violence were also reported by large percentages of transgender people, including, from highest to lowest, in the city of Beirut (Lebanon), in Argentina and Jamaica.¹⁷
15. People who use drugs also face an elevated risk of violence. For example, more than half of people who inject drugs surveyed in Pakistan reported that they had experienced physical violence in the previous 12 months. In a country in Asia, coercive efforts to address drug trade has resulted in thousands of extrajudicial killings^{18 19}. Women who use drugs report particularly high rates of both gender-based violence and police abuse. A 2016 study in Kyrgyzstan found that 60% of surveyed women who use drugs reported experiencing physical or sexual violence in the previous year.²⁰
16. Stigma and discrimination also take the shape of the outright omission of interventions for certain populations from national programs and plans. For example, a UNHCR-led assessment of 63 countries which hosted at least 5 000 refugees found that only 23 of the countries (5 of them Fast-Track countries) included interventions for refugees living with, affected by or at risk of HIV in their national strategic plans on HIV.

Intersecting inequalities, stigma and discrimination

17. Stigma and discrimination against key populations—chiefly sex workers, people who inject drugs, transgender persons, and gay men and other men who have sex with men—takes many forms, including violence, exploitation, denial of economic opportunities and access to health and other services, and the creation of a climate of fear that is sustained by the threat of criminal punishment. Among gay men and other men who have sex with men surveyed in 17 countries, for example, the percentage who had experienced physical violence in the previous 12 months ranged from 2.6% in Colombo (Sri Lanka) to 62% in Kampala (Uganda).²¹
18. When key populations avoid seeking health care due to mistreatment and harassment at health-care facilities, they face increased risk of HIV infection and other health threats. In Zimbabwe, for instance, where sex work is illegal and highly stigmatized, sex workers are at extremely high risk of HIV infection, with estimated incidence as high as 10% per year and HIV prevalence estimated at 58%.²² People who use drugs also experience high rates of viral hepatitis and tuberculosis in many parts of the world. Combined with preventable overdose deaths, those infections are claiming hundreds of thousands of lives each year. Young key populations are disproportionately affected, with stigmatization in family, community and educational settings.
19. Stigma and discrimination particularly affect women and adolescent girls living with HIV. Gender inequality systematically disadvantages women and girls across many spheres of life, exposing them to greater risks of HIV infection and increased risk of stigma, discrimination and gender-based violence. Many women living with HIV face multiple

and intersecting forms of inequality and discrimination on the basis of age, race, ethnicity, disability, sexual orientation and/or socioeconomic status.

20. It is estimated that almost 30% of women globally experience physical or sexual violence by an intimate partner at least once in their lifetime.²³ Such violence does great physical and psychological harm and can undermine women's ability to insist on safer sex or to benefit from HIV prevention, testing and treatment interventions. In some regions, women who experience intimate partner violence are 1.5 times more likely to acquire HIV than women who have not experienced such violence.

The impact of stigma and discrimination on targets for ending AIDS

21. In addition to violating people's human rights, stigmatizing attitudes and discriminatory practices obstruct efforts to reach people living with HIV with services to achieve the 90–90–90 treatment targets. For example, transgender women in Argentina who had previously experienced discrimination in health-care settings were three times more likely to avoid services than transgender women who had not experienced such discrimination.²⁴
22. Gender-based violence, especially intimate partner violence, increases the risk of HIV infection and is associated with reduced treatment access, treatment adherence and viral suppression rates.²⁵ Punitive and discriminatory laws and harsh policing also hinder access to HIV prevention, testing, treatment and care. In about half of countries with available data, HIV treatment coverage among sex workers and people who inject drugs is lower than among the overall adult population of people living with HIV.²⁶
23. In addition to the negative impact of stigma and discrimination on people's well-being and on public health, other harms are done as well. Key populations, for example, often have limited access to formal employment opportunities and to social protection schemes. In the words of a worker living with HIV and participating in an ILO-supported workplace programme in India: "If you take away our jobs, you kill us faster than the virus. Work is more than medicine to us".

III. BUILDING ON POLITICAL COMMITMENT TO END STIGMA AND DISCRIMINATION

24. UN Member States have made political commitments and agreed to be bound in international human rights law to end HIV-related stigma and discrimination.

The 2030 Agenda for Sustainable Development

25. The 2030 Agenda for Sustainable Development is the framework which UN Member States have agreed to as a basis for mobilizing efforts to end all forms of poverty, reduce inequalities and tackle climate change, while ensuring that no one is left behind.
26. The Millennium Development Goals (MDGs) had served as a proxy for certain economic and social rights but had ignored other important human rights linkages.²⁷ The Sustainable Development Goals (SDGs), however, powerfully express crucial human rights principles and standards. The SDGs are well-grounded in the principles of equality and non-discrimination and reflect a commitment, across the development agenda, not to leave anyone behind.²⁸
27. In SDG 3, which pertains to good health and well-being, countries have committed to end AIDS by 2030 (SDG 3.3). In addition, several other SDGs are relevant to the HIV epidemic and response, while the epidemic and response, in turn, has an impact on their realization. They include SDG 1 (end poverty); SDG 2 (end hunger); SDG 3 (ensure

healthy lives); SDG 4 (ensure quality education); SDG 5 (achieve gender equality and women's empowerment); SDG 8 (promote economic growth); SDG 10 (reduce inequality); SDG 11 (make cities safe and resilient); SDG 16 (promote peaceful and inclusive societies) and SDG 17 (strengthen means of implementation).

The 2016 Political Declaration for Ending AIDS

28. In the 2016 Political Declaration on HIV and AIDS,²⁹ UN Member States acknowledged a series of barriers that block the successful and equitable delivery of HIV prevention, treatment care and support programmes to people living with, affected by and most at risk of HIV. Those barriers include stigma and discrimination based on HIV status or related to gender, age and other status, as well as laws that 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).
29. UN Member States committed to ensure the elimination of stigma and discrimination from the provision of HIV information, education and services, including in health-care settings. They committed to address violence, stigma and discrimination against people living with, at risk of or affected by HIV, including by ensuring that they know their rights and can access justice and legal services. They also committed to review laws that perpetuate stigma and discrimination, to eliminate gender inequalities and to end all forms of violence and discrimination against women and girls.

UNAIDS' 2016–2021 Strategy

30. The UNAIDS 2016–2021 Strategy is aligned with the SDGs and contributes directly (SDG 3.3) or indirectly to several other SDGs and to the wider SDG Agenda of leaving no one behind. The Strategy identifies human rights, gender equality and the elimination of stigma and discrimination as vital strategic directions for ending AIDS, along with HIV prevention and treatment. It addresses inequalities in terms of access to HIV services and aims to ensure that youth, women and girls and key populations have adequate access to tailored services. It also addresses social and structural barriers that increase susceptibility to HIV or block access to services, including stigma and discrimination.
31. The Unified Budget Result and Accountability Framework, which operationalizes UNAIDS' Strategy, devotes Strategy Result Area 6 to the removal of "punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV", using a three-pronged approach:
 - HIV-related legal and policy reforms are catalysed and supported (SRA 6.1);
 - national capacity to promote legal literacy, access to justice and enforcement of rights is expanded (SRA 6.2); and
 - constituencies are mobilized to eliminate HIV-related stigma and discrimination in healthcare and other settings (SRA 6.3).

Human Rights Council resolutions on human rights in the context of HIV

32. As the UN's highest political body for the protection and promotion of human rights, the Human Rights Council (formerly the UN Commission on Human Rights) has played an important role in crystallizing human rights standards in the HIV response. It has adopted seven resolutions related to the protection of human rights in the context of HIV,³⁰ through which it has elaborated States' obligations, based on public health and human rights standards, scientific evidence and the challenges for ending AIDS.

33. In its latest resolution on human rights in the context of HIV, dated July 2018, the Human Rights Council recognizes that addressing stigma, discrimination, violence and abuse against all persons living with, presumed to be living with, at risk of, or affected by HIV is critical for ending the AIDS epidemic. It urges States:
- to ensure that health-care settings and other settings and services, including social protection, are free from discrimination;
 - to bring their laws, policies and practices, including their strategies, fully into compliance with their obligations under international human rights law, including non-discrimination; and
 - to address the multiple and intersecting forms of discrimination which key populations, including migrant and mobile populations, refugees and crisis-affected populations, experience in the context of HIV.
34. Recalling the Commission on the Status of Women's resolution on Women, the Girl Child and HIV and AIDS,³¹ the Human Rights Council also called on States to address gender inequality and harmful gender norms that impact the HIV response. The UNAIDS Secretariat provided technical guidance to the core group which tabled the resolution before the Human Rights Council (Brazil, Colombia, Mozambique, Portugal and Thailand), while UN Women held a social forum on HIV, women and girls at the margins of the process.
35. In its resolution, the Human Rights Council requested OHCHR and UNAIDS to undertake a consultation on regional and sub-regional best practices to promote human rights in the HIV response. The consultation took place in February 2019 in Geneva, bringing together academia, representatives from civil society, governments and from regional and sub-regional bodies to discuss best practices. The report was presented at the 41st session of the Human Rights Council. It highlighted best practices for the removal of stigma and discrimination, including for the removal of certain criminalizing laws and for ensuring sustainability of funding.

UN human rights treaty obligations and standards

36. The Universal Declaration of Human Rights was adopted by the UN General Assembly more than 70 years ago and proclaims a common standard of achievement for all peoples and all nations. It acknowledges that all human beings are born free and equal in dignity and rights and that they are entitled to the enjoyment of all human rights without any distinction of any kind such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.
37. Subsequent to the Universal Declaration of Human Rights, nine core international human rights treaties were adopted to craft legally binding obligations on States to respect, protect and fulfil human rights, including the right to equality and non-discrimination and the right to the enjoyment of the highest attainable standard of health.³²
38. UN human rights treaty monitoring bodies and special mechanisms have interpreted the human rights standards related to HIV and the content of the obligations assumed by States as party to human rights treaties.³³ The Committee on Economic, Social and Cultural Rights, for example, has affirmed the human right to non-discrimination based on health status, including HIV status, generally³⁴ and specifically at work,³⁵ in the field of education³⁶ and in the enjoyment of the right to health.³⁷

Regional human rights treaty bodies' recommendations

39. Regional human rights treaty bodies have also contributed to defining State parties' obligations for human rights in the context of HIV. Based on its promotional mandate, the African Commission on Human and Peoples' Rights has conducted, with support from the UNAIDS Secretariat, a study of the human rights-related challenges to ending AIDS on the African continent. The Commission has issued recommendations for States, based on their obligations under the African Charter on Human and Peoples' Rights.³⁸
40. To address stigma and discrimination in the context of HIV, the African Commission recommends that States:
 - take immediate steps to review and amend laws, policies and practices that allow for discrimination against and criminalization of people living with HIV and members of key populations (including sex workers, people who inject drugs, gay men and other men who have sex with men, and transgender persons);
 - adopt effective measures to prevent and redress human rights violations in the context of HIV, and refrain from discrimination, criminalization or other human rights violations against people living with HIV, key populations and other vulnerable groups;
 - remove legal, policy, social and other barriers that limit the rights of young people, women and girls to access HIV prevention, treatment, care and support services or those that make them more vulnerable to HIV; and
 - take the necessary measures to establish and expand programmes to reduce stigma and discrimination and to expand access to justice in the context of HIV and health.

IV. GUIDANCE AND RECOMMENDATIONS FOR COUNTRY ACTION TO END STIGMA AND DISCRIMINATION

Recommendations of the Global Commission on HIV and the Law

41. The Global Commission on HIV and the Law, convened by UNDP on behalf of the Joint Programme, examined legal and human rights issues in the context of HIV and developed rights-based and evidence-informed recommendations to ensure an effective and sustainable response to HIV. It comprised 14 eminent figures, supported by a technical advisory group of 23 members.
42. The Global Commission recommended that countries repeal punitive laws, enact protective laws to protect and promote human rights, and improve delivery of and access to HIV services for people living with HIV, other key populations and people at risk of HIV. It also recommended that countries develop and implement rights-based HIV-related policies and practices, and that they educate people about their rights and the law, as well as challenge stigma and discrimination in families, communities and workplaces.
43. In the 2018 Supplement to its initial report, the Global Commission stressed the need for governments to repeal or amend any laws or policies that discriminate against people based on their HIV status, including laws that criminalize key populations, HIV non-disclosure, exposure and transmission, and laws that serve to deny entry, restrict their travel within national borders or deport people living with HIV.

UN Commitment to end HIV-related stigma and discrimination

44. In the "Joint UN statement on ending discrimination in health-care settings", 12 UN entities committed to support States to put in place guarantees against discrimination in

law, policies and regulations, and in health-care settings and beyond. They also committed to support the implementation of programmes for ending stigma and discrimination in countries, for example by empowering health-care workers and users of health-care services to claim their rights through legal protection, legal literacy and access to justice.

45. Through the “Global Action Plan for Healthy Lives and Well-being for All” initiative, 8 UN entities as well as other multilateral organizations committed to strengthen collaboration to accelerate country progress on the health-related SDGs. They agreed to jointly advocate for and provide coordinated support to countries to tackle stigma and discrimination that affect access to health care and health outcomes, including through law reform; expansion of social protection systems; financing of policies and programs for women and girls’ empowerment; and enhanced, meaningful engagement of communities and civil society in national fora.

Programming for ending HIV related stigma and discrimination

46. Based on State practices and informed by evidence on HIV programming, UNAIDS recommends that national strategic plans include the following programmes to reduce stigma and discrimination and increase access to justice:
 - broad actions targeting stigma and discrimination;
 - HIV-related legal services;
 - monitoring and reforming laws, regulations and policies relating to HIV;
 - legal literacy (‘know your rights’);
 - sensitization of lawmakers and law enforcement agents;
 - training for health-care providers on human rights and medical ethics related to HIV; and
 - actions targeting discrimination against women in the context of HIV.
47. These programs should be included in national strategic plans for HIV and incorporated as essential activities in operational plans. They should benefit people living with HIV and those vulnerable to HIV infection and be tailored to their needs. UNAIDS also recommends that these programmes are costed with allocated budgets, implemented at sufficient scale and coverage, and monitored, using adequate indicators to measure progress.

Tools to support country actions for ending stigma and discrimination

48. The Joint Programme has developed tools to support country actions for ending stigma and discrimination. The 2012 UNAIDS Guidance Note: “Key programmes to reduce stigma and discrimination and increase access to justice in national HIV responses”, has been the reference for the Global Fund technical briefs to assist applicants in their efforts to expand programmes to remove human rights and gender-related barriers to HIV prevention, diagnosis and treatment services.
49. The 2018 "Gender Assessment Tool: towards a gender transformative HIV response" enables countries to assess their HIV epidemics, contexts and responses in a gender-sensitive manner. This can inform the inclusion of actions in their national strategic plans to reduce gender inequalities and discrimination in the context of HIV. In 2019, 13 countries committed to conduct a gender assessment of their HIV responses, using technical and financial support from the UNAIDS Secretariat.

50. The 2014 "Legal environment assessment for HIV: an operational guide to conducting national legal, regulatory and policy assessments for HIV" offers guidance for assessing national legal and policy frameworks which create barriers to service access and perpetuate stigma and discrimination. In 2019, 10 countries conducted a legal environment assessment for HIV with UNDP's support. These assessments have informed law reforms in Mozambique (where the minimum legal age for marriage was increased to 18 years); Zimbabwe (where key populations were integrated in programme implementation and resource mobilization activities); and Angola (where adult consensual same-sex relationships was decriminalized and tools were developed to reduce stigma and discrimination against key populations in the health sector).
51. The 2017 "Fast-Track and human rights: advancing human rights in efforts to accelerate the response to HIV" publication offers guidance on why and how efforts to fast-track HIV prevention, testing and treatment services can be grounded in human rights. It includes a checklist for drafting and implementing national strategic and operational plans in ways that ensure HIV programmes, services, information and education do not lead to or encourage stigma and discrimination.
52. As part of the Global AIDS Monitoring system, the National Commitments and Policy Instrument (NCPI) monitors country laws and policies related to HIV. The latest full NCPI, which was conducted in 2017, contained 50 questions on policies and strategies related to stigma and discrimination. They included questions on laws, legal protection for key populations, strategies, participation, stigma and discrimination, and parental and spousal consent for accessing services.
53. Since 2018, the Global AIDS Monitoring framework has included seven indicators related to stigma and discrimination. Those are collected through population-based surveys (e.g. Demographic and Health Surveys), integrated biobehavioural surveillance (IBBS) surveys and the People Living with HIV Stigma Index.^{vi} Four accompanying summary measures of stigma and discrimination experienced by sex workers, gay men and other men who have sex with men, people who inject drugs and transgender people related to factors other than HIV are also being developed.
54. The UNAIDS Secretariat's Strategic Information Department is working with an expert task team to develop summary measures of stigma and discrimination, which will provide an overview of the status of stigma and discrimination in a country at a given time.

V. UPDATES ON EFFORTS TO END HIV-RELATED STIGMA AND DISCRIMINATION

The Global Partnership for Action to Eliminate HIV-related Stigma and Discrimination

55. At the 41st meeting of the PCB, the NGO delegation called on countries and the Joint Programme to accelerate the realization of the commitments to eliminate HIV-related stigma and discrimination made in the 2016 Political Declaration on AIDS. It also called for universal respect for human rights, as highlighted in the 2030 Agenda for Sustainable Development.

^{vi} These are Indicator 4.1: Discriminatory attitudes towards people living with HIV; Indicators 4.2A-D: Avoidance of health care among key populations because of stigma and discrimination (four sub-indicators, one each for sex workers, men who have sex with men, people who inject drugs and transgender people); Indicator 4.3: Prevalence of recent intimate partner violence; Indicator 4.4: Experience of HIV-related discrimination in health-care settings.

56. Subsequently, GNP+ (on behalf of the NGO Delegation), UNAIDS, UNDP and UN Women agreed to co-convene the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination (the Global Partnership).
57. The Global Partnership aims to catalyse, accelerate and translate commitments made by governments to end HIV-related stigma and discrimination into measurable policy changes and programmatic interventions across six areas: healthcare, education, workplace, justice, household (communities and families), emergency and humanitarian.
58. The Global Partnership will prioritize actions to address HIV-related stigma and discrimination towards people who are being left behind in the HIV response, including people living with HIV, key populations (gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs), prisoners and other incarcerated people, migrants, and women and girls, particularly adolescent girls and young women.
59. The Global Partnership was launched on 10 December 2018, the 70th anniversary of the Universal Declaration of Human Rights. Since then, the Partnership has proceeded to define its basic architecture, including its objectives and scope, its operational framework of the initiative, its membership and the countries^{vii} of initial focus, and a minimum package of interventions and standards for each of the six settings: health-care, education, workplace, justice, families and communities, emergency and humanitarian settings . The Partnership has also developed:
 - guidelines and requirements for country engagement;
 - a background document; and
 - terms of reference for co-conveners and the technical working group, which comprises 24 civil society organizations, selected by open call, plus 9 UNAIDS Cosponsors and the UNAIDS Secretariat.
60. The Global Partnership has been established from the bottom up, guided by civil society recommendations and needs. In 2018, with policy and financial support from UN Women, GNP+ and the NGO delegation to the PCB successfully led a face-to-face global civil society consultation in Geneva, as well as five regional consultations in Brazil, India, Uganda, Ukraine and the United States. These consultations strengthened civil society ownership and leadership in the process and the resulting recommendations informed the Global Partnership's architecture, priority actions and focus areas.
61. In 2019, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) engaged with and supported the Global Partnership. With UNAIDS support, GNP+ aligned its country consultations with civil society organizations and communities with the multi-stakeholder meetings organized by the Global Fund as part of implementation of the "Breaking Down Barriers" initiative and matching-funds grants on human rights in Côte d'Ivoire, Ghana, Indonesia, Kenya, Senegal and Uganda. The aim was to develop a community engagement strategy for advocacy to prioritize activities to address stigma and discrimination in the six focused settings.
62. The first implementation phase of the Global Partnership began in November 2019 and will continue in 2020. Based on a joint assessment of their readiness, 30 countries from

^{vii} Argentina, Brazil, Central African Republic, Côte d'Ivoire, Democratic Republic of Congo, Ghana, Honduras, Indonesia, Islamic Republic of Iran, Jamaica, Kazakhstan, Kenya, Kyrgyzstan, Laos, Lesotho, Moldova, Mozambique, Nepal, Panama, Papua New Guinea, Senegal, Sierra Leone, South Africa, Tajikistan, Thailand, Tunisia, Uganda, Ukraine, Vietnam and Zimbabwe.

all regions have been invited to join the Global Partnership as part of the first phase. Key criteria for inclusion included implementation of matching-funds grants for human rights from the Global Fund and having UNAIDS Joint Plans that focus on addressing stigma and discrimination in the context of HIV.

63. Governments are required to pledge action for eliminating HIV-related stigma and discrimination in at least 3 of the 6 settings in the first year, with a commitment to expand actions to all areas within 5 years. Governments also need to establish national partnerships with civil society organizations (including organizations of women, communities of people living with HIV, key populations and other populations left behind), UN partners, academia, the private sector, donors and others to implement evidence-based interventions to eliminate stigma and discrimination in those settings.
64. A guidance document for countries based on the latest evidence available on interventions to end stigma and discrimination in six settings has been developed by the UNAIDS Secretariat in consultation with the technical working group of the Global Partnership. This new guidance document titled: “Eliminating all forms of HIV-related stigma and discrimination: A framework for action, accountability, and achieving the aims of the Global Partnership” will be published shortly.
65. In 2019, the Central African Republic became the first country to launch a national partnership for action to end stigma and discrimination that was mobilized around the findings and recommendations of the People Living with HIV Stigma Index survey.

Catalytic funding to end stigma and discrimination

66. As part of regular reporting to UNAIDS, 78 countries reported expenditures data on human rights programmes in the last decade. Only 28 of those countries reported sufficient data to allow for trend analysis.
67. In general, the reported levels of spending on human rights programmes may vary due to dynamics in AIDS funding architecture, while grant cycles play a key role in maintaining the annual levels of expenditures.
68. Many countries have reported increases in spending on human rights programs over the last decade, including Benin, Brazil, Costa Rica, El Salvador, Indonesia, Liberia, Mexico, Mozambique, Republic of Moldova, Kyrgyzstan, Laos, Myanmar and Rwanda. Spending in Brazil increased from USD 9.4 million in 2012 to USD 22.2 million in 2018.
69. Other countries (including Armenia, Bangladesh, Burkina Faso, Ghana, Guatemala, Lesotho and Tajikistan) have reported declines in spending on human rights activities. Burkina Faso reported a 10-fold drop in expenditures compared to 2012, while Ghana reported a decrease by 81% compared to 2011. These declines will have to be assessed further under future national, in-depth resource-tracking exercises. With insufficient data, it is difficult to assess whether the declines were due to grant cycles or whether there have been systematic declines in AIDS spending on human rights programmes in the last decade.
70. Twenty-six countries,^{viii} some of them countries with a high burden of HIV infection, have not reported expenditures on human rights programmes for at least the past five years. A

^{viii} Angola, Belize, Botswana, Burundi, Cameroon, Chad, Colombia, Côte d'Ivoire, Democratic Republic of the Congo, Egypt, Gambia, Haiti, Honduras, Jamaica, Malawi, Mali, Russian Federation, Serbia, Sri Lanka, South Sudan, Thailand, United Republic of Tanzania, Viet Nam and Zambia.

lack of structured AIDS Spending Assessments in many of these countries may be the main reason for the non-reporting of disaggregated expenditures on human rights activities. These countries need a renewed focus on resource tracking exercises to enable future strategic decision-making for financing the HIV response.

71. The Global Fund's catalytic investments on human rights (matching fund grants) and the "Breaking down barriers to access" initiative for scaling up programmes to remove human rights-related barriers to health services have led to unprecedented increases in funding allocations to human rights programming in 20 countries.^{ix} For middle-income countries, this is at least four times more than the previous allocation cycle (2014-2016). For the 20 countries eligible for matching funds, investments have increased more than sevenfold, indicating the importance of matching funds as a driver for increasing human rights-related investments. The total funding has not been measured but it is estimated that US\$123 million of Global Fund funding has been invested to remove human rights-related barriers in the current 2017-2019 allocation cycle. These programmes are aligned with UNAIDS' key recommended programmes for addressing stigma and discrimination.
72. The UNAIDS Secretariat and Cosponsors played a key role in supporting the Global Fund's in-country roll-out of the "Breaking down barriers to access" initiative—from grant application writing and baseline assessments of human rights-related barriers to national multi-stakeholder consultations for the elaboration of five-year country plans.
73. Through the UBRF country envelopes, UNAIDS Secretariat and Cosponsors provided in-country support to catalytic interventions for ending stigma and discrimination. In 2018, 29 countries^x shared a total amount of USD 1.83 million to support catalytic interventions to address stigma and discrimination. In 2019, the Joint Programme's support to 19 countries^{xi} that prioritized amounted to USD 938 000. In addition to UBRF country envelopes, a UNAIDS Technical Support Mechanism was put in place in 2018 to provide high-quality technical assistance for actions to reach the Fast-track targets, including ending stigma and discrimination.
74. In the run-up to setting the 2025 targets, the UNAIDS Secretariat is leading a participatory process for developing HIV programmatic targets, including targets and estimates of resources that are needed globally for ending stigma and discrimination in the 2021–2030 period. A multi-stakeholder steering committee is guiding the process and expert technical inputs are being sought from several consultative thematic groups, including one on social enablers (where tackling stigma and discrimination are priorities). In June 2019, the technical consultation on social enablers was held with civil society, academics, policymakers, donors and UN cosponsors. Meeting participants proposed a list of social enablers and targets for 2025.

The Joint programme's efforts to support countries to eliminate stigma and discrimination

^{ix} Benin, Botswana, Cameroon, Democratic Republic of Congo (province-level), Côte d'Ivoire, Ghana, Honduras, Indonesia (selected cities), Jamaica, Kenya, Kyrgyzstan, Nepal, Mozambique, Philippines, Senegal, Sierra Leone, South Africa, Tunisia, Uganda and Ukraine.

^x Argentina, Belarus, Burkina Faso, Brazil, Cameroon, China, Dominican Republic, Ecuador, Ghana, Haiti, India, Indonesia, Kazakhstan, Kenya, Kyrgyzstan, Liberia, Malaysia, Mozambique, Pakistan, Peru, Philippines, Rwanda, Sierra Leone, Somalia, Tajikistan, Thailand, Uzbekistan, Viet Nam and Zimbabwe.

^{xi} Argentina, Belarus, Brazil, Burkina Faso, Cameroon, China, Dominican Republic, Ghana, Haiti, India, Kenya, Liberia, Malaysia, Moldova, Mozambique, Pakistan, Philippines, Somalia and Thailand.

In health-care settings

75. In 2018–2019, the Joint Programme led or supported empowerment and trainings for building the capacities of health-care workers on human rights, ethics and HIV, including:
 - training 46 health-care workers and technical staff of the national AIDS programme in Pakistan (WHO);
 - training 20 medical students in the Russian Federation (UNAIDS Secretariat);
 - training 35 midwives and nurses in the Democratic Republic of Congo and 268 health professionals in Timor Leste (UNFPA);
 - training 20 health professionals from 7 health facilities in Tajikistan to provide discrimination-free HIV testing and treatment services to women and girls, and 30 health workers from the Chinese Centers for Disease Control and Prevention and hospitals in China (UN Women);
 - training occupational health and safety workers in 20 hospitals in Guangdong and Guangxi provinces in China (ILO with the Ministry of Health and the Chinese Centre of Disease Control); and
 - producing and gaining endorsement from occupational health and safety experts for a policy paper providing recommendations to the Chinese Government on strengthening the protection of occupational health and safety and reducing HIV related discrimination in Chinese hospitals (ILO).
76. In Ho Chi Minh City, Viet Nam, a model based on increased dialogue with the community of people living with HIV was used to train the 300 nurses working at one hospital on stigma and discrimination. The Fast-Track Cities Initiative facilitated the work. In Ukraine, UNFPA developed and used an online course for health-care professionals to reduce discrimination towards key populations and people living with HIV. An interactive map was subsequently developed to inform key populations and people living with HIV of the location of nearby “friendly doctors”. During 2018, 18 doctors completed the pilot online course and registered on the “friendly doctors” platform.
77. In Argentina, with the Joint Programme’s technical support, a manual was developed to integrate human rights, sexual diversity, gender and HIV in the training of health-care workers. The manual has been used in national, provincial and municipal workshops to reduce stigma and discrimination against key populations and people with HIV in healthcare centres.
78. In Zimbabwe, UNDP worked with an advocacy working group to develop an advocacy work plan for the revision of health providers’ training curricula. The objective of the revision is to prevent and address stigma and discrimination in healthcare and improve health care and sexuality education for young key populations in the country. Young key populations, civil society organizations, the National AIDS Commission, the Youth Ministry and the Parliament of Zimbabwe participated in the process.
79. WHO reinvigorated its relationship with civil society by re-establishing a programme of work for 2018–2020 with GNP+. The collaboration includes a focus on supporting countries to reach the 2020 prevention and stigma and discrimination targets set in the Global Health Sector Strategy on HIV 2016–2021.
80. Across eastern Europe and central Asia, UNFPA, in partnership with the International Planned Parenthood Federation European network, developed a programming tool on HIV and sexual and reproductive health and rights of young key populations. Georgia, Kyrgyzstan and Ukraine have started to roll-out the use of the new tool. Several Balkan countries (Albania, Bosnia, Kosovo, Macedonia and Serbia) have developed two-year

action plans for sexual and reproductive health and rights and HIV programs for young key populations based on the tool.

81. The World Bank conducted surveys in Thailand and in seven countries in the Balkans on lesbians, gay, bisexual and transgender persons (LGBT)'s experiences of stigma and discrimination in accessing health-care services. The findings were used to increase the awareness and capacity of public health and other service providers to ensure non-discrimination in health service delivery. They were also used to advocate for the enactment and implementation of legal measures to protect LGBT persons against discrimination in public health settings.

In workplace settings

82. In workplace settings, the Joint Programme has focused on improving evidence on discrimination in the workplace, setting labour standards to address stigma and discrimination, and supporting in-country implementation of existing labour standards that prohibit HIV-related discrimination.
83. In 2018, ILO and GNP+, generated evidence on the extent of HIV-related stigma and discrimination in workplace settings in 13 countries in various regions. In 2019, ILO Centenary Conference adopted the Violence and Harassment Convention (No. 190) and Recommendation (No. 206). Both instruments articulate, for the first time in an international treaty, the right to freedom from violence and harassment in the world of work, including freedom from discrimination. The Convention affirms State parties' obligations to eliminate discrimination in order to prevent and eliminate violence and harassment in the world of work.
84. With ILO's support and advocacy, national strategic guidelines and tools on HIV in the workplace were adopted in the United Republic of Tanzania. In Kenya, a national HIV and AIDS workplace policy, including non-discrimination at work was drafted. The Russian Federation developed and rolled out an Action Plan for implementing programs on non-discrimination and prevention in workplace across the country. In Indonesia, Mozambique and Uganda, employment regulations were reviewed and adopted to emphasize non-discrimination on the basis of HIV at work, in line with international standards. In China, the He'rbutong Training and Education Centre received support to provide legal aid to 100 people living with HIV who had experienced discrimination in the context of work.
85. In order to address stigma and discrimination against LGBT persons in the workplace, ILO began the development of a LGBT Toolbox. The World Bank has introduced trainings on sexual orientation and gender identity for its own staff. The World Bank's initiative is part of the integration of sexual orientation and gender identity issues in its Systematic Country Diagnostic, an exercise that is used to identify a country's most pressing development challenges.

In educational settings

86. The Joint Programme provided support to strengthen actions of national education sectors to prevent and address HIV-related stigma and discrimination in schools. The key entry point was the promotion of quality comprehensive sexuality education programmes, which provide young people with accurate knowledge about HIV and underscore the rights of people living with HIV and key populations.
87. UNESCO, working with the UNAIDS Secretariat, UNFPA, UNICEF, UN Women and WHO, produced the 2018 revised UN Technical Guidance on Sexuality Education. It

provides guidance on content and learning objectives related to HIV treatment, care and support, the rights of people living with HIV, and the prevention of stigma and discrimination. UNFPA is leading the development of guidance on sexuality education for out-of-school settings, which includes a component addressing the needs of young people living with HIV. In the Democratic Republic of Congo, UNFPA worked with trainee teachers and peer educators to sensitize them on the sexual and reproductive health needs of adolescents and young people with disabilities.

88. Through the “Our Rights, Our Lives, Our Future” programme, UNESCO is supporting strengthened provision of comprehensive sexuality education in more than 30 countries in sub-Saharan Africa with the aim of reaching at least 20 million learners by 2022. This includes support to strengthen the capacity of curriculum developers and teachers to deliver more accurate, rights-based content on HIV.
89. Other efforts include strengthening country capacities for the use of HIV-sensitive indicators in national education monitoring and information systems. In Nigeria, more than 400 policymakers were sensitized on the need to monitor the education sector response to HIV. As a result, the National AIDS Council approved the review and integration of these indicators in the national HIV plan. In a 2019 technical brief, UNESCO provided technical guidelines for the inclusion of issues related to sexual orientation and gender identity in surveys in order to improve the monitoring of in-school violence.
90. In eastern Europe and central Asia, UNESCO and the UNAIDS Secretariat have been pioneering innovative edutainment approaches to inform young people about HIV and to promote parent-child dialogue. In Kazakhstan, under the hashtag #NoOneShouldBeLeftBehind, four media projects raised public awareness about people living with HIV and other marginalized people. The campaign reached over 1 million people with messages that help to dispel myths, provide accurate information and challenge harmful prejudices and stereotypes that fuel the HIV epidemic. UNESCO supported the development of a feature-length movie that deals with HIV-related stigma, discrimination and violence experienced in school. The film premiered at the Warsaw and Minsk film festivals and will be widely promoted through social media and other networks.

In the justice system

91. The Joint Programme’s support to country actions to end stigma and discrimination in the justice sector has focused on:
 - leveraging global and regional human rights bodies to set standards on HIV and non-discrimination;
 - advocating for and supporting evidence-informed law reform;
 - strengthening local capacities to access to justice and legal aid; and
 - supporting country programming for tackling stigma and discrimination.
92. In support of country efforts to remove discriminatory laws, the Joint Programme has provided technical inputs to strategic litigation efforts. The purpose is to present national courts, parliaments and ministries with the best available evidence of the negative impact which discriminatory and some criminal laws have on the health, wellbeing and human rights of people living with and affected by HIV. The 2019 decision of the Colombian Constitutional Court to decriminalize public consumption of cannabis referred to the UNDP, UNAIDS Secretariat and WHO’s 2019 *International Guidelines on Human Rights and Drug Policy*. The guidelines, which were developed in partnership with

University of Essex, are aimed at improving coherence between the commitments of UN Member States under Agenda 2030, and the 2016 UNGASS on drugs.

93. The UNAIDS Secretariat successfully supported strategic litigation efforts against discriminatory laws with the submission of amicus briefs to the Constitutional Courts of Colombia and Kenya, and a policy brief to the Parliament of Canada, presenting evidence of the negative impact of criminalization of HIV transmission on the HIV response and public health. In Zimbabwe, UN Women successfully mobilized Members of Parliament and the Zimbabwe Women Living with HIV/AIDS National Forum to advocate for the repeal of the section on deliberate transmission of HIV in the Criminal Law Act. In the Angola, Belarus, Democratic Republic of the Congo, Jamaica and Yemen, UNDP and the UNAIDS Secretariat provided policy briefs to prevent or end the criminalization of HIV exposure, non-disclosure and/or transmission.
94. UNDP supported litigation on several issues, including forced treatment and incarceration of people living with TB in Kenya, and discrimination against transgender persons in Botswana and Pakistan. In Nigeria, the UNAIDS Secretariat and UNDP successfully supported a court challenge of discrimination based on HIV status in employment.
95. The UNAIDS Secretariat, OHCHR and UNDP are supporting the International Commission of Jurists in developing overarching strategies to address the overuse of criminal laws that impact health. UNDP, supported by the UNAIDS Secretariat, is also developing model prosecutorial guidance on HIV-related criminal laws. The initiative stems from the 2018 Supplement of the Global Commission on HIV and the Law and will provide clear guidance to prosecutors on how to respond to situations where HIV is raised in the context of criminal law. The model prosecutorial guidance will be launched in 2020.
96. The UNAIDS Secretariat and UNDP also reinvigorated advocacy for the removal of HIV-related travel restrictions, based on updated and validated global data. In China, two policies and four working rules on travel, stay and residence of people living with HIV were harmonized in 2018 with UNAIDS/WHO recommendations. ILO, UNAIDS and WHO jointly submitted recommendations for ensuring that people living with HIV, disabilities and mental health have equal access to employment in the civil service during a public consultation on the revision of the Civil Service Law organized by the National People's Congress at the end of 2018.
97. In Namibia, the Joint Programme supported the government to reduce the age of consent for HIV testing to 14 years, with adolescents under 14 years able to consent if they understand the risks, benefits, and implications of taking such a test.
98. Cambodia's national assembly approved a law on compulsory licensing to secure affordable medicines for HIV, communicable and non-communicable diseases. Technical support from WHO, UNAIDS and UNDP had supported the process.
99. Regarding legal aid, UNDP supported the creation of a regional legal aid network in eastern Europe and central Asia (Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan, Moldova, Russian Federation and Ukraine) to protect and promote the rights of key populations and people living with HIV. Similarly, the newly formed Middle East Network on AIDS and the Law is providing legal support to member organizations in eight countries (Algeria, Djibouti, Egypt, Jordan, Lebanon, Morocco, Sudan and Tunisia).

100. In Uganda and the United Republic of Tanzania, the UNAIDS Secretariat and the International Development Law Organization strengthened the capacities of four law schools to train new generations of lawyers. Areas of focus include the integration of HIV, human rights and the law in curricula and strengthening capacities to provide legal aid to people living with, affected by or at risk of HIV.
101. In China, UNDP, ILO and the UNAIDS Secretariat supported community-based projects that provide legal aid and advocacy services to people living with or affected by HIV, including women, men who have sex with men, sex workers, people who use drugs and social workers. In 2018, the project has established a new partnership with China Centre for Disease Control AIDS Prevention Centre to ensure its sustainability.
102. UNDP continued to strengthen the capacity of judicial officers on HIV, TB, human rights through judges' dialogues. The African Regional Judges Forum, which began in 2014, has become an important platform for peer-to-peer learning and information sharing among judicial officers. Recent decisions from members of the Forum have ushered in positive jurisprudence and precedents that can advance the rights of people living with HIV and HIV coinfections. The Forum is now working to include HIV, TB and human rights in the curricula of judicial training institutes in Africa. A regional Judges Forum for Eastern Europe was inaugurated in October 2019, and the inaugural meeting of the Caribbean Forum was scheduled for November 2019.
103. UNODC supported the African Correctional Services Association's constitutional review to guide Member States in developing country legal and policy instruments that promote access to HIV and sexual and reproductive health and rights in prisons, in line with international standards. In India, Kenya and Viet Nam, UNODC arranged training for prison health personnel and community-based HIV services providers on HIV testing in prison settings and on establishing linkages to post-release care services. Over 100 health-care providers were trained on relevant standard operating procedures and related medical ethics.
104. UNDP and the World Bank, with partners from civil society, governments, the private sector and academia, released the first-ever global standard to measure societies' inclusion of lesbian, gay, bisexual, transgender and intersex individuals in the areas of health, education, civil and political participation, personal security and violence, and economic well-being. The product of two years' work, these internationally agreed-upon indicators will enable policymakers and practitioners to collect the data they need to inform policies, programs and investments for strengthening the inclusion and the human rights of lesbian, gay, bisexual, transgender and intersex persons.

In the household: families and communities

105. The Joint Programme's actions to empower families and communities to end stigma and discrimination included sensitization campaigns, increased capacity for reporting cases of discrimination and engaging with national lawmakers, as well as holding governments accountable to their international commitments to eliminate stigma and discrimination.
106. WFP conducted HIV sensitization activities to reduce stigma and discrimination that reached almost 35 000 people in the Democratic Republic of Congo, 400 commercial truck drivers in the United Republic of Tanzania and stakeholders working on HIV in the Gambella and Somali regions of Ethiopia. UN Women worked to empower young women and men to prevent violence and harmful practices, and to increase their knowledge and capacities to advocate for gender-responsive HIV services and to overcome stigma and discrimination.

107. UNDP and the UNAIDS Secretariat provided support to the Central American Network of people living with HIV to establish joint civil society and government mechanisms for recording and reporting human rights violations against people living with HIV and key populations in Belize, Costa Rica, El Salvador, Guatemala, Honduras and Panama. The Central American Council of Ombudspersons issued a declaration agreeing to strengthen partnerships with national HIV programs, national human rights institutions, civil society and development partners to respect, promote and defend the human rights of key populations and people living with HIV in Central America.
108. In Viet Nam, with WHO and the UNAIDS Secretariat, UN Women facilitated a dialogue between women in key populations, women living with HIV and Members of Parliament to advocate for more gender-responsive implementation of the Law on HIV/AIDS Prevention and Control, the Civil Code, social insurance laws and the Labour Code.
109. UN Women has worked extensively with partners and communities across regions to empower women living with HIV, prevent HIV and gender based violence. With support from the Inter-Agency UN Trust Fund to End Violence Against Women, managed by UN Women, female and transgender sex workers were reached in Asia Pacific to challenge stigma and discrimination. Across several countries, women living with HIV were engaged by UN Women to increase treatment literacy, reduce stigma and enhance access to treatment through community based and peer-to-peer support groups. Activities in several countries aimed at increase knowledge and skills to prevent HIV and violence against women.
110. UN Women and UNODC worked with women who use drugs to advocate for gender-responsive HIV services and to overcome stigma and discrimination in the context of drug use and HIV. They also engaged traditional leaders on efforts to end child marriage and prevent HIV. The Southern African Development Community (SADC) and the East African Community have institutionalized accountability frameworks on HIV prevention, sexual and reproductive health, and gender-based violence, which provide platforms for strengthening women's empowerment and increasing their capacity to hold governments accountable. SADC has also developed minimum standards for the protection of key populations in the region. The instruments and frameworks were developed with technical support from the UNAIDS Secretariat.
111. The Joint Programme has invested in tools for helping young people hold governments accountable to their commitments on sexual and reproductive health and rights, HIV and gender equality.
112. The #UPROOT youth-led scorecard is an example of a youth-led community monitoring and advocacy process to hold governments accountable for commitments made. Developed by young people for young people, with the UNAIDS Secretariat support, it includes a section to assess country progress in creating enabling environments, including protective laws and policies to guarantee young people's access to HIV and sexual and reproductive health services. The #UPROOT youth-led scorecards were implemented in 18 countries in 2019 with support from the UNAIDS Secretariat. The scorecard results are currently used to inform youth-led advocacy and decision-making.
113. In Zimbabwe and Botswana, UNICEF has supported youth-led radio show series, which provide information and discuss HIV-related topics, with a focus on HIV-related stigma. The radio shows were complemented with social media interactions.
114. In response to concerns from communities of key populations and people living with HIV about the potential impact of the use of digital technologies (including biometric data for HIV and health), UNDP and the UN Special Rapporteur on Privacy on Data convened an

expert meeting in 2019 to discuss rights-based approaches to digital health. UNDP and the UNAIDS Secretariat will develop guidance for countries and interventions to strengthen the capacities of stakeholders on rights-based approaches to the use of digital technologies in HIV responses.

In emergency and humanitarian settings

115. During 2018, UNHCR continued to promote access to asylum procedures and protection from expulsion, arbitrary detention, unlawful restrictions on freedom of movement regardless of HIV status. UNHCR also continued to advocate for an end to mandatory HIV testing for asylum seekers, refugees and internally displaced populations. It also facilitated the inclusion of emergency-affected communities, including refugees and internally displaced persons, in national HIV programmes, plans and legislation.
116. The WFP ensured that the "do no harm" principle was duly followed and that no programme beneficiaries were exposed to stigma or discrimination in the course of providing food and nutrition support to people living with HIV and their families, including in Cameroon, the Democratic Republic of Congo, Mozambique and South Sudan.

VI. CONCLUSION

117. This report presents an update of the Joint Programme's effort in 2018–2019 to eliminate stigma and discrimination. By blocking access to and use of HIV prevention, testing and treatment services, and by denying the human rights of people living with, affected by and most affected by HIV, stigma and discrimination constitute major barriers to ending AIDS as a public threat by 2030.
118. As various stakeholders take stock of the progress and gaps in the implementation of commitments made in the 2016 Political Declaration on AIDS, renewed efforts are needed to ensure that:
 - protective laws are enacted and implemented at national level;
 - discriminatory laws against key populations and people living with HIV are repealed;
 - communities are protected and engaged and civil society's role and space in the response to HIV are safeguarded;
 - UN human rights mechanisms and procedures are harnessed to end HIV-related stigma and discrimination at all levels; and
 - UN entities' obligations to protect and promote human rights in the context of HIV and to respond to human rights crises are reaffirmed and fulfilled.
119. The Global Fund and other sources of funding, together with the Global Partnership, create opportunities to harness the combined strength of civil society, governments, UN agencies and donors to tackle stigma and discrimination in a coordinated, targeted and consistent manner. As the global response moves towards defining 2025 targets, it is critical to clearly articulate the importance of ending stigma and discrimination as a basis for achieving the 2030 goal.

VII. DECISION POINTS

The Program Coordinating Board is invited to:

120. *Take note* of the report;
121. *Request* the UNAIDS Joint Program to:

- a. Support Member States, civil society, networks of key populations and other partners, including national, regional and international human rights institutions and bodies, to set national targets and programmatic indicators to track progress and report impact of stigma and discrimination reduction programmes in routine monitoring and reporting mechanisms;
- b. Coordinate and increase technical assistance, and develop synergies between the Global Partnership for action to eliminate all forms of HIV related stigma and discrimination and bilateral and multilateral donors and other stakeholders investing in programmes to eliminate stigma and discrimination in all its forms at national, regional and global level;
- c. Continue to strengthen capacities of civil society, women and adolescent organizations, networks of people living with HIV and key populations at country level to demand discrimination-free services and participate in the design, implementation and tracking of programmes to end discrimination; and
- d. Report back to the Programme Coordinating Board on progress made on reducing HIV-related stigma and discrimination.

122. *Call on Member States and donors to:*

- a. Increase political support and investments in the implementation of the key human rights programmes and in the minimum package of evidence based interventions to end HIV related stigma and discrimination faced by people living with and affected by HIV in six settings: health-care, workplace, education, justice, household, emergencies and humanitarian; and
- b. Engage civil society, networks of people living with HIV and key populations in the design, implementation and monitoring of programmes to end discrimination.

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REFERENCES AND NOTES

¹ UNAIDS (2019) 'Global AIDS Update - Communities at the centre: defending rights, breaking barriers, reaching people with HIV services', available at www.unaids.org, at 116.

² As above.

³ UNAIDS (2019) 'Global AIDS Update - Communities at the centre: defending rights, breaking barriers, reaching people with HIV services', available at www.unaids.org, at 197.

⁴ As above at 210.

⁵ UNAIDS (2019) 'Global AIDS Update - Communities at the centre: defending rights, breaking barriers, reaching people with HIV services', available at www.unaids.org, at 267.

⁶ As above at 279.

⁷ European Centre for Disease Control Special report 'The status of the HIV response in the European Union/European Economic Area, 2016'[pdf] as referenced by UNAIDS (2017) 'Make some noise for zero discrimination on 1 March 2017'.

⁸ UNAIDS (2019) 'Global AIDS Update - Communities at the centre: defending rights, breaking barriers, reaching people with HIV services', available at www.unaids.org, at 255.

⁹ As above at 241.

¹⁰ UNAIDS (2019) 'Global AIDS Update - Communities at the centre: defending rights, breaking barriers, reaching people with HIV services', available at www.unaids.org, at 225.

¹¹ As above at 225.

¹² UNAIDS (2017) 'Confronting discrimination: overcoming HIV-related stigma and discrimination in healthcare settings and beyond', available at www.unaids.org.

¹³ Global Network of People Living with HIV (GNP+) and ILO (2018) 'HIV stigma and discrimination in the world of work: findings from the people living with HIV stigma index', available at www.ilo.org.

¹⁴ Global Network of People Living with HIV (GNP+) (2018) 'HIV stigma and discrimination in the world of work: findings from the People Living with HIV Stigma Index', available at www.ilo.org.

¹⁵ UNAIDS (2019) 'Global AIDS Update - Communities at the centre: defending rights, breaking barriers, reaching people with HIV services', available at www.unaids.org, at 119.

¹⁶ As above.

¹⁷ UNAIDS (2019) 'Global AIDS Update - Communities at the centre: defending rights, breaking barriers, reaching people with HIV services', available at www.unaids.org, at 120.

¹⁸ Ateneo School of Government at Ateneo de Manila University (2019) 'The drug killings: who, what, where, when, how?' In: The Drug Archive. (<https://drugarchive.ph/post/26-the-drug-killings-who-what-where-when-how-master>, accessed 31 January 2019).

¹⁹ Human Rights Watch (2019) 'Philippines' "War on Drugs." In: Human Rights Watch [website]. New York: (<https://www.hrw.org/tag/philippines-war-drugs>, accessed 4 March 2019)

²⁰ As above at 119.

²¹ UNAIDS (2017) 'Confronting discrimination: overcoming HIV-related stigma and discrimination in healthcare settings and beyond' at 18.

²² Zimbabwe national integrated biobehavioral survey, 2017.

²³ As above at 21.

²⁴ UNAIDS (2017) 'Confronting discrimination: overcoming HIV-related stigma and discrimination in healthcare settings and beyond', available at www.unaids.org.

²⁵ See also Orza L et al (2017) 'In women's eyes: key barriers to women's access to HIV treatment and a rights-based approach to their sustained well-being' 19 *Health and Human Rights* 155, which present the findings of UN Women and partners 'Key barriers to women's access to HIV treatment: a global review' that stigma and discrimination, violence and fear of violence were among the most frequently cited barriers for women living with HIV seeking care and treatment.

²⁶ See also Stannah J et al (2019) 'HIV testing and engagement with the HIV treatment cascade among men who have sex with men in Africa: a systematic review of meta-analysis' 6 *Lancet HIV* e787 [https://doi.org/10.1016/S2352-3018\(19\)30239-5](https://doi.org/10.1016/S2352-3018(19)30239-5), which, based on 75 independent eligible studies that provided estimates for 44 993 men who have sex with men across one or more of five testing and treatment cascade outcomes, observed that, despite improvements in HIV testing among men who have sex with men in Africa, HIV status awareness, antiretroviral treatment coverage and viral suppression remain much lower than required to achieve UNAIDS 90–90–90 targets. The authors note that severe anti-LGBT legislation might be associated with lower HIV testing and status awareness.

²⁷ Alston P (2005) 'Ships passing in the night: the current state of the human rights and development debate seen through the lens of the Millennium Development Goals' 27 *Human Rights Quarterly* 755.

²⁸ See OHCHR's analysis of the linkages between the SDGs and relevant international human rights instruments, available at https://www.ohchr.org/Documents/Issues/MDGs/Post2015/SDG_HR_Table.pdf.

²⁹ UN General Assembly (2016) Political Declaration on HIV and AIDS: On the fast track to accelerating the fight against HIV and to ending the AIDS epidemic by 2030, Resolution 70/266, UN Doc A/RES/70/266.

³⁰ UN Human Rights Commission and Human Rights Council Resolutions on human rights in the context of HIV/AIDS in 2001, 2003, 2005, 2009, 2011, 2015 and 2018: E/CN.4/RES/2001/51; E/CN.4/RES/2003/47; E/CN.4/RES/2005/84; A/HRC/RES/12/27; A/HRC/RES/16/28; A/HRC/30/L17 and A/HRC/38/L12.

³¹ UN Commission on the Status of Women (2016) 'Resolution 60/2: Women, the girl child and HIV and AIDS' E/CN.6/2016/22.

³² These treaties are the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD); the International Covenant on Civil and Political Rights (ICCPR); the International Covenant on Economic, Social and Cultural Rights (ICESCR); the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT); the Convention on the Rights of the Child (CRC); the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (ICRMW); and the International Convention for the Protection of All Persons from Enforced Disappearance (CED).

³³ For the nature and purpose of the general comments, see Official Records of the General Assembly, Thirty sixth Session, Supplement No. 40 (A/36/40), annex VII, introduction.

³⁴ General comment No 20 (2009) on non-discrimination in economic, social and cultural rights (article 2 paragraph 2 of the International Covenant on Economic, Social and Cultural Rights) UN Doc E/C12/GC/20.

³⁵ General comment No 18 (2006) on the right to work (article 6 of the International Covenant on Economic, Social and Cultural Rights) UN Doc E/C12/GC/18.

³⁶ General comment No 13 (1999) on the right to education (article 13 of the International Covenant on Economic, Social and Cultural Rights) UN Doc E/C12/1999/10.

³⁷ General comment No 14 (2000) on the right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights) UN Doc E/C12/2000/4; General comment No 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights) UN Doc E/C12/GC/22.

³⁸ African Commission on Human and Peoples' Rights (2017) 'HIV, the law and human rights in the African human rights system: key challenges and opportunities for rights-based responses', available at www.achpr.org.