

UPDATES ON THE GLOBAL PARTNERSHIP FOR ACTION TO END ALL FORMS OF HIV- RELATED STIGMA AND DISCRIMINATION

Additional documents for this item: none

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

101. Welcome the continued interest of member states in joining the Global Partnership to end all forms of HIV-related stigma and discrimination and commends the countries that have joined since last report;
102. *Take note* of the report;
103. *Call on Member States to:*
 - a. Fast-track, targeted and measurable actions to end all forms of HIV-related stigma and discrimination;
 - b. Support and leverage the Global Partnership for Action to End All Forms of HIV-Related Stigma and Discrimination to accelerate political will, and allocate sufficient domestic funding to support community led actions to end stigma and discrimination;
104. *Request* the Joint Programme to:
 - a. Support countries to enhance coherence and coordination of actions and investments, including through the Global Partnership, to achieving measurable and targeted results and reaching the 2025 targets;
 - b. Further support countries to scale-up interventions to end HIV-related stigma and discrimination across all six settings and prioritize funding and interventions proven to reduce or end HIV related stigma and discrimination;
 - c. Continue to promote and strengthen support for the Global Partnership for Action to End All Forms of HIV-Related Stigma and Discrimination, at global, regional and national levels with particular emphasis on community leadership;
 - d. Report to the Programme Coordinating Board on further progress at a future meeting of the Programme Coordinating Board.

Cost implications for implementation of the decisions: none

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List of acronyms

AIDS	acquired immune deficiency syndrome
APN+	Asia-Pacific Network of People Living with HIV
ASEAN	Association of Southeast Asian Nations
CEDAW	Committee on the Elimination of Discrimination against Women
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
ICW	International Community of Women Living with HIV
ILO	International Labour Organization
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex persons
MPact	MPact Global Action for Gay Men's Health and Rights
PCB	Programme Coordinating Board
PEPFAR	United States of America's President's Emergency Plan for AIDS Relief
PrEP	pre-exposure prophylaxis
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
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
USAID	United States Agency for International Development
US CDC	United States Centers for Disease Control and Prevention
WFP	World Food Programme
WHO	World Health Organization

Executive summary

1. At its 49th session, the UNAIDS Programme Coordinating Board requested the Joint Programme to “continue to support the Global Partnership for Action to end all forms of HIV-related stigma and discrimination (the Global Partnership).”¹ As requested by the Board, this report is presented as an update on the steps taken by the Joint Programme to heed the 2017 PCB NGO Delegation’s call to use partnerships to catalyse commitment and accelerate actions for ending all forms of HIV-related stigma and discrimination. It describes progress made with the Global Partnership’s support towards achieving the 2025 targets on ending all forms of HIV-related stigma and discrimination across all regions.
2. The Global Partnership is co-convened by GNP+, UNDP, UN Women, the UNAIDS Secretariat, the Global Fund and operates with the leadership and technical support of the NGO delegation to the UNAIDS PCB. It is an explicit attempt to enhance the coordination of efforts and investments from governments, communities, civil society, funders and the UN to end all forms of HIV-related stigma and discrimination.
3. As of November 2022, 33 countries had joined the Global Partnership, including Luxembourg and Thailand, which became the first donor countries to join. The United States Centers for Disease Control and Prevention also became the first non-state entity to join the Partnership.
4. The Global Partnership is one of the channels used by the Joint Programme to achieve the 2025 societal enabler targets. It is proof of concept for scaling-up technical support, advocacy and partnerships, and for coordination at global, regional, national and local levels in order to achieve faster progress on ending all forms of HIV-related stigma and discrimination. The unique structure of the Global Partnership makes it a suitable mechanism for supporting government and community leadership and ownership of the HIV response.

Introduction

5. Forty years into the HIV epidemic, HIV-related stigma and discrimination remain major obstacles to achieving the end of AIDS as a public health threat. The 2022 *Global AIDS update*² reports, for example, that fear of, and actual stigma and discrimination against many women living with HIV are among the factors contributing to alarmingly slow progress in ending the HIV epidemic among children. Nearly half of new HIV infections among children are estimated to occur because their mothers did not access HIV services during pregnancy or breastfeeding (including services for the prevention of mother-to-child transmission of HIV) or were unable to remain on HIV treatment, due to stigma and discrimination.³
6. Laws criminalizing same-sex sexual relations, sex work, gender diversity and expression, HIV exposure or non-disclosure, and the use of narcotic drugs or their possession for personal use also exposes key populations and people living with HIV to harm. Criminalization drives people living with HIV and key populations away from the support and services that can help them protect their health.⁴
7. HIV-related stigma, discriminatory laws and practices, harmful social norms, and institutional biases undermine interventions across the HIV prevention, treatment and care continuum. Stigma and discrimination are reported to:
 - have a major affect on the ability of sex workers to use condoms with their clients;⁵
 - be among the reasons why people interrupt or halt pre-exposure prophylaxis use;⁶
 - lead to the marginalization of gay men and other men who have sex with men;⁷
 - make it difficult for transgender persons to obtain the information and services they need;⁸
 - deter women affected by and living with HIV from seeking services for HIV prevention, testing, treatment and care;⁹ and push young key populations and adolescent girls and young women, in general, away from HIV and other health services.¹⁰
8. Generally, populations that are at high risk of experiencing stigma, discrimination and violence are also at high risk of HIV infection, and experience high rates of HIV-related morbidity and mortality.¹¹ Multiple, intersecting forms of discrimination increase these risks further.¹²
9. Following the 41st UNAIDS PCB session in December 2017, the NGO PCB Delegation and Cosponsors demanded more deliberate actions to tackle stigma and discrimination in the HIV response and called for a global partnership to accelerate and scale-up actions to end all forms of HIV-related stigma and discrimination.
10. On 10 December 2018, the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination (the Global Partnership) was launched to support countries to translate international commitments to end stigma and discrimination into policy changes, programmes and practices that realize HIV-related rights. At its launch, the Global Partnership was co-convened by the United Nations Development Programme (UNDP), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the Global Network of People Living with HIV (GNP+), and the UNAIDS Secretariat, with the leadership and technical support of the NGO delegation to the UNAIDS PCB. In late 2020, the Global Fund to fight AIDS, Tuberculosis and Malaria (the Global Fund) joined as co-convenor of the Global Partnership. This partnership creates an opportunity to harness the combined power of

governments, communities, including women and girls, as well as broader civil society and the UN, to consign HIV-related stigma and discrimination to history.

11. The Global AIDS Strategy 2021–2026 provides the framework for eliminating HIV-related stigma and discrimination. For the first time, specific targets were set to tackle all forms of HIV-related stigma and discrimination. Countries, by 2025, aim to:
 - reduce to no more than 10% the proportion of people living with or affected by HIV who experience stigma and discrimination;
 - reduce to no more than 10% the proportion of people living with or affected by HIV, and women and girls who experience gender-based inequalities and violence; and
 - reduce to no more than 10% the proportion of countries that still retain punitive and discriminatory laws and policies.
12. The targets are referred to as the 10–10–10 societal enabler targets. The Global AIDS Strategy also requires that at least 60% of programmes supporting the achievement of the targets are delivered by community-led organizations.
13. In the 2021 Political Declaration on HIV and AIDS,¹³ UN Member States firmed up their commitments to take deliberate, concrete, targeted and measurable steps to end stigma and discrimination. They committed, *inter alia*, to:
 - create an enabling legal environment by reviewing and reforming, as needed, restrictive legal and policy frameworks, including discriminatory laws and practices”;
 - adopt and enforce legislation, policies and practices that prevent violence and other rights violations against people living with, at risk of and affected by HIV;
 - expand investment in the protection of human rights, reduction of stigma and discrimination and law reform;
 - end impunity for human rights violations against people living with, at risk of and affected by HIV by meaningfully engaging and securing access to justice for them through the establishment of legal literacy programmes, increasing their access to legal support and representation and expanding sensitization training for judges, law enforcement, health-care workers, social workers and other duty bearers;
 - ensure political leadership at the highest level to eliminate all forms of HIV-related stigma and discrimination, including by promoting greater policy coherence and coordinated action through whole-of-government, whole-of-society and multisectoral response; and
 - ensure that all services are designed and delivered without stigma and discrimination, and with full respect for the rights to privacy, confidentiality and informed consent.
14. Member States further committed to take steps to eliminate gender inequality and gender-based stigma and discrimination in the context of HIV. Specifically, they committed to achieve the following results and actions by 2025:
 - eliminate all forms of sexual and gender-based violence, including intimate partner violence, by adopting and enforcing laws, changing harmful gender stereotypes and negative social norms, perceptions and practices, and providing tailored services that address multiple and intersecting forms of discrimination and violence faced by women living with, at risk of and affected by HIV;
 - reduce to no more than 10% the number of women, girls and people living with, at risk of and affected by HIV who experience gender-based inequalities and sexual and gender-based violence;

- ensure that 95% of women and girls of reproductive age have their HIV and sexual and reproductive health-care service needs met, including antenatal and maternal care, information and counselling; and
 - strengthen the role of the education sector as an entry point for HIV knowledge and awareness, prevention, testing and treatment, and ending stigma and discrimination, in addition to its role in addressing the social, economic and structural factors that perpetuate inequalities and increase HIV risk.
15. The Global Partnership supports countries in several ways to meet the commitments made in the 2021 Political Declaration on HIV and AIDS and in other relevant international and national instruments to end HIV-related stigma and discrimination. It leverages partnerships to enhance the coordination of interventions and efficiency and effectiveness of funding; it provides knowledge and evidence-guided technical support; and it enhances accountability mechanisms and community leadership.
16. This report provides an updated overview of the state of HIV-related stigma and discrimination in the world. It presents the actions taken by the co-conveners of the Global Partnership to follow-up on the PCB NGO Delegation call, including specific steps and progress on support provided by the Global Partnership to countries' efforts towards reaching the 2025 targets on societal enablers. It also proposes decision points for the PCB to further promote the Global Partnership as a platform for accelerating global and country actions to end all forms of HIV-related stigma and discrimination.

Updated overview of the state of HIV-related stigma and discrimination in the world

17. The 2022 *Global AIDS update* shows that actions to end all forms of HIV-related stigma and discrimination, including violence and harmful criminal laws, must be fast-tracked if countries are to achieve the 2025 targets. In all regions, far too many people living with HIV still report internalized stigma and experiencing discriminatory attitudes and actions. The report also shows that years of sustained interventions, including in health-care settings, are yielding tangible progress in reducing stigma and discrimination by health services providers. In other settings where HIV-related stigma and discrimination commonly occur (including families and communities, and in justice system, education and employment settings), progress in ending HIV-related stigma and discrimination lags. For example, in 2021, nearly 25% of respondents in the ILO-led global survey on HIV discrimination in the world of work said that people living with HIV should not be allowed to work in direct contact with people who do not have HIV.¹⁴
18. Punitive legal environments, stigmatizing attitudes and harmful gender and other social norms are documented in many Member States. Fully 134 Member States (72% of Member States with available data) criminalize or prosecute HIV non-disclosure, exposure and transmission, including in cases of non-intentional transmission. Seventy Member States (64% of Member States) criminalize same-sex relations between consenting adults and 153 (88% of Member States with available data) criminalize any aspect of sex work. Only 7% of Member States are known to decriminalize possession of small amounts of drugs for personal use.¹⁵
19. Furthermore, laws that restrict women and adolescent girls' access to sexual and reproductive health and rights, including HIV services,ⁱ increase their vulnerability to HIV

ⁱ For example, according to the 2022 *Global AIDS update*, many countries retain laws mandating parental pre-authorization and consent as a condition for adolescents' access to HIV testing and other reproductive health services.

infection and undermine their overall health outcomes.¹⁶ A lack of legal protections and enforcement of measures against gender-based discrimination also heightens risks to the health and well-being of women and girls.¹⁷ Even though intimate partner violence is linked to higher risks of HIV infection for women and girls in areas with high HIV prevalence, at least 30 countries still lack legislation against domestic violence.¹⁸ Many more fail to criminalize marital rape. In addition, some criminal laws, such as laws that criminalize HIV non-disclosure, exposure and transmission, affect women living with HIV in particular ways.¹⁹ Many women living with HIV face violence from intimate partners, in health-care facilities and in their communities due to their HIV status.²⁰

20. All countries with available data between 2017 and 2021 report that people who hold discriminatory attitudes towards people living with HIV still represent significant proportions of their populations. According to the People Living with HIV Stigma Index surveys conducted in 18 countries between 2018–2021, less than 50% of people living with HIV who experienced rights abuses within those years sought legal redress. In nine countries, fewer than 1 in 5 sought legal redress, often because legal services were either unavailable or unaffordable. In 2021, 107 countries had mechanisms established by the government or nongovernmental organizations for assisting people with lodging complaints and seeking redress for discrimination based on real or perceived HIV status or belonging to any key population. No such mechanisms existed in other countries.
21. The Global AIDS Strategy places communities at the center of the AIDS response. It recognizes that services led by communities are more likely to be attuned to the needs and rights of people living with HIV and key populations. Similarly, interventions led by communities to tackle all forms of HIV-related stigma and discrimination and other societal enablers are more likely to be context-relevant and, therefore, more impactful.
22. The Global AIDS Strategy sets concrete targets for increasing the proportion of HIV-related services and programmes that are community-led, including those that support the achievement of targets related to societal enablers. Existing monitoring systems currently do not track the proportion of services and programmes delivered by community-led organizations. UNAIDS is currently examining options and consulting with stakeholders on developing metrics for tracking progress towards the 30–80–60 targets.ⁱⁱ These metrics will build on UNAIDS's experience in leading the Global AIDS Monitoring process, including the use of existing indicators for tracking the percentage of key population-led prevention programmes.

Updates on the Global Partnership for action to end all forms of HIV-related stigma and discrimination

23. At the December 2017 PCB meeting, the NGO Delegation and UN Cosponsors called for fast-tracking actions to end HIV-related stigma and discrimination. This set in motion a series of activities, initially led by GNP+, with UNAIDS Secretariat, UNDP and UN Women. Those were aimed at laying the foundations for bringing together and aligning the efforts, expertise and commitments of governments, communities and other key stakeholders to accelerate actions to eliminate discriminatory practices, policies and laws.

ⁱⁱ The 30–60–80 targets are defined as follows in the Global AIDS Strategy 2021–2026: 30% of testing and treatment services to be delivered by community-led organizations; 60% of the programmes to support the achievement of societal enablers to be delivered by community-led organizations; 80% of service delivery for HIV prevention programmes for key populations and women to be delivered by community, key population and women-led organizations.

Laying the foundations of the Global Partnership

24. A global consultation was held in June 2018 to consult communities and networks of people living with, affected by, most at risk of, and working on HIV about the operationalization of the PCB NGO Delegation and Cosponsors' call for action. It was agreed during the consultation that the Global Partnership would have the following objectives:
 - translate into action political and human rights commitments made at global, regional, and national levels toward the elimination of HIV-related stigma and discrimination into action at the country level;
 - establish, strengthen, and revitalize partnerships among stakeholders to implement and scale up programmes toward ending all forms of HIV-related stigma and discrimination; and
 - continuously generate and disseminate evidence-based data to inform policy and programming, to measure progress, and support accountability toward the elimination of HIV-related stigma and discrimination.
25. It was further agreed that the Global Partnership would focus on accelerating actions to end HIV-related stigma and discrimination in the settings where they occur most often. These are health-care, workplace, education and justice system settings, as well as in families and community settings. Emergency and humanitarian settings were later added, due to the vulnerability of people living with HIV and key populations in humanitarian contexts.
26. Regional and national consultations were also held to further shape the mandate of the Global Partnership, with priorities expressed by communities and networks of people living with, affected by, most at risk of, and working on HIV. These consultations served to (i) identify existing commitments of governments to end HIV-related stigma and discrimination; (ii) map progress in achieving these commitments, as well as gaps and bottlenecks; and (iii) identify programmes and community-led initiatives that have proven to address HIV-related stigma and discrimination. The consultations were instrumental in subsequent community engagement and meaningful participation in human rights baseline assessments led by the Global Fund in 10 of the 20 countries that are part of its Breaking Down Barriers initiative.
27. The architecture of the Global Partnership was also designed during that early phase. Governance of the Partnership is organized around three pillars. A political leadership body is co-convened by the GNP+ Executive Director, a representative of the NGO PCB Delegation, the UNAIDS Executive Director, the UN Women Executive Director, the UNDP Administrator, and the Global Fund's Executive Director. The political leadership body's role is to catalyse and accelerate implementation of global, regional and national commitments made to end HIV-related stigma and discrimination.
28. The political leadership is supported by a secretariat of co-convenors at a technical level. The secretariat's role is to advise on the strategic direction of the Global Partnership, drive advocacy and ensure technical support to countries. A technical working group comprising civil society organizations and UN agencies and programmes provides technical expertise, support and strategic guidance to countries on the best interventions for ending HIV-related stigma and discrimination.
29. A team of 12 global, regional and national coordinators of the Global Partnership provides hands-on technical support to coordinate the regional and national efforts for

ending HIV-related stigma and discrimination. These include the convening of stakeholders, day-to-day support to national efforts to roll-out programmes for ending HIV-related stigma and discrimination and for ensuring stakeholders' accountability for their commitments to end HIV-related stigma and discrimination.

30. GNP+ further appointed 16 country coordinators and four regional coordinators to support community-led consultations, knowledge-sharing, planning and implementation of interventions tackling HIV-related stigma and discrimination. These important linkages with key regional networks of people living with HIV and key populations were established to increase community-leadership in the Global Partnership. The key regional networks include the Southeast Asia Stigma Reduction Quality Improvement Community of Practice; the Services for Key Populations in Asia Programme of the Australia Federation of AIDS organizations/Global Fund; the Western and Central Africa Civil Society Institute for Health/HIV; the Réseau Accès aux Médicaments Essentiels; the regional francophone civil society organization communication platform around the Global Fund, and Coalition PLUS.
31. On the technical front, the Global Partnership drew on existing evidence of interventions and programmes that work to end HIV-related stigma and discrimination to produce and disseminate documents to guide country actions. The *Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination – minimum package of interventions for six settings*²¹ publication presents best practices, based on evidence and country experiences, for tackling HIV-related stigma and discrimination. For greatest impact, the Global Partnership promotes implementation of those interventions as a package, with adaptation to country contexts. The best practices were adapted in a further publication, *Addressing stigma and discrimination in the COVID-19 response — Applying the evidence of what works from HIV-related stigma and discrimination in six settings to the COVID-19 response*,²² to provide countries with evidence-informed guidance on the intersection of stigma related to HIV and COVID-19.
32. Monitoring and evaluation guidance for the Global Partnership was also developed. The guidance is aimed at supporting the planning, coordination and implementation of country programmes and interventions to tackle stigma and discrimination, assess their effectiveness, identify areas of improvement and ensure accountability to the intended beneficiaries. The indicators identified during this process informed target-setting for societal enablers in the Global AIDS Strategy. The guidance is also being transformed into an advocate monitoring and evaluation guide for communities.
33. Substantial effort went towards eliciting wide support and engagement with the Global Partnership. This was occurred across networks and communities of people living with, affected by and most at risk of HIV; governments; the donor community; and other stakeholders. Several events were held (at international, regional and national gatherings) to raise awareness of the Global Partnership and call for collaboration. A website²³ was set up to promote and increase the visibility of the Partnership and broaden ownership of the platform. The Global Partnership supported and leveraged the GNP+-led *#MoreThan* campaignⁱⁱⁱ to garner country, community and donor support. The campaign reached more than 119 000 people through online social media.

Country roll-outs and progress

ⁱⁱⁱ <https://gnpplus.net/stories/zero-discrimination-day-gnp-launches-morethan-campaign-to-combat-hiv-stigma-and-discrimination/>.

34. As of November 2022, 33 countries had joined the Global Partnership,^{iv} thereby committing to take the following actions:
- partner with civil society organizations, people being left behind, UN partners, academia, private sector, donors and other stakeholders to identify policy and programme gaps, designing and implementing evidence-informed interventions and tracking progress in eliminating HIV-related stigma and discrimination;
 - assess the current state of HIV-related stigma and discrimination in the country or building on previous baseline assessments to identify and implement human rights-based policies and programmes to eliminate barriers to services;
 - take actions on eliminating HIV-related stigma and discrimination in all six settings over five years (committing to act in three settings in the first year);
 - allocate resources to support the implementation, monitoring and reporting of interventions to eliminate HIV-related stigma and discrimination; and
 - monitor and report annually on progress using existing and recommended indicators and building on routine national reporting processes (Global AIDS Monitoring, the Global Fund's grant progress updates, PEPFAR country operational plan progress reports and reporting under UNAIDS's Unified Budget, Results and Accountability Framework.
35. A range of interventions were implemented through the Global Partnership at regional and country levels.

Examples of progress in health-care settings

36. In the Central African Republic, a National Charter for Quality of Care and Patients was adopted to ensure that health-care services are free of stigma and discrimination (including stigma and discrimination related to HIV status or sexual orientation). The Charter is being disseminated in health-care facilities, while dedicated sensitization and training sessions are being organized for medical staff and health-care providers.
37. In the Islamic Republic of Iran, a new regulation was issued requiring public and private health-care institutions to ensure that people living with HIV and key populations access to treatment and care without stigma or discrimination.
38. In Jamaica, through the Community Treatment Observatory initiative, the Jamaican Network of Seropositives sensitized health-care providers about Jamaica's anti-discrimination system for HIV. This has led to improved interactions between health-care workers and people living with HIV, with workers showing greater readiness to receive feedback about their attitudes and behaviours.
39. In Kazakhstan, collaboration with many stakeholders, including UNODC, aimed to increase access to opioid substitution therapy for hospitalized patients. In Kyrgyzstan, building on momentum generated by activities led under the Global Fund's Breaking Down Barriers initiative, efforts were focused on reforming laws and policies to tackle stigma and discrimination in health-care settings.
40. In Thailand, participatory training, e-learning and quality improvement to 123 public health-care facilities at the end of 2020, led to positive changes among health-care

^{iv} The countries are Angola, Argentina, Botswana, Central African Republic, Costa Rica, Côte d'Ivoire, Democratic Republic of the Congo, Dominican Republic, Ecuador, the Gambia, Guatemala, Guinea, Guyana, Islamic Republic of Iran, Jamaica, Kazakhstan, Kenya, Kyrgyzstan, Lao People's Democratic Republic, Lesotho, Liberia, Luxembourg, Moldova, Mozambique, Nepal, Papua New Guinea, Philippines, Senegal, South Africa, Tajikistan, Thailand, Uganda and Ukraine.

personnel. About 20 000 health-care workers successfully completed the stigma and discrimination e-learning module in 71 of 77 provinces.

41. In Ukraine, with funding from the Global Fund and USAID and technical support from the Joint Programme, an HIV online learning platform was set up to boost the capacities of doctors in primary health-care facilities, including for the delivery of stigma- and discrimination-free services. Health-care provider training was also provided to increase skills and knowledge for overcoming stigma and discrimination.

Examples of progress in workplace settings

42. The Global Partnership built on work done by the ILO on standards-setting in places of work to promote law reforms for ending HIV-related stigma and discrimination in workplace settings. For example, the ILO supported the review of national legislation in over 30 countries in light of its Convention on Violence and Harassment at Work (no. 190). A brief highlighting the Convention's application to HIV-related violence and harassment at work was developed, with inputs from UNAIDS Cosponsors, to support national law reform efforts.
43. The Global Partnership supported the introduction of those law reforms in countries. For example, in Kazakhstan, it supported advocacy that led to the adoption of a code that prohibits HIV-related discrimination in workplaces.
44. In Thailand, the Ministry of Labour used the support of the Global Partnership to pass the business corporate social responsibility standards, which prohibits discrimination based on HIV status. In addition, a community-led crisis response system was established to report cases of HIV-related violence and discrimination across the provinces of the country. Support was also provided to the Thai Network of HIV+ Youth to organize the 2020 World AIDS Day campaign to reduce stigma and discrimination in the workplace, with a focus on tackling mandatory HIV testing for job applicants and employees. The campaign reached an estimated 150 000 people. A two-day workshop on the stigma and discrimination elimination plan was held for 50 civil society organizations to raise awareness and enhance their capacities on this issue.
45. The Joint Programme used trainings to support country efforts to reduce HIV-related stigma and discrimination in employment settings. In several countries, the ILO strengthened the capacities of male champions living in high-burden areas around HIV prevention and treatment, stigma and discrimination, COVID-19 and gender equality. Online and face-to-face training sessions were also conducted on HIV, COVID-19 and workplace violence and harassment, and trade union leaders from different economic sectors were sensitized on HIV at work. The ILO also developed an online self-learning course on HIV testing at the workplace, with a module on ending stigma and discrimination.²⁴ It continued to roll-out ongoing training programmes for transgender people in Brazil and Indonesia, aimed at reducing discrimination against them and improving their job or entrepreneurial prospects.
46. Other tools were developed to promote the inclusion of people living with HIV and key populations in the world of work. For example, the ILO developed a learning guide aimed at representatives of governments, employers' and workers' organizations and other relevant stakeholders, to promote the inclusion of lesbian, gay, bisexual, transgender and intersex (LGBTI) persons in the world of work. UNDP and the ILO also produced a checklist to assist countries in ensuring inclusion of people living with HIV and key populations in social protection policies and programmes.²⁵ The tool is based on an online discussion and a global dialogue on social protection for people living with HIV and key populations, organized by UNDP and ILO in 2021.

Examples of progress in education settings

47. Under the auspices of the Global Partnership, UNESCO, GNP+ and the Global Network of Young People Living with HIV (Y+ Global) led a review process of the *Positive Learning* publication developed in 2012 by UNESCO and GNP+.²⁶ With significant changes in both the international education sector and the global HIV response over the past decade, it was time to update *Positive Learning* to address current realities for adolescents and young people living with HIV as they navigate issues such as sexuality, relationships, gender identity and expression, treatment access and adherence.
48. The revised and updated version of *Positive Learning* was informed by a series of inclusive, multisectoral and youth-led consultations. Recommendations in the new Positive Learning tool guide stakeholders on how to support learners living with and affected by HIV in education settings. The recommendations can serve, for example, as a tool to inform the review and update of national policies and curricula, as a guide for schools or teachers looking to build a more inclusive and supportive environment for learners, or as an advocacy tool for civil society organizations and youth activists. The revised *Positive Learning* was officially launched in January 2022.
49. In Kazakhstan, capacity strengthening for comprehensive sexuality education has been delivered through several online training programmes, covering information on sexual and reproductive health and rights, gender-based violence, and HIV and sexually transmitted infections. In Thailand, awareness-raising activities were carried out to tackle negative gender norms related to condom use and to improve attitudes of parents towards condom use among adolescents. A youth-based website helped to widely disseminate media briefs and information packages targeting adolescents and young people's sexual reproductive health, including messages to promote zero stigma and discrimination.
50. Human rights and other plans for addressing HIV-related stigma and discrimination, developed as part of the commitment to the Global Partnership, are also driving stakeholder actions. For example, the Joint Programme supported various interventions in countries that have not yet joined the Partnership to tackle HIV-related stigma and discrimination in education settings. In Cameroon, Democratic Republic of Congo, Ghana, Mali and Senegal, trainings of teachers were rolled-out to promote skills for comprehensive sexuality education and the prevention of school-related gender-based violence, harmful gender norms and discrimination.
51. The UNAIDS Secretariat, UNESCO, UNFPA, UNICEF and UN Women jointly launched the Education Plus initiative to use secondary education to accelerate actions and investments that can prevent HIV and empower adolescent girls and young women, and reduce gender inequalities and gender-based violence and discrimination. Launched in 2021, the initiative focuses on sub-Saharan Africa, where adolescent girls and young women are at high risk of acquiring HIV. The initiative aims to empower adolescent girls and young women to be agents of change, including for ending gender-based inequalities and discrimination that perpetuate vulnerabilities to HIV infection. Education in and out of school is important for addressing gender inequalities, reducing HIV transmission and ending HIV-related stigma and discrimination.²⁷

52. By November 2022, 12 African Heads of State^v had committed to, and were implementing and championing the Education Plus Initiative.^{vi} In 2022, the initiative also secured the support of the African Union. Together with donors, civil society, movements of girls and young women, and the UN, these African governments are introducing policies and working towards increasing up investments to guarantee free secondary education for all children. The initiative also leverages secondary schools to deliver the "plus" package of interventions. It includes creating violence-free school environments; providing appropriate comprehensive sexuality education; enabling access to sexual and reproductive health and rights; and introducing effective school-to-work transitions for adolescent girls.
53. Promising changes are already being implemented. Sierra Leone, for example, has integrated Education Plus components in its education, gender, health sector policies. Cameroon, South Africa and Uganda have enacted policies to prevent and manage learner pregnancies, which can help reduce gender disparities in education.
54. The Global Partnership and the Education Plus initiative mobilized the high-level advocacy and support of Marc Angel, a member of European Parliament, to champion both initiatives and serve as Special Advocate for the 10–10–10 societal enabler targets.

Examples of progress in justice settings

55. The Global Partnership is drawing on work led by the Joint Programme to support its membership countries. In Latin American and the Caribbean for example, coordination mechanisms are promoting changes in laws and implementing programmes for reducing stigma and discrimination. The UNDP-led “Being LGBTI in the Caribbean” project is being implemented in Barbados, the Dominican Republic, Haiti and Jamaica. The project addresses stigma and discrimination, and aims to strengthen inclusive public policies, representation and access to justice for LGBTI people. Since 2018, over 1,800 human rights defenders have participated in project capacity-building sessions, including social media advocacy, political participation and training for transgender people, in collaboration with civil society and local communities.
56. The work led by UNDP paved the way for ongoing Global Partnership support in the Dominican Republic, Guyana and Haiti and for putting in place multistakeholder mechanisms and roadmaps for addressing law reform, stigma and discrimination. In Jamaica, the Global Partnership supported ongoing advocacy led by local civil society organizations around model legislation to address HIV-related discrimination. It also supported advocacy for the establishment of a national human rights institution. The Partnership supported ongoing high-level political commitment to address stigma and discrimination, including a video message by Andrew Holness, Prime Minister of Jamaica, on World AIDS Day 2021.
57. In the Central African Republic, in close collaboration with the Minister of Justice, the HIV law was revised to decriminalize HIV transmission, protect the human rights of people living with HIV and key populations, lower the age of consent for HIV testing, and increase youth’s access to HIV services. In addition, the new law guarantees the protection and care of women survivors of sexual violence, as well as access to

^v These are the Heads of State in: Benin, Cameroon, Eswatini, Gabon, the Gambia, Lesotho, Malawi, Senegal, Sierra Leone, South Africa, Uganda and Zambia.

^{vi} The countries are Benin, Cameroon, Eswatini, Gabon, the Gambia, Lesotho, Malawi, Senegal, Sierra Leone, South Africa, Uganda and Zambia.

information on sexual and reproductive health and rights, and education and training on HIV in schools, prisons, and the workplace. The new law was enacted in October 2022.

58. In Argentina, the Global Partnership supported advocacy for the adoption of a national bill on HIV, hepatitis and tuberculosis (TB). With a strong human rights perspective, the bill recognizes and guarantees rights to people living with HIV, TB and sexually transmitted infections. These rights include the rights of pregnant and post-partum women and their children who are living HIV, TB and/or sexually transmitted infections to access testing and prevention services, antiretroviral therapy, as well as their access to broad social protection frameworks such as decent work, basic social services and early retirement for people living with HIV and TB in situations of social vulnerability.
59. In Angola, the Partnership provided technical support for legal and policy review, championed by the Secretary of State for Human Rights, which informed a proposed new provision in the HIV law to allow adolescents of 14 years, and those below 14 years with sufficient maturity, to consent independently to HIV testing services.
60. In Thailand, law reform initiatives are underway, including the draft Anti-Stigma and Discrimination Act, Rehabilitation Protection and Empowerment of Narcotic Act, the Health Security for Non-Thai Nationals Act.
61. In Uganda, over 117 legal practitioners were trained on the use of a "toolkit for legal practitioners, judicial actors, human rights defenders, persons living with HIV, and populations at risk of HIV". The objective of the training was to increase the capacities of judges, lawyers and other officials in the justice system to adopt a human rights-based approach to HIV-related litigations.
62. To increase awareness and visibility of the importance of law reform, to drive political commitment and buy-in, investments and attitudinal change, *#NotACriminal* campaign has been launched in a collaborative effort of global networks of people living with HIV and key population networks: GNP+, the International Community of Women Living with HIV (ICW), Y+ Global, the Global Action for Trans Equality, the International Network of People who Use Drugs, MPact and the Global Network of Sex Work Projects. It also involves the technical leadership of the HIV Justice Network and the HIV Policy Lab.
63. The Joint Programme used several strategies to promote and support countries' efforts to review and remove discriminatory and harmful laws and policies. Evidence-informed guidance for law reform has been produced, as well as guidance for prosecutors on limiting the overly broad use of criminal law in HIV-related cases. This work leverages the "Expert consensus statement on science of HIV in the context of criminal law"²⁸ and served as basis for strengthening the capacities of judiciaries on human rights, HIV and the law in Africa, the Caribbean, eastern Europe and central Asia.
64. The World Bank published the *Equality of opportunity for sexual and gender minorities* report in 2021,²⁹ the first in a series of studies assessing laws and regulations that affect the lives of people with diverse sexual orientation and gender identities in an initial set of 16 countries and in six important areas of their life, These settings are education; employment; access to public services and social protection, including access to health care and HIV-related services; civil and political inclusion; protection from hate crimes and from being criminalized. Using data from the World Bank Equality of Opportunity database, the report gauges the impact of laws that discriminate on the basis of sexual orientation, gender identity and expression, and sex characteristics. It enriches the set of tools available to Global Partnership countries and beyond to support advocacy for reviewing these laws.

65. UN Women, a Global Partnership co-convenor, continued to support advocacy and monitoring of women's human rights violations by facilitating the participation of women living with and affected by HIV in the reporting to the Committee on the Elimination of Discrimination against Women (CEDAW) and implementation of its concluding comments. In Indonesia, UN Women mobilized 500 representatives of women's organizations, including organizations of women living with HIV and women in key populations, to prepare a joint shadow report for the CEDAW Committee. The report highlighted instances of discrimination and violence among women in all their diversity, including those in key populations, who face challenges in accessing HIV treatment and care services. The report provided recommendations for action. UN Women facilitated follow-up to the concluding comments in relation to the rights and priorities of women living with and affected by HIV made by the CEDAW Committee to Kazakhstan, South Sudan, Tajikistan and Ukraine.
66. To accelerate and scale-up the reform of discriminatory and punitive laws, the Joint Programme is preparing a global strategic initiative on decriminalization. The aim is to increase investment, action and commitment at the global and country levels to reform or repeal harmful and punitive laws that affect the HIV response, as part of creating a broader enabling legal environment. The justice sector-focused work of the Global Partnership will be available to support decriminalization efforts in relevant countries.

Example of progress in individuals, families and community settings

67. As part of the Global Partnership's community engagement strategy, led by GNP+, global activities such as the *#MoreThan* campaign were undertaken. These campaigns aim to empower communities to know their rights and reduce internal stigma, as well as inform and engage stakeholders on tailored interventions. The campaigns also aim to mobilize political commitment by championing country best practices (20 countries have been galvanized to join as a direct result of the Global Partnership's advocacy). GNP+ is also building the capacities of communities to develop strategic national *#MoreThan* advocacy campaigns to effectively target, reach and engage key decision-makers to advance decriminalization in the context of HIV and improve access to justice.
68. In Thailand, a community-led crisis response system, "PokPong", was developed to receive complaints of violations of the human rights of key populations and people living with and affected by HIV.
69. UN Women partnered with the International Community of Women Living with HIV- Eastern Africa (ICW-EA) to pilot approaches to address HIV-related stigma and discrimination against women in the context of the COVID-19 pandemic in Senegal, South Africa and Uganda. In Uganda, ICW-EA succeeded in integrating policy inputs into the national plan on human rights, which has a strong focus on reducing gender-based stigma and discrimination. ICW-EA also designed and implemented a community-led scorecard to monitor women's rights violations across 56 districts, with key findings informing policy-making at national level. In addition, the community-based organization Joint Adherent Brothers and Sisters against AIDS (JABASA) produced a stigma-free TV channel and campaign to educate youth about the importance of HIV prevention, treatment and adherence, and the value of celebrating "positive living".
70. In the eastern and southern Africa region, interventions were scaled up across seven countries to transform unequal gender norms in HIV prevention. The "SASA!" community-based programmes were rolled out across 15 districts of Zimbabwe and reached over 30 000 women with information and services on gender-based violence. A similar roll-out in Uganda engaged nearly 50 000 community members in three districts, resulting in increased reporting of cases of violence against women and greater access

to local HIV testing clinics. “SASA! Faith” (an adaptation of the programme for faith-based communities) piloted in Kenya with funding from the UN Trust Fund to End Violence Against Women, resulted in improved access to HIV testing, treatment and couple’s counselling for both women and men. The initiative contributed to a 59% reduction of the number of reported cases of stigma and discrimination against women living with HIV in community settings. In Rwanda, UN Women collaborated with the Rwanda Network of People living with HIV to create a toolkit, which advocates for ending HIV-related stigma against women living with HIV and promoting their social and economic development. More than 1,300 women living with HIV participated in sessions where they shared their experiences of stigma and discrimination and brainstormed ways to tackle the problem.

71. WFP finalized a policy brief³⁰ for eastern and southern Africa on reducing stigma and discrimination when accessing essential services and using social protection instruments, such as in-kind and cash transfers. The brief summarizes regional evidence and presents recommendations for supporting and reaching marginalized populations, including adolescents and young people at risk or affected by HIV.

Examples of progress in emergency and humanitarian settings

72. The Global Partnership, in collaboration with the UNAIDS Secretariat and ILGA-Europe organized an event during IDAHOBIT 2022, focusing on the rights of LGBTI persons in Ukraine. The event raised awareness about the human rights challenges and the actions required by Member States of the European Union to address them. In 2020, UNHCR and ILO, with support from the UNAIDS Secretariat, implemented a virtual capacity-building project targeting staff of the State Migration Service in Ukraine. The aim was to raise awareness and strengthen capacities for protecting the human rights of refugees and asylum seekers who are living with HIV, TB or identify as LGBTI.
73. In Peru, ahead of the country joining the Global Partnership, national counterparts from the HIV response are working with the country's Congress to introduce reforms in the national health insurance system that would include migrants living with HIV and key populations as beneficiaries.
74. In the Islamic Republic of Iran, the Global Partnership provided a framework for developing and incorporating anti-stigma and discrimination interventions in the national strategic plan on HIV. This bolstered Iran’s commitment to deliver quality HIV services, including in emergency settings. Emergency health-care workers have subsequently been trained to ensure that emergency services are accessible and confidential.

Taking stock of the Global Partnership

75. The Global Partnership is an important channel for increasing the coherence of country actions, as well as the efficiency and effectiveness of funding for interventions to end HIV-related stigma and discrimination in focus countries. Leveraging the USAID-funded Last Mile First initiatives, the Global Partnership utilized the UNAIDS Secretariat’s Technical Support Mechanism to increase technical support to countries and communities of people living with HIV, key populations and other populations who are vulnerable to HIV. The Last Mile First initiatives place special emphasis on advancing

technical assistance provision in priority areas^{vii} in order to make full use of Global Fund investments and support the Global AIDS Strategy.

76. In the past three years, the Global Partnership's work included (i) capacity-building; (ii) advocacy and technical support for law reform; (iii) interventions in crisis situations to avert violence and other harms among key populations; (iv) stigma index studies; (v) gender assessments of the HIV response; (vi) adjustment of subnational programme planning to strengthen local responses for key populations; and (vii) improved alignment of programmes to increase community leadership in efforts to strengthen societal enablers. Continued support and funding is needed to support community-led monitoring and reporting of HIV-related stigma, discrimination and violence.
77. Through its convening power, the Global Partnership strengthened 16 multistakeholder stigma and discrimination mechanisms^{viii} and 19 national action plans on HIV-related stigma and discrimination.^{ix} These plans aim to streamline and scale-up the implementation of coordinated, cost-effective, community-prioritized and evidence-based interventions that are backed by political, donor and partner commitments.
78. Under the leadership of GNP+, the Global Partnership has also strengthened the capacities of communities^x to effectively advocate for their rights and meaningfully participate in multistakeholder mechanisms and plans; in funding applications; and in the implementation, monitoring and evaluation of actions to ensure that grants and programmes respond to the needs and priorities of people living with and affected by HIV. As a result, 20 countries have accelerated stigma and discrimination reduction in priority settings,^{xi} 19 have advanced law reform and/or increased access to justice for key populations,^{xii} and eight priority countries are developing targeted legal and political advocacy campaigns to advance the decriminalization agenda.^{xiii}

^{vii} The priority areas are: (i) improving community-led services and monitoring for people living with HIV and vulnerable populations; (ii) expanding community responses in western and central Africa; (iii) addressing stigma and discrimination, and removing structural barriers to the realization of human rights; and (iv) strengthening sustainable national ownership and domestic investment, and optimizing the efficiency and effectiveness of the HIV response.

^{viii} They include the Global Fund's Breaking Down Barriers Technical Working Groups, Global Fund Country Coordinating Mechanisms or National AIDS Committees. The countries are: Angola, the Central African Republic, Côte d'Ivoire, Democratic Republic of Congo, Jamaica, Kazakhstan, Kyrgyzstan, Liberia, Moldova, Mozambique, Papua New Guinea, Senegal, South Africa, Thailand, Ukraine and Uganda.

^{ix} Countries with finalized action plans are the Central African Republic, Côte d'Ivoire, Democratic Republic of Congo, the Gambia, Guinea, Islamic Republic of Iran, Jamaica, Liberia, Nepal, Senegal, South Africa, Tajikistan, Thailand and Uganda. Countries where action plans are under development or almost finalized are Argentina, Mozambique, Kazakhstan, Kyrgyzstan and Ukraine.

^x Including civil society groups and, in particular, networks of people living with HIV, as well as women's rights and key population-led organizations.

^{xi} The Central African Republic, Côte d'Ivoire, Democratic Republic of Congo, the Gambia, Islamic Republic of Iran, Jamaica, Kazakhstan, Kyrgyzstan, Guinea, Laos, Liberia, Moldova, Nepal, Papua New Guinea, Senegal, South Africa, Thailand, Uganda and Ukraine.

^{xii} Angola, Argentina, the Central African Republic, Democratic Republic of Congo, the Gambia, Guinea, Jamaica, Kazakhstan, Kyrgyzstan, Laos, Liberia, Moldova, Nepal, Senegal, South Africa, Thailand, Uganda and Ukraine.

^{xiii} Côte d'Ivoire, Ghana, Jamaica, Kazakhstan Mozambique, Nigeria, South Africa, Thailand and Uganda. The first six countries are part of the focal country collaboration and receive focused support for improving alignment and coordination among partners and advancing implementation of the Stigma Index v2.0. They have an excellent landscape for strengthening coordinated multistakeholder systems and Global Fund grant implementation. Uganda and Nigeria were selected as participants in the Love Alliance Partnership (a programme promoting sexual and reproductive health, funded by the Netherlands, and which involves the global network of people living with HIV). Those two countries have strong community engagement, especially among key populations, which presents opportunities for community capacity building. Kazakhstan was chosen because of its strong community engagement and potential for legal reform.

Examples of regional mobilization

79. In West and Central Africa a six-country regional workshop with was convened in Abidjan, with support from GNP+, to train national stakeholders on the People Living with HIV Stigma Index survey v2.0 sampling methodology, data collection and participant recruitment. Countries are expected to roll-out their Stigma Index surveys and use the findings to inform their national strategic plans, funding requests and reporting on progress towards the 2025 targets.
80. In Asia and the Pacific, series of regional consultations on HIV-related stigma and discrimination for countries in the Association of Southeast Asian Nations (ASEAN) were co-convened by the Global Partnership to facilitate country exchanges on the implementation of anti-stigma and discrimination programmes. The consultations were organized with key partners, such as the Thai Ministry of Health, the ASEAN Secretariat, Cosponsors and regional networks of people living with HIV and key populations. In 2022, the regional consultations focused on HIV-related stigma and discrimination in the workplace, community, health-care and education settings.
81. The regional consultation on workplace settings was organized jointly with the Philippines National AIDS Council to explore available resources and considerations for addressing HIV-related stigma and discrimination in the world of work. The consultation resulted in the Philippines National AIDS Council committing to prioritize the workplace as a focus setting for the national action plan to tackle stigma and discrimination. Similarly, a regional consultation on the justice setting was also co-convened to discuss strategies for increasing access to justice, including *pro bono* legal services.
82. In eastern Europe and central Asia, the Global Partnership brought together several stakeholders, including the Joint Program, the United States Agency for International Development (USAID) and the Soros Foundation to align plans and funding for maximal impact on efforts to end HIV-related stigma and discrimination.

Examples of the Global Partnership galvanizing catalytic partnerships

83. To further support coherence of funding allocations and actions at the national level, the Global Partnership is part of a focal countries collaboration that includes PEPFAR, the National Health Institute, UNAIDS and the Global Fund. The focal countries collaboration aims to measurably reduce stigma and discrimination in focal countries over a period of three to five years.
84. The collaboration involves increased coordination, collaboration and planning among communities, partner governments, the Global Fund, UNAIDS and PEPFAR. It supports and builds on the roll-out and findings of the HIV Stigma Index v2.0 to tailor country plans and budgets to sustainable, comprehensive and coordinated evidence-based interventions to end all forms of HIV-related stigma and discrimination. These country plans and budgets are integrated in country and regional operational plans in PEPFAR-supported countries and in Global Fund grants to countries under the Breaking Down Barriers initiative. Côte d'Ivoire, Ghana, Jamaica, Mozambique, South Africa and Thailand are currently covered under phase one of the collaboration.
85. In October 2022, Luxembourg became the first European Union Member State to join the Global Partnership. In addition to domestic implementation, Luxembourg has also committed to champion the Global Partnership within the European Union, as well as engage with partner countries to promote enabling and inclusive legal environments. Spain has identified HIV as one of the priority themes for its Presidency of the Council of the European Union, which begins in the second semester of 2023. Spain's Ministry of

Health is collaborating with the Global Partnership to develop a policy document on eliminating HIV-related stigma and discrimination.

86. In October 2021, the US Centers for Disease Control and Prevention (CDC) joined the Global Partnership, a move that facilitates the mobilization of their support in the countries where they are active. A cooperation agreement between UNAIDS and CDC on stigma and discrimination ensures catalytic funding to eliminate stigma and discrimination in three of the six focal countries collaboration countries.
87. In an effort to move towards a more intentional gender transformative approach, the Global Partnership has engaged with Women4GlobalFund to ensure that the needs of women and girls in all their diversity are addressed in the implementation of the national human rights plans. An initial "deep dive dialogue" with marginalized women in Jamaica and Uganda was held and follow-up on recommendations is underway to address the identified gaps in ensure their full inclusion in implementation of the Global Partnership and its stigma and discrimination interventions.
88. The International AIDS Society is collaborating with the Global Partnership and Hera Solutions to develop a consensus statement that will highlight best practices and strategic programmatic priorities to reduce HIV-related stigma and discrimination.

Global Partnership champion countries

89. Thailand is among the countries that have demonstrated strong resolve to end all forms of HIV-related stigma and discrimination. As early as 2014, it set the elimination of HIV-related stigma and discrimination as a strategic goal with a focus on health-care settings. In March 2020, it joined the Global Partnership and expanded this work to more settings, including: households and communities; workplaces; health care; education; justice systems; and emergency and humanitarian settings. Interventions across all six settings are formalized in the country's *National multisectoral and costed action plan to eliminate all forms of HIV-related stigma and discrimination: 2022–2026*, which the National AIDS Council endorsed in mid-2022.
90. Jamaica is another example where the Global Partnership has brought coordination, coherence and mutual accountability to reach the 10–10–10 societal enablers targets. The Global Partnership spearheaded the development of a five-year operational plan to end stigma and discrimination in five settings and has produced two annual reports that include an overview of all human rights-related interventions in Jamaica. The Global Partnership also developed and launched an online monitoring dashboard, which provides useful information on the progress made thus far and on areas where stigma and discrimination continue to occur. The compiled information informed the new Global Fund country grant to ensure that human rights interventions are aligned with the national strategic plan and the global targets to end AIDS.
91. Moving forward, the Global Partnership in Jamaica, which is now chaired by the State Minister for Health, Juliet Cuthbert-Flynn, is advocating with communities and parliamentarians to pass a national anti-discrimination law and create a national human rights institution. The Global Partnership is also working towards creating a permanent parliamentary caucus on non-discrimination, aimed at maintaining an ongoing dialogue between lawmakers and communities on issues related to rights and health.
92. In 2022, both Jamaica and Thailand were selected as two of the six participants in phase two of the focal countries collaboration. With support from UNAIDS and the Global Partnership, they received "catalyst financial support" from the US CDC-PEPFAR to galvanize national efforts on ending all forms of HIV-related stigma and

discrimination, while implementing strategies that may serve as models for their respective regions. In Thailand, one such strategy is the use of Undetectable = Untransmittable (U=U) as a key message to identify and address individual and structural factors that contribute to stigma and discrimination around HIV, condom use, sex work and substance use. Another involves using the "reach, recruit, test, treat, prevent and retain cascade" in the HIV response to involve community leaders in the delivery of stigma-free HIV and health services for key populations. Continued political will and ownership, as well as increased domestic funding, are critical to the success of these interventions.

93. The Central African Republic has succeeded, through strong advocacy, in passing a new HIV law in its National Assembly. In close collaboration with the Minister of Justice, the HIV law was revised to decriminalize HIV transmission and protect the human rights of people living with HIV and key populations, including by lowering the age of consent for HIV testing, and by increasing young people's access to HIV services. In addition, the new law also guarantees the protection and care of women survivors of sexual violence and includes information on sexual and reproductive health and rights, as well as education and training on HIV in schools, prisons and the workplace.
94. Other improvements in the Central African Republic include the introduction of post-test psychosocial support, self-testing, confidentiality, counselling, free and informed consent, discrimination and stigma prevention in prisons, prophylaxis, psychosocial support, and anonymous HIV testing. In addition, certain concepts necessary for the HIV response are more prominent in the new HIV law. These include testing for adolescents and minors, and upholding the principle of acting in the best interests of the child. Follow-up discussions with the president of the National Assembly included preliminary plans for dissemination sessions of the new HIV law in partnership with the National Assembly and the president of the National Assembly.

Conclusion

95. HIV-related stigma and discrimination, in all their forms, continue to undermine interventions across the HIV prevention, treatment and care continuum and constitute major barriers to ending AIDS as a public threat by 2030.
96. As of November 2022, the Global Partnership for action to end all forms of HIV-related stigma and discrimination was being implemented in 33 countries. In the past two years, 15 countries have joined the Global Partnership.
97. The Partnership is designed to pool resources and expertise to deliver coherent interventions aimed at ending HIV-related stigma and discrimination. Since its launch in 2018, the Partnership has harnessed the power of governments, civil society and the UN to fast-track actions for countries to reach the 2025 targets related to the societal enablers of the HIV response.
98. It demonstrates the importance of political will, coordinated technical support, coherent interventions and adequate funding. It also underscores the value of joint efforts by governments and communities and civil society, with support from the Joint Programme, the Global Fund, US CDC, PEPFAR and USAID. The Partnership marks a purposeful attempt to enhance the coordination of efforts and investments from governments, communities, civil society, funders and the UN. Additional work done by Cosponsors and with other stakeholders complements those activities and initiatives.
99. The Global Partnership offers proof of concept for scaling-up technical support, advocacy, partnerships and coordination at global, regional, national and local levels, in

order to achieve faster progress on ending all forms of HIV-related stigma and discrimination.

100. It will take time to achieve the reforms needed to end all forms of HIV-related stigma and discrimination; the full impact of the Global Partnership will only be felt after some years. However, progress is already being made in the 33 countries that have already joined the Global Partnership. They are on the path to end HIV-related stigma and discrimination in at least three of the six priority settings (health care, education, employment, justice, humanitarian and communities). They have committed to, and are already taking concrete, measurable and targeted steps to end all forms of HIV-related stigma, discrimination and violence by 2025.

Proposed decision points

The Programme Coordinating Board is invited to:

101. Welcome the continued interest of member states in joining the Global Partnership to end all forms of HIV-related stigma and discrimination and commends the countries that have joined since last report;

102. Take note of the report;

103. Call on Member States to:

- a. Fast-track, targeted and measurable actions to end all forms of HIV-related stigma and discrimination;
- b. Support and leverage the Global Partnership for Action to End All Forms of HIV-Related Stigma and Discrimination to accelerate political will, and allocate sufficient domestic funding to support community led actions to end stigma and discrimination;

104. Request the Joint Programme to:

- a. Support countries to enhance coherence and coordination of actions and investments, including through the Global Partnership, to achieving measurable and targeted results and reaching the 2025 targets;
- b. Further support countries to scale-up interventions to end HIV-related stigma and discrimination across all six settings and prioritize funding and interventions proven to reduce or end HIV related stigma and discrimination;
- c. Continue to promote and strengthen support for the Global Partnership for Action to End All Forms of HIV-Related Stigma and Discrimination, at global, regional and national levels with particular emphasis on community leadership;
- d. Report to the Programme Coordinating Board on further progress at a future meeting of the Programme Coordinating Board.

Endnotes

- ¹ Decision point 2.3 in UNAIDS/PCB (49)/21.30. Geneva: UNAIDS; 2020 (https://www.unaids.org/sites/default/files/media_asset/PCB49_Stigma__Discrimination_EN.pdf).
- ² In danger: Global AIDS update 2022. Geneva: UNAIDS; 2022 (https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf).
- ³ Global AIDS update 2022, p. 132. The report cites concomitant barriers to access to services, such as legal barriers, including laws that criminalize key populations and regulations related to age-of-consent for accessing services; limited physical access to facilities; unexpected costs, including services-user fees; drug side effects and difficulties adhering to treatment. All these factors, with stigma and discrimination, including gender-related stigma and discrimination and gender inequalities, contribute to poor access to, and retention on services.
- ⁴ Global AIDS update 2022, p. 153.
- ⁵ Global AIDS update 2022, p. 97.
- ⁶ Global AIDS update 2022, p. 103.
- ⁷ Global AIDS update 2022, p. 160.
- ⁸ Global AIDS update 2022, p. 108.
- ⁹ Key barriers to women's access to HIV treatment: a global review. New York: UN Women; 2017 (<https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2017/Key-barriers-to-womens-access-to-HIV-treatment-A-Global-Review-en.pdf>).
- ¹⁰ Global AIDS update 2022, p. 124.
- ¹¹ Global AIDS update 2022 p. 9 and p. 19. According to the report, trends in HIV infections and AIDS-related deaths are driven by the availability and accessibility of quality HIV services.
- ¹² The Global AIDS update 2022 refers to several studies demonstrating the negative impact of multiple, compound and intersectional discrimination based on factors including age, sex, gender, race, sexual orientation, social origin, HIV and other health status, economic status and disability on access to HIV prevention, testing, treatment and care services. See also: Qualitative study on stigma and discrimination experienced by indigenous peoples living with HIV or having tuberculosis at work. Geneva: ILO; 2019 (https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf).
- ¹³ Political Declaration on HIV and AIDS: Ending inequalities and getting on track to end AIDS by 2030. New York: United Nations General Assembly; 2021 (https://www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf).
- ¹⁴ Global HIV discrimination in the World of Work survey. Geneva: ILO; 2021 (https://www.ilo.org/global/publications/books/WCMS_830267/lang--en/index.htm). The survey was conducted in 50 countries to find out the views and sentiments of the general population towards people living with HIV.
- ¹⁵ Global AIDS update 2022, p. 68.
- ¹⁶ AVAC, Athena Network, Salamander Trust. Key barriers to women's access to HIV treatment: a global review. New York: UN Women; 2017 (<https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2017/Key-barriers-to-womens-access-to-HIV-treatment-A-Global-Review-en.pdf>).
- ¹⁷ We've got the power—Women, adolescent girls and the HIV response. Geneva: UNAIDS; 2020 (https://www.unaids.org/sites/default/files/media_asset/2020_women-adolescent-girls-and-hiv_en.pdf).
- ¹⁸ Women, business and the law [online database]. Washington: World Bank; 2022 (<https://wbl.worldbank.org/>).
- ¹⁹ Updated position paper on the criminalization of HIV non-disclosure, exposure and transmission. Online resource: International Community of Women Living with HIV; 2015. See also Patterson S. et

al. Impact of Canadian human immunodeficiency virus non-disclosure case law on experiences of violence from sexual partners among women living with human immunodeficiency virus in Canada: implications for sexual rights. *18 Women's Health*. 2022; 18(e17455065221075914). See also: Symington A, Chingore-Munazvo N, Moroz S. When law and science part ways: the criminalization of breastfeeding by women living with HIV. *Therapeutic Advances in Infectious Disease*. 2022; 9]; and Positive Justice Project. Women and HIV criminalization [Online resource] (<https://www.hivlawandpolicy.org/sites/default/files/Women%20and%20HIV%20Criminalization.pdf>).

²⁰ We've got the power—Women, adolescent girls and the HIV response. Geneva: UNAIDS; 2020 (https://www.unaids.org/sites/default/files/media_asset/2020_women-adolescent-girls-and-hiv_en.pdf).

²¹ Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination – minimum package of interventions for six settings. Geneva: UNAIDS; 2020 (https://www.unaids.org/en/topic/global_partnership_pubs).

²² *Ibid.*

²³ See the website of the Global Partnership for action to end all forms of HIV-related stigma and discrimination at <https://www.unaids.org/en/topic/global-partnership-discrimination>.

²⁴ Online course on HIV testing at the workplace. Geneva: ILO; 2021 (https://www.ilo.org/global/topics/hiv-aids/news-and-events/WCMS_832085/lang--en/index.htm).

²⁵ How to make social protection inclusive of people living with HIV and key populations: a checklist. Geneva: ILO; 2022 (https://www.ilo.org/global/topics/hiv-aids/publications/WCMS_852400/lang--en/index.htm).

²⁶ Positive learning: meeting the needs of young people living with HIV in the education sector. Paris, Amsterdam: UNESCO and Global Network of People Living with HIV; 2012 (<https://healtheducationresources.unesco.org/library/documents/positive-learning-meeting-needs-young-people-living-hiv-yplhiv-education-sector>).

²⁷ For further information UNAIDS/PCB (50)/22.24 - Thematic segment agenda: Positive learning. Harnessing the power of education to end HIV-related stigma and discrimination, empower young people and provide a comprehensive HIV response. Geneva: UNAIDS; 2022 (<https://www.unaids.org/en/resources/documents/2022/Agenda%20Item%2010%3A%20Thematic%20Segment%20Agenda>).

²⁸ Barré-Sinoussi F et al. Expert consensus statement on the science of HIV in the context of criminal law. *Journal of Internal AIDS Society*. 2018; 21(7): e25161. Co-authored by 20 leading HIV experts, with support from HIV Justice Network, the International AIDS Society, the International Association of Providers of AIDS and the UNAIDS Secretariat, the article provides a basis for using up-to-date scientific evidence in criminal cases related to HIV non-disclosure, exposure and transmission, with a view to limit unjust prosecutions and convictions.

²⁹ Equality of opportunity for sexual and gender minorities. Washington: The World Bank; 2021 (<https://www.worldbank.org/en/publication/equality-of-opportunity-for-sexual-and-gender-minorities>).

³⁰ Social protection, food security and nutrition: Critical enablers for reducing HIV-related vulnerabilities amongst adolescents and young people (policy brief). Rome: World Food Program; 2022 (<https://www.wfp.org/publications/social-protection-food-security-and-nutrition-critical-enablers-reducing-hiv-related>).

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