

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

**Additional documents for this item:** N/A

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

100. *Take note* of the report;
101. *Call on* Member States to:
  - a. utilize available tools and indicators to set baselines and to monitor progress in reducing HIV-related stigma and discrimination in all its forms;
  - b. accelerate and adequately resource evidence-based programmatic action to reduce HIV-related stigma and discrimination, in collaboration with civil society and community networks in health-care, employment, education, emergency and humanitarian, justice and community settings, and increase access to justice for people living with, at risk of and affected by HIV in order to reach the 2025 targets;
  - c. review and reform restrictive policy frameworks, including discriminatory laws and practices that undermine access to HIV prevention, testing, treatment and care services;
  - d. join the Global Partnership for Action to Eliminate HIV-related stigma and discrimination, and prioritize implementation of commitments made to tackle stigma and discrimination in health-care, employment, education, emergency and humanitarian, justice and community settings;
102. *Request* the Joint Programme to
  - a. support countries to collect and analyse data on HIV-related stigma and discrimination in health-care, employment, education, emergency and humanitarian, justice and community settings, and to strategically use such data to increase access to, and use of, HIV services and care and to protect human rights in the context of HIV;
  - b. further continue to support community leadership and build partnerships between national governments, civil society, networks of people living with HIV and of key populations and other relevant partners to reduce HIV-related stigma and discrimination;
  - c. continue to support the Global Partnership for Action, and prioritize funding and interventions proven to reduce or end HIV related stigma and discrimination;
  - d. continue to update guidance for the removal of HIV-related stigma and discrimination and support their implementation at country level, and to advocate for domestic and international funding for stigma and discrimination programming, including for the creation of an enabling legal environment; and
  - e. report to the Programme Coordinating Board on progress towards reaching the 2025 targets related to HIV-related stigma and discrimination.

**Cost implications for implementation of decisions:** none

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## EXECUTIVE SUMMARY

1. HIV-related stigma and discrimination remain among the major obstacles blocking the achievement of the goal of ending AIDS as a public health threat by 2030. Stigma and discrimination violate the rights and dignity of people living with or affected by HIV, and result in denying them access to HIV prevention, testing and treatment services. Even in countries and regions showing strong progress towards ending their AIDS epidemics, stigma and discrimination continue to impede equitable progress.
2. Stigma entails devaluation, discrimination and exclusion, which contribute to constructing and reinforcing social inequalities that put individuals and groups of individuals at a systemic disadvantage in accessing opportunities, goods and services, including for healthcare and HIV. The COVID-19 pandemic has highlighted the impacts of social inequalities on health and on timely access to healthcare, goods and services for individuals and communities, especially those that are marginalized, excluded, and are effectively being 'left behind'. It has also reinforced a key tenet of the HIV response that tackling inequalities and their root causes, mainly stigma and discrimination, is key to ensuring sustainable responses to old and new global health crises.
3. It is in recognition of the importance of tackling stigma and discrimination that the *Global AIDS Strategy 2021-2026—End Inequalities. End AIDS* (the Global AIDS Strategy) lays out targets dedicated to the societal enablers of the HIV response. The 10-10-10 targets by 2025 aim to remove the social and legal impediments that limit or deny access or utilization of HIV services. Specifically, the targets set for the implementation of the Global AIDS Strategy include that, by 2025:
  - less than 10% of people living with HIV and key populations will experience stigma and discrimination;
  - less than 10% of people living with HIV, women and girls and key populations will experience gender-based inequalities and gender-based violence; and
  - less than 10% of countries will have punitive laws and policies that result in denying or limiting access to HIV services.
4. In the 2021 *Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030* (the 2021 Political Declaration), United Nations Member States committed to reach these targets by achieving the following set of actions:
  - review and reform 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 or affected by HIV;
  - expand investment on societal enablers;
  - end impunity for human rights violations against people living with or affected by HIV;
  - ensure that less than 10% of people living with HIV and key populations experience stigma and discrimination by 2025;
  - ensure political leadership at the highest level to eliminate all forms of HIV-related stigma and discrimination; 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.

5. With a view to addressing multiple forms of stigma and discrimination that intersect with HIV-related stigma and discrimination, including those based on gender, the 2021 Political Declaration affirms UN Member States' commitment to put gender equality and the human rights of all women and girls in diverse situations and conditions at the forefront of efforts to mitigate the risks and impacts of HIV. States committed to 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.
6. Tools, including indicators, are being refined to closely monitor progress towards ending HIV-related stigma and discrimination over time and across countries and regions. The Joint UN Programme on HIV/AIDS, leveraging each Cosponsor's comparative advantage, has continued to support country efforts to eliminate HIV-related stigma and discrimination in settings where stigma and discrimination occur most often. These are the health-care, employment, education, emergency and humanitarian settings, the justice system and in households and communities.
7. The COVID-19 pandemic has reinforced inequalities and systemic discrimination against already marginalized populations, including people living with or affected by HIV. Lessons from the use of a human rights-based approach in the HIV response and agile reactions from Cosponsors were important for mitigating some of the pandemic's effects on communities and for getting countries back on-track to end HIV-related stigma and discrimination.
8. The Global Partnership for action to eliminate HIV-related stigma and discrimination (the Global Partnership) was launched in 2018 in response to the NGO Delegation's call for action at the 41st PCB meeting. Since then, it has developed into a fully-fledged platform for catalysing, accelerating and translating State commitments into measurable policy changes and programmatic interventions to tackle HIV-related stigma and discrimination. In September 2021, the Global Fund formally joined as a co-convenor of the Global Partnership, along with the original co-conveners, namely the Global Network of People Living with HIV, UN Women, the United Nations Development Programme and UNAIDS Secretariat. This will strengthen coordination and increase the scale of technical assistance and investments to eliminate HIV-related stigma and discrimination, including in the 28 countries that have joined the Global Partnership.
9. As the global response to HIV moves towards achieving the newly defined targets for 2025, it is vital that countries accelerate and scale-up concrete actions, provide sufficient funding and roll out adequate tools for measuring progress and ensuring community involvement in removing the human rights-related barriers to HIV services and eliminating all forms of stigma and discrimination faced by people living with or affected by HIV.

## INTRODUCTION

10. This Update Report responds to the following decisions taken at the 45th meeting of the Programme Coordinating Board (PCB), related to Agenda Item 6: Update on actions to reduce stigma and discrimination in all its forms:
  - 8.2 *Request the UNAIDS Joint Programme 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.*

## UPDATED OVERVIEW OF THE STATE OF HIV-RELATED STIGMA AND DISCRIMINATION

11. According to the *Global AIDS Update 2021*, stigma and discrimination related to actual or perceived HIV status remain high across the world. They continue to increase vulnerability to HIV infection and undermine access to HIV-related prevention, testing, treatment and care services. The *Global AIDS Update* reports that in 52 of 58 countries with recent population-based survey data, more than 25% of people aged 15–49 years reported holding discriminatory attitudes towards people living with HIV, and more than 50% held discriminatory attitudes in 36 of 58 countries.<sup>1</sup>
12. The People Living with HIV Stigma Index surveys<sup>2</sup> remain the most reliable source of data on experiences of stigma and discrimination among people living with HIV in countries reporting to the Joint UN Programme on HIV/AIDS (UNAIDS). In 2020, the methodology of the Stigma Index was updated to improve the comparability of data on HIV-related stigma and discrimination historically and across settings.<sup>3</sup> The new methodology includes a standardized sampling approach for collecting data, which allows for more systematic measurement of progress towards zero HIV-related stigma and discrimination. Since January 2020, 45 countries and territories worldwide have

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<sup>1</sup> The 25 countries are: Angola, Argentina, the Central African Republic, Costa Rica, Côte d'Ivoire, the Democratic Republic of the Congo, the Gambia, Guinea, Guyana, Iran (Islamic Republic of), Jamaica, Kazakhstan, Kyrgyzstan, Lesotho, the Lao People's Democratic Republic, Liberia, the Republic of Moldova, Mozambique, Nepal, Papua New Guinea, Senegal, South Africa, Thailand, Uganda and Ukraine.

<sup>2</sup> The People Living with HIV Stigma Index is a community-led research initiative that gathers data on the various forms of stigma and discrimination experienced by people living with HIV. It is managed by the PLHIV International Partnership (a coalition led by the Global Network of People Living with HIV), the International Community of Women living with HIV and UNAIDS, with support from the Johns Hopkins University.

<sup>3</sup> The methodology of the PLHIV Stigma Index 2.0 ensures, *inter alia*, methodological consistency, data protection, security and ownership standards, sampling guidelines for greater participation of key populations and the leadership of people living with HIV. The PLHIV Stigma Index 2.0 was developed and launched in 2020, with support from the United States President's Emergency Plan for AIDS Relief.

initiated a People Living with HIV Stigma Index survey; they are at various stages of implementation.

13. Overlapping forms of discrimination, including those on based on gender, gender identity, age, race, socioeconomic status, sexual orientation, current or prior imprisonment, sex work and drug use also increase stigma and discrimination against people living with or affected by HIV<sup>i</sup> and affect their vulnerability to HIV infection and access to HIV services.
14. According to the *Global AIDS Update*, key populations are especially vulnerable to HIV infection in all regions of the world. People who inject drugs are at 35 times greater risk of acquiring HIV infection than people who do not inject drugs; transgender women are at 34 times greater risk of acquiring HIV than other adults; female sex workers are at 26 times greater risk of acquiring HIV than other adult women; and gay men and other men who have sex with men are at 25 times greater risk of acquiring HIV than heterosexual adult men. Overall, key populations and their sexual partners accounted for an estimated 65% of HIV infections worldwide in 2020 and 93% of infections outside of sub-Saharan Africa.<sup>ii</sup>
15. Gender-based violence, which disproportionately affect women and girls, also increases vulnerability to HIV infection and undermines access to HIV services. During the COVID-19 pandemic, social restrictions imposed to limit the spread of the virus reportedly have contributed to substantial increases of gender-based violence in many countries, including violence targeting women living with HIV and women belonging to key populations.<sup>iii</sup>
16. Stigma and discrimination against people living with or affected by HIV remain embedded in the laws and policies of many countries across the globe. According to the *Global AIDS Update 2021*, ninety-six countries are reported as having laws that criminalize the non-disclosure, exposure, and transmission of HIV and an additional 39 countries as having prosecuted cases of nondisclosure, exposure and transmission of HIV based on general criminal law provisions. Nearly all countries reporting to UNAIDS criminalize some aspect of sex work, and all but a handful of countries criminalize drug use or possession. Seventy-two countries criminalize same-sex relations and 22 countries either formally criminalize or have prosecuted transgender people. Forty-six countries and territories retain restrictions based on HIV status on entry, stay and residence and, among 190 countries reporting these data in 2020, at least 32 countries lacked legislation addressing domestic violence.<sup>iv</sup>
17. Despite important progress in the reform of these laws between 2019 and 2021,<sup>4</sup> in many countries discriminatory and punitive laws and policies remain major barriers to access to services and to the well-being of people living with or affected by HIV. These

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<sup>4</sup> Countries that have recently ended criminalization of same-sex sexual relations include Angola, Bhutan, Botswana, Gabon and India. Pakistan reformed its laws related to transgender persons. Belgium, Chile, France, Greece, Iceland, Luxembourg, Portugal and Uruguay are among the countries that have opened legal avenues for changing gender markers and names without the requirement of undergoing gender-reassignment surgery.

The Philippines, Colombia, Mexico, the state of Illinois (United States of America) reformed their laws criminalizing HIV, and Malawi opted not to include criminal provisions in its new HIV law. Some countries, however, have moved in the opposite direction, amending their laws in ways that allow for harsher sentences in cases of HIV exposure.

Angola and New Zealand removed their remaining restrictions on entry, stay and residence based on HIV status and as of March 2020, sex work had also been legalized or decriminalized in Aruba, parts of Australia, Austria, Bonaire, Ecuador, Germany, Greece, the Netherlands, the state of Nevada (United States of America), Niue, Peru, the Plurinational State of Bolivia, Saint Maarten, Switzerland, Taiwan, Turkey and Uruguay, according to research by the Global Network of Sex Work Projects.

laws perpetuate HIV-related stigma, discrimination and violence. The criminalization of key populations, for example, is known to have undermine HIV prevention and treatment.<sup>v</sup> In addition to discriminatory laws, harmful practices, such as involuntary sterilization and forced abortion of women living with or affected by HIV, were reported in over 31 countries, according to the Global Network of People Living with HIV (GNP+).<sup>vi</sup> A human rights-based approach to mistreatment and violence against women in reproductive health services, with a focus on childbirth and obstetric violence, remains imperative both to protect rights of women and girls and to achieve the goal of ending AIDS by 2030.

## **STIGMA AND DISCRIMINATION IN THE GLOBAL AIDS STRATEGY AND THE UNAIDS UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK (UBRAF)**

18. In March 2021, the Programme Coordinating Board (PCB) of UNAIDS adopted the *Global AIDS Strategy 2021–2026 – End Inequalities. End AIDS* (the Global AIDS Strategy).<sup>vii</sup> The Global AIDS Strategy is an ambitious blueprint for ending the inequalities that drive the AIDS epidemic, putting people at the centre and getting the world on-track to end the AIDS epidemic by 2030. It uses an inequalities lens to approach the links and interdependencies between the Strategy's three interlinked strategic priorities: maximize equitable and equal access to HIV services and solutions; break down barriers to achieving HIV outcomes; and fully resource and sustain efficient HIV responses and integrate them into systems for health and social protection, humanitarian settings and pandemic responses.
19. One of the assumptions of the Global AIDS Strategy is that both HIV prevention and treatment outcomes will improve if underlying inequalities, including gender inequalities, and stigma and discrimination are addressed. The Strategy includes a set of 95–95–95 targets (for HIV combination prevention and treatment) and it introduces a set of 10–10–10 targets that are aimed at removing societal and legal barriers that undermine an enabling environment for HIV programmes. The 10-10-10 targets are: less than 10% of people living with HIV and key populations will experience stigma and discrimination; less than 10% of people living with HIV, women and girls and key populations will experience gender-based inequalities and gender-based violence; and less than 10% of countries will have punitive laws and policies by 2025.
20. The UNAIDS 2022–2026 Unified Budget, Results and Accountability Framework (UBRAF),<sup>viii</sup> approved by the PCB in October 2021, provides the framework for operationalizing the collective contribution of the Joint Programme to the implementation of the Global AIDS Strategy 2021–2026. To close the gaps and accelerate progress in the HIV response, the UBRAF sets out the strategic priorities and results, which the Joint Programme will seek to achieve. These include a strengthened emphasis on supporting countries to tackle societal enablers through more robust social, institutional and structural capacities of countries and communities for social protection, establishing and strengthening enabling legal and policy environments, successfully eliminating stigma and discrimination, and reaching gender equality in the HIV response.
21. To remove multiple and intersecting forms of stigma and discrimination for people living with or affected by HIV, including key populations and women and girls, the Joint Programme will focus on high-level actions which include those highlighted in Result Area 5 of the UBRAF. Specifically, the Joint Programme will:
  - provide technical support and guidance to governments, communities and other stakeholders for the development, implementation, scale-up and monitoring of sustainable, evidence-based human rights programming;



- leverage partnerships (such as the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination) and other platforms (such as the Global Commission on HIV and the Law)<sup>5</sup> to promote access to justice, the creation of enabling legal and policy environments, including by removing punitive and discriminatory laws and policies and reducing stigma and discrimination;
- convene, advocate for and support the continued development of human rights guidance, as well as political commitment and funding for human rights interventions and approaches;
- monitor progress towards the removal of human rights barriers, and support communities and governments to monitor progress and rights violations; and
- promote access to justice for people living with and affected by HIV, in all their diversity.

### **New targets and indicators for measurement of progress towards ending HIV-related stigma and discrimination**

22. The Global AIDS Strategy targets on societal enablers (the 10–10–10 targets) will require an intensified focus on human rights and gender programming, as well as greater support to countries and communities to increase action for creating enabling legal and policy environments, addressing stigma and discrimination, increasing access to justice, and achieving robust measurement of progress.
23. Under the UNAIDS Secretariat's leadership, a review of the National Commitments and Policy Instrument questionnaire (which is part of the Global AIDS Monitoring or GAM tool) was initiated in 2021 to gauge and improve the measurement of progress towards achieving the 2025 targets, including those pertaining to the measurement of HIV-related stigma and discrimination. The entire review process will be completed at the end of 2021, but indicators have already been confirmed for inclusion in the 2022 GAM.
24. GAM indicators for measuring progress towards ending HIV-related stigma and discrimination include the following:
  - the percentage of men and women who report having discriminatory attitudes towards people living with HIV;
  - the percentage of key populations who report having avoided health care because of stigma and discrimination in the past 12 months;
  - the percentage of people living with HIV who report experiences of HIV-related discrimination in health-care settings;
  - the percentage of people in a key population group (sex workers, gay men and other men who have sex with men, people who inject drugs and transgender people) who report having experienced physical and/or sexual violence in the past 12 months
  - the percentage of people living with HIV who report having experienced stigma and discrimination in the general community in past 12 months; and
  - the proportion of people living with HIV who have experienced rights abuses in the past 12 months and have sought redress.

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<sup>5</sup> The Global Commission on HIV and the Law is an independent body, convened by UNDP on behalf of UNAIDS. More information is available at <https://hivlawcommission.org/>.

## Renewed political commitments for the achievement of the 2025 targets

25. To formalize their commitment to achieve the 2025 targets laid out in the Global AIDS Strategy, UN Member States gathered at a Special Session of the United Nations' General Assembly in June 2021 and adopted the *Political Declaration on HIV and AIDS: Ending inequalities and getting on track to end AIDS by 2030*.<sup>ix</sup> The new Political Declaration reaffirms the fundamental need to respect, promote, protect and fulfil all human rights in the HIV response. It also recognizes that ending inequalities, including those related to stigma and discrimination based on real or perceived HIV status, are critical for ending AIDS as a public health threat.
26. To realize human rights, remove barriers to access to services and eliminate stigma and discrimination, Member States agreed to:
  - review and reform 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 or affected by HIV;
  - expand investment on societal enablers;
  - end impunity for human rights violations against people living with or affected by HIV;
  - ensure that less than 10% of people living with HIV and key populations experience stigma and discrimination by 2025;
  - ensure political leadership at the highest level to eliminate all forms of HIV-related stigma and discrimination; 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.
27. In July 2021, the Human Rights Council reinforced the commitments included in the Political Declaration by adopting a new resolution on human rights in the context of HIV and AIDS.<sup>x</sup> This Human Rights Council resolution calls on UN Member States to put human rights at the centre of efforts to tackle inequalities and intersecting forms of discrimination, violence and abuse against all persons living with or affected by HIV. The Council urged Member States to take all necessary steps to meet the commitments made in the Political Declaration on HIV and AIDS. It called on them to put in place societal enablers, including enabling laws and policies, to break the chain of HIV transmission and ensure that all people receive adequate HIV prevention, diagnosis, treatment, care and support throughout their life cycles. The Council further urged States to eliminate all forms of sexual and gender-based violence, including intimate partner violence, by adopting and enforcing laws, changing 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 or affected by HIV.
28. To follow-up on progress made towards the realization of Member States' HIV-related commitments, the Human Rights Council requested that the UN High Commissioner for Human Rights prepare a report describing actions being taken and recommending actions to be intensified or initiated to meet the targets on societal enablers, and to present the report to the Human Rights Council at its 50th session in 2022. The Joint Programme will support countries in implementing and monitoring this resolution of the Human Rights Council.

## UPDATES ON EFFORTS TO END HIV-RELATED STIGMA AND DISCRIMINATION

29. In 2020 and 2021, the Joint Programme supported country efforts to end HIV-related stigma and discrimination in numerous ways, through joint and agency-specific efforts, and through the Global Partnership for Action to Eliminate all forms of HIV-related Stigma and Discrimination (the Global Partnership).<sup>xi</sup> The Global Partnership was created in 2018 in response to a call from the UNAIDS Programme Coordinating Board's (PCB) NGO delegation for concrete actions to tackle HIV-related stigma and discrimination at national level. The Global Partnership has increased coordinated technical assistance and leveraged synergies of action to support country efforts to end stigma and discrimination.
30. The remainder of this report describes how UNAIDS, through the Global Partnership, has used evidence-based guidance and coordinated technical assistance to accelerate country action and expand political support and global leadership to tackle all forms of HIV-related stigma and discrimination. The remainder of the report describes how the Joint Programme, through targeted actions in the settings where HIV-related stigma and discrimination are most frequent, used its catalytic role to support countries to tackle stigma and discrimination. The report provides examples of the Joint Programme's interventions in health-care, employment, education, household and community settings, as well as in emergency and humanitarian settings and in the justice system.

### **The Global Partnership for action to eliminate HIV-related stigma and discrimination**

31. At its inception, the Global Partnership was co-led by UN Women, UNDP, the UNAIDS Secretariat and GNP+. The purpose was to boost country efforts to end stigma and discrimination in countries, including through strengthening political support and global leadership and by providing support for country actions (including technical support and evidence-based programmatic guidance). As of September 2021, 28 countries<sup>6</sup> had formally joined the Global Partnership and were at various stages of developing time-bound and measurable roadmaps and action plans for ending HIV-related stigma and discrimination in settings where stigma and discrimination are most common.
32. The Global Partnership has successfully increased political support and global leadership for tackling HIV-related stigma and discrimination. It also has been successful at increasing technical support guidance, while strengthening the capacities of civil society and networks of people living with or affected by HIV, and key populations to demand discrimination-free HIV services. Specific examples of the Global Partnership's actions are described below.

#### *Expanding political support and global leadership*

33. In 2020, the Global Fund formally joined the Global Partnership as a co-convenor to increase the coherence of country interventions, investments and coordination of actors involved in tackling stigma and discrimination. In many countries, the Global Fund's country coordinating mechanisms have been used as platform to coordinate the implementation of Global Partnership country action plans. In September 2021, the United States of America's Centres for Disease Control and Prevention also formally expressed commitment to join as a co-convenor. The United States of America's

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<sup>6</sup> Angola, Argentina, Central African Republic, Costa Rica, Côte d'Ivoire, Democratic Republic of the Congo, Ecuador, Gambia, Guinea, Guyana, Iran (Islamic Republic of), Jamaica, Kazakhstan, Kyrgyzstan, Lao People's Democratic Republic, Lesotho, Liberia, Moldova, Mozambique, Nepal, Papua New Guinea, Philippines, Senegal, South Africa, Tajikistan, Thailand, Uganda and Ukraine.

President's Emergency Plan for AIDS Relief (PEPFAR) and the United States of America's National Institutes of Health are already working closely with the Global Partnership in support of the implementation and roll-out of action plans in countries.

34. Joint efforts and collaborations within the Global Partnership created, for example, a model plan of action in western and central Africa which sped up the drafting and validation of action plans and costed interventions in six countries.<sup>7</sup>
35. To amplify the voice of civil society and networks of people living with or affected by HIV to demand discrimination-free HIV services, the Global Partnership supported a side event organized by GNP+ with the Sex Workers Network for Latin America and the Caribbean (RedTraSex), and the Governments of Costa Rica and Jamaica, on eliminating stigma and discrimination in Latin America and the Caribbean. The side event was held during negotiations of the 2021 Political Declaration. Another side event supported by the International Network of People who Use Drugs, with UNODC and WHO, highlighted the critical importance of human rights and evidence-based law enforcement for addressing the needs of people who use drugs. The events drew high-level attention to the need to uphold human rights and deepen community engagement and participation in the HIV response, as well as the need for States to commit to remove human rights barriers to service access, such as HIV-related and intersecting forms of stigma and discrimination.
36. To sustain the momentum for community and high-level mobilization for ending HIV-related stigma and discrimination, the #MoreThan campaign was created in 2021 to raise awareness and stimulate discussions on HIV-related and intersecting stigma and discrimination, spark a global movement and commitment to tackle stigma and discrimination. The #MoreThan campaign leveraged global mobilization around International Labour Day, International Sex Workers' Day, International Nelson Mandela Day, International Drug Users' Remembrance Day, World Humanitarian Day, and Women's Equality Day to highlight stigma and discrimination in various settings and among populations targeted by the Global Partnership.

#### Technical support to accelerate country action

37. Co-conveners of the Global Partnership used technical support to accelerate country action to end HIV-related stigma and discrimination. Examples of dedicated technical support to countries include the inclusion of HIV services in national health insurance in Viet Nam, advocacy for reducing discrimination against women and girls living with or affected by HIV in Senegal, and the adoption and roll-out of a national patients' rights charter to end HIV-related stigma and discrimination in health-care settings in Central African Republic. In Jamaica, support was provided to review, monitor and evaluate progress and efficiency of programmes and interventions for ending HIV-related stigma and discrimination.
38. Twelve country, regional, subregional and global consultants were appointed to assist countries or regions (or specific communities) in implementing the Global Partnership according to their specific realities, priorities and needs. Hosted in UNAIDS Country or Regional Offices, they encouraged governments to join the Global Partnership and supported them to develop roadmaps. UNAIDS supported the convening of national committees and ensured that they were fully inclusive of relevant stakeholders. The latter are important for ensuring accountability for the implementation and monitoring of the Global Partnership, including the development and validation of national human rights action plans. UNAIDS also boosted the Global Partnership's global advocacy

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<sup>7</sup> Côte d'Ivoire, the Democratic Republic of Congo, Gambia, Guinea, Liberia and Senegal.

campaigns at regional and national levels with a focus on changing stigmatizing attitudes and bringing about policy reforms in the settings where HIV-related stigma and discrimination occur most frequently.

39. As a co-convenor of the Global Partnership, GNP+ appointed 16 country coordinators and four regional coordinators who are supporting community-led consultations, knowledge-sharing, planning and implementation of stigma and discrimination interventions. The Global Partnership's website has served as an important repository for resources and platform for knowledge management and sharing.
40. Support to the leadership of communities occurred through the establishment of linkages with key regional networks such as the Southeast Asia Stigma Reduction Quality Improvement Learning Networks, the Services for Key Populations in Asia Program 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 Global Fund, and Coalition Plus.

#### Evidence-based guidance for advancing country action

41. The Global Partnership's support to countries is guided by evidence-based tools for ending HIV-related stigma and discrimination, for example *Evidence for eliminating HIV-related stigma and discrimination*<sup>xii</sup> and *Addressing stigma and discrimination in the COVID-19 response*.<sup>xiii</sup> Both tools are available in French, Portuguese, Russian and Spanish. A third guidance document for monitoring and evaluation of interventions for ending HIV-related stigma and discrimination in the Global Partnership's six settings is under preparation.
42. In the context of countries' response to the COVID-19 pandemic, the Global Partnership used guidance in *Rights in the time of COVID-19: Lessons from HIV for an effective, community-led response*<sup>xiv</sup> for strengthening community engagement in preparing country requests for grants under the Global Fund's COVID-19 Response Mechanism.
43. Drawing on the *Seven key programmes to reduce stigma and discrimination and increase access to justice in national HIV responses*,<sup>xv</sup> the Global Fund's Breaking Down Barriers initiative and national strategic plans for ending AIDS, the Global Partnership has supported countries' efforts at funding and implementing multiyear national strategic plans for ending stigma and discrimination, including grants applications to the Global Fund. Those efforts were consolidated in the Global Partnership's national action plans for each member country.
44. The Global Partnership will continue to expand its membership and focus on more results-oriented interventions in the 28 countries that have signed up. It also plans to continue engaging with relevant donors and technical partners to complement existing efforts and scale up best practices.

#### **Critical Joint Programme actions to support countries to end HIV-related stigma and discrimination**

45. The Joint Programme also supported countries through joint and agency-specific efforts. For example, the World Health Organization (WHO), UNDP, UN Women and the UNAIDS Secretariat, working with other Cosponsors, supported country efforts to mobilize funding from the Global Fund across all windows of Global Fund funding cycles. The Joint Programme's support aimed, among other things, to mainstream

human rights and gender equality programmes in country funding requests, multiyear country plans and baseline assessments.

46. UNDP, in collaboration with other Cosponsors and the UNAIDS Secretariat, provided policy and programme support for implementation of the Global Fund strategy objective of removing human rights barriers, including through the Breaking Down Barriers initiative. This involved supporting country-led legal environment assessments of laws and policies related to HIV, as well as capacity building for enabling environments on rights-based HIV and TB programmes. The Joint Programme also provided support for the development of the Global Fund's Post-2022 strategy to ensure that gender- and human rights-oriented objectives continue to feature.
47. Other examples of the Joint Programme's support for country efforts to end HIV-related stigma and discrimination are described below.

#### In health-care settings

48. During the COVID-19 pandemic, Joint Programme interventions on tackling HIV-related stigma and discrimination in health-care settings were slowed down by the COVID-19 pandemic. Nonetheless, the Joint Programme continued to tackle systemic stigma and discrimination against people living with or affected by HIV. Involuntary sterilization and abortion of women living with HIV, for example, remain common practice in some countries. The UNAIDS Secretariat's support for challenging those harmful practices, including support for strategic litigation and *amicus* briefs, produced positive changes in country laws and policies, as seen in Chile, for example. In 2021, the Government of Chile recognized its international responsibility for human rights violations involving the involuntary sterilization of a woman living with HIV and agreed to prevent such harmful practices from being perpetrated again.<sup>xvi</sup>
49. WHO, with the UNAIDS Secretariat and the International Community of Women Living with HIV (ICW), is also leading a process for strengthening access to sexual and reproductive health and rights services that are free from stigma, discrimination and violence. WHO, the UNAIDS Secretariat and the ICW are working towards mainstreaming human rights, gender equality and community participation in the processes of country certification for the triple elimination of vertical transmission of HIV, hepatitis B and syphilis. This work includes a thorough review of standards, assessment tools and guidance for countries applying or being validated for achieving elimination. The revised standards, assessment tools and guidance will be integrated in the next edition of WHO's *Global Guidance on criteria and processes for validation: elimination of mother-to child transmission of HIV, hepatitis B and syphilis*.<sup>xvii</sup>
50. Other examples of the Joint Programme's actions to tackle HIV-related stigma and discrimination in health-care settings include the training of health-care workers in providing services that are free of stigma and discrimination. In Djibouti, health-care workers and community protection workers in health facilities servicing refugee camps benefited from training on human rights, including on stigma and discrimination, confidentiality and treatment follow-up, thereby supporting continuity of care during the COVID-19 pandemic. In Uganda, UN Women, with the UN Office of the High Commissioner for Human Rights (OHCHR) and the UNAIDS Secretariat, facilitated dialogues of communities of women living with HIV on sexual and reproductive health and rights, and supported training of health-care workers on human rights-based approaches to HIV and to sexual and reproductive health and rights, especially of women living with or affected by HIV. The UNAIDS Secretariat and partners delivered multicountry online training on ending HIV-related stigma and discrimination in health facilities by including stigma and discrimination reduction elements in national and

subnational HIV programmes. Representatives from 11 countries, including Cambodia, Iran (Islamic Republic of), Lao PDR, Mauritania, Myanmar, Pakistan, Sri Lanka, Tanzania, Thailand, Timor Leste, and Viet Nam took part in the training.

51. In the Central African Republic, with support from the Global Partnership, a National Charter for Quality of Care and Patients' Rights was developed and disseminated, including in health facilities in Bangui. The Charter sets out the principles of humanism, ethics and respect for dignity to guide relations between patients and health-care providers. Sensitization sessions on the Charter were held for medical staff in two major health-care centres in the capital city. In Thailand, the Global Partnership supported the development of a package of interventions which are being rolled out to remove barriers to health services, sensitize health workers and monitor HIV stigma and discrimination in health-care settings.

#### *In employment settings*

52. The Joint Programme's interventions for tackling HIV-related stigma and discrimination in employment settings included follow-up with standards-setting, documentation of cases and experiences of stigma and discrimination, and trainings to prevent or address stigma and discrimination in workplaces.
53. The International Labour Organization (ILO), with Cosponsors, supported over 30 countries to review national laws against standards set out in the ILO Convention 190 on Violence and Harassment at Work. The Convention, which came into force in June 2021, is the first international treaty to recognize the right of everyone to a world of work free from violence and harassment, including gender-based violence and harassment. Six countries<sup>8</sup> have ratified the Convention and agreed to be legally bound by its provisions.
54. The ILO and Gallup International are also documenting levels of HIV-related stigma and discrimination in the general population of 50 countries across different regions. The findings will be publicized on World AIDS Day 2021 and will complement the findings of the People living with HIV Stigma Index surveys.
55. In Ukraine, actions for addressing stigma and discrimination in the workplace were supported through ten online and face-to-face training sessions, which trained 115 food sector workers (more than half of them women) on HIV, COVID-19 and workplace violence and harassment. In addition, 30 young trade union leaders from different economic sectors were sensitized on HIV at work; 57 employees of the State Migration Service received awareness training on HIV, TB, COVID-19, stigma and discrimination related to HIV, TB and LGBTI (lesbian, gay, bisexual, transsexual and intersex) issues, and 11 participants became national trainers. A memorandum of understanding on implementation of the Decent Work Country Programme for Ukraine for 2020–2024 was signed with the Ombudsman's Office in December 2020, paving the way for further collaboration on nondiscrimination at work.
56. Other examples of support from the Global Partnership include the Thai Ministry of Labour's business corporate social responsibility standards, which prohibit discrimination based on HIV status.

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<sup>8</sup> Argentina, Ecuador, Fiji, Namibia, Somalia and Uruguay.

In educational settings

57. There have been significant changes in the landscapes of the international education sector and the global HIV response over the past decade. UNESCO, through a partnership with GNP+ and the Global Network of Young People Living with HIV (Y+) has engaged in the "reboot" of Positive Learning recommendations. The initiative is aimed at addressing the daily realities and challenges of young people living with HIV, as they navigate issues such as sexuality, relationships, gender identity and expression, treatment access and adherence.
58. To inform the revised Positive Learning recommendations, a series of youth consultations were held in each world region to seek out the voices and lived experiences of young people living with HIV in education settings. The consultations revealed that young people continue to experience unacceptable levels of stigma and discrimination in school settings. In addition, they feel that their mental health and well-being are not sufficiently supported. These consultations informed a Global Consultation, in July 2021, which brought together young people living with HIV and young key populations alongside teachers, Ministries of Education and health officials, UN and civil society representatives. The two-day consultation was designed and led by young people living with HIV from all world regions, with simultaneous interpretation in English, Spanish, French and Russian.
59. Based on these consultations, the revised Positive Learning recommendations will be launched at the end of 2021. They will serve as a starting point to support countries to strengthen the capacity of their education sectors to fulfil the needs and rights of all learners living with and affected by HIV, including those related to HIV-related stigma and discrimination.
60. For World Teachers' Day 2021, the Global Partnership also supported a #Morethan campaign. GNP+ partnered with Y+ to celebrate teachers worldwide who are empowering students to reach their full potential and realize. Video testimonies highlighted the need for discrimination-free learning environments and comprehensive sexuality education, which are key to students' mental health, physical well-being and academic success. The campaign reached over 9,000 people via social media.

In the household: individual, families and community settings

61. UN Women supported GNP+ and ICW-East Africa in their efforts to roll out the Global Partnership in Uganda and elsewhere. As a result, ICW-East Africa influenced the development of the Ugandan national plan on HIV and human rights, the country's request for a Global Fund grant on HIV and preparation of PEPFAR's Regional Planning on HIV.
62. In Thailand, representatives of LGBTI networks and civil society organizations worked closely with government structures on the reform of laws providing stronger legal protection of LGBTI persons' rights to equality and nondiscrimination. In Peru, the Joint Programme supported the successful launch of *Rompamos con la Discriminación*, a national anti-stigma and -discrimination campaign that highlights the human rights of key populations. The campaign reached over 6 million people via social media, television and radio within its first month.
63. In Pakistan, strategies were developed to provide context-specific guidelines for the provinces of Sindh and Punjab to address stigma and discrimination against transgender persons in accessing social protection and healthcare in consultation. The guidelines were mainstreamed in national and provincial AIDS control programmes,



social welfare/protection schemes, and in the work of human rights and justice institutions. The Joint Programme further supported the drafting of the Punjab HIV and AIDS Control Bill to ensure legal guarantees against HIV-related stigma and discrimination. In South Sudan, through community engagement, a capacity needs assessment on gender and human rights issues of networks of people living with or affected by HIV was conducted. Ninety-one community volunteers were trained to strengthen awareness on the impact of COVID-19 on HIV, the prevention of gender-based violence and HIV-related human rights violations in Juba.

64. Additionally, UN Women piloted a community-led scorecard in 56 districts in Uganda to support local decision-makers in implementing interventions for the elimination of HIV-related stigma and discrimination against women and girls. In Kyrgyzstan, women living with HIV were mobilized and mentored to become role models in their communities by undertaking local-level advocacy actions in support of women's human rights. The initiative helped remote and conservative communities to identify specific forms of discrimination that women affected by HIV face and to develop a set of actions to address gendered discriminatory behaviours and structures. Overall, nearly 100 women and girls living with or affected by HIV designed, led and implemented 46 small initiatives in collaboration with local authorities. Ten personal stories of women living with HIV have been disseminated to document the change that has occurred at community level.
65. The Joint Programme further supported the European Union and the UN Spotlight initiative to eliminate violence against women, including through support to the preparation of country submissions on implementation of human rights treaties such as the CEDAW. UNDP worked to strengthen health systems' capacity to respond to coinfections and comorbidities, by providing COVID-19-related support to 131 countries. Working with other Cosponsors, it also promoted various human rights-based approaches—for example, on COVID prevention and impact mitigation with key populations for HIV in Bhutan and working with the Global Fund and community-led organizations in Panama to promote HIV prevention and treatment services through social media. An HIV-specific review of national COVID socioeconomic response plans was conducted in UNAIDS Fast-Track countries to assess existing and potential HIV/COVID planning alignment and integration, including in relation to the elimination of HIV-related stigma and discrimination.

#### *In emergency and humanitarian settings*

66. In Côte d'Ivoire, a draft acceleration plan on interventions in humanitarian settings was submitted to the structure in charge of coordinating implementation of the Global Partnership. The interventions included an update and extension of the existing HIV/COVID-19 contingency plan and the improved integration of HIV into the national interagency contingency plan to ensure continuity of HIV services in times of crisis.
67. In countries such as Iraq, Jordan, Lebanon, Syria and Yemen, the UNAIDS Secretariat worked with WHO, the International Organization for Migration (IOM), the Global Fund and other partners to develop a multicountry initiative (funded by the Global Fund) to address challenges faced by refugees and migrants living with or affected by HIV in accessing HIV services. The initiative includes several advocacy workshops targeting religious leaders, security personnel and government officials to reduce stigma and discrimination towards people on the move who are living with or affected by HIV. In Bolivia, Ecuador and Peru, the UNAIDS Secretariat supported the development and implementation of a community-led monitoring and surveillance tool (the Migrant and Refugee Observatory for Andean Countries) to enable improved access to HIV services for migrants and refugees living with or affected by HIV.

68. In Turkey, the UN Population Fund (UNFPA) piloted a project to meet the needs of refugees living with or affected by HIV, including key populations. The project includes activities focusing on service delivery, empowerment and combatting discrimination. The project provides specialized protection services to reduce the risk of violence for refugees living with or affected by HIV. Services include gender-based violence case management, legal counselling, psychosocial counselling, information sharing and referrals. It has also established specialized service centres where refugees living with or affected by HIV can come and feel safe, respected and protected. Monitoring of service units for refugees living with or affected by HIV revealed that 73% of beneficiaries felt that participation in service unit activities had improved their quality of life. There was a statistically significant improvement in quality of life, including higher self-esteem, feeling more protected, resolving legal issues, and having safer sexual lives after having participated in services supported by UNFPA. The project showed that recognizing and targeting intersecting forms of discrimination and vulnerability contribute to meeting the sexual and reproductive health service needs of refugees living with or affected by HIV.

*In the justice system*

69. The Joint Programme expanded its work in the justice system, which broadly includes the reform of discriminatory laws and policies, interventions in prisons and other closed settings, law enforcement and access to justice. UNAIDS's work focussed on technical support for the reform of punitive and discriminatory laws and policies; ending violence and providing access to justice and providing evidence-based guidance to countries, training and knowledge management. In addition, the Joint Programme used lessons from addressing HIV-related stigma and discrimination to support country efforts to tackle stigma, discrimination, violence and abuse during the COVID-19 pandemic and to further reduce stigma and discrimination related to HIV.

*Technical support for the reform of punitive and discriminatory laws and policies*

70. UNDP, with the UNAIDS Secretariat, other UN partners and civil society organizations, supported 89 countries on law and policy reform for the decriminalization of HIV transmission, exposure and nondisclosure, and for the creation of enabling legal and policy environments for key populations. In Belarus, for example, the Government created a working group to propose legislative changes related to HIV criminalization, while in Sudan, a punitive "public order law" was repealed. In Mozambique, a law criminalizing unintentional transmission of HIV was repealed; consensual same-sex conduct was decriminalized in the Seychelles; health regulations on *in vitro* fertilization in Moldova were amended to ensure access of women living with HIV to this procedure; and in Somalia, recommendations for law reform from the UNDP-led legal environment assessment were integrated in the revised National Strategic Plan and prioritized in the Global Fund approved grant. In the Republic of Moldova, legal, regulatory and policy recommendations were produced and shared with governments and civil society organizations to increase protection for key populations.
71. In Ukraine, as a result of UN Women and women's groups advocacy, two new legislative amendments were adopted that allow people living with HIV to adopt children and access assisted reproductive technologies. In South Africa, young women living with HIV participated in the review of existing legislation on violence against women and prepared policy recommendations to address the needs and priorities of women living with HIV. With UN Women support, young advocates engaged with the Minister of Justice and shared their proposals to three bills: the Criminal Law and related crimes bill; the Domestic Violence amendment bill and the Victims Support Services bill.

72. UNDP, with the UN Office on Drugs and Crime (UNODC), UN Women and the UNAIDS Secretariat provided technical support for the drafting of legislative proposals and legal expert opinions of court judges, as well as for expert witness and legal case consulting to tackle financial barriers to women prosecuting gender-based violence cases in China. In India, the Joint Programme supported wide-ranging consultations on the Transgender Persons (Protection of Rights) Rules 2020, resulting in the Ministry of Social Justice and Empowerment incorporating most recommendations into the final rules. Viet Nam adopted a revised HIV law, which was largely informed by a UN analysis and recommendations.
73. In Zimbabwe, UNDP, the UNAIDS Secretariat, UN Women and ILO supported parliamentary processes on the creation of enabling environments for effective rights-based HIV responses addressing issues such as HIV criminalization, sexual offences provisions of the Criminal Code, and women's health. In Angola, a new Penal Code was adopted in which same-sex conduct and aspects of sex work are decriminalized. Legal restrictions on adolescents' access to HIV testing without parental authorization are also being reviewed.
74. The Republic of Kazakhstan's new code on population health and the health-care system, which was approved in July 2020, guarantees additional rights to people living with HIV, including for testing and treatment, and protection against workplace discrimination. Advocacy, policy advice and technical support also contributed to the Government's new health and health-care system law. It assigns people living with HIV the same right to adoption as other citizens, provides protection against discrimination in the workplace, and ensures free pre-exposure prophylactic and antiretroviral treatment, as well as providing for HIV treatment in prison settings. It also expands free HIV testing to stateless persons, refugees and asylum seekers residing in Kazakhstan.
75. In Jamaica, UNDP and the UNAIDS Secretariat supported the drafting of national antidiscrimination legislation and the development of a legislative approach to create a national human rights institute. They also collaborated with the trans and gender nonconforming community to develop a legislative approach for a national gender identity law.
76. Through the "Being LGBT in Asia and the Pacific" initiative, UNDP and other Cosponsors successfully contributed to law reform and the development of transgender welfare policies in India, Pakistan and Thailand, as well as in the reform of the gender identity law in Thailand. In eastern and southern Africa, the Joint Programme supported the Southern African Development Community in developing a model law on gender-based violence to guide national legislations to end child marriage. Advocacy was carried out with key country stakeholders, including parliamentarians and civil society, to repeal punitive and discriminatory laws, and enhance understanding of the model law.

*Ending violence and providing access to justice*

77. UNDP and the UN Refugee Agency (UNHCR) supported the judiciary in South Sudan to deploy mobile courts in various states to address the lack of justice services, personnel and facilities, and large case backlogs. In Sudan, the Ministry of Justice added people living with HIV as beneficiaries for legal aid services and deployed a legal counsellor to support each of the branches of the Sudanese People Living with HIV Care Association.
78. In the Democratic Republic of the Congo, 109 survivors of sexual violence and other human rights abuses benefited from psychological and legal support from lawyers and

social workers at the legal clinic, which is supported by the Joint Programme. An online and mobile app “YEBA MIBEKO” is enabling access to legal information and advice and facilitating the collection and management of user qualitative and quantitative data.

79. In 22 countries,<sup>9</sup> UN Women strengthened the capacity of the health sector to respond to violence against women and integrate HIV testing and post-exposure prophylaxis services for survivors. In Côte D'Ivoire, UN Women's partnership with the national network of women living with HIV led to improved access for female sex workers to gender-based violence and HIV services and are linked to HIV testing, treatment and care service.
80. In Georgia, Kyrgyzstan, the Republic of Moldova, Tajikistan and Ukraine, the Joint Programme provided technical assistance to the regional Sustainability of Services for Key Populations Project, funded by the Global Fund, to monitor rights violations and provide legal aid to key populations who have experienced HIV-related discrimination.
81. In Kyrgyzstan, UNDP, the UNAIDS Secretariat and the Global Fund supported 26 civil society organizations working on HIV and TB to launch REACT, an electronic system to register human rights violations. The platform documents cases of rights violations among patients and key population groups, and brings those cases to the attention of justice sector authorities. Through REACT, civil society organizations registered 263 cases of rights violations among key population groups in January–August 2020.
82. To support advocacy and monitoring of women's human rights, UN Women continued to facilitate participation of women living with and affected by HIV in reporting to the Committee on the Elimination of all forms of Discrimination Against Women (CEDAW) and implementation of its concluding comments. In Indonesia, UN Women mobilized 500 representatives from women's organizations to prepare a joint shadow report to the CEDAW Committee, to be reviewed in 2021. The report highlighted instances of discrimination and violence experienced by women, including women in key populations, when trying to access HIV treatment and care services. It also provides 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 and Tajikistan. Women in all their diversity contributed to the development and implementation of the national action plans to implement the recommendations of the Committee in both countries.

*Evidence-based guidance, training and knowledge management*

83. UNDP continued to support the sensitization of the judiciary on HIV, TB, human rights and the law through the Judges' Forum for Eastern Europe and Central Asia, building on the experience of the Africa Judges Forum. As a result, courts in Tajikistan and Ukraine have institutionalized national judges' fora to strengthening the rule of law and protecting the rights of key populations, people living with HIV and people affected by TB. UNDP also developed a regional compendium of HIV-related cases for eastern Europe and central Asia.
84. The Joint Programme partnered with the Judicial Education Institute of Trinidad and Tobago, and the Organization of Eastern Caribbean States Judicial Education Institute to host the second Caribbean Judges Forum on HIV, human rights and the law. This

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<sup>9</sup> Burundi, Cambodia, Cameroon, Central African Republic, Democratic Republic of Congo, Egypt, Ethiopia, Fiji, Ghana, Indonesia, Jamaica, Kazakhstan, Kenya, Malawi, Moldova, Papua New Guinea, Senegal, Sierra Leone, South Africa, Tajikistan, Uganda and Zimbabwe.

two-day forum, attended by 39 judges and magistrates, focused on gender-based violence in the context of HIV.

85. UNDP and the Supreme Court in Bangladesh partnered to sensitize over 1,000 judges, lawyers and court officials and establish virtual courts to facilitate improved and timely justice service delivery mechanisms, resulting in a 12% reduction in the prison population. In Peru, 170 national and municipal police received human rights training for sex workers and LGBTI people. More than 400 human rights defenders have benefitted from capacity-building sessions implemented through Being LGBTI in the Caribbean. In Ghana, a national strategy for reducing stigma and discrimination against people living with HIV was supported through training and awareness-raising with civil society and law enforcement agencies. Members of the Commission on Human Rights Administration for Justice from the Western, Volta and Greater Accra regions were sensitized about key anti-stigma provisions in the strategy and discrimination against people living with HIV.
86. A website (which will become an interactive platform in 2021) has been providing 53 judges from eight countries (Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan, Ukraine and Uzbekistan) access to new knowledge on HIV and the law, including the negative impacts of criminalization. Human rights- and health-based approaches addressing drug use have been developed by the Ministries of Interior in Belarus, Kazakhstan, the Republic of Moldova and Ukraine, and the Joint Programme has worked at country and regional levels with law enforcement agencies to provide training and guidance for national police on work safety and security, and the role of law enforcement in national HIV responses.
87. The Joint Programme published *Young people and the law: laws and policies impacting young people's sexual and reproductive health and rights in the Asia-Pacific region: 2020 update*. This review considers recent legal and policy developments that are supporting or impeding progress towards universal access to sexual and reproductive health services, thereby contributing to ending gender inequalities.
88. UNDP, with the UNAIDS Secretariat and partners such as the HIV Justice Network and the International Association of Prosecutors, developed guidance for prosecutors for limiting the overly-broad use of criminal law in HIV-related cases. This work uses the Expert Consensus Statement on Science of HIV in the Context of Criminal Law, which 20 leading HIV experts co-authored in 2018. That statement continued to be used in several countries in litigation, advocacy and awareness-raising against the criminalization of HIV transmission, exposure and nondisclosure, including in Colombia's Constitutional Court decision to remove the criminalization of HIV and hepatitis B exposure and transmission from its criminal code, and in a bill that initiated the decriminalization of HIV transmission in Zimbabwe.
89. UNODC continued to strengthen the capacities of policymakers, prison administrations, staff and health-care providers in implementing the Nelson Mandela Rules and the Bangkok Rules in addressing stigma, discrimination and violence in prisons and other closed settings. People who use drugs, sex workers, people living with HIV, women, juveniles, LGBTI, people with disabilities, and racial and ethnic minorities in prison suffer from multiple layers of stigma and discrimination, are subject to (sexual) violence, and face barriers to HIV services. UNODC conducted several dedicated in-person and online regional and country trainings for the eastern Europe and central Asia region, the Gulf States, the Middle East and North Africa, sub-Saharan Africa, South-East Asia and South Asia.

90. In collaboration with local partners, UNDP, the UNAIDS Secretariat and the World Bank, published *Tackling the world's fastest-growing HIV epidemic: More efficient HIV responses in eastern Europe and central Asia*. The publication highlights case studies and efficiency interventions in 11 countries to spotlight the growing epidemic, the importance of targeting and tailoring support to the needs of particular key populations and migrant groups, and efficiencies that can be used to improve coverage and outcomes. Also presented are examples of how countries in the region have used the findings from these studies to strengthen targeted programming for key populations.
91. The Global Commission on HIV and the Law noted that digital health technologies can support people living with HIV to make more informed decisions and take control of their healthcare. However, new and emerging digital technologies also present human rights challenges, including possible infringement of the rights to privacy and nondiscrimination. UNDP released Guidance on the rights-based and ethical use of digital technologies in HIV and health programmes. The guidance presents a practical checklist and recommendations for governments, private sector companies and donor agencies to support countries in their decision-making on the adoption of digital technologies in HIV and health programmes. The Joint Programme will use this guidance to support national stakeholders in strengthening ethical and rights-based use of digital technologies in HIV and health programmes.

*Tackling stigma, discrimination, violence and abuse during the COVID-19 pandemic*

92. The Joint Programme supported several countries to address human rights violations affecting people living with or affected by HIV, during the COVID-19 outbreak. For example, in Mozambique, UNDP, ILO, UNODC, UN Women and the UNAIDS Secretariat supported the Ministry of Justice, the Office of the Ombudsman, the national human rights commission and civil society, to monitor HIV and COVID-19-related human rights violations and harassment by service providers, police and community leaders during the delivery of essential services. UNDP, in partnership with OHCHR, supported national human rights institutions in Nepal, Sierra Leone and Zimbabwe to continue implementation of their mandates of monitoring and addressing human rights violations during the COVID-19 pandemic.
93. Early in the COVID-19 pandemic, the UNAIDS Secretariat drew on its experience, expertise and the lessons learned from the HIV pandemic to release guidance on a rights-based response to pandemics. The guidance urged actors to recognize the harm stigma and discrimination can cause and provided key recommendations for avoiding stigma and discrimination and ensuring mechanisms for redress. Recognizing the gendered impact of pandemics and responses, as well as the affect this could have on the HIV epidemic, UNAIDS released a report on six concrete measures to support women and girls in all their diversity in the context of the COVID-19 pandemic.
94. The UNAIDS Secretariat undertook a small study in 16 countries across sub-Saharan Africa, Latin America and the Caribbean to understand the impact of COVID-19-related measures on people living with or affected by HIV, including women, girls and key populations. The study found that people living with or affected by HIV were disproportionately impacted by the measures. They experienced arrest and violence more frequently, as well as increased stigma and discrimination and reduced access to health services. The report provided 10 recommendations to reduce violence, increase accountability and support, pursue an enabling rather than a coercive response, and place communities at the centre of the pandemic response. Following this report, the UNAIDS Secretariat provided catalytic funding to the 16 profiled countries. Funding has been provided to support countries with, for example, sensitization training for law enforcement officials on key and vulnerable populations, support to national human

rights institutions to strengthen advocacy for key populations, and support to networks and communities of people living with or affected by HIV, including in refugee camps.

95. The UNAIDS Secretariat set up an emergency support fund to respond to urgent needs arising from COVID-19 and HIV-related human rights violations. UNODC provided technical assistance to law enforcement agencies and respective state ministries in the context of COVID-19, emphasizing the need to continue providing services and commodities for people living with or affected by HIV. Efforts were made to sensitize lawmakers and law enforcement officials about human rights-related barriers affecting access to HIV services in Myanmar, Tajikistan and elsewhere.
96. UN women, with the Spotlight Initiative and the UN Trust Fund to End Violence Against Women, allocated US\$ 9 million for immediate support to women's organizations in sub-Saharan Africa with a primary focus on the institutional response, risk mitigation and recovery in the context of the COVID-19 pandemic. SASA! Faith<sup>10</sup> pilot project in Kenya, with support from the UN Trust Fund to End Violence Against Women, resulted in improved access for both men and women to HIV testing and couple's counselling, treatment and care, and was credited with a 59% reduction of HIV-related stigma and discrimination towards women living with HIV.
97. In 2020, to prevent transmission of COVID-19, UNODC and the Moldovan National Prison Administration established four e-justice rooms in the country's most overcrowded detention centres. The rooms feature separate cubicles and are fully equipped to enable people held in prison to remotely participate in their trial, confidentially speak with lawyers/legal advisors or prosecutors, and communicate with family members, relatives or friends. Minors held in prison remand centres can also use the cubicles to access online classes and pursue their education.

## CONCLUSIONS

98. HIV-related stigma and discrimination continue to hinder access to and use of HIV prevention, testing and treatment services, and constitute major barriers to ending AIDS as a public threat by 2030. As described in this report, since the last update to the PCB, the Joint Programme has strengthened its support to countries' efforts to eliminate HIV-related stigma and discrimination in the period 2020 to 2021.
99. The 10–10–10 targets in the new Global AIDS Strategy, political commitments in the 2021 Political Declaration on ending AIDS, the new framework under the UBRAF and the increased momentum in the roll-out of the Global Partnership are valuable opportunities for bolstering country actions to realize the vision of zero HIV-related stigma and discrimination. To reach the 2025 targets and end AIDS as a public health threat by 2030, it is imperative that concrete actions, sufficient funding and adequate tools for measuring progress and ensuring community involvement and participation continue to be mobilized to eliminate all forms of HIV-related stigma and discrimination.

**DRAFT DECISION POINTS:** The Programme Coordinating Board is invited to:

100. *Take note* of the report;
101. *Call on* Member States to:

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<sup>10</sup> SASA! Faith, developed jointly by Troicare and Raising Voices, is an adaptation of the SASA! community-based initiative for use by religious communities.

- a. utilize available tools and indicators to set baselines and to monitor progress in reducing HIV-related stigma and discrimination in all its forms;
- b. accelerate and adequately resource evidence-based programmatic action to reduce HIV-related stigma and discrimination, in collaboration with civil society and community networks in health-care, employment, education, emergency and humanitarian, justice and community settings, and increase access to justice for people living with, at risk of and affected by HIV in order to reach the 2025 targets;
- c. review and reform restrictive policy frameworks, including discriminatory laws and practices that undermine access to HIV prevention, testing, treatment and care services; and
- d. join the Global Partnership for Action to Eliminate HIV-related stigma and discrimination, and prioritize implementation of commitments made to tackle stigma and discrimination in health-care, employment, education, emergency and humanitarian, justice and community settings;

102. *Request* the Joint Programme to:

- a. support countries to collect and analyse data on HIV-related stigma and discrimination in health-care, employment, education, emergency and humanitarian, justice and community settings, and to strategically use such data to increase access to, and use of, HIV services and care and to protect human rights in the context of HIV;
- b. further continue to support community leadership and build partnerships between national governments, civil society, networks of people living with HIV and of key populations and other relevant partners to reduce HIV-related stigma and discrimination;
- c. continue to support the Global Partnership for Action, and prioritize funding and interventions proven to reduce or end HIV related stigma and discrimination;
- d. continue to update guidance for the removal of HIV-related stigma and discrimination and support their implementation at country level, and to advocate for domestic and international funding for stigma and discrimination programming, including for the creation of an enabling legal environment; and
- e. report to the Programme Coordinating Board on progress towards reaching the 2025 related to HIV-related stigma and discrimination.

*[References follow]*



## REFERENCES

- <sup>i</sup> Dailey AF, Johnson AS, Wu B. HIV care outcomes among blacks with diagnosed HIV—United States, 2014. *MMWR Morb Mortal Wkly Rep.* 2017;66(4):97-103; Lyons SJ, Dailey AF, Yu C, Johnson AS. Care outcomes among black or African American persons with diagnosed HIV in rural, urban, and metropolitan statistical areas – 42 U.S. Jurisdictions, 2018. *MMWR Morb Mortal Wkly Rep.* 2021;70(7):229-35; and Migration focus on integration, xenophobia and discrimination. Geneva: ILO; 2018 (<https://migrationresearch.com/item/migration-focus-on-integration-xenophobia-and-discrimination/556587>).
- <sup>ii</sup> Global AIDS update 2021. Geneva: UNAIDS; 2021.
- <sup>iii</sup> The shadow pandemic violence against women during COVID-19. New York: UN Women; 2020 (<https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>); Survey shows that many people lack multi-month HIV treatment in Latin America. Geneva: UNAIDS; 2020 ([https://www.unaids.org/en/resources/presscentre/featurestories/2020/june/20200624\\_hiv-treatment-latin-america](https://www.unaids.org/en/resources/presscentre/featurestories/2020/june/20200624_hiv-treatment-latin-america)); COVID-10 impact of LGBT persons. Geneva: OHCHR; 2020 (<https://www.ohchr.org/Documents/Issues/SexualOrientation/ImpactCOVID19LGBTpersons.pdf>); and Platt L. et al. Sex workers must not be forgotten in the COVID-19 response. *Lancet.* 2020;396(10243):9-11.
- <sup>iv</sup> Global AIDS update 2021. Geneva: UNAIDS; 2021; and Women, Business and the Law. Washington DC: World Bank; 2021 ([https://www.worldbank.org/content/dam/sites/wbl/documents/2021/02/WBL2021\\_ENG\\_v2.pdf](https://www.worldbank.org/content/dam/sites/wbl/documents/2021/02/WBL2021_ENG_v2.pdf)).
- <sup>v</sup> Kavanagh M, Agbla SC, Pillinger M, Joy M, Case A, Erondu N et al. Law, criminalization and HIV in the world: have countries that criminalize achieved more or less successful AIDS pandemic responses? O'Neill Institute for National and Global Health pre-print; 2021.
- <sup>vi</sup> Šimonović D. A human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric violence: report of the Special Rapporteur on Violence against Women, its Causes and Consequences. New York: United Nations General Assembly; 2019; Luciano D, Negrete M, Vázquez M, Hale F, Salas J, Álvarez-Rudín M et al. Estudio regional sobre violencia y mujeres con VIH en América Latina. Managua: ICW Latina, HIVOS, Development Connections y Salamander Trust; 2019; End forced sterilisation of women living with HIV. Amsterdam: GNP+; 2020 (<https://gnpplus.net/latest/news/end-forced-sterilisation-of-women-living-with-hiv/>).
- <sup>vii</sup> Global AIDS Strategy 2021–2026: End inequalities. End AIDS. Geneva: UNAIDS; 2021 ([https://www.unaids.org/sites/default/files/media\\_asset/global-AIDS-strategy-2021-2026\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf)).
- <sup>viii</sup> UNAIDS 2022–2026 Unified Budget, Results and Accountability Framework (UBRAF). Geneva: UNAIDS; 2021 ([https://www.unaids.org/en/resources/documents/2021/PCBSS\\_2022-2026\\_UBRAF\\_Framework](https://www.unaids.org/en/resources/documents/2021/PCBSS_2022-2026_UBRAF_Framework)).
- <sup>ix</sup> 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://undocs.org/A/RES/75/284>).
- <sup>x</sup> United Nations Human Rights Council Resolution on Human rights in the context of HIV and AIDS, adopted on 7 July 2021 (<https://undocs.org/A/HRC/47/L.15>).
- <sup>xi</sup> Global Partnership to Eliminate all forms of HIV-related stigma and discrimination (<https://www.unaids.org/en/topic/global-partnership-discrimination>).
- <sup>xii</sup> Evidence for eliminating HIV-related stigma and discrimination. Geneva: UNAIDS; 2020 ([https://www.unaids.org/sites/default/files/media\\_asset/eliminating-discrimination-guidance\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/eliminating-discrimination-guidance_en.pdf)).
- <sup>xiii</sup> Addressing stigma and discrimination in the COVID-19 response. Geneva: UNAIDS; 2020 ([https://www.unaids.org/sites/default/files/media\\_asset/covid19-stigma-brief\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/covid19-stigma-brief_en.pdf)).
- <sup>xiv</sup> Rights in the time of COVID-19: Lessons from HIV for an effective, community-led response. Geneva: UNAIDS; 2021 ([https://www.unaids.org/en/resources/infographics/human-rights-and-covid19\\_infographic](https://www.unaids.org/en/resources/infographics/human-rights-and-covid19_infographic)).
- <sup>xv</sup> Key programmes to reduce stigma and discrimination and increase access to justice in national HIV responses. Geneva: UNAIDS; 2012 ([https://www.unaids.org/en/resources/documents/2012/Key\\_Human\\_Rights\\_Programmes](https://www.unaids.org/en/resources/documents/2012/Key_Human_Rights_Programmes)).
- <sup>xvi</sup> Inter-American Commission on Human Rights Press release 2021 in the case of *FS v Chile*, case 12,956 ([https://www.oas.org/en/iachr/jsForm/?File=/en/iachr/media\\_center/preleases/2021/221.asp](https://www.oas.org/en/iachr/jsForm/?File=/en/iachr/media_center/preleases/2021/221.asp)).
- <sup>xvii</sup> Global guidance on criteria and processes for validation: elimination of mother-to-child transmission of HIV and syphilis. Geneva: WHO; 2014 (<https://www.who.int/reproductivehealth/congenital-syphilis/emtc-gvac/en/>).

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