



Preventing and responding to an HIV-related human rights crisis



**Guidance for United Nations
agencies and programmes**

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ECOSOC	United Nations Economic and Social Council
GBV	Gender-Based Violence
GNP+	Global Network of People Living with HIV
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
LINKAGES	Linkages across the Continuum of HIV Services for Key Populations Affected by HIV
MOPAN	Multilateral Organization Performance Assessment Network
NHRIs	National Human Rights Institutions
OHCHR	Office of the United Nations High Commissioner for Human Rights
PEPFAR	United States President's Emergency Plan for AIDS Relief
QCPR	Quadrennial Comprehensive Policy Review
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
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
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
WHO	World Health Organization
WFP	World Food Programme
WPS	Women, Peace and Security

ABOUT THIS GUIDANCE

This Guidance was developed in response to the increase in HIV-related human rights crises and the shrinking civic space for rights-related responses to HIV in recent years across the world.¹

This document builds upon existing guidance documents,² offering updated guidance for country-based United Nations staff (United Nations Country Teams) and partners to use their respective mandates to coordinate effective responses to human rights-related crises within the framework of the Resident Coordinator system, the 2030 Agenda for Sustainable Development, global HIV and human rights strategies and frameworks.

The Guidance describes the United Nations' mandates for responding to human rights crises affecting people living with HIV, key and vulnerable populations. Given the significant link between HIV stigma, discrimination and violence and punitive laws, policies and practices, a guidance on resolving HIV-related human rights crises is of critical importance to the United Nations and its Country Teams.

This Guidance will also be of interest to staff of other organizations concerned about or wishing to contribute to a crisis response, such as international donors, development partners, representatives of foreign diplomatic missions, community-led groups and other civil society groups.

THE GUIDANCE AIMS TO:

- promote understanding about the nature and scope of the United Nations' role in preventing and responding to HIV-related human rights crises;
- help regional and country staff to anticipate and prepare for HIV-related human rights crises through the development of a crisis response plan;
- provide guidance on key principles and options for action by country staff as they assess the nature of a crisis and determine, how and with whom they should work to respond;
- support and promote a coordinated crisis response on the part of the United Nations and other relevant actors, both in the country and at regional and headquarters levels; and
- promote sustainable, long-term initiatives to help prevent future HIV-related human rights crises.

1 See, for instance, [UNDP, 2022, Strengthening Civic Space and Civil Society Engagement in the HIV Response](#) for a discussion of the importance of a safe, open and inclusive civic space that respects fundamental freedoms of association, assembly and expression, to promote meaningful civil society engagement in successful responses to end AIDS.

2 See, for instance, UNDP (2014) Preventing and Responding to HIV Related Human Rights Crises: Guidance for United Nations Agencies and Programmes, and the [UNDS, 2017, Guidance Note on Human Rights for Resident Coordinators and United Nations Country Teams](#).



SECTION 1: WHAT IS AN HIV- RELATED HUMAN RIGHTS CRISIS?

This guidance acknowledges that an HIV-related human rights crisis refers to a specific situation that is characterized by a clear and pressing danger or an actual shift, such as an event, or series of events, that leads to unsafety or potential harm. It emphasizes the need for an urgent and immediate emergency response to prevent, or mitigate the harm caused by the crisis.

A crisis is distinct from ongoing challenges and efforts to address inequalities that fuel HIV. Such a situation requires a response that is over and above the normal response, to protect and promote human rights and gender equality. The United Nations General Assembly's 2021 Political Declaration on HIV and AIDS commits Member States, United Nations agencies, donors and community-led and other civil society organizations to support ongoing work to address the inequalities that exacerbate vulnerabilities and create barriers faced by people living with HIV and key and vulnerable populations. Ongoing actions are critical to prevent and reduce the likelihood of a HIV-related human rights crisis arising, and to promote health and well-being. (Concrete examples of HIV-related human rights crises are provided in Sections 4 and 5.)

DEFINITION

Key populations are groups of people who are more likely to be exposed, acquire or transmit HIV, in part due to stigma, discrimination and criminalization, and whose engagement is critical to a successful HIV response. Globally, people living with HIV, men who have sex with men, sex workers and their sexual partners, transgender people, people who use drugs and prisoners and other incarcerated people are the main key population groups. Based on their epidemiological and social context, countries may also identify additional groups that are more vulnerable to or at elevated risk of HIV, such as women and adolescent girls and their male partners, young people, children, persons with disabilities, ethnic and racial minorities, indigenous peoples, local communities, people living in poverty, migrants, refugees, internally displaced persons, men and women in uniform and people in humanitarian emergencies and conflict and post-conflict situations. (UNAIDS, 2016)

A human rights crisis may be considered HIV-related when it is a crisis that:

- directly involves the rights of people living with or affected by HIV or AIDS, key and vulnerable population groups and/or individuals or groups and organizations advocate on their behalf or promote or provide HIV prevention, treatment, care and support; and/or
- directly or indirectly creates, perpetuates or increases vulnerability to HIV infection or increases the impact of HIV on the lives of individuals or groups, or has the potential to do so; and/or
- directly or indirectly jeopardizes or hinders an effective national or local HIV response, including access to HIV-related prevention, treatment, care and support services for people who need them, or has the potential to do so.

It is important to recognize, however, that an HIV-related human rights crisis inevitably goes well beyond HIV, impacting populations with intersectional vulnerabilities, affecting a range of interlinked rights and freedoms and hampering efforts to attain the Sustainable Development Goals and to ‘leave non-one behind.’

This document considers two types of HIV-related human rights crisis, as described below.³

- **A human rights crisis involving individuals, groups or organizations affected by HIV.** Such a crisis usually involves actions—or a failure by government to protect from acts—such as harassment, surveillance, detention, disappearance, abuse, blackmail, discrimination, physical violence or threats against individuals, groups or

organizations affected by or working in HIV that endanger their safety and wellbeing. Perpetrators may be government officials and law enforcement agents, private individuals or anti-rights groups and organizations. Those affected may be people living with HIV or members of key population and vulnerable population groups, their families or associates, or people or organizations who promote or provide HIV prevention, treatment, care and support services to these groups. Such a crisis may be characterized as ‘acute’ and may warrant urgent and immediate action, potentially followed by longer-term efforts to ensure that such a crisis does not recur. For example, harassment of staff of a transgender education and advocacy organization by a government agent may require short-term efforts to protect people and longer-term efforts to address the multiple human rights and health implications of the action or decision.

- **A human rights crisis involving harmful laws, policies or programmes.** Such a crisis may involve review of existing or consideration of emerging laws, policies, practices or programmes that jeopardize or hinder an evidence-informed, rights-based response to HIV. Examples include: laws or practices that criminalize the behaviours of key populations, block the operation of their organizations or that comprise barriers to their access to HIV prevention, treatment, care or support services; laws or practices that allow testing, treatment or other medical interventions without informed consent or confidentiality; laws, policies or practices that allow restrictions on movement, isolation, quarantine or

3 See UNDG, HIV-Related Human Rights Crises: Excerpt from the UNDG Guidance Note on Human Rights for Resident Coordinators and UN Country Teams, 2017, <https://unsdg.un.org/sites/default/files/2020-06/HIV-Related-Human-Rights-Crises.pdf>.

detention without due process; laws or practices that fail to protect against gender-based violence and gender inequality in the context of HIV; laws and policies that deny or hinder access to comprehensive sexuality education; and overly broad criminalization of HIV transmission.⁴ Such a crisis may be characterized as reflecting ‘chronic’ issues in the country that require concerted attention over an extended period of time.

These two categories are not mutually exclusive and may occur at the same time. Both types may involve:

- debated issues or sensitive information, such as sexuality, comprehensive sexuality education, sexual behaviour, gender identity and expression, sex work, drug use or confidential medical information, such as HIV, disability or other health status, the disclosure of which could cause harm to individuals or groups;
- seemingly well-intentioned, but misunderstood responses, such as criminalization of HIV transmission or mandatory reporting of minors’ sexual activity, which result in human rights violations against vulnerable populations;
- national and international media attention that will need to be carefully managed; and
- the need for United Nations organizations and other partner agencies to conduct high-level advocacy to uphold and defend core human rights principles, sometimes in difficult circumstances, and to support

United Nations Member States to meet their human rights obligations.

Country partners, often communities and networks of people living with HIV and key populations or civil society organizations, may be the first to alert others to a human rights crisis. Following this, the determination on whether a human rights crisis impacts on HIV and requires a United Nations response should ideally be led by the Resident Coordinator and senior United Nations staff in the country, in consultation with colleagues on the crisis response team, regional offices, headquarters and local community-led and other civil society groups, including networks of the key populations affected by the crisis. However, when a Resident Coordinator-led and joint United Nations response is not possible, individual agencies responsible for human rights and HIV may take the lead, with the support of local, regional and global partners.

This Guidance does not directly address HIV-related human rights crises during a humanitarian crisis, such as political unrest, conflict, natural disasters or pandemic preparedness and response. However, it recognizes that humanitarian crises frequently affect a range of populations and rights, including access to HIV-related services, and thus warrant coordinated United Nations responses. (See Annex 3 for a link to the IASC Guidelines on Addressing HIV in Humanitarian Settings. This document guides organizations to prepare for delivering a minimum set of HIV prevention, treatment, care and support services to people affected by humanitarian crises.)

4 The application of general criminal law should be limited to cases of intentional HIV transmission (e.g. where a person knows their HIV status, acts with the intention to transmit HIV, and does in fact transmit the virus), informed by the best available scientific and medical evidence about HIV and modes of transmission, prevention and treatment. The harm of HIV non-disclosure or potential or perceived exposure, without actual transmission, is not sufficient to warrant prosecution and should not be criminalized. See also: UNDP, Guidance for Prosecutors in HIV-related Criminal Cases, 2021, www.undp.org/publications/undp-guidance-prosecutors-hiv-related-criminal-cases.



SECTION 2: RATIONALE AND GROUNDS FOR UNITED NATIONS ENTITIES TO RESPOND TO AN HIV-RELATED HUMAN RIGHTS CRISIS

Human rights mandate of the United Nations

During an HIV-related human rights crisis, there is an urgent need for United Nations (UN) Country Teams and a range of international, regional, and local partners to come together and respond effectively and in a timely manner. This includes but is not limited to national human rights institutions, national health authorities and other government stakeholders, as well as regional organizations, diplomatic missions, donors, development partners, networks of and organizations led by people living with HIV and key populations and civil society. The joint efforts of these stakeholders are essential to meet human rights obligations, ensure progress towards country HIV targets, and safeguard civil society and community-led organizations and affected populations. It is necessary to act swiftly and efficiently in order to address the crisis and protect the rights and well-being of those impacted by HIV-related human rights violations.

Grounds for action by the UN originate from their human rights mandate. The United Nations human rights mandate is derived from the Charter of the United Nations, the Universal Declaration of Human Rights, international and regional human rights treaties, international labour standards, the special procedures of the UN Human Rights Council, UN reform commitments to mainstream

support for human rights throughout the work of the UN system and the Standards of Conduct for the International Civil Service.⁵

The UN development system's mandate regarding human rights is influenced by the Quadrennial Comprehensive Policy Review (QCPR). The QCPR, which is established through ECOSOC resolution every four years, outlines the UN operational activities for development. In the current QCPR of 2020, there is recognition and encouragement of the UN's role in promoting and protecting human rights for sustainable development. The QCPR calls upon all entities of the UN development system to provide assistance to governments, upon their request and in consultation with them, in fulfilling their human rights obligations and commitments under international law. This assistance is seen as a critical tool to effectively implement the commitment to leave no-one behind and reach those left furthest behind. Each entity within the UN development system is expected to contribute according to its respective mandate.⁶

Special Rapporteurs appointed by the UN Human Rights Council also have mandates to report on specific topics, such as rights violations in specific countries, including the right to health, the right to food and the use of torture, violence and discrimination against women and children. Recommendations by UN human rights mechanisms, including human rights treaty bodies, special procedures and the Universal Periodic Review of the

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My goal for the United Nations — as it marks its seventy-fifth anniversary — is to promote a human rights vision that is transformative, that provides solutions and that speaks directly to each and every human being. To that end, we must broaden the base of support for human rights by reaching out to critics and engaging in conversations that reach deeply into society.”

UNITED NATIONS SECRETARY-GENERAL
ANTÓNIO GUTERRES “THE HIGHEST ASPIRATION:
A CALL TO ACTION FOR HUMAN RIGHTS,” 2020

Human Rights Council are key tools to help governments set priorities, analyse issues and plan action to meet their international human rights obligations.

In 2020, the UN Secretary-General re-emphasized and re-invigorated the UN's human rights mandate in a Call to Action, *The Highest Aspiration: A Call to Action for Human Rights*. This Call to Action commits the UN to strengthen leadership in advancing human rights and ensuring that human rights permeate all pillars of UN agencies and programmes towards achieving sustainable

5 Paragraph 3 of the Standards of Conduct for the International Civil Service states: “The values that are enshrined in the United Nations organizations must also be those that guide international civil servants in all their actions: fundamental human rights, social justice, the dignity and worth of the human person and respect for the equal rights of men and women and of nations great and small.”

6 United Nations General Assembly, Quadrennial Comprehensive Policy Review of operational activities for development of the United Nations system, A/RES/75/233, 21 December 2020, p.9, para. 28. Please note that the Resolution establishing Agenda 2030 outlines that the Agenda is grounded on human rights including the Universal Declaration of Human Rights. See: United Nations General Assembly, Transforming our world: the 2030 Agenda for Sustainable Development (A/RES/70/1), 2015, <https://undocs.org/A/RES/70/1>

development for all, in terms of the 2030 Agenda for Sustainable Development, and the commitment to leaving no-one behind.

This responsibility is a principal purpose of the entire UN family of organizations, spelled out in Article 1 of the Charter of the United Nations, which states that “to achieve international co-operation in solving international problems of

an economic, social, cultural or humanitarian character, and in promoting and encouraging respect for human rights and for fundamental freedoms for all without distinction as to race, sex, language or religion.”



Box 1: Reaffirming the United Nations' obligations and mandate on HIV-related human rights

In 2021, the United Nations General Assembly released the [Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030](#). This Declaration recognizes that social, economic, racial and gender inequalities; repressive social and legal environments and human rights violations worsen the vulnerability of people living with HIV and other key and vulnerable populations to HIV infection and poorer health and well-being. Inequalities decelerate progress made in the HIV response, hampering efforts to end AIDS and to achieve the vision of respect for human rights and dignity, the rule of law, justice, equality, non-discrimination, gender equality and the empowerment of women and girls articulated in the Sustainable Development Goals.

The Declaration commits governments to “urgent and transformative action to end the social, economic, racial and gender inequalities, restrictive and discriminatory laws, policies and practices, stigma and multiple and intersecting forms of discrimination, including based on HIV status, and human rights violations that perpetuate the global AIDS epidemic.”

Recommended actions are, but not limited to: resourcing and implementing programmes to reduce stigma, discrimination, gender inequality and violence, including gender-based violence; creating protective laws and policies; and strengthening access to justice for rights violations.

The ‘10-10-10 targets’ commit governments to ensure that by 2025: (i) less than 10 percent of countries have punitive legal and policy environments that deny or limit access to services; (ii) less than 10 percent of people living with HIV and key populations experience stigma and discrimination; and (iii) less than 10 percent of women, girls, people living with HIV and key populations experience gender inequality and violence.

The UNAIDS *Global AIDS Strategy 2021-2026: End Inequalities. End AIDS.* outlines critical strategies and priority actions for the 10-10-10 targets. Actions include addressing stigma, discrimination and violence, including gender-based violence and reform laws that criminalize HIV non-disclosure, exposure and transmission, same-sex sexual conduct, sex work and drug use or laws that fail to protect the rights of people living with HIV, people with tuberculosis, key populations, women, children and young people. The UNAIDS Strategy puts people at the centre of these efforts, empowering communities to lead the way, including in efforts to end inequalities and advance human rights and gender equality.⁷

7 Strategic documents of UNAIDS co-sponsors prioritize the pivotal role of human rights, ensuring that no-one is left behind and addressing the needs of those left farthest behind as a priority. See, for instance, the UNDP Strategic Plan (2022-2025) <https://strategicplan.undp.org/>. See also the UNDP HIV and Health Strategy (2022-2025) <https://www.undp.org/publications/connecting-dots-towards-more-equitable-healthier-and-sustainable-future-undp-hiv-and-health-strategy-2022-2025>.

The role of the United Nations Resident Coordinator system and United Nations country teams

United Nations Resident Coordinators bring together United Nations Country Teams from a wider set of United Nations entities across peace, development and humanitarian operations. They can liaise with communities and other relevant external partners to advance human rights and gender equality. Strengthened, coordinated partnerships and system-wide responses are critical for work to end the HIV epidemic and achieve other Sustainable Development Goal commitments and targets at country level. Resident Coordinators facilitate strengthened and collective approaches from United Nations country teams to a human rights crisis, including creating enabling, rights-based frameworks for HIV and responding to related human rights crises, within national contexts, needs and priorities.

In June 2018, [General Assembly Resolution 72/279](#) reformed the United Nations Resident Coordinator system as a critical part of repositioning sustainable development efforts at the centre of a coordinated United Nations

system to achieve the 2030 Agenda. The Resident Coordinator's repositioned role has been essential to responding to HIV-related human rights crises.

One way that the reformed Resident Coordinator system has strengthened the capacity of offices has been an increased access to core capacity advisors (such as human rights advisors and monitoring advisors), specialized agencies and regional economic and social commissions. This supports United Nations Country Teams to address not only country-level, but cross-border and regional issues in collaboration with regional and multi-country programmes. Drawing on the technical and financial expertise of regional offices and programmes and being able to address issues at a regional level may be particularly useful in dealing with politically sensitive HIV-related human rights crises that arise in countries.

The role of the Joint United Nations Programme on HIV/AIDS (UNAIDS)

The United Nations Economic and Social Council (ECOSOC) [Resolution 1994/24](#) established the Joint United Nations Programme on HIV/AIDS (UNAIDS) to catalyse and support a global response to HIV through “appropriate and effective policies and strategies”. The mandate of UNAIDS includes a specific responsibility to support human rights-based responses to HIV and to address human rights violations that increase vulnerability to, and the impact of, HIV.

UNAIDS draws on the experience and expertise of 11 United Nations system cosponsors⁸ and a Secretariat. UNAIDS works through a Division of Labour that leverages the competencies and mandates of each co-sponsoring organization to ensure achievement of 2025 targets towards ending AIDS as a public health threat required by the 2030 Agenda. This Division of Labour provides grounds for joint

action in response to HIV-related human rights crises. (See Annex 1 for the Division of Labour breakdown among UNAIDS co-sponsors and the UNAIDS Secretariat; see Annex 3 for links to co-sponsor strategies and guidelines.)

Addressing inequalities and meaningfully engaging communities in HIV responses are central to achieving the 10-10-10 and 30-60-80 targets set out in the 2021 Political Declaration on HIV and AIDS and the latest UNAIDS Global AIDS Strategy. Accordingly, and in keeping with the broad commitments to human rights and development, UNAIDS co-sponsoring organizations and the UNAIDS Secretariat are obliged to support countries in their efforts to reduce stigma, discrimination and inequality, including gender inequality, remove punitive and discriminatory laws and policies and ensure that communities are at the centre of effective HIV responses.

Mandates and basis for engagement of other organizations and entities

The first accountability to uphold human rights lies with the State, through its commitment to respect, protect and fulfil its human rights obligations. Civil society organizations are also critical for protecting and promoting accountability for human rights.

A number of international and regional bodies and mechanisms can be allies in responding to an HIV-related human rights crisis, based on their mandates and contributions towards

achieving the 2030 Agenda and their alignment with the [United Nations Sustainable Development Cooperation Framework](#), the UNAIDS Strategy 2021-2026, joint country-level workplans and human rights commitments. Their mandates and expertise may include promotion of health, human rights and development, including investigating, reviewing and reporting on human rights

8 UNAIDS co-sponsors are: the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children’s Fund (UNICEF), the United Nations World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the International Labour Organization (ILO), the United Nations Educational, Cultural and Scientific Organization (UNESCO), the World Health Organization (WHO) and the World Bank.

situations and responding to a human rights crisis, such as an HIV-related crisis. For example although not a UNAIDS co-sponsor, the **Office of the United Nations High Commissioner for Human Rights** (OHCHR) is responsible for strengthening human rights globally and addressing human rights violations, working with and assisting Governments in fulfilling their human rights obligations. As the secretariat for United Nations human rights mechanisms, including human rights treaty bodies, special procedures and the Universal Periodic Review of the Human Rights Council, OHCHR plays a particularly important role in advising the Resident Coordinator in all types of human rights crises, including an HIV-related crisis. Organizations and platforms outside the United Nations system, such as donors and non-governmental organizations involved in human rights and/or that represent and advocate for the rights of people living with HIV, key and vulnerable populations, may also play an important role in monitoring and preventing human rights abuses and responding to protect and promote human rights in an HIV-related human rights crisis. This might be done, for instance, through funding crisis support (such as security, shelter and legal needs) or high-level advocacy. A few examples are found below.

- In 2018, the **Global Partnership for Action to Eliminate all Forms of HIV-Related Stigma and Discrimination** was formed to catalyse and accelerate the implementation of commitments to end HIV-related stigma and discrimination by Member States, United Nations entities, bilateral and international

donors, non-governmental organizations and communities. Co-convened by the UNAIDS Secretariat, UN Women, UNDP, the Global Network of People living with HIV (GNP+), and The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), this partnership provides a useful platform for convening key stakeholders of the HIV response, which have vested interests in tackling HIV-related discrimination and violence.

- The **Equal Rights Coalition** is an intergovernmental body of 43 United Nations Member States dedicated to advancing the human rights of LGBTI persons and promoting inclusive development, in both member and non-member countries. Member States provide leadership by actively engaging in thematic groups and commit to working closely with LGBTI civil society organizations that meet regularly as part of thematic groups.⁹

Similarly, foreign diplomatic missions have an interest in whether host countries uphold their international human rights obligations; they can also provide direct support to individuals under threat. Major donors will be concerned to ensure that their funding for HIV programming supports rights-based responses that work towards addressing inequalities that drive HIV, and does not inadvertently contribute to rights violations, at the very least.

- The **Multilateral Organisation Performance Assessment Network** (MOPAN) brings together 22 donor and shareholder countries¹⁰ to monitor the performance of multilateral development organizations and strengthen development and humanitarian results at the country level. The assessment of

9 This description comes from the ERC website: equalrightscoalition.org.

10 See more information on the MOPAN website: mopanonline.org.

results focuses on the degree to which progress is being made towards the organization's stated objectives, and often includes an assessment of how human rights have been addressed as an integral component across the work of the organization concerned.

Additionally, a range of stakeholders relevant to responding to an HIV-related human rights crisis have committed to ending inequalities and removing human rights- and gender-related barriers to addressing HIV. These stakeholders may support work to create enabling legal, regulatory and policy frameworks for long-term, sustainable change, as well as directly provide funding for responses to an HIV-related human rights crisis. Examples of these funders are found below.

- **The Global Fund to Fight AIDS, Tuberculosis and Malaria** Strategy (2023-2028) explicitly recognizes the role of inequalities, human rights and gender-related barriers in increasing vulnerability to HIV, tuberculosis and malaria, and aims to intensify support for scaling up rights-based and gender-transformative

programmes and approaches. This includes support, for example, to stigma and discrimination reduction, legal literacy and access to legal support services for direct support in a crisis. Longer-term efforts propose to create enabling frameworks, including a renewed commitment to support decriminalization of affected communities. In addition, the Global Fund has committed to using its voice to challenge harmful laws, policies and practices. Such actions should help towards preventing and reducing the likelihood of HIV-related human rights crises.

- The **United States President's Emergency Plan for AIDS Relief (PEPFAR)**'s [Five Year Strategy](#) includes a strong commitment to addressing human rights barriers and gender inequalities. This includes working towards reducing and removing stigma, punitive laws and gender-based violence affecting key populations and adolescent girls and young women to reach the 10-10-10 targets and ensure equitable access to HIV services.





SECTION 3: BEING PREPARED THROUGH RELATIONSHIP BUILDING AND PLANNING

Responses to any human rights crisis are considerably more effective if the groundwork for such a response is laid well in advance, through sustained efforts to support and strengthen strong and effective national human rights systems in countries – and is based on a clear understanding between all relevant stakeholders. In reality, this may not always be possible when the context or need for urgency necessitates immediate, and possibly individual, action.

This section discusses two key actions to prepare for a potential response to an HIV-related human rights crisis. The first is to build strong relationships with government officials, local authorities, civil society, communities, networks of people living with HIV, key populations and other stakeholders. The second, and parallel, step is to establish a crisis response team and focal points. Stakeholders should consider the importance of integrating these and other longer-term efforts to protect and promote human rights for sustainable country-level change.

Building relationships

Governments, local authorities and other stakeholders

As part of their daily work, members of the United Nations Country Team should cultivate ongoing, constructive relationships not only with relevant government agencies and personnel, but critically, with communities, networks and community-led organizations of people living with or affected by HIV and broader human rights organizations across movements for social change.

These relationships are critical to providing early warning of a potential crisis, or preventing one, as well as supporting effective responses to end AIDS as a public health threat and achieve the Sustainable Development Goals.

The types and extent of relationships developed by United Nations country staff will depend on the mandate of the particular organization. In addition, the scope of relationships may be very broad, and will depend on the country context and the capacity and roles of the various country offices within each context.

The Call to Action Country Dialogues can serve as a valuable mechanism for developing a unified and consistent United Nations stance on human rights crises related to HIV. These dialogues utilize essential principles and thematic areas to effectively address urgent human rights concerns specific to country contexts.

Staff of UNAIDS cosponsors, the UNAIDS Secretariat and bilateral and multilateral donors to the national HIV programme should have strong relationships with the National AIDS Commission, ministries of health, justice, prisons, police, education, employment, gender and women, youth, internal affairs and other ministries and agencies relevant

to HIV, human rights and gender equality. State-led working groups on key human rights issues (e.g., working groups on gender-based violence) are also important partners with strong convening powers.

Staff of UNAIDS co-sponsors, the UNAIDS Secretariat and other international organizations may also build relationships with Members of Parliament and their staff, members of the judiciary and law enforcement agencies, all of whom are influential in determining or enforcing national laws and policies in the agency's related areas.

Major donors will also have extensive relationships within the country. For instance, the Global Fund will have close relationships with the ministries of health, National AIDS Commissions, United Nations agencies, networks of people living with HIV, key populations and community-led and other civil society groups represented on the Global Fund's country coordinating mechanisms, as well as principal and sub-recipients of the Global Fund grants.

Some other donors are also likely to have a country presence, a good working knowledge of the justice sector in-country and contacts with relevant government and civil society stakeholders.

Bilateral agencies and private foundation funders are also often key players in providing temporary support when a crisis emerges.

In most country contexts, government officials will have a stronger overview of the in-country HIV response than international organizations. Building relationships with government officials and agencies may be undertaken through regular courtesy calls, periodic visits and invitations to key events. This helps increase awareness and understanding of

the HIV and human rights-related priorities in the country, align with country plans and development frameworks and ensure that local officials understand the multisectoral work of United Nations agencies and programmes to address law, human rights and governance issues related to HIV, health and development.

In interactions with government officials, the HIV and human rights-related mandates of the United Nations Country Team should cover all matters relating to the dignity, security, health, welfare and development of people living with and vulnerable to HIV, and all matters affecting the response to HIV. This helps to build understanding of and commitment to supporting enabling legal and policy environments that address the human rights mandate of the United Nations, as per the Call to Action, and specifically the 10-10-10 targets set out in the 2021 Political Declaration on HIV and AIDS. This may include addressing acts of stigma, discrimination, gender inequality and violence, as well as punitive and discriminatory laws, policies and law enforcement practices that impact key populations, access to sexual and reproductive health and rights, including for young people, migration and asylum and the management of HIV in prisons, among other things.

This is an opportunity for the UN system to understand the views of government officials on the country's social, economic, cultural and political affairs. Building these relationships and mutual understanding helps create government acceptance of the need for international organizations to engage in an HIV-related human rights crisis, the actions that they may take in the event of a crisis and the steps that will be taken to liaise with governments, first and foremost. For example, the United Nations Country Team may find it necessary or appropriate to speak out publicly and/or issue a public statement regarding a human rights situation in the country. However,

staff of international organizations should make it clear that this will not occur without their senior officials first seeking to meet with appropriate officials within the government and/or sending a written, confidential *démarche* as part of efforts to resolve the matter, prior to going public. If these private efforts fail, the government will be informed in advance of any public actions that the international organizations intend to take, so that that the government is not caught off-guard. Such an approach is generally appreciated and respected.

Networks of people living with HIV and key populations and community-led and other civil society groups

The 2021 Global AIDS Strategy and Political Declaration encourage Member States to create safe, open and enabling environments that promote meaningful participation of communities in HIV response decision-making, planning, implementing and monitoring.

Communities have an important role to play in removing societal and structural drivers of HIV. Civil society organizations often have deep knowledge and broad networks within the national context, from the community level through to the national, policy-making level. Thus, networks of people living with HIV and key populations and community-led and other civil society groups are critical for early warning, monitoring and sharing information about human rights and other legal and social affairs in a country.

In addition, the awareness-raising, alliance-building and advocacy work for health and human rights that these community actors conduct can help to prevent HIV-related human rights crises in the first place, as well as lay the groundwork for timely support and responses.

Close relationships between UNAIDS co-sponsors and other international organizations with community leaders, networks of people living with HIV and key populations, and civil society organizations can help the former entities stay up to date on the situation on the ground. Pre-existing relationships of openness and trust may facilitate alliances and support the management of differences in the event of a human rights crisis.

It should be kept in mind that civil society organizations may have their own principles, policies, safety issues and concerns around an HIV-related human rights crisis response and this should inform and guide United Nations Country Teams.

National Human Rights Institutions (NHRIs) are independent state bodies that can play a crucial role in addressing human rights-related HIV crises. They contribute to a human rights culture, advocate for rights-based policies, and highlight the human rights challenges faced by vulnerable or marginalized groups. NHRIs work alongside civil society organizations as the cornerstone of the national human rights system.

Specifically, in the context of HIV-related human rights- crises, NHRIs have the mandate to investigate violations, receive complaints, and provide redress. They monitor and advocate for the rights of people living with HIV, key populations, and other vulnerable groups, ensuring non-discrimination, access to healthcare, privacy, and informed consent. NHRIs also engage in policy development processes, including ensuring a rights-based approach to HIV prevention, treatment, care, and support.

NHRIs monitor the human rights situation of individuals and communities affected by HIV. They can provide training and support to enhance understanding and implementation of human rights in the context of HIV. Collaboration with UN agencies, civil society organizations, and development partners is another important aspect of NHRIs' work in addressing human rights-related HIV crises. NHRIs participate in national and international platforms, sharing experiences and good practices.¹¹

11 OHCHR and UNAIDS, Handbook on HIV and Human Rights for National Human Rights Institutions, 2007, <https://www.ohchr.org/sites/default/files/Documents/Publications/HandbookHIVNHRIs.pdf> See also: UNDP-OHCHR Toolkit for Collaboration with National Human Rights Institutions, <https://www.undp.org/publications/undp-ohchr-toolkit-collaboration-national-human-rights-institutions>

Box 2: The key principles of the 2018 LINKAGES guidance

A guidance document was prepared in 2018 under the LINKAGES Project, titled “[When Situations Go from Bad to Worse: Guidance for International and Regional Actors Responding to Acute Violence Against Key Populations](#).” This guidance was developed by key population networks, community-based organizations, international non-governmental organizations and defenders of human rights in consultation with United Nations agencies and donors. It emphasizes the importance of collaborative crisis responses guided by local needs, priorities and actors. Key principles provided by this guidance are listed below.

- Defer to local communities involved in the response.
- Commit to implementer safety by appropriately resourcing their legal and medical needs.
- Acknowledge and safeguard the unique needs of key populations, including the distinction between men who have sex with men and transgender people.
- Collaborate and communicate with local actors respectfully.
- Equitably and transparently align support with the expressed needs of local actors.
- Ensure that all supported activities avoid victim blaming.
- Prioritize support for local collectives instead of individual actors.
- Proactively support the development of mechanisms for local coordination.
- Pre-emptively develop mechanisms and norms for international and regional cooperation.
- Create spaces for mutual learning and exchange.
- These key principles remain valid and are essential to keep in mind during crisis response.

Several steps can be taken to establish these close relationships. They are described below.

- **Convene regular meetings** between United Nations entities, the government, other international organizations, networks of people living with HIV and key populations, and civil society

partners. Meetings offer the opportunity to discuss a range of issues relevant to the HIV epidemic, including human rights and legal issues. Regular gatherings and discussions may even help to pre-empt a crisis, as well as alert partners to an arising human rights crisis.



NOTE: It is a good practice for the Joint United Nations Teams on AIDS to convene monthly or bi-monthly meetings with networks of people living with HIV and key populations and community-led and other civil society groups for information-sharing and strategy discussions, including strategies to manage a potential HIV-related crisis.

1. International organizations and donors working at country level should seek to **support civil society engagement** in rights-based responses to HIV, such as support for resource mobilization, including domestic financing for community-led, rights-based interventions and monitoring.
2. Seek ways to **institutionalize the participation of civil society organizations in the work of the United Nations and other international and donor organizations**. This implies cultivating relationships with networks of people living with HIV and key populations and community-led and other civil society groups. The types of organizations to consider partnering with include human rights defenders, key and vulnerable population organizations (e.g., LGBTI organizations) and networks of people living with or affected by HIV (such as networks of women living with HIV or people living with HIV).



NOTE: Members of networks of people living with HIV and key populations and community-led and other civil society groups should be able to turn to the Joint UN Teams on AIDS to:

- seek support for their own advocacy efforts;
- obtain access to a variety of platforms, including to build cross-movement alliances;
- convene in safe spaces for constructive dialogue with government, parliament and law enforcement officials on related issues; and
- monitor and report HIV-related human rights crisis situations.

- It is important for the United Nations, other international organizations and donors to **support civil society organizations to establish community-led monitoring of HIV services**. Data generated through

community-led monitoring can provide rapid feedback on human rights violations taking place at community level.

- Be sure to support and have available **flexible funding for emergency and crisis**

response situations, including funding for legal support services, litigation, access to housing and transport.

- Remember to **include faith-based organizations and the media**, including key journalists, in the efforts listed above. Along with civil society organizations, these entities may be influential in shaping public opinion and government action.

Foreign diplomatic missions

Foreign diplomatic missions accredited in the country are potential stakeholders and allies of international organizations, especially when they are providing support to the national HIV response. Frequently, foreign missions may participate in a joint working group to monitor and discuss human rights issues in the country.

Selected missions may be key sources of information and insight on the situation at country level. In many countries, they may exert some influence on national decision-making. However, it will be necessary to assess which missions to engage, and on which issues. This can be done through courtesy calls, periodic updates and invitations to HIV- and human rights-related events.

Planning for a crisis response

Form a crisis response team

Any response to an actual or potential human rights crisis should be well coordinated. This requires a clear understanding and agreement about how and to whom concerns about HIV-related human rights issues should be communicated, under what circumstances, who should be involved in the response, what options are available and what considerations should be borne in mind during the different phases of a crisis. A planned, joint response

Regional and sub-regional allies

Regional-level engagement is critical for responding to a country-level HIV-related human rights crisis. For instance, regional United Nations offices and regional or multi-country United Nations-managed programmes are important stakeholders; they are able to provide technical and financial support to country-level responses. Additionally, although a country-level human rights crisis necessitates context-specific and community-informed responses, politically sensitive issues may benefit from outside support—such as multi-country or regional-level interventions—rather than direct challenges to governments.

Additionally, regional and sub-regional bodies, such as regional economic commissions and regional human rights mechanisms, may be helpful as partners. Examples of the former are the East African Community and the Economic Community of West African States, the Caribbean Community and of the latter are the European Court of Human Rights, the inter-American Court of Human Rights and the African Commission on Human and Peoples' Rights, the Economic and Social Commission for Asia and the Pacific.

is often preferable to (although in reality not always possible and should not exclude) individual, siloed responses by United Nations entities and other stakeholders.

Establishing a crisis response team in advance of a crisis can allow these issues to be addressed effectively. Membership of such a team will depend on the country's specific context but should typically include senior staff from organizations and entities on the relevant UNAIDS cosponsors and the

UNAIDS Secretariat. The team should draw in technical staff required for specialized inputs on the human rights issues and who can steer substantive and operational responses. Non-United Nations entities, including donors, should be engaged, when appropriate.

A crisis response team should ideally be integrated within existing multi-stakeholder country forums (e.g., a country coordination mechanism established for overseeing the HIV response or a development forum) and should employ existing country mechanisms in responding to a crisis, to the extent possible.

With an increasing emphasis on joint planning and joint delivery at country level, responses to an HIV-related human rights crisis will inevitably involve a range of United Nations entities under the leadership of the Resident Coordinator supported by regional offices and headquarters, with the specific support and advice of the UNAIDS Secretariat and core agencies, such as UNDP, who have clear roles relevant to the specific HIV-related crisis. This is, however, flexible and context-dependent based on in-country presence and roles. For instance, middle- and high-income countries may have a limited United Nations and donor presence. While some UNAIDS co-sponsors may have more comparative advantage over others in responding to a particular crisis, all entities should be kept informed of the crisis response team's composition, communications channels, protocols and actions. Annex 2 offers a sample terms of reference for a crisis response team.

Select crisis response focal point(s)

The responsibilities of a crisis response focal point are significant. They include developing, leading and coordinating the crisis response in partnership with key stakeholders and supporting appropriate information and communications, among other things.

Responsibilities may need to be shared among more than one person, depending on each country context.

Determine who should be the first responder

One of the first considerations in any crisis will be to determine who the 'first responder' to the crisis should be. First responders are those with the primary responsibility to address a human rights crisis in the first instance.

The government always has the first and primary obligation to respond to any crisis in a way that protects human rights and is based on the rule of law. The United Nations's first priority is to support the government to fulfil their commitments for human rights and for the Sustainable Development Goals and the concept of leaving no-one behind.

In cases where the government has precipitated or contributed to the crisis and/or impedes its effective resolution, other national institutions may act as first responders, such as a national human rights commission or Ombudsperson. Networks of people living with HIV and key populations, community-led and other civil society organizations and actors may also become involved. United Nations staff should engage with such bodies before or while determining their own course of action.

The three pillars of the UN - United Nations system – human rights, development, and peace and security – are interconnected and mutually reinforcing. The United Nations Country Teams and the Resident Coordinators have the responsibility to promote these three pillars. In an HIV-related human rights crisis, UNAIDS co-sponsors should collaborate in a coordinated response that aligns with their respective mandates and the previously discussed Division of Labour, but which also allows for flexibility based on country contexts.

International and regional bodies and mechanisms with human rights mandates and expertise, such as OHCHR, the Special Procedures of the United Nations Human Rights Council, relevant committees and regional human rights bodies, should be consulted, where possible and practical. These bodies may have leverage in responding to the crisis, including where they hold a substantive or geographically relevant mandate.

Some UNAIDS co-sponsors have regional offices, as well as regional or multi-country

programmes or headquarter teams, that may appropriately play an important intermediary role between the country and the headquarters office, both in helping to determine who should respond to the crisis and helping to shape the response.

In short, the local context, local institutions and the presence of other international organizations with human rights responsibilities will determine who should act as the first responder.



NOTE: When a United Nations staff person has precipitated a human rights crisis, then United Nations agency policies on safeguarding and reporting abuse should be used to report and respond to the complaint.

The three Cs: Collaborate, coordinate and communicate during the response

As the potential exists for misunderstanding and poor coordination of efforts and messaging at a time when events are moving rapidly and decisions must be taken quickly, continuous collaboration, pre-established coordination and communications mechanisms are vital.

Alongside determining who should respond, it is critical to agree, and communicate about, how the response will take place, as well as determine the roles and responsibilities of the various stakeholders. The United Nations Resident Coordinator and crisis response team are central to ensuring this collaborative and coordinated response from the United Nations Country Team and appropriate partners. This response must be in line with coordinated efforts and plans to achieve the Sustainable Development Goals at the country level.

In evaluating different strategies for a crisis response, it is crucial to consider not only the likelihood of success but also the potential impact on individuals and communities affected by the crisis. The primary objective in developing a response is to determine the most effective approach that ensures the safety and well-being of individuals within the specific country context. In certain situations, the combined effect of engagement with the government and other local authorities, multiple meetings and statements from various international organizations may exert pressure on local perpetrators and lead to positive outcomes. However, in other instances, such actions may inadvertently antagonize the perpetrators and exacerbate the situation, reducing the likelihood of success, while further aggravating the situation faced by targeted individuals and their communities.

Ensure that the response is based on the country context

Country-level considerations should always inform and shape the response to the crisis, and country teams should lead, shape and drive the United Nations response to it, in close collaboration with local authorities, civil society, the affected persons and their communities. This is because staff at country level are typically in the best position to fully appreciate and assess the political, legal, cultural and security situation. Moreover, they will have to manage the consequences of any actions taken by the United Nations in the country. The engagement of regional and headquarters offices should be informed and guided by the country team's strategy and led jointly and in consultation with the country team.

Identify short, medium and long-term goals to prevent future crisis and create sustainable change

Depending on the nature of the crisis, it may require short-term as well as medium- and longer-term goals. For instance, when a punitive law or policy is proposed, short-term crisis response plans may focus on efforts to block its adoption. When a violent crackdown is instituted against individuals, short-term efforts may focus on ensuring personal safety and mental and physical health and well-being. Medium and longer-term efforts may shift to focus on preparing for and responding to the impact of a punitive law, policy or practice, or focus on efforts to reverse the action.



NOTE: As a way of creating sustainable change, when holding crisis response discussions and making action plans, crisis response teams should encourage partners and countries to integrate longer-term human rights protection goals. Such discussions can centre around the below matters.

- Integrate evidence-informed, human rights-based and gender-transformative programmes into the strategies and plans of all organizations, including of donors.
- Identify a pool of lawyers and paralegals who can be called upon promptly when a crisis arises and ideally agree on contracting modalities beforehand, for example through a draw down type of contract, to allow for urgent support.
- Advocate for law and policy review and reform, such as: decriminalization of HIV transmission, exposure and non-disclosure; sex work, same-sex sexual conduct and drug use; and increased protection against discrimination in law and policy.
- Mobilize resources and flexible funding mechanisms for rapid responses to human rights violations.



SECTION 4: RESPONDING TO A HUMAN RIGHTS CRISIS INVOLVING DANGER TO INDIVIDUALS, GROUPS AND ORGANIZATIONS

What types of HIV-related crisis could arise that would constitute danger or harm?

An HIV-related human rights crisis involving danger or actual harm to individuals, groups or organizations will typically involve action taken that threatens the safety or well-being of people living with HIV, members of key and vulnerable population groups or people who promote or provide HIV prevention, treatment, care and support services. These actions can take place ‘in real life’ or, increasingly, in the digital world.

The following is a non-exhaustive list of examples of the types of crises that may be faced by specific groups. It is important to note the impact of gender and intersectionality of vulnerabilities for these populations, and also that many of these examples have impact beyond HIV and can also threaten broader health and development outcomes of populations.



People living with HIV, including women living with HIV, and people with HIV and TB



Sex workers



People who use drugs



Gay, bisexual and other men who have sex with men, lesbian, transgender and/or intersex people



Young people, including adolescent girls and young women, young key populations



People in prison, including pre-trial detention



People or organizations providing HIV-related services

Stigma, discrimination, harassment or violence, including actual or threatened violence.

Stigma, discrimination, violence – including sexual and gender-based violence, rape, assault, murder – or harassment (e.g., by police or other uniformed officers, clients, third parties, family members, gang members, health service providers, the media, including social media).

Stigma, discrimination, harassment or verbal/physical abuse, sexual and gender-based violence and abuse (e.g., by government officials, health care providers or police, community members).

Stigma, discrimination, harassment, verbal/physical violence or abuse, including sexual violence (e.g., by government officials, health care providers, police, community members), ‘corrective rape,’ and hate crimes.

Stigma, discrimination, harassment, verbal/physical violence or abuse, bullying, sexual violence or abuse (e.g., by government officials, health care providers, teachers and peers in education settings, community members).

Discrimination, harassment, verbal/physical abuse, sexual violence, and abuse.

Discrimination, slander, harassment or verbal/physical abuse of staff (e.g., by government officials, health care providers, police or the media, including social media).

Forced or coerced medical procedures—including testing and sterilization – without informed consent.

Forced or coerced medical procedures—including HIV testing, forced abortion—without informed consent.

Forced or coerced medical procedures—including HIV testing, forced sterilization and/or forced abortion for women who use drugs—without informed consent.

Forced or coerced medical procedures—including HIV testing without informed consent—operations such as forced gender reassignment, forced surgery on children and young intersex persons – and examinations (e.g., anal testing).

Forced or coerced medical procedures—including forced abortion or sterilization, HIV testing without informed consent or with the consent of a parent/guardian—and breaches of confidentiality.

Forced or coerced medical procedures—including HIV testing, forced treatment—without informed consent.

Prevention of registration or deregistration as a non-governmental organization.

Denial of medical and government services and benefits, including education or social security.

Denial of medical and other government services and benefits, including denial of sexual and reproductive health services to women who use drugs, denial of harm reduction in prison settings.

Denial of medical or government services or benefits, including in prison settings.

Denial of health, including sexual and reproductive health or government services or benefits.

Denial of medical services or benefits, including e.g., denial of access to prevention and to treatment services for people with HIV, denial of access to sexual and reproductive health services to women, denial of harm reduction services to people who use drugs.

Preventing funding allocations, terminating lease agreements, closing bank accounts.



Surveillance, data breaches, breaches of privacy, breaches of confidentiality, media exposure or vilification, including on social media.

Isolation, quarantine in prison settings (e.g., of people with tuberculosis).

Surveillance, data breaches, breaches of privacy, breaches of confidentiality, media exposure or vilification, including on social media.

Denial of entry, isolation, quarantine and restrictions on freedom of movement; forced testing and detention based on HIV+ status in the case of migrants

Arrest or detention without legal grounds or due process.

Extortion (e.g., by the police, third parties, sexual partners).

Rape.

Extortion (e.g., by police, third parties, sexual partners).

Denial of education, including comprehensive sexuality education.

Segregation of people living with HIV or people with tuberculosis, without due process.

Shutting down of premises; pressure to vacate premises; confiscation of materials and equipment.

Detention, arrest for actual or suspected transmission of HIV with or without disclosure of status.

Extortion (e.g., by police, third parties, gang members, clients and other sexual partners).

Arrest and detention without legal grounds or due process.

Arbitrary arrest and detention (e.g., based on consensual same-sex conduct) without due process.

Laws or policies intended to 'protect' young people that result in denial of access to services and rights violations (e.g., misuse of overly broad, mandatory reporting requirements; age of consent laws that deny access to sexual and reproductive health services).

Denial of access to some activities (education, work).

Damage to property.

Denial of work or social security benefits and unjust dismissal.

Forced removals.

Coercion into paid or unpaid sex

Denial of work or social security benefits, unjust dismissal.

Forced removals or forced placements into facilities.

Forced removal of children from women and men who use drugs.

Exclusion from schools and other education programmes or denial of education for young people who use drugs.

Gender in the context of HIV-related human rights crises

Gender plays a critical role in the context of HIV-related human rights crises, as it intersects with various aspects of human rights violations, vulnerability, discrimination, and access to HIV services and support. Applying a gender lens allows for a comprehensive understanding of the unique challenges faced by different individuals and communities affected by HIV and human rights violations. It is important to recognize that gender goes beyond a binary understanding and encompasses a spectrum of identities and experiences. By considering diversity and going beyond cisgender heteronormative approaches, responses and interventions can address the specific needs of all individuals, promoting inclusivity, equity, and social justice. Key areas where a gender perspective is crucial in addressing HIV-related human rights crises and strategies to foster for a more inclusive and responsive approach include the following.

- **Bidirectional Relationship Between HIV and gender-based violence (GBV):** The relationship between HIV and GBV is bidirectional, with each issue influencing and intersecting with the other. Studies have shown that GBV can heighten vulnerability to HIV transmission, while HIV-positive individuals, particularly women, are more likely to experience GBV. This underscores the urgent need for interventions that address both GBV and HIV simultaneously.
- **Anticipating and Responding to Gender-Related HIV Crises:** To effectively respond to gender-related HIV crises, it is crucial to enhance the gender-responsive risk assessment process. This involves analysing underlying gender norms and socio-economic factors that drive HIV and GBV. Additionally, community-based reporting mechanisms should be established, enabling affected populations to actively participate in reporting GBV and HIV-related issues. This inclusive approach ensures that crisis response strategies are tailored to address the specific needs of affected individuals and communities.
- **Partnership and Engagement:** Fostering effective partnerships between crisis response teams, women-led organizations, and existing Women, Peace, and Security (WPS) structures is vital. Practical guidance should be provided on how to facilitate collaboration among these entities, recognizing the expertise of gender HIV specialists. Their role is crucial in ensuring that responses are comprehensive, and that diverse needs of affected individuals and communities are considered.
- **Integration with WPS National Policies:** Efforts should be made to align HIV responses with existing WPS national action plans and early warning systems. Specific steps for integration and implementation should be outlined. Advocacy for the inclusion of HIV awareness training within national training programs for military and civilian personnel, as outlined in Resolution 1325 (2000), is also important.
- **Innovation and Behavioural Science:** Innovative approaches, such as utilizing behavioural insights, should be emphasized to identify effective messages and interventions that resonate with individuals, motivating positive action and reducing stigma. The potential of digital tools should be highlighted in enhancing early warning systems and community-led monitoring of HIV services, facilitating rapid emergency response efforts.
- **Evidence-Based Data and Analysis:** Collecting disaggregated data on

HIV cases is crucial to understand the intersectionality of HIV with GBV and gender inequality. Increased investment in research and data collection initiatives is necessary to inform evidence-based interventions and prioritize resources for HIV prevention and response programming. This is another area where digital tools can be useful.

Inclusion of Women Survivors of GBV in HIV-Related Crises: The unique challenges faced by women survivors of GBV who are living with or affected by HIV should be addressed in a dedicated section. Specific HIV-related crises that may arise for this population should be explored, emphasizing the need for targeted support and interventions to address their intersecting experiences of violence and discrimination.¹³

Key considerations in an HIV-related human rights crisis response

The following are key considerations when implementing any response to an HIV-related human rights crisis involving individuals, groups or organizations.

Do no harm. Ensure that all actions cause no further harm to the individuals, groups or organizations involved. Crisis responses, whether public, behind the scenes, alone or with partners, should be pursued while ensuring that no individuals are in danger of being harmed. The potential for harm should be assessed on a case-by-case and ongoing basis as the crisis unfolds, and to the extent possible, in close consultation with communities, individuals at risk, their communities or allies and United Nations and other relevant partners. Other partners should be advised about what they can do, or should not do, to ensure the safety and well-being of the people involved. No one should be pressured into any action that would make the situation worse for the individual(s), including public or joint statements.

Ensure staff safety. A key obligation of senior staff in United Nations and partner

organizations is to ensure the safety of their colleagues. Due consideration must be taken to avoid any threat to staff safety or the safety of others. International staff should take particular care to be sensitive to the safety of all staff, and have a clear sense of the socio-cultural, religious and political context, including the risks for national staff perceived to be publicly associated with particular actions. All staff members have a professional and personal obligation to take all possible steps to minimize risks and danger. Steps to be taken include those listed below.

- Assess the risks and reasonable limits of advocacy and actions to intervene and consult with supervisors on how best to proceed in risky situations.
- Refer cases to an individual or organization better equipped to respond with fewer negative consequences when the ability to secure staff safety is in question.
- Exercise good judgement when deciding when and where to meet victims or witnesses involved in the crisis, including ensuring that United Nations staff are

13 United Nations Security Council, Resolution 1325 (2000), <https://documents.un.org/doc/undoc/gen/n00/720/18/pdf/n0072018.pdf?token=hiSHbHxMd5VvcU6HY0&fe=true> See also: Leddy, A.M., Weiss, E., Yam, E. et al. Gender-based violence and engagement in biomedical HIV prevention, care and treatment: a scoping review. BMC Public Health 19, 897 (2019). <https://doi.org/10.1186/s12889-019-7192-4>

accompanied and that their movements and whereabouts are monitored.

- Whenever a possible threat to the safety of United Nations staff or the security of United Nations premises is involved, contact and seek support from the United Nations Department of Safety and Security. If there is any possibility of a security threat to staff or premises, the Resident Coordinator, regional office and security at headquarters should be informed about the situation.

Be clear on the United Nations roles and responsibilities. United Nations staff should be clear on the United Nations' roles and responsibilities, and its limitations, to ensure that they do not create unrealistic expectations and that any United Nations undertakings to act are fully honoured.

Support national and local actors to be the champions in the crisis. Ultimately, the prevention and resolution of a national human rights crisis will depend on local efforts. One of the most important functions of the United Nations is to support national and local actors to be human rights champions and to resolve a crisis within national rule of law mechanisms and institutions. The United Nations can support local actors in various ways, including by providing technical expertise and evidence, creating safe spaces for diverse civil society groups to collaborate and strategize and convening networks of people living with HIV and key populations, community-led and other civil society groups and government representatives to find solutions. In exercising its technical support and its convening role, the United Nations can highlight the importance of human rights, the evidence of potential national and international implications of the crisis and the legitimate roles of all affected parties, both in government and civil society, in finding a solution.

Obtain adequate, relevant and accurate information in a respectful and sensitive way. In interactions with communities, affected individuals and government officials, United Nations staff should ask clear and precise questions about the crisis to ensure actions are taken based on up-to-date evidence. Probing beyond essential facts should be undertaken with caution, particularly when trauma is likely to have occurred.

Maintain confidentiality. Private information should not be shared without the prior consent of individuals concerned, or where others may be placed at a significant risk of serious harm due to current or future actions that may be taken. If information must be shared among United Nations staff, this should be done only on a 'need to know' basis. United Nations staff should take particular care to evaluate the sensitivity of information before sharing it by email, phone or radio channels that may not be secure.

Manage communication, including combatting misinformation. Clear and consistent communication is important in a crisis response situation, as it must convey accurate information about the crisis and the response to all parties, both privately and publicly. In the era of increased digitalization, online platforms can be an important tool for communication, but also a potential danger for the spread of misinformation. Crisis response teams should ensure that communication strategies combat misinformation put out by perpetrators or organized anti-rights groups that oppose efforts to uphold the rights of key and vulnerable populations.

Document all communications and actions. All discussions, meetings and written communications with government representatives and with affected individuals or organizations, including referrals to other organizations, should be promptly

documented. This will be important if the United Nations or its partners in the response need to justify the actions taken or not taken or face any accusations of wrongdoing.

Help to obtain legal advice and other forms of emergency support for those affected, as appropriate. It is important to be aware of the various forms of civil society crisis support, and to maintain up-to-date mapping and contact list of available services. In some situations, the most important thing that United Nations staff can do is ensure that the person in danger or at risk has some sort of legal support for their interactions with the police and judicial system. Arrangements should be made in advance for identified, appropriate legal support service providers that are on standby to assist.


Support for online safety, in the case of data breaches, online threats and hacking, may require urgent intervention in the digital and physical world. Psycho-social support,

including crisis counsellors, may be needed. The United Nations can support referrals to places of safety or transport to leave the area or country for key populations and their associates, where this is required and available through networks of people living with HIV and key populations, community-led and other civil society organizations.

Do not break the law, and work with national authorities. Staff should not break the law of the country of their duty station. They should contact and request support from the police if police can and will offer protection and security. However, in some human rights crisis situations and in contexts where the activities of key populations and their organizations are criminalized, law enforcers themselves may be the perpetrators. Thus, communities and affected individuals involved in the crisis must always be consulted first and agree to police involvement.

Potential steps in responding to a HIV-related human rights crisis relating to an individual, group or organization

<p>Inform and convene crisis response team, guided by Resident Coordinator.</p>	<p>Engage relevant partners, including regional offices, programs, and headquarters.</p>	<p>Ensure staff safety.</p>
<p>Strategize with crisis response team and partners for short- and long-term approaches, including engaging local communities and civil society.</p>	<p>Obtain consent, consult, and provide legal support to individuals involved.</p>	<p>Develop crisis response communication strategy.</p>
<p>Ensure health, welfare, and safety of affected individuals and their communities.</p>	<p>Discuss detention terms and HIV treatment access with relevant officials.</p>	<p>Protect accused persons from harmful media coverage and breaches of confidentiality.</p>
<p>Engage government agencies in charge of human rights, development, and HIV response.</p>	<p>Assess appropriateness of press statement. If needed, collaborate on drafting.</p>	<p>Coordinate international advocacy with relevant stakeholders.</p>



CASE STUDY 1: CRISIS RESPONSE TO VIOLATIONS AND TARGETING OF PEOPLE WHO USE DRUGS AND CIVIL SOCIETY ORGANIZATIONS IN COUNTRY Y

Drug possession and use is criminalized in Country Y, and people who use drugs have reported instances of harassment by law enforcement agents in the past. Although it is a difficult context, various United Nations agencies and entities, international organizations and local civil society organizations are working to provide healthcare services to people who use drugs, sensitize law enforcement and advocate for the decriminalization of drug possession for personal use.


A local civil society organization reports on its work with women who use drugs at a regional AIDS conference, and news of this is spread on social media. In the country, law enforcement agents raid the offices of the local organization that provides harm reduction services to people who use drugs. They obtain confidential data files of clients who use these services. They use this information to identify and bring legal and other actions against services users. This includes reporting four women, who are mothers of young children, to social services in order to have them placed in drug facilities and to have their children removed from their care. As a result, orders are made for the removal of the children to alternative carers.

The networks of people living with HIV and key populations, community-led and other civil society organizations are unable to report the matter to law enforcement. They raise their concerns with the local office of the United Nations Office on Drugs and Crime (UNODC) and the UNAIDS Secretariat over the impact of these measures, not only on the four women and their children, but also on broader efforts to ensure access to harm reduction and healthcare services for people who use drugs. Their organization is no longer able to provide harm reduction services, and other organizations within their network have also noted a sharp decline in access to services since the raid.

A crisis response is convened under the guidance of the United Nations Resident Coordinator and the following key actions are taken.

- The crisis response team engages with all relevant partners in the country, including with the United Nations Country Team partners, local organizations, as well as regional and headquarters-level partners.
- The team strategizes on the best approaches and necessary partnerships to ensure immediate, short-term safety and security for the mothers,





SECTION 5: RESPONDING TO AN HIV-RELATED HUMAN RIGHTS CRISIS INVOLVING PUNITIVE LAWS, POLICIES OR PROGRAMMES

What types of crisis could arise?

A human rights crisis involving punitive laws, policies or programmes could involve existing or emerging laws, policies, practices or programmes that jeopardize or hinder an evidence-informed, rights-based response to HIV. While it is not exhaustive, the below list provides potential examples of these types of crises.

<p>Proposed laws and policies, or new application of existing laws/policies, that criminalize people living with HIV and/or key populations, their organizations or associates, limit their access to HIV prevention, treatment, care or support or otherwise infringe upon rights (e.g. to assemble, the right to freedom of speech, etc.).</p>	<p>Proposed legislation or active legal proceedings that aim to criminalize or escalate penalties for HIV transmission, exposure, and non-disclosure beyond the scope advised by international guidance.</p>	<p>Systematically abusive or inhumane law enforcement practices targeted at people living with HIV and key populations, including preventing access to HIV treatment, prevention, care and support.</p>
<p>Measures that impose some form of restriction on the entry, stay and residence of people living with HIV, or with HIV and tuberculosis, based on this status, including, for example, legislation which calls for the deportation once HIV-positive status is discovered.</p>	<p>Measures that introduce arbitrary detention of people living with HIV, people with tuberculosis or key population groups without due process and/or adequate access to counsel, health and other services.</p>	<p>Mandatory HIV testing or systematic failure to obtain informed consent and maintain confidentiality of test results, as well as other forced or coerced medical interventions, such as forced sterilization of women living with HIV and forced treatment for people with tuberculosis.</p>
<p>Proposed laws, policies and practices related to forced or coerced sterilization or abortion for women who use drugs.</p>	<p>Laws and policies on isolation, quarantine and segregation of people living with HIV or people with tuberculosis, without due process.</p>	<p>Official endorsement of quackery or bogus or ineffective approaches to HIV prevention and treatment, or AIDS denialism.</p>
<p>Measures that support medical or other interventions purporting to ‘cure’ or change sexual orientation or gender identity laws, policies, or practices that fail to protect against gender-based violence, harmful gender norms (e.g., child marriage), harassment and gender inequality.</p>	<p>The threat of implementing the death penalty for drug offences, engaging in same-sex sexual conduct, or transmitting HIV in ongoing cases.</p>	<p>Measures aimed at, or which have the effect of, restricting, halting or blocking comprehensive sexuality education.</p>

Key considerations in the HIV-related human rights crisis response

The below checklist may help in implementing a response to an HIV-related human rights crisis involving punitive laws, policies or programmes.

1. Keep abreast of developments:

- Develop contacts in government, parliament, judiciary, and civil society groups.
- Stay informed in advance of draft legislation and policy changes.
- Interact regularly with relevant parliamentary committees and other committees addressing HIV-related issues.

2. Know procedures, people, and timeframes:

- Understand legislative, policy, and programmatic procedures in the country.
- Identify relevant government, parliamentary, and implementing personnel.
- Be aware of the timeframes involved in the decision-making process.

3. Use official United Nations positions:

- Provide official comments on draft laws and policies.
- Consult with key partners, including donors and civil society organizations.
- Base comments on United Nations policies, positions, and relevant data and evidence.

4. Balance risks and benefits:

- Evaluate the need for public advocacy and behind-the-scenes action.

- Minimize risks to the United Nations' political and technical standing.
- Consider behind-the-scenes interventions in highly volatile situations or individual crises.

5. Uphold human rights standards:

- Stand up publicly for human rights standards in HIV, health, development, and protection.
- Ensure no one is left behind in advocacy efforts.
- Apply these considerations to crises involving individuals, groups, or organizations.

6. Support national and local actors:

- Assist national actors in responding effectively to proposed changes.
- Provide space for organizing and developing policy positions.
- Facilitate safe interactions between affected populations and relevant stakeholders.

7. Ensure appropriate coordination:

- Strive for a coordinated response from the United Nations Country Team and partners.
- Align actions with development goals.
- Work under the guidance of the United Nations Resident Coordinator during crises.
- Collaborate with UNAIDS co-sponsors, bilateral agencies, and international partners for coordinated action.

Potential steps in responding to a HIV-related human rights crisis involving discriminatory or punitive laws, policies or programmes

While each HIV-related human rights crisis will need to be managed on a case-by-case basis, the below sequence of actions may typically be considered in the event of a crisis relating to a problematic law, policy or programme (some actions are confidential, while some are public).

- Inform and convene the crisis response team, under the guidance of the United Nations Resident Coordinator.
- Inform and engage other relevant partners in the country, regional offices, regional and multi-country programmes and headquarters.
- Work with the crisis response team and other advocates and partners to: 1) develop a short, medium and long-term strategy, including whether it is desirable and how it is possible to support local actors (civil society or government) to be in the lead; 2) determine the roles and responsibilities of all partners, including the most effective set of actions for the United Nations and the engagement of other relevant partners within and outside the United Nations system, including e.g., foreign diplomatic missions; and 3) develop a clear communication protocol for the crisis response actions, in line with the private and public approach to be followed and roles and responsibilities assigned.
- In discussion with the United Nations Resident Coordinator and the crisis response team, the Resident Coordinator or a designated representative of the United Nations speaks with or meets relevant government or parliamentary authorities and keeps a record of this in a Note for the File. Preferably and when appropriate, this should be shared with the authorities with whom they meet.
- The United Nations Resident Coordinator crisis response focal point or designate writes a confidential and formal communication on the human rights issue, including evidence-informed responses, to the relevant government authorities.
- The crisis response team focal point and/or a designate confidentially contacts those with influence on the primary parties and seeks their support.
- With the support of the regional office and/or headquarters, the focal point working with technical staff provides official, evidence-informed and rights-based comments to government/parliament regarding draft policies, laws or programmes, and may share these with networks of people living with HIV and key populations and community-led and other civil society groups, if it is strategic to do so.
- The United Nations Resident Coordinator, focal point or a designate may give a media interview on the subject, in a non-confrontational manner, presenting the general United Nations position on the issue. The United Nations Country Team, including relevant UNAIDS co-sponsors and the UNAIDS Secretariat headquarters communications teams can support and should be informed in advance if the interview is with international media.
- If appropriate, heads of relevant United Nations agencies may write to or call the Head of Government. Deputy heads of agencies may also write to the Vice-President or someone of equal rank. Such calls and letters should be confidential in the first instance.
- If the government has not responded adequately, then the United Nations Resident Coordinator or a designate informs the government that the United Nations is considering making a public statement or press release after a certain date has passed. The relevant government actors should know whom to contact in the United Nations if they wish to engage in further dialogue before this time.
- The United Nations Country Team, UNAIDS co-sponsors and the UNAIDS Secretariat work either publicly or behind the scenes with international and regional advocates and influential champions to influence the country's actions on the issue.

CASE STUDY 2: RESPONDING TO IMPENDING THREATS: SAFEGUARDING HUMAN RIGHTS IN THE FACE OF PROPOSED LEGISLATION CRIMINALIZING SAME-SEX SEXUAL CONDUCT IN COUNTRY X

Country X has a penal code that criminalizes “unnatural sexual offences.” This law has been used in the past to prosecute men who have sex with men. A new, private member’s bill is proposed by a member of parliament to create specific legislation and more severe penalties against same-sex sexual conduct and various related activities.

The bill proposes various harsh measures, including: (i) a minimum mandatory sentence for same-sex sexual conduct; (ii) mandatory reporting requirements for those who are aware of persons engaging in same-sex sexual acts; and (iii) criminalizing the registration and operation of organizations supporting sexual and gender minorities, including prohibiting various organizational activities, among other things.

Staff members of a number of in-country United Nations entities, including UNDP, UNFPA and the UNAIDS Secretariat, are told of the impending bill by various sources, including their contacts within the Ministry of Justice and the National AIDS Commission, networks of people living with HIV and key populations and community-led and other civil society groups.

The staff follow various steps to first verify a potential HIV-related human rights crisis and suitable response, including those below.

- Staff reach out to stakeholders to get more information, including: (i) verifying the accuracy of the reports; (ii) the stage at which the bill is within the lawmaking process and the interest of parliamentarians in the proposed bill; (iii) the contents of the proposed legislation; and (iv) the views of key stakeholders, including networks of people living with HIV and key populations and community-led and other civil society groups, on the potential impact of the bill and its provisions.
- Staff inform and convene the crisis response team, under the guidance of the United Nations Resident Coordinator.
- The crisis response team works with other advocates and partners to develop a coordinated response, drawing on respective skills and expertise. This response should include developing: (i) a short-term strategy to prevent the passing of the bill, if needed; (ii) a medium-term strategy to support individuals and organizations who may need protection; and (iii) a long-term strategy towards the removal or repeal of the bill, including through strategic litigation, in the event that it is passed.
- The crisis response team discusses whether, under the circumstances, quiet diplomacy or public engagement is a preferable response, in

order not to further inflame the situation, and to develop a communication strategy accordingly.

- The team determines the roles and responsibilities of all partners, including the need to: (i) engage with regional and headquarter offices to develop an evidence-informed memorandum on the public health and human rights impact of the proposed legislation; (ii) engage with and provide technical support to networks of people living with HIV and key populations and community-led and other civil society groups to develop submissions on the proposed legislation; (iii) convene safe, secure spaces for engagement between, on the one hand, networks of people living with HIV and key populations and community-led and other civil society organizations and, on the other hand, decision-makers, where appropriate; and (iv) engage in behind-the-scenes discussions with key decision-makers.
- The crisis response focal point(s) works with technical staff to develop memoranda on the health and human rights impact of the proposed bill.
- The United Nations Resident Coordinator or a designated representative of the United Nations engages with or meets relevant parliamentarians and government officials and follows this up with a confidential memorandum on the issue.
- The crisis response team focal point contacts decision-makers with influence and champions to seek support for opposing the bill.
- The United Nations Resident Coordinator makes a media statement providing the United Nations position on the criminalization of same-sex sexual conduct if this is considered appropriate for the situation.
- The United Nations Resident Coordinator considers informing the government of the need to make a public statement if no further action is forthcoming.
- The United Nations Country Team and UNAIDS co-sponsors issue a public statement in coordination with communications counterparts at regional and headquarters offices.
- If the actions fail to produce results, medium- and long-term strategy actions become the focus, in order to ensure the safety and security of persons.



SECTION 6: RECAP OF KEY POINTS BEFORE AND DURING AN HIV-RELATED HUMAN RIGHTS CRISIS

- **Be informed.** Use reliable sources for information, monitor mainstream and social media. Map key actors (allies and opponents). Stay engaged with government and networks of people living with HIV and key populations and community-led and other civil society groups to keep updated on local developments, main views and forces at work. Monitor sensitive issues for early warning. Be aware that situations may evolve very quickly.
- **Be prepared.** Establish clear understanding of roles, mandates, strengths and limitations of United Nations and partner organizations. Build relationships with key stakeholders and plan ahead for worst case scenarios.
- **Do no harm.** Measure the cost of action and inaction. Take steps to ensure the safety and security of affected individuals and the safety of United Nations staff. Consider the unique position and vulnerability of national staff. Maintain confidentiality.
- Ensure that affected individuals have **access to necessary legal and other assistance** and, when possible, that their family members and associates are out of harm's way.
- **Establish clear processes of communication and collaboration** with United Nations and partner organizations. Ensure that responses are coordinated and that messages are consistent. Optimize the United Nations' convening role.
- **Engage regional and headquarters colleagues.** Ensure that any actions are guided by the United Nations Resident Coordinator and United Nations Country Team, affected communities, partners, the country context and events on the ground.
- **Support local champions** and their efforts to find local solutions. Be clear on United Nations roles, responsibilities and limitations.
- Carefully **assess the risks and benefits of public versus behind-the-scenes responses.** Take heed of local views and aim for a balanced approach that is sensitive to the context.
- **Gather health, human rights-and gender-related evidence.** Be prepared to stand up publicly for human rights standards of access to HIV services and protection from violence, including gender-based violence, stigma and discrimination, while remaining a trusted broker.
- Where possible, **give the government prior notice of public United Nations statements** or other actions. Endeavour to act from a perspective of trust and neutrality, firmly grounded in the United Nations mandate.
- **Document** all communications and actions.

ANNEX 1: UPDATED 2021 UNAIDS DIVISION OF LABOUR¹⁴

Joint Programme outcomes	Joint Programme result areas at output level	Division of Labour areas 2018	DoL 2018 convenors	DoL 2018 agency partners
<p>1: Equitable and equal access to HIV services and solutions maximized.</p> <p>People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services</p>	<p>Result area 1: HIV prevention</p> <p>Country and community capacities are strengthened to define, prioritize, implement and bring gender-responsive HIV combination prevention programmes for and with key populations and other groups at high risk of HIV, at an appropriate scale to drive impact and achieve national HIV prevention targets</p>	4. HIV Prevention among key populations	UNFPA, UNDP	UNICEF, UNODC, ILO, UNESCO, WHO, World Bank
		5. Harm reduction for people who use drugs and HIV in prisons	UNODC	UNICEF, UNDP, WHO
		7. HIV prevention among young people	UNICEF, UNFPA, UNESCO	All co-sponsors
		12. Decentralization and integration of sexual and reproductive health and rights and HIV services	UNFPA, WHO	UNICEF, WFP, UNDP, World Bank
	<p>Result area 2: HIV treatment:</p> <p>Country and community capacities are strengthened so that HIV testing, treatment, care, support and integrated services are scaled up.</p>	1. HIV testing and treatment	WHO	ILO, UNHCR, UNICEF, UNFPA, WFP, UNDP, UNODC, UN Women
		12. Decentralization and integration of sexual and reproductive health and rights and HIV services	UNFPA, WHO	UNICEF, WFP, UNDP, World Bank
	<p>Result area 3: Paediatric AIDS, vertical transmission:</p> <p>Capacities at national and subnational levels are strengthened to ensure access to tailored or integrated data-informed, differentiated services to eliminate vertical transmission and end paediatric AIDS.</p>	3. Elimination of mother-to-child transmission of HIV and keeping mothers, children and adolescents alive and well	UNICEF, WHO	WFP, UNFPA, UNODC
		12. Decentralization and integration of sexual and reproductive health and rights and HIV services	UNFPA, WHO	UNICEF, WFP, UNDP, World Bank

Joint Programme outcomes	Joint Programme result areas at output level	Division of Labour areas 2018	DoL 2018 convenors	DoL 2018 agency partners
<p>2: Barriers to achieving HIV outcomes broken down.</p> <p>Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed.</p>	<p>Result area 4: Community-led responses</p> <p>Empowered communities have the capacities to exert leadership and take action in addressing the needs of people living with, at risk of or affected by HIV, especially to those who are currently excluded.</p>	<p>NEW</p> <p>Integral to all Division of Labour areas and Secretariat functions</p>	<p>All co-sponsors</p>	<p>All co-sponsors</p>
	<p>Result area 5: Human rights</p> <p>Political commitment, community leadership, funding and evidence-informed action are built to create enabling legal and policy environments and to remove multiple and intersecting forms of discrimination for people living with and vulnerable to HIV, including key populations, women and girls.</p>	<p>11. Human rights, stigma and discrimination</p>	<p>UNDP</p>	
	<p>Result area 6: Gender equality</p> <p>Strengthened capacities of governments, communities and other stakeholders to ensure that women and girls, men and boys, in all their diversity, practice and promote gender equitable social norms and gender equality and work together to end gender-based violence and to mitigate the risk and impact of HIV.</p>	<p>8. Gender inequality and gender-based violence</p>	<p>UN Women</p>	<p>All other co-sponsors</p>
	<p>Result area 7: Young people</p> <p>Countries are capacitated to invest in systems and platforms to deliver coordinated, multisectoral strategies that provide adolescents and youth with life-saving information, equitable education, protection and health services, promote their rights to bodily autonomy, and institutionalize their contributions to ending inequalities and ending AIDS.</p>	<p>7. HIV prevention among young people</p>	<p>UNICEF, UNFPA, UNESCO</p>	<p>All other co-sponsors</p>

ANNEX 2: SAMPLE TERMS OF REFERENCE FOR HIV-RELATED HUMAN RIGHTS CRISIS FOCAL POINTS

Responsibilities can include the items listed below.¹⁵

- Liaising with partners to verify reports of a human rights crisis.
- Leading the crisis response team, under the overall leadership of the Resident Coordinator, where there is physical representation, or the country and regional teams, in coordinating the response of the United Nations and other international organizations at country level.
- Providing a confidential communications channel to receive reports about human rights issues and concerns that arise in the country.
- Developing an email communications list of technical staff and organizations/individuals that should be consulted and kept informed about an emerging human right crisis.
- Ensuring that updated public health and human rights briefs are available to support diplomacy and advocacy efforts and communications among United Nations technical staff, networks of people living with HIV and key populations, community-led and other civil society groups and diplomatic missions.
- Assessing the nature, scope, level and effectiveness of the response, if any, by national authorities to the HIV-related human rights crisis and determining whether and how the United Nations should engage on addressing the crisis, in coordination with members of the crisis response team or relevant United Nations staff, and in discussion with the Resident Coordinator.
- Being guided by human rights, gender equality and the meaningful engagement of all affected communities when devising the response.
- Working with the Resident Coordinator and United Nations Country Team, including specific agencies based on the UNAIDS Division of Labour.
- Informing all United Nations and other relevant international staff in the country of the crisis and the planned response, where relevant and practical.
- Ensuring that all United Nations and other relevant international staff in the country are safe, in collaboration with United Nations Security.

¹⁵ Standard terms of reference are difficult to provide because of the many possible types of situations and human rights crises that may arise; the challenge with this sample is to be concrete while not being overly prescriptive.

- Informing and working with the UNAIDS Regional Support Team and headquarters, and/or counterparts of other United Nations organizations, where appropriate, to: 1) determine what political, technical or financial support is needed at the country level to implement the response; and 2) whether action beyond the country level is appropriate, while ensuring that lines of accountability are clear.
- Contacting and working with, as appropriate, allies and partners that may be able to help with the situation, such as the Ministries of Health and Justice, Gender Equality, police, Parliamentarians, national human rights institution, non-governmental organizations (NGOs), the media, religious leaders, relevant United Nations agencies, regional human rights organizations, foreign diplomatic missions and major donors.
- Sharing information with other organizations if it is determined that this will help, rather than harm, the response. It should be noted that cases involving individuals often require greater care and attention to confidentiality than cases involving laws, policies or practices.
- Developing deliberate strategies to counter misinformation and challenges to the crisis response; and
- Ensuring that appropriate technical support, such as legal advice and assistance, will be on standby in the event of a crisis.

ANNEX 3: KEY RESOURCES

Strategic Documents:

[Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030](#)

[UNAIDS \(2021\) Global AIDS Strategy 2021-2026: End Inequalities. End AIDS](#)

[Global Fund \(2022\) Global Fund Strategy \(2023-2028\)](#)

[PEPFAR \(2022\) Five-Year Strategy](#)

[UNDP \(2021\) HIV and Health Strategy 2022-2025](#)

[UNODC \(2021\) Strategy 2021-2025](#)

[UNFPA \(2022\) Strategic Plan 2022-2025](#)

[WHO \(2022\) Global health sector strategies on HIV, viral hepatitis, STIs for the period 2022-2030](#)

Guidance:

[Global Commission on HIV and the Law \(2012\) Risks, Rights and Health](#)

[Global Commission on HIV and the Law \(2018\) Risks, Rights and Health Supplement](#)

[UNDS \(2017\) Guidance Note on Human Rights for Resident Coordinators and United Nations Country Teams](#)

[LINKAGES Project \(2018\) When Situations Go from Bad to Worse: Guidance for International and Regional Actors Responding to Acute Violence Against Key Populations](#)

[Frontline AIDS \(2020\) Implementing and Scaling up Programmes to Remove Human Rights-Related Barriers to HIV Services: A Practical Guide](#)

[IASC \(2010\) Guidelines for Addressing HIV in Humanitarian Settings](#)

[ILO HIV and AIDS](#)

[UNAIDS \(2020\) Evidence for Eliminating HIV-Related Stigma and Discrimination](#)

Other Key Resources:

[The United Nations Resident Coordinator Framework](#)

[United Nations Sustainable Development Cooperation Framework](#)

[The Highest Aspiration: A Call to Action for Human Rights](#)



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