

Technical Guidance Note for Global Fund HIV Proposals

Human Rights and Law

June 2010

Rationale for including this intervention in the proposal

- HIV-related human rights issues, such as stigma and discrimination, have been identified by most countries as obstacles to achieving universal access to HIV prevention, treatment, care and support.
- HIV-responses based on human rights are more effective. For example, evidence from the 2008 Report on the Global AIDS Epidemic suggests that countries that have non-discrimination laws that protect most at risk populations have achieved higher HIV prevention coverage.
- The Global Fund encourages applicants to consider expanding programmes on alleviating barriers to universal access to services by key affected populations. These barriers often take the form of stigma and discrimination, criminalization, or law enforcement that impedes access to HIV services.
- The Global Fund encourages programmes that strengthen civil society. Many programmes that address HIV-related human rights and legal issues also strengthen civil society, as well as government and governance.

Populations to target

Rights-based approaches to HIV call for a particular emphasis on ensuring that the most marginalised, the most at risk of infection and the most affected by HIV benefit from the national response in proportion to their need. The Global Fund asks applications to describe how the proposal adheres to the principle of equality and fairness in the selection of target populations. Proposals should cite data regarding the levels of access to HIV services by different populations, identify discrepancies or gaps in access and articulate objectives and activities to address these.

Key activities to consider

Examples of specific programmes to support human rights and create a supportive legal environment in the context of HIV include the following:

- **Programmes to reduce stigma and discrimination.** Programmes should (a) address the attitudes of the general population and empower people living with HIV and key populations; (b) operate at multiple levels (individual, community, institutional and legal); and (c) engage multiple target audiences and potential change agents. Successful approaches include a combination of capacity-building of affected communities; social mobilisation; interaction between people living with HIV and other stigmatised groups

Indicators for M&E

Suggested indicators include:

Output

Number and coverage of programmes to train health care workers in non-discrimination, confidentiality and informed consent.

Number and coverage of programmes to train law enforcement officers on human rights of sex workers / men who have sex with men / people who use drugs in the context of HIV.

Number and coverage of national and community level campaigns to reduce HIV stigma and discrimination and/or educate people of their rights in the context of HIV.

Number and coverage of legal support services for people living with and affected by HIV.

Outcome

Percentage of service users and/or providers who are aware of patient's rights to confidentiality, informed consent and non-discrimination.

Existence of non-discrimination laws that specify protections for people living with HIV and/or key populations at risk.

Indicators on accepting attitudes towards people living with HIV (e.g. those included in the DHS)

Indicators on attitudes towards girls education, violence against women, etc. (e.g. DHS indicators on women's status and empowerment and domestic violence)

Important reminder!

The TRP scrutinizes carefully whether the proposed strategies are based on a thorough “know your epidemic and response” analysis. The legal and social context is an important element of this analysis. For example, the “know your epidemic and response” analysis should consider:

- the reasons why certain populations are not adequately reached by HIV services, e.g. legal status, age, mobility, geography
- whether stigma and discrimination are preventing people from getting tested, disclosing their status, adopting safer sex behaviours, and/or taking up PMTCT services.
- Does the law and its enforcement support or hinder the access of certain populations to HIV services (e.g. criminalization of sex work or same sex activity; criminalization of harm reduction measures in the context of drug use; harassment of sex workers / men who have sex with men / people who use drugs by the police)
- What steps have been taken to overcome human rights and law related barriers to the expansion of HIV prevention, treatment, care and support services. (e.g. programmes against stigma and discrimination and violence against women, legal aid, training of service providers on non-discrimination, law reform, implementation of HIV education and life-skills in schools, programmes on social mobilization and education around HIV-related rights and law)

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