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.
and target audiences; and social change communication (e.g. media campaigns, “edu-
tainment”). The Stigma Index, developed by GNP+, ICW, IPPF and UNAIDS, is an
eexample of a tool that can be used by people living with HIV to quantitatively measure
HIV-related stigma and discrimination in their communities (see www.stigmaindex.org).
For more information, please see UNAIDS (2007) Reducing HIV Stigma and
Discrimination, A Critical Part of National AIDS Programmes, A resource for national
stakeholders in the HIV response

- Legal services for people living with HIV and key populations. These services
represent a crucial means by which people living with HIV and key populations can
access justice and get advice on legal issues, such as discrimination at work, school or
health services; problems in accessing treatment, care and support services; violence
against women; women’s land and property rights; problems involving breaches of
privacy and confidentiality and many other legal issues that have an impact on a
person’s vulnerability to HIV or increase the impact of HIV. HIV-related legal services
may be delivered in a variety of settings, including in conjunction with other legal
services, on a stand-alone basis, or in the context of other HIV prevention, treatment,
care and support services. For more information, see UNAIDS, IDLO, UNDP (2009)
Toolkit: Scaling Up HIV-Related Legal Services
bversion_en.pdf

- Legal literacy. These are campaigns and social mobilisation programmes to ensure
that HIV advocates, activists, and affected population know their rights and laws relevant
to HIV. These can be targeted to people affected by HIV and/or for specific populations,
such as women, sex workers, men who have sex with men and mobile populations.
These programmes are an effective way to capacitate community to draw down their
rights into concrete demands for access to prevention, treatment, care and support, and
to compel improvements in laws and policies.

- Law review and reform. Review and reform of legislation that blocks effective HIV
responses, particularly those that impede (a) the distribution of sexual health education
and information, (b) access to HIV testing and counselling services (which may be
impeded by fear of prosecution under laws that criminalise HIV transmission or fear of
privacy violations and discrimination), (c) the provision of condoms, sterile injection
equipment and other harm reduction measures, and (d) outreach to and organization of
members of vulnerable populations, including sex workers, men who have sex with men, people who use drugs and prisoners. For more information, please see UNAIDS, IPU,
http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-
1103037153392/LegalAspectsOfHIVAIDS.pdf
- **Training of health care workers on non-discrimination, informed consent, confidentiality and duty to treat.** The health care setting is consistently cited as the source of the greatest amount of stigma and discrimination faced by people living with HIV and key populations at risk. Research indicates that training of health care workers as well as empowering them in infection control significantly changes attitudes and behaviour. For a model curriculum, please see [http://www.engenderhealth.org/pubs/hiv-aids-sti/reducing-stigma.php](http://www.engenderhealth.org/pubs/hiv-aids-sti/reducing-stigma.php) (to be revised in the course of 2010).

- **Programmes to improve law enforcement practices by police, lawyers and judges.** Police often engage in illegal and discriminatory policing behaviour against members of key populations (harassment, arbitrary arrest, extortion, rape). Lawyers and judges often do not have critical HIV relevant information and understanding. Thus, programmes to train and sensitize these group are essential in terms of supporting access to non-discriminatory and evidence-informed access to justice for women, children, men who have sex with men, people who use drugs, sex workers, prisoners and migrants. They also help to create operating space for groups that are criminalized under the law.


**Linkage with other interventions**

Attention to human rights is essential for the success of all HIV-programmes. HIV services can be strengthened by including components that promote human rights into the programme design.

For example, if the proposal objective is to improve the access of sex workers to HIV services, the proposal could include the following human rights related activities: law review/reform with a view to improve the legal status of sex workers; training of law enforcement agents on the rights of sex workers to non-discrimination and non-violence; training and sensitization of health care providers; “know your rights” campaigns among sex workers; and integration of legal services into other HIV services to sex workers.

In the context of HIV services in the health care settings, programmes can be strengthened by provision of training to health care workers on non-discrimination, informed consent and confidentiality and linking health services to community programmes against stigma and discrimination and legal services that provide redress for those who have experienced discrimination. Treatment programmes can also be strengthened by integration of treatment literacy and peer support activities into the programme design.
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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