SRA 6: Stigma and discrimination and human rights

SRA report 2020

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SRA 6: STIGMA AND DISCRIMINATION AND HUMAN RIGHTS

Fast-Track commitment: Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights.

SRA 6: Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed.

Global overview

Human rights barriers, and stigma and discrimination constrain HIV responses. Denial of health services to people living with HIV occurs in some settings and the prevalence and the effects of discrimination are especially acute among people in key populations, who face multiple, overlapping forms of discrimination. Punitive laws, the absence of supportive laws and policies, and inadequate access to justice continue to undermine HIV responses. The Joint Programme supported countries to address stigma and discrimination, reform laws and advance enabling legal and policy environments.

According to surveys in 19 countries, one in three women living with HIV report experiencing discrimination with respect to SRH and rights.

There are specific or general laws criminalizing nondisclosure, exposure, and transmission of HIV in 92 countries. Nearly all countries criminalize some aspect of sex work, and all but a handful of countries criminalize drug use or possession. Sixty-nine countries criminalize same-sex relations, and at least 32 countries, either formally criminalize, or have prosecuted, transgender people. Forty-seven countries and territories still retain restrictions based on HIV status on entry, stay and residence. These laws remain major barriers to people living with HIV, key populations and populations vulnerable to HIV. They perpetuate HIV-related stigma, discrimination and violence.

Joint Programme contribution towards achieving Fast-Track and UBRAF targets

Developing guidance for rights-based HIV response

The co-conveners of the Global Partnership to Eliminate all forms of HIV-related Sigma and Discrimination—the UNAIDS Secretariat, UN Women, UNDP and GNP+—working with other UNAIDS Cosponsors and civil society, developed an evidence review of key programmes to

reduce stigma and discrimination and increase access to justice in the six priority settings of the Global Partnership. Two resources were developed for applying lessons from the HIV response to COVID-19 measures: "Addressing stigma and discrimination in the COVID-19 response" and "Rights in the time of COVID-19: Lessons from HIV for an effective, community-led response".

UN Women has piloted approaches to end HIV-related stigma and discrimination against women in the context of the COVID-19 outbreak in Senegal, South Africa and Uganda, in partnership with the International Community of Women Living with HIV– East Africa and resulting in the integration of a gender-based stigma and discrimination focus in Uganda's national plan on human rights that informed the country's Global Fund funding request and the PEPFAR Regional Planning meeting. Additionally, Uganda piloted a community-led scorecard in 56 districts across the country that aim to support local decision-makers in implementing interventions for the elimination of HIV-related stigma and discrimination against women and girls. The International Community of Women Living with HIV– East Africa became a member of the technical working group on human rights in Uganda, co-convened by the Ministry of Health and UNAIDS, and contributed to the development and launch of the national plan on human rights, which has a strong focus on reducing genderbased stigma and discrimination. The actions prioritized in the national plan on human rights also informed the Uganda's Global Fund funding request and the PEPFAR Regional Planning meeting.

UNDP and partners (including the UNAIDS Secretariat, the HIV Justice Network and the International Association of Prosecutors) developed guidance for prosecutors for limiting overly broad use of criminal law in HIV-related cases. This work leverages the Expert Consensus Statement on Science of HIV in the Context of Criminal Law, which 20 leading HIV experts co-authored in 2018. With support from the HIV Justice Network, the International AIDS Society, the International Association of Providers of Care, the Journal of the International AIDS Society and the UNAIDS Secretariat. That statement continued to be used in several countries in litigation, advocacy and awareness-raising against the criminalization of HIV transmission, exposure and nondisclosure, including in Colombia's Constitutional Court decision to remove the criminalization of HIV and hepatitis B exposure and transmission from its criminal code, and in a bill that initiated the decriminalization of HIV transmission in Zimbabwe.

The recently adopted ILO Convention on Violence and Harassment at Work was ratified by five countries—Argentina, Fiji, Namibia, Somalia and Uruguay—and over 30 countries are reviewing national laws in light of the Convention. A brief highlighting the Convention's application to HIV-related violence and harassment at work was developed by ILO, with input from Cosponsors.

Removing punitive law, policies, practices, stigma and discrimination that block effective HIV responses

UNDP, the UNAIDS Secretariat and other Cosponsors advocated for and supported law and policy reforms, including through advocacy and trainings, support to national litigation efforts, and HIV legal environment assessments in several countries (e.g. Angola, Belarus, Benin, Burkina Faso, Burundi, Kenya, Lesotho, Moldova, Senegal, Sudan and Somalia. The assessment in Moldova led to the expansion of in-vitro fertilization to women living with HIV under clearly defined conditions, as well as removing HIV-status as an impediment to child adoption and guardianship. In Somalia, the recommendations of the assessment were successfully included in the revised national HIV strategic plan and were prioritized in the Global Fund approved grant. UNDP and the UNAIDS Secretariat undertook a review of legal and policy trends impacting people living with HIV and key populations in Asia and the Pacific from 2014–2019 to inform law and policy reform initiatives in the coming years.

In Zimbabwe, UNDP, the UNAIDS Secretariat, UN Women and ILO supported parliamentary processes to reform laws impacting on effective rights-based HIV responses including of HIV criminalization laws, sexual offences provisions of the Criminal Code, and the law on legal termination of pregnancy. The Ministry of Justice added people living with HIV as beneficiaries for legal aid services and deployed a legal counsellor to support each of the branches of the Sudanese people living with HIV Care Association. In Angola, a new Penal Code decriminalising same-sex conduct, as well as aspects of sex work, was adopted and legal restrictions on adolescents' access to HIV testing without prior parental authorization are in the process of being reviewed.

Indicator: Percentage of countries with mechanisms in place providing access to legal support for people living with HIV		2016 [N= 87]	2017 [N= 87]	2018 [N= 87]	2019 [N= 87]	2020 [N= 87]
2021 target—70%	Status	53%	57%	61%	64%	66%
Measurements						
Any mechanisms in place to record and address cases of discrimination in relation to HIV		72%	79%	82%	83%	84%
Mechanisms in place to provide promote access to legal support (e.g. free legal services, legal literacy programmes) for HIV- related issues including gender-based discrimination (for example dispossession due to loss of property and/or inheritance rights in the context of HIV)		77%	84%	83%	83%	84%

HIV sensitive training programmes on human rights and non-discrimination laws for law enforcement personnel and members of the judiciary and members of national human rights institutions conducted	70%	72%	76%	78%	75%	
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UNDP together with various Cosponsors continues to strengthen the capacity of judiciaries on human rights, HIV and the law through the regional Judges Forums in Africa, the Caribbean and eastern Europe and central Asia and country-level action. For example, UNDP and UNHCR supported the judiciary in South Sudan to deploy mobile courts in various states to address the lack of justice services, personnel and facilities, and large case backlogs. UNDP and the Supreme Court in Bangladesh partnered to sensitize over 1,000 judges, lawyers and court officials and establish virtual courts to facilitate improved and timely justice service delivery mechanism, resulting in a 12% reduction in the prison population. In Viet Nam, the Joint UN Teams, led by the Secretariat, developed a set of UN recommendations to inform the revision of the HIV law, which the National Assembly adopted and which included some of the UN proposals. Working with the National Assembly, UNODC, the UNAIDS Secretariat and other Cosponsors organized a series of sensitization and advocacy workshops to improve awareness of law-makers and legislative officials in areas related to harm reduction and drug dependence treatment.

The Joint Programme supported several countries to address human rights violations related to COVID-19 measures. For example, in Mozambique, UNDP, ILO, UNODC, UN Women and the UNAIDS Secretariat supported the Ministry of Justice, the Office of the Ombudsman, the national human rights commission and civil society, to monitor HIV and COVID-19-related human rights violations and harassment by service providers, police and community leaders during the delivery of essential services. UNDP, in partnership with the Office of the High Commissioner for Human Rights (OHCHR), supported national human rights institutions in Nepal, Sierra Leone and Zimbabwe to continue implementation of their mandates of monitoring and addressing human rights violations during the COVID-19 pandemic. The UNAIDS Secretariat set up an emergency support fund to respond to critical needs arising from COVID-19 and HIV-related human rights violations that were not covered by existing funds.

Leveraging lessons from the HIV response, UNDP, WHO, the UNAIDS Secretariat and the O'Neill Institute for National and Global Health Law at Georgetown University launched the COVID-19 Law Lab. This initiative gathers and shares relevant legal and policy documents from over 190 countries to support evidence- and rights-based legal frameworks for COVID-19 responses. Assessments of the legal responses of nine countries to COVID-19 are currently underway with a view to supporting countries to strengthen human rights compliance of COVID-19 measures including for people living with HIV, key populations and other vulnerable groups.

The Global Partnership to eliminate all forms of HIV-related Stigma and Discrimination continues to support the 19-member countries to take action to address HIV-related stigma and discrimination at country level. This contributed to the passing of a HIV anti-discrimination bylaw for public and private health centres in Iran and the inclusion of stigma and discrimination in the Iranian national HIV surveillance system. A community-led crisis response system was also established which has reported 183 cases from 34 provinces of Thailand. In Thailand, the Partnership contributed to the passing of the business corporate social responsibility standards by the Thai Ministry of Labour which prohibits discrimination based on HIV status.

The Joint Programme, together with GNP+, ICW and national networks of people living with HIV, supported 33 countries with the implementation of a new standardized Stigma Index 2.0 sampling methodology in 2020. The new methodology will more accurately capture data on the manifestation of HIV-related stigma and discrimination across different populations and settings making it easier to implement better targeted interventions and monitor change over time.

Indicator: Percentage of countries with measures in place to reduce stigma and discrimination in health-care settings		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
2021 target—60%	Status	28%	30%	30%	32%	33%
Measurements						
Health care workers pre- and in-service training includes gender-sensitive stigma and discrimination reduction, including specific attention to the SRHR of women living with HIV in all of their diversity and throughout their lives		57%	59%	63%	64%	67%
An up-to-date assessment on HIV-related discrimination in the health sector is available (either through the Stigma Index or another tool)		49%	49%	49%	52%	48%
Measures in place for redress in cases of stigma and discrimination in the health-care sector		57%	62%	63%	66%	64%

Empowering communities to know their rights and challenge violations of human rights

Criminalization of key populations and HIV non-disclosure, exposure and transmission remain major obstacles to ending AIDS. UNDP, the UNAIDS Secretariat and other Cosponsors worked with civil society organizations and communities of people living with HIV and key

populations to challenge the overly broad use of criminal law. This includes the development of the draft Guidance for Prosecutors on HIV-related criminal cases and sharing good practices and enhancing partnerships on strategic litigation for law reform, as well as working with Parliaments on the creation of enabling legal environments. For example, UNDP and the UN Joint Team supported advocacy efforts by the Zimbabwe National AIDS Council and civil society organizations, which resulted in a Parliamentary motion to repeal Section 79 of the Criminal Code of Zimbabwe dealing with wilful transmission of HIV.

In Kyrgyzstan, UNDP, the UNAIDS Secretariat and the Global Fund supported 26 civil society organizations working on HIV and TB to launch REACT—an electronic system to register human rights violations. The platform documents cases of rights violations among patients and key population groups which are subsequently brought to the attention of justice sector authorities. Through REACT, the CSOs registered 263 cases of rights violations among key population groups in January–August 2020.

Key challenges and future actions

The COVID-19 pandemic and lockdowns disrupted work with national stakeholders to address HIV-related stigma and discrimination and to establish enabling legal and policy environments. A flurry of legislative responses to COVID-19 introduced measures, including compulsory testing and treatment, lockdown and curfews and broad use of criminal laws which impacted people living with HIV and key populations.

UNDP, WHO, the UNAIDS Secretariat, and partners of the COVID-19 Law Lab will undertake legal and human rights analysis of COVID-19 laws and regulatory measures and work with countries to conduct legal environment assessments as part of COVID-19 recovery efforts.

The Global Partnership to eliminate all forms of HIV-related stigma will support countries to address HIV-related stigma and discrimination in the six priority settings and expand the number of countries participating in the partnership. The co-conveners will support countries to enact laws and policies that address HIV-related stigma and discrimination.

UNDP, the UNAIDS Secretariat and other Cosponsors will continue to support national judiciaries and the regional Judges' Forums including through the introduction of HIV and human rights into the curriculum of judicial education, as well as foster cross-regional learning. In 2021, UNDP will publish the Prosecutorial Guidance on HIV-related cases to curb the overuse of criminal law against people living with HIV, and work with other UNAIDS Cosponsors, the Secretariat, OHCHR and others on addressing criminalization of HIV.

UNDP, the UNAIDS Secretariat, UNESCO and other Cosponsors will work with national stakeholders to strengthen ethical and rights-based use of digital technologies in HIV and

health programmes, to advance access to information and services for people living with HIV and key populations, strengthen accountability and guard against human rights violations.

UNODC and partners will provide technical assistance to countries to implement effective HIV programmes in prisons and assess country progress on implementing the Joint Call to Action on HIV, COVID-19 and prisons and report back to the PCB in December 2021 in the thematic session on HIV and prisons.

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