

UNAIDS 2020

SRA 6: Stigma and discrimination and human rights

SRA report 2018-2019

the fact that the number of patients with type 2 diabetes is increasing rapidly in the Netherlands.

There are several reasons why the prevalence of type 2 diabetes is increasing. First, the incidence of type 2 diabetes is increasing. Second, the duration of the disease is increasing. Third, the prevalence of type 2 diabetes is increasing. Fourth, the prevalence of type 2 diabetes is increasing. Fifth, the prevalence of type 2 diabetes is increasing. Sixth, the prevalence of type 2 diabetes is increasing. Seventh, the prevalence of type 2 diabetes is increasing. Eighth, the prevalence of type 2 diabetes is increasing. Ninth, the prevalence of type 2 diabetes is increasing. Tenth, the prevalence of type 2 diabetes is increasing.

The prevalence of type 2 diabetes is increasing in the Netherlands. This is due to several reasons.

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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

Stigma and discrimination continue to be major impediments to an effective HIV response. In 26 countries with recent population-based survey data, more than half of respondents expressed discriminatory attitudes towards people living with HIV. People who have experienced or who fear stigma or mistreatment are less likely to access HIV services or remain engaged in care.

Much too often, discriminatory attitudes are reflected and reinforced by punitive laws and policies. In 2018:

- 75 countries criminalized HIV non-disclosure, exposure or unintentional transmission;
- 77 countries outlawed sex work explicitly or criminalized some aspect of sex work;
- 68 countries criminalized consensual same sex conduct;
- most countries criminalized some aspect of drug use and there was a death penalty for drug-related crimes in 35 countries;
- 48 countries and territories had HIV-related restrictions in place for entry, residence, work and/or study permits; and
- prosecutions of people living with HIV for allegations of HIV exposure, non-disclosure or transmission have occurred in more than 70 countries in recent years.

Legend *					
	Meets or exceeds 2019 milestone*		Is equal to or greater than 50% of 2019 milestone		Does not meet the milestone (less than 50% of milestone)

Indicator 6.2: Percentage of countries with mechanisms in place providing access to legal support for people living with HIV		2016 [N=88]	2017 [N=88]	2018 [N=88]	2019 [N=88]
<i>2019 milestone—65%</i>	Status 	53%	58%	61%	65%
Measurements					
Any mechanisms in place to record and address cases of discrimination in relation to HIV		73%	80%	82%	83%
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%
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%	73%	76%	78%

The share of countries reporting mechanisms in place to record and address cases of HIV-related discrimination rose from 73% in 2016 to 83% in 2019. In 2018, 83% of countries reported having mechanisms in place that promote access to legal support for HIV-related issues, including gender-based discrimination in the context of HIV (compared with 84% in 2017).

Indicators 6.1,6.2 and 6.3	2015 Baseline	2018 Progress	2019 Progress	Interpretation
6.1 Percentage of countries positively addressing laws and/or policies presenting barriers to HIV prevention, treatment and care services *	Baseline: With the exception of 4 countries (Argentina, Chile, Thailand, Uruguay) all had some law or policy that present barriers to delivery of HIV prevention, testing and treatment services	[0/88]	[0/88]	Countries continue to perform poorly in respect of HIV screening for general employment purposes and HIV-related travel restriction: 8% [7/88], 10% [9/88] and 6% [5/88], 7% [6/88] in 2018 and 2019, respectively.
6.2 Percentage of countries with mechanisms in place providing access to legal support for people living with HIV	Baseline: 44% 2017: 50%	61% [54/88]	65% [57/88]	Angola, Colombia, Lao PDR, Papua New Guinea and South Sudan do not meet any of the three sub-indicators.
6.3 Percentage of countries with measures in place to reduce stigma and discrimination in health-care settings	Baseline: 21% 2017: 28%	31% [27/88]	33% [29/88]	Angola, Argentina, Bangladesh, Bolivia, Chad, Chile, Gabon, Haiti, Panama, Paraguay, Tunisia and Zimbabwe do not meet any of the three sub-indicators

Joint Programme contributions towards Fast-Track and UBRAF targets

Developing normative guidance for rights-based HIV response

The [2018 Supplement to the report of the Global Commission on HIV and the Law](#) included 30 key recommendations, which drew on recent developments in HIV science and took account of important contextual changes. The latter included the increased use of digital technologies, shrinking space for civil society, trends towards more restrictive immigration policies, migrants' reduced access to HIV services, the growing use of conscientious objection in healthcare, and the SRHR of women and girls.

UNDP and the International Centre for Human Rights and Drug Policy, in partnership with OHCHR, WHO, the UNAIDS Secretariat and a coalition of UN Member States and leading human rights and drug policy experts, developed and launched the [International Guidelines](#)

[on Human Rights and Drug Policy](#). The guidelines were cited soon after their release by the Colombian Constitutional Court when it decriminalized personal use and possession of cannabis. The Secretariat and UNDP published an explanatory brief on the prevalence and negative consequences of HIV-related travel restrictions.

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

The Joint Programme supported countries to decrease stigma and discrimination in the health sector. In 2019, 66% of countries (an increase of 9% from 2016) reported having measures in place for redress in cases of stigma and discrimination and 52% of countries reported the availability of up-to-date assessments on HIV-related discrimination. In addition, 65% of countries reported having pre- and in-service training for health-care workers on reducing stigma and discrimination (including gender-sensitive stigma and discrimination reduction, and SRHR).

Indicator 6.3: Percentage of countries with measures in place to reduce stigma and discrimination in health-care settings		2016 [N=88]	2017 [N=88]	2018 [N=88]	2019 [N=88]
2019 milestone—50%	Status 	27%	31%	31%	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		58%	59%	64%	65%
An up-to-date assessment on HIV-related discrimination in the health sector is available (either through the Stigma Index or another tool)		50%	50%	50%	52%
Measures in place for redress in cases of stigma and discrimination in the health-care sector		57%	63%	64%	66%

The Joint Programme undertook a wide range of actions to promote human rights and eliminate stigma and discrimination.

- Cosponsors and the Secretariat supported 10 countries to undertake HIV legal environment assessments, which contributed to reform of the penal code (in Angola) and enhanced law enforcement training (in Eswatini), and collaborated with partners to analyse punitive legislation in Angola, Colombia, Indonesia, Kenya, Nepal, Uganda and Yemen.
- UNFPA established the first global database of laws and regulations on sexual and reproductive health and rights across over 100 countries.
- The ILO and Gallup launched a 50-country study to understand the reasons for persistently high levels of HIV-related stigma and discrimination in the world of work, in order to inform the design of interventions to reduce HIV-related discrimination.
- The Joint Programme supported communities of women living with and affected by HIV and key populations to advocate for gender-responsive implementation of HIV laws, social insurance and anti-discrimination mandates in a new 2019 Labour Code in Viet Nam. Similar implementation support was provided to partners in Kenya, Mozambique, Uganda and United Republic of Tanzania, and to Syrian and Palestinian refugees and migrant key populations in Lebanon.
- UNDP, in collaboration with the UNAIDS Secretariat, strengthened the capacity of judges from more than 50 countries (in Africa, the Caribbean, and eastern and central Asia) to protect and promote the human rights of key populations and people living with or affected by HIV.
- UNDP also supported efforts to include human rights, law and HIV into the programmes of judicial education institutes at national and regional levels. UN Women sensitized 12 500 community members in Uganda on positive gender norms and relations that promote women's property and land rights, particularly in the context of HIV.
- With advocacy in 17 countries, UNHCR promoted access to asylum procedures and protection from expulsion, arbitrary detention, unlawful restrictions on freedom of movement and an end to mandatory HIV testing for asylum seekers, refugees, internally displaced populations and other marginalized groups.
- UNHCR also facilitated the inclusion of emergency affected communities into national HIV programmes, plans and legislation, through advocating for the inclusion of refugees into national responses.

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

In response to a call from the PCB NGO Delegation, UN Women, UNDP, the Secretariat and GNP+ co-convened the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination. Thirty countries have been invited to join the Partnership and commit to address HIV-related stigma across 6 settings, working alongside UNAIDS Cosponsors: healthcare (WHO), education (UNESCO), workplace (ILO), justice (UNDP), individual/communities (UN Women), emergency/humanitarian (UNHCR and WFP). Central African Republic, Cote D'Ivoire, Iran, Jamaica, Kyrgyzstan, Laos, Moldova, Mozambique, Nepal, Papua New Guinea, Senegal, South Africa, Thailand and Uganda have confirmed their membership in the Partnership. The co-conveners supported baseline assessments under the Global Fund's Breaking Down Barriers Initiative which aims at scaling up human rights interventions in 20 countries.

UN Women facilitated the engagement and inputs of women living with HIV in the country reporting processes on implementation of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) in five countries. In Tajikistan, for example, members of the national network of women living with HIV submitted an alternative report to the CEDAW Committee and presented the report during the CEDAW Committee session. This contributed to the CEDAW Committee calling for the government to decriminalize HIV transmission, promote comprehensive sexuality education and eliminate discrimination against female sex workers accessing HIV services.

Young people in French-speaking countries in Africa now have enhanced access to information on locally available health, protection and legal services through the [mobile app Hello Ado](#), developed by UNESCO and the Réseau Africain pour l'Education, la Santé et la Citoyenneté. The app was developed with a specific focus of linking adolescent and young key populations to CSE content, protection and legal services. It was piloted in Côte d'Ivoire, the Democratic Republic of Congo and Mali in 2019.

UNESCO undertook media campaigns in four countries to reduce discrimination against people living with HIV, and UNFPA supported country-level advocacy of the rights of people living with HIV and other interventions in eight countries.

Key challenges and future actions

While domestic investment in HIV responses are increasing in many countries, these resources often do not support programmes that address legal barriers and the human rights of key populations. Stigma and discrimination persist, including among women and girls and key populations. Laws and policies restricting the activities of nongovernmental organizations is a growing concern. In many countries, asylum seekers, refugees and other migrants are excluded from national HIV programmes and migrants are frequently subjected to mandatory HIV testing. People living with HIV and key populations are also raising concerns about the increasing use of digital technologies including biometrics, molecular HIV surveillance, unified digital ID in HIV-related programming and the implications for human rights especially in the context of criminalization.

To strengthen and sustain the human rights underpinnings of the HIV response, the Joint Programme will engage in several initiatives and activities, including:

- work with Global Partnership countries to develop national action plans and interventions to address HIV-related stigma and discrimination;
- support the scale-up of human rights programmes, including through Global Fund grants;
- support people living with HIV to challenge discriminatory and punitive laws;
- support country-level policy and legal reform of employment and workplace regulations;
- advocate for stronger anti-stigma laws and for legal aid services for people living with HIV; and
- advocate for engagement of women living with HIV in the monitoring of women's human rights.

UNDP will lead inter-agency work to develop and roll out prosecutorial guidance regarding HIV-related cases and practical guidance for ensuring that digital technologies are used in a manner that safeguards confidentiality and privacy in HIV programming. Results from a 50-country study on HIV and employment will be published. Work will also continue to ensure non-discrimination with respect to access to quality SRH services and full inclusion of refugees and internally displaced people in national HIV responses.

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