

# **HONDURAS**

## **Mid-term Assessment**

### Global Fund Breaking Down Barriers Initiative

July 2021

Geneva, Switzerland

# DISCLAIMER

Towards the operationalisation of Strategic Objective 3(a) of the Global Fund Strategy 2017-2022, this mid-term assessment was commissioned by the Global Fund to Fight AIDS, TB and Malaria and presents the findings of the independent research team that carried out the assessment. The views expressed do not necessarily reflect the views of the Global Fund.

## Acknowledgements

The mid-term assessment of the *Breaking Down Barriers* initiative was led by a team of researchers assembled by the Drexel University Dornsife School of Public Health comprised of: Joseph J. Amon (Drexel University), Leo Beletsky (Northeastern University), Sandra Ka Hon Chu (HIV Legal Network), Joanne Csete (Columbia University), Richard Elliott (HIV Legal Network), Mikhail Golichenko, (HIV Legal Network), Cécile Kazatchkine (HIV Legal Network), Diederik Lohman (Consultant), Julie Mabilat (Consultant), Megan McLemore (Consultant), Nina Sun (Drexel University) and Susan Timberlake (Consultant).

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## Breaking Down Barriers Initiative Countries

The following 20 countries are part of the *Breaking Down Barriers* Initiative. As the mid-term assessments take a differentiated approach, they are categorized by assessment type: rapid, program or in-depth. Honduras is a rapid assessment.

Mid-term Assessment Type	Countries		
<b>Rapid</b>	Benin Democratic Republic of Congo (rapid +)	Honduras Kenya Senegal	Sierra Leone Tunisia Uganda (rapid +)
<b>Program</b>	Botswana Cameroon Cote d'Ivoire	Indonesia Jamaica Kyrgyzstan	Mozambique Nepal Philippines
<b>In-depth</b>	Ghana	South Africa	Ukraine

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# Summary

## Introduction

The Global Fund's *Breaking Down Barriers* initiative provides support to countries to scale-up to comprehensive levels programs to remove human rights-related barriers to HIV, tuberculosis (TB) and malaria services so as to increase the effectiveness of Global Fund grants and ensure that health services reach those most affected. The initiative was launched in 2017 in 20 countries and runs for the length of the current Global Fund Strategy which ends 2022. This report presents findings from an assessment conducted at mid-term during this period regarding efforts to scale-up these programs in Honduras. It seeks to: (a) assess Honduras' progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

## Breaking Down Barriers Theory of Change

The theory of change for the *Breaking Down Barriers* initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services<sup>1</sup> increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions.<sup>2</sup> This will in turn accelerate country progress towards national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

## Methods

To assess progress towards comprehensiveness and quality of programming, as well as the impact the *Breaking Down Barriers* initiative has had in Honduras to date, the mid-term assessment incorporated a mixed-method analysis approach which included a desk review of program documents and remote interviews with a select number of key informants. It also drew up the knowledge of the lead researcher from previous in-person and remote technical assistance to country stakeholders with the multi-stakeholder meeting and subsequent

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<sup>1</sup> The main categories of human rights and gender-related barriers to HIV and TB services include: Stigma and discrimination, including within the provision of health services; Punitive laws, policies, and practices; Gender inequality and gender-based violence; Poverty and socio-economic inequality; and Harmful working conditions and exploitation (mainly for TB).

<sup>2</sup> **For HIV and TB:** Stigma and discrimination reduction; Training for health care providers on human rights and medical ethics; Sensitization of lawmakers and law enforcement agents; Legal literacy ("know your rights"); Legal services; Monitoring and reforming laws, regulations and policies relating to the 3 diseases; Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity. **Additional programs for TB:** Mobilizing and empowering patient and community groups; Ensuring privacy and confidentiality; Interventions in prisons and other closed settings; Reducing gender-related barriers to TB services (TB).

development of the multi-year plan to reduce human rights-related barriers to HIV services. The mid-term assessment was conducted at the same time as country stakeholders were preparing a new funding request to the Global Fund for continuation of funding, including another round of matching funds for human rights programs; it therefore benefited from a number of group stakeholder discussions reviewing the state of progress with implementation of the multi-year plan and current priorities related to human rights-related barriers, as well as the input of the consultant providing technical assistance with that effort (also a member of the research team conducting the mid-term assessments of the Breaking Down Barriers initiative). Countries under review for the mid-term assessment have been divided into three tiers reflecting the level of assessment: rapid, program and in-depth assessments. The mid-term assessment in Honduras was a rapid assessment. It was conducted primarily in June and July 2021.

## **Progress towards Comprehensive Programming**

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

### ***Progress towards Creating a Supportive Environment to address Human Rights-related Barriers***

At mid-term, all the milestones necessary to create a national landscape that could deliver on comprehensive programs to remove human rights-related barriers to HIV services have been achieved (see Table 1). Matching funds were in place, supporting the implementation of prioritized activities in a five-year plan that was developed through an inclusive, multi-stakeholder process, accompanied by a detailed monitoring and evaluation plan and budget, and approved unanimously by the Country Coordinating Mechanism (CCM). An evaluation of the process of developing the plan was positive. However, some difficulties and delays were being encountered in the implementation (for reasons that remain unclear but relate in part to some dynamics between organizations that seem as if they could have been avoided). These were compounded by challenges arising as a result of both the COVID-19 pandemic and serious natural disasters during the implementation period. Nonetheless, a significant body of work had been achieved in the circumstances.

**Table 1: Key milestones**

<b>Milestone</b>	<b>Results</b>	<b>Date</b>
<b>Matching funds</b>	Global Fund's Technical Review Panel (TRP) approved USD 900,000 in catalytic funding for programs to reduce human rights-related barriers; detailed workplan and budgets to be finalized as part of grant-making, based on five-year plan still to be developed. Honduras also committed USD 280,573 from its main allocation to such programs.	September 2018
<b>Baseline assessment</b>	Literature review, country visit, key informant interviews and focus groups conducted	September 2017 – June 2018
	Report finalized and presented to country stakeholders	October 2018
<b>Multi-stakeholder meeting</b>	The Global Fund and the Country Coordinating Mechanism of Honduras (MCP-H) jointly organized a multi-stakeholder meeting in Tegucigalpa. There were more than 50 attendees representing government, civil society (including all key and vulnerable populations), technical partners and funders at the two-day event.	November 2018
<b>Working group on human rights, HIV and TB</b>	As agreed at the multi-stakeholder meeting, the CCM convened a 15-member working group to develop (and cost out) the final five-year plan to reduce human rights-related barriers to HIV services.	December 2018 – April 2019
<b>National plan to reduce human rights-related barriers</b>	After more than four rounds of drafting and revision, the final version of the five-year plan was approved unanimously by the CCM in April 2019. The plan included a detailed budget and identified priorities for the allocation of the USD 900,000 in matching funds already committed by the Global Fund. It was also accompanied by a detailed monitoring and evaluation plan. This five-year plan was incorporated into grant-making for the USD 900,000 in matching funds already approved by the Global Fund.	April 2019

### ***Scale-up of Programs: Achievements and Gaps***

A major achievement was the development and adoption of a comprehensive, national multi-stakeholder five-year plan to reduce human rights-related barriers to HIV and TB services; this will assist in addressing these issues in a comprehensive fashion rather than funding one-off activities. Overall, Honduras has seen modest progress from the baseline situation in moving toward more comprehensive programs to reduce human rights- and gender-related barriers to HIV and TB services. Very limited data available at baseline indicated relatively few programs in effect, but also meant it was not possible to score the state of programs in all but one program area (namely, activities aimed at reducing stigma and discrimination). At the mid-term of the BDB Initiative, the overall score is 1.8. The strongest program area remains that encompassing various stigma and discrimination-reduction activities, with a significant increase in public awareness activities to challenge stigma and discrimination, the significant expansion of local human rights networks in 15 additional municipalities, and enhanced monitoring of complaints of

human rights violations. There have been important achievements in several other program areas, particularly in relation to: the sensitization of health care workers and police, including the development of key training tools and delivery of a number of educational sessions in several municipalities; legal literacy (“know your rights”) activities, primarily delivered by the national human rights commission and three civil society sub-recipients via the local human rights networks they are supporting; and programs, and improved access to legal services to help defend rights, again primarily via the national human rights commission and a few civil society organizations.

Achievements have come even with the challenges posed by COVID-19 and major natural disasters during much of the period during which Global Fund catalytic funds were available to support implementation of activities. Numerous activities contemplated in the national five-year plan to reduce human rights-related barriers remain outstanding or in their early stages – including the need to scale up anti-stigma efforts, expand the reach of trainings for health care providers and police, ramp up coordinated and strategic advocacy for law and policy reform on various fronts, and take up more comprehensively gender inequalities (including gender-based violence). These suggest the potential for further improvement in scores by the end of the BDB Initiative – if some of the challenges with implementation that have been encountered to date can be addressed in the near-term to facilitate this. These include ensuring better monitoring of implementation of the five-year plan, enhanced communications to improve knowledge of the plan and transparency regarding implementation of activities in the plan, and evaluation of those activities as and after they are implemented. Certain sub-populations also require greater attention in addressing human rights-related barriers. Finally, if Honduras is to move toward a comprehensive response to reduce human rights-related barriers to HIV services, this will require both greater capacity on the part of civil society organizations as implementers of key programs and greater engagement by government actors whose responses have, for various reasons, been weak to date.

**Table 2: Baseline vs. Mid-Term Scores of Program Comprehensiveness**

Program areas	HIV	
	Base line	Mid-Term
<b>Stigma and discrimination reduction</b>	2.0	3.2
<b>Training for health care providers on human rights and medical ethics</b>	0	1.7
<b>Sensitization law-makers and law enforcement agents</b>	*	2.0
<b>Legal literacy (“know your rights”)</b>	*	2.5
<b>Legal services</b>	*	1.7
<b>Monitoring and reforming laws, regulations and policies relating</b>	*	1.0
<b>Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity</b>	*	1.0
<b>Average score</b>	*	<b>1.9</b>

## Key

0 – no programs present

1 – one-off activities

2 – small scale

3 – operating at subnational level

4 – operating at national level (>50% of geographic coverage)

5 – at scale at national level (>90% geographic coverage + >90% population coverage)

\* – Unknown / unable to assess

N/A – Not applicable

### ***Cross-cutting Issues related to Quality Programming and Sustainability***

In examining programs, the mid-term assessment reviewed cross-cutting indicators of quality programming<sup>3</sup> and sustainability. Based on key informant interviews with implementers, community organizations, UN agencies, and donors, as well as reviews of program data for certain programs and activities, a number of important considerations were identified.

#### ***Strengthening monitoring and evaluation***

Although a detailed monitoring and evaluation plan was developed to accompany the five-year plan, this does not appear to be familiar to most stakeholders, nor is there any body or mechanism with agreed, clear responsibility for monitoring and evaluating the implementation of the five-year.

#### ***Inadequate awareness of five-year plan and transparency regarding implementation***

While the multi-stakeholder process of developing the five-year plan to reduce human rights-related barriers was commendable, it appears that there has been insufficient communication regarding the details of the plan as finally approved, the arrangements for implementation, and activities being undertaken pursuant to the plan with Global Fund catalytic funding. Better communication to a wider audience, including mechanisms that already bring together an array of HIV-interested civil society organizations (beyond just those implementing funded programs), could help remedy this perceived lack of transparency.

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<sup>3</sup> Linking programs to barriers; Making programs follow and support national plan and strategy; Integrating programs in prevention, treatment, key population programs; Combining programs; Avoiding duplication and gaps; Avoiding one-off activities; Building capacity and sustainability; Using local capacity and build on good existing programs; Making programs gender-responsive; Addressing safety and security; and robust M&E systems. See <https://www.theglobalfund.org/en/updates/other-updates/2020-06-15-removing-human-rights-barriers-to-health-findings-and-lessons/>



### ***Attention to some specific sub-populations***

The five-year plan should be strengthened by addressing certain gaps, in particular developing and implementing activities specifically related to the human rights needs of Garífuna communities and of male sex workers.

### ***Need for strengthened government engagement***

A recurring theme is the weakness of government engagement in addressing human rights-related barriers to HIV services. There is no national HIV program, and the national AIDS council has never been functional in keeping with its legislated mandate. The ministry responsible for human rights remains weak, while the Ministry of Labour and Social Security has done little to promote knowledge of, and compliance with, the applicable legal protections against discrimination (including the widespread problem of demands by employers for HIV testing as a condition of employment). Engagement by government in the development of the five-year plan was minimal.

### ***Strengthening of civil society capacity as implementers***

Important activities have been implemented by civil society organizations, under challenging circumstances, pursuant to the five-year plan and with Global Fund catalytic funding, but the experience has confirmed that there is an ongoing for greater capacity, particularly in relation to project management and financial administration.

### ***Donor landscape***

The Global Fund is the only donor providing significant – and for now, sustained – funding to support programs aimed at reducing human rights-related barriers to HIV services in Honduras, and this will likely remain the case for at least the next funding cycle. USAID/PEPFAR is the only other donor investing in the HIV response in Honduras to any comparable degree but focusses primarily on activities in relation to HIV prevention among key populations and strengthening health systems, not human rights-related barriers. USAID/PEPFAR, the European Union and a few other donors provide some one-off support for specific projects related to human rights (e.g., updated research on HIV stigma, work to address gender-based violence and the rights of children and adolescents, training personnel in various government institutions regarding human rights of people living with HIV and key populations, and promotion of the rights of LGBTI people).

### ***Emerging Evidence of Impact***

By reducing and removing rights-related challenges to access HIV and TB services, the *Breaking Down Barriers* initiative aims to improve uptake of, and retention in, services for affected communities. At mid-term, the assessment documented emerging evidence related to the removal of barriers that facilitates access and uptake of HIV services. Of particular note is the engagement and mobilization of a range of community actors at the local level, in a growing number of municipalities, to challenge stigma and discrimination related to HIV and key populations.

## ***Engaging local actors in addressing human rights concerns related to HIV***

Since baseline, the number of local “networks for the promotion and defence of human rights” has grown from the previous 25 networks supported by the national human rights commission to 40, with the additional networks animated and supported by three civil society organizations in three different regions of the country. These networks are seen as key mechanisms for implementing activities in multiple program areas of the five-year plan, including public education activities to reduce stigma, discrimination and human rights violations; monitoring of human violations; training of health care, police, prison personnel or other local service providers or authorities on human rights; and monitoring and advocating for legal and policy reform. By design, they convene wide range of local stakeholders, including municipal decision-makers, local police, health care providers, community leaders, private sector (e.g., employers), local organizations, people living with HIV and members of key and vulnerable populations. They increase knowledge at the local level of human rights and how they are, or should be, protected and respected, not only through outreach and engagement with local authorities and powers-that-be, but also among people living with HIV and key and vulnerable populations. This greater legal literacy and access to support when encountering human rights violations means a greater likelihood of being able to seek redress, and a change in policy or practice, in the event such occurs. It also could mean that there is a greater capacity to mobilize communities in a coordinated fashion and from around the country to engage in longer-term advocacy for legal and policy reform, including at the national level – e.g., in relation to the priorities identified in the five-year plan. Enhanced funding support for these local networks, including to support the participation of community members (including from key populations), is needed to sustain their work, including the involvement of people living with HIV and key populations.

## ***Conclusion***

The Breaking Down Barriers initiative has produced a five-year plan, developed through an inclusive, multi-stakeholder process, to implement a range of activities aimed at reducing human rights-related barriers to HIV in Honduras. Once it was finalized, the five-year plan has guided the use of the Global Fund’s catalytic funding in the (latter half of) the 2019-2022 grant, and it appears to inform the proposed activities in the new funding request (for a 2022-2025 grant). However, while the process itself was inclusive and seen favourably by (civil society) stakeholders, it appears that communications about the final plan as approved by the CCM, and its subsequent implementation, have been less than adequate, contributing to delays and tension that is unfortunate – and can and should be remedied. Civil society capacity, and government engagement, are also in need of improvement in order to advance with effective implementation of the five-year plan. Despite these challenges, and those posed by COVID-19 and natural disasters during the implementation period, there are important achievements – particularly in relation to activities to reduce stigma and discrimination, sensitize health care workers and police, improve the knowledge of people living with HIV and key populations about their rights, and support them with legal services in seeking redress for rights infringements. Several challenges remain, and numerous activities in the five-year plan remain outstanding. Global Fund support will remain crucial for the implementation of much of the five-year plan.

## Key Recommendations (see Report Annex for a full set of recommendations)

### Creating a Supportive Environment

- The Country Coordinating Mechanism (CCM), along with the Principal Recipient and the civil society Platform on HIV and Human Rights (Plataforma VIY y DDHH), should agree on a multi-stakeholder mechanism for monitoring and evaluating the implementation of the five-year plan.

### Programmatic Scale-up

- The Global Fund and other donors should continue or enhance support for the implementation of activities in the five-year plan, which is only partially funded at this time.
- The Global Fund and other donors should ensure support to sustain the work of existing local “human rights promotion and defence” networks, which play an important role in implementing activities in multiple program areas of the five-year plan, and should enhance support to increase the number and reach of such local networks, as part of supporting a comprehensive, national response to human rights-related barriers to HIV services.

### Programmatic Quality and Sustainability

- The CCM, the Principal Recipient and any sub-recipients of catalytic human rights funding, should proactively popularize the five-year plan of action and regular updates regarding its implementation, vis-à-vis both civil society and relevant government.
- Government of Honduras should take proactive steps to strengthen government engagement in reducing human rights-related barriers to HIV services. This should include issuing a clear directive from the highest level that relevant ministries (e.g., health, human rights, labour, justice, education) are to engage in activities within their purview to reduce such barriers, including participating in and supporting the work of CONASIDA and implementing the relevant activities in the five-year plan. Budgetary allocations to support this work, and that of the national human rights commission (CONADEH), should accompany this directive, including the reinstatement of the National HIV Program within the Ministry of Health. The Government should also commit to working with civil society organizations, particularly those representing people living with HIV and key populations, to bring forward necessary reforms so as to remove harmful laws and policies impeding access to HIV services and to better protect human rights.

# Introduction

In 2017, the Global Fund to Fight AIDS, TB and Malaria (Global Fund) launched the *Breaking Down Barriers* (BDB) initiative to help 20 countries, including Honduras, to comprehensively address human rights-related barriers to services for HIV, TB and, where applicable, malaria. This report presents the findings of the mid-term assessment conducted in Honduras in June–July 2021 to: (a) assess Ukraine’s progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

## **Breaking Down Barriers Initiative’s Theory of Change**

The theory of change for the *Breaking Down Barriers* initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services<sup>4</sup> increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions (see Text Box 1). This will in turn accelerate country progress towards national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

The initiative seeks to operationalize Strategic Objective 3 in the 2017-2022 Strategy of the Global Fund to “introduce and scale up programs that remove human rights barriers to accessing HIV, TB and malaria services”, \* and Global Fund Key Performance Indicator 9a that measures the extent to which comprehensive programs are established to remove human rights-related barriers to access in 20 priority countries.

“Comprehensive” programs are programs that: (a) comprise a set of activities that are internationally recognized as effective in reducing human rights-related barriers to health (see Text Box 1); (b) are accessible or serve the majority of the estimated numbers of key and vulnerable populations affected by such barriers; and (c) are adequately resourced to move from non-existence or one-off/small-scale activities to a level of implementation likely to significantly reduce human rights-related barriers to services (a sustained, mutually-reinforcing, broadly protective package at scale).†

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<sup>4</sup> The main categories of human rights and gender-related barriers to HIV and TB services include: Stigma and discrimination, including within the provision of health services; Punitive laws, policies, and practices; Gender inequality and gender-based violence; Poverty and socio-economic inequality; and Harmful working conditions and exploitation (mainly for TB).

## Text Box 1: Key Program Areas to Remove Human Rights-related Barriers to HIV services<sup>‡</sup>

- Stigma and discrimination reduction;
- Training for health care providers on human rights and medical ethics;
- Sensitization of lawmakers and law enforcement agents;
- Legal literacy (“know your rights”);
- Legal services;
- Monitoring and reforming laws, regulations and policies relating to the 3 diseases;
- Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity.<sup>§</sup>

According to the *Breaking Down Barriers* initiative’s theory of change, a supportive environment, which includes achieving key milestones support by the Global Fund, will greatly assist countries to successfully scale-up programs to remove rights-related barriers. These milestones include: (a) getting sufficient data on the barriers, populations affected and existing programs (through a baseline assessment); (b) getting increased funding to scale-up (through applying for and receiving so-called “matching funds”), (c) getting country engagement and ownership (through a multi-stakeholder meeting to review the baseline assessment and other sources) and (d) getting consensus and buy-in on the way forward (through the establishment of a technical working group on human rights and the development of a national multi-year plan to remove human rights-related barriers to services through comprehensive programs).

In June-July 2021, the Global Fund supported a rapid mid-term assessment examining Honduras’ progress towards putting in place comprehensive, quality programs to remove human rights-related barriers to HIV services, as measured against the baseline assessment and through achievement of the milestones.

### Methods

The mid-term assessments take a differentiated approach, categorizing the 20 countries into three tiers: rapid, program and in-depth assessments. All approaches include a desk review of relevant documents. Honduras, as a rapid assessment, also included interviews with key informants from 7 different national entities and the Global Fund (for a total of 15 people), and participation in two extended large group discussions reviewing progress in implementing the five-year plan (comprising more than 20 participants, from various civil society organizations, the Principal Recipient, the national human rights commission, and representatives from the government ministries responsible for health and for human rights.). All such discussions and interviews were conducted remotely via Zoom. In addition, information was sought via written questions from several other informants. Information from those discussions and key informant interviews was analyzed using qualitative, quantitative and semi-quantitative methods centered on the question of the comprehensiveness of programs.

The rapid mid-term assessment was conducted in June and July 2021 (Table 1). More information on the assessment’s methods, including a list of key informants and more in-depth explanation of the country scorecard, are provided in Annex II.

## Limitations

During the mid-term assessment, the evaluation team sought diverse perspectives from a select number of key informants. Honduras features a considerable number of actors operating in the field of HIV, posing challenges to comprehensively mapping programs to remove human rights-related barriers to HIV services. The scope of a rapid assessment is necessarily limited by the time available, meaning only a select number of key informants could be interviewed. However, the researchers selected key stakeholders to try to ensure that information could be obtained regarding each of the key program areas. Key informants included the Principal Recipient of the Global Fund grant, the main sub-recipient leading implementation of national-level activities supported by Global Fund catalytic funding, and other implementer(s), as well as an additional leading civil society organization implementing programs to reduce human rights- and gender-related barriers and actively involved in a larger consortium of CSOs addressing HIV and human rights. The researchers hope that the information contained in this report provides an accurate snapshot and basis for further development of programs seeking to remove human rights-related barriers to HIV services.

The implementation of some activities supported by the Global Fund catalytic funding began in November 2019, but finalization of arrangements with the main sub-recipient responsible for managing the implementation of many of the grant activities was delayed until March 2020. This coincided with the start of the global COVID-19 pandemic, which seriously affected the implementation of some planned programs to remove human rights-related barriers to services. To the extent possible, the mid-term assessment adapted to the new country realities and documented programmatic impact.

**Table 1: Honduras Mid-Term Assessment Timeline**

Assessment Component	Researchers	Dates
<b>Desk review of available program reports, epidemiological information, and other background documents</b>	Richard Elliott, Diederik Lohman	June-July 2021
<b>Group stakeholder discussions (involving 20+ participants) and key informant interviews conducted remotely with 13 people from 7 organizations</b>	Richard Elliott, Diederik Lohman	July 2021
<b>Follow-up with relevant key informants</b>	Richard Elliott, Diederik Lohman	July 2021
<b>Presentation of key report findings to Global Fund</b>	Richard Elliott	July 2021
<b>Report finalized</b>	Richard Elliott	December 2021

# Part I. Background and Country Context

## Epidemiologic Context

Honduras has total population of just over 9.3 million as of 2020.<sup>\*\*</sup> As of 2020, it is estimated that there are approximately 25,000 people living with HIV in Honduras, and that the overall HIV prevalence (among adults aged 15-49) is 0.28%. Over the last five years, an average of 1100 news cases of HIV have been diagnosed each year, of which just under one-quarter are diagnoses in someone with advanced HIV disease. Of the cumulative total of HIV cases diagnosed to date since the start of the epidemic (38,765), 45% have been among women and 55% among men. Of new infections reported in 2020, 71% were among men and 28% among women. In 2020, an absolute majority of cases were among self-identified heterosexuals (58%), while 22% were among self-identified gay men and 11% among people self-identified bisexual (largely or exclusively men presumably).<sup>††</sup>

The country's HIV epidemic is concentrated among key populations and other communities in situations of vulnerability – particularly gay men, female sex workers, prisoners and Garífuna communities.<sup>‡‡</sup> A recent analysis of HIV testing efforts by 3 civil society organizations that are sub-recipients under the Global Fund grant (also the ones chiefly responsible for implementing human rights programs), reported data from tests conducted over the period 2016-2018 suggested a progressive reduction in the number of positive test results among GBMSM, female sex workers, prisoners and Garífuna communities, but that the number remains elevated among trans women. With respect to the cascade of HIV care, it is estimated that only 57% of people living with HIV are aware of their status, only 48% of those estimated to be in need of ARV treatment are on it, and only 36% of those of estimated to be in need of treatment have achieved viral suppression.

## Legal and Policy Context

Honduras has ratified all the core UN human rights conventions,<sup>§§</sup> as well as the core human rights instruments of the Organization of American States.<sup>\*\*\*</sup> The national Constitution recognizes a right to the protection of health (Article 145) and explicitly declares the government will give priority in the national health plan to groups most in need (Article 149). The *Health Code* recognizes that health is a human right that the state is obliged to protect and promote (Article 1), and that every person has the right to the assistance and benefits needed to this end (Article 8); furthermore, a ministerial instrument regarding the “National Health Model” (Ministerial Agreement No. 1000-2013) declares that all individuals have the right to health protection to the highest possible standards, and to enjoy the benefits of scientific progress, without discrimination. However, according to the country's most recent (draft) funding request to the Global Fund, there is a need for “profound reform of the health sector” to realize this constitutional mandate, while recent privatization measures are further jeopardizing Hondurans' right to health.<sup>†††</sup>

With respect to sexual and reproductive health specifically, abortion is entirely criminalized in all circumstances (under a new Article 196 of the *Penal Code*, introduced in 2017), while the distribution, sale and use of emergency oral contraceptives is prohibited, in contravention of Honduras' international legal obligations in relation to human rights.<sup>###</sup> There is a National Sexual and Reproductive Health Policy issued in 2016, which includes, as action items, the revision of laws, norms and practices that restrict access to sexual and reproductive health services, to bring them into conformity with human rights standards, including non-discrimination – including drafting reforms to the Penal Code regarding the absolute prohibition on abortion. <sup>§§§</sup> However, there has been no legislative reform. Youth under the age of 18 require parental consent to access HIV testing or treatment, although not to access condoms or contraceptives. <sup>\*\*\*\*</sup>

The Constitution also contains a clause prohibiting discrimination based on factors such as sex, race and class (Article 60). The *Special Law on HIV/AIDS (Ley Especial Sobre VIH/SIDA)* was first adopted in 1999, then amended in 2015, with the stated purpose of protecting and promoting health through adoption of necessary measures to prevent, control and treat HIV, including educating the general population. While these welcome legislative reforms provide some important protections on paper for the human rights of people living with HIV, gaps in policy remain, and in practice there is an ongoing deficiency of access to justice and in ensuring that protections in law are experienced in the lives of people living with HIV (and of key populations).

As of June 2019, the accompanying regulation (*Reglamento de la Ley Especial sobre VIH/AIDS*) was said to be in its final stages of revision – and yet, two years later, it still had not been finalized and brought into force. The regulation defines key concepts relevant to the scope and application of the HIV law's provisions, provides important details regarding the functioning of the national AIDS council, mandates certain actions by various government and other entities (including some of direct relevance to human rights, including various activities set out in the country's five-year plan to reduce human rights-related barriers to HIV services), and fleshes out important human rights protections (including explicitly naming specific key populations as enjoying protection against discrimination, e.g., on the basis on sexual orientation, gender identity and health condition, among others). Without this additional element of the legal framework in place, many country stakeholders are of the view that the HIV law cannot be fully implemented<sup>†††</sup> – although it should be noted that there are important substantive provisions in the *Special Law on HIV/AIDS* that do not depend for their validity on the adoption of the regulation and that do provide a legal foundation for action on various fronts by government actors.

The *Penal Code* imposes the possibility of criminal penalty for discrimination on various grounds, including explicit mention of sexual orientation, gender identity, physical appearance or health condition (Articles 211-213, 295) (although it is debatable from a human rights perspective whether this is a justifiable and proportional use of the state's criminal law power), as well as for inciting discrimination, hatred, contempt or violence against an individual or organization on such grounds. The *Labour Code* prohibits discrimination in public or private



workplaces on various grounds (Article 12), and the *Special Law on HIV/AIDS* explicitly prohibits discrimination by employers on the basis of HIV status, including expressly prohibiting HIV testing a condition of employment (Articles 52-54), although this is reported to happen frequently. Honduras advised the Inter-American Commission that it had developed a National Policy on HIV/AIDS for the maquila sector in 2015, but, in an oddly passive formulation, also advised that it had not been complied with; the Commission reiterated previous recommendations to strengthen action in this area.<sup>+++</sup>

Consensual same-sex sexual activity is not criminalized,<sup>§§§§</sup> but there are high levels of discrimination against LGBTI people in multiple contexts (education, workplace, health care) and high levels of violence with little access to justice and protection (indeed, too often police are among the perpetrators of violence); there are also laws that prohibit recognition of same-sex relationships and adoption.<sup>\*\*\*\*</sup> There have been arrests of transgender people arrested or prosecuted in relation to manifestations of their gender identity in recent years.<sup>++++</sup> In June 2021, the Inter-American Court of Human Rights issued a ground-breaking ruling holding that in 2009 Honduras had violated the rights to life and personal integrity of a transgender sex worker and activist, who was harassed by police and then killed during the period in which, following the coup d'état, the police and military had effective control of the streets; they authorities also failed to effectively investigate her death.<sup>++++</sup>

While autonomous sex work (i.e., without the involvement of a “procurer”) is legal, there have been prosecutions of sex workers in recent years in relation to selling sex,<sup>§§§§§</sup> and sex workers report that they are constantly stigmatized and discriminated against, including by harassment, extortion and violence by state authorities, in part because of the lack of clear norms regulating this work and protecting their rights. Given the clandestine and stigmatized nature of sex work, workers who experience such abuses in most cases choose not to report it.<sup>\*\*\*\*\*</sup> Since 2016, sex worker groups have advocated for legislative reform that would recognize their work as work and regulate it. At the time, it was understood that various government ministries, including Human Rights and Justice, would consider the proposal.<sup>+++++</sup> However, there has been no movement on this front.

Possession of drugs for personal use is a criminal offence, and people who use drugs are subject to possible compulsory detention.<sup>+++++</sup> There are no explicit supportive references to harm reduction in national policies,<sup>§§§§§</sup> and in general the population of people who use drugs, and their experiences of human rights violations and related HIV risk, is unaddressed in the national HIV response and HIV sector, with a lack of much data to assess the situation. (To address this gap, the five-year plan specifically contemplates some investigation and diagnosis of the state of affairs, to inform follow-up activities as may be needed.)

Finally, in relation to the legal context, it should be noted that, while the yet-to-be-enacted regulation under the *Special Law on HIV/AIDS* contains important provisions protecting human rights, it also contains a troubling provision (Article 103) that would impose an unqualified legal obligation on every person living with HIV to disclose their serostatus to every past or potential future sexual partner and to any housemate and would impose (under Article 106) criminal liability for HIV transmission under various aspects of the *Penal Code*.

The current *National Strategic Plan on HIV 2020-2024* was adopted in June 2019. It notes that there have not been advances in the reduction of stigma and discrimination during the period of the previous national strategic plan. However, it does note, as its first strategic area, the need to ensure compliance with international guidance and national norms related to the protection and promotion of human rights, and to ensure the involvement of various sectors in the HIV response, including civil society organizations. It also stresses the need for a priority focus on key populations and other vulnerable populations. (The NSP makes no reference to the five-year plan to reduce human rights-related barriers to HIV services, which was finalized and adopted by the CCM in April 2019; however, several of the interventions set out in the five-year plan are reflected in the NSP.)

As highlighted during the most recent national conference on HIV and human rights (in August 2018), and reflected in the five-year plan, key concerns include: persistent stigma and discrimination against people living with HIV and key populations, including in health services and by law enforcement; discrimination in the employment context (including demands for HIV testing as a condition of employment); the failure, including by state actors, to promote and ensure compliance with existing laws that do provide, on paper, some protection for human rights (including, e.g., the Special Law on HIV). The *Public Policy and National Action Plan on Human Rights* was first elaborated in 2013; the Ministry of Human Rights, which began operating in early 2018, has lead responsibility for ensuring its implementation. It does refer explicitly to HIV and to certain key populations. \*\*\*\*\*

## **Other Key Considerations for the HIV Response**

### ***Structural human rights challenges: poverty, inequality, corruption, police abuse, violence and impunity***

The Inter-American Commission on Human Rights has repeatedly noted that long-standing structural challenges such as poverty, inequality and discrimination, corruption, institutional weakness and impunity have for decades affected the enjoyment of human rights in the country – and that the situation has been even more complex since the 2009 coup d'état, followed by the political crisis and violence during the 2017 electoral process. In particular, the Commission has noted the impact of these on women, Indigenous peoples and people of African descent (e.g., Garífuna communities), children and adolescents, LGBTI persons, migrants and persons deprived of their liberty.

Hondurans experience high levels of violence, including gender-based violence – indeed one of the highest in the world. There is a heavy police presence (including by the military police), as well as widespread impunity for abuses committed by police – just as there is widespread impunity for most acts of violence, including violence against women and against LGBTI people. For example, LGBTI people in Honduras continue to live with high levels of violence (e.g., 155 people murdered in just the last five years), with gay men and trans women targeted in particular, along with defenders of the human rights of LGBTI people; according to CONADEH, more than 90% of these crimes remain unpunished, and civil society groups identify a lack of prosecution in such cases. The IACHR has emphasized that impunity for such violence

encourages more such acts, in a social context of widespread prejudice and discrimination against LGBTI people. It has urged Honduras to not only investigate such cases, but to gather official statistics on such violence based on sexual orientation or gender identity and to train law enforcement and justice system personnel on these issues, as well as to undertake broader social educational activities challenging such attitudes and practices, and to adopt legislative measures that promote equality and protect against discrimination based on sexual orientation, gender identity or bodily diversity – even as the government has in recent years actively adopted legislation and policy that intentionally discriminates against LGBT people (e.g., in relation to recognition of relationships and families).+++++

The Commission has noted the serious situation of violence faced by human rights defenders. In its most recent report, the Commission has emphasized the need to strengthen democratic institutions and the rule of law, including ending corruption and impunity within state institutions. +++++

Honduras also manifests very high levels of poverty, affecting more than 60% of the population, with nearly 40% living in extreme poverty; it has one of the highest rates of poverty, and income inequality, in the hemisphere. The burden is even greater on Indigenous peoples, people of African descent and those living in rural areas. §§§§§§§§ Meanwhile, inadequate health system (and other) infrastructure and investment in health services continues to pose a challenge for ensuring access to medicines and other aspects of the right to health, including for those most disadvantaged and those in rural areas. \*\*\*\*\* With respect to sexual and reproductive health, there are persistently high rates of child and adolescent pregnancy (a high proportion of them as result of rape) and maternal mortality.

In its most recent report, the IACHR has repeated its concern that Honduran prisons are vastly overcrowded (approaching nearly twice their capacity), a situation resulting in part from excessive use of pre-trial detention (accounting for more than half of the total prison population), and are also marked by “deplorable” conditions of detention – a situation exacerbated by the increased militarization of prisons and the focus in recent years on the construction of “mega prisons” based on a maximum security model, including the arbitrary and excessive use of solitary confinement, which can amount to cruel and inhuman treatment and even torture, contrary to Honduras’ international legal obligations. ++++++ CONAPREV and the IACHR have highlighted the inadequate and even negligent health care provided in prisons, given a lack of medical personnel, medicines and equipment, and bureaucratic and other barriers to accessing general hospitals outside of prisons. The IACHR has also warned that such conditions, including overcrowding, lack of hygiene facilities and inadequate ventilation contribute to a risk of infectious diseases such as tuberculosis – an additional concern for prisoners living with HIV.

These larger structural factors obviously significantly affect the response to HIV in Honduras and must be considered in pursuing efforts to reduce human rights-related barriers to HIV services. The government’s first *Public Policy and National Plan of Action on Human Rights* was adopted in 2013, and a *National Plan to Combat Violence Against Women 2014-2022* also exists, accompanied by some institutional mechanisms supposed to respond to this prevalent human rights abuse. The Secretariat of State for Human Rights (Secretaría de Derechos

Humanos) began operations in January 2018. These provide potential bases on which to advance at least some efforts to address human rights-related barriers to HIV services.<sup>5</sup> There have also been efforts at police reform and training, including in relation to human rights.

## **COVID-19**

The national government declared a state of emergency in mid-March 2020 in response to COVID-19, just as the organizational arrangements for implementing many of the catalytic funding-supported activities to reduce human rights-related barriers to services had been finalized. As part of the state of emergency, the government imposed strict measures of confinement, particularly in the two largest cities, Tegucigalpa and San Pedro Sula. The pandemic, and measures taken in response, have led to serious disruptions in access to health services, including HIV-related services. Out of concern about acquiring COVID-19, because of restrictions on movement (including having to inform police of the reason for travelling and destination), and because of additional economic challenges, some people have not accessed testing that would have otherwise, and some people have discontinued ARV treatment. In April 2020, a rapid survey among people living with HIV found that nearly 85% had recently experienced food shortages, nearly two-thirds reported difficulty reaching a health centre (because of lack of transportation, the national curfew and being uncertain whether services were operating).##### Misinformation about COVID and about safety of vaccination among people living with HIV was also circulating. In response to COVID-related restrictions, the health ministry and civil society worked together to expand outreach efforts to deliver medicines, including ARVs, to patients, including those with even fewer resources than before to travel to health centres and facing additional challenges of even more degraded infrastructure. Civil society organizations have called on the government to develop a system for responding to such emergency situations, be it a pandemic or a natural disaster, in future. On that front, it should also be noted that the interruptions and challenges of the COVID-19 pandemic were subsequently exacerbated by two major hurricanes, Eta and Iota, hitting Honduras back-to-back in November 2020, causing huge devastation to the country and region, and further complicating implementation of various aspects of the HIV response, including at least some elements of the five-year plan to reduce human rights-related barriers. Some activities in the five-year plan, and embedded in the Global Fund catalytic funding, were able to proceed (e.g., the development and virtual dissemination of some public education materials, planning for the development of local human rights networks, re-establishing a common online platform for documenting complaints of human rights violations, and developing materials for training target audiences on human rights issues).##### Some implementers have also noted that state of emergency and restrictions related to COVID also created additional barriers to people seeking redress for experiences of human rights violations, and of course, opportunities for training of audiences such as health personnel and police have also been limited given their other responsibilities during the pandemic.

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<sup>5</sup>The five-year plan to address these was deliberately accompanied by an annex outlining how the activities set out within it correspond with commitments and priorities identified in this National Plan on Action on Human Rights for the country.

## Part II: Progress towards Comprehensive Programming

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

### Creating a Supportive Environment to address Human Rights-related Barriers

The *Breaking Down Barriers* initiative sought to create a supportive environment for addressing human rights-related barriers in Honduras through a number of foundational steps to develop an understanding of key barriers and facilitate engagement and coordination among stakeholders. These steps included applying for matching funds (and contributing additional funds from within the allocation) to increase funding for programs to remove human rights-related barriers to services; conducting a baseline assessment to identify barriers, populations affected, existing programs and a comprehensive response; convening a multi-stakeholder meeting to review the findings of the baseline assessment and consider additional inputs; establishing a working group on human rights and HIV; and developing and adopting a national plan to remove human rights-related barriers to HIV services. Together, these steps were intended to help build an effective and sustainable rights-oriented response and facilitate the removal of barriers to access to prevention, treatment and care for key and vulnerable populations.

**Table 2 – Key milestones**

Milestone	Results	Date
<b>Matching funds</b>	Global Fund's Technical Review Panel (TRP) approved USD 900,000 in catalytic funding for programs to reduce human rights-related barriers; detailed workplan and budgets to be finalized as part of grant-making, based on five-year plan still to be developed. Honduras also committed USD 280,573 from its main allocation to such programs.	September 2018
<b>Baseline assessment</b>	Literature review, country visit, key informant interviews and focus groups conducted	September 2017 – June 2018
	Report finalized and presented to country stakeholders	October 2018
<b>Multi-stakeholder meeting</b>	The Global Fund and the Country Coordinating Mechanism of Honduras (MCP-H) jointly organized a multi-stakeholder meeting in Tegucigalpa. There were more than 50 attendees representing government, civil society (including all key and vulnerable populations), technical partners and funders at the two-day event.	November 2018
<b>Working group on human rights, HIV and TB</b>	As agreed at the multi-stakeholder meeting, the CCM convened a 15-member working group to develop (and cost out) the final five-year plan to reduce human rights-related barriers to HIV services.	December 2018 – April 2019

**National plan to reduce human rights-related barriers**

After more than four rounds of drafting and revision, the final version of the five-year plan was approved unanimously by the CCM in April 2019. The plan included a detailed budget and identified priorities for the allocation of the USD 900,000 in matching funds already committed by the Global Fund. It was also accompanied by a detailed monitoring and evaluation plan. This five-year plan was incorporated into grant-making for the USD 900,000 in matching funds already approved by the Global Fund.

April 2019

## **Baseline Assessment (2017-2018)**

In 2017-2018, a baseline assessment was conducted to identify the key human rights-related barriers to HIV services in Honduras; describe existing programs to reduce such barriers and identify gaps, challenges, best-practices; indicate what comprehensive programs would comprise of in terms of the types of programs, their coverage and costs; and identify the opportunities to bring these to scale. The assessment began with a literature review, followed by an in-country assessment that began with an inception workshop with key country stakeholders to outline the assessment process and consult with them regarding focus areas and key informants. In Tegucigalpa, San Pedro Sula and La Ceiba, the baseline assessment team carried out 22 in-person and telephone interviews with key informants engaged in research and/or activism related to key and vulnerable populations, and five focus group discussions with individuals from the key populations of people living with HIV, female sex workers, and gay, bisexual and other men who have sex with men. The baseline assessment's findings were ultimately reflected in the *National Strategic Plan to Reduce Human Rights-Related Barriers to HIV Services: Honduras 2019-2023* ("five-year plan") (see below).

## **Matching Funds (2018)**

Honduras applied in April 2018 (with a supplementary annex submitted in August 2018) for USD 1 million in matching "catalytic funding" for programs to remove human rights-related barriers to HIV. In September 2018, the Global Fund's Technical Review Panel (TRP) approved USD 900,000 (for the three-year period August 2019 to July 2022), with a recommendation that, during grant-making, the details of how this catalytic funding would be spent should be informed by the anticipated five-year national plan to reduce human rights-related barriers, which work was expected to get underway later in the year. Honduras also committed to direct USD 280,573 from the main allocation during this grant cycle to programs to reduce human rights-related barriers. Although this did not satisfy the usual 1:1 matching requirement, for reasons outlined to the TRP by the Secretariat, this strict matching requirement was waived.<sup>6</sup>

## **Multi-Stakeholder Meeting (November 2018)**

The Global Fund and the Country Coordinating Mechanism of Honduras (MCP-H) jointly organized a multi-stakeholder meeting in Tegucigalpa. There were more than 50 attendees representing government, civil society (including all key and vulnerable populations), technical partners and funders at the two-day event. Participants received information about the baseline assessment, the results from the 5<sup>th</sup> National Conference on HIV and Human Rights (held in August 2018), certain activities already underway, and a first working draft, for discussion, of a national five-year plan to reduce human rights-related barriers to HIV services. The draft plan incorporated the findings and recommendations from the baseline assessment, the national

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<sup>6</sup> In November 2019, the Global Fund allocated USD 11,604,842 for an HIV grant to Honduras to be made during the funding cycle 2020-2022, with these funds to be used during the period 1 August 2022 to 31 December 2025. Along with this main allocation, the Global Fund also allocated another round of catalytic funding in the amount of USD 900,000, on the condition that Honduras commit to increasing the proportion of its main allocation grant dedicated to programs in this new funding cycle, compared to the proportion so committed in the current funding cycle.

conference, and Honduras' funding request for human rights matching funds, structured in line with the seven key program areas used by the Global Fund in its modular framework for grants. Participants were divided into smaller groups to review each of the program areas in the draft plan and further define proposed initiatives in each program area as part of a comprehensive response to human rights-related barriers to HIV services. The results of each group's work were shared at the meeting. Following the meeting, a summary report (including each group's notes), was circulated to all participants. These also informed the subsequent work to further revise and finalize the five-year plan. In a subsequent evaluation, informants from various sectors unanimously expressed the view that the experience, including the participation of multiple stakeholders, was enriching.\*\*\*\*\*

### ***Working Group on Human Rights (December 2018 – April 2019)***

As agreed at the multi-stakeholder meeting, the CCM convened a 15-member working group (of which more than half were women), consisting of representatives from civil society, the national human rights commission (Comisionado Nacional de los Derechos Humanos, CONADEH), Global Communities CHF (the Principal Recipient of the catalytic funding) and government (although government did not play an active, ongoing role in the deliberations). The working group worked with a local and international consultant to develop (and cost out) the final five-year plan to reduce human rights-related barriers to HIV services, building on the baseline assessment, the first draft presented at the multi-stakeholder meeting, and the discussions at that meeting. During the process, the working group shared the subsequent drafts of the plan with a larger list, including all participants at the multi-stakeholder meeting, inviting feedback, before the final version of the plan was submitted for approval by the CCM. Unfortunately, there was limited engagement in this process by government actors, beyond CONADEH and, to a lesser extent, the Ministries of Health and Human Rights.

### ***Five-year Plan (2019)***

After more than four rounds of drafting and revision, the final version of the five-year plan was approved unanimously by the CCM in April 2019. The plan was accompanied by a detailed costing, including identifying priorities for the allocation of the USD 900,000 in matching funds already committed by the Global Fund. It was also accompanied by both a detailed monitoring and evaluation plan, and a mapping of how the Plan's activities correspond to specific aspects of both the national HIV strategic plan then currently in effect and the national *Public Policy and Plan of Action on Human Rights*. Unfortunately, it appears from a subsequent evaluation that neither of these have been adequately drawn to the attention of stakeholders.+++++++ This five-year plan was incorporated into grant-making for the USD 900,000 in matching funds already approved by the Global Fund.

A subsequent evaluation in 2020 reported that civil society participants in the process consider the five-year plan to reflect their main priorities and consider it a useful document to guide inter-sectoral efforts, as well as an important opportunity for civil society to take actions to improve the human rights of people living with HIV and key populations.+++++++ There is clearly less investment in, and commitment to, the plan on the part of government actors, and only one



government entity, CONADEH, is allocated funding for implementation of any of the activities in the plan. That said, all those interviewed as part of the subsequent evaluation agreed that the innovation of the five-year plan is that it has brought together government, civil society and donors in a manner that had not previously been the case.

Despite the enthusiasm in principle by civil society, implementation of the five-year plan has been a challenge. While the grant was originally envisaged to start in August 2019, in fact implementation of some funded activities only began in late 2019, while the implementation of others was delayed until March 2020 for reasons discussed below.

### ***Recommendations***

- The Global Fund should consider requesting the newly-reformed CCM, in discussion with the Principal Recipient, the sub-recipient implementing human rights activities, and the civil society Platform on HIV and Human Rights (Plataforma VIY y DDHH) to agree on some sort of body or mechanism that is responsible for overseeing and supporting the implementation of the five-year plan. This body should include representatives from civil society and government. It should include representatives of key and vulnerable populations, and there should be specific attention paid to ensure that young people and women within those key populations are included.

## Scale-Up of Programming: Achievements and Gaps

This section reports the findings of the mid-term assessment with regard to the scale up towards “comprehensiveness” of programs to remove human rights-related barriers to HIV services. It uses a scorecard system providing scores from 0 to 5. The full scorecard can be found in the Summary above (see also Annex II for an explanation of the methodology used for the scorecard calculations).

In addition, it also looks at certain elements of quality of programs, such as whether individual programs are gender-responsive, integrated into prevention or treatment programs where that makes sense, or combined strategically for maximum impact. Other over-arching elements of quality of programming on HIV overall are discussed in the section below on “Ensuring Quality Programming”.

### Programs to Remove Human Rights-related Barriers to HIV

At the time of the 2018 baseline assessment, there were seemingly few activities aimed at reducing human rights-related barriers to HIV services and there was insufficient data to assign a meaningful baseline score in most program areas, with the exception of some activities aimed at reducing stigma and discrimination. Since the baseline, with the support of the Breaking Down Barriers initiative and informed by the five-year plan finalized in mid-2019, there has been important progress in all program areas. Naturally, work is more advanced in some areas than others. Activities to challenge HIV-related stigma and discrimination (program area 1) have been scaled up, with new resources developed and more anticipated soon at the time of the mid-term assessment. In this same program area, there has been significant progress in expanding the number and hence reach of local networks to promote and defend human rights (included in program area 1, although relevant to implementation of activities in multiple program areas). Important resources have been developed for the training and sensitization of health care workers (program area 2) and law enforcement (program area 3). Legal literacy (“know your rights”) activities have been enhanced (program area 4), and access to legal services to support those experiencing human rights infringements have been strengthened in some regions (program area 5). There has been less progress in relation to law and policy reform (program area 6) for various reasons, including a challenging political context, and there remains relatively little attention to gender inequalities (and pervasive gender-based violence) that are impeding an effective HIV response (program area 7).

HIV Program Area	Score	
	Baseline	Mid-term
Stigma and Discrimination Reduction	2.0	3.2

Honduras’ national strategic plan on HIV notes expressly that the previously-declared goals of reducing stigma and discrimination related to HIV were not met – between 2013 and 2016, there had been effectively no reduction in the percentage of people living with HIV who report experiences of human rights violations (at 40%), and still more than 85% of adults reported

discriminatory attitudes toward people living with HIV. It also reported that there are high levels of impunity in cases of such infringements. In 2020, CONADEH recorded 43 formal complaints of human rights violations filed by people living with HIV, recalling that the large majority of experiences never result in such a step being taken.

At baseline, it was noted that current or recent activities to reduce HIV-related stigma and discrimination included: (1) peer education efforts within key populations; (2) public education activities such as street theatre or mass communications campaigns to change attitudes in the general population; (3) the PLHIV Stigma Index (conducted in 2014 with an update then in progress); (4) peer support groups for people living with HIV and key populations to challenge internalized stigma, within individuals and key populations; and (5) trainings on the specific needs of HIV-affected populations. There was relatively little data on which to assess the scope and effectiveness of these activities, but it was noted that there is considerable variation in the approaches to various efforts to educate different audiences about human rights, and that some standardized material or toolkit would be advisable.

The five-year plan developed by the working group and approved by the CCM includes: (1) the development of information, education and communication (IEC) materials and strategies for continued public education efforts challenging stigma and discrimination and promoting human rights of PLHIV and key populations; (2) strengthening and expanding the local networks for the defence and promotion of human rights (adding an additional 15 such networks, led and supported by civil society organizations, to the existing 25 supported by CONADEH); (3) enhanced and more coordinated documentation of human rights violations experienced by PLHIV and key populations, across different platforms and networks; (4) carrying out the third iteration of the Stigma Index (and including not just PLHIV but key populations); and (5) addressing a gap in knowledge by conducting research to develop a situational analysis of the state of HIV prevention and treatment needs among people who use drugs, a potentially key population largely overlooked, as well as their experiences of human rights violations and human rights-related barriers to HIV services.

At the time of the mid-term assessment, there has been some significant progress in some aspects of this program area.

### ***IEC activities & mass public education campaign***

There was a significant delay in starting the development of a public awareness campaign and its related materials, intended for use nationally. The terms of reference for a provider to design both information, education and communications (IEC) materials and a campaign were completed by July 2020, but work was only getting underway in July 2021, with a national committee having recently been formed to design the campaign. As that campaign is developed, it should be recalled that the *Special Law on HIV/AIDS* contemplates that the national telecommunications commission (CONATEL) will, in coordination with CONASIDA, broadcast HIV education messages for free; this should certainly include information regarding human rights. In the interim, however, certain organizations had been undertaking some of their own welcome initiatives. At the national level, CONADEH developed some videos and posters

on stigma and discrimination against people living with HIV and key populations, as well as on COVID-19 and human rights of key populations. Meanwhile, the three main civil society sub-recipients of Global Fund catalytic funding had undertaken activities such as educational memes, blogs or videos on human rights, distributed online and via social media. \$\$\$\$\$\$\$\$\$\$ A small sampling of such IEC materials is below. However, there is little data available on which to assess the reach of these activities.

### DERECHOS

- A vivir en una zona libre de discriminación.
- A recibir atención y cuidados especiales cuando la persona tiene una discapacidad física, mental o social.
- A la educación sexual y reproductiva.
- A ser los primeros en recibir atención en situaciones de emergencia.
- A la protección contra todo tipo de discriminación y a la educación en la tolerancia frente a las diferencias.

### ¿Qué hago si alguien me discrimina?

No todos los tipos de discriminación violan la ley, pero muchas categorías de discriminación permiten tomar acciones legales. Recuerda si te discriminan por tu orientación sexual, color de piel o por ser VIH positivo; CEPROSAF te brinda asesoría legal ¡Gratis!

Proyecto: Moviendo las respuestas al VIH y Tuberculosis hacia el 90-90-90 y la Sostenibilidad con enfoque en poblaciones clave y vulnerables.

#### Asesórame y Acompáñame

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#### Asesórame y Acompáñame

Servicios de Asesoría jurídica gratuita

### Local human rights networks

A central feature of efforts to address human rights in the HIV response in Honduras is the creation and activities of local networks for the defense and promotion of human rights (*Redes*

de promoción y defensa de derechos humanos) in municipalities around the country, which play multiple roles, and in particular engaging local stakeholders from various sectors.<sup>7</sup> At baseline, 20 such local networks were in operation, supported by CONADEH; the five-year plan anticipated the creation of 15 new local networks, to be animated by civil society organizations.

Since then, CONADEH has continued supporting the 20 local human rights networks that existed at baseline and helped create 5 new ones. These networks are present in 14 of the country's 18 departments, and over the years (dating back to well before the baseline assessment), 198 municipal authorities (of 298 in the country) have been engaged in some form with some educational activity regarding the *Special Law on HIV/AIDS*.<sup>\*\*\*\*\*</sup> An estimated 85% of the networks include representatives of key populations.<sup>+++++</sup> From October 2019 to March 2021, these networks: held 122 meetings to strengthen their work; organized 45 meetings reaching 842 health personnel, and 26 meetings reaching 484 police personnel; organized 13 meetings with municipal authorities, reaching 198 participants; and organized 28 different local public communications and education activities to mark both national and World AIDS Day. In addition, CONADEH prepared an analysis of the existing local networks to inform the work of the three sub-sub-recipients of Global Fund catalytic funding in establishing the 15 new local human rights networks as contemplated in the five-year plan. It also attended to various formal complaints of human rights infringements, printed educational materials on HIV-related stigma and discrimination, hired 3 community outreach workers ("promotores"), and developed a communications campaign regarding the human rights of key and vulnerable populations in the face of COVID-19.<sup>+++++</sup>

In addition, a protocol for the formation of the 15 additional local human rights networks was created in July 2020 to support this activity, drawing on the experience of the existing networks convened and supported for some time by CONADEH.<sup>\$\$\$\$\$\$\$\$</sup> Three sub-recipients (Asociación Kukulcán, CEPROSAF and Liga Lactancia Materna) have each been contracted by the Principal Recipient (Global Communities) to develop and support five such networks in different regions where they are focused.<sup>8</sup> Those 15 networks have been created but are at various stages of development. Some of those more recently formed are developing their workplans and establishing their formal relationships with the relevant municipal governments. Others have been actively implementing or contributing to a considerable range and number of activities as contemplated by



<sup>7</sup> Honduras is divided administratively into 18 departments and 298 municipalities.

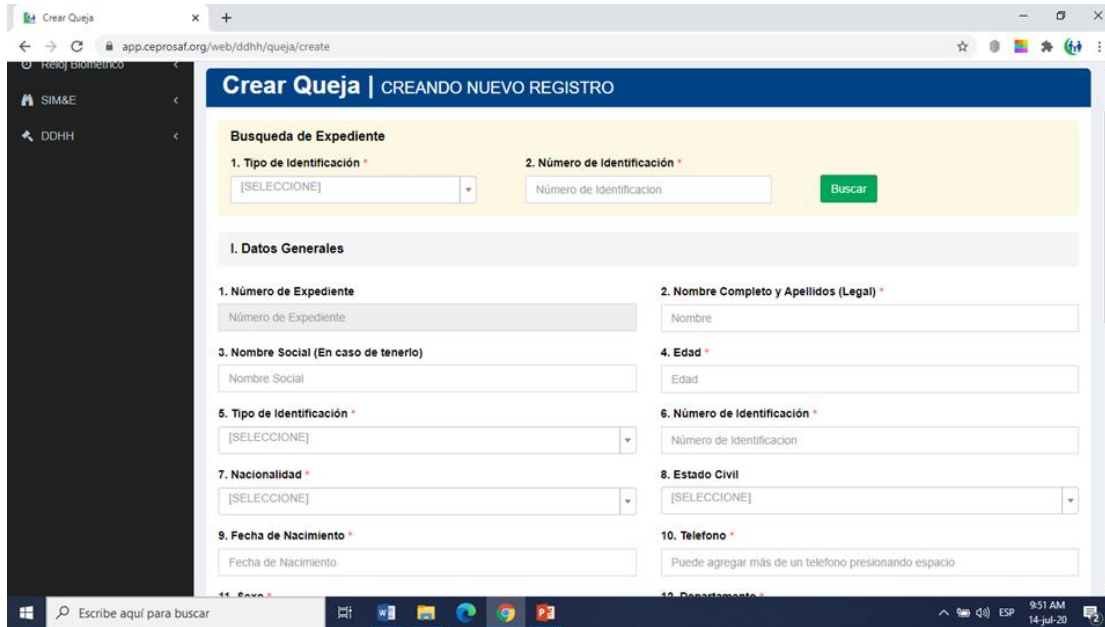
<sup>8</sup> Kukulcán is supporting local networks in the Centro Suroriental (Central Southeast) region, and specifically in the municipalities of El Paraíso (El Paraíso), Catacamas (Olancho), Langua and Amapale (in Valle), and Guimaca (Francisco Morazan). CEPROSAF is supporting local networks in the Atlántico region, and specifically in the municipalities of Tela and Jutiapa (in the Atlántida department) and in Sonaguera, Saba and Santa Rosa de Aguan (in the department of Colón). The Liga de la Lactancia Materna is supporting local networks in the Noroccidente (Northwest) region, and specifically in the cities of Villanueva, Choloma, La Lima and San Pedro Sula (which urban area in fact now has 2 such local networks that are active) in Cortés department, and in El Progreso (Yoro).

the five-year plan, including: activities aimed at raising general public awareness about the human rights of people living with HIV and other key populations and the reduction of stigma and discrimination (this program area 1); specific in-service training on HIV, key populations and human rights with particular target audiences, in particular health care workers (see program area 2) and police forces and prison personnel (see program area 3); community monitoring of human rights concerns (program area 1); building knowledge of human rights among people living with HIV and key populations (program area 4); and the protection and promotion of human rights at the municipal level by engaging a variety of local actors (program area 6). Detailed quarterly reports by the three sub-recipients reveal a significant body of work by the local networks on each of these fronts.

### ***Mechanism for monitoring discrimination and other human rights violations***

The online platform for monitoring discrimination and other human rights violations against people living with HIV and key populations (SIVIDEH) had been operating since 2016. However, because of a lack of financing, it stopped operating in March 2019. The five-year plan identified the strengthening of this system as one of the activities to be pursued. Despite reports from both the Principal Recipient and the Local Fund Agent at the end of 2020 suggesting this activity had “not started”, \*\*\*\*\* in fact the SIVIDEH system was up and running and being used by at least some civil society organizations to report instances of discrimination and other human rights violations. In calendar year 2020, the SIVIDEH system recorded 63 complaints logged by the 3 main sub-recipients (Asociación Kukulcán, CEPROSAF and Liga de la Lactantia Materna). Of the 51 complainants whose HIV status was recorded, 33 were HIV-positive; as might be expected, the majority of complainants lived in the department in which Tegucigalpa (and the twinned city Comayagüela) are located, as well as San Pedro Sula (Cortés), the country’s second largest city; a modest majority identified as gay, lesbian or trans; complainants also included sex workers (both cisgender and trans), prisoners and Garífuna people.††††††††††

There remain some operational issues to be sorted out with SIVIDEH as a common platform. Not all civil society organizations are satisfied with or using SIVIDEH at this time; this will require further attention if the goal is to be achieved of a common, central repository for monitoring discrimination and other human rights violations against people living with HIV and other key and vulnerable populations. Some organizations are using their own internal systems (including online systems). For example, in the period April 2020 to June 2021, the Liga de Lactantia Materna recorded, in its detailed internal database, receiving a total of 66 formal complaints of human rights infringements (of which 60 had been resolved, with others in progress).\*\*\*\*\* CEPROSAF developed and validated its form for receiving complaints of human rights violations (based on a model from Fundación LLAVES), which operates as a Google Form (see below). It has posted and begun to promote online the form to be used to receive complaints of human rights violations, and it has been viewed more than 4500 times (July – Sep 2020). Note also that the national human rights commission, CONADEH, has its own system for registering formal complaints (SIQUEJAS),§§§§§§§§§§ to which access is understandably restricted for reasons of confidentiality.



**Stigma index**

The five-year plan called for the Stigma Index to be conducted a second time, and to include the gathering of data regarding stigma and discrimination experienced by key populations, in addition to people living with HIV. In 2019, REDCA+ (the regional Central American network of people living with HIV) and ASONAPVSIH (the Honduran national association of people living with HIV, a member of REDCA+) conducted Stigma Index 2.0. \*\*\*\*\* It remains a survey of just people living with HIV, but within this population, attends to the particular experiences of members of key populations. Among other things, the results indicate: 60% of respondents had experienced discrimination in the previous 12 months; a significant prevalence of social ostracism and harassment (combined with harassment based on sexual orientation and gender identity, and on engagement in sex work or consumption of illegal drugs); persistent high levels of internalized stigma; persistent concern among people living with HIV about confidentiality; the need for continued legal literacy (“know your rights”) efforts and support services to help people defend their rights when these are infringed. As of the mid-term assessment in July 2021, Asociación Kukulcán, the sub-recipient with the lead responsibility for national activities supported by Global Fund catalytic funding, had initiated discussions with other key stakeholders (including the principal recipient Global Communities, the national human rights commission CONADEH, the Ministry of Human Rights and some other civil society organizations) to develop the terms of reference for the broader stigma index study that will include other key populations; it was expected these would be released soon.††††††††††

**Analysing the human rights of people who use drugs**

It was accepted during the preparation of the five-year plan that there is little discussion of, or data regarding, the links between HIV and drug use in Honduras and more particularly, the extent to which people who use drugs encounter human rights violations and how this may affect HIV prevention, care, treatment and support in this largely unacknowledged population. The criminalization of possession of drugs for personal use, and the lack of any significant harm

reduction services, are troubling infringements of human rights that help structure HIV risk among those who use drugs. The five-year plan identified the need for a study to better assess the situation and determine what action might be required. As of the mid-term assessment, this activity had not moved forward. However, the 2019 PLHIV Stigma Index conducted among people living with HIV by ASONAPVSIDAH and REDCA+ found that 9% of respondents self-identified as someone who uses drugs (and 11% of respondents in total reported having consumed illegal drugs at some point). A third of them reported experiences of familial and other social exclusion, 17% reported having experienced physical violence because of their drug use, one in four reported having experienced verbal abuse, 31% reported that within the last 12 months they feared seeking health services because they feared someone would learn of their current or previous drug use and 21% actually avoided seeking health services for this reason.##### This would seem to further confirm that this is an area at least worth investigating more carefully, as set out in the five-year plan, in the interests of a *comprehensive* response to human rights-related barriers to services. During a recent review of implementation of the five-year plan by country stakeholders, it was observed that stigma and discrimination against people who use drugs is very strong but that there is little information about this vulnerable population in Honduras.##### It is important to note that this activity is not dependent upon conducting the Stigma Index (noted above), although of course that research project would be another opportunity to gather information about human rights violations against people who use drugs, complementing this specific study.

### ***Other activities of note***

Beyond activities supported by the Global Fund catalytic funds, there has been other important work of note since the baseline assessment. For example, in September 2020, SOMOS CDC (the Centro para el Desarrollo y la Cooperación LGTBI) released both the results of its in-depth study of media coverage related to LGBTI people in 5 countries of Central America (including Honduras) and a guide for media on how to cover such issues in a non-stigmatizing, non-discriminatory manner.\*\*\*\*\*

### ***Other observations***

In light of the apparent wide variation in content and approach of various activities, by various implementers, aimed at educating and sensitization various audiences about HIV-related stigma and discrimination, and the human rights of key populations, the baseline assessment recommended the development of a standardized training curriculum or toolkit that could be used more widely, tailored to include information of relevance to particular key populations and target audiences. This activity was ultimately not incorporated into the five-year plan in precisely this form. However, the Plan does call for the development of information, education and communication (IEC) materials that can be used widely to address internalized stigma among PLHIV and key populations and to educate the general population. It also calls for specific activities to train particular target audiences such as health care workers (see program area 2 below) and legal system actors (see program area 3 below), as well as “know your rights” activities among key populations (see program area 4 below). In each of these areas, there are existing materials that have been developed for these purposes. However, the approach seems





least collaborate in, a study of the situation of people who use drugs in Honduras. The study should examine the prevalence of drug use that may give rise to health risks, as well as the HIV risk, human rights abuses and access to HIV (and other health) services of people who use drugs, so as to better “know the epidemic” in Honduras and strengthen accordingly, based on better data, what should be a comprehensive response to human rights-related barriers to HIV services.

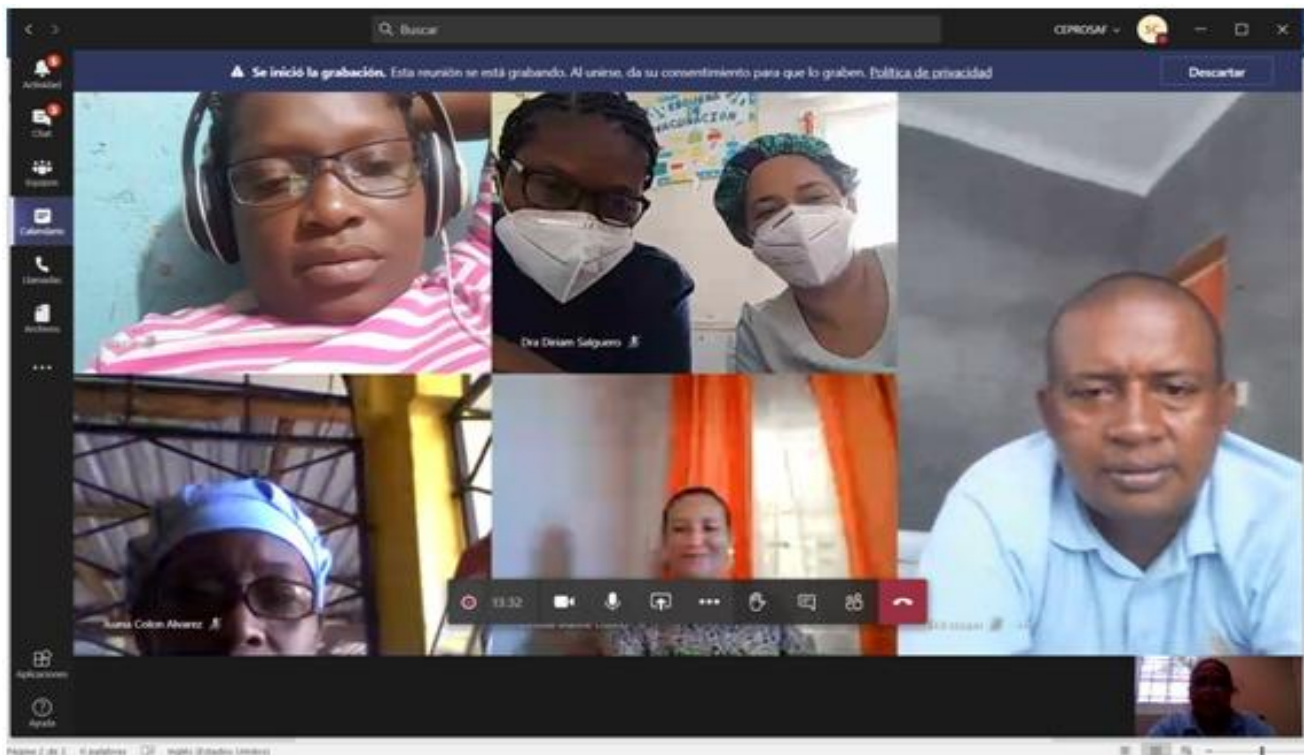
HIV Program Area	Score	
	Baseline	Mid-term
Training of health care workers in human rights and medical ethics	0.0	1.7

The baseline assessment turned up very little information regarding activities to sensitize and train health care workers regarding human rights and ethics in relation to providing care for people living with HIV and key and vulnerable populations. It found that there is “very limited systematic training” for health care workers on human rights and medical ethics in Honduras and “effectively none that is specific to HIV.” At most there appeared to be some *ad hoc* efforts by civil society organizations to deliver some such content to health care settings, but there was no data presented regarding the scope and reach of these activities, and certainly no data regarding impact.

Concerns about discriminatory treatment, breaches of confidentiality and other human rights infringements in health care services continue to be a significant concern repeatedly expressed by participants in the process of developing the five-year plan, by participants in the most recent PLHIV Stigma Index carried out by REDCA+, by key population representatives during roundtables held to inform the development of a new funding request to the Global Fund, and by key informants during the mid-term assessments; they have also been documented in some recent surveys conducted by some civil society organizations, and appear in complaints brought forward to sub-recipients implementing the activity of systematically monitoring discrimination and other human rights infringements (under program area 1 of the five-year plan).#####

As of the mid-term assessment in July 2021, there has been important progress. After long delay, a guide for health services free of stigma and discrimination in relation to people living with HIV and (certain) key populations has been finalized and issued by the Ministry of Health.##### In July 2020, a consultant produced a methodological guide for the training of health personnel on HIV, key populations, stigma and discrimination and human rights.##### These resources have been useful in conducting an important number of training sessions. Since the start of the activities in late 2019 with Global Fund catalytic funding, CONADEH has reached 842 health care workers with training on HIV, key populations and human rights (including through 23 virtual activities conducted in 2020); while there are no formal evaluations of these interventions, in CONADEH’s estimation, judging from what the local human rights networks are observing in their ongoing monitoring, it appears that in at least some areas practices are improving so as to be more respectful of human rights.##### Sub-recipients of Global Fund catalytic funds have also been carrying out such activities, sometimes in coordination with and through local human rights networks that have been formed

in some municipalities. For example, since the start of activities in March 2020: CEPROSAF has conducted training sessions with health care workers that have reached 18 nursing students (in Jutiapa) and 141 health care personnel (in 11 different municipalities);<sup>+++++</sup> Asociación Kukulcán has conducted some trainings with health care workers (e.g., half-day session with 9 health care workers at the STI clinic in Danlí in May 2021);<sup>\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$</sup> and the Liga de la Lactancia Materna has conducted training sessions that have reached a total of 95 health care workers (in 3 different municipalities).<sup>\*\*\*\*\*</sup> The COVID-19 pandemic and related restrictions derailed all planned activities for in-person workshops with health workers and law enforcement personnel. However, virtual training sessions were conducted instead.



There is little data available at this time about the impact of these training sessions. However, by way of follow-up, CEPROSAF had also recently begun a process of community monitoring of the integrated HIV services at two hospitals (one in Tela, one in Tocoa) that involves surveys administered to both service users and service providers; this activity is ongoing.<sup>+++++</sup>

### **Recommendations**

- The next round of funding from the Global Fund should include some funding to support the preparation of some case studies of human rights training sessions with various health care services, including documenting the extent of such activities to date but also capturing, if possible, some information about the impact of such activities. This could be useful in expanding (and improving) such activities in future.
- CONADEH and relevant civil society organizations engaged in “know your rights” activities and the documentation of human rights infringements, including in the context of health services, should be supported to write up some (anonymized) case studies of examples where health services have

changed policy or practice as a result of people filing formal complaints and, often with support, seeking some sort of remedy. These would be useful for the purposes of both further education of health services providers and for advocacy.

- The Ministry of Health must be much more significantly engaged in promoting the existing guide for health care workers on providing services free of stigma and discrimination. This should include leading some sort of ongoing process of training of health personnel, as well as working with the Ministry of Education and academic institutions to integrate such issues into the pre-service training of health care professionals.

HIV Program Area	Score	
	Baseline	Mid-term
Sensitization of lawmakers and law enforcement officials	*	2.0

At baseline, there was very little data available regarding activities to sensitize police, prison personnel or lawmakers regarding HIV and human rights, including the rights of key and vulnerable populations. The baseline assessment reported that there were some *ad hoc*, small-scale efforts by organizations of sex workers, and some CSOs reported working with judges and lawyers to help facilitate the prosecution of human rights abuses, there was little standardization in approaches used and very little data with which to work. While it was not gathered at baseline, and instead noted during the mid-term assessment, it is worth recording that CONADEH has for many years been involved in training police forces regarding human rights; it estimates it has reached more than 11,000 officers to date, including via sessions at the Instituto Técnico Policial.#####

Since the baseline, the five-year plan includes, and the Global Fund grant of catalytic funding is supporting, some significant new activities in this program area, which is encouraging. The COVID-19 pandemic and related restrictions interfered with planned activities for workshops with law enforcement. Nonetheless, between the start of the activities in late 2019 with Global Fund catalytic funding and March 2021, CONADEH had carried out 26 training sessions (including 14 virtual sessions during 2020), reaching 484 police officers, on HIV, key populations and human rights. While there are no formal evaluations of these interventions, in CONADEH’s estimation, participant observation suggests some shifts in attitudes, and in some locations, they are receiving reports from sex workers and trans women that their treatment by police has improved somewhat.#####

Civil society sub-recipients of Global Fund catalytic funding have also been ramping up human rights sensitization activities police, again often using the vehicles of the local human rights networks as a means of engaging this target audience. In July 2020, a guide was finalized for use in training police on human rights, HIV and key populations.##### In La Ceiba, CEPROSAF has trained 67 officers belonging to the various police forces.##### La Liga de la Lactancia Materna delivered training sessions reaching a total of 274 police officers (from three municipalities and the national police).##### However, no progress has been made with respect to implementing routine in-service training for law enforcement. There appears to be no data evaluating the knowledge, attitudes and practices of police officer, and any changes in those as a result of these interventions.



## Recommendations

- The next round of funding from the Global Fund should include some funding to support the preparation of some case studies of human rights training sessions with various police forces, including documenting the extent of such activities to date but also capturing, if possible, some information about the impact of such activities. This could be useful in expanding (and improving) such activities in future.
- The education unit(s) of the National Police of Honduras should collaborate with CONADEH and civil society groups to disseminate some key information about HIV, key populations and human rights to all police officers in the country, and to develop national curriculum accordingly for use in pre-service training of all police officers and in-service training for all existing officers over a defined, reasonable period of time.
- The National Penitentiary Institute should collaborate with CONADEH and civil society groups to disseminate information about HIV, key populations and human rights to all police officers in the country, and to develop national curriculum accordingly for use in pre-service training of all prison worker and in-service training for all prison personnel over a defined, reasonable period of time. The national and municipal roundtables on prison health (“mesa de salud penitenciaria”) can play an important role in advancing this effort.
- CONADEH, the Ministry of Health, the Ministry of Human Rights, the Ministry of Labour should, in collaborate with civil society organizations representing key and vulnerable populations, be funded to undertake ongoing, targeted efforts to sensitize legislators through various means, including dissemination of educational materials and discussion forums, regarding the importance of human rights, including of women and of key and vulnerable populations, to an effective response to HIV, and hence the need for creating an enabling legal and policy environment that protects those rights (including, e.g., the health and rights of women, sex workers, LGBT people, prisoners and people who use drugs, all of which are currently undermined by existing punitive laws).

HIV Program Area	Score	
	Baseline	Mid-term
Legal Literacy (“know your rights”)	*	2.0

At baseline, there was little unearthed by way of legal literacy programs for key populations. There was little information on the extent to which information on human rights was incorporated into existing face-to-face/peer education. It was noted that ICW Honduras had some programming aimed at building women’s capacity to advocate for rights more broadly (e.g., in relation to violence against women), and the National Network of Human Rights Defenders in Honduras had done some work with CSOs related to HIV and human rights. However, there was little data capture, and overall the work was characterized as “largely small-scale and fragmented.” The five-year plan calls for activities to train community health workers (“promotores”) and CSO leaders regarding human rights, as well some training specifically for prisoners as a key population.

As of the mid-term assessment, it seems modest progress has been made. APSONAVSIDAH is working on producing a plan and guide for strengthening PLHIV self-support groups, including in relation to increasing knowledge among PLHIV of their human rights and how to seek redress in case of infringement. However, this “know your rights” guide remains a work in progress. In early 2021, CONADEH has been doing human rights education sessions with PLHIV self-support groups, reaching 152 people living with HIV in different departments. These activities have confirmed the widespread lack of knowledge about the state of the law and its

protections for human rights, as well as lack of knowledge about how to file a complaint and the fear of doing so. \*\*\*\*\* The three sub-recipients supporting the 15 new local human rights networks have engaged in such “know your rights” educational activities to varying degrees in the communities in which they are present ++++++ (and there have been the general “know your rights” efforts with various IEC materials described above under program area 1). Fundación LLAVES and ASONAPVSI DAH have also done joint work to educate women living with HIV in San Pedro Sula about their rights, including in relation to gender-based violence and their sexual and reproductive health. ++++++

**Recommendations**

- The Government of Honduras, the Global Fund and other donors should support (or continue to support) activities to build the human rights literacy of people living with HIV and key and vulnerable populations, in light of the clear lack of knowledge of rights and of how to defend them and seek redress in cases of violations. This should include support for such human rights education among groups of people living with HIV, community outreach workers doing HIV prevention work with key and vulnerable populations, including making use of the forthcoming guide.

HIV Program Area	Score	
	Baseline	Mid-term
Legal Services	*	1.7

The baseline assessment revealed “extremely small scale” activities in this program area, involving very few cases and generally taking the form of a CSWO worker – not necessarily one with any training in the law – providing support and accompaniment to people through the process of filing a complaint of a breach of human rights with the appropriate authority, or occasionally referring them to a legal service where possible and needed. There was insufficient data available at baseline about any of the *ad hoc* efforts to assess their reach any more robustly, but a clear need was identified. As a result, the Five Year Plan includes some activities to scale up access to paralegals or community legal workers (‘asistentes jurídicos’) in some civil society organizations, who can engage in human rights education and promotion activities among key and vulnerable populations, provide basic legal information and support in defending and seeking redress for infringements, and connect people to lawyers when more substantial legal advice and representation is needed (where such services are available).

As of the mid-term assessment, some progress has been made. A training manual on HIV and human rights has been produced for these legal assistants in November 2020, with a particular focus on human rights concerns of women, people living with HIV and LGBTI people. \$\$\$\$\$\$ Each of Kukulcán, CEPROSAF and Liga de la Lactancia Materna went through a process of training and then testing a number of candidates before each hiring a community legal worker/paralegal (“asistente jurídico”) in the first half of 2020, and each has established their relationship with a lawyer retained to provide legal services where needed. \*\*\*\*\* Such services appear to be needed. For example, CEPROSAF has continued to promote online the availability of legal support services, which has been viewed approximately 21,000 times between April 2020 and June 2021; it reports that 34 complaints of human rights violations have been received (of which two were discontinued); it appears that

roughly one-third have been resolved.+++++ La Liga de la Lactancia Materna reported receiving 78 complaints of violations (of which 16 were discontinued); roughly three-quarters of them have been resolved (and of these cases, two-thirds were initiated by people living with HIV and the other one-third by members of other key populations).+++++ However, it appears that limited funds mean that much of the work of lawyers is provided *pro bono*, with only direct expenses covered and not their time; this volunteerism is welcome but does not represent a sustainable approach. It also appears that CONADEH has encountered some bureaucratic difficulties enhancing its staff capacity on this front, which enhancement was contemplated in the five-year plan.+++++ Aside from these activities supported by the Global Fund catalytic funding, Fundación LLAVES has also developed an agreement with the Universidad Nacional Autónoma de Honduras (UNAH) to host 6 practicum law students, although their functions are limited to providing basic legal information, not legal services or representation of individuals in a proceeding.\*\*\*\*\*

**Recommendations**

- The Global Fund and other donors should continue, and ideally increase, support for the community legal workers/paralegals as important contributors to “know your rights” activities, the documentation of cases of human rights violations and the provision of needed support for people to be able to secure protection of their rights and remedies for violations. These community resource persons should be housed in more than just the three current CSOs who are sub-recipients of catalytic funding, and it should also be made clear to all that, while they are based within a given organization, they are accessible to provide services to all in their geographic catchment area who are in need and can be tapped by other organizations.
- The Global Fund and other donors should continue, and ideally increase, support for access to legal services where these are needed to support people living with HIV and members of key and vulnerable populations in seeking protection of their human rights or redress for violations. Country stakeholders should consider collectively identifying a list of such lawyers available to assist, depending on area of expertise and location, and consider earmarking a pot of funding dedicated to covering not only expenses but some contribution toward the time of these lawyers (on a reduced, agreed tariff). Consider whether this funding should be defined with some provisional regional allocations to ensure some equitable minimum level of coverage geographically, which could be adjusted over time as needs emerge with clear, transparent justification provided for reallocations.
- The Global Fund, the Government of Honduras and other donors should strengthen the capacity of CONADEH to investigate complaints of human rights violations by people living with HIV and members of key and vulnerable populations, as it is a key institutional support for those seeking remedies for human rights violations, and strengthening this institution is part of a sustainable response to human rights-related barriers to HIV services.

HIV Program Area	Score	
	Baseline	Mid-term
Monitoring and reforming policies, regulations and laws	*	1.0

Other than reporting some data regarding CONADEH’s tracking of complaints of human rights violations (which activity is more accurately reflected in program area 1, and discussed above), the baseline assessment reported no data regarding activities to monitoring laws and policies and their impact on the health and rights, or advocacy efforts to improve them where needed. However, the mid-term assessment researchers are aware of some ongoing advocacy for many



years by civil society organizations representing people living with HIV and key and vulnerable populations; but a comprehensive review of such activity was beyond the scope of this rapid assessment.

What can be observed is that, based on previous experience and analyses by civil society and entities such as CONADEH, there are number of fronts on which significant law and policy reform is needed, several of which were included in the five-year plan. These included the need for: (1) “municipalizing” the response by engaging municipal authorities across the country in the development of local policies that support and protect the human rights of PLHIV and key and vulnerable populations; (2) much greater effort, including by the Ministry of Labour, to increase employers’ awareness, and compliance with, existing protections against discrimination in the workplace (including ending the frequent demands for HIV testing as a condition of employment); (3) reforming existing law that creates a barrier for adolescents in seeking access to HIV and other sexual and reproductive health services; (4) reform to recognize autonomous sex work as work and better protect the rights of sex workers; (5) enactment of the law on recognition of gender identity and protection of the rights of transgender people; (6) law and policy reform to better protect the human rights of people in prison in relation to HIV, including the rights of people in prison who are living with HIV or belong to additional key populations; (7) greater civil society monitoring of access to HIV and other medications and health technologies and advocacy to address stockouts and other delays in access; (8) advocacy vis-à-vis the government to secure and sustain greater funding commitments to the HIV response, including for activities to reduce human rights-related barriers; and similarly, (9) coordinated civil society efforts to secure funding from other donors, beyond the Global Fund, for activities to reduce human rights-related barriers.

In addition, although not mentioned as separate stand-alone activity, there is consensus that the accompanying *Regulation* under the *Special Law on HIV/AIDS* must be finalized and brought into effect if the benefits of that law, updated in 2015, are to be fully realized. Finally, discussions have continued to identify the prevalence of gender-based violence against women and girls, and LGBT people, and the violation of sexual and reproductive health and rights under current legislation (that criminalizes abortion without exception and that restricts access to contraception, including emergency contraception); these also are gendered, human rights-related barriers for which *part* of the solution is legislative and policy reform.

As of the mid-term assessment, there has been little progress in this area. The principal exception is in the area of engaging municipal authorities in discussion of HIV-related human rights concerns, in particular via the work of the local human rights networks (described above in program area 1). This is a work in progress and the extent to which it has yet resulted in specific policy changes at the municipal level is difficult to assess in any comprehensive way. Rather, what has been reported are instances in which there is greater openness and engagement of municipal actors in discussions of human rights, and some important instances of municipal authorities showing leadership in publicly supporting human rights of people living with HIV and/or members of key and vulnerable populations, which are welcome developments and the result of ongoing effort by local human rights networks and the organizations supporting

them (e.g. CONADEH and civil society sub-recipients). In other instances, even in the absence of an existing local human rights network, local-level advocacy can yield important steps forward. By way of example, in Puerto Cortés, the Liga Lactancia Materna has been able to build on its ‘inreach’ into the small prison there doing HIV testing to also start raising human rights issues such as confidentiality. This has led to a follow-up meeting with the participation of different civil society organizations alongside local authorities, and then to the formation in July 2020 of a local committee tasked with monitoring access to health care inside the prison. Thirty local organizations are affiliated in some way with this committee, which is being convened and supported by CONAPREV, the national mechanism for the prevention of torture and other cruel, inhuman or degrading treatment (Comité Nacional de Prevención Contra la Tortura, Tratos Crueles, Inhumanos o Degradantes).+++++

There has also been work in recent years by a coalition of different civil society organizations, representing a wide range of communities that experience human rights violations (including various LGBT groups, women’s rights organizations, sex worker groups and others), to develop a proposed new law on equality and equity (*Anteproyecto de Ley de Igualdad y Equidad*), recently released earlier in 2021. At this stage, it remains a call for law reform by civil society, but enactment of stronger protection against discrimination on wide range of grounds would be a welcome addition to the legal environment for Honduras’ HIV response. Ultimately its significance, as with existing legislation, is the degree to which it is enforced and those experiencing human rights violations have access to the resources to ensure it is respected, and the extent to which responsible actors in the legal system (e.g., the public ministry’s prosecutors, CONADEH) have the will and capacity to enforce it – hence the importance of investments in other program areas such as “know your rights” activities (program area 4) and access to legal services (program area 5).

### **Recommendations**

- CONASIDA should review and identify necessary changes to modernize the Special Law on HIV/AIDS in light of developments in science and human rights standards since it was adopted in 2015, but should also engage civil society organizations in some reflection as to whether and when pressing for such legislative reforms is politically strategic and a priority. The regulation under the law (Reglamento de la Ley Especial de VIH) should be finalized and brought into force. However, before doing so, the provisions in Articles 103-105 of the regulation, which impose unqualified and indefensibly broad legal obligations to disclose one’s HIV-positive status, should be repealed. Additionally, Article 106 of the regulation, which imposes criminal liability for HIV transmission, should be repealed or at least revised to conform with international recommendations (e.g., from UNAIDS, UNDP, the Global Commission on HIV and the Law and certain human rights treaty bodies) to limit any application of the criminal law to cases of actual, intentional transmission of HIV. In keeping with the national HIV law and its mandate to ensure human rights in the workplace, the Ministry of Labour (Secretaría de Trabajo), in conjunction with the Ministry of Human Rights (Secretaría de Derechos Humanos) and CONADEH, and in collaboration with civil society organizations representing people living with HIV and key populations, should enhance its efforts to ensure that employers, both public and private, as well as workers’ representatives, are aware of the legal obligation not to discriminate on various grounds, including demanding HIV testing as a condition of employment, or terminating or otherwise , which is expressly forbidden. They should engage both the national association of private employers (Consejo Hondureño de la Empresa Privada, COHEP) and unions (including also the national federation, the Central General de Trabajo, CGT) in this effort. CONASIDA should also play an active role in this regard.

- The National Congress should approve without delay each of the following: (1) the bill enacting the Gender Identity Recognition Law (Ley al Derecho del Reconocimiento Legal de la Identidad de Género a Personas Transexuales y Transgéneros), to bring domestic law into compliance with international legal obligations, as recognized by the Inter-American Court of Human Rights; (2) the legislative reforms proposed by sex worker groups to provide legal recognition for their work as such and greater protection for their human rights; and (3) the new proposed law to protect against discrimination on a wide range of grounds (Ley de igualdad y equidad).
- The National Register of Persons (Registro Nacional de las Personas, RNP) should reform the regulation under its governing statute to enable persons to change their name in their national identification documents in accordance with their self-defined gender identity.
- The Ministries of Human Rights, of Health, and of Justice and Governance should, in consultation with organizations responding to violence against women and organizations representing women in all their diversity, should develop an comprehensive law on preventing and responding to gender-based violence. Such a law should: include reforms to correct changes to the Penal Code that have actually reduced penalties for all forms of sexual abuse; require proactive measures (supported by budgetary commitments) by government and support proactive measures (including with funds) by civil society organizations to change harmful gender norms that contribute to such violence and impunity for committing it; and strengthen (including with budgetary commitments) access to services for those who experience such violence.
- The Global Fund and other donors should consider providing funding specifically to support community-level mobilization (e.g., via the local human rights networks where these exist, as well as community organizations working with and representing key and vulnerable populations) to engage in coordinated advocacy campaigns in support of needed national law reforms (such as those identified above). This could take the form of an earmarked ‘advocacy campaigns fund’ and its oversight and allocation to participating community organizations and local human rights networks could be managed transparently by a grouping such as the national Platform on HIV and Human Rights (Plataforma VIH y Derechos Humanos).

HIV Program Area	Score	
	Baseline	Mid-term
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	*	1.0

As noted above, there is pervasive gender inequality and a high prevalence of gender-based violence in Honduras; it was widely recognized at the time of the baseline assessment that such violence and the harmful gender norms in which it is rooted are serious factors increasing the vulnerability of women and girls to HIV infection and impeding their access to health care. There have been previous recommendations to strengthen a gender-informed response to HIV in Honduras, including, among others, integrating gender issues into the national strategic plan on HIV, and integrating HIV into GBV services and attention to GBV into HIV services. The baseline assessment identified very few programs focusing on the intersection between HIV and gender – only one organization (ICW Honduras) had a program aimed at building capacity, in four municipalities, among key populations to understand and advocate for the protection of human rights, including sexual and reproductive health and freedom from gender-based violence, and there was no other data available. The five-year plan incorporated the gist of the baseline assessment recommendations to mobilize women’s groups and support networks against gender-based violence and support survivors, to train health staff, implementing community- and school-level campaigns to shift

harmful gender norms, and undertake mass media campaigns in which issues of GBV (including as it affects key populations) could be incorporated.

However, there has been very little progress in implementing the specific activities contemplated in this program area of the five-year plan, seemingly in part due to the disruptions occasioned by COVID-19 and natural disasters (as with several activities), and in part because of the delays in sorting out the arrangements regarding which organizations would be responsible for implementing which activities with Global Fund catalytic funding. At the time of the mid-term assessment in July 2021, conversations were ongoing between the sub-recipient with lead responsibility for ensuring implementing of national-level activities (Asociación Kukulcán) and the sub-sub-recipient it was anticipated would be contracted to implement 5 of the 6 interventions in this program area of the five-year plan (Fundación LLAVES), and no contract with workplan and budget had yet been put in place. In particular, these interventions are to include: the collection and dissemination of data on gender-based violence as a key HIV risk factor; community mobilization activities to reduce gender-based violence and improve access to services for survivors; carry out a Stigma Index research project specifically documenting the experiences of women and girls living with HIV; build capacity for women's groups regarding HIV and human rights (including in relation to sexual and reproductive health and rights); and the development of a protocol on comprehensive sexual and reproductive health care for women in the context of HIV (including women living with HIV, sex workers and trans women) and its use in delivering workshops for health care personnel to ensure better access to quality, rights-respecting services.

Unfortunately, if not entirely surprisingly, there has also been no progress of the final intervention contemplated in this program area in the five-year plan, namely resuming the implementation of the sexuality and sexual health education guides (*Cuidando my salud y mi vida*) that had previously been developed for teachers to use at various school levels. There is resistance in multiple quarters, including from some teachers and conservative religious organizations, and the government (the Secretary of Education) is insufficiently committed to implementation.

However, while the implementation of these activities with the catalytic funding from the Global Fund has not moved forward, there have been some important initiatives undertaken with support from other sources. With funding from the EU's Spotlight Initiative and Oxfam, Fundación LLAVES conducted a study on the links between violence against women and girls, HIV and COVID-19; the study was limited by virtue of being online, meaning a significant proportion of women lacked access, but nonetheless provided new data to inform advocacy and service delivery. It found that more than 70% reported being aware of their rights, and 57% were aware of laws and policies against such violence, suggesting the benefits of "know your rights" activities. However, more than half of women living with HIV reported having been counselled against getting pregnant because of their HIV+ status, and the study and related follow-up inquiries turned up 18 cases (so far) of women who reported having been involuntarily sterilized – some of which cases LLAVES and lawyers are taking before the Inter-American Commission on Human Rights. It also found that while nearly 60% of women experienced

support from their partner upon disclosing their diagnosis, almost 4% experienced violence and 15% reported feeling threatened. All of the women reported receiving emotional abuse related to their HIV diagnosis from someone, more than half had experienced verbal threats (from partners, neighbours or family members), significant percentages of them reported experiences of their (male) partners refusing to use a condom or otherwise engaging in non-consensual sex, and 30% reported experience either physical or sexual violence related to their HIV status. The researchers recommended continued and strengthened efforts to reduce HIV-related stigma and discrimination, ensure women know their rights and where to seek support in cases of violence (including some efforts specifically to reach girls and adolescents), greater training for health care workers specifically on women's sexual and reproductive rights and on how to monitor for violence against women and provide support when it's identified, and greater support for women when disclosing to their partners. \*\*\*\*\* Fundación LLAVES has also developed training materials for service providers regarding the links between HIV and violence against women and girls. ++++++

### **Recommendations**

- The issue of violence against women, and gender-based violence more broadly, needs to be better incorporated into the HIV response. For example, the National Strategic Plan on HIV should expressly address VAW and GBV, including with specific measures for prevention, education, research into the links between such violence and HIV, and measures to ensure that both HIV service providers are sensitized to such violence and that service providers working with those who have experienced or are at risk of such violence are knowledgeable about HIV and providing accessible, stigma-free services to women and LGBTI people living with HIV. At a programmatic level, this would also mean ensuring that specific tools and guidance (e.g., the Guide for health services free of stigma and discrimination), as well as training for service providers, includes such material and supports integration and coordination between such services. In addition, IEC materials for mass media campaigns to reduce stigma and discrimination (see program area 1 above) should incorporate information on gender-based violence and harmful gender norms that fuel it.
- To comply with its international legal obligations in relation to human rights and protect the sexual and reproductive health and rights of women and girls, the National Congress should repeal the criminal prohibition on abortion and restrictions on access to emergency contraception.
- Building on previously developed material (e.g., the Cuidando mi salud y mi vida guide), the Ministries of Education, Health and Human Rights should develop, in collaboration with civil society (including women's organizations and LGBTI organizations), a comprehensive sex education curriculum that can be incorporated, progressively and in an age-appropriate manner, into the school system curriculum, so as to protect and promote the sexual and reproductive health and rights of all Hondurans.

### **Cross-Cutting Issues related to Quality Programming and Sustainability**

This section looks at cross-cutting considerations that span HIV and TB program areas and are critical to ensuring the quality and sustainability of programming to remove human rights-related barriers.

The Global Fund's definition of comprehensive programs stresses the importance of quality, stating that activities should be internationally recognized as effective in removing human rights-related barriers to HIV and TB. A number of key elements of quality have been identified,

including alignment with national strategies; integration into or linkage with prevention, treatment and key population services; combining multiple human rights programs for enhanced impact; avoidance of duplication and gaps; strengthening rights human capacity towards sustainability; addressing the contexts of beneficiaries; and robust monitoring and evaluation.

The systematic collection of data on quality indicators on individual programs to remove human rights related barriers went beyond the scope of this assessment. However, based on key informant interviews with implementers, community organizations, UN agencies, and donors, as well as reviews of program data for certain programs and activities, a number of key components of quality are discussed below.

### **Strengthening monitoring and evaluation**

It was initially discussed that the working group involved in developing the five-year plan would play an ongoing role in guiding and overseeing the implementation of the plan (which was to be partially supported by the already-committed USD 900,000 in catalytic funding from the Global Fund). However, this ultimately did not happen as envisioned, nor did the Strategic Monitoring Committee of the CCM appear to take on this responsibility. (Note that the Global Fund determined that the CCM itself needed some significant reform, which process has been underway for some time.)

A monitoring and evaluation (M&E) adjunct to the five-year plan was developed at the time of its elaboration (and formed part of what was ultimately approved by the CCM in April 2019). This consisted of 3 annexes: (1) a summary M&E plan, (2) a much more extensive plan in relation to the various activities in the five-year plan, and (3) proposed “work plan tracking measures” required as a component of the Global Fund grant, reflecting a limited number of the activities correlating to the larger portions of the costed budget accompanying the Plan. However, it is apparent that these are not well known by many stakeholders. As noted during the case study in 2020, “participants mentioned that the Plan must have a monitoring and evaluation plan, which should involve all sectors. Many respondents mentioned this as something that should be done, but the monitoring and evaluation plan already exists, which indicates that it is not in the knowledge of everyone involved.” In July 2020, another, much more limited M&E plan was prepared, but it seems to not have drawn to any considerable degree on what had already been prepared in relation to all the activities in the five-year plan; it remains unclear why this was necessary and the indicators appear less focused and robust than the original M&E plan developed. There also appears to be a lack of clarity regarding responsibility for monitoring and evaluating the implementation of the five-year plan.

### **Inadequate awareness of plan and transparency regarding implementation**

The multi-stakeholder meeting to start the development of the five-year plan to reduce human rights-related barriers included a wide range of stakeholders (although there was much more engagement by civil society than by government actors), and the process of then developing the plan and its ultimate approval by the CCM, was one in which information was widely shared and there were opportunities for participation and input, at least by those organizations that chose to engage. However, since then, it appears that there has been inadequate communication

regarding the Plan and its contents, and regarding its implementation, including updates on specific activities being implemented by different recipients of the catalytic funding from the Global Fund.

Beyond the issue of the specific approach to M&E of the five-year plan – or at least monitoring and evaluation of the activities within the Plan that were ultimately incorporated into the three-year catalytic funding provided by the Global Fund (August 2019 – July 2022) – there appears to be little familiarity with the five-year plan itself as finally adopted by the CCM. A case study of the process in mid-2020 found that the five-year plan was not yet publicly available online on the CCM’s website, more than a year after it had been adopted, and civil society organizations as a whole were unclear as to the contents of the final plan. This also became apparent during some key informant interviews during the mid-term assessment in July 2021.

Similarly, aside from the Principal Recipient and perhaps the sub-recipients who are receiving some funds from the PR to implement specific human rights programs, there appears to be little knowledge of which human rights activities from the five-year plan were ultimately incorporated into the Global Fund and the amounts budgeted for them. Issues of transparency and accountability, and the need for greater communication and meaningful involvement of affected communities in shaping response to HIV, surfaced repeatedly in the course of document review (including reports from national dialogue tables) and key informant interviews.

A lack of transparency can contribute – indeed appears to have already contributed to some degree – to misunderstanding and tensions between various actors, which is not helpful for an effective and coordinated response to human rights-related and gender-related barriers in the HIV response. Such efforts are already challenging in a context marked by a dominance of conservative political opposition to important human rights initiatives, as well as a lack of transparency and documented instances of corruption in the management of government funds, and frequent impunity for such corruption as well as human rights abuses.

The HIV and Human Rights Platform (“Plataforma de VIH y Derechos Humanos”) comprises numerous civil society organizations around the country, representing key and vulnerable populations, some of whom are also implementers of activities to reduce human rights-related barriers in the HIV response – including certain activities set out in the five-year plan, some of which are supported by catalytic funding from the Global Fund. As such, the Platform should play a key role in monitoring implementation of the five-year plan, as well as ensuring that information about the Plan and activities being implemented, are shared widely, in the interests of mutual accountability and transparency.

### **Attention to some specific sub-populations**

Aside from monitoring and evaluating the implementation of activities already incorporated into the five-year plan, two noted gaps are the need to strengthen the plan with activities specifically in relation to the human rights needs of Garífuna communities and of male sex workers. In this regard, it is worth noting that, in the implementation of some of the activities in the five-year plan – and in particular the work of some of the local human rights networks – there has been some

increased engagement of, and attention to, Garífuna communities; but there remains considerable room for improvement.

### **Need for strengthened government engagement**

The National HIV Program, housed within the Ministry of Health, was discontinued in 2015; Honduras is the only country in the region without such a program. All the currently remains is one person named as a “focal point” on HIV. Meanwhile, the state of the national AIDS council remains a further indicator of institutional weakness in the HIV response. Under the *Special Law on HIV*, the national AIDS council (Consejo Nacional para Prevención y Control del SIDA, or CONASIDA), established in 2016, is intended to play both a “technical consultative” function and a “policy-deciding” function. In its technical function, it consists of a wide range of members and stakeholders from different sectors (including government ministries, civil society organizations, private employers, municipalities, the education sector, and two religious representatives). In its policy-making function, it includes as members several relevant government departments, the national association of people living with HIV (ASONAPVSIDAH), the national civil society forum on HIV (FOROSIDA) and two representatives of key populations. However, while the Council has been performing technical functions, its policy-deciding function has never been fully realized, an ongoing weakness in the commitment of the country – and in particular the government – to a coordinated, effective national HIV response. However, the political governing body has not met since December 2016, according to information available at the time of the mid-term assessment – is an ongoing structural problem that is widely recognized (including in the current National Strategic Plan on HIV) that is hindering an effective national response. Meanwhile, the Ministry of Labour and Social Security has done little to promote knowledge of, and compliance with, the applicable legal protections against discrimination (including the widespread problem of demands by employers for HIV testing as a condition of employment), and the Ministry of Human Rights remains weak.

### **Strengthening of civil society capacity as implementers**

As was noted during the case study evaluating the process of developing the five-year plan, the experience of the year since the Plan was adopted has confirmed that there is an ongoing for greater capacity within civil society organizations implementing the plan, particularly in relation to project management and financial administration.

### **Donor landscape**

The Global Fund is the only donor providing significant funds to support programs aimed at reducing human rights-related barriers to HIV services. For the 2019-2022 funding cycle, this amounts to USD 900,000 in matching funds (ostensibly accompanied by approximately USD 238,000 committed from the main allocation) to support prioritized activities from the five-year plan. However, given that the implementation of activities supported by these funds only began in late 2019, with things further complicated by the COVID-19 pandemic as of March 2020 and then two severe natural disasters in November 2020, it may be challenging to fully implement these activities, and invest the committed resources, by the end of the current grant in July 2022. (The Global Fund allocation for Honduras for the period 2022 to 2025 includes a renewed



commitment of matching funds in the same amount of USD 900,000, conditional upon Honduras increasing the proportion of its main allocation grant dedicated to programs to reduce human rights-related barriers.)

In January 2020, the Global Fund also approved a three-year regional grant, in the amount of USD 10.5 million, to a regional consortium consisting of the Alianza Liderazgo en Positivo (ALEP) (comprising 6 networks of people living with HIV) and 4 regional networks of key populations, with technical support from the Dutch cooperation agency Hivos as principal recipient. The project is focused on supporting the sustainability of HIV services in Latin America and the Caribbean and includes a human rights component – specifically the development and implementation of regional, subregional and national program to address stigma and discrimination against people living with HIV and other key populations, based on the findings of the stigma index (completed in 2019).\$

USAID/PEPFAR is the only other donor investing in the HIV response in Honduras to any comparable degree, although its support focusses on activities in relation to HIV prevention among key populations and strengthening health systems, and not primarily on human rights-related barriers. However, it should be noted that in its directions for regional operations in Central America for 2020, the US Department of State directs PEPFAR teams to either fund host country implementation, led by PLHIV networks, of the revised Stigma Index 2.0 or to complement Global Fund or other donors financing its implementation, \*\*\*\*\* and also earmarks funds, including in Honduras, specifically for work to address gender-based violence (details of which were not available).+++++ Note as well that USAID has provided funding for two relevant projects implemented by CONADEH: (1) with funding via the Fundación para la Alimentación y Nutrición de Centro América y Panamá (FANCAP), CONADEH has been undertaking a project to train personnel in various government institutions regarding human rights of people living with HIV and key populations; and (2) Plan Internacional Honduras, in collaboration with CONADEH and REDCA+, has developed in 2020 a course on the rights of LGBTI people, with implementation planned for 2021.+++++

There have been previous instances of bilateral donor support for activities aimed at defending and advancing the human rights of key populations.\$ For example, in 2016, the Embassy of Germany in Honduras funded a project by RedTraSex Honduras (also known as Red de Mujeres Unidas por Nuestros Derechos or REDMUDE) to do human rights literacy training and support among sex workers and to sensitize both the National Police and Military so as to reduce their abuses against sex workers such as arbitrary detentions and acts of violence. The European Union, Oxfam and UNICEF have recently funded specific activities aimed at reducing human rights-related barriers to HIV services, such as the development of training materials on the links between HIV and violence against women, and the development of a public education campaign (covering 8 cities in the department of Cortés) to promote the human rights of children and adolescents to better secure their access to HIV treatment, enjoyment of their sexual and reproductive health and rights, and freedom from violence.\*\*\*\*\* Meanwhile, Plan Internacional is similarly supporting some work on gender and HIV.

## **Recommendations**

- Given the challenges experienced with implementation of the five-year plan, as has been previously recommended, the CCM, as the body that approved the plan and brings together various stakeholders, should develop a simple summary version, including infographics, that will help popularize it and build a sense, among civil society and various government stakeholders, of common ownership of, and commitment to, the initiatives called for in the plan. Better yet, this should be an initiative of the CCM in collaboration with CONASIDA, and ideally also with the CSOs that belong to the Plataforma Derechos Humanos y VIH, CONADEH and at least the Ministries of Health and of Human Rights (although ideally other relevant government ministries, such as Labour and Education, would also endorse and disseminate). This summary could also be useful for engaging other potential donors, beyond the Global Fund, that are needed to sustain these human rights over the longer term.
- The National HIV Program within the Ministry of Health, discontinued in 2015, should be reinstated with appropriate budgetary support.
- The national AIDS council, CONASIDA, needs to be reconvened, and in particular its “policy-making” function activated, with appropriate budgetary support.
- The Ministry of Labour and Social Security (Secretaría de Trabajo y Seguro Social) needs to strengthen its institutional commitment to ensuring respect for human rights in the workplace of people living with HIV and key populations, by disseminating and promoting information to employers (including private sector) and unions, as well as popularizing this norm to the general public.
- In keeping with the National Public Policy and Plan on Action on Human Rights, and the strategic priority accorded to human rights in the new national strategic plan on HIV/AIDS, the Ministry of Human Rights needs to back up its stated commitment to protecting and promoting the human rights of people living with HIV and key and vulnerable populations with concrete actions, including its active engagement in, and contribution to, the work of CONASIDA and the implementation of various actions in the five-year plan.
- The national human rights commission, CONADEH, needs to be provided sustained, adequate funding to carry out its activities, including those supporting civil society capacity-building and mobilization), so as to help give effect to human rights provisions that exist in law but not necessarily in practice and to ensure accountability for infringements of human rights of people living with HIV and key and vulnerable populations. To some degree, catalytic funding from the Global Fund can and should be used for this purpose, but this should also be reflected in the matching funds committed from the main allocation of funds to Honduras by the Global Fund and in domestic funding by the Government of Honduras.

## Part III. Emerging Evidence of Impact

By reducing and removing rights-related challenges to access HIV and TB services, the *Breaking Down Barriers* initiative aims to improve uptake of, and retention in, services for affected communities. At mid-term of the initiative, there is some emerging evidence of impact of programming to reduce human rights-related barriers – these programs have resulted in greater knowledge and empowerment of communities to defend human rights, greater engagement of various target audiences in learning about human rights, and a greater mainstreaming of human rights into the national HIV response].

### Local networks for the promotion and defence of human rights

The local human rights networks – now expanded to 40 in number – are seen as an important mechanism in the overall effort to defend and promote human rights of people living with HIV and key and vulnerable populations. They already do, or could potentially, advance multiple program areas in the five-year plan, including public education activities to reduce stigma, discrimination and human rights violations; monitoring of human violations; training of health care, police, prison personnel or other local service providers or authorities on human rights; and monitoring and advocating for legal and policy reform.

Such networks are important from the perspective of both *integration* and *sustainability*. Their very design and purpose is to bring together a wide range of local stakeholders, including municipal decision-makers, local police, health care providers, community leaders, private sector (e.g., employers), local organizations, people living with HIV and members of key and vulnerable populations. This process of engagement is essential, and can yield returns, such as instances where local municipal leaders have joined other, civil society members of the local network in appearing in local media to raise awareness of HIV and human rights (e.g., on World AIDS Day).

Furthermore, by integrating the issues of HIV and of human rights into the consciousness and activities of these different actors, they also increase the prospect of a sustainable response to HIV that is informed by an awareness of human rights. They increase knowledge at the local level of human rights and how they are, or should be, protected and respected, not only through outreach and engagement with local authorities and powers-that-be, but also among people living with HIV and key and vulnerable populations. This greater legal literacy and access to support when encountering human rights violations means a greater likelihood of being able to seek redress, and a change in policy or practice, in the event such occurs. It also could mean that there is a greater capacity to mobilize communities in a coordinated fashion and from around the country to engage in longer-term advocacy for legal and policy reform, including at the national level – e.g., in relation to the priorities identified in the five-year plan.

One of the greatest challenges is the lack of sufficient funding to sustain the activities of these local networks, including the participation of community members, including from key populations, who are expected to do all of this work for free – something that is simply not possible for many, given high levels of poverty for a majority of people. Enhanced, direct

investment in building the capacity of local communities to undertake ongoing defence and promotion of human rights is needed and would be in keeping with the spirit of the greater and meaningful involvement of people living with HIV and key populations, and in keeping with the call for support for community-led responses to HIV.

# Annex I. Summary of Recommendations

To strengthen and sustain the enabling environment, reach comprehensiveness and achieve impact, the mid-term assessments makes recommendations in the following areas. For more details, see the table with the comprehensive set of recommendations.

To reach comprehensiveness and achieve impact, the mid-term assessments makes the following recommendations.

## Key Recommendations

### Creating a Supportive Environment

- The Country Coordinating Mechanism (CCM), along with the Principal Recipient and the civil society Platform on HIV and Human Rights (Plataforma VIY y DDHH), should agree on a multi-stakeholder mechanism for monitoring and evaluating the implementation of the five-year plan.

### Programmatic Scale-up

- The Global Fund and other donors should continue or enhance support for the implementation of activities in the five-year plan, which is only partially funded at this time.
- The Global Fund and other donors should ensure support to sustain the work of existing local “human rights promotion and defence” networks, which play an important role in implementing activities in multiple program areas of the five-year plan, and should enhance support to increase the number and reach of such local networks, as part of supporting a comprehensive, national response to human rights-related barriers to HIV services.

### Programmatic Quality and Sustainability

- The CCM, the Principal Recipient and any sub-recipients of catalytic human rights funding, should proactively popularize the five-year plan of action and regular updates regarding its implementation, vis-à-vis both civil society and relevant government.
- The Government of Honduras should take proactive steps to strengthen government engagement in reducing human rights-related barriers to HIV services. This should include issuing a clear directive from the highest level that relevant ministries (e.g., health, human rights, labour, justice, education) are to engage in activities within their purview to reduce such barriers, including participating in and supporting the work of CONASIDA and implementing the relevant activities in the five-year plan. Budgetary allocations to support this work, and that of the national human rights commission (CONADEH), should accompany this directive, including the reinstatement of the National HIV Program within the Ministry of Health. The Government should also commit to working with civil society organizations, particularly those representing people living with HIV and key populations, to bring forward necessary reforms so as to remove harmful laws and policies impeding access to HIV services and to better protect human rights.

## Comprehensive Recommendations

Cross-cutting	
<b>Creating a supportive environment</b>	<ul style="list-style-type: none"> <li>The Global Fund should consider requesting the newly-reformed CCM, in discussion with the Principal Recipient, the sub-recipient implementing human rights activities, and the civil society Platform on HIV and Human Rights (Plataforma VIY y DDHH) to agree on some sort of body or mechanism that is responsible for overseeing and supporting the implementation of the five-year plan. This body should include representatives from civil society and government. It should include representatives of key and vulnerable populations, and there should be specific attention paid to ensure that young people and women within those key populations are included.</li> </ul>
<b>Programmatic quality and sustainability</b>	<ul style="list-style-type: none"> <li>Given the challenges experienced with implementation of the five-year plan, as has been previously recommended, the CCM, as the body that approved the plan and brings together various stakeholders, should develop a simple summary version, including infographics, that will help popularize it and build a sense, among civil society and various government stakeholders, of common ownership of, and commitment to, the initiatives called for in the plan. Better yet, this should be an initiative of the CCM in collaboration with CONASIDA, and ideally also with the CSOs that belong to the Plataforma Derechos Humanos y VIH, CONADEH and at least the Ministries of Health and of Human Rights (although ideally other relevant government ministries, such as Labour and Education, would also endorse and disseminate). This summary could also be useful for engaging other potential donors, beyond the Global Fund, that are needed to sustain these human rights over the longer term.</li> <li>The National HIV Program within the Ministry of Health, discontinued in 2015, should be reinstated with appropriate budgetary support.</li> <li>The national AIDS council, CONASIDA, needs to be reconvened, and in particular its “policy-making” function activated, with appropriate budgetary support.</li> <li>The Ministry of Labour and Social Security (Secretaría de Trabajo y Seguro Social) needs to strengthen its institutional commitment to ensuring respect for human rights in the workplace of people living with HIV and key populations, by disseminating and promoting information to employers (including private sector) and unions, as well as popularizing this norm to the general public.</li> <li>In keeping with the National Public Policy and Plan on Action on Human Rights, and the strategic priority accorded to human rights in the new national strategic plan on HIV/AIDS, the Ministry of Human Rights needs to back up its stated commitment to protecting and promoting the human rights of people living with HIV and key and vulnerable populations with concrete actions, including its active engagement in, and contribution to, the work of CONASIDA and the implementation of various actions in the five-year plan.<sup>10</sup></li> </ul>

<sup>10</sup> Recall that the five-year plan was accompanied by a mapping linking its activities to both the (then-current) national HIV strategic plan and the national *Public Policy and Plan of Action on Human Rights*.

- The national human rights commission, CONADEH, needs to be provided sustained, adequate funding to carry out its activities, including those supporting civil society capacity-building and mobilization), so as to help give effect to human rights provisions that exist in law but not necessarily in practice and to ensure accountability for infringements of human rights of people living with HIV and key and vulnerable populations. To some degree, catalytic funding from the Global Fund can and should be used for this purpose, but this should also be reflected in the matching funds committed from the main allocation of funds to Honduras by the Global Fund and in domestic funding by the Government of Honduras.

## HIV-related recommendations by program area

### Stigma and discrimination reduction

- An organization should be tasked with conducting a scan and compilation of as much of the existing human rights training material as possible, so this can be assessed (by both civil society and government stakeholders) and a decision made about whether to develop a common ‘core’ curriculum – that would ideally be ‘owned’ and promoted jointly by civil society organizations and government entities – to ensure quality and consistency of information and messaging to various target audiences. It would be advisable to also develop a specific tool and methodology for evaluating the use of such material in training sessions with various audiences, as this data is often lacking and, as noted during the baseline, it is difficult to draw clear conclusions about how effective such interventions are proving.
- Consider developing a cadre of peer community human rights educators, drawn from among people living with HIV and key populations, who are properly trained, with some sort of recognized certificate of completion, regarding human rights, using this standardized curriculum or toolkit. These peer educators should be paid to develop this knowledge basis and then supported with a stipend to engage in peer and community education on an ongoing basis. (Note that such community educators could play even more valuable roles as members of local human rights networks engaging with local decision-makers and service providers.)
- Given the central role ascribed to local human rights networks in implementing, or contributing to the implementation of, various activities in the five-year plan to reduce human rights-related barriers to HIV services, and that “municipalizing” the response also increases the prospect of a more sustainable, lasting change in respecting and protecting human rights, the Global Fund, other donors and the Government of Honduras should ensure that both CONADEH and civil society organizations are adequately resourced to sustain, and in fact expand, this work supporting these local-level mechanisms. This should include funding to support the participation of community members whose participation is currently entirely voluntary (whereas at least some of the participants representing local service providers or municipal entities such as police and health care facilities do so as part of their paid employment).
- The next Global Fund grant should allocate some funding for a review of a select number of these local human rights networks, documenting how they function and some of the successes they have had and challenges faced, and capturing lessons that can inform their work and that of other local networks in future. The results should be summarized in an accessible fashion and disseminated widely to further strengthen this activity.<sup>11</sup>
- The Global Fund, in coordination with funders such as USAID/PEPFAR, should ensure that there is adequate funding budgeted for the implementation of the expanded Stigma Index, as envisioned in the five-year plan, that would include not only people living with HIV but other key and vulnerable populations.

<sup>11</sup> Note that in 2020, as part of the effort to inform the development of additional local networks, CONADEH prepared a summary of some experiences and lessons learned regarding the work of some of these networks it has been supporting: CONADEH, *Diagnostico situacional del trabajo desarrollado como Redes de Promoción y Defensa de los Derechos Humanos auspiciadas por el CONADEH* (2020), on file.



	<ul style="list-style-type: none"> <li>• Recommendation #6: To implement an activity set out in the five-year plan that is at risk of not progressing, the Latin American Network of People who Use Drugs (LANPUD) should be approached to lead, or at least collaborate in, a study of the situation of people who use drugs in Honduras. The study should examine the prevalence of drug use that may give rise to health risks, as well as the HIV risk, human rights abuses and access to HIV (and other health) services of people who use drugs, so as to better “know the epidemic” in Honduras and strengthen accordingly, based on better data, what should be a comprehensive response to human rights-related barriers to HIV services.</li> </ul>
<b>Training of health care workers on human rights and ethics</b>	<ul style="list-style-type: none"> <li>• The next round of funding from the Global Fund should include some funding to support the preparation of some case studies of human rights training sessions with various health care services, including documenting the extent of such activities to date but also capturing, if possible, some information about the impact of such activities. This could be useful in expanding (and improving) such activities in future.</li> <li>• CONADEH and relevant civil society organizations engaged in “know your rights” activities and the documentation of human rights infringements, including in the context of health services, should be supported to write up some (anonymized) case studies of examples where health services have changed policy or practice as a result of people filing formal complaints and, often with support, seeking some sort of remedy. These would be useful for the purposes of both further education of health services providers and for advocacy.</li> <li>• The Ministry of Health must be much more significantly engaged in promoting the existing guide for health care workers on providing services free of stigma and discrimination. This should include leading some sort of ongoing process of training of health personnel, as well as working with the Ministry of Education and academic institutions to integrate such issues into the pre-service training of health care professionals.</li> </ul>
<b>Sensitization of lawmakers and law enforcement agents</b>	<ul style="list-style-type: none"> <li>• The next round of funding from the Global Fund should include some funding to support the preparation of some case studies of human rights training sessions with various police forces, including documenting the extent of such activities to date but also capturing, if possible, some information about the impact of such activities. This could be useful in expanding (and improving) such activities in future.</li> <li>• The education unit(s) of the National Police of Honduras should collaborate with CONADEH and civil society groups to disseminate some key information about HIV, key populations and human rights to all police officers in the country, and to develop national curriculum accordingly for use in pre-service training of all police officers and in-service training for all existing officers over a defined, reasonable period of time.</li> <li>• The National Penitentiary Institute should collaborate with CONADEH and civil society groups to disseminate information about HIV, key populations and human rights to all police officers in the country, and to develop national curriculum accordingly for use in pre-service training of all prison worker and in-service training for all prison personnel over a defined, reasonable period of time. The national and municipal roundtables on prison health (“mesa de salud penitenciaria”) can play an important role in advancing this effort.</li> </ul>

	<ul style="list-style-type: none"> <li>• CONADEH, the Ministry of Health, the Ministry of Human Rights, the Ministry of Labour should, in collaborate with civil society organizations representing key and vulnerable populations, be funded to undertake ongoing, targeted efforts to sensitize legislators through various means, including dissemination of educational materials and discussion forums, regarding the importance of human rights, including of women and of key and vulnerable populations, to an effective response to HIV, and hence the need for creating an enabling legal and policy environment that protects those rights (including, e.g., the health and rights of women, sex workers, LGBT people, prisoners and people who use drugs, all of which are currently undermined by existing punitive laws).</li> </ul>
<b>Legal literacy</b>	<ul style="list-style-type: none"> <li>• The Government of Honduras, the Global Fund and other donors should support (or continue to support) activities to build the human rights literacy of people living with HIV and key and vulnerable populations, in light of the clear lack of knowledge of rights and of how to defend them and seek redress in cases of violations. This should include support for such human rights education among groups of people living with HIV, community outreach workers doing HIV prevention work with key and vulnerable populations, including making use of the forthcoming guide.</li> </ul>
<b>Legal services</b>	<ul style="list-style-type: none"> <li>• The Global Fund and other donors should continue, and ideally increase, support for the community legal workers/paralegals as important contributors to “know your rights” activities, the documentation of cases of human rights violations and the provision of needed support for people to be able to secure protection of their rights and remedies for violations. These community resource persons should be housed in more than just the three current CSOs who are sub-recipients of catalytic funding, and it should also be made clear to all that, while they are based within a given organization, they are accessible to provide services to all in their geographic catchment area who are in need and can be tapped by other organizations.</li> <li>• The Global Fund and other donors should continue, and ideally increase, support for access to legal services where these are needed to support people living with HIV and members of key and vulnerable populations in seeking protection of their human rights or redress for violations. Country stakeholders should consider collectively identifying a list of such lawyers available to assist, depending on area of expertise and location, and consider earmarking a pot of funding dedicated to covering not only expenses but some contribution toward the time of these lawyers (on a reduced, agreed tariff). Consider whether this funding should be defined with some provisional regional allocations to ensure some equitable minimum level of coverage geographically, which could be adjusted over time as needs emerge with clear, transparent justification provided for reallocations.</li> <li>• The Global Fund, the Government of Honduras and other donors should strengthen the capacity of CONADEH to investigate complaints of human rights violations by people living with HIV and members of key and vulnerable populations, as it is a key institutional support for those seeking remedies for human rights violations, and strengthening this institution is part of a sustainable response to human rights-related barriers to HIV services.</li> </ul>

## Monitoring and reforming laws, regulations and policies related to HIV

- CONASIDA should review and identify necessary changes to modernize the Special Law on HIV/AIDS in light of developments in science and human rights standards since it was adopted in 2015, but should also engage civil society organizations in some reflection as to whether and when pressing for such legislative reforms is politically strategic and a priority. The regulation under the law (Reglamento de la Ley Especial de VIH) should be finalized and brought into force. However, before doing so, the provisions in Articles 103-105 of the regulation, which impose unqualified and indefensibly broad legal obligations to disclose one's HIV-positive status, should be repealed. Additionally, Article 106 of the regulation, which imposes criminal liability for HIV transmission, should be repealed or at least revised to conform with international recommendations (e.g., from UNAIDS, UNDP, the Global Commission on HIV and the Law and certain human rights treaty bodies) to limit any application of the criminal law to cases of actual, intentional transmission of HIV.
- In keeping with the national HIV law and its mandate to ensure human rights in the workplace, the Ministry of Labour (Secretaría de Trabajo), in conjunction with the Ministry of Human Rights (Secretaría de Derechos Humanos) and CONADEH, and in collaboration with civil society organizations representing people living with HIV and key populations, should enhance its efforts to ensure that employers, both public and private, as well as workers' representatives, are aware of the legal obligation not to discriminate on various grounds, including demanding HIV testing as a condition of employment, or terminating or otherwise , which is expressly forbidden. They should engage both the national association of private employers (Consejo Hondureño de la Empresa Privada, COHEP) and unions (including also the national federation, the Central General de Trabajo, CGT) in this effort. CONASIDA should also play an active role in this regard.
- The National Congress should approve without delay each of the following: (1) the bill enacting the Gender Identity Recognition Law (Ley al Derecho del Reconocimiento Legal de la Identidad de Género a Personas Transexuales y Transgéneros), to bring domestic law into compliance with international legal obligations, as recognized by the Inter-American Court of Human Rights; (2) the legislative reforms proposed by sex worker groups to provide legal recognition for their work as such and greater protection for their human rights; and (3) the new proposed law to protect against discrimination on a wide range of grounds (Ley de igualdad y equidad).
- The National Register of Persons (Registro Nacional de las Personas, RNP) should reform the regulation under its governing statute to enable persons to change their name in their national identification documents in accordance with their self-defined gender identity.
- The Ministries of Human Rights, of Health, and of Justice and Governance should, in consultation with organizations responding to violence against women and organizations representing women in all their diversity, should develop an comprehensive law on preventing and responding to gender-based violence. Such a law should: include reforms to correct changes to the Penal Code that have actually reduced penalties for all forms of sexual abuse; require proactive measures (supported by budgetary commitments) by government and support

proactive measures (including with funds) by civil society organizations to change harmful gender norms that contribute to such violence and impunity for committing it; and strengthen (including with budgetary commitments) access to services for those who experience such violence.

- The Global Fund and other donors should consider providing funding specifically to support community-level mobilization (e.g., via the local human rights networks where these exist, as well as community organizations working with and representing key and vulnerable populations) to engage in coordinated advocacy campaigns in support of needed national law reforms (such as those identified above). This could take the form of an earmarked 'advocacy campaigns fund' and its oversight and allocation to participating community organizations and local human rights networks could be managed transparently by a grouping such as the national Platform on HIV and Human Rights (Plataforma VIH y Derechos Humanos).

**Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity**

- The issue of violence against women, and gender-based violence more broadly, needs to be better incorporated into the HIV response. For example, the National Strategic Plan on HIV should expressly address VAW and GBV, including with specific measures for prevention, education, research into the links between such violence and HIV, and measures to ensure that both HIV service providers are sensitized to such violence and that service providers working with those who have experienced or are at risk of such violence are knowledgeable about HIV and providing accessible, stigma-free services to women and LGBTI people living with HIV. At a programmatic level, this would also mean ensuring that specific tools and guidance (e.g., the Guide for health services free of stigma and discrimination), as well as training for service providers, includes such material and supports integration and coordination between such services. In addition, IEC materials for mass media campaigns to reduce stigma and discrimination (see program area 1 above) should incorporate information on gender-based violence and harmful gender norms that fuel it.
- To comply with its international legal obligations in relation to human rights and protect the sexual and reproductive health and rights of women and girls, the National Congress should repeal the criminal prohibition on abortion and restrictions on access to emergency contraception.
- Building on previously developed material (e.g., the Cuidando mi salud y mi vida guide), the Ministries of Education, Health and Human Rights should develop, in collaboration with civil society (including women's organizations and LGBTI organizations), a comprehensive sex education curriculum that can be incorporated, progressively and in an age-appropriate manner, into the school system curriculum, so as to protect and promote the sexual and reproductive health and rights of all Hondurans.

## Annex II. Methods

### Methods

The *Breaking Down Barriers* mid-term assessment was originally designed:

- 1) To assess progress towards a comprehensive response to human rights-related barriers to HIV and TB services (directionality for reporting under KPI 9a target), and to allow for course-corrections, if needed;
- 2) To inform future investments aimed to reduce human rights-related barriers to access (including, but not limited to, GF investments in 2020-2022 allocation cycle);
- 3) To help inform the new Global Fund strategy.

The assessment was expected “to produce updates of progress since baseline both on milestones and proxy indicators, and indicative, qualitative, early signs of evidence of impact in select countries and program focus; as well as case studies of successful programs.”

During the course of the assessments, in response to requests from the Global Fund Human Rights team, the objectives of the mid-term assessments evolved to include more focus on indicators of quality programs and programming, reviewing components such as integration of programs to remove human rights-related barriers into testing, prevention and treatment services; human rights implementation capacity; gender responsiveness; and the use of monitoring and evaluation systems.

For the assessment, countries were categorized into three tiers with varying levels of review. These were labelled as: in-depth, program and rapid assessments (see chart below). Honduras is a rapid assessment.

Mid-term Assessment Type	Countries		
<b>Rapid</b>	Benin Democratic Republic of Congo (rapid +)	Honduras Kenya Senegal	Sierra Leone Tunisia Uganda (rapid +)
<b>Program</b>	Botswana Cameroon Cote d'Ivoire	Indonesia Jamaica Kyrgyzstan	Mozambique Nepal Philippines
<b>In-depth</b>	Ghana	South Africa	Ukraine

All assessments included a desk review of relevant program documents and reports as well as other documents that describe developments within the country and program contexts. The Honduras rapid assessment also included participation in two large group discussions, involving multiple stakeholders, reviewing progress in implementing activities set out in the five-year plan, as well as individual interviews (via Zoom) with a select number of key informants (including the organizations receiving Global Fund catalytic funding to implement activities in the Plan) and follow-up inquiries to locate additional information. Semi-structured interview guides were used to guide the interviews covering the following domains of inquiry:

<b>Assessing specific BDB programs</b>	
<b>Dimension</b>	<b>Questions</b>
Scope	What key and vulnerable populations does it reach or cover?
	Does the program address the most significant human rights-related barriers within the country context?
	What health workers, law enforcement agents, etc. does it reach?
	Does it cover HIV and TB?
Scale	What is its geographic coverage?
	Does it cover both urban and rural areas?
	How many people does it reach and in what locations?
	How much has the program been scaled up since 2016?
	What is the plan for further scale up as per the multi-year plan?
Sustainability	Does the program have domestic funding? How secure is that funding?
	Does the program have other, non-Global Fund funding? How secure is that funding?
	Does the program seek institutionalization of efforts to reduce human rights-related barriers (for example, integration of stigma and discrimination training into pre-service training)?
	Does it avoid duplication with other programs?
	Is the program anchored in communities (if relevant)?
	What has been done to ensure sustainability?
Integration	Are programs to reduce human rights-related barriers integrated into the National Strategic Plans for HIV and TB?
	Is the program integrated with existing HIV/TB services? (also speaks to sustainability)
	Is the program integrated with other human rights programs and programs for specific populations?
	How closely does the implementer coordinate with implementers of other programs that include or rely on linkages to HR programs? (if relevant)
	Does the program address HR-related barriers to HIV and TB together? (if relevant)
Quality	Is the program's design consistent with best available evidence on implementation?
	Is its implementation consistent with best available evidence?
	Are the people in charge of its implementation knowledgeable about human rights?
	Are relevant programs linked with one another to try and holistically address structural issues?
	Is there a monitoring and evaluation system?
	Is it gender-responsive and age appropriate?

Based upon the interviews, additional documents and data (both quantitative and qualitative) were requested from key informants, which fed into the analyses of the program areas for HIV and TB. A list of documents reviewed and key informants who were interviewed is provided in the following Annexes.

The assessment was begun in June 2021 and completed in July 2021. Following the review of documents and key informant interviews, a draft of this report was shared with the Global Fund Human Rights Team and Honduras Country Team for their feedback. The finalized assessment report integrates these comments where relevant.

<b>Assessment Component</b>	<b>Researchers</b>	<b>Dates</b>
<b>Desk review of available program reports, epidemiological information, and other background documents</b>	Richard Elliott, Diederik Lohman	June-July 2021
<b>Group stakeholder discussions (involving 20+ participants) and key informant interviews conducted remotely with 13 people from 7 organizations</b>	Richard Elliott, Diederik Lohman	July 2021
<b>Follow-up with relevant key informants</b>	Richard Elliott, Diederik Lohman	July 2021
<b>Presentation of key report findings to Global Fund</b>	Richard Elliott	July 2021
<b>Report finalized</b>	Richard Elliott	December 2021

## Detailed Scorecard Calculations and Key

The MTA country researchers independently scored each of the seven programs to reduce HIV-related human rights barriers and 10 programs to reduce TB-related human rights barriers, based on the geographic scale of each program area for each relevant key population, weighted equally (see table below) at mid-term. Scores were compared and discussed to reach consensus. Where disagreements remained, scores were averaged. Because the scale of the scorecard was changed in 2019 to allow for more sensitivity in measurement, the researchers reviewed the baseline assessment and scored the baseline using the same process.

Rating	Value	Definition
<b>0</b>	No programs present	No formal programs or activities identified.
<b>1</b>	One-off activities	Time-limited, pilot initiative.
<b>2</b>	Small scale	On-going initiative with limited geographic scale (e.g., a single or small number of locations – less than 20% of national scale) and capacity for reaching the targeted population. 2.0 Reaching <35% 2.3 Reaching between 35 - 65% of target populations 2.6 Reaching >65% of target populations
<b>3</b>	Operating at subnational level	Operating at subnational level (btw 20% to 50% national scale) 3.0 Reaching <35% 3.3 Reaching between 35 - 65% of target populations 3.6 Reaching >65% of target populations
<b>4</b>	Operating at national level	Operating at national level (>50% of national scale) 4.0 Reaching <35% 4.3 Reaching between 35 - 65% of target populations 4.6 Reaching >65% of target populations
<b>5</b>	At scale at national level (>90%)	At scale is defined as more than 90% of national scale, where relevant, and more than 90% of the population
<b>Goal</b>	Impact on services continuum	Impact on services continuum is defined as: a) Human rights programs at scale for all populations; and b) Plausible causal links between programs, reduced barriers to services and increased access to HIV/TB services.
<b>N/A</b>	Not applicable	Used when the indicator cannot be logically assessed (e.g., reducing discrimination against women programs for MSM).
<b>Unk</b>	Unable to assess	Used when it is impossible to determine a score based upon significant missing data (e.g., unavailable info from another donor).



## **Annex III. List of Key Informants**

1. Miriam Carolina Mejía Gómez, HIV-TB Technical Officer, Global Communities
2. Lessa Medina, Technical Officer, Global Communities
3. Francia Maradiaga, Coordinator, Defensoría de personas con VIH y de la Diversidad Sexual, Comisionado Nacional de los Derechos Humanos (CONADEH)
4. Reina Zelaya, Coordinator, HIV Program-Global Fund, Comisionado Nacional de los Derechos Humanos (CONADEH)
5. Javier Medina, Executive Director, Asociación Kukulcán
6. Abraham Banegas, Accountant, Asociación Kukulcán
7. Ester Zelaya, Asistente Técnico, Asociación Kukulcán
8. Hector Flores, Administrator, Asociación Kukulcán
9. Sandra Cruz, Regional Facilitator, Centro de Promoción en Salud y Asistencia Familiar (CEPROSAF)
10. Denis Carcamo, General Project Coordinator & Deputy Director General, Centro de Promoción en Salud y Asistencia Familiar (CEPROSAF)
11. Tracey Cortez, Technical Assistant, Liga De La Lactancia Materna de Honduras
12. Ruth Lopez, Technical Coordinator, Liga De La Lactancia Materna de Honduras
13. Letis Hernandez, immediate past National Coordinator, Asociación Nacional de Personas Viviendo con VIH/SIDA en Honduras (ASONAPVSIDAH)
14. Rosa González, Co-Directora Ejecutiva, Fundación LLAVES
15. Delphine de Quina, Fund Portfolio Manager, Global Fund to fight AIDS, Tuberculosis and Malaria

## Annex IV: List of Sources and Documents Reviewed

### Documents related to Breaking Down Barriers Initiative

1. The Global Fund to Fight AIDS, Tuberculosis and Malaria, *Evaluación de Línea de Base – Honduras: Ampliación de programas para reducir los obstáculos relacionados con los derechos humanos al acceso a los servicios de VIH* (julio 2018) [English version: *Baseline Assessment – Honduras: Scaling up Programs to Reduce Human Rights-Related Barriers to HIV Services* (July 2018)].
2. Flores, G. “Propuesta de Respuesta Integral para Eliminar las Barreras de Derechos Humanos en los servicios de VIH en Honduras” (PowerPoint) (ICRW, 23 agosto 2018).
3. MCP/Honduras, *Ayuda Memoria – Reunión partes interesadas PLAN VIH Honduras*, Tegucigalpa, 28-29 de noviembre 2018.
4. *Honduras: Reducir los Obstáculos Relacionados con los Derechos Humanos al Acceso a los Servicios de VIH: Plan Quinquenal 2019-2023*, aprobado por el Mecanismo Coordinador del País – Honduras el 11 de abril 2019, available via <https://mcp-honduras.hn/informes/#> and <https://mcp-honduras.hn/actas/planes-estrategicos-nacionales/>. [English version: *National Strategic Plan to Reduce Human Rights-Related Barriers to HIV Services: Honduras 2019-2023*, available at [https://www.theglobalfund.org/media/9770/crg\\_humanrightshonduras2019-2023\\_plan\\_en.pdf](https://www.theglobalfund.org/media/9770/crg_humanrightshonduras2019-2023_plan_en.pdf)].

### Global Fund Internal Documents (all documents on file with the Global Fund and the MTA research team)

5. *Grant Management Data – General Information: Honduras* (data retrieved 2019).
6. *Grant Management Data – Health Financing Country Dashboard: Honduras* (data retrieved 2019).
7. *Grant Management Data – Programmatic Performance: Honduras* (data retrieved 2019).
8. *Budget of Global Communities – HND-C-CHF (1 August 2019 – 31 July 2022)*, Grant cycle 01 January 2018 – 31 December 2020 (undated).
9. *Performance Framework for Global Communities Grant – HND-C-CHF (1 August 2019 – 31 July 2022)* (28 March 2018).
10. Honduras: Country Profile (undated).
11. MCP-Honduras, *Solicitud de continuación de programa : Honduras programa VIH 2020-2022* (incluso anexos) (undated) [English version: CCM-Honduras, *Continuation Request: Honduras HIV Program 2020–2022* (including annexes) (undated).
12. MCP-Honduras, *Solicitud de fondos de contraparte* (abril 2018).
13. *Matriz Fondos Catalizadores Población Clave* (9 Aug 18, 6 Aug 18).
14. Secretariat Briefing Note, [re: Honduras HIV grant 2019-2022] (undated).
15. Formulario de validación por el PRT de la solicitud de continuación de programa (17 de septiembre 2018) [English version: TRP Program Continuation Validation Form (17 September 2018).]
16. GAC Review – Matching Funds Request Honduras [PowerPoint] (17 October 2018).
17. *Matching Funds Review and Recommendation Form* (18 December 2018).
18. *Formulario de respuesta para el solicitante – HND-C-CHF (Componente: VIH/SIDA)* [for grant 1 August 2019 – 31 July 2022] (undated).

19. *Technical Review Panel Matching Funds Clarification Form* (undated).
20. Letter from M. Eldon-Edington, Director de la División de Gestión de Subvenciones, Fondo Mundial to Dra. Ardón re: Carta de Asignación 2020-022 (16 de diciembre 2019).
21. Global Communities, *Informe de progreso y solicitud de desembolso* (31 de diciembre 2020). [Progress Update and Disbursement Request for the period 1 January 2020 to 31 December 2020].
22. MCP-Honduras, *Formulario de solicitud de financiamiento – Período de asignación 2020-2022* (draft, 17 July 2021).
23. Technical Review Panel, *Funding Request and Review Recommendation Form* (2 November 2021).

## Country Documents

24. Gobierno de Honduras (Secretaría de Estado en los Despachos de Justicia y Derechos Humanos), *Primera Política Pública en Derechos Humanos y Plan Nacional de Acción en Derechos Humanos* (2013).
25. Gobierno de Honduras (Secretaría de Derechos Humanos, Justicia, Gobernación y Decentralización), *Incorporación del Enfoque Basado en Derechos Humanos en las Políticas Públicas y Presupuestos Estatales: Guía para Servidoras y Servidores Públicos* (2014).
26. *Ley Especial Sobre VIH/SIDA*, Decreto 25-2015, *La Gaceta* (Sección A), Número 33,882 (13 de noviembre 2015).
27. *Reglamento de la Ley Especial Sobre VIH/SIDA con inclusión de sus reformas contenidas en el decreto legislativo número 25-2015* (undated, not yet in force).
28. *Plan Estratégico Nacional de Respuesta al VIH y SIDA en Honduras (PENSIDA IV) 2015-2019*, available via <https://mcp-honduras.hn/actas/planes-estrategicos-nacionales/>.
29. *Plan Estratégico Nacional de Respuesta al VIH en Honduras 2020 a 2024 (Extensión del PENSIDA IV)*, versión final (junio 2019). <http://www.salud.gob.hn/site/index.php/component/edocman/pensida-iv-2020-2024-extension-pensidaiv>.
30. Letter from D. de Quina (Fund Portfolio Manager, Global Fund) to Mecanismo Coordinador de País – Honduras, dated 4 December 2020 (re: results of CCM evaluation), available via: <https://mcp-honduras.hn/2021/03/29/ccm-evolution/>.
31. L. de la Peza, “Sesión de Inducción Evolución de los MCP MCP-H,” Slides presented to Mecanismo Coordinador de País – Honduras, 8 December 2020, available via: <https://mcp-honduras.hn/2021/03/29/ccm-evolution/>.
32. L. de la Peza, “Formación del Comité Transitorio Para la Reforma del MCP-H,” Slides presented to Mecanismo Coordinador de País – Honduras, 17 December 2020, available via: <https://mcp-honduras.hn/2021/03/29/ccm-evolution/>.
33. Mecanismo Coordinador de País – Honduras, “Pasos iniciales para la reforma – MCP Honduras,” undated, available via: <https://mcp-honduras.hn/2021/03/29/ccm-evolution/>.
34. The Global Fund, Términos de Referencia Comité Transitorio para la Reforma del MCP (14 December 2020), available via <https://mcp-honduras.hn/2021/03/29/ccm-evolution/>.
35. Mecanismo Coordinador de País – Honduras, “Cronograma de la Reforma del MCP-H del 09.03.21”, available via <https://mcp-honduras.hn/2021/03/29/ccm-evolution/>.
36. Mecanismo Coordinador de País – Honduras, Organigrama del MCP-Honduras (undated), available at <https://mcp-honduras.hn/organigrama-del-mecanismo-coordinador-de-pais-honduras/>.

37. Mecanismo Coordinador de País – Honduras, *Actas* (años 2019 – 2021), available via <https://mcp-honduras.hn/actas/actas-asambleas-mcp/>.
38. Mecanismo Coordinador de País – Honduras, *Formulario de solicitud de Financiamiento - Período de asignación 2020-2022* (draft, 17 July 2021).

## Relevant Third-Party Resources

39. PNUD, *Diálogo Nacional sobre el VIH y el Derecho: Informe y recomendaciones: Honduras* (mayo 2012).
40. *Sistematización del Diagnóstico de Género en la Respuesta al VIH en Honduras* (Secretaría de Salud, ONU Mujeres & ONUSIDA, diciembre 2013).
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