



Technical Brief

Removing Human Rights-related Barriers to HIV Services

Allocation Period 2023-2025

Date published: 17 November 2022

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Executive Summary

The WHY – the imperative to remove human rights-related barriers to services

Human rights-related barriers (**HIV-related stigma and discrimination; punitive laws, policies and practices; and gender inequality and gender-based violence**) continue to keep people in need from accessing vital HIV services. These barriers can be overcome by implementing and scaling up recognized, well-defined and evidence-based programs. These programs reduce stigma, give people knowledge about national laws and their rights, and provide legal and social support to prevent, and seek justice for, discrimination and violence. They also train health care workers to be welcoming and non-discriminatory. Furthermore, they sensitize judges, parliamentarians, and police to enforce and put in place protective laws and avoid punitive, illegal policing. Finally, the programs enable communities of people living with HIV and other key populations to monitor and improve the provision of health care, to organize around health-related rights, and to advocate for policies and practices that will increase access to services.

The HOW – using the investment approach to achieve comprehensive programs to remove human rights-related barriers to services

Countries should take an investment approach in developing human rights programming. This requires that they:

- **assess and understand what the main human rights-related barriers to HIV services are and who is affected by them;**
- **design an evidence-based, comprehensive response to remove the existing barriers;**
- **deliver human rights programs at sufficient scale to make a difference; and**
- **sustain the programs for the longer-term.**

The WHAT – effective programs to remove human rights-related barriers to services, including Program Essentials

Human rights-related barriers can be removed by implementing a set of interventions in the following program areas:

- **Eliminating stigma and discrimination in all settings**
- **Ensuring non-discriminatory provision of health care**
- **Improving legal literacy (“know your rights”)**
- **Increasing access to justice**
- **Ensuring rights-based law enforcement practices**

- **Improving laws, regulations and policies relating to HIV and HIV/TB**
- **Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity**
- **Supporting community mobilization and advocacy for human rights**

Included in these program areas, the Global Fund has recognized a smaller subset of **Program Essentials**. Ideally, human rights-related barriers should be *comprehensively* addressed with interventions in all program areas. However, at a minimum, the Global Fund expects national programs to include the following human rights Program Essentials:

- **The integration of programs to remove human rights-related barriers into prevention and treatment programs for key and vulnerable populations**
- **Stigma and discrimination reduction activities for people living with HIV and key populations in health care and other settings**
- **Legal literacy and access to justice activities for people living with HIV and key populations**
- **Support for efforts, including community-led efforts, to analyze and reform criminal and other harmful laws, policies and practices that hinder effective HIV responses**

Throughout the section on program areas, this technical brief integrates lessons learned and case studies from the Global Fund's *Breaking Down Barriers* initiative. Since 2017, *Breaking Down Barriers* has supported 20 countries to scale up programs that remove human rights-related barriers to services. Assessments of the work undertaken demonstrate the importance of investing in such activities to strengthen effective HIV responses.

Introduction

The Global Fund to Fight AIDS, Tuberculosis and Malaria is committed to removing human rights-related barriers to prevention and treatment services for the three diseases.¹ It seeks to achieve this by supporting countries to implement and scale up evidence-based programs that remove stigma, discrimination, and violence, in turn increasing access to prevention and treatment. These programs help to ensure that all people in need of HIV prevention and treatment can access quality services. Without them, the Global AIDS Strategy's 10-10-10 targets cannot be achieved: (a) less than 10% of people living with HIV and key populations experience stigma and discrimination; (b) less than 10% of people living with HIV, women and girls, and key populations experience gender-based inequalities or gender-based violence; and (c) less than 10% of countries have punitive laws and policies.²

In addition to intensifying action to remove human rights barriers to services, the Global Fund **requires that all grants be human rights-based, gender-responsive and informed by an analysis of inequalities and inequities**. This means integrating norms and principles of human rights, gender equality and equity - non-discrimination, transparency, participation, fairness, and accountability - into the design, implementation, monitoring, and evaluation of all HIV activities. Moreover, all programs funded by the Global Fund are required to meet five minimum human rights standards (see Box 1).³

Box 1. Global Fund Human Rights Standards for all Programs

- Grant non-discriminatory access to services for all, including people in detention.
- Employ only scientifically sound and approved medicines or medical practices.
- Do not employ methods that constitute torture or cruel, inhumane or degrading treatment.
- Respect and protect informed consent, confidentiality and the right to privacy concerning medical testing, treatment or health services rendered.
- Avoid medical detention and involuntary isolation, which, consistent with WHO guidance, are to be used only as a last resort.

¹ The Global Fund Strategy (2023-2028) reinforces the need to have intensified action to address human rights and gender-related barriers. It emphasizes the importance of scaling up programs to remove human rights-related barriers, integrating these in prevention and treatment and taking a people-centered approach. *Fighting Pandemics and Building a Healthier and More Equitable World: Global Fund Strategy (2023-2028)*, The Global Fund, 2021. <https://www.theglobalfund.org/en/strategy/>

² *Global AIDS Strategy 2021-2026 – End Inequalities. End AIDS.* (2021). https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf; They are also critical in achieving the 30-80-60 targets of the Global AIDS Strategy, namely that, by 2025, communities will deliver 30% of testing and treatment services, 80% of HIV prevention services and 60% of programs supporting the achievement of societal enablers.

³ Global Fund grant recipients are required to advise the Global Fund of risks to these human rights standards. The Global Fund's independent Office of the Inspector General (OIG) has established a mechanism to investigate complaints regarding the standards. The Global Fund (2015). [The Global Fund Human Rights Complaints Procedure Responding to Community Concerns](#).

This technical brief focuses on supporting countries to develop strong funding requests for the module, “Reducing Human Rights-related Barriers to HIV and HIV/TB Services,” as well as for the human rights interventions integrated throughout various other modules.⁴ It describes: (a) human rights-related barriers to services; (b) the investment approach to programming to remove barriers, which aims to ensure quality, scale and sustainability for impact; and (c) the programs that have been shown to reduce rights-related barriers, including Program Essentials.

⁴ *Modular Framework Handbook*, The Global Fund, 2022, https://www.theglobalfund.org/media/4309/fundingmodel_modularframework_handbook_en.pdf

1. Human Rights-related Barriers to HIV Services

Countries should identify which barriers exist in their AIDS response, which populations are affected by these barriers; and how they can best be addressed. This section outlines the main human rights-related barriers to HIV services. They are:

- stigma and discrimination;
- punitive laws, policies and practices; and
- gender inequality and gender-based violence.

1.1 Stigma and discrimination

High levels of stigma and discrimination continue to undermine national responses. Stigma involves negative attitudes as well as behaviors and judgments, often driven by fear or ignorance. Discrimination involves unfair treatment, laws and policies and is a violation of international human rights law.⁵ Stigma and discrimination can take many forms, including disparaging attitudes, sub-standard treatment and denial of treatment, and reduce people's uptake of and retention in prevention and treatment.⁶

The Global Fund is committed to supporting countries to scale up programs to reduce stigma and discrimination. It is a co-convenor of the [Global Partnership for Action to Eliminate all Forms of HIV-related Stigma and Discrimination](#) (Global Partnership)⁷, which aims to accelerate action to end HIV-related stigma and discrimination in six settings:

1. Individual, households and communities
2. Health care
3. Education
4. Workplaces
5. Justice and legal systems
6. Emergency and humanitarian settings

For an overview of the latest evidence on HIV-related stigma and discrimination, including its impact on key populations, please see the UNAIDS, [Evidence for eliminating HIV-related stigma and discrimination: Guidance for countries to implement effective programs to eliminate HIV-related stigma and discrimination in six settings](#) (2020).

⁵ *HIV and Stigma and Discrimination: Human Rights Face Sheet Series*, UNAIDS, 2021,

https://www.unaids.org/sites/default/files/media_asset/07-hiv-human-rights-factsheet-stigma-discrimination_en.pdf

⁶ Stangl, A.L., et al. "The Health Stigma and Discrimination Framework: a global, cross-cutting framework to inform research, intervention development, and policy on health-related stigmas," *BMC Med* 17, 31 (2019). <https://doi.org/10.1186/s12916-019-1271-3>

⁷ The Global Partnership was convened in 2018 and involves UNAIDS, UN Women, the United Nations Development Programme, the Global Fund, the Global Network of People Living with HIV, the PCB NGO Delegation. "Global Partnership," UNAIDS, accessed 16 August 2022, <https://www.unaids.org/en/topic/global-partnership-discrimination>

1.2 Punitive laws, policies and practices

In the context of health care, many laws, policies and practices impede effective responses. These include: (a) lack of informed consent and confidentiality; (b) mandatory testing; (c) demands for bribes or high fees; (d) policies allowing for discriminatory treatment; (e) lack of enforcement of anti-discriminatory and other protective laws; and (f) laws requiring health care providers to report certain groups to law enforcement. Laws and policies can also limit access to HIV and sexual and reproductive health services for adolescents and young people (e.g., age-of-consent laws and parental consent requirements). Spousal consent laws further limit service access for women and girls.

In many countries, there are laws that criminalize behaviors and populations, driving those who need HIV services underground and away from such services. These include criminalization of sex work, drug use, same-sex sexual relations, non-conforming gender identities and overly broad criminalization of HIV non-disclosure, exposure and transmission.⁸

There has been documentation of police engaging in harsh and illegal practices against people who use drugs, sex workers and LGBTQI+ people.⁹ These practices include extortion, arbitrary arrest, violence and rape. Such practices may force sex workers and their clients, LGBTQI+ people and people who use drugs to hide, avoid health services and/or engage in riskier practices.

Punitive laws and illegal law enforcement directly undermine HIV prevention and treatment efforts.¹⁰ Harm reduction may be denied due to criminalization of drug use or prohibitions on specific services, or people who use drugs may be arrested or harassed by police as they enter harm reduction service sites.¹¹ Sex workers may be arrested and condoms in their possession may be used as evidence against them.¹² Overly broad laws criminalizing HIV transmission make people fearful of getting tested or informing their sexual partners of their HIV status.¹³ Those in police custody, prisons or other closed settings may be denied access to condoms, harm reduction measures, and HIV and TB

⁸ *In Danger: Global AIDS Update 2022*, UNAIDS, 2022, https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf

⁹ See, for example, Logie, Carmen H et al. "Associations between Police Harassment and HIV Vulnerabilities among Men Who Have Sex with Men and Transgender Women in Jamaica." *Health and human rights* vol. 19,2 (2017): 147-154. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5739366/> See also Steffanie A. Strathdee, Leo Beletsky, Thomas Kerr, HIV, drugs and the legal environment, *International Journal of Drug Policy*, Volume 26, Supplement 1, 2015, Pages S27-S32, ISSN 0955-3959, <https://doi.org/10.1016/j.drugpo.2014.09.001>. Shannon, Kate et al. "The global response and unmet actions for HIV and sex workers." *Lancet (London, England)* vol. 392,10148 (2018): 698-710. doi:10.1016/S0140-6736(18)31439-9. [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(18\)31439-9.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(18)31439-9.pdf)

¹⁰ Kavanagh MM, et al, "Law, criminalisation and HIV in the world: have countries that criminalise achieved more or less successful pandemic response?" *BMJ Global Health* 2021;6:e006315. <https://gh.bmj.com/content/6/8/e006315>

¹¹ Technical Brief: Harm Reduction for People who Use Drugs: Priorities for Investment and Increased Impact, 2022 (<https://www.theglobalfund.org/en/applying-for-funding/design-and-submit-funding-requests/applicant-guidance-materials/>)

¹² Wurth MH, et. al. "Condoms as evidence of prostitution in the United States and the criminalization of sex work," *J Int AIDS Soc.* 2013 May 24;16(1):18626. doi: 10.7448/IAS.16.1.18626. <https://onlinelibrary.wiley.com/doi/10.7448/IAS.16.1.18626>

¹³ Csete, Joanne, Elliott, Richard, Bernard, Edwin J., "So many harms, so little benefit: a global review of the history and harms of HIV criminalization," *Lancet HIV.* October 3, 2022. [https://doi.org/10.1016/S2352-3018\(22\)00248-X](https://doi.org/10.1016/S2352-3018(22)00248-X)

prevention and treatment.¹⁴ Migrants and refugees may be denied access to HIV prevention and treatment that is available to citizens.¹⁵

1.3 Gender inequality and gender-based violence

Inequality and discrimination based on sex, gender identity and sexual orientation increase vulnerability to HIV infection. They also worsen the negative impact of living with HIV. The forms and effects of gender inequality are different for men and women, boys and girls, and gender-diverse communities.

Women's economic, political and social inequality is deeply entrenched in harmful cultural norms, attitudes, beliefs and practices, as well as in retrogressive laws. Examples of gender-specific vulnerabilities for women and girls include unequal access to educational and economic opportunities; early, forced or child marriage; and spousal or parental consent to access health care.¹⁶ In almost all contexts, women and girls – including those belonging to key populations, such as transgender women – face high rates of gender-based violence. Violence not only increases risk of infection, but also negatively influences an individual's ability to manage living with HIV, including adherence to treatment and access to other health services.¹⁷

In many communities, women fear to reveal their HIV status or seek treatment because they fear rejection, blame, divorce and loss of property and custody rights, and/or violence. Traditional gender roles and other harmful gender norms means many women and girls cannot negotiate for safer sex with their intimate partners nor make decisions on the use of contraceptives. They may also lack access to sexual health services, including comprehensive family planning and contraceptive choice.¹⁸ Women living with HIV continue to be forcibly sterilized¹⁹.

Boys and men also experience gender-related vulnerability to HIV, including violence. Gender norms and notions of masculinity may push men and boys into avoiding health-seeking behavior and engaging in behaviors that put them at risk of HIV infection.²⁰ Because of these gender-related vulnerabilities, a disproportionate number of men stop

¹⁴ Technical Brief: Prisons and Other Closed Settings: Priorities for Investment and Increased Impact, 2022

(<https://www.theglobalfund.org/en/applying-for-funding/design-and-submit-funding-requests/applicant-guidance-materials/>)

¹⁵ *Technical report – Migrant Health: Access to HIV prevention, treatment and care for migrant populations in EU/EEA countries*, European Centre for Diseases Prevention and Control, 2009,

https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/0907_TER_Migrant_health_HIV_Access_to_treatment.pdf

¹⁶ See *Making the Law Work for Women and Girls in the Context of HIV*, UNDP, 2020, <https://reliefweb.int/report/world/undp-discussion-paper-making-law-work-women-and-girls-context-hiv-april-2020>

¹⁷ Roberts, Sarah T et al. "Intimate Partner Violence and Adherence to HIV Pre-exposure Prophylaxis (PrEP) in African Women in HIV Serodiscordant Relationships: A Prospective Cohort Study." *Journal of acquired immune deficiency syndromes (1999)* vol. 73,3 (2016): 313-322. doi:10.1097/QAI.0000000000001093,

https://journals.lww.com/jaids/Fulltext/2016/11010/Intimate_Partner_Violence_and_Adherence_to_HIV.12.aspx; Chacko, L., et al., Chacko, Liza et al. "Adherence to HIV post-exposure prophylaxis in victims of sexual assault: a systematic review and meta-analysis." *Sexually transmitted infections* vol. 88,5 (2012): 335-41. doi:10.1136/sextrans-2011-050371. <https://pubmed.ncbi.nlm.nih.gov/22332148/>

¹⁸ *Making the Law Work for Women and Girls in the Context of HIV*, UNDP, 2020, <https://reliefweb.int/report/world/undp-discussion-paper-making-law-work-women-and-girls-context-hiv-april-2020>

¹⁹ *The Gap Report*, UNAIDS, 2014. www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf

²⁰ Ehrhardt, Anke A, Sharif Sawires, Terry McGovern, Dean Peacock, Mark Weston, "Gender, empowerment, and health: what is it? How does it work?" *J Acquir Immune Defic Syndr*. 2009 Jul 1;51 Suppl 3(Suppl 3):S96-S105. doi: 10.1097/QAI.0b013e3181aafd54. https://journals.lww.com/jaids/Fulltext/2009/07013/Gender_Empowerment_and_Health_What_Is_It_How_4.aspx

treatment. There is also a disproportionately higher death rate of men from AIDS than women among people living with HIV.²¹ Moreover, there are communities of men who are vulnerable to gender-based violence. These include men who use drugs; gay, bisexual and other men who have sex with men; and male sex workers.²²

²¹ UNAIDS. "Men, boys and AIDS: reframing the conversation," 2015, https://www.unaids.org/en/resources/presscentre/featurestories/2015/december/20151209_men-HIV

²² See, for example, Bhattacharjee P, et al. "Monitoring HIV prevention programme outcomes among key populations in Kenya: findings from a national survey." *PLoS ONE*. 2015;10(8):e0137007. <https://journals.plos.org/plosone/article/figure?id=10.1371/journal.pone.0137007.t003>

2. Investment Approach: Designing and Delivering Comprehensive Programs to Remove Human Rights-related Barriers to Services

This section uses the investment approach framework (understand, design, deliver and sustain) to describe how programs to remove rights-related barriers should be planned, designed, implemented and scaled up. Programs to remove human rights-related barriers are a core part of the HIV grant and the national response, as they are needed to increase access to services.

The Global Fund's aims to support countries to achieve *comprehensive* human rights programming (see Box 2).

Box 2. Comprehensive programs to remove human-rights related barriers

- a. are a set of interlocking human rights activities that mutually reinforce each other to reduce barriers (see section 3 on program areas);
- b. are aligned to where the key and vulnerable populations are located and most affected by the barriers;
- c. cover the majority of the estimated numbers of those key and vulnerable populations; and
- d. are adequately resourced to move from one-off or small-scale activities to a level of implementation likely to significantly reduce human rights-related barriers to services.

2.1 Understand the human rights-related barriers to HIV services

To develop effective programs to reduce rights-related barriers, applicants need to understand the following: (a) the country's HIV epidemic in terms of who is being infected and is not yet on treatment; (b) the national strategies to provide HIV prevention and treatment, including to key and vulnerable populations; (c) the specific human rights-related barriers to prevention and treatment being experienced by key and vulnerable populations; (d) the location of those populations; and (e) existing programs to remove barriers that might be built upon.²³ **The Global Fund strongly encourages that funding request be informed by an up-to-date assessment of these factors.**

Countries that have been part of the *Breaking Down Barriers* initiative have had comprehensive assessments done. They are expected to base their funding requests on

²³ *Frequently Asked Questions: 2023-2025 Allocation Period*, The Global Fund, 2022, https://www.theglobalfund.org/media/12199/core_2023-2025cycle_faq_en.pdf

the results of these assessments and the priorities outlined in their national HIV and human rights plans.²⁴

Countries that do not have a recent assessment of human rights-related barriers and existing programming should use, whenever possible, the Global Fund's new rapid assessment tool to inform the funding request.²⁵ They should also consider results from other assessments that might have been done, such as gender assessments and legal environment assessments, as well as the results of the People Living with HIV (PLHIV) Stigma Index. Any assessment should include consultations with, and the meaningful participation of, networks of key and vulnerable populations as well as the civil society and community-based groups that work with them.

For more details on assessing country contexts, please see Module 1, Unit 3 in the [Practical Guide: Implementing and Scaling Up Programmes to Remove Human Rights-related Barriers to HIV Services](#).

2.2 Design an evidence-based, comprehensive response to remove barriers

Once the barriers are understood and the location of the populations that are experiencing them are known, countries should put in place programs to remove those barriers. At a minimum, the countries' response should include the four Program Essentials (see section 3.1); but countries should design and plan for a **comprehensive response**, which will involve scaling up programming in all human rights program areas.

The following elements are important in the design of an effective response to removing human rights-related barriers to services:

- **Develop a theory of change.** Once the nature of the barriers is understood, a theory of change that clearly lays out how they will be removed should be developed.
- **Involve those affected and those already working on HIV-related human rights issues in the design.** All countries should consult and work with key and vulnerable populations to select and design the human rights interventions that are included in the application. Many countries have human rights working groups that know the issues – for example, the majority of *Breaking Down Barriers* countries have technical working groups on HIV and human rights. These should be used in the development of funding requests. Where such a technical working group does not yet exist, it should be a priority to set one up (or to expand the mandate of an existing working group) and to resource it appropriately so that it can meet regularly

²⁴ Benin, Botswana, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Ghana, Honduras, Indonesia, Jamaica, Kenya, Kyrgyzstan, Mozambique, Nepal, the Philippines, Senegal, Sierra Leone, South Africa, Tunisia, Uganda and Ukraine

²⁵ Undertaking a Rapid Assessment of Information on Human Rights-Related Barriers to HIV and TB Services:: Guidance and Tools

and provide oversight to the national response to reduce human rights-related barriers.

- **Identify gaps and duplication, including geographic gaps.** In the past, most activities to remove human rights-related barriers to services were implemented only in a few locations (most often, in major cities) where dedicated but under-funded organizations sought to help their constituents. This led to many gaps in coverage, particularly in rural areas. Design should include a mapping of coverage and needs, in terms of geographic locations and populations affected by barriers.
- **Integrate interventions into prevention, treatment and key population programming.** The programs are meant to remove barriers to prevention and treatment services, as well as to serve key and vulnerable populations. Thus, they should “follow” the prevention and treatment services for key populations; and they should be integrated, wherever possible, into those services. Examples of integration are provided throughout this Technical Brief.
- **Build on local expertise and existing programs.** In many countries, organizations and networks of affected populations have been implementing human rights programs for many years. Whenever possible, funding should support quality existing programs and support and use local expertise, especially as programs are scaled up.
- **Provide support for community-centered and community-led programs.** Civil society entities – particularly community-led organizations – are societal enablers of the HIV response.²⁶ In designing and delivering programs to remove human rights-related barriers, communities should be at the center, supported by investments to build and sustain their capacity to design and implement the programs.
- **Design for scale-up to comprehensive levels.** Applicants should plan, fund and implement programs at the scale necessary to have a significant, positive impact on access to services.²⁷ Efforts to scale up programs should be strategic and aligned with national HIV strategies, investments cases, and national human rights plans.²⁸
- **Address the safety and security needs of implementers and community members.** During program design, each proposed intervention should be reviewed in terms of the potential to endanger the security of implementers and beneficiaries. Activities that involve risks should be accompanied by mitigation strategies that reduce the possibility of harm. The identification of such issues is another reason that affected populations should be involved in program design and implementation. Applicants can use resources such as the [Safety and Security Toolkit: Strengthening the implementation of HIV programs for and with key](#)

²⁶ *Global AIDS Strategy 2021-2026 – End Inequalities. End AIDS.* (2021). https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf

²⁷ For more detailed information on scale up, see Module 3 of the [Practical Guide: Implementing and Scaling Up Programmes to Remove Human Rights-related Barriers to HIV Services](#) outlines and explains the four steps for scale up: (a) develop the scale-up plan; (b) develop the monitoring, evaluation and learning plan; (c) cost the plan and mobilize resources; and (d) implement the scale-up plan.

²⁸ See National Strategic Plans to Reduce Human Rights related Barriers: <https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/community-rights-gender/>

[populations](#) and the [AMAN MENA Toolkit: Security Protections for Organizations Working with Key Populations to Strengthen HIV Programming in the Middle East and North Africa](#), to support the development of a risk mitigation strategy.

For more information on these elements, see Module 2, Units 4 and 5 in the [Practical Guide: Implementing and Scaling Up Programmes to Remove Human Rights-related Barriers to HIV Services](#), as well as the Global Fund's [Guidance on Achieving Quality in Programs to Remove Human Rights and Gender-related Barriers to HIV, TB and Malaria](#).

2.3 Deliver high quality human rights programs at scale

The following components are crucial to ensuring the delivery of quality human rights programs – further information and examples are integrated throughout the next section:

- **One-off activities are not enough:** Activities that involve a single, isolated or limited output, such as a training session or the production of human rights materials, are not in and of themselves sufficient to reduce rights-related barriers. Rather they should be part of a larger and ongoing strategy that ensures that attitudes and behaviors are changed, and that those changes will be sustained.
- **Combine programs for greater impact:** Programs from the different program areas should be combined to create the greatest impact. For instance, to change attitudes in health care delivery, combine training of health care workers and patient rights materials and literacy with community-based monitoring of health services.
- **Build local expertise for sustainability:** Build a cadre of expertise among service providers and affected populations for longer-term capacity and sustainability. This can include (a) institutionalizing human rights education into pre- and in-service curricula for health care workers and law enforcement; (b) training outreach workers to act as peer human rights educators and paralegals; and (c) funding human resources to coordinate national human rights work.
- **Ensure human resources are adequate:** Experience has shown that implementation of programs to reduce human rights-related barriers is often delayed or hampered by the lack of dedicated human resources to oversee and coordinate such programs. Such resources can make a big difference. For example, in Uganda, the AIDS Support Organization (TASO), a Principal Recipient, has used funding to create two positions that support human rights programming and coordinate workstreams under the National Health Equity Plan. Similar positions were also created in Sierra Leone (human rights and key population focal point, National AIDS Program) and South Africa (human rights coordinator, South African National AIDS Council).
- **Monitor and evaluate results:** Effective programming requires a robust system of monitoring, evaluating and learning. Establishing a monitoring and evaluation system from the inception of a program allows implementers to measure progress, learn from results, conduct quality assurance and redesign activities for more

impact. For more information on monitoring and evaluation, please see UNAIDS guidance on [Rights-based monitoring and evaluation of national HIV responses](#).

2.4 Sustain human rights programs to achieve impact

Throughout the process of implementation and scale-up, applicants should consider how to sustain the delivery of programs to remove human rights-related barriers. Countries should consider the financial, programmatic, governance and political dimensions of sustainability. From a financial perspective, countries should track progress towards sustainable funding and support for programs to reduce human rights-related barriers. Countries are encouraged to report their domestic expenditure on such interventions under the [Global AIDS Monitoring](#) framework.²⁹

For more information on the sustainability of programs to remove rights-related barriers, see section 7.3 of the [Practical Guide: Implementing and Scaling Up Programmes to Remove Human Rights-related Barriers to HIV Services](#) and the [Global Fund Guidance Note on Sustainability, Transition and Co-Financing](#).

²⁹ See indicator 8.1 on domestic public budget for HIV in the Global AIDS Monitoring framework: *Global AIDS Monitoring 2022*, UNAIDS, https://www.unaids.org/sites/default/files/media_asset/global-aids-monitoring_en.pdf

3. Priorities for Investment

This section describes the programs needed to comprehensively address human rights-related barriers to HIV services (see Box 3). It starts by highlighting the four Human Rights Program Essentials that the Global Fund expects all countries to implement as part of their national response to HIV, and then describes the full program areas.

All these programs have been recognized as effective and evidence-based by UNAIDS, WHO and the Global Fund.³⁰ Importantly, governments have committed to them in the UN Political Declarations on HIV/AIDS.³¹ The Global Fund expects applicants to use significant funds and efforts to make these programs a core part of their prevention and treatment strategies, to integrate them into these strategies, and to take them to scale.

These program areas are included in the [Global Fund HIV Modular Framework](#). They can be found in the module on removing human rights-related barriers to services and in each of the key population prevention modules, as well as the module for adolescent girls and young women.

Box 3. Program areas to reduce human rights-related barriers to HIV services

- Eliminating stigma and discrimination in all settings
- Ensuring non-discriminatory provision of health care
- Increasing legal literacy (“know your rights”)
- Increasing access to justice
- Ensuring rights-based law enforcement practices
- Improving laws, regulations and policies relating to HIV and HIV/TB
- Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity
- Supporting community mobilization and advocacy for human rights

3.1 Program Essentials for removing human rights-related barriers to services

Program Essentials are a set of standards for the delivery of services by Global Fund-supported programs. They are a new requirement in the 2023-2025 allocation period. **All**

³⁰ See, for instance, Essential interventions for impact: critical enablers – *Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations*, World Health Organization, 2022. <https://www.who.int/publications/i/item/9789240052390>

³¹ See, for example, *Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030*, United Nations General Assembly, 2021, https://www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf

HIV applicants are required, as they fill out the Essential Data Table, **to provide an update in their funding requests on their country’s status regarding achieving Program Essentials**. HIV applicants from Core and High Impact countries are also asked to describe in their funding request narrative any plans to address Program Essentials that are not fulfilled.

There are four **Program Essentials** for human rights:³²

- Prevention and treatment programs for key and vulnerable populations integrate interventions to reduce human rights- and gender-related barriers to these programs.
- Stigma and discrimination reduction activities for people living with HIV and key populations are undertaken in health care and other settings.
- Legal literacy and access to justice activities are accessible to people living with HIV and key populations.
- Support is provided to efforts, including community-led efforts, to analyze and reform criminal and other harmful laws, policies and practices that hinder effective HIV responses.

Prevention and treatment programs for key and vulnerable populations integrate interventions to reduce human rights- and gender-related barriers to these programs – This Program Essential underscores that interventions to remove human-rights-related barriers are to be integrated, wherever possible, in prevention and treatment programs for key populations. The [Modular Framework](#) reinforces this by including interventions to remove human rights-related barriers within the prevention modules for men who have sex with men, sex workers, transgender persons, people who use drugs, people in prisons and adolescent girls and young women. The human rights activities that are integrated in the prevention modules for specific populations are the same set of interventions described in the program areas below, but they are tailored to the needs of a specific group. The human rights activities that should be integrated in treatment programs include:

- Pre- and in-service training of health care providers on patient rights, non-discrimination, duty to treat, informed consent and confidentiality, violence prevention and treatment;
- Community-led monitoring of the provision of treatment and drug supply chains;
- Integration of paralegals into health facilities; and
- Development and distribution of patients’ rights materials and of institutional policies and accountability mechanisms for health care facilities.³³

Stigma and discrimination reduction activities for people living with HIV and key populations are undertaken in health care and other settings – This Program

³² Note that Program Essential numbers reflect their order in the HIV info note:

https://www.theglobalfund.org/media/4765/core_hiv_infonote_en.pdf

³³ HIV Information Note, The Global Fund, 2022, https://www.theglobalfund.org/media/4765/core_hiv_infonote_en.pdf

Essential focuses on the basic infrastructure needed to reduce HIV-related stigma and discrimination. At a minimum, countries should implement activities to address stigma and discrimination in the health care sector. Such programs should (a) help health care providers and facility staff to better understand their own needs and rights and (b) teach providers and staff to reject stigmatizing attitudes and provide non-discriminatory treatment. Countries should also expand stigma and discrimination reduction activities to other settings of the Global Partnership, with the goal of having a comprehensive response to reducing stigma and discrimination.

To inform activities to reduce stigma and discrimination, countries should monitor the stigma and discrimination experienced by people living with HIV and other key and vulnerable populations, as well as the impact of these experiences on HIV service access and uptake, ideally using standardized stigma and discrimination data collection systems such as the Global AIDS Monitoring Framework and the People Living with HIV Stigma Index.

Legal literacy and access to justice activities are accessible to people living with HIV and key populations – This Program Essential highlights the importance of legal literacy and accountability mechanisms to support key and vulnerable populations to take up HIV prevention, treatment and care. At a minimum, countries should:

- Integrate human rights literacy (knowing your rights and the laws and policies related to health and non-discrimination, including patients' rights) into key populations programming, including into community outreach and peer educator activities; and
- Develop and disseminate communications on HIV-relevant human rights, such as a patients' rights charter and other constitutional and legislative guarantees of rights.

For access to justice activities, countries should also:

- Support the development of a cadre of peer paralegals for key and vulnerable populations. These paralegals can be recruited and trained on their own or can be recruited from peer health outreach and service providers among these populations;
- Link paralegals with attorneys who can provide guidance and support to the paralegals, as well as take up individual cases that can only be resolved with an attorney's help;
- Train and engage law students, lawyers and judges on HIV, human rights and the law, including in relation to key populations; and
- Train and engage traditional and/or religious leaders to support human and legal rights-related to HIV, including providing community dispute resolution mechanisms.

Support is provided to efforts, including community-led efforts, to analyze and reform criminal and other harmful laws, policies and practices that hinder effective HIV responses – This Program Essential centers on actions to create an enabling legal environment for the HIV response. At a minimum, countries should:

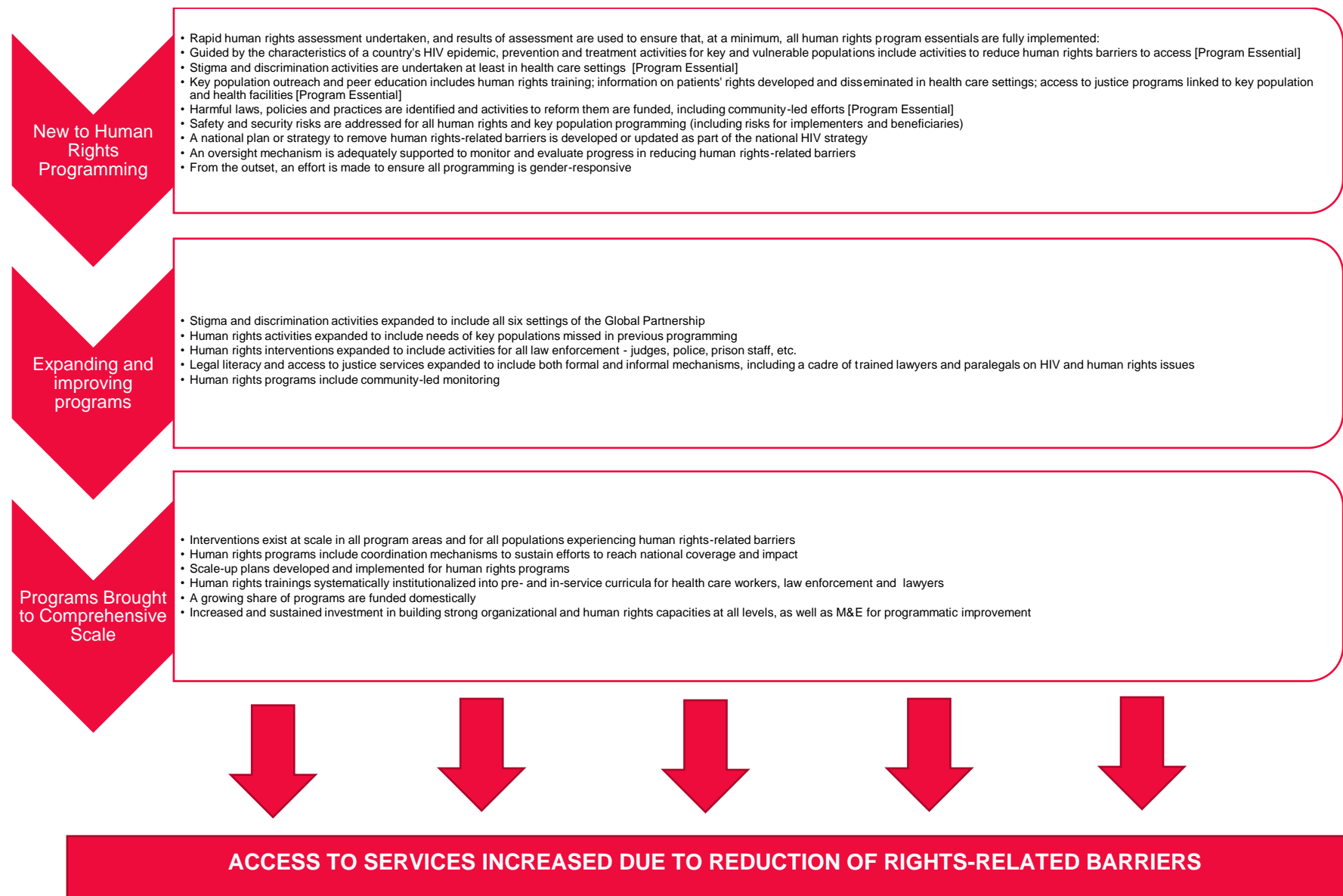
- Use a recent assessment of HIV-related policy and legal frameworks³⁴ or conduct one if none exists;
- Based on the results of the assessment, choose priority laws or policies that are barriers to access and design and implement interventions to reform these laws and policies; and
- Support community-led efforts to analyze, monitor, advocate against and reform harmful laws and policies.

From Essentials to Comprehensive

At a minimum, an effective HIV response in any country requires that these Human Rights Program Essentials be fully implemented and supported by an enabling environment (defined, in the Essential Data Table, as including a recent assessment of human rights-related barriers; a national strategy or plan to reduce the barriers; and an oversight mechanism that meets regularly to monitor and evaluate progress made in reducing barriers). Beyond that, countries should strive to implement a comprehensive response to remove the barriers, with interventions from all program areas (see figure 1).

³⁴ In this context, “up-to-date” refers to an assessment in which the findings are still relevant to the country context – for example, human rights barriers are still the same as the ones that communities and individuals currently face. If a country has an outdated assessment, countries may choose to conduct an entirely new assessment, or to update the specific components that need revisions.

Figure 1. Key steps in planning, implementing and scaling up programs to remove human rights-related barriers to HIV services



3.2 Programs needed to comprehensively address all barriers

This section describes all the programs that are needed to comprehensively address all human rights-related barriers to services. To maximize impact, applicants are encouraged to prioritize interventions and approaches in each of the areas in their funding requests, if not funded by other sources.

3.2.1 Eliminating HIV-related stigma and discrimination in all settings

The [Global Fund Strategy \(2023-2028\)](#) highlights the importance of addressing stigma and discrimination comprehensively.³⁵ This is aligned with the Global AIDS Strategy³⁶ and is consistent with the goals of the Global Partnership and the work of PEPFAR. Addressing stigma and discrimination requires activities that measure stigma and discrimination and the implementation of a set of interventions that have been shown to reduce stigma and discrimination.

Measuring levels of HIV-related stigma and discrimination

Measuring stigma and discrimination should be done periodically for affected populations where incidence and prevalence are high. Data should be disaggregated by population and also by age, sex and gender to better respond to the gender and age dimensions of stigma and discrimination.

There are several tools that can be used to measure and monitor stigma and discrimination. The most important one is the [People Living with HIV Stigma Index](#) which, using a standard methodology, supports networks of people living with HIV to implement the study.³⁷ In the 2020-2022 allocation period, the Global Fund supported the implementation of the Stigma Index in over 35 countries across Africa, Asia and Latin America.

Other tools that can be used to routinely measure and monitor stigma and discrimination include population-based surveys and the [Integrated HIV Bio-behavioural Surveillance](#) module on stigma and discrimination as experienced by key populations. Indicators from these surveys are included in the UNAIDS [Global AIDS Monitoring](#) framework. If a country has not recently conducted such studies, collecting and analyzing data on stigma and discrimination should be an urgent priority. In addition, measuring stigma and

³⁵ *Fighting Pandemics and Building a Healthier and More Equitable World: Global Fund Strategy (2023-2028)*, The Global Fund, 2021. https://www.theglobalfund.org/media/11612/strategy_globalfund2023-2028_narrative_en.pdf

³⁶ *Global AIDS Strategy 2021-2026 – End Inequalities. End AIDS.* (2021). https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf

³⁷ The PLHIV Stigma Index is managed by an International Partnership of GNP+, ICW, and UNAIDS with support from Johns Hopkins University. Aside from ensuring leadership of people living with HIV in the study, other non-negotiable principles for implementation of the PLHIV Stigma Index 2.0 include having an inclusive sampling framework, undergoing a review process for quality assurance of the research protocol, maintaining data security, and ensuring authorship of implementing national networks of people living with HIV. International Community of Women living with HIV (ICW), Global Network of People living with HIV (GNP+) and UNAIDS, *The People living with HIV Stigma Index 2.0: The non-negotiable principles for implementation*.

discrimination should be integrated into community-led monitoring in health facilities (see section 3.2.2 below) and other settings.

Reducing HIV-related stigma and discrimination

Aligned with the [Global Partnership](#), the Global Fund supports interventions to reduce stigma and discrimination in the following six settings:

1. Individuals, households and communities
2. Health care (addressed in corresponding program area 3.2.2)
3. Education
4. Workplace
5. Justice and legal systems (addressed in corresponding program areas on legal literacy and access to justice, 3.2.3 and 3.2.4), and
6. Emergency and humanitarian settings.

Sample activities in these settings include:

- **Individual, household and community settings:**
 - Increase individual-level counselling to mitigate internalized stigma.
 - Sensitize and engage community leaders through mechanisms such as community dialogues and implement activities to shift community norms that drive stigma and discrimination.
 - Engage families and households in anti-stigma and anti-discrimination activities.
- **Education settings:** Train and provide institutional support for educators and administrators on identifying and addressing HIV-related stigma and discrimination, including those affecting young key populations, through school policies, school dialogues and procedures to handle conflict/bullying.
- **Workplace settings:**
 - Provide training to workers on their rights within the workplace and tools and services for redress.
 - Implement and enforce workplace policies that promote a healthy environment that is free from HIV and key population stigma and discrimination.
- **Emergency and humanitarian settings:**
 - Revise national emergency plans to ensure that they adequately consider the needs of people living with HIV and other key populations.
 - Support community-led organizations to adapt quickly to the needs of their communities in emergencies.

Stigma reduction programs can be combined for maximum impact. For example, efforts to reduce stigma and discrimination against sex workers could include interventions to address self-stigma (individual and community level), community dialogues on sex work-related stigma (individual and community level), legal literacy and support (workplace), activities to ensure non-discriminatory health services for sex workers (health care), as well as trainings for police on HIV, human rights and sex workers (justice).

Other lessons learned from programs to remove stigma and discrimination:

- Build upon or complement existing, effective programs to address stigma and discrimination.
- Establish or sustain a strong coordination mechanism across programs.
- Include interventions that address the structural causes of stigma -- laws, policies, cultural and religious norms, etc. – as these are often neglected in stigma and discrimination reduction strategies.
- Address the gendered and intersectional dimensions of stigma and discrimination. Based on gender norms, women and girls face different forms of stigma and discrimination than men or LGBTQI+ communities. Individuals within groups often face overlapping types of stigma and discrimination (e.g., based on sex, gender identity, race, etc.). Distinct approaches should be developed, designed and led by members of the communities affected.
- When conducting stigma and discrimination reduction activities in a particular setting, engage and include institutional staff from the management and supervisory levels. Activities will be more effective if there is supportive leadership.
- When designing a program, it is important to determine when, how and what is to be monitored over the course of program implementation. Consider also how this information will then be used to guide further programming.

Box 4. Examples of activities to reduce stigma and discrimination supported by the Global Fund

- In **Mozambique**, the Viva+ Project included community dialogues and radio programs to address stigma and discrimination in 11 provinces and 63 districts. The activities were gender responsive, focusing on human rights violations experienced by women and girls. The radio programs also served to disseminate COVID-19 transmission information, along with information on legal services.
- In **Botswana**, community dialogues with traditional leaders were led by key populations and discussed issues related to human rights, harmful gender norms and gender-based violence. By the end of the dialogues, participants noted that the leaders had changed their once-hostile attitudes towards these communities.

Additional resources include:

- [Evidence for eliminating HIV-related stigma and discrimination — Guidance for countries to implement effective programmes to eliminate HIV-related stigma and discrimination in six settings](#) (UNAIDS)
- [Practical Guide: Implementing and Scaling Up Programmes to Remove Human Rights-related Barriers to HIV Services](#) (GIZ, the Global Fund, Frontline AIDS)
- [Scaling Up the Response to HIV-related Stigma and Discrimination](#) (International Center for Research on Women)
- [Groundbreaking Research and Initiatives to Measure and Reduce Stigma and Discrimination](#) (USAID, PEPFAR, HP+)

3.2.2 Ensuring non-discriminatory provision of health care

Health care settings should be places of welcome, acceptance, care and support for all, including those at risk of and affected by HIV. They should be free from any form of discrimination and bias based on health, legal, economic or social status, including sex and gender identity. However, health care workers often do not have the training, awareness or support to provide such care and acceptance.

Programs to ensure non-discriminatory provision of health care should: (a) help health care providers and facility staff better understand and secure their own needs and rights; and (b) teach providers and staff to reject stigmatizing attitudes, provide non-discriminatory treatment, and uphold human rights (including ensuring informed consent and confidentiality). These programs create safer spaces that help increase access to services. Access and uptake are also increased when clients understand that health care providers are being held accountable for stigma and discrimination or other infringements of human rights.

Applicants should combine interventions for the greatest impact. Interventions in this program area include:

- **Pre-service and in-service trainings** of health care providers, health care administrators and health care regulators on medical ethics, patients' rights, non-discrimination, duty to treat, informed consent and confidentiality, as well as violence prevention and treatment
- **Integration of human rights training materials** into pre- and in-service training of all health care providers
- **Assessments of attitudes of health care providers**, including pre- and post-intervention assessments
- **Development of institutional policies and accountability mechanisms**, including performance evaluation processes for stigma, discrimination and other abuses, and reporting mechanisms for patients
- **Periodic and ongoing community-led and -based monitoring**, including suggestion boxes and exit surveys.
- **Integration of paralegals** into health facilities.

In designing and implementing activities to ensure non-discriminatory and rights-respecting health care, it is important to understand (a) which populations experience stigma, discrimination and other human rights violations in health care settings; (b) which staff are responsible (e.g., service providers, administrative staff, guards, etc.); and (c) where the problems are occurring (which facilities, regions, etc.) This knowledge can come from assessments of attitudes of health care workers, reports from or consultations with communities or civil society organizations that monitor provision of health care, and results of the PLHIV Stigma Index or other data-gathering tools.

Where problems are known to occur, in-service training should be undertaken. Moreover, applicants should aim to institutionalize trainings in pre-service education institutions, as well as other activities to support non-discriminatory service provision.

Other lessons learned for ensuring non-discriminatory and rights-respecting health care provision include:

- Programs are more effective where care is taken to recruit trainers who are well respected by the health care workers.
- Efforts should include the development of regulations to protect health care workers against the stigma and discrimination they may face, ensure universal precautions in health care practice and guarantee access to workers' compensation, if infected.
- Program impact may also be enhanced when people living with HIV and members of other key and vulnerable populations are meaningfully involved as trainers. Consideration should be given as to when and how often such training should be provided, as well as gender considerations, such as gender balance.
- Trainings that explore values and address moral and judgemental attitudes are more effective than simply improving knowledge about HIV. Training to promote universal human rights principles and medical ethics should be adapted to local contexts with reference to local protective laws and policies.
- Interventions should address gender-based discrimination and violence for women, girls and LGBTQI+ communities, sex workers and people who use drugs. Health care facilities should not only address these issues within their trainings but should also be supported to understand how those who experience discrimination and violence can be linked to relevant medical, legal and psychosocial services.

Box 5. Combining interventions to move towards non-discriminatory health care in Kyrgyzstan

Between 2017 and 2020, Kyrgyzstan made significant progress in ensuring health workers are trained in human rights and medical ethics. Various initiatives focused on different populations. For example, Kyrgyz Indigo supported human rights and stigma reduction trainings providing services to LGBTQI+ persons; while UNAIDS, ICAP and the Network of People Living with HIV supported stigma and discrimination reduction activities for medical providers. The Ministry of Health also recommended that the Sex Worker Implementation Tool (SWIT) - which focuses both on clinical elements of care and sex worker rights and community empowerment - should be used in providing services for sex workers. To support institutionalization of trainings in formal education programs, a program on “Overcoming Stigma and Discrimination in Access to Health Services” was developed for the National Professional Developing Training Institute. Moreover, civil society and key population organizations continue to monitor the quality of services in health care facilities, regularly reporting their findings to authorities and recommending that specific challenges be addressed.

Additional resources for this program area:

- [Evidence for eliminating HIV-related stigma and discrimination — Guidance for countries to implement effective programmes to eliminate HIV-related stigma and discrimination in six settings](#) (UNAIDS)
- [Comprehensive Package for Reducing Stigma and Discrimination in Health Facilities](#) (USAID, PEPFAR, HPP)
- [Ready to Care: Improving Health Services for Young People living with HIV](#) (Global Network of Young People living with HIV, Y+)
- [Transforming Service Delivery for Improved Outcomes: A Total Facility Approach to Reducing Stigma and Discrimination](#) (PEPFAR)

3.2.3 Legal literacy (“know your rights”)

Programs on legal literacy enable people to know their rights and the relevant policies and laws related to HIV, and then to mobilize around their rights and advocate for their own needs. Important rights for HIV-related legal literacy include the rights to health, non-discrimination, privacy, and freedom from violence. People who know these rights and laws can demand: (a) access to non-discriminatory health care; (b) protective rather than punitive policing; (c) dependable supply chains and reasonable prices for medications; (d) harm reduction and other preventive services; (e) protection against gender-based violence; (f) integration of legal and psycho-social services within health care and (g) sexual and reproductive health information and services.

Countries should seek to expand legal literacy activities such as:

- **Integrating human rights literacy (including patients’ rights) into key populations programming, including into outreach for HIV prevention and treatment and peer educator activities.**
- **Developing and disseminating communications on human rights**, such as a patients’ rights charter and other constitutional and legislative guarantees of rights.
- **Running community-level “know-your rights” training, events, dialogues and other legal empowerment activities** for people living with HIV and other key populations.
- **Developing and disseminating communication materials** on HIV/TB-related rights, including through traditional and social media.
- **Developing, training and supporting cadres of community and/or peer human rights educators and human rights defenders.**
- **Engaging and training on HIV- and HIV/TB-related rights of traditional and community leaders.**
- **Establishing crisis response mechanisms** to prevent and respond to abuse, including gender-based violence.

Applicants should combine legal literacy activities with other interventions such as community mobilization, legal services and advocacy for law and policy reform. Legal literacy programs should be integrated into HIV prevention and treatment programs, where possible. For example, for people who use drugs, it is strategic to provide legal literacy in “one-stop shops” or alongside the provision of harm reduction or outreach services, where they can also be connected to legal services (see discussion of access to justice below). People who use drugs, like other patients, could also benefit from patients’ rights information when they access services in health care settings. In this scenario, various activities (from peer human rights educators to legal services to greater literacy regarding patients’ rights) support the removal of barriers for people who use drugs.

Other lessons learned include:

- Community-based and community-led organizations, including networks of key and vulnerable populations, can be an important recruitment pool for peer human rights educators, as well as an important support for them. Adding human rights and legal expertise to the portfolio of these organizations helps them to use that knowledge to mobilize best around their needs (see section 3.2.8 on community mobilization).
- Legal and rights literacy is a significant component of increasing access to justice, social accountability and community systems strengthening. Resources should be made available to build the organizational and technical capacity of communities to implement and promote legal literacy and legal empowerment.
- Patients’ rights and legal literacy-related materials and policies should be (a) posted in health services and linked to complaints procedures; (b) promoted in

community health and key population programming; and (c) used for community-based monitoring of health provision.

Box 6. Expanding legal literacy activities in Benin

With Global Fund support, Benin has made significant progress since 2017 in improving human rights awareness among key and vulnerable populations. Six legal assistants conducted 162 sensitization sessions with key and vulnerable populations between 2018 and 2020, reaching over 3,100 people with information on rights and obligations, and on legal assistance programs. A training module for transgender peer educators was developed that integrates basic information on HIV prevention and treatment with basic facts on human rights, stigma and discrimination and gender-based violence. As of May 2021, 48 transgender peer educators had been trained using the module. Moreover, human rights issues had been integrated into picture guides that are used to train peer educators from various key and vulnerable groups.

Additional resources include:

- [Practical Guide: Implementing and Scaling Up Programmes to Remove Human Rights-related Barriers to HIV Services](#) (GIZ, the Global Fund, Frontline AIDS)
- [Evidence for eliminating HIV-related stigma and discrimination — Guidance for countries to implement effective programmes to eliminate HIV-related stigma and discrimination in six settings](#) (UNAIDS)
- [Guide to Organizing and Working with Community-based Paralegals](#) (Namati, British Council)
- [Legal Empowerment, Social Accountability and HIV Prevention for Young Women and Girls: Lessons from Tanzania and Uganda](#) (International Development Law Organization)

3.2.4 Increasing access to justice

Access to justice is not only a basic right, but it also enables key and vulnerable populations to address the legal issues that affect their health, as well as provide important support for them to take up, and stay on, prevention and treatment. These issues include (a) discrimination or other rights infringements in health services, employment and housing; (b) custody rights; (c) illegal police behaviour or abuse; (d) overly broad prosecutions for HIV non-disclosure, exposure and transmission; (e) prosecutions for sex work and drug use; (f) prosecutions based on sexual orientation and gender identity; (g) denial of services in prison and pretrial detention; and (h) violence against women. Legal assistance can also help people access social services and plan for the future (e.g., estate planning, will writing).

Interventions in this program area include engagement with formal legal services (such as publicly funded legal aid programs) and other means to get legal information and support as follows:

- **Support the development of peer paralegals for key and vulnerable populations.** These paralegals can be recruited and trained on their own or can be recruited from peer health outreach and service providers among these populations.
- **Link paralegals with attorneys who can provide guidance and support,** as well as take up individual cases that can only be resolved with an attorney's help.
- **Train and engage law students, lawyers and judges on HIV, human rights and the law, including in relation to key populations.**
- **Train and engage traditional and/or religious leaders** to support human and legal rights related to HIV, including providing community dispute resolution mechanisms.
- **Provide legal information, referrals, advice and representation related to HIV and HIV/TB co-infection,** including developing and supporting *pro bono* legal services.
- **Engage national legal aid agencies and human rights organizations** to address HIV- and TB-related legal issues in their work.
- **Provide legal services and counselling for women and girls** in all their diversity.
- **Implement alternative and community forms of dispute resolution.**
- **Establish or support hotlines and other rapid response mechanisms** that address HIV- and TB-related legal issues.
- **Support strategic litigation to reform harmful laws and policies.**

To effectively increase access to justice in the context of HIV, it is important to understand what legal services exist and whether key and vulnerable populations use such services. If there is legal aid available but there is little demand for such services, it is necessary to assess why individuals are not using them. This can be due to a lack of awareness of the availability of the service, a lack of trust in the justice system, or a hesitation to share private information in a public case. Support for access to justice should then be re-designed, where possible, based on the findings of the assessment.

Access to justice programming should be responsive to the needs of the communities that it serves. For example, if a specific community prefers to work with traditional or religious leaders to resolve claims of HIV-related discrimination, they should have the option to do so, rather than being required to go through the formal legal system. Moreover, some communities (such as people who use drugs or transgender women) might feel more comfortable seeking redress through peer paralegals or dedicated drop-in centers, as opposed to general legal aid offices.

Combining access to justice services with interventions from other program areas can maximize impact. For instance, peer paralegal programs for sex workers can be combined with formal legal aid, as well as trainings for law enforcement (both police and judges) and community-based monitoring, to create a more enabling environment for sex workers.

Lessons learned for access to justice programs include:

- Ensuring the safety and security of the key populations who use these services is critical. People will use the services only if their confidentiality and privacy are protected.
- For access to justice programs to be effective, implementers should work hand-in-hand with, and meaningfully involve, communities and community-led organizations (see section 3.2.8 on community mobilization).
- Access to justice interventions should include systems for documenting and monitoring the use of legal services. Such systems should capture the number of times services are used, the quality of services, and the outcomes of cases.

Strategic litigation can be a vital tool to counter punitive laws and advance a human rights- and evidence-based public health approach. An example of this is a case where a Global Fund-supported grantee, the Uganda Network on Law, Ethics and HIV/AIDS (UGANET), brought a case that not only protected a person living with HIV, but also helped establish the rational elements necessary for a conviction under a law criminalizing HIV transmission (box 7, below).

Box 7. Paving the way to restrict overly broad HIV criminalization: *Komuhangi Silvia vs. Uganda Criminal Appeal No. 0019 of 2019*

With the support of the Global Fund, the Uganda Network on Law, Ethics and HIV/AIDS (UGANET) was able to start a broader national conversation around repealing overly broad criminalization of HIV transmission in Uganda. In a span of six months, UGANET handled four public cases on HIV criminalization, which also resulted in media coverage on the issue. One of the most notable cases involved Komuhangi Silvia, who was charged with potentially infecting a baby with HIV under Section 171 of Uganda's Penal Code, which criminalizes a negligent act likely to spread disease.ⁱ After spending seven months in pre-trial detention, Komuhangi Silvia was convicted and sentenced to two years in jail. On appeal to the High Court, UGANET took up the case. The High Court overturned the decision, finding that the lower trial court did not have satisfactory evidence to make a guilty determination. The High Court explored scientific and medical advancement in HIV treatment, and said that in HIV criminalization cases, courts must explore the full range of factors that can affect the risk of HIV transmission following exposure. In Silvia's case, the judge noted that the following evidence was needed for a conviction: (a) that the individual was living with HIV; (b) that they had an infectious viral load; and (c) that the

alleged behavior or activity posed a real risk that for HIV transmission, based on scientific and medical evidence and risk of exposure. This was the first time that a Ugandan court explicitly outlined these requirements for a guilty verdict in HIV criminalization cases, a step in restricting overly broad HIV criminalization.

Additional resources include:

- [Practical Guide: Implementing and Scaling Up Programmes to Remove Human Rights-related Barriers to HIV Services](#) (GIZ, the Global Fund, Frontline AIDS)
- [Evidence for eliminating HIV-related stigma and discrimination — Guidance for countries to implement effective programmes to eliminate HIV-related stigma and discrimination in six settings](#) (UNAIDS)
- [Toolkit: Scaling-Up HIV-related Legal Services](#) (IDLO, UNAIDS, UNDP)

3.2.5 Ensuring rights-based law enforcement practices

Law enforcement officers are key to supporting access to HIV services and to protect those vulnerable to, or living with, HIV from discrimination and violence. However, police, judges, prosecutors and prison staff may not understand how HIV is transmitted or the many forms that HIV vulnerability and discrimination can take. They themselves may be sources of stigma, discrimination, illegal law enforcement activities and violence against key and vulnerable populations. Illegal policing takes the forms of harassment, verbal abuse, arbitrary arrest, soliciting bribes, and violence, including rape and sexual violence. Police may also directly undermine prevention by seizing condoms from sex workers and preventing harm reduction activities or closing down services that they perceive to be encouraging illegal behaviors.

Programs to address these issues should:

- **Provide information on basic HIV epidemiology and the national strategies on prevention and treatment** for law enforcement personnel.
- **Show how law and law enforcement can either support or undermine the HIV response, and how law enforcement can:**
 - Reduce stigma, discrimination and illegal police practices aimed at key populations.
 - Protect the rights of women and girls in all their diversity and address gender-based violence.

These programs can take the forms of:

- **Trainings for law enforcement officers** (police, judges, prison staff) on public health, human rights and HIV and TB that includes the meaningful participation of key populations.
- **Integration of HIV and human rights training materials** into pre- and in-service training for police.

- **Development of law enforcement policies to ensure a rights-based public health approach**, particularly in relation to key populations.
- **Assessments of attitudes of police, prosecutors, judges, prison staff**, including pre- and post-intervention assessments.
- **Support to community-led monitoring of HIV-related vulnerability/abuse** in context of policing and prison practices.
- **Sensitization of judges on HIV prevention, treatment and care**, as well as on human rights obligations.
- **Joint activities between police personnel and representatives of key populations.**

Programs can be aimed at personnel of Ministries of Justice and Interior, judges, prosecutors, religious and traditional leaders, police, and prison personnel. Rather than having “one-off” trainings, it is important to provide these interventions in combination with other efforts that will reinforce changes in attitudes and practices. Such efforts might involve collective advocacy and ongoing engagement or dialogue with the police by key and vulnerable populations. Training is more successful if it involves training by police peers and oversight and leadership from high-level officials.

Other lessons learned from working with law enforcement include:

- Police appear to be more responsive to the training if it also deals with occupational safety issues involving risks of HIV infection, including during police work.
- Promising programs involve study trips between countries to see successful harm reduction programs; joint activities with key populations to address police violence, (including sexual violence); and joint activities to monitor abuses and find redress for key populations.
- It is critical to ensure the safety and security of implementers, including members of key populations, when developing activities to address law enforcement attitudes and practices.
- Engaging law enforcement at the senior level is imperative – not only does this give program implementers or civil society organizations a champion to call for assistance if arrests or harassment occur, but it can also limit violence by law enforcement against members of key populations more broadly.

Box 8. Addressing law enforcement practices in South Africa

In South Africa, two sex worker-led groups, the Sex Worker Education and Advocacy Taskforce (SWEAT) and Sisonke, have documented abusive police practices that have constituted barriers to HIV health services. Their work has built a foundation for productive collaborations with law enforcement. The Dutch non-governmental organization *Cultuur en Onstpannings Centrum* (COC) International established a memorandum of understanding with the South Africa Police Service (SAPS); and a training program called Dignity, Diversity and Policing (DDP) was developed in consultation with key population

groups, including sex workers. A pilot demonstrated the receptiveness of SAPS officers to the program, including interacting with people living with HIV and key population representatives. While COC funded the pilot, Global Fund support enabled the training to scale up under the terms of the National Human Rights Plan. There is a need to further expand this training to reach more of the 155,000 SAPS officers in the country and go beyond one-off trainings by integrating DDP into pre-service trainings.

Additional resources for this program area include:

- [Practical Guide: Implementing and Scaling Up Programmes to Remove Human Rights-related Barriers to HIV Services](#) (GIZ, the Global Fund, Frontline AIDS)
- [Guidance for Prosecutors on HIV-related Criminal Cases](#) (UNDP)
- [Law Enforcement Training – Preventing and Responding to Violence against Key Populations to Increase Access to Justice and Strengthen the HIV Response](#) (USAID, PEPFAR, Linkages, FHI 360)

3.2.6 Improving laws, regulations and policies related to HIV and HIV/TB

Over the last four decades, there have been significant efforts to reform laws and policies to create more enabling legal environments for effective HIV responses. While there have been some successes, there remain many policies and laws that impede access, discriminate against women and against key populations, and undermine proven strategies for HIV prevention and treatment. These include problematic health regulations and policies, such as those involving (a) mandatory testing, disclosure and treatment; (b) registration of people who use drugs; (c) failure to take into account flexibilities in intellectual property law; (d) age of consent barriers for adolescents accessing services; (e) sterilization of women living with HIV; and (f) HIV-related travel restrictions. They also include laws that criminalize sex work, possession of small amounts of drugs or injection equipment for personal use, consensual same-sex sexual conduct and overly broad HIV criminalization.

To maximize impact, applicants are encouraged to prioritize the following investments to improve laws, regulations and policies, if not already funded by other sources:

- Conducting or updating an assessment of HIV-related policy and legal frameworks
- Developing and implementing an action plan for reform of harmful laws, policies and practice
- Supporting community-led efforts to analyze, monitor, advocate against and reform harmful laws and policies, including criminalization.

Other needed interventions include:

- **Ongoing community-based monitoring** of law and policy development and implementation, as well as the impact of these on HIV and HIV/TB

- **Support for activities to inform and sensitize parliamentarians, relevant ministries, and religious and traditional leaders** on law reform, and ensure community engagement in these activities
- Support for a **coordination mechanism to oversee efforts to improve the national legal environment** to better support the national AIDS response

Law reform can be a difficult and long process, while reforming regulations and policies may take less time. Countries should combine various efforts around improving HIV-related laws and policies that will benefit people in the shorter- and longer-term.

Other lessons learned from efforts to improve HIV-related laws, policies and regulations include:

- Where available, build on existing institutions that monitor national laws and policies, including National Human Rights Institutions and Offices of Ombudsmen.
- Invest in strong partnerships with community-led organizations and affected populations, as they are critical for setting priorities and pushing for policy reform (see also section 3.2.8 on community mobilization).
- As laws can usually only be changed through legislative processes, perform a strategic assessment of whether law reform efforts are likely to result in positive change or in more repressive laws.
- Enhance the safety and security of advocates from key and vulnerable populations, as well as advocates in government institutions who may be internal champions. Organizations engaged in this work should understand the risks and establish protections to keep their workers from harm, including developing and following guidelines that promote their own and others' security. There should also be a protocol in place outlining support to workers if they do experience violence or abuse. Mental health support is also suggested to address the cumulative stress that such advocates may endure.

Box 9. Jamaica: Strengthening advocacy for law and policy reform

Repealing the Offenses Against the Person Act that criminalizes consensual sexual activity between men continues to be a challenge. However, HIV-focused civil society organizations are using the new energy generated by the *Breaking Down Barriers* initiative to broaden their work against stigma and discrimination to include organizations of people with disabilities, Rastafarians and other religious minorities, reproductive rights groups, churches, and others. These organizations published a Joint Civil Society Advocacy Plan that outlines specific strategic targets for law and policy reform in multiple sectors (health, employment, education, reproductive rights) and identifies key civil society and government partners for each initiative. The Office of the Public Defender (OPD), Jamaicans for Justice (JFJ) and Jamaica AIDS Support for Life (JASL) prepared a policy paper and drafted anti-stigma and discrimination legislation that expanded the framework for defining human rights protections beyond HIV and LGBTQI+ to all sectors.

Key stakeholders report that passage of the bill is an attainable goal. JFJ and OPD also collaborated on a paper in support of creating a National Human Rights Institution. The passage of such laws and the creation of a National Human Rights Institution could significantly reduce discrimination and barriers to health care for key populations.

Additional resources for this program area include:

- [Practical Guide: Implementing and Scaling Up Programmes to Remove Human Rights-related Barriers to HIV Services](#) (GIZ, the Global Fund, Frontline AIDS)
- [Legal Environment Assessment for HIV: An Operational Guide to Conducting National Legal, Regulatory and Policy Assessments](#) (UNDP)
- [HIV and the Law: Risks, Rights and Health](#) (Report + Follow up Supplements) (Global Commission on HIV and the Law)
- [Effective Laws to End HIV and AIDS: Next Steps for Parliaments](#) (Inter-Parliamentary Union, UNDP)

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

All programs supported by the Global Fund – including all programs to remove human rights-related barriers – should be gender responsive (see box 10). This means that they should be implemented in ways that respond to the specific and different gender-based barriers experienced by women and girls, men and boys and LGBTI+ people. Towards this end, the Global Fund has developed a Gender Equality Marker to systematically track and strengthen how gender equality is considered in the design, delivery and evaluation of all Global Fund-supported programs.

Where possible, programs should aim to go beyond gender responsiveness to be gender transformative – that is, they should actively seek to build social norms and structures that support equality and equity.³⁸

Box 10. Gender Responsive Programming should be:

- Designed so that their contents and strategy **respond to the specific gender-related issues and needs that their clients experience.**
- Implemented in a **gender-responsive manner**; and
- **Monitored and evaluated by a system that integrates gender considerations**, including coverage and outcome indicators based on sex, gender identity and sexual orientation, as well as gender- and age-disaggregated data.

³⁸ Global Fund guidance document on “Ensuring that programs to remove human rights-related barriers to HIV, TB and malaria services are gender-responsive and gender-transformative” https://www.theglobalfund.org/media/10826/hhr_human-rights-related-barriers-htm_guidance_en.pdf

In addition, to maximize impact, applicants are encouraged to prioritize the following investments aimed at reducing the gender-based discrimination and violence (as well as the harmful gender norms) that increase HIV vulnerability for women and girls in all their diversity. While the focus is on interventions for women and girls, holistically addressing harmful gender norms and violence requires activities with a broader reach, involving men and boys and LGBTI+ persons.

Two approaches should be used. They involve implementing and scaling up:

1. **The interventions in all the program areas described in this brief for and by women and girls** (e.g., peer paralegals for women living with HIV, sex workers and transgender women; legal literacy and legal services for young women and adolescent girls, women who use drugs, sex workers, transgender women; stigma reduction in communities and in schools for women and girls living with HIV; patients' rights materials for women in sexual and reproductive and maternal health services); and
2. **Specific activities that reduce harmful gender norms and gender-based violence.**

In the first approach, activities in all program areas can be implemented for and by women and girls across key and vulnerable populations. Implementing such programs will greatly reduce the vulnerability of women and girls to HIV. These activities should be integrated into prevention and treatment services, including in programs to prevent vertical transmission, in family planning and pre- and post-natal care, in sexuality and life skills education, and in efforts to keep girls in school. Furthermore, the human rights activities throughout the program areas can be designed and implemented to address the gender-specific needs of women and gender-diverse members of key and vulnerable populations: women who use drugs, transgender women, women sex workers, disabled women, and women migrants and refugees. This is crucial, as women and girls belonging to these populations often receive too little attention in programming.

The second approach focuses on programs specifically designed to address gender inequality, harmful gender norms and gender-based violence. These include activities that reduce wife inheritance, early or forced marriage, intimate partner violence, disproportionate burden of care, harmful dowry practices, female genital mutilation, unequal marital and property laws, and homophobia and transphobia. They can be delivered as programs that focus on HIV-related vulnerabilities stemming from such contexts. Alternatively, HIV components can be integrated into existing general programs to promote gender equality and end gender-based violence, as well as into life skills and sexuality education programs for young people.

Other interventions include:

- **Consulting communities** to identify gender-related barriers to accessing HIV services

- **Conducting periodic HIV gender assessments, and planning or revising programming** informed by the assessments
- **Reforming laws, policies and law enforcement practices** regarding age of consent, spousal consent, gender-based violence, sexual consent, early child marriage, universal primary/secondary education for all children, changing gender markers on identification cards, and family, property, inheritance and custody laws
- **Sensitizing and engaging community, traditional, religious and opinion leaders on gender-based violence**, as well as harmful gender norms and traditional practices
- **Supporting women’s groups** to raise awareness of HIV and TB-related rights, monitor violations and advocate for change
- **Integrating tracking of HIV and/or TB-related violations against women and young people into existing human rights monitoring systems**

Lessons learned from efforts to reduce HIV-related gender discrimination, harmful gender norms and violence against women and girls include:

- Work with, and support the leadership of, women’s and girls’ organizations in designing, implementing and monitoring interventions, as they are best placed to identify the specific challenges that their members face in service access, as well as to determine what works and what does not.
- Engage and support women and girls to be leaders of the activities implemented throughout the various program areas.
- Provide technical and financial assistance to community-led organizations focused on women and girls, as some organizations (such as those working with transgender women) may be new and under-funded.
- Adopt an intersectional approach to programming that recognizes that individuals may face challenges on several fronts (e.g., based on sexual orientation, gender identity or expression, sex, race, age and other characteristics) and develop services that address these issues at the same time.

Applicants should note that, in addition to addressing gender equality-related barriers to services in its human rights work, the Global Fund supports dedicated interventions to address barriers and facilitate service access for adolescent girls and young women, men who have sex with men, transgender people and sex workers. See the [Modular Framework](#) for details on supported activities.

Box 11. Activities addressing harmful gender norms, discrimination and violence

- Organizations in **Sierra Leone** are implementing projects to address gender-related discrimination. SWAASL is supporting peer educators to reach over 6,000 sex workers, providing information on HIV, prevention of gender-based violence, and intimate partner violence. Dignity Association is providing similar services for men who have sex with men and transgender persons.
- In **Mozambique**, the legal literacy and paralegal programs under Viva+, implemented in 11 provinces, take a community-based approach that partners with schools, parents, health officials and (in some areas) law enforcement, to promote HIV prevention, reduce gender-based violence and prevent early marriage. The project also includes male engagement activities. While this program primarily focuses on engaging men in health care, it also promotes gender and human rights education.

Additional resources for this program area include:

- [Practical Guide: Implementing and Scaling Up Programmes to Remove Human Rights-related Barriers to HIV Services](#) (GIZ, the Global Fund, Frontline AIDS)
- [Scaling Up Interventions to Prevent and Respond to Gender-based Violence](#) (USAID)
- [Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations](#) (WHO)

3.2.8 Community mobilization and human rights advocacy

Community mobilization around human rights has been at the center of the HIV response since the beginning of the epidemic. Empowerment through promotion and protection of human rights strengthens health and community systems, in terms of both accountability and increased delivery of services. The central role of communities has again been highlighted in the COVID-19 pandemic.³⁹

The Global Fund, UNAIDS and WHO have recognized that community mobilization and empowerment are cornerstones of effective HIV responses.^{40,41} In its [Strategy](#), the Global Fund encourages a stronger leadership role for communities living with and affected by HIV, especially in the area of removing human rights barriers to services.

³⁹ Global Fund Community Engagement Strategic Initiative Update (June 2022). See also *Holding the line: communities as first responders to COVID-19 and emerging health threats*, UNAIDS, 2022. <https://www.unaids.org/en/resources/documents/2022/holding-the-line-communities-first-responders>.

⁴⁰ See, for example, *Global AIDS Update: Confronting Inequalities*, UNAIDS, 2021. <https://www.unaids.org/en/resources/documents/2021/2021-global-aids-update>.

⁴¹ *Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations*, World Health Organization, 2022. <https://www.who.int/publications/i/item/9789240052390>

To maximize impact, applicants are encouraged to prioritize the following investments aimed at strengthening local and national civil society and community-led organizations working on HIV-related human rights issues, unless they are funded by other sources:

- **Providing core support to community-led organizations** for recruitment, training, management and monitoring and evaluation activities relating to human rights goals.
- **Supporting training of staff** on human rights advocacy and mobilization in relation to HIV-related human rights.
- **Linking community-led organizations with national or regional human rights organizations and institutions**, as well as national or regional legal services organizations.
- **Developing peer expertise** to enable the deployment of peer human rights educators and peer paralegals.
- **Supporting community-based organizations and networks of key populations** to take on human rights literacy, stigma reduction, community-based monitoring, law reform efforts and human rights advocacy for their constituents.
- **Establishing security strategies for members of key populations** when they are faced with threats or violence, including crisis response systems.

The objective of this program area is to support the development of HIV-related human rights and legal knowledge among existing and new community-led organizations that are working in the national response. This should enable more organizations working on HIV to incorporate human rights and advocacy into their prevention and treatment work. It should also create a sustainable group of community experts among various key populations who can educate their constituents and mobilize them around their rights to prevention and treatment. This support further increases the human right expertise in-country to carry out and implement the programs described above in an ongoing manner, thereby creating a more enabling – and sustainable – environment for the HIV response.

Lessons learned from community mobilization and human rights advocacy include:

- Community members from key and vulnerable populations should be the leaders of community mobilization efforts and, where non-community members are involved, should have equal decision-making power on program implementation.
- Community members involved in community mobilization activities should be remunerated with reasonable amounts, according to country contexts.
- Since many community-led organizations operate at a small scale, supporting them should include financial, technical and operational support (including security planning) to strengthen their infrastructure and capacities.

Box 12. Supporting community organizing and advocacy for LGBTQI+ rights in Botswana

LEGABIBO (Lesbians, Gays and Bisexuals of Botswana) is Botswana's longest-running community-led organization focused on rights related to sexual orientation, gender identity and gender expression. LEGABIBO implements various community-focused human rights activities. For example, the organization holds legal literacy workshops for LGBTQI+ communities in collaboration with 17 district COLAs (Community Organizers, Leaders, Activators), who are trained to monitor human rights violations, provide support and accompaniment for LGBTQI+ members to police to report abuses and to facilitate support group meetings. Moreover, in response to the dearth of dedicated programming for transgender people, LEGABIBO recruited a COLA to focus on support for the transgender community and hosted a national transgender dialogue that resulted in a national civil society policy framework to promote legal gender recognition.

Additional resource for this program area include:

- [Information Note on Resilient and Sustainable Systems for Health](#) (Global Fund)

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