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| submission byfrontline aidsHuman Rights Council consultation on human rights in the HIV responseThe Human Rights Council Consultation on Human Rights in the HIV Response provides an important opportunity to strengthen the global effort to reach the end of AIDS by 2030, in line with the Sustainable Development Goals and the 2016 UN Political Declaration.[[1]](#endnote-2) Ending AIDS as a public health threat by 2030 is only possible if the global response respects, protects and upholds human rights. This submission shares examples of good practice in regard to how to best deliver on leaving no one behind, particularly in addressing stigma, discrimination, violence and abuse to promote human rights in the HIV response. It is a contribution to and complements the outcomes of the Human Rights Council consultation on human rights in the HIV response in Geneva, on 12-13th February 2019.Frontline AIDS is a global movement igniting innovations that break through social, political and legal barriers that stand in the way of a future free from AIDS. We work with communities in more than 40 countries, taking local, national and global action on HIV, health and human rights. We have been on the frontline of the world’s response to HIV and AIDS for 25 years, working with marginalised people who are denied HIV prevention and treatment simply because of who they are and where they live, including LGBTIQ people, sex workers, women and young people, and people who use drugs. Everything we do is rooted in our two key beliefs: that the lives of all human beings are of equal value; that everyone has the right to access the HIV information and services they need for a healthy life.Linking HIV, human rights and the Sustainable Development GoalsLeave no one behindStates parties to international human rights treaties can address the leave no one behind principle through the **periodic reporting mechanisms by linking specific SDG targets that are applicable to people living with HIV, and those most affected by HIV**. For example, the following human rights treaty bodies can make recommendations to States parties on ending AIDS by 2030 by recommending the following in their concluding observations:**International Covenant on Economic, Social and Cultural Rights:** Article 2.2 can address SDG Goal 10: Reduced inequalities because stigma, discrimination and/or criminalisation relating to people most affected by HIV[[2]](#endnote-3)[[3]](#endnote-4) significantly contributes to HIV prevalence and can also create barriers to accessing HIV prevention, treatment and care treatment and can lead to human rights violations. [[4]](#endnote-5) * Article 2.3.a, b, & c can address SDG Goal 16: Peace, justice and strong institutions, because criminalisation as well as lack of reporting and redress mechanisms for people living with HIV and affected by HIV makes it difficult to report human rights abuses when they occur[[5]](#endnote-6). People living with HIV and those affected by HIV are less likely to be included in decision-making processes due to stigma and exclusion[[6]](#endnote-7).
* **Articles 6.1, 6.2 and 7 can address SDG Goal 8: Decent work and economic growth because** HIV costs around US $7 billion in lost earnings to the global economy each year. This is largely due to the hundreds of thousands of preventable AIDS-related deaths[[7]](#endnote-8).
* Article 9 can address SDG Goal 1: No poverty becauseYoung people (under 30 years old) living with HIV often experience higher levels of unemployment, in some countries more than 50% are unemployed[[8]](#endnote-9).

Article 11 can address SDG Goal 11: Sustainable cities and communities becausearound 200 cities across 63 countries are home to more than a quarter of all people living with HIV in the world[[9]](#endnote-10). Articles 11.1 and 11.2 can address SDG Goal 2: Zero hunger because up to 62% of people living with HIV across 13 countries reported not having enough food to eat each day during the previous month[[10]](#endnote-11). Article 12 can address SDG Goal 3: Good health and well-being because 21.7 million people worldwide now have access to antiretroviral therapy, but 15.2 million still do not[[11]](#endnote-12). Article 15.1.b can address SDG Goal 9: Industry, innovation and infrastructure because the current for-profit research and development (R&D) model can lead to a lack of incentive for pharmaceutical companies to invest in unprofitable areas, such as antiretroviral therapy for children.[[12]](#endnote-13)In 2017, only 52% of HIV-positive children were receiving treatment.[[13]](#endnote-14) As well as SDG Goal 17: Partnerships for the goals, because the flexibilities outlined in the Trade-related Aspects of Intellectual Property Rights (TRIPS) agreement can be used by signatories to tailor national intellectual property regimes so that countries can fulfil their human rights and public health obligations, but these are often under-utilised by governments.[[14]](#endnote-15). **The Committee on the Convention on the Rights of the Child*** Articles 28 & 29 can address SDG **Goal 4: Quality education because** of 2011, only 24% of young women and 36% of young men had comprehensive knowledge of HIV.[[15]](#endnote-16)

**The Committee on the Convention on the Elimination of all forms of Discrimination against Women** * Can address **SDG Goal 5: Gender equality because** AIDS related illnesses remain the leading cause of death among women of reproductive age (15–49 years) globally, and they are the second leading cause of death for young women aged 15–24 years in Africa.[[16]](#endnote-17)
* Articles 5 and 7 can address SDG Goal 16: Peace, justice and strong institutions, becausecriminalisation as well as lack of reporting and redress mechanisms for people living with HIV and affected by HIV makes it difficult to report human rights abuses when they occur[[17]](#endnote-18). People living with HIV and those affected by HIV are less likely to be included in decision-making processes due to stigma and exclusion[[18]](#endnote-19).

 inclusive dataData is key to leaving no one behind.There is limited disaggregated and good quality data on marginalised communities at higher risk for HIV (such as gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated), as well as limited data measuring stigma and discrimination in access to HIV prevention, treatment and care. More work is needed to research this, because without this data we don’t know enough about the extent of the problem and how to propose solutions.[[19]](#endnote-20) To help with data security and confidentiality, particularly of criminalised or marginalised people. In addition, use systems that allow criminalised or marginalised populations to interact anonymously with services, while still allowing health providers to track them through the system and manage their needs. We would like to encourage different NGOs and health providers working in the same country to use a shared UIC system to track how people move between services.  **Frontline AIDS recommends Member States to report on targets in SDG 3 by providing inclusive data.** See Annex 1 for examples. **We also** **recommend the use of Unique identifier codes (UIC).**Equality and non-discriminationA broader understanding of "disability" within or under existing legislation offers a key means of addressing discrimination against people living with HIV or those perceived to be living with HIV, as there is no binding international law instrument dealing explicitly and directly with HIV and human rights. There is no guarantee that protection against discrimination on the ground of "health status", as articulated in international treaties, will be interpreted broadly, so as to include HIV/AIDS, in national legislation and by national courts or tribunals.There is a clearrequirement for adequate protection against discrimination based on disability extending to protection against discrimination on the basis of actual or perceived HIV status. We recommend addressing discrimination by association of people living with HIV, because of proximity to others perceived to be living with the disease (e.g., family members) or association with groups stereotypically linked with HIV infection, such as members of the LGBTI community, sex workers and people who use drugs. People living with HIV have legal protection in some national anti-discrimination law, for example, the United Kingdom under the Equality Act and in South Africa under the Employment Equity Act, No 55 of 1998. UNAIDS suggests that the inclusion of HIV in national disability laws has been one of the most effective means by which to address discrimination based on HIV status or AIDS[[20]](#endnote-21)Best practice examples stigma and discrmination A training methodology to address stigma and discrimination of people living with HIV or affected by HIV, called *Looking in, looking out (LILO*) has had very successful outcomes in its evaluation. The Government of Côte d'Ivoire have widely adopted this curriculum already. The training participants from a range of programmes that were evaluated consistently report a deeper understanding of marginalised populations (gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people) as a result of workshops. In particular, participants highlight a better understanding of the complexities of the issues and challenges key populations face – the experiences of violence, isolation, vulnerability and stigma. Participants also report a deeper understanding of the diversity within and between marginalised groups. LGBTI people (specifically MSM and female transgender persons), sex workers and people who use drugs are grouped together in public health frameworks based on a shared higher risk of HIV infection, yet the reality is these groups do not necessarily have that much in common. **Recommendation:** **Frontline AIDS recommends that m**e**thodologies to break down stigma and discrimination, such as the LILO approach,** could be adopted by national governments to raise awareness and change behaviour towards people living with HIV and those most affected by HIV.  Frontline AIDS use a tool calledRights-Evidence-Action (REAct). It is a secure IT-based human rights monitoring and response system owned and managed by grassroots organizations. The system helps respond to human rights barriers to accessing HIV services by collecting relevant evidence in order to identify and provide or refer to individual emergency support, human rights-based HIV programs, and to generate evidence for advocacy and for future programming. reporting on human rights and hiv **Recommendation: Frontline AIDS recommends training and utilisation of human rights monitoring and response systems, such as the REAct tool, by communities at national levels in order to gather additional data.**The Larry Chang Foundation provides a comprehensive and holistic approach to homeless men who have sex with men (MSM) and transgender people in Jamaica. Its work is led from a social work perspective, which is a holistic approach, and includes assessment and care planning aimed at responding to the individual needs of each person, identified from initial and core assessments. These care-plans include ensuring access to discrimination free services. Based on the findings and data analysis from assessments, they have organised their interventions into four sections; 1) Housing (stable living opportunities) 2) health and nutrition (access to quality health care and health education) 3) case-management (social interactions and civil society) and vocational training (identifying life-skills 4) training to facilitate employable opportunities for their independence and social stability). Because of their approach, the organisation has been able to persuade the Ministry of Health and the Ministry of Education to provide services for this hard to reach group as part of their programme. The Foundation provides safe and stable housing in a residential home facility with nursing care on hand,but requires more support to fulfil the demand. The residential home facility is crucial as it enables higher risk clients to receive a rapid response to their immediate needs and a holistic package of support and interventions within a contained facility. housing**Recommendations:** **Frontline AIDS recommends national strategies be established that are fully inclusive for housing. For example, shelters for homeless women subjected to intimate partner violence, LGBTI persons, with specific attention to youth, older persons and those in emergency situations.[[21]](#endnote-22) Design, development and implementation of housing must provide for meaningful engagement with and participation of people living with HIV and their representative organisations[[22]](#endnote-23).** violence against womenWINGS, or the Women Initiating New Goals for Safety programme in India, uses social cognitive theory to address intimate partner violence and other forms of violence faced by women who use drugs or engage in heavy drinking. One of the many reasons for this is that women who experience violence are up to three times more likely to be infected with HIV than those who have not. Women who use drugs are particularly vulnerable to violence and to HIV, yet programmes that link these issues remain rare. It also means WINGS can be adapted for any group and for any country. The model has proved so successful Frontline AIDS are hoping to support its implementation in Senegal, Myanmar, Viet Nam, Indonesia and Malaysia in the near future. **Recommendation:** **Frontline AIDS recommends Member States include women living with HIV into their strategies on violence against women, and look to us models, like the WINGS model, to address intimate partner violence and other forms of violence faced by women who use drugs or engage in heavy drinking.** decriminalisationFunding for legal cases is critical. Frontline AIDS’ [Rapid Response Fund](https://www.aidsalliance.org/rapidresponsefund) supported a legal case for decriminalisation of homosexuality. It recognises the importance of upholding international law, which accepts that criminalisation of private sexual relationships between consenting adults is a breach of human rights, as well as ensuring the right for all individuals to access public health and health-care facilities, goods and services. One example, from Trinidad and Tobago: in April 2018, the LGBT rights activist Jason Jones won a landmark legal case against the government of Trinidad and Tobago, challenging the legality of the colonial-era ‘buggery’ law which prohibited same-sex relationships. Trinidad and Tobago was one of 37 countries in the Commonwealth still to criminalise homosexuality. **Recommendation: Frontline AIDS recommends national human rights instutions or independent human rights monitoring bodies to provide finaical support for legal cases.**Communities have highlighted the low level of awareness within the criminal justice system of human rights violations against people in same sex relations. Example: Frontline AIDS supported the National Gay and Lesbian Human Rights Commission (NGLHRC), Kenya, in challenging the practice of forced anal examinations on people who are accused of same-sex relations. After losing the initial case, Kenya’s Court of Appeal found in NGLHRC’s favour in March this year. With low levels of understanding amongst judges, magistrates and prosecutors, having influenced the outcome of the initial case, NGLHRC received a Rapid Response Fund grant to carry out awareness training amongst these parties, ensuring a balanced judgement was reached.violations of human rights**Recommendation: Frontline AIDS recommends regular, on-going training of the personnel in the criminal justice and law enforcement sectors on human rights and HIV.**transgender rightsA legal campaign gained public support through extensive advocacy work with national media and sensitization of government ministers to raise awareness of transgender issues. Example: In November 2018, the Caribbean Court of Justice ruled that the law that makes it a criminal offence for a man or a woman to appear in public in the clothing of a different gender for “an improper purpose” violates the Constitution of Guyana and is therefore void. Section 153(1)(xvlvii) of the Summary Jurisdiction (Offences) Act dates from 1893, but was still being actively enforced in 2009. In 2010, the Society Against Sexual Orientation Discrimination (SASOD) lodged a case to challenge the constitutional basis for the law, on behalf of four women who had been convicted under the law. Guyana Trans United received a grant from Frontline AIDS’ [Rapid Response Fund](https://www.aidsalliance.org/rapidresponsefund) to carry out this work and to support the submission of a white paper on law reform. A panel of four judges voted unanimously that it was unconstitutional and “violated the appellants’ right to protection of the law and was contrary to the rule of law.” **Recommendation: Frontline AIDS recommends national governments adopt comprehensive anti-discrimination laws that protect the rights of all people irrespective of sexual orientation or gender identity.****For more information contact: dkingston@frontlineaids.org**Annex 1: These are additional indicators for Sustainable Development Goal 3TARGET 3.3 HIV & AIDS• For indicator 3.3.1, disaggregate HIV incidence by key population groups (men who have sex with men, LGBTI, sex workers, people who use drugs) • Collect treatment coverage data disaggregated by key populations• Measure stigma and discrimination in access to quality HIV services. TARGET 3.4 Mental Health & Well-Being• For indicator 3.4.2, disaggregate national suicide mortality rate by people living with HIV and key populations• Collect disaggregated data by people living with HIV and key populations on number and proportion of persons with mental health conditions.• Collect the number of services that address preventative and mental health promotion for people living with HIV and key populations nationally. TARGET 3.5 Drug & Alcohol Use• For indicator 3.5.1, concurrently collect the coverage of treatment interventions that are tailored for people living with HIV and key populations. • For indicator 3.5.2, disaggregate data by people living with HIV and key populations on the harmful use of alcohol. • Collect the number of services that address the use of stimulant drugs among people living with HIV and key populations nationally. • Fully disaggregate all data about drug use by people living with HIV and key populationsTARGET 3.7 Sexual & Reproductive Health• Collect the number of services that address the sexual and reproductive health needs of people living with HIV and key populations nationally. • Measure access to reproductive health commodities relevant to people living with HIV and the sexual reproductive health of key populations• Document inclusion of HIV topics in comprehensive sexuality education. • Ensure sexual reproductive health care providers commit to non-discrimination and respect for human rights in provision of sexual reproductive health information and services.TARGET 3.8 Universal Health Coverage• For indicator 3.8.1, disaggregate coverage of essential services by people living with HIV and key populations• Provide viable options to alternative assisted reproductive technologies for people living with HIV people and key populations with parenting intentions. • Collect the number of people receiving services from LGBTI-led providers per 1000 population. • Measure service denial, stigma, and delay experienced by people living with HIV while receiving treatment. TARGET 3.B Access to Affordable Medicine• For indicator 3.B.1, disaggregate by people living with HIV and key populations the proportion of population with access to affordable medicines. • Include anti-retroviral medicines, including anti-retroviral medicines used prophylactically, and hormone therapy medicines as essential medicines.TARGET 3.C Training of the Health Workforce• Collect the number of medical and nursing qualifications that include components on HIV health related needs and non-discriminatory care for key populations • Measure the inclusiveness of standards of care and assess technical skills on a range of specific health needs for people living with HIV and key populations. |

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11. UNAIDS, *Right to Health: Fact sheet* *2017*. <http://www.unaids.org/en/resources/fact-sheet> [↑](#endnote-ref-12)
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15. UNAIDS. *Adolescents, young people and HIV: 2011 fact sheet* <http://files.unaids.org/en/media/unaids/contentassets/documents/factsheet/2012/20120417_FS_adolescentsyoungpeoplehiv_en.pdf> [↑](#endnote-ref-16)
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20. United Nations Commission on Human Rights. Sub-Commission on Prevention of Discrimination and Protection of Minorities, "HIV/AIDS and Disability" Statement by the UNAIDS. 48 Session, August 1996. [↑](#endnote-ref-21)
21. Global Network of People Living with HIV, *HIV Stigma and Discrimination in the World of Work: Findings from the People Living with HIV Stigma Index*. 2018: <https://reliefweb.int/sites/reliefweb.int/files/resources/HIV_Stigma_Work_Report_Online.pdf>. [↑](#endnote-ref-22)
22. This is in line with the Committee on the Rights of Persons with Disabilities General Comment No.7 CRPD/C/GC7, para 11: Organizations of women with disabilities, children with disabilities and **persons living with HIV/AIDS are organizations of persons with disabilities under the Convention.**  As such under CRPD Article 4 (para 3) must be meaningfully consulted in decision making that affects their lives. [↑](#endnote-ref-23)