



Photograph of participants at a rally of sex workers in Bangladesh

United Nations Development Programme

HIV/AIDS

ANALYSIS OF KEY HUMAN RIGHTS PROGRAMMES IN GLOBAL FUND-SUPPORTED HIV PROGRAMMES



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AIDS	Acquired immunodeficiency syndrome
BCC	Behavior change communication
CCM	Country Coordinating Mechanism
CHLN	Canadian HIV/AIDS Legal Network
CSS	Community Systems Strengthening
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
IEC	Information, education and communication
MDGs	Millennium Development Goals
OSI	Open Society Institute
PR(s)	Principal Recipient(s)
RCM	Regional Coordinating Mechanism
SDA	Service Delivery Area
SOGI	Sexual Orientation and Gender Identity
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
WHO	World Health Organisation



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[A] supportive social, legal, and policy environment is a prerequisite of a successful and sustainable response to HIV....[P]rogrammes to reduce discrimination and other human rights abuses and increase access to justice in national HIV responses...include, for example, legal services, law reform programmes, training of health care workers and law enforcement agents, and programmes to promote the rights of women."

Michel Kazatchkine,

Report of the Executive Director to the Global Fund Twenty-first Board Meeting, April 2010

The promotion and protection of human rights is central to human development. It is also the cornerstone of effective and sustainable HIV responses – including in generalized and hyper epidemic settings to address issues such as sexual and gender-based violence, access to treatment, food and nutrition for people with HIV, gender inequality and the rights of orphans and vulnerable children. Stigma, discrimination and violence – including punitive legal environments – against people living with HIV and other key populations including men who have sex with men, transgender people, sex workers, and people who use drugs remain widespread¹. Governments, civil society and other stakeholders at the country, regional and global levels increasingly acknowledge the negative effects of human rights violations on effective HIV responses². In 2010, 91 percent of governments reported that they address stigma and discrimination as cross-cutting issues in their national AIDS strategy. However, countries do not routinely monitor or report on relevant aspects of the social and legal environment, or the details of the programmatic response to human rights in the context of HIV. In light of continued reports of high levels of stigma and discrimination blocking effective HIV responses, there is an urgent need for increased understanding of what is being done and what more can be done to implement key human rights programmes in national HIV responses.

The Global Fund to Fight AIDS, Tuberculosis and Malaria ("Global Fund") is one of the major financers of national HIV responses. It is a partnership committed to supporting evidence-informed, rights-based responses to HIV, AIDS, tuberculosis and malaria. This study was carried out by UNDP, the UNAIDS Secretariat and the Global Fund to answer the following three overarching questions:

- (1) Are key human rights programmes included in successful Global Fund Round 6 and 7 HIV proposals and grants, and who are they intended to benefit?
- (2) Are these human rights programmes funded in approved grant budgets?
- (3) What progress has been made toward implementing these human rights programmes? i.e. Do performance frameworks include indicators for these programmes, and if so, what are the results reported against targets?

1 Joint United Nations Programme on HIV/AIDS (2010), *Report on the Global AIDS Epidemic 2010*. Available from <http://www.unaids.org/globalreport/default.htm>

2 Ibid.



EXECUTIVE SUMMARY

This study included all Global Fund HIV programmes from Round 6 and 7 – a total of 59 successful proposals, covering 74 countries and including three multi-country proposals across all regions. Within this sample, six key human rights programmes³ were identified and analysed in proposals, grant agreements and other related documentation. Data including programme type, beneficiary populations, budget amount, indicators and performance against targets were collected from the source documents. Analyses of programmes and beneficiaries by region and epidemic type were also conducted of the individual country proposals. Data were triangulated with data on punitive laws for more in-depth analysis.

SELECT KEY FINDINGS

Successful HIV proposals included an average of three of the key human rights programmes. The majority of key human rights programmes identified in successful proposals were included in work plans with budgets, but 23 percent did not make it into work plans. ‘Stigma and discrimination reduction’ programmes were the most common of the six programme types in proposals and work plans, and received the most funding overall.

Individual country proposals from countries with low or concentrated epidemics included more comprehensive human rights programming than those from countries with generalized epidemics. There were also differences in the types of human rights programmes planned and beneficiary populations between the epidemic types. For example, the human rights programmes planned by countries classified as having generalized epidemics appeared to largely ignore men who have sex with men and transgender people, sex workers, people who use drugs, and prisoners.

Men who have sex with men, transgender people, sex workers, people who use drugs and prisoners, many of whom are more vulnerable to HIV due to the impact of the criminal law, were each named as beneficiaries in less than a quarter of the identified programmes. These populations were more likely to be beneficiaries of programmes that address stigma and discrimination in the community, health care and justice sectors, than of empowering programmes, such as law reform, legal services and ‘know your rights’ programmes.

Key human rights programmes, where monitored, show good performance against targets. However, more than one third of the indicators were too broadly framed to meaningfully monitor programme implementation. ‘Training and sensitization of police, other law enforcement agents, lawyers and/or judges on HIV-related human rights issues’ and ‘stigma and discrimination reduction’ programmes were the most likely programmes to be followed up by an indicator.

3 The six programmes included in the analytical framework of this study are: (1) HIV-related legal services; (2) legal audits and/or law reform; (3) legal literacy through ‘Know your rights/laws’ programmes; (4) training of health care workers on HIV-related human rights issues; (5) training and sensitization of police, other law enforcement agents, lawyers and/or judges on HIV-related human rights issues; and (6) stigma and discrimination reduction programmes. These are six of the seven human rights programmes recommended by the Joint United Nations Programme on HIV/AIDS for the inclusion in every national HIV response. The seventh programme type is programmes that seek to empower women by reducing harmful gender norms and gender-based violence and increasing equality in the economic, social and legal spheres. This was not included in the analytical framework of this study because these programmes (and other gender-related human rights programmes) were examined in a recent Global Fund gender portfolio analysis. In the Recommendations of this report, the term ‘key human rights programmes’ refers to all seven human rights programmes.



CONCLUSIONS

This study makes clear that the Global Fund plays a vital role in supporting key human rights programmes – an essential part of effective, rights-based national HIV responses. It also revealed missed opportunities to support the planning and implementation of key human rights programmes through Global Fund proposals and grants. This is of concern to the Global Fund and its partners, who recognize that “a supportive social, legal and policy environment is a prerequisite for a successful and sustained response to HIV.”⁴

The generally weak demand from Global Fund applicants for key human rights programmes highlights the need for increased support for the inclusion of these programmes in proposals and national HIV responses. The attrition of 23 percent of the key human rights programmes included in successful proposals has significant implications for countries, the Global Fund, and its technical and development partners. This means that, unless alternative sources of funding were subsequently identified, almost a quarter of the human rights programmes identified by Country Coordinating Mechanisms⁵ (CCMs) as necessary for an effective HIV response were not implemented. Due to the cross-cutting and often catalytic benefits of human rights programmes, this loss is likely to have a negative impact on the other programmes implemented under the Global Fund grant, and indeed on the national HIV response. Further research is required to determine the specific cause of the attrition of key human rights programmes included in successful proposals.

Also concerning was the finding that typically marginalised populations – men who have sex with men, transgender people, sex workers, people who use drugs, and prisoners⁶ – were each explicitly named as beneficiaries in less than a quarter of the proposed human rights programmes. These low figures are partly skewed by the fact that the key human rights programmes planned by countries characterised as having generalized epidemics largely ignored these populations. Triangulation of data from this study with data on countries known to criminalise certain populations or practices further illustrates that in their HIV funding proposals, CCMs did not include key human rights programmes that benefit the populations most in need.

Without a human rights analysis of national HIV responses, including the implementation of key human rights programmes, it is not possible to adequately assess the sufficiency of the human rights programmes included in Global Fund proposals and grants. A human rights analysis of the national HIV response would not only provide essential information for the Global Fund to improve the efficiency and effectiveness of its investments, it would also provide valuable information for other key stakeholders at the country level. This would in turn enable more targeted support for key human rights programmes in national HIV responses from the Joint United Nations Programme on HIV/AIDS, other development and technical partners, and the Global Fund.

4 Global Fund to Fight AIDS, Tuberculosis and Malaria (2010), *Report of the Executive Director to the Global Fund 21st Board Meeting*, Available from <http://www.theglobalfund.org/documents/board/21/GF-B21-03-Revision1-%20Report%20of%20Executive%20Director.pdf>

5 In this report, references to CCMs should be read as also including reference to Regional Coordinating Mechanisms (RCMs).

6 Many key populations are more vulnerable to HIV as a result of the negative impacts of stigma and marginalisation on access to HIV prevention, treatment, care and support. Men who have sex with men, transgender people, sex workers, people who use drugs and prisoners are often even more vulnerable to HIV due to the impact of criminal laws and/or incarceration. On this basis, programmes for these five populations (referred to in this report as ‘typically criminalised’ populations) are analysed in more depth in this report.



RECOMMENDATIONS

The following recommendations are based upon the opportunities for strengthening key human rights programmes in national responses identified through the analysis of study findings. The recommendations also complement findings from the International HIV/AIDS Alliance/UNAIDS study (2009)⁷, the Global Fund's gender study (2009)⁸ and SOGI study (2010)⁹, and the OSI/CHLN study (2010)¹⁰. Reports from these studies include recommendations for governments, civil society, the Global Fund and its development and technical partners to do more on human rights, including human rights programmes. The specific, strategic actions proposed in this study for the Global Fund and its development and technical partners give emphasis to the Global Fund's commitment to addressing human rights in the context of HIV responses and lay the foundations for the policies, processes, technical support and advocacy that could contribute to increasing demand for key human rights programmes as well as ensuring that such programmes are implemented and monitored. This study could also contribute to highlighting the importance of human rights-based responses to tuberculosis, and the benefit of key human rights programmes to broader health and development goals.

Recommendations for countries:

1. Support human rights analysis of national HIV responses

- a. Countries should ensure that national HIV responses (including Global Fund HIV proposals) are based on a human rights analysis, and include appropriate human rights programmes to address issues identified therein.
- b. Countries should ensure a multi-sectoral response at the country level, which includes the meaningful participation of key populations as well as the justice sector, law enforcement, parliamentarians and other sectors necessary to address human rights in the context of HIV.
- c. In developing Global Fund proposals, CCMs should request technical support for key human rights programmes.

Recommendations for the Global Fund and its development and technical partners:

2. Support systematic human rights analysis of national HIV responses

- a. The Joint United Nations Programme on HIV/AIDS and other development and technical partners of the Global Fund should provide technical assistance to national stakeholders including CCMs to carry out a human rights analysis of the national HIV response, including key human rights

7 International HIV/AIDS Alliance/UNAIDS (2009), *Report: Exercise to Map HIV Related Human Rights Issues as Obstacles, Priorities, Programmes and Activities within Selected Data Sources Relating to the National Response to HIV in 56 Countries*.

8 The Global Fund (2009), *Gender Portfolio Review & Analysis of Rounds 1–7*. Available on request from the Global Fund.

9 Global Fund (2010), *Analysis of Sexual Orientation and Gender Identity Related Activities in Round 8 and 9 Global Fund Proposals*. Available from www.theglobalfund.org/documents/rounds/9/Rnd8-9_Analysis_SOGI.pdf

10 Open Society Institute (OSI) and the Canadian HIV/AIDS Legal Network (CHLN) (2010), *Commitments and Conundrums: Human Rights and the Global Fund on HIV/AIDS, Tuberculosis and Malaria (Working Paper)*. Available on request from Jonathan Cohen, Open Society Institute, Director Law and Health Initiative.



programmes. CCMs should include such human rights analysis as an essential part of the Global Fund proposal development process.

- b. The Global Fund should encourage all applicants to submit a human rights analysis of the national HIV response, including key human rights programmes, as a part of HIV proposals¹¹.
- c. The Global Fund should ensure adequate human rights capacity on its Technical Review Panel (TRP) and consider recommending that the TRP review criteria include a human rights analysis of national HIV responses, including attention to key human rights programmes in national responses.

3. Enhanced guidance for key human rights programmes

- a. The Joint United Nations Programme on HIV/AIDS and other development and technical partners should increase support to countries through the dissemination of good practice and South-South learning on the design and implementation of key human rights programmes in the context of HIV.
- b. The Global Fund Secretariat in collaboration with key technical partners, should develop guidance to support countries applying for Global Fund financing on how to conduct a human rights analysis of the national HIV response and key human rights programmes. This should include clarifying which of the key human rights programmes fall within each of the Service Delivery Areas and within specific funding windows such as *Community Systems Strengthening*, *Health Systems Strengthening* and National Strategy Applications.

4. Enhance technical assistance in order to improve the implementation of planned human rights programmes

- a. Technical partners of the Global Fund should support CCMs to ensure that during the grant-signing process, programme outcomes remain in line with rights-related objectives and programmes in the original proposal. The Global Fund and its technical partners should support CCMs to ensure that Global Fund commitments to supporting programmes that contribute to the elimination of stigma and discrimination against people living with HIV and marginalised and criminalised populations (referred to in the revised CCM Guidelines) are maximized throughout the grant cycle.
- b. The Global Fund Secretariat should respond to the attrition of key human rights programmes from the time of Global Fund Board approval of HIV proposals to grant signing.
- c. The Joint United Nations Programme on HIV/AIDS and other technical partners of the Global Fund should ensure that technical support is available to CCMs for the inclusion of key human rights programmes in Global Fund proposals and oversight of the implementation of those programmes. The Global Fund should encourage applicants to include a comprehensive technical support plan for the development, implementation and monitoring of key human rights programmes in the overarching technical support plan included in the proposal.

11 The OSI/CHLN study (Ibid.) lists a number of key issues that such a report should include.



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Assessment of technical support needs in relation to human rights programmes should also become part of the regular technical support needs assessments conducted at the country level.

- d. The Joint United Nations Programme on HIV/AIDS and other technical partners of the Global Fund should ensure that civil society (particularly those working with key populations) and key sectors such as the justice and law enforcement sectors have sufficient technical assistance and capacity to participate effectively in Global Fund governance bodies and decision making processes and implement human rights programming.

5. Improve monitoring and evaluation of key human rights programmes

- a. The Joint United Nations Programme on HIV/AIDS and other technical partners of the Global Fund should provide technical assistance to national stakeholders, including CCMs, on appropriate indicators for monitoring and evaluating key human rights programmes in the context of HIV responses.
- b. The Global Fund should facilitate the inclusion of relevant and specific indicators for key human rights programmes in the Performance Monitoring Framework; and/or ensure that such meaningful indicators for key human rights programmes are included in agreed work plans, tracked by CCMs and reported back to the Global Fund on a regular and appropriate basis.
- c. Technical partners of the Global Fund at the country level should work with Principal Recipients and CCMs to include in HIV proposals activities for the development of monitoring and evaluation systems for key human rights programmes and ensure that these are costed and included in budgets.

6. Strengthen evidence-informed advocacy on the importance of key human rights programmes as a part of rights-based HIV responses

- a. The Joint United Nations Programme on HIV/AIDS should increase support to national stakeholders to conduct population surveillance, collect data on access to services for key populations and carry out a human rights analysis of HIV responses which includes specific attention to key human rights programmes.
- b. The Joint United Nations Programme on HIV/AIDS should increase evidence-informed advocacy on the importance of key human rights programmes in the context of HIV, the interrelationship between the different human rights programmes, and their impact on HIV and broader health and development goals. This would contribute to efforts in supporting national stakeholders to remove punitive and discriminatory laws, policies and practices that block effective HIV responses (a priority under the *“Joint Action for Results: UNAIDS Outcome Framework”*) and to achieve the Millennium Development Goals.



HIV-related human rights issues, including punitive laws, policies and practices, poor access to justice, and stigma and discrimination reduce an individual's ability to avoid HIV infection, particularly in terms of the uptake of evidence-informed, human rights-based HIV, health and social services, and increase the impact of HIV for those already living with it and those affected by it¹². Experience from the last four decades has shown the important role that human rights play in effective HIV responses. The promotion and protection of human rights in the context of HIV can also contribute to progress on health and development goals beyond HIV¹³.

The HIV response has shown that:

- (1) HIV-related stigma and discrimination at the individual, community and structural levels undermine effective responses to HIV;
- (2) the legal environment has a significant impact on access to HIV prevention, treatment, care and support for people living with HIV and other key populations;
- (3) punitive laws, policies and practices, as well as stigma and discrimination have a disproportionately negative impact on the rights of people living with HIV, criminalised populations, women, and children affected by HIV; and
- (4) punitive and discriminatory legal and social environments limit the capacity of affected communities to mobilize and thereby limit their ability to claim their rights in the context of HIV, including participating in the planning and implementation of HIV responses.

HIV-related human rights issues are most effectively addressed through ensuring a rights-based approach to all HIV programmes, as well as implementing a package of mutually reinforcing programmes that support human rights outcomes¹⁴ for people living with HIV, people affected by HIV and other key populations. These programmes include: (1) HIV-related legal services; (2) legal audits and/or law reform; (3) legal literacy through 'Know your rights/laws' programmes; (4) training of health care workers on HIV-related human rights issues; (5) training and sensitization of police, other law enforcement agents, lawyers and/or judges on HIV-related human rights issues; and (6) stigma and discrimination reduction programmes¹⁵. This study analysed the planning and implementation of these six key human rights programmes in all HIV programmes funded by the Global Fund in Round 6 and 7.

12 UNAIDS (2009), *Joint Action for Results: UNAIDS Outcome Framework 2009-2011*. Available at: http://data.unaids.org/pub/BaseDocument/2010/jc1713_joint_action_en.pdf; United Nations (2010), *Report of the United Nations Secretary General on Progress Made in the Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS* (A/64/735). Available at: http://data.unaids.org/pub/BaseDocument/2010/a64735_sgreport_2010_en.pdf

13 See, for example, the *Outcome Document of the High-level Plenary Meeting of the sixty-fifth session of the General Assembly on the Millennium Development Goals* (United Nations (2010), MDG Outcome Document (A/65/L.1). Available from www.un.org/Docs/journal/asp/ws.asp?m=A/64/L.72. This document recognizes that "the respect for and promotion and protection of human rights is an integral part of effective work towards achieving the Millennium Development Goals." Available at: www.un.org/Docs/journal/asp/ws.asp?m=A/64/L.72

14 Referred to as "human rights programmes" in this report.

15 These programmes are referred to as "key human rights programmes" in this report (other than the Recommendations, where this term refers to the seven human rights programmes recommended by the Joint United Nations Programme on HIV/AIDS for the inclusion in every national HIV response). The UNAIDS Secretariat first began to outline and promote these key programmes during discussions with the UNAIDS Reference Group on HIV and Human Rights at its Eighth Meeting, 3-5 December 2007. Subsequently, they were included in the Technical Guidance developed by the UNAIDS Secretariat and WHO for the Global Fund Rounds 8-10. See WHO/UNAIDS (2010), *Technical Guidance Note for Global Fund HIV Proposals- Human Rights and Law*. Available from http://www.who.int/hiv/pub/toolkits/HRandLaw_Technical_Guidance_GlobalFundR10_June2010.pdf. A seventh key programme type are those that seek to empower women by reducing harmful gender norms and gender-based violence and increasing equality in the economic, social and legal spheres. It is important to note that the six programmes included in this study, and the seven programmes recommended by UNAIDS do not represent an exhaustive list of programmes that support human rights outcomes in the context of HIV and do not preclude the importance of other types of rights-based programmes such as HIV workplace programmes, programmes for orphans and caregivers, and programmes for the rehabilitation of rape survivors.



1. INTRODUCTION

Member States are increasingly recognising the importance of addressing human rights for effective HIV responses

Ten years ago, Member States of the United Nations formally recognized that human rights and fundamental freedoms for all are essential to effective HIV responses in the *Declaration of Commitment on HIV/AIDS* (2001)¹⁶. They committed to address human rights in the context of HIV. This promise was reaffirmed and reinforced with more specific commitments relating to the promotion and protection of human rights in the context of HIV in the *Political Declaration on HIV/AIDS* (2006)¹⁷ (see Box 1). However, some ten years later, these initial commitments remain largely unfulfilled in many countries; social and legal challenges to human rights continue to create significant barriers to effective national HIV responses around the world, and stigma and discrimination continue to beset people living with HIV and individuals most at risk of infection — men who have sex with men, transgender people, people who use drugs and sex workers¹⁸.

Box 1. Member States' commitments to addressing human rights in the context of HIV

In the *Declaration of Commitment on HIV/AIDS* (2001) Member States committed to:

"Enact, strengthen or enforce as appropriate legislation, regulations and other measures to eliminate all forms of discrimination against, and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV/AIDS and members of vulnerable groups; in particular to ensure their access to, inter alia education, inheritance, employment, health care, social and health services, prevention, support, treatment, information and legal protection, while respecting their privacy and confidentiality; and develop strategies to combat stigma and social exclusion connected with the epidemic."

In the *Political Declaration on HIV and AIDS* (2006), Member States further recognized that addressing stigma and discrimination is a critical element in combating HIV. They undertook to:

"overcome legal, regulatory and other barriers that block effective access to HIV prevention, treatment, care and support...to intensify efforts to enact, strengthen or enforce, as appropriate, legislation, regulations and other measures to eliminate all forms of discrimination against and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV and members of vulnerable groups, in particular, to ensure their access to inter alia education, inheritance, employment, health care, social and health services, prevention, support and treatment, information and legal protection, while respecting their privacy and confidentiality; and developing strategies to combat stigma and social exclusion connected with the epidemic."

16 *Declaration of Commitment on HIV/AIDS adopted by the United Nations General Assembly Twenty-sixth Special Session* (A/Res/S-26/2). Available from <http://www.un.org/ga/aids/coverage/FinalDeclarationHIVAIDS.html>

17 *Political Declaration on HIV/AIDS adopted by the United Nations General Assembly Sixtieth Session* (A/RES/60/262). Available from http://data.unaids.org/pub/Report/2006/20060615_hlm_politicaldeclaration_ares60262_en.pdf

18 *Report of the United Nations Secretary-General on Progress Made in the Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS at the Sixty-fourth Session of the United Nations General Assembly* (A/64/735). Available from http://data.unaids.org/pub/BaseDocument/2010/a64735_sgreport_2010_en.pdf



Concrete programmatic action is required to realize Member State commitments and to achieve effective HIV responses. Countries should therefore be implementing an effective package of programmes/activities¹⁹ that address HIV-related human rights issues²⁰. In 2008 and 2010, over 90 percent of governments reported that stigma and discrimination are addressed as a cross-cutting issue in their national HIV strategies²¹. However, the country-level picture remains bleak in many fundamental respects, particularly for women, children and marginalised and often criminalised populations including men who have sex with men, transgender people, sex workers and people who use drugs. For example, in 2010, the governments of 78 countries (46% of those reporting) acknowledged the existence of laws, regulations and policies that obstruct access to prevention, treatment, care and support services for sex workers, men who have sex with men and people who use drugs; civil society from 106 countries (62%) reported the same²². Although there has been an increase since 2006 in the number of countries that report having laws in place to protect men who have sex with men, transgender people, sex workers and/or people who use drugs from discrimination, only 56 percent of countries reported in 2010 that they have mechanisms in place to record, document and address cases of discrimination against people living with HIV and key populations, and only 51 percent have legal aid systems for HIV cases²³. A recent report by the World Health Organisation highlighted alarmingly low access by key populations to HIV prevention services largely due to legal and social barriers²⁴. Countries' reportedly slow response to human rights issues blocking effective HIV responses illustrates that HIV and health care programming is influenced as much by politics and sociocultural issues as by technical and scientific debate and evidence; moreover, these influences are inter-related in an often complex manner²⁵.

The United Nations is supporting countries to implement human rights programmes in their HIV responses

United Nations agencies and organizations have a significant role to play in supporting and monitoring governments' steps towards implementing the *Declaration of Commitment on HIV/AIDS*, the *Political Declaration on HIV/AIDS* and the Millennium Development Goals. United Nations organizations are also key development and technical partners of the Global Fund, with an important role in ensuring that countries are able to develop the best possible applications, implement funded programmes and realize agreed objectives. The United Nations recognises the urgent need to scale up programmatic responses to human rights issues and supports countries to implement rights-based responses to HIV, health and development. Box 2 lists a number of recent United Nations initiatives to provide increased support to countries to implement human rights programmes in HIV responses.

19 Throughout the report, the word 'programmes' will be used as a reference to programmes or activities.

20 UNAIDS (2010), *Ensuring Non-Discrimination in Responses to HIV Report to the 26th meeting of the UNAIDS Programme Coordinating Board*. Available from http://data.unaids.org/pub/BaseDocument/2010/20100526_non_discrimination_in_hiv_en.pdf

21 UNAIDS (2008), *2008 Report on the Global AIDS Epidemic*. Available from Available from: <http://viewer.zmags.com/publication/ad3eab7c/ad3eab7c/>; UNAIDS (2010), *2010 Report on the Global AIDS Epidemic* (Above, n. 1).

22 UNAIDS (2010), *2010 Report on the Global AIDS Epidemic*. (Above, n.1)

23 Ibid.

24 World Health Organisation (2009), *Towards Universal Access: Scaling Up Priority HIV/AIDS Interventions in the Health Sector*. Available from http://data.unaids.org/pub/Report/2009/20090930_tuapr_2009_en.pdf

25 Seale, Bains and Avrett, "Partnership, Sex, and Marginalization: Moving the Global Fund sexual orientation and gender identities agenda," *Health and Human Rights in Practice* 12, no. 1 (2010): pp. 123.



1. INTRODUCTION

Box 2. Examples of recent United Nations initiatives to support human rights programmes in HIV responses

- The 2011-2015 Strategy of the Joint United Nations Programme on HIV/AIDS Strategy “*Getting to Zero*”²⁶
- UNAIDS’ *Joint Action For Results: UNAIDS Outcome Framework* (2009 – 2011)²⁷ which includes a number of relevant priorities including, but not limited to, removing punitive laws, policies, practices, stigma and discrimination
- The Global Commission on HIV and the Law, led by UNDP on behalf of the Joint UN Programme on HIV/AIDS²⁸
- UNDP’s *MDG Breakthrough Strategy* (2010)²⁹
- Decisions, Recommendations and Conclusions from the 26th Meeting of the UNAIDS Programme Coordinating Board, June 2010 – on ensuring non-discrimination in responses to HIV and reducing HIV transmission among men who have sex with men and transgender people³⁰.

Global Fund support to human rights programmes in the context of HIV

The Global Fund is one of the major funders of the global HIV response. In 2008, the Fund contributed approximately one-fifth of all disbursements for HIV programming by bi- and multilaterals in low- and middle-income countries³¹. As a multilateral financing organisation, the Global Fund is well-positioned to ensure that its resources are directed towards the most effective HIV responses, including human rights-based approaches and key human rights programmes. The Global Fund also has a solid institutional basis from which to support human rights-based approaches. The Global Fund Framework document commits the Global Fund to supporting “public health interventions that address social and gender inequalities, as well as behaviour practices that fuel the spread of the three diseases...” and “proposals which aim to eliminate stigmatization of and discrimination against those infected and affected by HIV and AIDS, especially women, children and vulnerable groups”³². Furthermore, the Global Fund’s principles include funding programmes that “are consistent with international law and agreements...”³³ and which “build on, complement, and coordinate with existing regional and national programmes supporting national policies, priorities and partnerships”³⁴. This uniquely positions the Global Fund to support the human rights programmes that governments have already committed to implementing. The Global Fund pursues sustainable and effective responses, which require a rights-based approach. It also explicitly supports nationally-owned and country-led responses. Some claim that this strategy has resulted in the

26 UNAIDS (2010), *Draft strategy submitted for approval at the 27th meeting of the UNAIDS Programme Coordinating Board* (UNAIDS/PCB(27)/10.18). Strategy approved at the 27th meeting of the UNAIDS Programme Coordinating Board on 6 December 2010. Available from www.data.unaids.org/pub/PCB/2010/pcb27_unaids_strategy_en.pdf

27 UNAIDS (2009), *Joint Action for Results: UNAIDS Outcome Framework 2009-2011*. (Above, n. 12)

28 Information available at www.hivlawcommission.org

29 UNDP (2010), *UNDP’s MDG Breakthrough Strategy: Accelerate and Sustain MDG Progress*. Available from http://content.undp.org/go/cms-service/stream/asset/?asset_id=2578287

30 UNAIDS (2010), *Decisions, Recommendations and Conclusions from the 26th Meeting of the UNAIDS Programme Coordinating Board*, 22-24 June 2010. Available from http://data.unaids.org/pub/Agenda/2010/26pcb_decision_points_en-2.pdf

31 Global Fund (2010), *Innovation and Impact: Progress Report*. Available from http://www.theglobalfund.org/documents/replenishment/2010/Global_Fund_2010_Innovation_and_Impact_en.pdf

32 The Global Fund (undated). *The Framework Document*. Available from http://www.theglobalfund.org/documents/TGF_Framework.pdf

33 Ibid.

34 Ibid.



Global Fund walking a “tightrope” between conflicting principles and priorities in instances where the proposed programmes are not rights-based³⁵. Box 3 contains some key examples of how the Global Fund is addressing human rights in its support to HIV, tuberculosis and malaria responses.

Box 3. Examples of how the Global Fund is addressing human rights

The Global Fund Framework document spells out the organisation’s commitment to supporting rights-based responses to the three diseases under its mandate.

The Gender Equality Strategy³⁶ and Sexual Orientation and Gender Identities (SOGI) Strategy³⁷ are examples of concrete actions taken by the Global Fund to better support countries to address the vulnerabilities and needs of women and girls, men who have sex with men, transgender people and sex workers within the funding frameworks of evidence, human rights and measurable outcomes. Social and legal marginalisation and criminalisation are key issues identified in both strategies as contributing to gender-related vulnerability and as barriers in the fight against HIV, tuberculosis and malaria. Increased support from the Global Fund for community system strengthening elements/activities is another avenue through which the Global fund is supporting human rights organizations and human rights programmes such as those included in this study (all of which potentially fall within the *Community Systems Strengthening (CSS) Framework*, and some of which may also be valid under applications for support for health systems strengthening³⁸).

The Global Fund has also increased its advocacy with governments and applicants to address human rights issues in HIV responses. In the Report delivered at the Twenty-first Global Fund Board meeting in May 2010, the Executive Director of the Global Fund acknowledged that “a supportive social, legal and policy environment is a prerequisite of a successful and sustainable response”³⁹ and recommended that applicants consider a number of specific human rights programmes. Information Notes on harm reduction⁴⁰ and sexual orientation and gender identity⁴¹ issued with Round 10 also suggest specific interventions to ensure a supportive legal and policy environment for addressing HIV.

35 OSI/CHLN (2010), *Commitments and Conundrums* (Above, n. 9).

36 Approved at the 18th Global Fund Board Meeting, 2008.

37 Approved at the 19th Global Fund Board Meeting, 2009.

38 Global Fund (2010), *Community Systems Strengthening Framework*. Available from www.theglobalfund.org/documents/civilsociety/CSS_Framework.pdf

39 Global Fund (2010), *Report of the Executive Director to the 21st Global Fund Board Meeting, 2010*. (Above, n. 4)

40 Global Fund (2010), *Global Fund Information Note: Harm Reduction*. Available from http://www.theglobalfund.org/documents/rounds/10/R10_InfoNote_HarmReduction_en.pdf: “[Harm reduction] services should also be delivered within a human rights and public health approach, and alongside supportive (or advocacy to develop supportive) legal and policy frameworks.” Interventions to ensure a more supportive environment outlined in the Information Note include: (i) reviews of laws, policies and practices related to injecting drug use and HIV, with a view to changing those that create barriers to effective prevention, treatment, and care and/or violate human rights; (ii) programmes to address the double stigma and discrimination related to HIV and drug use; (iii) training and/or sensitization for police, judges and prison staff in evidence and human rights-based approaches to drug use and HIV; (iv) social mobilization and campaigns for people who use drugs to better understand the law and their rights; (v) legal aid/assistance for people who use drugs, ideally integrated in health services; and (vi) support to ensure that basic needs and underlying psycho-social vulnerabilities are addressed.

41 Global Fund (2010), *Sexual Orientation and Gender Identity in the Context of the HIV/AIDS Epidemic: Information Note*. Available from www.theglobalfund.org/documents/rounds/10/R10_InfoNote_SOGI_en.pdf: “Laws, policies and practices which contribute to stigma and discrimination and further marginalise sexual minority groups and other most-at-risk populations, represent a major impediment to the creation of the enabling environment necessary to effectively address HIV...Human rights are central to programmatic success in this area...”



2. AIMS AND OBJECTIVES OF THIS STUDY

This report presents the findings of a study carried out by UNDP in collaboration with the Global Fund and the UNAIDS Secretariat. The study involved an in-depth analysis of key human rights programmes in the Global Fund's Round 6 and 7 HIV programmes.

The study sought to answer three overarching questions:

1. Are key human rights programmes included in successful Global Fund Round 6 and 7 HIV proposals and grants, and who are they intended to benefit?
2. Are these human rights programmes funded in approved grant budgets?
3. What progress has been made toward implementing these human rights programmes? i.e. Do performance frameworks include indicators for these programmes, and if so, what are the results reported against targets?

This study builds on and complements a number of recent studies and reports. In particular, it builds on a study conducted by the International HIV/AIDS Alliance on behalf of the UNAIDS Secretariat in 2008/2009⁴² and two previous Global Fund portfolio analyses - a gender analysis of a limited sample of successful Global Fund proposals from Rounds 1-7⁴³, and an analysis of programmes for men who have sex with men, transgender people and sex workers in HIV proposals submitted in Round 8 and 9⁴⁴. Salient aspects of these studies are briefly summarized below. The present study is in some respects both broader and deeper than these preceding analyses because it involved the review of all successful Global Fund Round 6 and 7 HIV proposals, as well as corresponding work plans, grant agreements, performance reports and financial reports. As such, it moves beyond the analysis of proposed programmes to an examination of the human rights programmes actually financed by the Global Fund, as well as the performance of these programmes as monitored by the Global Fund.

BUILDING THE EVIDENCE BASE

The study commissioned by the UNAIDS Secretariat and carried out by the International HIV/AIDS Alliance between 2008 and 2009 (the HIV Alliance/UNAIDS study) examined the extent to which 56 countries identified human rights issues as obstacles to effective responses to HIV in a selection of national planning documents. It also investigated the extent to which six key HIV-related human rights issues and programmes⁴⁵ were included in documents relating to the planning of national HIV strategies and the 37 successful Global Fund HIV proposals from Round 6 and 7 from the sample countries. This review found that, on average, countries planned 4.5 of the six human rights programmes included in the study in the national level documents reviewed. However, countries rarely included a comprehensive package of human rights programmes for people living with HIV and other key populations. The study also found that these programmes were rarely planned through all stages of the planning continuum – indicating that it was less likely that they would be implemented. The HIV Alliance/UNAIDS study did not, however, examine the extent to which these programmes were implemented.

42 HIV Alliance/UNAIDS (2009), *HIV Related Human Rights Issues in 56 Countries* (Above, n. 7).

43 The Global Fund (2009), *Gender Portfolio Review & Analysis of Rounds 1–7*. (Above, n. 8).

44 Global Fund (2010), *Analysis of SOGI Activities in Round 8 and 9 Proposals* (Above, n. 9).

45 The programmes included in the study were: programmes to reduce HIV-related stigma and discrimination; HIV-related legal services; human rights training of key service providers (health care workers, judiciary and police), legal audit and law reform, know your rights/laws campaigns, and programmes to reduce violence against women and girls.



The Global Fund has also carried out two separate gender analyses of its portfolio, recognizing that stigma and discrimination on the basis of gender, sexual orientation and gender identity increase the vulnerability of women, men who have sex with men, transgender people and sex workers to HIV infection and limit their access to care and treatment⁴⁶. In 2009, the Global Fund analysed programmes supporting the rights of women and girls in approved proposals and corresponding grant agreements across the three diseases from 34 countries in Round 1 to 7⁴⁷. In general, the data indicated progress in both promoting and delivering services for women, and in bringing services closer to women. However, the analysis highlighted that greater programmatic efforts are needed to address the underlying vulnerabilities of women and girls, such as the intersection between gender-based violence and HIV infection.

An analysis of programmes for sexual minorities and sex workers was also recently conducted by the Global Fund (the Global Fund SOGI study)⁴⁸. This study looked at all HIV proposals submitted in Global Fund Round 8 and 9. The analytical framework used by the Global Fund included a number of human rights-related issues, such as the inclusion in proposals of activities that address stigma and discrimination and/or promote the rights of men having sex with men, transgender people and sex workers (male, female and transgender), and activities dedicated to improving legal frameworks and freedoms of these populations. The study found that 16 percent of Round 8- and 56 percent of Round 9-funded proposals included activities relating to stigma reduction, rights promotion or the development of legal frameworks targeting (i.e. intending to benefit) any or all of the three key populations⁴⁹. Notwithstanding the observed increase, the Global Fund concluded that of all the programmes targeted to these populations, very few addressed structural barriers to services, such as punitive laws and inadequate access to justice. The Global Fund recommended that Global Fund applicants consider addressing obstacles to universal access in the social, political and legal environments in order to increase access and equity to health for men who have sex with men, sex workers and transgender people. The report also included a recommendation that the Global Fund Secretariat do more to encourage proposals that address these obstacles.

RELEVANCE OF FINDINGS

As the Global Fund supports programmes that reflect national ownership and respect country-led formulation and implementation processes⁵⁰, the knowledge acquired through this study provides a clearer understanding of the extent to which countries are prioritizing human rights programmes in HIV responses. The analysis also provides evidence on how the Global Fund's commitment to eliminating stigmatization of and discrimination against those infected and affected by HIV and AIDS, especially

46 Global Fund (2008), *The Global Fund Gender Equality Strategy*. Available from http://www.theglobalfund.org/documents/strategy/TheGenderEqualityStrategy_en.pdf; Global Fund (2009), *The Global Fund Strategy in Relation to Sexual Orientation and Gender Identities (SOGI)*. Available from http://www.theglobalfund.org/documents/publications/other/SOGI/SOGI_Strategy.pdf. See also: UNAIDS (2010), *Agenda for Accelerated Country Action - Women, girls, gender equality and HIV*. Available from data.unaids.org/.../20100226_jc1794_agenda_for_accelerated_country_action_en.pdf

47 Global Fund (2009), *A Gender Portfolio Review and Analysis of Rounds 1-7* (Above, n. 8).

48 Global Fund (2010), *Analysis of SOGI Activities in Round 8 and 9 Proposals* (Above, n. 9).

49 Although the categories of programmes analysed in the 2010 Global Fund SOGI study are not described with the same terminology as the human rights programmes included in the analytical framework of this study, the authors of this study were unable to identify any significant difference in the scope of programmes covered. Hence, the relevant findings of the SOGI study are compared with those from this study in the discussion of programmes targeted to key populations.

50 Global Fund (undated), *Framework Document* (Above, n. 32).



2. AIMS AND OBJECTIVES OF THIS STUDY

women, children and vulnerable groups⁵¹ is playing out in terms of targeted human rights activities for populations most in need. As noted in the recent report by the Open Society Institute and the Canadian HIV/AIDS Legal Network (the OSI/CHLN study)⁵², analysis of the Global Fund's investments in human rights programmes in the context of HIV also highlights a challenge facing the Global Fund. Although the Global Fund espouses human rights principles and the need to address structural barriers to successful HIV programmes, it also remains committed to allowing HIV responses to be driven by countries, including countries that resist rights-based programmes or cling to policies that undermine human rights⁵³.

This study may be used to support the scale up of programmes to protect and promote human rights in the context of HIV in a number of ways. For example, the study data and analysis could provide:

- A baseline against which the Global Fund Secretariat, the Global Fund Board, the Technical Review Panel and other stakeholders can compare human rights programmes in HIV proposals and grants (including work plans, grant budgets and performance frameworks) from future Rounds⁵⁴.
- Country-level information about key human rights programmes, including the type of programmes, beneficiary populations, indicators, performance and budgets.
- Data identifying possible policy and programmatic entry points for strategic support to human rights programmes in Global Fund HIV programmes, as well as clear direction in terms of priority areas for further research, such as why applicants are failing to include comprehensive human rights programmes in HIV proposals, and why human rights programmes are not being translated from proposals into work plans.
- Evidence that can be used for advocacy efforts for a more robust, rights-based HIV response.

Moreover, public access to such data and analysis can help empower affected persons to claim their rights, which is itself an important aspect of a rights-based response to HIV. As recognized by Seale, Bains and Avrett, "[t]he Global Fund seeks to adhere to a number of key principles to support strong partnerships, including a commitment to transparency...[Increasing] understanding of how dynamics conspire to keep various discussions in the margins of development debates can be empowering for groups struggling to be heard."⁵⁵

51 Ibid.

52 OSI/CHLN (2010), *Commitments and Conundrums* (Above, n. 10).

53 Ibid.

54 As Rounds 6 and 7 were implemented before the gender and SOGI strategies were implemented, findings will be particularly relevant as a baseline against which the impact of steps taken in those studies can be measured.

55 Seale, Bains and Avrett, *Partnership, Sex, and Marginalization*, (Above, n. 25).



3.1 SCOPE, SOURCE DOCUMENTS AND DATA

The original HIV proposals approved for funding by the Global Fund from Round 6 and 7⁵⁶ were analyzed for explicit reference to key human rights programmes identified in the Analytical Framework (see Annex 2). This comprised a sample of 59 proposals from 74 different countries/territories including three multi-country proposals⁵⁷ (see Table 1). As this study solely focused on programmes included in successful proposals and the implementation of these under grants, the study did not analyse unsuccessful proposals.

Table 1: Geographic distribution of countries with successful Round 6 and 7 HIV proposals

Region	Number of countries/territories	Countries/territories
East Asia and the Pacific	18	Cambodia, China, Cook Islands, Fiji, Federated States of Micronesia, Kiribati, Laos, Marshall Islands, Mongolia, Niue, Palau, Philippines, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu, Vietnam
West and Central Africa	12	Cote D'Ivoire, Benin, Burkina Faso, Central African Republic, Ghana, Guinea, Guinea-Bissau, Liberia, Nigeria, Senegal, Sierra Leone, Togo
Eastern Europe and Central Asia	10	Georgia, Kazakhstan, Kosovo, Kyrgyz Republic, Macedonia, Moldova, Romania, Serbia, Tajikistan, Ukraine
Latin America and the Caribbean	9	Cuba, El Salvador, Haiti, Honduras, Jamaica, Nicaragua, Panama, Paraguay, Peru
South Asia	7	Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Sri Lanka
North Africa and the Middle East	7	Djibouti, Egypt, Jordan, Morocco, Niger, Tunisia, West Bank and Gaza
East Africa	6	Democratic Republic of the Congo, Ethiopia, Kenya, Rwanda, Uganda, Zanzibar (Tanzania)
Southern Africa	5	Lesotho, Malawi, Mozambique, South Africa, Swaziland
Total	74	

Round 6 and 7, launched in 2006 and 2007 respectively, were selected because all grants from these rounds were in the implementation of Phase 1⁵⁸ when data collection commenced (January 2010) and most recipients had reported on progress to date, allowing implementation to be tracked. These rounds were also included in the the study carried out by the International International HIV/AIDS Alliance and UNAIDS (2009)⁵⁹, which informed this research. This study was also informed by relevant findings and recommendations from a number of studies, reports and policy documents identified through a desk review. These are listed in Annex 4.

56 In this study, 'successful HIV proposals' and 'proposals' refers to the original proposals (available on the Global Fund website) approved by the Global Fund Board subject to Technical Review Panel clarifications and grant negotiation. See: Global Fund (2006), Fourteenth Board Meeting, Decision Point GF/B14/DP5; Global Fund (2007), Sixteenth Board Meeting, Decision Point GF/B16/DP4.

57 The Multi-country Africa region (West Africa Corridor Programme) includes: Cote D'Ivoire, Ghana, Togo, Benin and Nigeria; the Multi-country Western Pacific region includes: Cook Islands, Fiji, Federated States of Micronesia, Kiribati, Niue, Marshall Islands, Palau, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu; and the Multi-country Americas (REDCA+) includes: El Salvador, Honduras, Nicaragua and Panama

58 Once a proposal is approved by the Global Fund Board, the grant process begins. This process is divided into two phases: Phase 1 is the initial two-year period of a grant, Phase 2 extends from the third year to the end of the approved proposal and could last an additional one to three years (Global Fund M&E Manual, 2008).

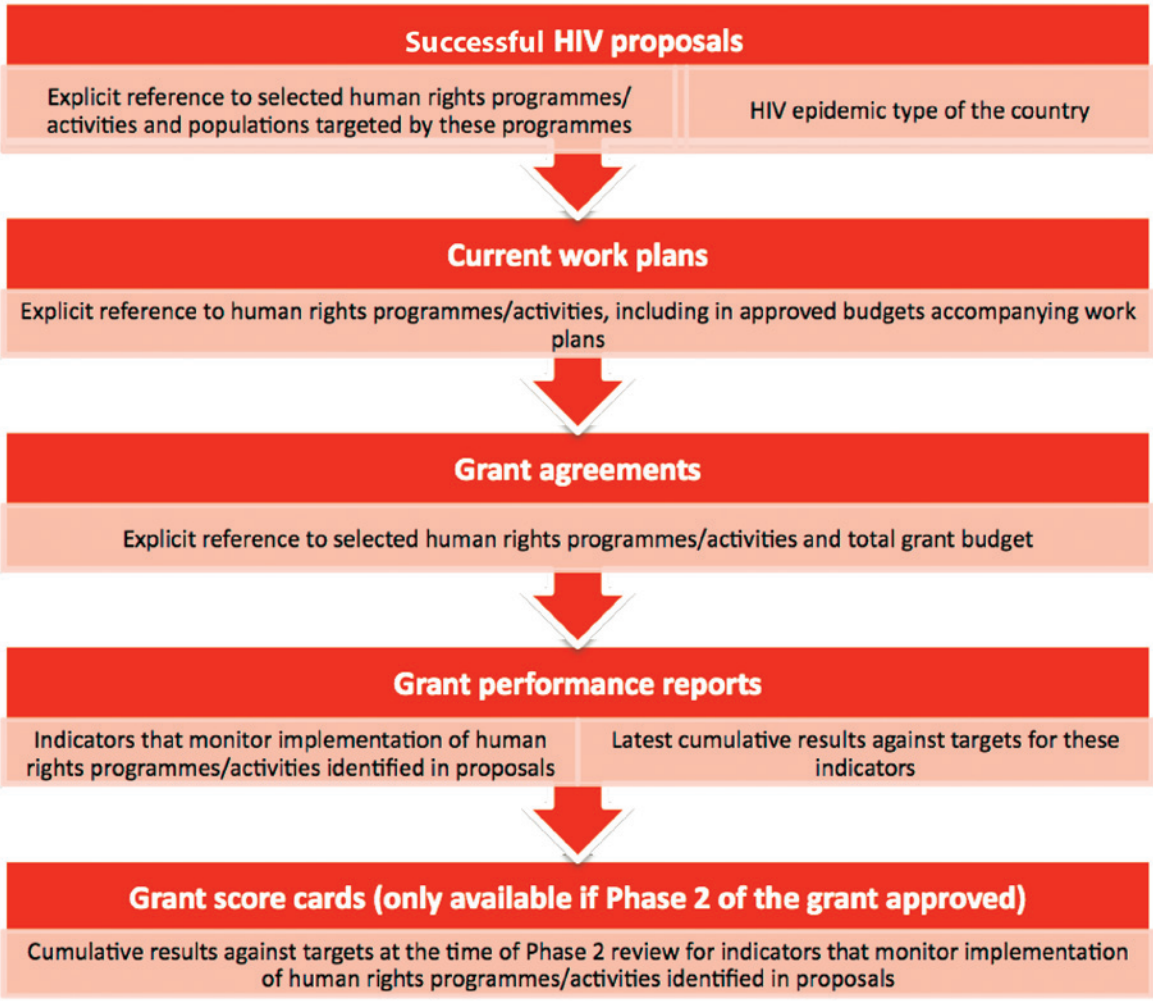
59 HIV Alliance/UNAIDS (2009), *HIV Related Human Rights Issues in 56 Countries* (Above, n. 7).



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Figure 1 is an overview of the selected Round 6 and 7 Global Fund grant documents and the data collected from each document for the purposes of this study. A more detailed description of the source documentation is presented in Annex 1⁶⁰. All documentation was obtained from the Global Fund website, other than work plans (including budget data), which were provided by the Global Fund Secretariat subject to agreed confidentiality restrictions.

Figure 1: Global Fund documents and data collected for analysis



⁶⁰ Analysis of expenditure data, which are broken down by Service Delivery Areas (SDAs), were not included in this review as this level of data would have led to over or underestimation of expenditures for human rights programming as a result of the very broad formulations of SDAs and the inability to filter out the relevant programme types.



Using the analytical framework described below, key human rights programmes were first identified and analysed in the proposals. The screening of proposals for relevant programmes involved both a rapid scan strategy and a key word search based on the analytical framework (see Annex 2). Details relating to these programmes were then tracked through the work plans, grant agreements, grant performance reports and grant score cards.

The data were also analysed to identify the extent to which key human rights programmes included in HIV proposals of the sample were explicitly intended to benefit specific populations ('beneficiary populations')⁶¹. Beneficiary populations were classified as one or more of the following: people living with HIV, people affected by HIV, men who have sex with men and/or transgender people, sex workers, people who use drugs, women, children, youth, prisoners, migrants, others, and non-specified. For example, a training of law enforcement officers on the rights of people who use drugs is a programme intended to benefit people who use drugs. An education programme to raise awareness among local leaders of the rights of women and girls in the context of HIV is a programme intended to benefit women and children (as opposed to local leaders). Beneficiary populations are determined by the explicit language of the programme, and are not limited to one population per programme. Inevitably, there is some overlap between populations. For example, programmes benefiting orphans and vulnerable children were considered as benefiting both 'people affected by HIV' and 'children'. Programmes benefiting drug-using prisoners were classified as benefiting both 'people who use drugs' and 'prisoners', and programmes benefiting transvestites who are sex workers were classified as benefiting both 'men who have sex with men and/or transgender people' and 'sex workers'. Additionally, the beneficiary population 'people living with HIV' is likely to include members of other populations, such as women, youth, men who have sex with men and people who use drugs – but only if they are HIV positive. Data on beneficiary populations were only collected from proposals due to time constraints.

The identification of specific programmes and their budget information under the grants was based on the current work plans of Principal Recipients (PRs) for all Round 6 and 7 HIV grants. Whilst work plans are developed before grant agreements between PRs and the Global Fund Secretariat are signed, they are live documents that are regularly updated during the course of a grant to reflect changes approved by the Global Fund Secretariat. For example, up to 20 percent of targets in each Service Delivery Area (SDA) can be reprogrammed with approval from only the Global Fund Portfolio Manager⁶². When this occurs, work plans are updated. Consequently, current work plans provide the most accurate record of all programmes to be implemented and the allocated budget under the agreed grant during the course of grant implementation. References in this study to 'work plans' refer to the current work plans for each grant that were shared with the researchers between May and July 2010. The total grant budget was based on figures contained in the grant agreements instead of work plans because the former were thought to be a more reliable source for this data.

61 This analysis was not performed for the programmes identified in work plans due to time constraints.

62 Global Fund (2010), *Operations and Policy Manual*. Available from: http://www.theglobalfund.org/documents/core/manuals/Core_OperationalPolicy_Manual_en.pdf



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Box 4. Explanatory note: Using work plans instead of grant agreements

The HIV Alliance/UNAIDS study (2009) analysed successful Global Fund proposals and national planning documents in order to map selected human rights programmes and the level to which they had been planned (i.e. strategy, activity, costing, budgeting and indicators). The report found that key programmes were not fully planned in terms of budgets and indicators, raising concerns that human rights programmes in successful proposals may be less likely to be implemented and monitored due to failure to carry them through the planning process, particularly in terms of costing, budgeting and programme evaluation.

In this study, researchers looked at successful proposals as well as a number of subsequent documents in order to assess the extent to which programmes were being implemented under agreed grants (see Figure 1). Publicly available grant agreements comprise the legally binding contract between the Global Fund and the PR. These agreements also include several attached documents that contain information required for central management decisions, including a general description of the programmes to be implemented under the agreed grant. Work plans (not publicly available) contain detailed programme implementation information, including budgets. Work plans submitted with the proposal for Phase 1 are revised and agreed by the PR and the Global Fund during grant negotiation. They are further updated if necessary throughout the course of Phase 1. New work plans are also submitted and agreed upon as part of Phase 2, if funding is approved.

Although grant agreements contain some general information regarding programmes included in the agreed grant, work plans are more detailed and are regularly updated to reflect minor changes in the programmes and budgets. Hence the work plans are a more accurate record of the programmes implemented under the grant than the grant agreements. Accordingly, this report does not present any programme-level analysis of the grant agreements as a separate data source to the work plans.

Indicators and progress against any relevant targets were also analysed as part of the study. An essential part of grant agreement negotiations between the PR and the Global Fund is consensus on intended programme results to be achieved during the grant period based on the programme objectives outlined in the approved proposal. The PR and the Global Fund agree on a small set of easily verifiable indicators and targets against which implementation and performance will be measured and the PR reports on a regular basis (the reporting period may vary from grant to grant) on results achieved⁶³. To review progress in the implementation of key human rights programmes, grant performance reports and grant scorecards (the latter only being available when a grant underwent Phase 2 review⁶⁴) were analyzed to identify indicators that monitor such programmes and the latest cumulative results against relevant targets in the performance framework⁶⁵.

Finally, information about the HIV epidemic classification of the country reported in the proposal – low, concentrated or generalized – was recorded. Analyses of programmes by region and epidemic type

63 Global Fund (2008), *Local Fund Agent (LFA) Manual*. Available from www.theglobalfund.org/documents/lfa/LFA_Manual_en.pdf

64 While proposals are typically approved for up to five years, the grant agreement initially provides for funding of an initial two-year period of the programme (Phase 1). The Global Fund will decide whether to fund the remaining proposal term (Phase 2) based on a comprehensive review (Phase 2 review) of programme performance towards the end of Phase 1. See: Ibid.

65 When there was more than one grant performance report or grant score card for the same country proposal – in the case of multiple Principal Recipients – all documents were analyzed and merged into one analysis per country. Although grant agreements also include the performance framework with indicators and targets for the agreed programmes, this information is repeated and updated if necessary in the grant performance reports. Hence, data regarding indicators and targets were only taken from the performance framework accompanying the grant performance reports.



(as classified in proposals) were performed on the sample of proposals and work plans. The analysis of programmes and beneficiary populations by region and epidemic type included the three multi-country proposals (with epidemic type according to the classification in the proposal). Multi-country proposals were excluded from the triangulation of data from this study with data regarding specified legal environments since multi-country proposals contain a variety of legal environments.

An Excel database was developed to collate all research data for the key variables on a country basis.

3.2 ANALYTICAL FRAMEWORK

Documentation was screened for information relating to selected human rights programmes defined within a comprehensive framework agreed by UNDP, the UNAIDS Secretariat and the Global Fund Secretariat, in consultation with other stakeholders. This framework comprised programmes considered necessary to advance human rights outcomes in the context of HIV. The study looked only at the selected human rights programmes; it did not look at human rights-based approaches to HIV more generally, or at other types of human rights programmes such as HIV workplace programmes or programmes for the rehabilitation of rape survivors. The six programme types included in the analytical framework of this study (also described in more detail in Annex 2) are set out in the box below⁶⁶.

Box 5. Analytical Framework: Key Human Rights Programmes For HIV Responses

HIV-related legal services. These programmes involve the provision of legal information and referral, legal advice, and representation to people living with or affected by HIV (including women) and/or other key populations such as men who have sex with men, sex workers, people who use drugs, and prisoners. HIV-related legal services may be delivered in a variety of settings, including in conjunction with other legal services, on a stand-alone basis, or in the context of other HIV prevention, treatment, care and support services.

Legal audit and law reform. These programmes involve the review and/or reform of legislation, access to justice, law enforcement practices and/or policies with a regulatory/legal basis relating to HIV (such as policies in the workplace that affect the rights of HIV-positive employees) with a view to identifying and remedying laws, policies and practices that block effective HIV responses, such as those that discriminate against people living with HIV and other key populations, and those that impede access to HIV prevention, treatment and care services by people living with HIV and other key populations, or participation by these populations in HIV responses.

‘Know your rights/laws’ programmes. These programmes build legal literacy around rights and laws amongst target audiences to increase knowledge and understanding amongst target populations of their human rights and legal rights relevant to HIV, and to enable target populations to mobilize around human rights and/or laws. Programmes may be targeted to people living with and affected by HIV and/or for

⁶⁶ The analytical framework applied in this study is similar to the analytical framework used in the HIV Alliance/UNAIDS study, with two differences. Firstly, the category of programmes ‘human rights training for key service providers’ from the HIV Alliance/UNAIDS study was separated into two distinct programme types in the analytical framework of this study (and also in the list of programmes now recommended by the Joint United Nations Programme on HIV/AIDS), namely human rights training for health care workers and human rights training and sensitization for police, other law enforcement agents, lawyers and/or judges. Secondly, programmes to counter harmful gender norms and empower women and girls were not included as a separate programme type in the present study as these were recently analysed by the Global Fund. See Global Fund (2009), *Gender Portfolio Review & Analysis of Rounds 1-7* (Above, n. 8).



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specific populations, such as women, sex workers, men who have sex with men and mobile populations.

Training of health care workers on HIV-related human rights issues. These programmes aim to build rights awareness amongst health care workers in order to increase respect for HIV-related human rights in health care settings, including non-discrimination, informed consent, confidentiality and the duty to treat. Such programmes intend to reduce stigma and discrimination in health care settings, thereby reducing barriers to access for people living with HIV and other key populations and ensure that health care workers are also empowered to protect their own health and rights.

Training and sensitization of police, other law enforcement agents, lawyers and/or judges on HIV-related human rights issues. These programmes aim to build understanding amongst the police and other law enforcement and justice sector actors of the links between human rights, health and HIV. The intention is to reduce harassment and discrimination against people living with HIV and other key populations, and to promote access to non-discriminatory and evidence-informed access to justice.

Programmes to reduce stigma and discrimination. These programmes specifically aim to reduce stigma based on HIV status and stigma experienced by key populations such as men who have sex with men, transgender persons, sex workers and people who use drugs that block effective responses to HIV. Programmes may be stand-alone or integrated into/with other HIV-related services.

Based on description of programmes in report from the HIV Alliance/UNAIDS study

The six programmes that comprise this analytical framework are drawn from the package of seven mutually-reinforcing programmes promoted by the Joint UN Programme on HIV/AIDS and other stakeholders as necessary for removing punitive laws, policies and practices, stigma and discrimination; increasing access to justice for people living with HIV, people affected by HIV and other key populations; and promoting enabling legal frameworks and human rights standards that are essential for effective, sustainable HIV responses⁶⁷. The one programme from that package not included in the analytical framework of this study was programmes to counter harmful gender norms and empower women and girls. This programme was not included in this study because it (and other gender-related human rights-based programmes) was examined in the recent Global Fund gender portfolio analysis (2009)⁶⁸. However, the present study did include gender-related human rights programmes where these fell within the scope of the six programmes that comprise the analytical framework. For example, 'know your rights/laws' programmes that address the rights of women or girls were included and analysed, as were 'HIV-related legal services' intended to benefit women or female sex workers. As with all of the key human rights programmes included in the analytical framework, the extent to which these programmes were explicitly intended to benefit women (and any other key population) was recorded.

67 The programmes described on the UNAIDS website are: (a) programmes to reduce stigma and discrimination; (b) programmes to sensitize police and judges; (c) legal services; (d) programmes to train health care workers in nondiscrimination, confidentiality and informed consent; (e) programmes to monitor the impact of the legal environment on HIV; (f) know your rights/laws programmes; and (g) programmes to counter harmful gender norms and empower women and girls. See: http://www.unaids.org/en/Priorities/03_06_Punitive_laws_stigma.asp See also: UNAIDS (2010), *Ensuring Non-Discrimination in Responses to HIV, Report to the 26th meeting of the UNAIDS Programme Coordinating Board*. (Above, n. 19); See also WHO/UNAIDS Technical Guidance Note for Global Fund HIV Proposals – Human Rights and Law (June 2010). Available from http://www.who.int/hiv/pub/toolkits/HRandLaw_Technical_Guidance_GlobalFundR10_June2010.pdf

68 The Global Fund (2009), *Gender Portfolio Review and Analysis of Round 1-7* (Above, n. 8).



A number of programmes, as described in Global Fund documents, matched the criteria of more than one programme type from the analytical framework (see for example the Malawi Round 7 HIV proposal, Box 6: the 'legal audit and/or law reform' programme described overlaps with 'know your rights/laws' programme). In cases where there were legitimately two or more different activities described within any one programme, each of the different programme types identified was recorded. As 'stigma and discrimination training for health care workers and legal service providers' and 'training and sensitization of police, other law enforcement agents, lawyers and/or judges on HIV-related human rights issues' are both specialized sub-sets of 'stigma and discrimination reduction' programmes, these programmes were not also recorded as 'stigma and discrimination reduction programmes' to avoid double-counting.

3.3 LIMITATIONS OF THE STUDY

There are a number of limitations to this study. The study only included successful Global Fund- HIV proposals and grants from Round 6 and 7. The study design was based on the assumption that the findings from Round 6 and 7 would complement data from other studies, and that the findings would be representative of the general trends in the current Global Fund portfolio. Because this study did not analyze more Global Fund HIV funding rounds, it was not possible to analyse trends over time. Analysis of the performance of key human rights programmes with indicators against established targets was also circumscribed by the limited sample of two funding rounds.

The scope of programmes included in the analytical framework is also limited. Rather than trying to identify and analyze all possible HIV-related human rights interventions, or analyse the extent to which every programme was consistent with a human rights-based approach, a few core programmes that directly support human rights outcomes were chosen to provide an indication of the Global Fund's overall contribution in this area as well as countries' progress in the implementation of these programmes. In addition, this study did not include any assessment of the quality of the design or implementation of the key programmes, or the extent to which they were implemented in accordance with the principles of a human rights-based approach. Accordingly, it cannot be assumed that all of the key human rights programmes implemented had the desired impact on the rights of beneficiary populations without a more in-depth study. An assessment of these important aspects of the key human rights programmes was beyond the parameters of this study.

The application of the analytical framework to the programmes described in documentation from the Global Fund was challenging as the information was often either very general or highly context-specific, with significant variation in language and the level of detail. The lack of detailed information in some grant documents presented difficulties in identifying relevant programmes in grant agreements and indicators in grant performance reports. This is discussed in more detail in the paragraphs below and in the Findings and Discussion. In addition, there was some potential for overlap between the programme types that was difficult to avoid methodologically. In general, programmes were identified as present in the document if they met the description included in the analytical framework. If a programme included activities that met the description of two or more programme types, each of these were recorded. However, in the case of the three programme types that explicitly included the objective of stigma reduction, the risk of double counting for what was really only one programme was controlled by recording only the programme type that best described the objectives and activities. A similar approach was also taken to avoid double-counting of activities which met the description of either 'HIV-related legal services', 'legal audit and law reform' or 'know your rights/laws' programmes and which also explicitly referred to stigma



3. STUDY METHODOLOGY

or discrimination reduction as an objective. Notwithstanding this approach, there is still some risk that 'stigma and discrimination' programmes may be over-represented in the study as stigma reduction is more likely to be referred to as an objective and a planned outcome of other programmes within the analytical framework.

As the sample included only three multi-country proposals, it was not possible to meaningfully compare the extent to which key human rights programmes were included in multi-country proposals with single country proposals. Further research is required to determine if multi-country proposals provide more opportunities for funding key human rights programmes and/or human rights programmes for key populations, including populations criminalised in the countries covered by the multi-country proposal.

The rapid scan and word search methodology used for identifying key human rights programmes in the proposals is not as thorough as reading the entire documents. However, with triangulation of data across a number of different Global Fund source documents, it is highly unlikely that any relevant activities or key pieces of information were missed as a result of this methodology.

In relation to the budget data, there were a number of discrepancies in the figures from work plans, but the vast majority were resolved through case-by-case follow-up with the Global Fund⁶⁹.

When considering the findings and drawing conclusions from data presented in this report, caution must be exercised in a number of key respects. Firstly, it cannot be assumed that because Global Fund HIV programmes in the sample do not include all six key human rights programmes that such activities are not being implemented at the country level. National budgets, other donors/agencies or Global Fund investments from earlier or later rounds could be supporting such programmes. Additionally, whilst the current work plans reveal the programmes with budgets for implementation in the approved grant, they do not prove that the budgeted programmes were actually implemented. Further research would be required to confirm the implementation of programmes included in the work plans.

Regarding the analysis of indicators, certain assumptions were made in determining whether an indicator monitored one of the identified human rights programmes. The primary assumption was that an indicator applied to a human rights programme if it measured either (a) the implementation of an activity/ies that appeared, on the face of all the documents, to include one of the key human rights programmes described in the proposal, or (b) an outcome that would include outcomes from the human rights programme. This approach may have resulted in an overestimation of the number of human rights programmes with indicators, as some indicators actually tracked the implementation of a much broader programme. A corollary is that this report may overestimate the progress toward implementing human rights programmes.

It is also possible that human rights programmes funded by the Global Fund are monitored with indicators at country level without reports of those results to the Global Fund Secretariat. However, the HIV Alliance/UNAIDS study (2009) found similarly weak planning for human rights programmes in terms of indicators and budgets within national strategic plans – suggesting that monitoring and evaluation of these programmes outside of the Performance Monitoring Framework is unlikely.

⁶⁹ One discrepancy was unable to be resolved. In the work plan for Ukraine Round 6, the budget line that included the programme for HIV-related legal support was broad and included other activities. Hence, the budget size for this programme overstates the actual amount that was committed for the delivery of HIV-related legal services, but the exact amount could not be ascertained from the work plan.



As noted above in section 3.2, programmes to counter harmful gender norms and empower women and girls – the seventh programme type recommended by the Joint United Nations Programme on HIV/AIDS for national HIV responses – were not included as a separate programme type in the present study as these were recently analysed in the Global Fund (2009) gender analysis. Further, a gender analysis of the key human rights programmes benefiting women was not possible with the data collected. Although ‘women’ as a beneficiary population was recorded during data collection, there were very few programmes that explicitly identified ‘women’ as a beneficiary population. Meaningful analysis of this data was not possible due to the considerable overlap with all other populations and the lack of additional contextual data recorded. That is, women form at least half of many key populations. Without additional gender analysis, it was not possible to draw conclusions regarding the extent to which women are benefiting from key human rights programmes.



4. FINDINGS AND DISCUSSION

This section of the report presents relevant data from the study, together with key findings and discussion. The key human rights programmes included in this study and discussed below are: (1) HIV-related legal services; (2) Legal audits and/or law reform; (3) “Know your rights/laws” programmes; (4) Training of health care workers on HIV-related human rights issues; (5) Training and sensitization of police, other law enforcement agents, lawyers and/or judges on HIV-related human rights issues; and (6) Stigma and discrimination reduction programmes. Governments, the United Nations and the Global Fund acknowledge that a human rights-based approach is essential for effective and sustainable responses to HIV. This means ensuring all HIV programmes are implemented in accordance with human rights standards and principles. Even key human rights programmes, if not implemented in accordance with the principles of a rights-based approach, may not have the desired positive impact on human rights and could have (unintended) negative impacts on human rights and the HIV response. For example, a law reform programme that results in a new law that criminalises the transmission of HIV may increase human rights violations and undermine prevention efforts. A stigma and discrimination reduction programme may inadvertently reinforce stigmatized beliefs about certain people or practices if not planned and implemented with the meaningful participation of affected populations and respect for other human rights principles. Although beyond the scope of this study, compliance with a rights-based approach has a significant impact on the effectiveness of key human rights programmes. Such factors must be taken into consideration in any holistic assessment of countries’ efforts to address human rights issues in the context of national responses to HIV.

4.1 OVERVIEW

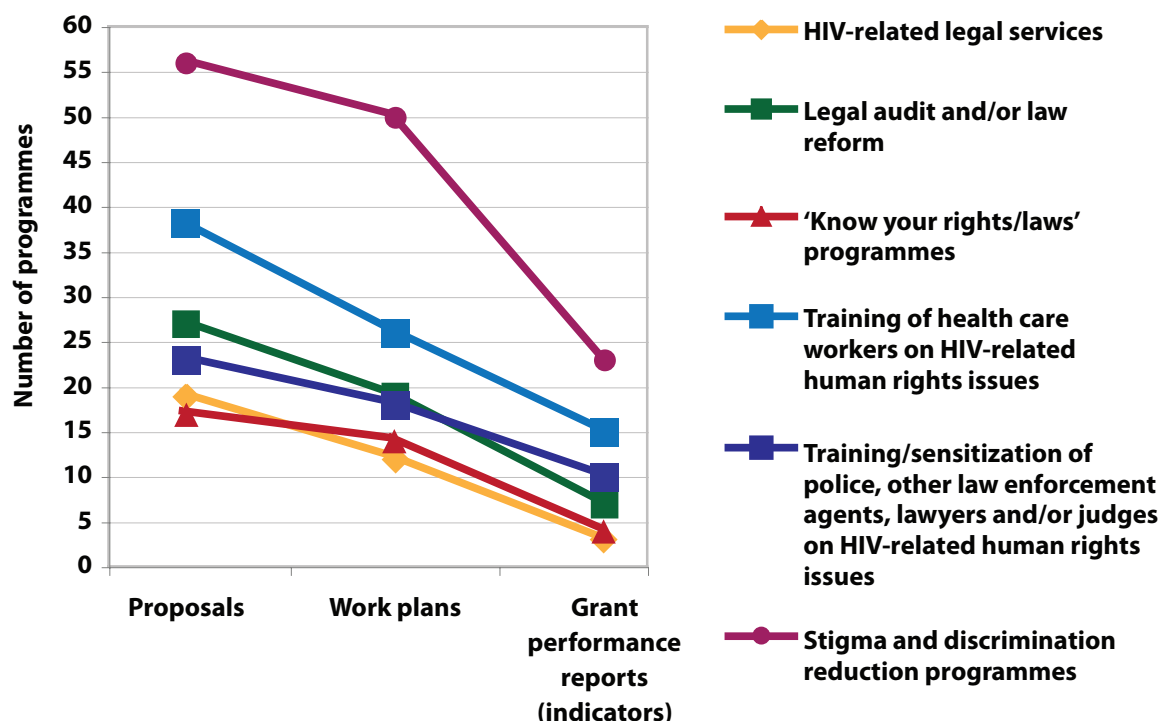
This section presents some of the findings from the entire data set. Key data are analysed and discussed in more detail in the remaining sections of the report.

- **All proposals and 96 percent of work plans included at least one key human rights programme.** The most commonly included programme was ‘stigma and discrimination reduction’, followed by ‘training of health care workers on HIV-related human rights issues’.
- **Not all planned programmes were included in work plans with budgets, and even fewer had indicators in the grant performance framework.** The number of key human rights programmes in proposals was significantly less than in grant documents. This study identified 180 key human rights programmes in HIV proposals, but only 139 programmes in work plans (including budgets) and a mere 62 programmes were tracked by indicators in grant performance reports. This downward trend was consistent for all human rights programme types. (See Figure 2)
- **Funding for human rights programmes comprised 2.4 percent of the total grant agreement amount.** The total budget for all of the human rights programmes on which this study was focused was USD 33,742,670. This was 2.4 percent of the total grant agreement amount for all Round 6 and 7 HIV grants (USD 1,398,498,002), and 2.2 percent of the total Board-approved grant amount for all Round 6 and 7 HIV grants (USD 1,510,830,999)⁷⁰.

⁷⁰ When considering the adequacy of this support by comparison with the total amount spent on all HIV programmes supported by the Global Fund in these rounds, it must be noted that (ideally) many HIV programmes, such as voluntary HIV testing and counseling and harm reduction programmes, would have some rights component that is not captured by this study, which looks only at six stand-alone human rights programmes. The Global Fund systematically collects data on the distribution of funding to programmes broadly classified as ‘treatment’, ‘prevention’, ‘care and support’, and ‘other’. (See, for example, Global Fund (2008) *Progress Report*. Available from http://www.theglobalfund.org/documents/publications/progressreports/ProgressReport2008_high_en.pdf). The human rights programmes in this study would be



Figure 2: Key human rights programmes in Round 6 and 7 HIV proposals and work plans, and monitored with indicators in grant performance reports



4.2 KEY HUMAN RIGHTS PROGRAMMES IN HIV PROPOSALS AND WORK PLANS

i. HIV proposals included an average of three of the key human rights programmes

Key findings: All successful proposals and 96 percent of the work plans included at least one of the key human rights programmes. Only one of the 59 HIV proposals (Malawi, Round 7) included all six programmes (see Box 6). The following ten countries or territories included five different human rights programme types in their successful HIV proposals⁷¹:

Round 6: China, Egypt, India, Serbia, Ukraine and Vietnam.

Round 7: El Salvador, Kyrgyz Republic, Multi-country Western Pacific, and West Bank and Gaza.

most likely to fall within the 'prevention' or 'other' category. However, given the cross-cutting benefits of human rights programmes, it is not necessarily advisable to consider these programmes as part of a particular service area, such as 'prevention' or 'other'. A more relevant and instructive analysis would be to consider the size of these programmes as a percentage of total funding directed towards community systems strengthening. However, at the time of Rounds 6 and 7 (and still at the time of publication of this report) there was no systematic monitoring of funding in this general area. Further, whilst most of the key programmes in this study fall within one of the service delivery areas within the group 'supportive environment', not all of them do. Hence a comparison of the budget size of the key programmes compared with the total budget for 'supportive environment' would also be of limited value.

⁷¹ All five programmes included in the proposals were also included in the work plans of Vietnam, Ukraine, El Salvador and the Multi-country Western Profile. For the other countries listed, one or more of the five programmes seen in the proposal were not included in the work plan.



4. FINDINGS AND DISCUSSON

An average of 3 different programme types per proposal decreased to an average of 2.3 different programme types in the work plans.

Discussion: The findings show that all successful proposals and work plans include at least one key human rights programme, but a complete package including all six of the programme types is rare.

The absence of proposals - and therefore grants - containing all six of the key human rights programmes should cause the Global Fund and its partners to question the adequacy of the response to human rights obstacles to HIV prevention, treatment, care and support programmes⁷². The implementation at scale of all of the human rights programmes recommended by the Joint United Nations Programme on HIV/AIDS, either within the Global Fund proposal or otherwise funded in the national Programme, is highly relevant to the review and approval of HIV proposals by the Global Fund Technical Review Panel (TRP) because social and structural factors, including punitive laws, policies and practices, stigma, discrimination and lack of access to justice for key populations and people affected by HIV can block otherwise effective responses to the epidemic⁷³. Hence, failure to adequately address human rights issues through targeted programming may undermine the effectiveness and sustainability of Global Fund investments in HIV responses in that country⁷⁴.

The inclusion of only a few of the key human rights programmes in HIV proposals means that important aspects of the social and legal environment are not addressed in the grant. The figures suggest that – for all key populations, including people living with and affected by HIV - the Global Fund's commitment to support interventions that address social and gender inequalities and programmes that aim to eliminate stigmatization and discrimination against people living with HIV and vulnerable populations⁷⁵ is not translating into key human rights programmes in Global Fund HIV programmes. These findings resonate with the findings from the recent Global Fund analysis (2009) of programmes to address the needs of sex workers, men who have sex with men, transgender people and/or other sexual minorities in proposals from Round 8 and 9⁷⁶. That analysis found some programmes for one or more of these populations in most proposals, but very few proposals with “adequate scale, breadth and ambition necessary to turn the epidemic around for sex workers, men who have sex with men, transgender and/or other sexual minorities”.

72 The UNAIDS research found an average of four different programme types included in National Strategic Plans for the same sample, which increased to an average of four and one-half different programme types when taking into account programmes planned in Global Fund proposals. This indicated that Global Fund proposals sometimes include programme types that were not included or planned for within National Strategic Plans and might have filled gaps in such programming.

73 UNAIDS (2008), *Report on the Global AIDS Epidemic* (Above, n. 20).

74 A comprehensive analysis of human rights issues at the country level would be required to determine whether the human rights programmes in place are adequate to enable other HIV programmes to have the desired impact. There is no hierarchy within the package of programmes, or minimum requirement. At the country level, there may be justification for implementing some programmes before others in circumstances where it is not possible to immediately implement all seven programmes at scale.

75 Global Fund (undated), *Framework Document* (Above, n. 28).

76 Global Fund (2010), *Analysis of SOGI Activities in Round 8 and 9 Proposals* (Above, n. 9).



Box 6. Malawi Round 7 HIV proposal – the only proposal that incorporated all six key human rights programmes⁷⁷

1. HIV-related legal services

Proposal:

Objective 5: To expand advocacy and social mobilization for HIV prevention at district and community levels

Service Delivery Area 8: Policy development including workplace policy: Advocacy for implementation of existing laws and bylaws that enhance HIV prevention. Young people-friendly law enforcement organs, such as courts and welfare officers will be provided with material support to enhance their work in this area. Legal support services will ensure prevention of secondary trauma for young people seeking legal redress, such as those that have been sexually abused.

2. Legal audit and/or law reform

Proposal:

Objective 5: To expand advocacy and social mobilization for HIV prevention at district and community levels

Under this objective, advocacy for political commitment and support for enforcement of existing laws and bylaws for protection of young people's and women's rights and for fighting stigma and discrimination will be supported.

Service Delivery Area 8: Policy development including workplace policy: Advocacy for implementation of existing laws and bylaws that enhance HIV prevention. Meetings with law enforcement agents, district and community leaders will be supported to identify the barriers to enforcement of existing legislation and standards and to find ways of how they can be addressed.

3. 'Know your rights/laws' programme

Proposal:

Objective 5: To expand advocacy and social mobilization for HIV prevention at district and community levels

Service Delivery Area 8: Policy development including workplace policy: Advocacy for implementation of existing laws and bylaws that enhance HIV prevention. This programme will support activities directed at promoting the enforcement of policies, laws and bylaws related to HIV prevention. This will include strengthening advocacy and social mobilization at district and community levels. The advocacy and social mobilization will also be extended to the workplaces to further enhance the protective environment for young people at work. The Information, Education, Communication (IEC)/Behavior Change Communication (BCC) campaign will also take these issues into consideration; mass media programmes, community outreach BCC activities and BCC materials will be appropriately designed to address enforcement of existing laws and bylaws. This programme will support the development and production of relevant IEC and advocacy materials for this activity. The awareness campaign and advocacy for law enforcement will also include the new law on HIV/AIDS that Malawi's parliament is currently legislating.

⁷⁷ Note: four of these programmes were also included in the work plan under the agreed grant. To the extent possible, the original language used in the proposal has been retained.



4. FINDINGS AND DISCUSSION

Work plan:

OBJECTIVE 5: To expand advocacy and social mobilization for HIV/AIDS prevention at the district and community level

SDA 8: Supportive environment: stigma reduction in all settings

5.1 Advocate for enforcement of bylaws/laws to protect young people at district and national level

5.1.1 Sensitise communities on existing laws/bylaws related to HIV prevention (Phase 1: USD 73,200⁷⁸)

5.1.2 Develop IEC materials on laws and bylaws related to HIV prevention (Phase 1: USD 100,000)

4. Training of health care workers on HIV-related human rights issues

Proposal:

(e) Stigma and discrimination:

Training of providers to approach youth issues in a non-prejudiced manner will encourage young people to seek reproductive health services that have been proven to reduce the risk of HIV transmission.

Work plan:

OBJECTIVE 3: To promote and support HIV protective interventions designed for young people

SDA 4: Youth prevention services: Youth friendly sexual and reproductive health services

Deliver community and facility-based Youth Friendly Health Services: train service providers for Youth Friendly Services (Phase 1: USD 406,000)

Grant agreement:

Training health workers in youth-friendly health services (as Planned Activity)

Grant performance report:

- Indicator “number of health care providers trained in youth-friendly health services”.
- Cumulative result at June 2010 (since 1 October 2008): 6342 providers trained against a target of 700 providers, thus exceeding the target set.

5. Training of police, other law enforcement agents, lawyers and/or judges on HIV-related human rights issues

Proposal:

Objective 5: To expand advocacy and social mobilization for HIV prevention at district and community levels

Service Delivery Area 8: Policy development including workplace policy: Advocacy for implementation of existing laws and bylaws that enhance HIV prevention

The training of paralegals in HIV/AIDS and the need to enforce laws and bylaws for the protection of children's rights, as well as those against stigma and discrimination will be supported.

Work plan:

OBJECTIVE 5: To expand advocacy and social mobilization for HIV/AIDS prevention at the district and community level

SDA 8: Supportive Environment: Stigma reduction in all settings

5.1 Advocate for enforcement of bylaws/laws to protect young people at district and national level

⁷⁸ The total budget size for this programme was USD 146,400, but because this activity is also categorized in 'stigma and discrimination reduction' the budget was divided by two.



5.1.3 Train law enforcement officials on issues of HIV and AIDS (Phase 1: USD 97,440)

5.1.6 Train paralegals on children's rights, child protection and orphans and vulnerable children, and formulation of bylaws on orphans and vulnerable children (Phase 1: USD 64,960)

6. Stigma and discrimination reduction

Proposal:

Objective 1: To expand effective HIV/AIDS behaviour change communications

Service Delivery Area 1: Behaviour change communication: Mass media

The campaign will focus on fighting stigma and discrimination, gender inequalities and changing negative social and cultural norms.

Service Delivery Area 8: Policy development including workplace policy: Advocacy for implementation of existing laws and bylaws that enhance HIV prevention

Activities to lobby for political commitment to address the gender disparities, abuse of rights of children, stigma and discrimination will be supported. Furthermore, traditional and clan leaders will be lobbied to address the harmful cultural practices that have relevance to HIV transmission.

(e) Stigma and discrimination

- The BCC activities will use every opportunity availed and all fora to address the issues of stigma and discrimination of people living with and/or affected by HIV/AIDS
- Groups and organizations of people living with HIV will be supported to give their testimonies
- Advocacy for implementation and enforcement of laws and bylaws that discourage stigmatisation and discrimination of individuals at community level

Work plan:

OBJECTIVE 5: To expand advocacy and social mobilization for HIV/AIDS prevention at the district and community level

SDA 8: Supportive Environment: Stigma reduction in all settings

5.1 Advocate for enforcement of bylaws/laws to protect young people at district and national level

5.1.1 Sensitise communities on existing laws/bylaws related to HIV prevention (Phase 1: USD 73,200)

Grant agreement:

Sensitization of community leaders about enforcement of laws and by-laws against stigma and discrimination (as Planned Activity)

Grant performance report:

- Indicator "number of traditional authorities that have had community leaders sensitised about enforcement of laws and bylaws against stigma and discrimination"
- Cumulative result to date since 1/10/2008: 2 against a target of 300, thus showing underperformance for this activity

ii. The majority of key human rights programmes identified in successful proposals were included in work plans with budgets, but 23 percent were lost

Key findings: 77 percent of the 180 human rights programmes identified in proposals were included in work plans and had specific budgets. A total of 23 percent of the programmes were not included in



4. FINDINGS AND DISCUSSION

the work plans. The degree of attrition between proposal and work plan was the same across different programme types.

Discussion: Analysis of the work plans for Round 6 and 7 grants raises a number of important issues. Firstly, this analysis shows that the majority of the key human rights programmes included in proposals are also included in work plans and budgets submitted to the Global Fund by the PR and approved by the Global Fund. The data show that the vast majority of Round 6 and 7 grants include key human rights programmes, thereby confirming that the Global Fund is an important funder of human rights programmes in the context of HIV.

Almost a quarter of the key human rights programmes planned in successful HIV proposals were not identified in the work plans and accordingly also had no budget. Even without comparative statistics for other programme types, this data is concerning - particularly in light of reports that these types of programmes need to be radically and urgently scaled up⁷⁹. There are a number of possible reasons for this attrition, including technical and political challenges to programme planning and implementation⁸⁰. Possible technical factors include weak planning of programmes in proposals, resulting in difficulties translating those programmes into the detailed work plans. Weak planning might include a lack of epidemiological data for key populations, and insufficient information relating to implementing partners, programme design, scale, budget, or monitoring and evaluation indicators. Such technical factors could be addressed through increased technical assistance and capacity development for applicants and key country stakeholders. Given that the attrition seems to occur after the proposal is approved by the Global Fund Board, during either TRP clarification or the negotiation of the grant and approval of the work plan, strengthening the capacity of key actors such as CCMs and PRs, the Technical Review Panel and the Global Fund Secretariat—on human rights programming may prevent some of this attrition.

The very nature of some human rights programmes – such as those that potentially empower criminalised populations to claim their rights - may make them more vulnerable to exclusion. It is likely that programmes that are not backed by solid commitment from governments and other stakeholders would be more vulnerable to removal during grant negotiation⁸¹ than those with strong advocates and support. Other influencing factors may include the limited representation of key populations - arguably the most keenly aware of the need for these programmes to increase access to services for key populations⁸² - in Global Fund processes⁸³. The marginalisation and criminalisation of key populations at

79 *Report of UN Secretary-General on HIV/AIDS* (Above, n. 18); UNAIDS (2008), *Report on the Global AIDS Epidemic*, (Above, n. 21); UNAIDS (2010), *Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV*, (Above, n. 46).

80 Based on the level of detail included in the work plans, it is likely that the observed programme attrition is a reflection of an actual reduction in the number of key human rights programmes implemented under the agreed grant. It is unlikely that this is a result of any methodological limitations.

81 In addition to the usual factors influencing the grant negotiation process, the Global Fund Board imposed a 10 percent “efficiency gain” on all new grants in November 2008, impacting on Round 8 and subsequent rounds. The Global Fund Board also required 25 percent reductions in Phase 2 budgets in 2009 and 2010. See: <http://blogs.cgdev.org/globalhealth/2009/11/how-the-global-fund-is-dealing-with-more-demand-than-supply.php>; <http://www.plusnews.org/report.aspx?ReportId=82791>. However, as this policy did not apply during Round 6 and 7, it is not directly relevant to the analysis of the programme attrition in these Rounds.

82 *Global Fund Guidelines and Requirements for Country Coordinating Mechanisms*, Annex 1 Guidelines on Types of Civil Society and Private Sector Representation Most Relevant to the Work of CCMs. Available from <http://www.theglobalfund.org/en/rcc/other/ccm>

83 The Global Fund (2010) SOGI study (Above, n. 9) found that in 2008, only 10 per cent of all HIV proposals submitted by CCMs explicitly indicated that there was representation from sex workers, men who have sex with men, transgender people and/or other sexual minorities on the CCMs. This had increased in 2009 to 38 per cent of Round 9 proposals ultimately approved. Researchers concluded that ‘experience has shown that greater representation [of key populations] can lead to strong and successful proposals’; See also: OSI/CHLN report on the impact of weak voice of key populations on CCMs on Global Fund investments in human rights programmes for these populations (Above, n. 10).



the country level can prevent them from participating meaningfully in Global Fund processes including grant negotiation (a PR function) and oversight of programme implementation (a CCM function⁸⁴), and hence may contribute indirectly to the attrition of these programmes. It is likely that the observed attrition is, in most countries, a combination of technical and political factors operating at the local, national, regional and global levels. Increased technical assistance, strategic information and advocacy from technical and development partners of the Global Fund, more stringent oversight and support by country level stakeholders including CCMs, and monitoring by the Global Fund Secretariat, may be required to ensure that planned human rights programmes are implemented.

The failure to implement almost a quarter of the planned human rights programmes has significant implications for the Global Fund in terms of the management of its investments and commitment to its principles. The finding implies that countries are not receiving the necessary support to overcome human rights obstacles in their HIV response, as expressed in the proposal. This potentially undermines the effectiveness and sustainability of the other components of national HIV responses. That is, due to the cross-cutting and often catalytic benefits of programmes that address HIV-related human rights issues⁸⁵, the loss of programmes identified as necessary is likely to have a negative impact on the programmes that are implemented under the Global Fund grant, and indeed on the national HIV response. Further research is required to identify the causes of this attrition, including any possible implications for the Global Fund in terms of its principles to support nationally owned, country-led responses and proposals that aim to eliminate stigma and discrimination.

4.3 GLOBAL TRENDS IN KEY HUMAN RIGHTS PROGRAMMES

iii. 'Stigma and discrimination reduction' programmes were the most common of the six programme types in proposals and work plans

Figure 3 shows the frequency of inclusion of the six key human rights programme types in successful Round 6 and 7 HIV proposals and work plans.

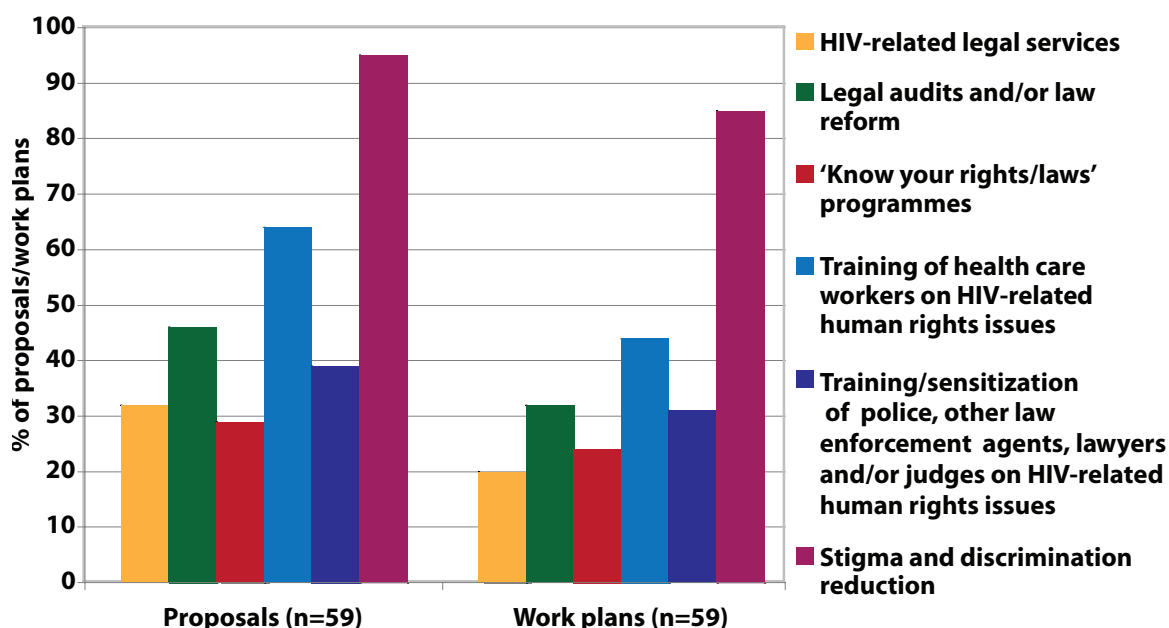
84 Recognised in the Global Fund's *Guidelines and Requirements for Country Coordinating Mechanisms, Part 3: Roles and Responsibilities*. (Above, n. 82). Note that the revised Global Fund Guidelines and Requirements for Country Coordinating Mechanisms (2010) include oversight of the grant-signing process to ensure that the programme remains in line with the original proposal submission as a 'core function' of CCMs.

85 UNAIDS (2008), *Report on the Global AIDS Epidemic* (Above, n. 20); UNDP (2010), *MDGs Breakthrough Strategy*. (Above, n. 29)



4. FINDINGS AND DISCUSSION

Figure 3: Round 6 and 7 HIV proposals and work plans including key human rights programmes



Key findings: 'Stigma and discrimination reduction' programmes were by far the most common of the six programme types, found in 95 percent of proposals and 85 percent of work plans. 'Know your rights/laws' programmes was the least common programme type in proposals (29%) and 'HIV-related legal services' the least common programme type in work plans (20%).

Discussion: These findings regarding the extent to which different programme types are planned in proposals are consistent with and further amplify the findings from the HIV Alliance/UNAIDS study (2009). The data show that, whilst the Global Fund funds all programme types, some programme types are clearly more favoured by applicants than others. There were fewer human rights programmes in the work plans, but they broadly reflected the same preferences found in the proposals.

There are a number of factors likely to influence the decision of CCMs to include some human rights programme types over others. The common inclusion of stigma and discrimination reduction programmes in Global Fund proposals may reflect a greater difficulty in funding these programmes from national budgets or other sources. This would not be immediately concerning as long as countries were able to obtain funding for all key programmes from a reliable source.

It is likely that the preference observed in Global Fund proposals reflects prioritisation at country level in terms of the human rights programmes to be implemented. The Global Fund's specific recognition of programmes to reduce stigma and discrimination as part of effective HIV programming may influence prioritization if interpreted as an indication that the Global Fund prioritises these programmes over other human rights programmes. The Global Fund's funding framework explicitly states that it supports proposals that aim to eliminate stigma and discrimination against those infected and affected by HIV⁸⁶. This support at the policy level is reflected in the prompting in proposal forms and standard Service Delivery Areas

86 Global Fund (undated). *Framework Document* (Above, n. 32).



(SDAs) recognised by the Global Fund. In fact, all seven of the human rights programmes recommended by UNAIDS contribute to the reduction of stigma and discrimination⁸⁷, and all are valid activities for the SDA ‘Supportive environment: stigma reduction in all settings’⁸⁸. However, as human rights, stigma and discrimination issues are not well understood in many countries⁸⁹, applicants may not be aware of the full range of programmes that could (and should) be included to address stigma and discrimination and thereby contribute to human rights outcomes. Accordingly, it may not be apparent to applicants that they can obtain funding for human rights programmes that they might not immediately see as contributing to stigma and discrimination reduction, such as legal literacy programmes or HIV-related legal services. More explicit explanations and/or prompting may be required to ensure that applicants understand that they can and should be including activities such as legal services, legal literacy programmes and law reform in HIV proposals, and under which SDAs and funding windows they can be funded⁹⁰.

Box 7. Examples of ‘stigma and discrimination reduction’ programmes⁹¹

Afghanistan (Round 7):

- Involvement of religious leaders in HIV education and tolerance provides moral authority for acceptance in this deeply Islamic country;
- Leadership are equipped to communicate positive values of compassion and health to communities. By enabling more opinion leaders and community mobilizers to speak knowledgeably of HIV, rumors and misunderstandings will be balanced with information and care.

Sierra Leone (Round 6):

- Stigma and discrimination reduction training for community representatives;
- Fund more organizations to promote stigma and discrimination reduction for people living with HIV, including sensitization of traditional and religious leaders, who will play pivotal role in the provision of care and support to people living with HIV.
- Training for people living with HIV in various life skill projects to enhance their earning power and restore their dignity and pride that they lost as a result of stigma and discrimination.

87 UNAIDS (2010), *Ensuring Non-Discrimination in Responses to HIV: Report to the 26th meeting of the UNAIDS Programme Coordinating Board* (Above, n. 19).

88 Some programmes also fit under other SDAs. Proposal forms for Rounds 6 and 7 also explicitly ask about gender equality and equity issues impacting on the HIV epidemic and response, which may encourage proposal writers to consider these issues and include programmes to address them.

89 One conclusion in the HIV Alliance/UNAIDS (2009) study was that “Most countries identify HIV-related human rights issues across national planning instruments in a way that suggests they do not fully understand how these issues are connected or how they act as obstacles to universal access and effective national responses to HIV.” (Above, n. 7).

90 In Round 8, WHO and UNAIDS published specific guidance to applicants on stigma and discrimination and human rights programming. Round 8 Guidance is no longer available on the internet, but Round 10 guidance can be found at: <http://www.who.int/hiv/pub/toolkits/GF-Resourcekit/en/index1.html>. This specific guidance may have addressed this issue to a certain extent, though it is not known whether such global-level guidance is adequate to address technical assistance needs at the country level. Additional, more specific technical assistance clarifying the key human rights programmes that fit within the various SDAs and specific funding windows such as the *Community Systems Strengthening Framework*, *Health Systems Strengthening applications* and *National Strategy Applications* may contribute to more comprehensive human rights programming in Global Fund proposals.

91 To the extent possible, the original language used in the proposals has been retained.



4. FINDINGS AND DISCUSSION

Aside from the possible influence of the explicit support for ‘stigma and discrimination’ reduction in the Global Fund Framework document and proposal forms, there are a range of technical and political factors at the country level that are likely to have an impact upon the programmes included in these proposals. Technical factors include a greater confidence or familiarity with certain programme types within CCMs and those providing technical assistance to national stakeholders in the development of proposals⁹², and a lack of understanding about how to develop and implement a comprehensive programmatic response to human rights issues in the context of HIV⁹³. Closely related to these factors is the degree to which the response is truly multisectoral at the country level, and the degree to which the CCM is representative of and supported by national stakeholders. For example, stigma reduction programmes in the community and health sector may be perceived as more easily integrated into what is already being implemented by ministries or sectors that are more commonly involved in HIV responses. Programmes that require the active participation of other sectors or ministries – such as the ministry of justice, ministry of interior or parliamentarians – may be more challenging technically and politically than health sector programmes. Another factor may be that some programme types have been seen by some stakeholders as the responsibility/domain of independently funded civil society organizations – such as ‘know your rights/laws’ programmes and ‘HIV-related legal services’. Increasing the quality of technical assistance available to national stakeholders for human rights programming would address some of these factors. The Joint United Nations Programme on HIV/AIDS also has a specific role in supporting the engagement of key sectors, ministries and civil society organizations in the national response.

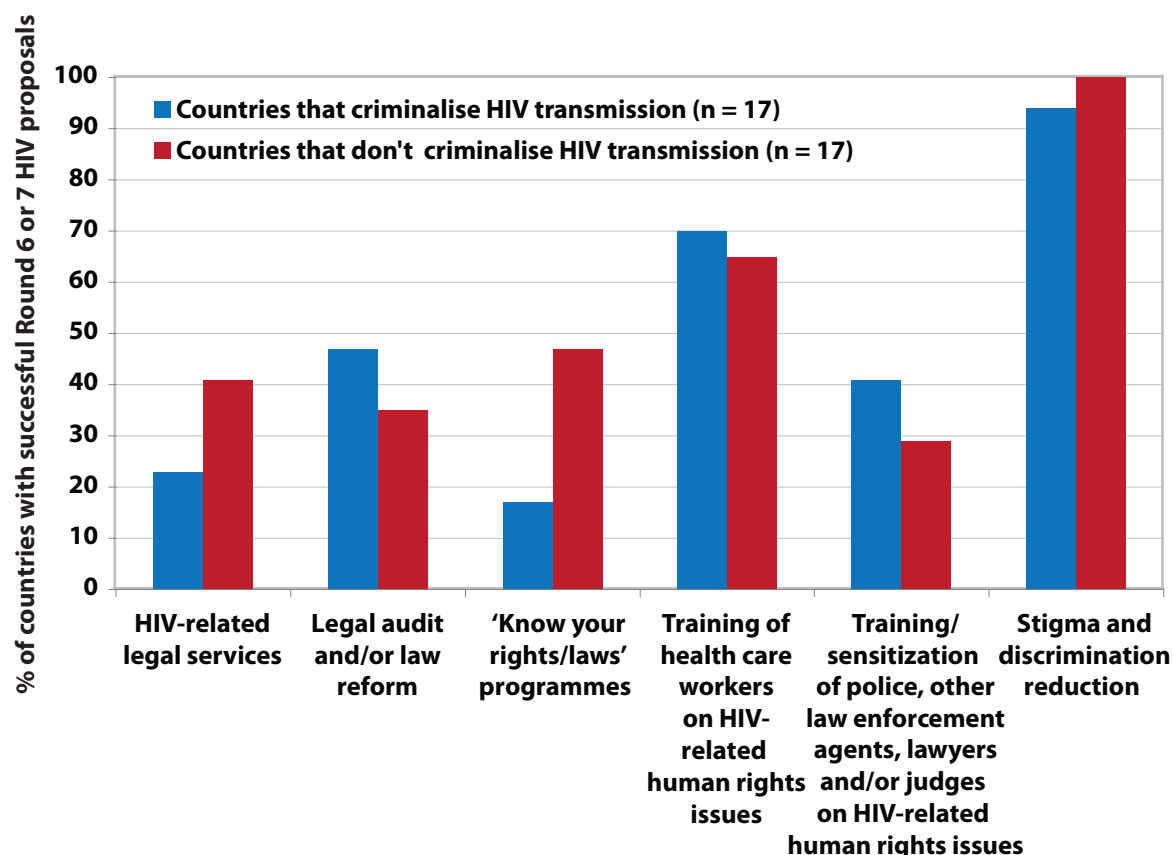
It is also possible that the preference observed in Global Fund proposals reflects reluctance at the country level to implement programmes that potentially empower individuals to challenge the adequacy of the national response. The Joint United Nations Programme on HIV/AIDS recommends that national responses include all of the key human rights programmes included in this study and governments have committed to a broad range of actions to end discrimination and increase access to justice for key populations. However, stigma and discrimination reduction programmes for communities and key sectors may be more palatable to governments (and government-dominated CCMs) as they do not directly empower beneficiaries to challenge the government to do more to protect their rights, as is the case with ‘HIV-related legal services’ and ‘know your rights/laws’ programmes. Figure 4 shows a comparison of key human rights programmes in work plans from countries that criminalise HIV transmission, and those that do not. This analysis shows that countries criminalising HIV transmission support considerably fewer ‘HIV-related legal services’ and ‘know your rights’ programmes than countries that do not. Given that many observers, including the Joint United Nations Programme on HIV/AIDS, have pointed out that the overly broad criminalisation of HIV exposure or transmission is likely to increase stigma and discrimination against people living with HIV, as well as increase their risk of human rights violations in the context of law enforcement and/or the justice system, a weak response in terms of these key human rights programmes begs the question of whether the CCMs have adequately addressed these obstacles to an effective HIV response.

92 For example, stigma reduction programmes in community and health care settings may be more easily integrated within what is already being implemented by ministries or sectors that are more commonly involved in HIV responses.

93 It was not until Round 8 that UNAIDS and WHO published technical guidance for applicants explaining the types of programmes recommended for addressing human rights issues and the need for a comprehensive programmatic response to human rights. Further research is required to determine if this technical guidance and other technical assistance has had an impact on subsequent proposals.



Figure 4. Key human rights programmes in Round 6 or 7 HIV work plans within specified legal environments



Recent action taken by the Global Fund to improve equality and accountability within CCMs may address to some extent the tendency to neglect certain human rights programmes in HIV proposals⁹⁴. Advocacy, strategic information on the impact of human rights programming and strengthened policy advice from the Global Fund as well as its technical and development partners would also reduce the negative influence of such political factors. The Gender Equality and SOGI strategies illustrate that the Global Fund is committed to ensuring that its policies and processes encourage countries to address areas typically neglected in HIV proposals as a result of technical and political factors operating at the country level. Some similar steps could also be taken to encourage applications that contain a more comprehensive programmatic response to human rights for key populations in HIV proposals.

⁹⁴ See: *Global Fund* (draft) Revised CCM Guidelines. These are expected to be approved by the Global Fund Board in December 2010.

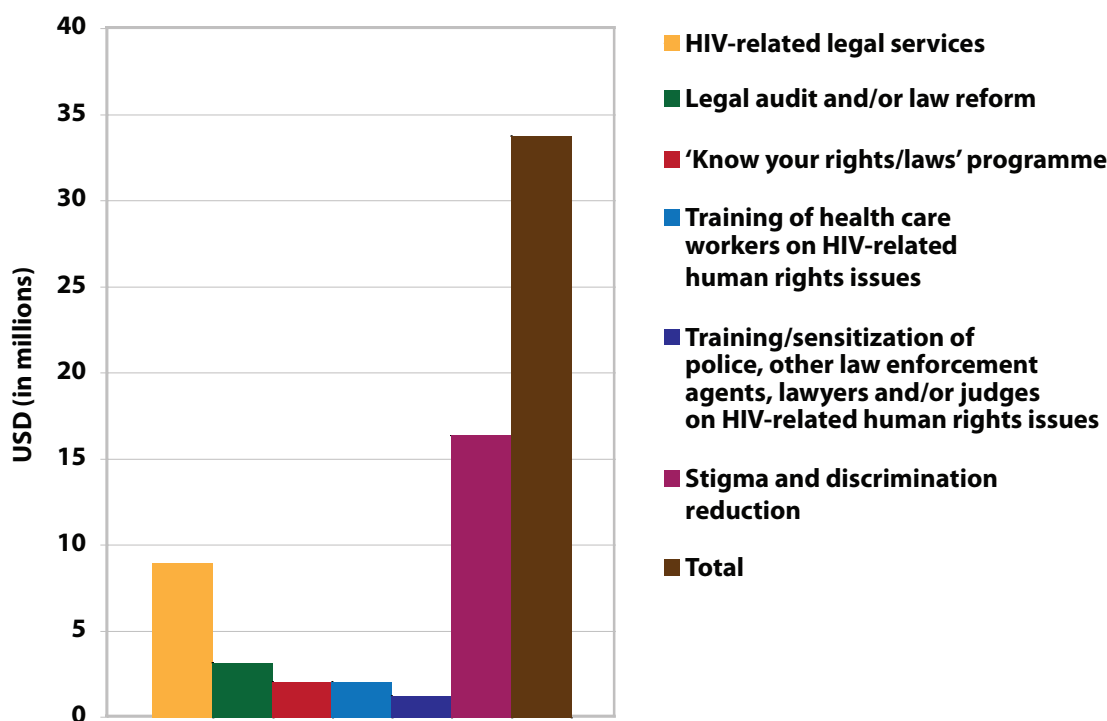


4. FINDINGS AND DISCUSSION

iv. 'Stigma and discrimination reduction' programmes received the most funds overall, and the second highest funds on average per grant.

Figure 5 shows the total budget sizes for key human rights programmes⁹⁵ identified in the work plans.

Figure 5: Total budget amounts for key human rights programmes identified in Round 6 and 7 HIV work plans⁹⁶



Key findings: 'Stigma and discrimination reduction' programmes received the greatest amount of funding, namely USD 16.4 million out of a total of USD 33.7 million allocated in work plans to the human rights programmes in this study. 'Training and sensitization of police, other law enforcement agents, lawyers and/or judges on HIV-related human rights issues' received the lowest funding, USD 1.2 million. The other programmes received an amount ranging from USD 2 to 8.9 million, with most on the lower

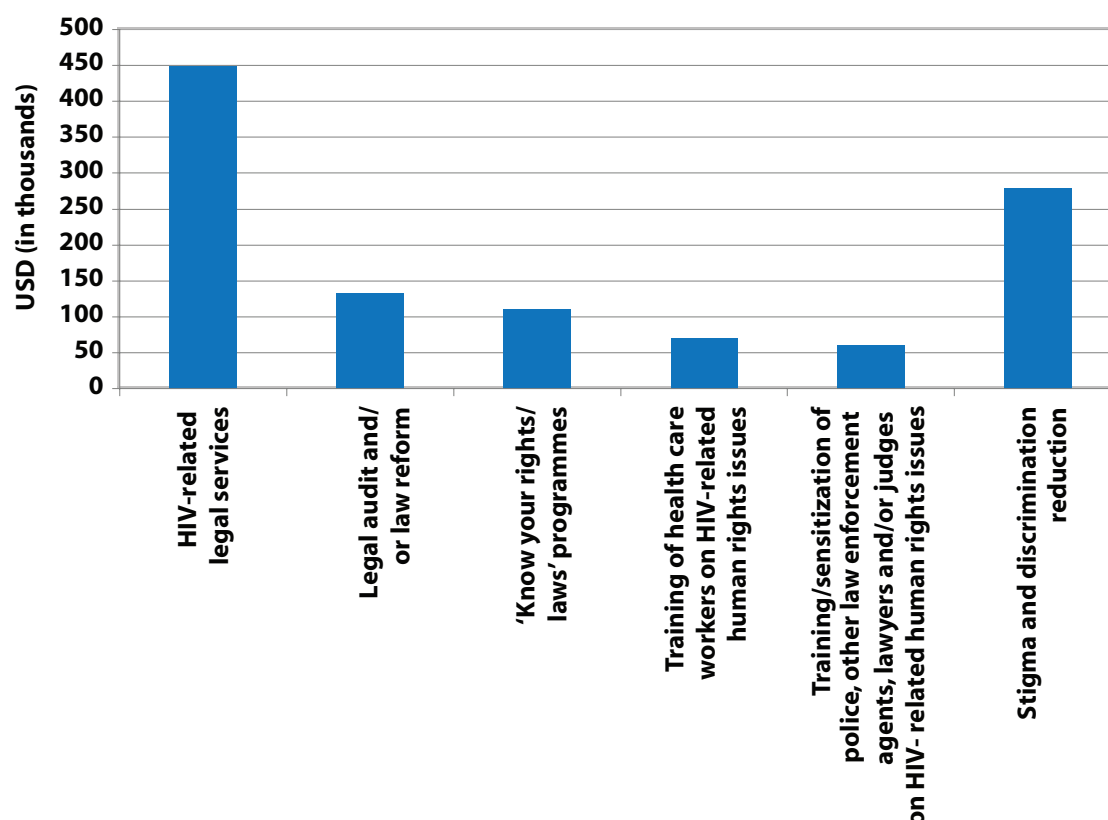
⁹⁵ A few activities described in work plans fell into more than one category of the human rights analytical framework. In such cases, each of the human rights programme types were recorded as having been identified in the relevant work plan. When calculating the budget sizes per programme type for these activities that satisfied the definition of more than one programme type, the total budget was divided by the number of human rights programmes linked to the specific activity to avoid double-counting. For example, in the Sierra Leone Round 6 work plan, stigma and discrimination reduction training for health workers and community representatives was identified as an activity. This activity could fall within 'stigma and discrimination reduction' and 'training of health care workers on HIV-related human rights issues'. The budget amount for Phase 1 was USD 21,600. This amount was divided by two when calculating the total Phase 1 budget amounts for each of the two different programme types.

⁹⁶ Note that these amounts do not include budget for Phase 2 programmes where phase two has not yet been signed. 23 of the 59 grants had Phase 2 funding approved at the time of data collection.



end of this range. The analysis of the average budget size per programme type per grant (See Figure 6) shows that ‘HIV-related legal services’ programmes, followed closely by ‘stigma and discrimination reduction’ programmes had, on average, the biggest budgets. The four other programme types have considerably smaller budgets per grant.

Figure 6. Average size of budget per grant for each programme type (to be implemented over maximum two year period – Phase 1 budgets only)



Discussion: As highlighted above in the differences observed in the number of different key human rights programmes included in Global Fund proposals and work plans, the budget analysis also shows that ‘stigma and discrimination reduction’ programmes received the most attention in Round 6 and 7, receiving almost twice as much funding overall than any of the other programmes (see Figure 5). However, per programme, ‘HIV-related legal services’ was the most costly programme type. When comparing Figures 5 and 6, it is clear that programmes that were more common in proposals and work plans, did not necessarily receive more funding overall. For example: Round 6 and 7 included more programmes for ‘training of health care workers on HIV-related human rights issues’ than ‘HIV-related legal services’, but more funding was allocated to ‘HIV-related legal services’. It is important to note that programming at scale will not require the same budget for each of the different programme types.

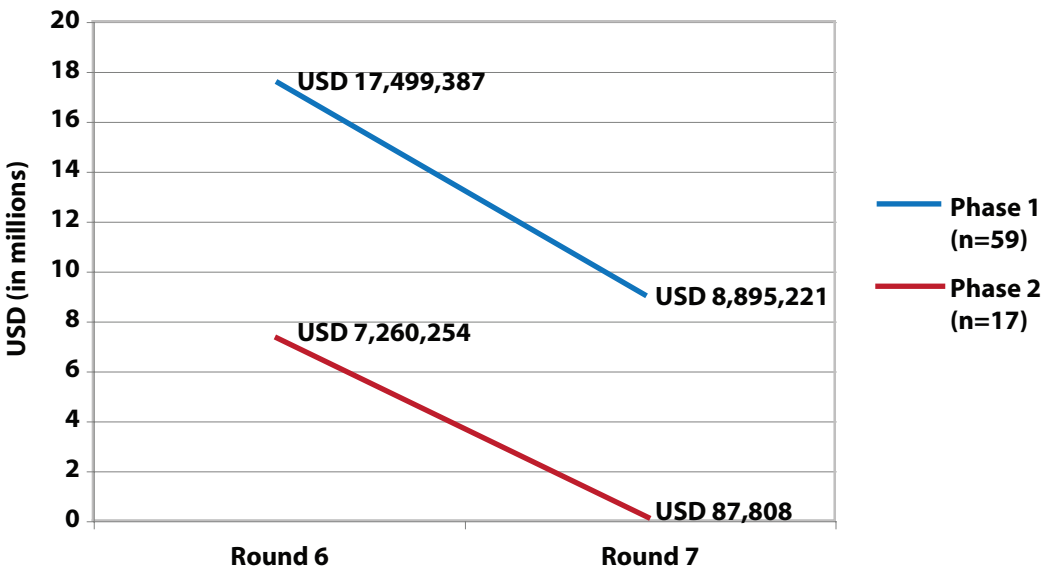
A more detailed analysis of the epidemic and response in the sample countries, the scale and design of each of the individual programmes, and adjustment for differing costs of implementing programmes in the specific countries, is required to give these budget figures significance in terms of indicating the size and scope of the programmes.



4. FINDINGS AND DISCUSSION

- v. There was a slight increase from Round 6 to Round 7 in the number of key human rights programmes included in proposals and work plans, but decreased financial commitments

Figure 7: Phase 1 and Phase 2 budgets for key human rights programmes identified in work plans, per round



Key findings: There was a slight increase in the number of key human rights programmes included in HIV proposals and work plans from Round 6 to Round 7. The rate of inclusion of these programmes in successful proposals increased from 49 percent of the possible maximum (i.e. all 6 programme types in each proposal) in Round 6 to 53 percent in Round 7; and in work plans the rate of inclusion increased from 37 percent of the possible maximum to 42 percent. However, the total Phase 1 budget amount⁹⁷ for key human rights programmes decreased by almost half between Round 6 and 7 (see Figure 7), namely from USD 17.5 million to USD 8.9 million.

Discussion: The increase in the number of key human rights programmes from Round 6 to 7 is a positive sign, suggesting an increase in awareness of and programmatic attention to HIV-related human rights issues at the country level and at the Global Fund. Increased attention to and support for human rights programmes may be due to factors such as: increased demand for and availability of appropriate technical assistance for these areas, and the impact of advocacy by the Global Fund⁹⁸ and others to CCMs and other national stakeholders on the importance of addressing human rights-related obstacles to effective HIV responses.

However, comparison of financial commitments in Round 6 and 7 shows a significant decline in the amount of funding committed. Some fluctuation of financial commitments to different programme types between rounds is to be expected. However, given that HIV-related human rights issues continue to be identified by countries as one of the main barriers to universal access⁹⁹, the reduction in what are

⁹⁷ As most Round 7 grants were not yet in Phase 2 at the time of data analysis (July 2010), Phase 2 budget amounts are not compared or analysed.

⁹⁸ Note that the Gender Equality Strategy and SOGI strategies were not released in time to have an impact on Rounds 6 and 7.

⁹⁹ HIV Alliance/UNAIDS (2009), *HIV Related Human Rights Issues in 56 Countries* (Above, n. 7)



said to be already insufficient levels of financial commitment for relevant programmes¹⁰⁰ merits further research and support, including observation of proposal and funding trends over time and detailed investigation of influencing factors.

vi. People living with HIV, followed by people affected by HIV, were most commonly named as beneficiaries of key human rights programmes.

Key findings: Almost two thirds (61%) of the human rights programmes identified in HIV proposals were explicitly intended to benefit more than one population. Certain population groups were more commonly identified as beneficiaries than others. People living with HIV were the most common beneficiary population, referred to by 71 percent of the identified human rights programmes overall. All six of the programme types were most likely to aim to benefit people living with HIV, with the strongest focus seen in ‘stigma and discrimination reduction’ programmes (93%), followed by ‘training of health care workers of HIV-related human rights issues’ (71%). The programme least likely to name people living with HIV as beneficiaries was ‘HIV-related legal services’ (42%). The second most common beneficiary population was people affected by HIV (32%)¹⁰¹. Typically criminalised populations were each beneficiaries of less than a quarter of programmes: people who use drugs and sex workers were named as beneficiaries of 23 percent of programmes; men who have sex with men and/or transgender people were named as beneficiaries of 21 percent of programmes; and prisoners were named as beneficiaries of 14 percent of programmes. Each of the other population groups were identified as beneficiaries in less than 20 percent of the programmes: children (19%), others¹⁰² (15%), youth (14%), women (12%) and migrants (5%).

Discussion: The Joint United Nations Programme on HIV/AIDS supports countries to “know your epidemic and response”, which includes identifying the populations that are more vulnerable to HIV infection or impact, and addressing their needs and the underlying causes of their vulnerability through an appropriately prioritized and tailored response¹⁰³. Thus, some targeting of human rights programmes to specific populations is necessary to ensure that key populations are reached by the relevant programme and their needs are met, and to enable resources to be appropriately prioritized to those most in need. Section 4.6 discusses further the implications of the data relating to men who have sex with men, transgender people, sex workers, people who use drugs and prisoners for HIV responses supported by the Global Fund.

Although the data and analysis are not directly comparable, the analysis of beneficiary populations in this study suggest that a greater proportion of the successful proposals from Round 6 and 7 contained human rights programmes intended to benefit men who have sex with men, transgender people and sex workers than were included in successful HIV proposals from Round 8 and 9 in the SOGI study (2010)¹⁰⁴. Further research is required to create comparable data and identify the trends over time, as well as assess

100 UNAIDS (2010), *Ensuring Non-Discrimination in Responses to HIV – Report to the the 26th Meeting of the UNAIDS Programme Coordinating Board* (Above, n. 20).

101 Note that this term is not consistently used by applicants and hence data regarding this beneficiary population must be considered with some caution. For example, some proposals use the term ‘people affected by HIV’ as a term that includes people who are HIV positive, and some appear to use it to refer to children and families, or possibly, in some contexts, key populations.

102 Populations identified in proposals classified as ‘other’ were in most cases workers/employees. Others included truck drivers, refugees and ‘marginalised/key populations’. People living with disabilities were not explicitly identified as beneficiaries of any of the human rights programmes.

103 UNAIDS, 2008, *Report on the Global AIDS Epidemic* (Above, n. 21).

104 The Global Fund SOGI study (2010), which looked at programmes addressing stigma, rights promotion and legal frameworks for men who have sex with men, transgender people and sex workers found at least one such programme in only 16% of successful Round 8 proposals and 56% of successful Round 9 proposals. See Global Fund (2010), *Innovation and Impact: Progress Report* (Above, n. 31).



4. FINDINGS AND DISCUSSION

the impact of measures taken by the Global Fund to increase programmatic attention to key populations, including those made more vulnerable to HIV as a result of the impact of the criminal law.

4.4 REGIONAL TRENDS IN KEY HUMAN RIGHTS PROGRAMMES

vii. Global Fund invested more in key human rights programmes in Eastern Europe and Central Asia. There were also clear regional differences in the choice of programmes.

Key findings: Key human rights programmes were most common in HIV proposals from Eastern Europe and Central Asia (62%) and least common in proposals from East Africa (36%). This regional pattern was the same for the work plans reflecting the funded and implemented programmes. Eastern Europe and Central Asia received the largest funds for these programmes, namely USD 13 million. Key human rights programmes received the lowest amount of funding from the Global Fund in South Asia, about USD 1.46 million. Other regional budgets were: West and Central Africa, USD 5.4 million; East Africa, USD 4.36 million; Southern Africa USD 3.54 million; North Africa and the Middle East, USD 2.26 million; Latin America and the Caribbean, USD 2.16 million; and East Asia and the Pacific, USD 1.53 million.

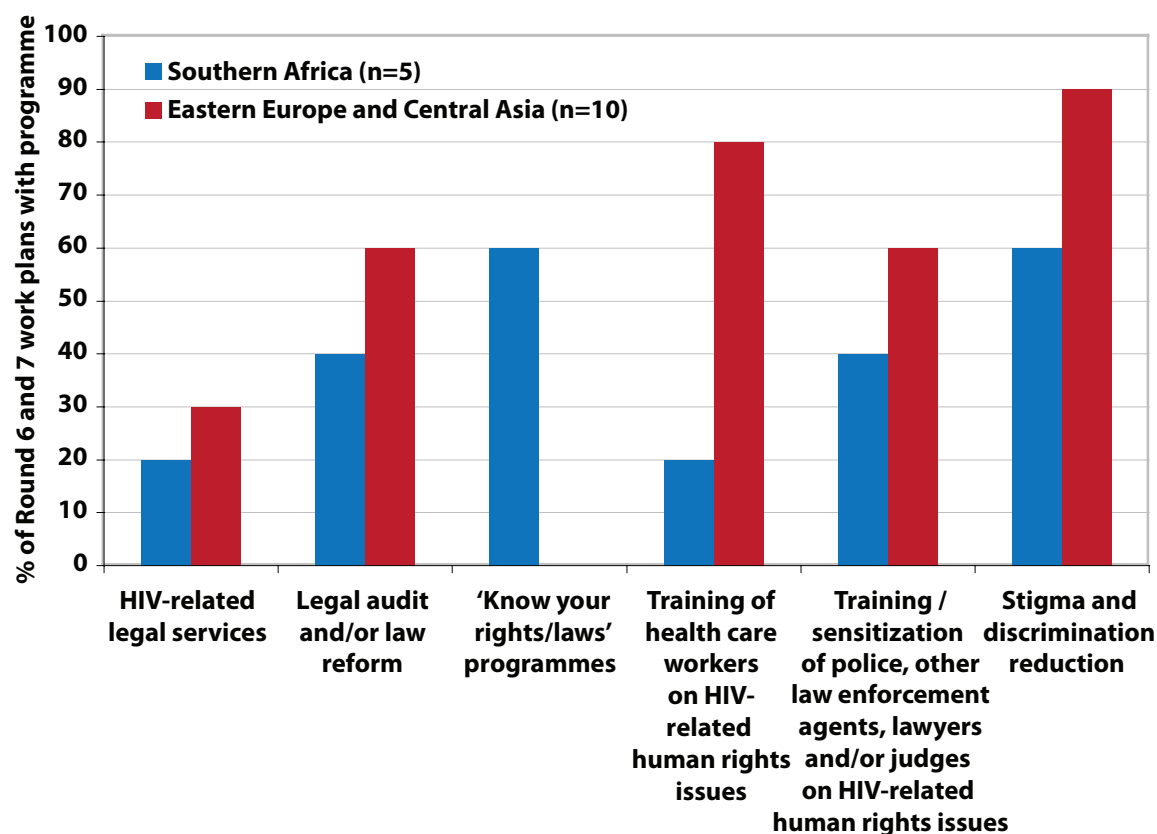
Discussion: Patterns observed in programme types included in proposals were the same as those in work plans. Eastern Europe and Central Asia had the highest attrition of key human rights programmes between proposals and work plans, an issue that requires further investigation. Notwithstanding this finding, the data also shows that the Global Fund invested more for key human rights programmes over Round 6 and 7 in Eastern Europe and Central Asia than in other regions.

‘Stigma and discrimination reduction’ programmes were the most common in all regions, except for proposals from Eastern Europe and Central Asia where the primary focus was on ‘training of health care workers on HIV-related human rights issues’. ‘Stigma and discrimination reduction’ programmes were also the most common programme type in the work plans for all regions, except for work plans from Southern Africa where ‘know your rights/laws’ programmes received equal attention (60%). Other than this common preference across regions, the patterns in programme types differed quite considerably.

Focusing on the patterns in programmes identified in work plans, Eastern Europe and Central Asia had the highest percentage of observed ‘legal audit and/or law reform’, ‘training and sensitization of police, other law enforcement agents, lawyers and/or judges on HIV-related human rights issues’ and ‘training of health care workers on HIV-related human rights issues’. On the other hand, none of the work plans from this region included ‘know your rights/laws programmes’, which were the most common programme type after ‘stigma and discrimination reduction’ programmes in work plans from Southern Africa and Latin America and the Caribbean. ‘HIV-related legal services’ were most likely to be included in the work plans for the Middle East and North Africa and were not seen in any of the work plans for South Asia. Figure 8 highlights two regions – Eastern Europe and Central Asia, and Southern Africa – with markedly different programme choices.



Figure 8. Key human rights programmes in work plans from Southern Africa and Eastern Europe and Central Asia



Discussion: Some regions appear to favour certain types of programmes in Global Fund proposals and work plans. Without a more detailed analysis of the human rights environment and programmatic response at country level, it is difficult to say whether the regional patterns observed reflect an accurate tailoring of programmes to meet different programmatic needs and fill particular funding gaps in the countries within those regions. Ideally an analysis of the national HIV response would reveal that the regional differences in programmes included in Global Fund proposals reflect differences in funding needs for comprehensive responses planned at the country level, including the implementation of key programmes in the national response. However, it is not possible to assess whether this was indeed the case and further research and analysis of regional differences is warranted. It is possible that the regional differences are a product of technical or political obstacles to the planning and/or implementation of certain programmes that are common within certain regions. For example, technical support providers servicing some regions may be stronger on some human rights programmes than in others. Stakeholders coordinating technical support are responsible for ensuring that technical support providers in all regions have adequate human rights capacity. In addition, direct technical assistance from country level technical and development partners of the Global Fund may be more urgently required in circumstances where technical support facilities lack the necessary capacity, and/or where demand amongst applicants for support to address human rights issues is weak.



4. FINDINGS AND DISCUSSION

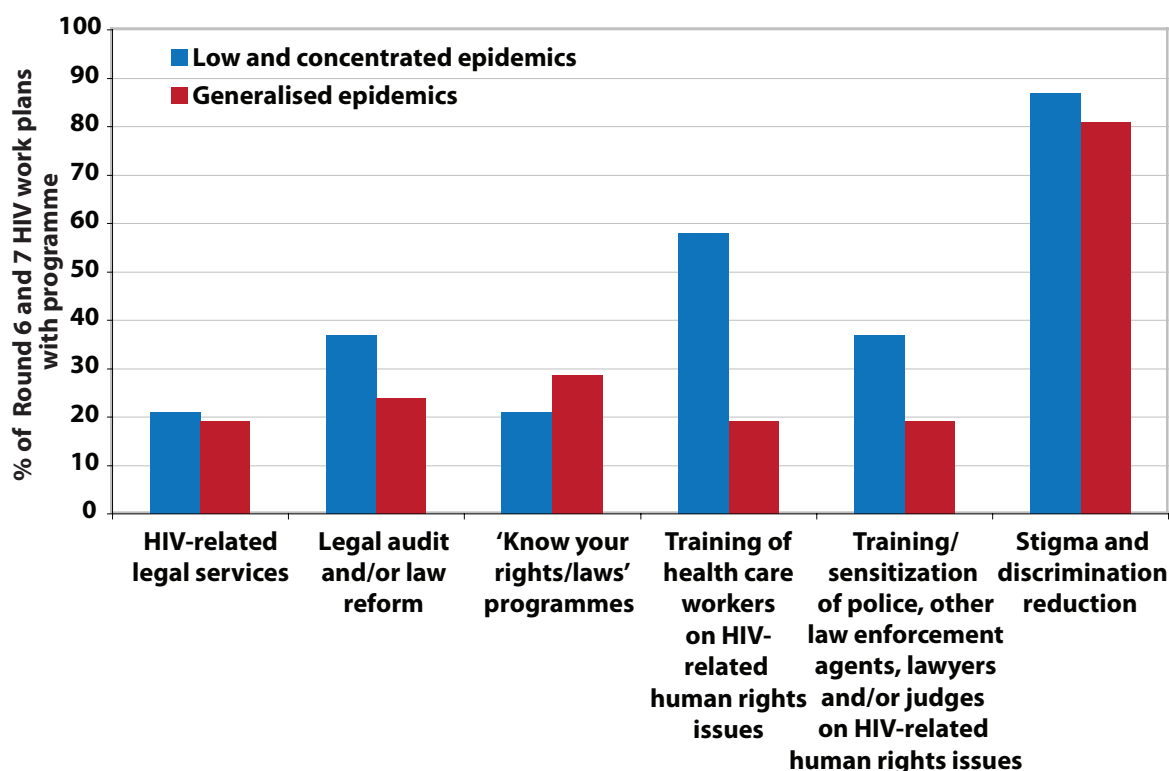
4.5 TRENDS IN KEY HUMAN RIGHTS PROGRAMMES BY EPIDEMIC TYPE

viii. Proposals and work plans from countries with low or concentrated epidemics include more key human rights programmes than those from countries with generalized epidemics.

Key findings: Proposals and work plans from countries with a low or concentrated epidemic, on average, include more comprehensive human rights programming types than those from generalised epidemics. Work plans from countries with low or concentrated epidemics contained an average of 3.3 different programmes, whereas those from generalised epidemics contained an average of 2.7. The total amount committed in Round 6 and 7 for human rights programming for countries with a low or concentrated epidemic was USD 20.4 million out of a total of USD 33.7 million, and for countries with a generalized epidemic, USD 13.4 million.

The types of human rights programmes planned and the beneficiary populations also differed between the epidemic types.

Figure 9. Key human rights programmes in work plans, per epidemic type



Countries with low or concentrated epidemics had the highest proportion of all of the key human rights programmes other than 'Know your rights/laws' programmes in both proposals and work plans. The three most common of the key human rights programmes in proposals from countries with a low or concentrated epidemic were: 'stigma and discrimination reduction' (95% of proposals), 'training of health care workers on HIV-related human rights issues' (76%) and 'legal audit and/or law reform' (53%). A similar pattern was found in work plans, with the addition of 'training and sensitization of police, other law enforcement agents, lawyers and/or judges', which had equal prominence as 'legal audit and/or law reform'.

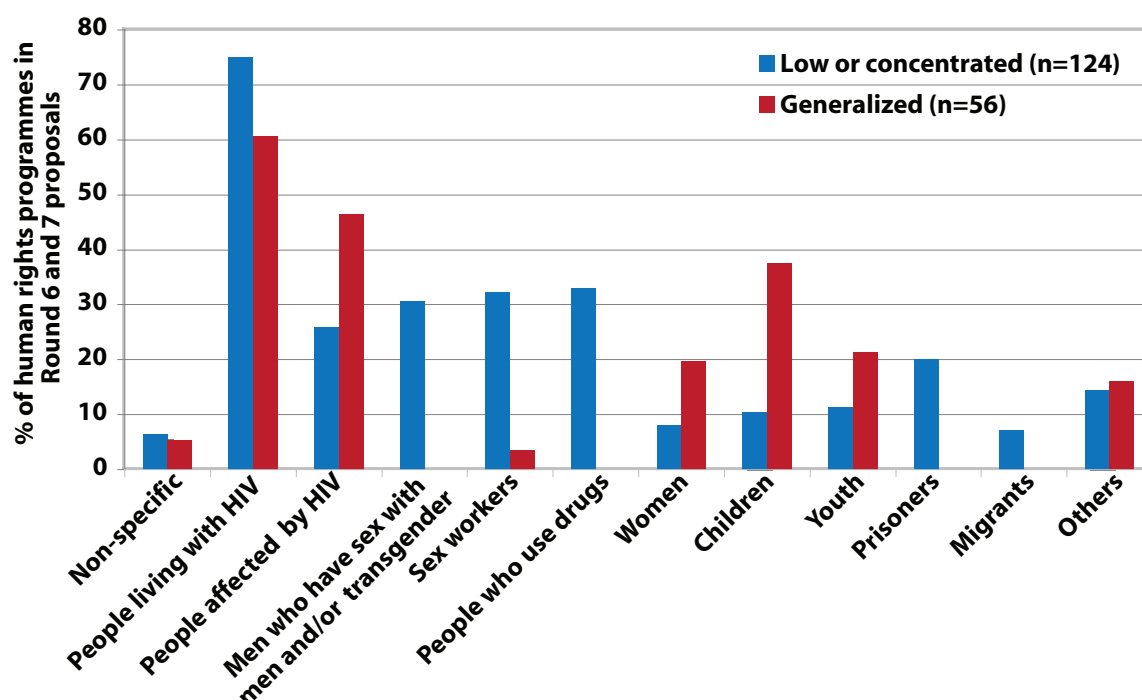


The most common human rights programmes in proposals from countries characterised as having a generalized epidemic were: ‘stigma and discrimination reduction’ (95%), ‘training of health care workers on HIV-related human rights issues’ (43%) and ‘HIV-related legal services’ (38%). A slightly different pattern was observed in work plans, where the second and third most common programme types were ‘know your rights/laws’ programmes and ‘legal audit and/or law reform’¹⁰⁵.

Discussion: These findings show that successful proposals from countries with generalised epidemics are less likely to include all but one of the key human rights programme types than proposals from countries with low or concentrated epidemics. As stated above, a comprehensive programmatic response to human rights will increase the effectiveness of the HIV response generally, and is likely to also have a synergistic effect on stigma and discrimination reduction—that is, increasing the effectiveness of individual human rights programmes. Unless these omitted programmes are being funded by other sources, this finding suggests that at least some Global Fund programmes in countries with generalised epidemics may be undermined by neglected HIV-related human rights issues.

ix. Key human rights programmes planned by countries classified as having generalised epidemics appeared to largely ignore men who have sex with men and transgender people, sex workers, people who use drugs and prisoners.

Figure 10. Beneficiary populations of key human rights programmes in proposals, per epidemic type



¹⁰⁵ The change in the programme pattern between proposals and work plans from countries with a generalized epidemic is largely a result of the work plan from Swaziland (Round 6), which included two programmes that were not found at all in the proposals. The programmes were ‘legal audit and/or law reform’ and ‘know your rights/laws’ programmes.



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Figure 10 shows the extent to which key populations were identified as beneficiaries of key human rights programmes identified in successful Round 6 and 7 HIV proposals from countries with different epidemic types.

Key findings: The four population groups most commonly intended to benefit from the key human rights programmes in proposals from countries with low or concentrated epidemics were people living with HIV (75%), people who use drugs (33%), sex workers (32%) and men who have sex with men and/or transgender people (31%). In contrast, programmes identified in proposals describing a generalized HIV epidemic were mostly intended to benefit people living with HIV (61%), people affected by HIV (46%), children (38%) and youth (21%). None of the programmes from countries characterized as having a generalized HIV epidemic were explicitly intended to benefit men who have sex with men and/or transgender people, people who use drugs, prisoners or migrants.

Discussion: In Round 6 and 7, the Global Fund provided more support to the implementation of key human rights programmes (in number of programmes and financial terms) to countries with low or concentrated epidemics. It also provided more support to human rights programmes benefiting men who have sex with men, transgender people, sex workers, people who use drugs and prisoners in these countries. These differences may be a reflection of the role played by the Global Fund in filling gaps in national responses/budgets. The Global Fund may be one of the only sources of funding for programmes to benefit marginalised and often criminalised populations in countries with low and concentrated epidemics¹⁰⁶. However, it seems unlikely that the ignored populations in proposals from generalized epidemics are being addressed through adequate programmes funded through other sources. Further research is required to determine whether the gaps observed in the range of programmes and beneficiary populations – gaps that are most evident in the proposals from countries with generalized epidemics – are being funded through national budgets or alternative sources, or reflect gaps in the national response that need to be urgently addressed.

Overall, the analysis of beneficiary populations suggest that human rights programmes are to some extent prioritized to benefit those populations most in need of these programmes in the different epidemic contexts¹⁰⁷. Box 8 contains examples of human rights programmes from proposals from concentrated and generalized epidemics. However, the absence of key human rights programmes explicitly intended to benefit men who have sex with men, transgender people, people who use drugs and prisoners in proposals from countries with generalised epidemics is concerning, particularly given that most countries classified as having generalised epidemics also have sub-epidemics concentrated among men who have sex with men, sex workers, transgender people, people who use drugs, prisoners or other key populations.¹⁰⁸

106 UNAIDS has pointed out that even 'in many countries with low and concentrated epidemics, it is much easier to find resources to reach the general population or young people than resources to reach sex workers or adolescents at higher risk. See: UNAIDS (2010), *Outlook Report*. Available from <http://www.unaids.org/outlook/>

107 For a summary of the different populations that should be prioritised in the different epidemic types, see UNAIDS (2008), *Global Report on the AIDS Epidemic* (Above, n. 21).

108 World Bank (2009), *The Changing HIV/ AIDS Landscape: Selected Papers for the World Bank's Agenda for Action in Africa, 2007-2011*. Available from http://www.The_Changing_HIV-AIDS_Landscape.pdf; See also UNAIDS (2008), *Report on the Global AIDS Epidemic* (Above, n. 22)



Box 8. Key human rights programmes in proposals from concentrated and generalized epidemic contexts

Ukraine Round 6 HIV proposal. Ukraine is classified as having a concentrated epidemic. It has a prevalence of 1.46% in the general population and higher epidemics concentrated in key populations including sex workers, people who use drugs and men who have sex with men¹⁰⁹

- Legal support for female sex workers and people who use drugs.
- Advocacy for legislative changes and policy development to enhance access to and quality of comprehensive and integrated prevention, care, treatment and support services. Advocacy will contribute to the protection of the rights of marginalised groups, such as men who have sex with men, female sex workers, people who use drugs, and prisoners.
- Training related to the reduction of stigma and discrimination towards marginalised groups among health care workers.
- Sensitization of police to ensure outreach can be done safely without men who have sex with men or outreach workers facing arrest or harassment.
- Training of policy-makers on stigma reduction toward men who have sex with men.
- Workshops on reducing stigmas within the community of men who have sex with men against HIV positive men who have sex with men.
- Overcoming stigmatization of certain sub-groups within the target group, such as men who have sex with men who use drugs or are HIV positive, sex workers who use drugs, etc.

Niger Round 7 HIV proposal. Niger is classified as having a generalized epidemic. It has 0.8% HIV prevalence in the general population, and higher epidemics concentrated in some key populations¹¹⁰

- Legal services for people living with HIV and orphans and vulnerable children: implementation of legal advice to guarantee rights and reduce the risks of despoliation.
- Information sessions with religious leaders, traditional leaders and politicians to reduce the risk of stigmatization and promote social acceptance of people living with HIV: three-day training workshop for top public leaders in Niger to involve them in fighting discrimination.
- Fund for education, training and career apprenticeship for orphans and vulnerable children to reduce factors leading to vulnerability and social exclusion.
- Reduction in social exclusion of people living with HIV through the implementation of social reintegration programmes and revenue-generating activities.

109 The Ukraine Round 6 proposal cites the following epidemiological data: An estimated adult prevalence of 1.46%. Despite the high prevalence, the epidemic in Ukraine is still classified as concentrated. The prevalence of HIV has consistently exceeded 5% among various subpopulations of injecting drug users, female sex workers, and men who have sex with men, but remains less than 1% in pregnant women in urban areas. However, by mid-2006, HIV prevalence among pregnant women in five of the most affected regions of Ukraine had exceeded 0.81%, indicating that the country is rapidly approaching a generalized epidemic. Available from http://www.theglobalfund.org/grantdocuments/6UKRH_1448_0_full.pdf

110 The Niger Round 7 proposal cites the following epidemiological data: Niger has a generalised epidemic with sub-epidemics concentrated in high-risk groups. Although prevalence in the adult population is 0.8%, seroprevalence in pregnant women reflecting the general population was 1.5% in 2006. Data also shows that the epidemic is more highly concentrated in certain groups: sex workers (33.98% National Health Information System 2006), miners (2.1% in 2004), protection and security forces (3.8% in 2002), truck drivers (1.7% in 2002) and prisoners (2.8% in 2002). Available from http://www.theglobalfund.org/grantdocuments/7NGRH_1558_0_full.pdf



4. FINDINGS AND DISCUSSION

4.6 KEY HUMAN RIGHTS PROGRAMMES BENEFITING TYPICALLY CRIMINALISED POPULATIONS

- x. Sex workers, men who have sex with men, transgender persons, people who use drugs and prisoners were each named as beneficiaries of less than a quarter of the identified programmes.**

Key finding (extracted from section 4.3): Typically criminalised populations were each intended beneficiaries of less than a quarter of the key human rights programmes; people who use drugs and sex workers were beneficiaries of 23 percent of the programmes; men who have sex with men and/or transgender people were beneficiaries of 21 percent of the programmes; and prisoners were beneficiaries of 14 percent of the programmes.

Discussion: The relatively limited attention to marginalised and often criminalised populations in the key human rights programmes included in Round 6 and 7 of the Global Fund HIV proposals should be cause for concern among all stakeholders. As recognized by the Global Fund in 2010: “Men who have sex with men, transgender people, sex workers and people who inject drugs face a disproportionately high risk of HIV infection in all parts of the world. Stigma, discrimination and the criminalisation of risk behaviors further impede effective responses to HIV for these groups in many settings.”¹¹¹ Human rights programmes intended to benefit people living with and affected by HIV – whilst a necessary part of any national response – are unlikely to address some of the main challenges to scaling up prevention and treatment programmes recently highlighted by the Global Fund in its 2010 report *Innovation and Impact*. These include “stigma, ideological barriers (particularly regarding the scale up of harm reduction programmes), laws and regulations or police practices limiting access to evidence-based interventions, and limited access to prevention and treatment services in prisons.”¹¹²

The Joint United Nations Programme on HIV/AIDS estimates that globally, fewer than one in ten men who have sex with men and transgender people are reached by HIV prevention services, which illustrates the gravity of the problem facing some key populations¹¹³. In its 2010 Progress Report, the Global Fund reported results of a gender equity analysis of Round 8 and 9 and concluded that “[w]hile some progress is being made, in many countries greater political commitment and sustained support from the Global Fund and other partners will be needed to ensure that HIV services are provided to those who need them most.” It is not only stigma and discrimination on the basis of HIV status, gender, sexual orientation and gender identity that presents structural barriers to effective HIV programmes. People who use drugs and prisoners are also populations who – by virtue of their stigmatized and often criminalised status – are in urgent need of human rights protection and increased access to justice if HIV prevention and treatment goals are to be met.

Figure 11 below, from the 2008 Global Report on the AIDS Epidemic, shows the correlation between laws prohibiting discrimination against certain populations and access to prevention services by those populations¹¹⁴. This data suggests that in countries that do not recognize and protect key populations’ right to non-discrimination, discriminatory social and legal environments impede their access to essential prevention services. In countries that criminalise men who have sex with men, sex workers, or people who use drugs, and where those laws are applied, the negative impact on access to services is likely to be even greater.

111 Global Fund (2010), *Innovation and Impact*, (Above, n. 31).

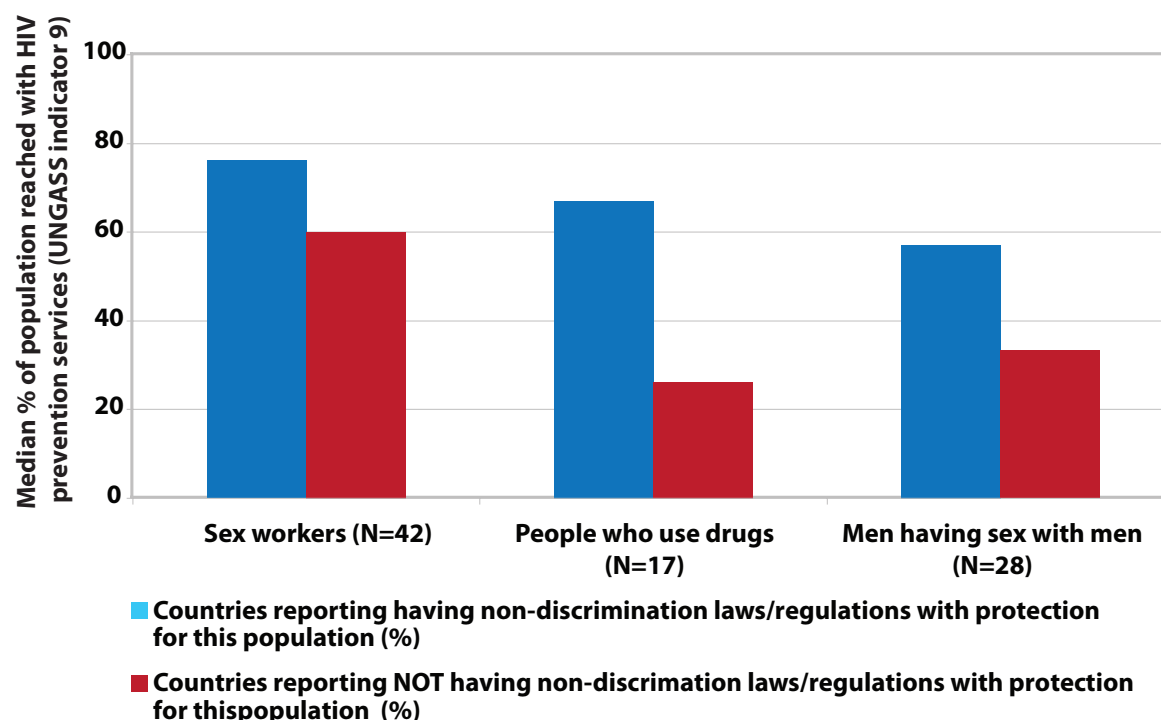
112 Ibid.

113 UNAIDS (2009), *AIDS Responses Failing Men who have sex with Men and Transgender Populations*. Available from http://data.unaids.org/pub/PressRelease/2009/090515_msm_transgender_en.pdf

114 This analysis was not included in the UNAIDS (2010) *Report on the Global AIDS Epidemic*.



Figure 11. Median percentage of the population reached with HIV prevention services within specified legal environments¹¹⁵



*** Note:** Between one third and one half of the countries submitting UNGASS progress reports in 2008 did not provide information on the laws/regulations for these key populations.

Of the 54 successful single country proposals in Round 6 and 7, 31 percent of countries are known to criminalise HIV transmission, 66 percent are known to criminalise sex work, 42 percent are known to criminalise same sex practices between consenting adults, and 37 percent are known to have either mandatory drug treatment policies and/or laws that provide for the death penalty for drug-related offences¹¹⁶. As pointed out in the HIV Alliance/UNAIDS study (2009), the 2008 National Composite Policy Index reports showed that men who have sex with men, sex workers and people who use drugs were the groups most likely to be affected by laws, regulations or policies that comprise obstacles to effective HIV prevention, treatment, care and support. Members of marginalised and often criminalised populations including sex workers, men who have sex with men, transgender people and people who use drugs, are often victims of human rights abuses such as harassment and exploitation. Such treatment has been shown to decrease access for such populations from HIV services, including prevention¹¹⁷. It also undermines their ability to mobilise, claim their rights and participate in the design and implementation of HIV-related policies and programmes, including Global Fund processes¹¹⁸. The structural barriers to criminalised

¹¹⁵ UNAIDS (2008), Report on the Global AIDS Epidemic, (Above, n. 21)

¹¹⁶ See UNAIDS (2010), *Making the Law Work for the AIDS Response - A snapshot of selected laws that support or block universal access to HIV prevention, treatment, care and support*. Available from data.unaids.org/pub/BaseDocument/2010/20100728_hr_poster_en.pdf

¹¹⁷ Seale, Bains and Avrett, "Partnership, Sex, and Marginalization," (Above, n. 25); According to the 2010 UNAIDS Report on the Global AIDS Epidemic, country reports increasingly acknowledge and demonstrate that where the activities of some groups are criminalised (e.g., men who have sex with men, drug users, or sex workers) the law and its enforcement can become a major barrier to access and uptake of HIV prevention, treatment, care and support (Above, n. 22).

¹¹⁸ OSI/CHLN (2010), *Commitments and Conundrums* (Above, n. 10).



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populations accessing HIV prevention, treatment, care and support (particularly barriers to accessing HIV prevention services), are only partly - and indirectly - addressed through programmes intended to benefit people living with and affected by HIV. In light of the compelling evidence of the ways in which punitive laws and practices operate as structural barriers to specific populations' access to HIV services and the number of sample countries known to have one or more of the punitive laws described, the relatively low programmatic attention to the human rights of typically criminalised populations in Round 6 and 7 is concerning. The findings of this study suggest that – unless such interventions are being funded by other sources - typically criminalised populations, particularly sex workers, people who use drugs and men who have sex with men and transgender people, are not receiving adequate programmatic attention to address social, legal and structural barriers to HIV prevention, treatment and care.

Figure 12. Key human rights programmes intended to benefit sex workers within specified legal environments

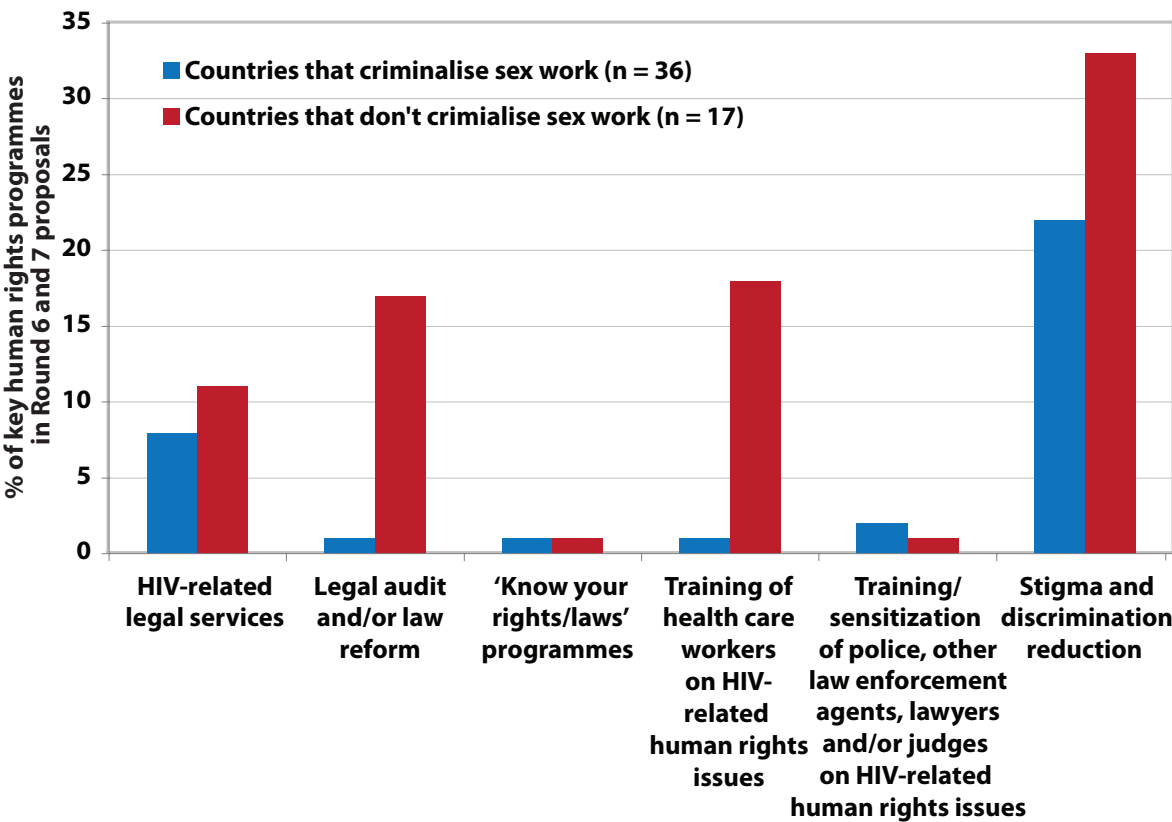


Figure 12 shows that countries known to criminalise sex work were less likely to plan human rights programmes to benefit sex workers than countries that do not. Thus, in countries where sex workers are most in need of human rights programmes, it appears that CCMs are not responding to this need despite evidence of the effectiveness of such responses. The strong government influence on CCMs may result in CCMs being less inclined to work with populations involved in criminal activities. These findings lend



support to the conclusion reached in the OSI/CHLN study that CCMs need to be challenged by the Global Fund, and supported by other institutions (including the Joint United Nations Programme on HIV/AIDS), to prioritize legal and human rights programmes for key populations¹¹⁹.

The failure of governments and other stakeholders to address the rights of key populations in the context of HIV has been discussed in some detail in a number of recent publications¹²⁰. As the Global Fund essentially respects nationally-owned and country-led responses, it is necessary to consider technical, political and sociocultural factors operating at the country level which may contribute to inadequate programmes to support the rights of key populations. Many of these factors are the same as those identified in the discussion of possible factors influencing the choice of programme type. Additional factors possibly influencing the lack of human rights programmes intended to benefit typically criminalised populations in the Global Fund HIV proposals include the lack of population size and epidemiological data for such populations in many countries¹²¹. Marginalisation and criminalisation makes it more difficult to collect data on these populations through standard measures and makes it more difficult to access them with services. Criminalisation also feeds negative social stereotypes, attitudes and beliefs about certain populations, which can influence CCMs' assessment of country priorities. As of Round 9, the Global Fund recommended that CCMs "include representatives from key affected populations in their membership". Such measures are intended to correct some of the negative effects of the marginalisation of key populations on their rights, including the right to health. However, as pointed out in the OSI/CHLN study (2010), local factors such as criminalisation may also hinder the participation in CCMs of representatives of these populations, as well as hinder the design and implementation of programmes to protect and empower these populations¹²². The Joint United Nations Programme on HIV/AIDS has a key role in enabling key populations, including marginalised and criminalised populations, to participate in national responses including Global Fund processes. Additionally, a more direct and intentional approach by the Global Fund and the Joint United Nations Programme on HIV/AIDS may be required to address the inadequate attention to the rights of typically criminalised populations.

119 OSI/CHLN (2010), *Commitments and Conundrums* (Above, n. 10).

120 Seale, Bains and Avrett, *"Partnership, Sex, and Marginalization,"* (Above, n. 25).

121 For example, 49 out of 52 African countries failed to report data relating to access to HIV prevention by men who have sex with men in country progress reporting for the 2008 UN High Level Meeting on AIDS. Seale, Bains and Avrett, *"Partnership, Sex, and Marginalization,"* (Above, n. 25).

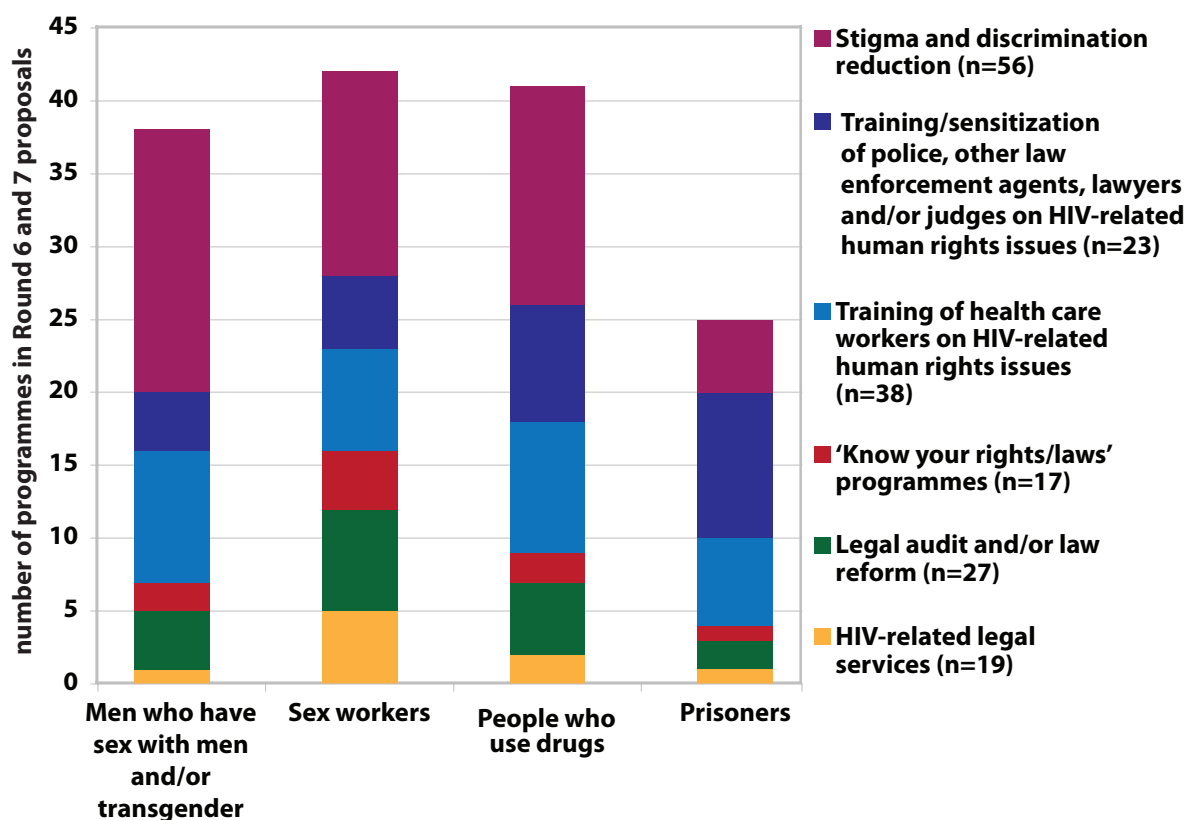
122 OSI/CHLN (2010), *Commitments and Conundrums* (Above, n. 10).



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- xi. Typically criminalised populations were more likely to be beneficiaries of programmes that address stigma and discrimination in the community, health and justice sectors, than of directly empowering programmes, such as law reform, legal services and ‘know your rights’ programmes.

Figure 13. Key human rights programmes intended to benefit typically criminalised populations



Key finding: Figure 13 illustrates the majority of the key human rights programmes intended to benefit typically criminalised populations are not those programmes that directly address discriminatory or punitive legal frameworks, or empower individuals to assert their human rights and/or seek legal remedies for discrimination, harassment or inappropriate law enforcement. The data also show that sex workers benefited from more ‘HIV-related legal services’ programmes, ‘know your rights/laws’ programmes and ‘legal audit and law reform’ programmes than other typically criminalised populations.

Discussion: Punitive laws have been found to exacerbate the stigma, discrimination, violence and harassment experienced by members of criminalised populations¹²³. Additionally, public health goals

123 See, for example, UNDP (2010), *High Level Dialogue - Punitive Laws, Human Rights and HIV prevention among men who have sex with men in Asia Pacific*. Available from <http://regionalcentrebangkok.undp.or.th/practices/hivaids/documents/HLDreportonMSMandHIV-May17HK.pdf>; Menadue, D., “The Impact of the Criminalisation Issue on HIV-positive People,” in *The Criminalisation of HIV Transmission in Australia: Legality, Morality and Reality* (in S. Cameron & J. Rule eds., Newtown 2009); ICASO (2007), *Gender, Sexuality, Rights and HIV*. Available from www.icaso.org/publications/genderreport_web_080331.pdf; Brown, W, Hanefeld, J, and Welsh, J., “Criminalising HIV Transmission: Punishment without Protection.” *Reproductive Health Matters* 17, no. 34 (2009), pp 119-26; WHO and the Global Coalition on Women and AIDS (2005), *Violence against Women and HIV/AIDS: Critical Intersections Violence against sex workers and HIV*. Available from www.who.int/gender/documents/sexworkers.pdf.



and programmes can be subjugated to ‘law and order’ objectives and ideologically-based policies and practices legitimized by structural discrimination. Few countries have specific legal protection from discrimination in place for the populations most at risk of HIV infection. According to research cited in the 2010 Global Report on the AIDS Epidemic more than 100 countries criminalise some aspect of sex work and 79 countries and territories criminalise same-sex sexual relations¹²⁴. Of the 54 countries with successful single country proposals in Round 6 and 7, not one is on record as having a legislative environment that does not effectively criminalise either same sex practices between consenting adults, sex work or drug use¹²⁵. Whilst 17 out of the 27 legal audit and law reform programmes included in proposals were intended to benefit people living with HIV, this study identified only a handful of these programmes that were intended to benefit any one or more of the typically criminalised populations. This may reflect a lack of awareness of the impact of punitive laws on effective HIV responses, or unwillingness on the part of governments to change criminal laws and regulations in order to address structural barriers to access to HIV prevention, treatment and care for these populations. The United Nations has recently stepped up advocacy and technical assistance to countries to remove punitive laws and inappropriate criminalisation¹²⁶. Similarly the Global Fund has explicitly recognized the need to address punitive laws undermining effective programmes¹²⁷. However, such social and legal change must come from within and will require resources and programmes that allow advocates, those affected and governments to come to terms with the impacts of these laws and reform them. Further research is required to identify any positive impact that recent efforts may have had on country-level programming, and whether additional action is required to address this apparent gap. Finally, it must be acknowledged that – as with all key human rights programmes – ‘legal audit and law reform programmes are not guaranteed to have positive outcomes for key populations¹²⁸. Accordingly, a rights-based analysis of the outcomes of ‘legal audit and law reform’ programmes is necessary before it can be stated with certainty that these programmes have resulted in improved legal recognition or protection of the rights of the populations intended to benefit from them. Moreover, with so few proposals including HIV-related legal services for criminalised populations, it is questionable whether rights-based law reform would have the desired impact on the lives of those individuals (unless, of course, HIV-related legal services are in place and funded through other sources).

Where governments are unwilling or unable to change punitive and discriminatory laws, programmes to address stigma and discrimination in the community and within the law enforcement/justice sector will be particularly important, as these can help to mitigate some of the negative effects of discriminatory or punitive laws, policies and practices on access to HIV services. Stigma and discrimination reduction programmes can also raise awareness of the rights of key populations, strengthen members of those populations and increase

124 See: Ottosson, D., *State-Sponsored Homophobia – A World Survey of Laws Prohibiting Same Sex Activities Between Consenting Adults*. Brussels, International Lesbian, Gay, Bisexual, Trans and Intersex Association, 2010; United States Department of State, 2009 Country Reports on human rights practices, Washington, DC., 2010 (<http://www.state.gov/g/drl/rls/hrrpt/2009/index.htm>); UNAIDS (2010), *Making the Law Work for the HIV Response: A snapshot of selected laws that support or block universal access to HIV prevention, treatment, care and support* (Above, n. 116).

125 UNAIDS (2010), *Making the Law Work for the HIV Response* (Above, n. 116). Note that five countries did not have confirmed criminal laws, but had a status of ‘unknown’ for at least one of these three categories of criminal laws.

126 See, for example, United Nations Secretary General, World AIDS Day press release, 2009. Available from <http://www.un.org/apps/sg/sgstats.asp?nid=4266>.

127 Global Fund (2010). *Innovation and Impact* (Above, n. 31).

128 For example, a number of new HIV laws that espouse the principles of non-stigmatization and purport to prohibit HIV-related discrimination have included overly broad provisions criminalising HIV transmission. Similarly, the case of Cambodia, where a new anti-trafficking law (not funded by the Global Fund) had a negative impact on the HIV-related human rights of sex workers, raises concerns that legal audit and law reform programmes may not always result in improved rights for key populations. As noted at the outset of the Findings and Discussion, none of the key human rights programmes are guaranteed to have a positive impact on rights.



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pressure on governments to address inconsistent or discriminatory laws and policies. Hence, stigma and discrimination programmes – particularly if implemented in accordance with a rights-based approach - can contribute indirectly to structural change. Ultimately however, unless countries amend stigmatizing and discriminatory legal frameworks and enforce protective and empowering ones, the impact of rights-based stigma and discrimination reduction trainings/sensitization programmes is likely to be constrained.

The limited number of HIV-related legal services intended to benefit men who have sex with men, transgender people, sex workers, people who use drugs and prisoners is a cause for concern. Access to legal services can help to empower marginalised populations to utilise the protections available to them under the law, and to claim their rights in circumstances where laws, policies and practices violate their rights. Accordingly, such programmes are important to marginalised populations in all settings, but are particularly important to HIV responses where laws criminalise or discriminate against key populations. This finding suggests that HIV-related legal services are not being made available to typically criminalised populations, thereby increasing their vulnerability to discrimination, harassment, violence and inappropriate application of the law (which, in turn, increases their vulnerability to HIV).

Possible reasons for the higher proportion of ‘legal audit and law reform’, ‘HIV-related legal services’ and ‘know your rights/laws’ programmes for sex workers than other commonly criminalised key populations include a higher awareness amongst country stakeholders of the vulnerability of sex workers and/or the need for programmes designed specifically for this population (as opposed to, say, ‘women’). As sex work was the behavior most commonly criminalised in the countries submitting successful individual proposals from Round 6 and 7¹²⁹, this finding is positive. However, the above analysis showing that countries known to criminalise sex work were less likely to be planning human rights programmes for sex workers than countries that do not, underscores the importance of ensuring that key human rights programmes in national responses are appropriately tailored to address human rights issues in the context of HIV in that country.

These data regarding ‘HIV-related legal services’ and ‘legal audit and law reform’ programmes intended to benefit typically criminalised populations shed additional light on the results of the Global Fund SOGI analysis (2010), which found that only one of 31 successful proposals in Round 8, and four out of 30 successful proposals in Round 9 proposals included ‘activities related to legal services or frameworks’ for sex workers, transgender persons and men who have sex with men. This study found that five out of the 19 HIV-related legal services programmes were intended to benefit either men who have sex with men, transgender people or sex workers; and 7 out of the 27 ‘legal audit and law reform’ programmes were intended to benefit one or more of these same populations¹³⁰. A total of 13 programmes in 9 proposals out of 59. Findings from these two studies suggest that human rights programming that benefits key populations fluctuates considerably from round to round¹³¹. A long-term analysis is required to identify

129 Data on individual countries known to criminalise sex work and same sex practices between consenting adults and have either mandatory drug treatment policies or the death penalty for drug-related offences is available in UNAIDS (2010), *Making the Law Work for the AIDS Response - A snapshot of selected laws that support or block universal access to HIV prevention, treatment, care and support* (Above, n. 116).

130 These calculations are based on the assumption that the programmes benefiting men who have sex with men, transgender people or sex workers overlap - in other words, that the same programme is benefiting all three populations, rather than three separate programmes in three separate proposals. This assumption is likely to result in an under-estimation of the number of programmes benefiting men who have sex with men, transgender people or sex workers in Rounds 6 and 7 in these findings.

131 The authors of this study did not identify any significant methodological differences between the two studies that might account for these differences. It appears that the ‘proposals recommended for funding’ referred to are the same as the ‘successful proposals’ referred to in this study – namely the original proposal that is approved by the Global Fund Board subject to TRP clarification and grant negotiation. This conclusion was based on a review of the explanation of the methodology set out in the Global Fund (2010) SOGI study (Above, n. 9).



trends over time and to assess the impact of steps taken by the Global Fund and its partners to increase programmatic attention to certain populations.

Box 9: Example of 'Know your rights/laws' programme intended to benefit sex workers

Peru, Round 6 HIV proposal:

SDA Favourable environment: Strengthening of civil society and institutional capacity building
Strengthening of the organizations of commercial sex workers to respond to the epidemic and defend their rights, within the framework of the construction of their rights. Activity:

Training workshops in the macroregional environment addressed to the members of organisations of commercial sex workers (including transgender people who sell sex) to develop self-esteem; including acceptance of their condition, prevention, gender, counselling of sexual health, human rights and citizen's rights, leadership and monitoring of post-exposure prophylaxis.

Box 10: Example 'training and sensitization of police, other law enforcement agents, lawyers and/or judges on HIV-related human rights issues' programme intended to benefit people who use drugs

Kosovo, Round 7 HIV proposal:

SDA Supportive environment: stigma reduction in all settings: Activity:

Advocacy, awareness raising and training activities with police officials and local officers:

In order to ensure smooth implementation of harm-reduction services at selected centres, good relationships with, and cooperation from local police and law-enforcement staff is essential. To this effect, local police officials and officers will be sensitised and trained regarding the positive effects of harm reduction for people who use drugs, their families and the community as a whole.

Box 11: Example 'HIV-related legal services' programme intended to benefit men who have sex with men

Ukraine, Round 6 HIV proposal:

Overcoming stigmatization and discrimination of (inter alia) men who have sex with men, men who have sex with men who take drugs and men who have sex with men who are HIV infected. Activity:

Protect the rights of discriminated groups through information campaigns and legal counselling.



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4.7 INDICATORS AND THEIR PERFORMANCE

This section explores the extent to which the Global Fund monitors the implementation of key human rights programmes identified in Round 6 and 7, and the extent to which monitored programmes are being implemented.

Box 12. Global Fund approach to indicators in the Performance Monitoring Framework

The Global Fund Monitoring and Evaluation Toolkit (2009) explains the approach of the Global Fund to indicators:

“The Global Fund relies on a minimal set of indicators which are agreed by a wide range of partners and used in countries as captured in this toolkit. Reporting should draw as much as possible from existing monitoring and evaluation systems and not provide an additional reporting burden. The Global Fund wants to increase the coverage of quality services, and therefore for each service it is important to report regularly on people reached, service points supported and people trained in providing the service...”

It is important to distinguish between levels of monitoring and evaluation, the more extensive set of indicators needed to manage a programme, and the few indicators needed for donor and international reporting...

Grants should only report on a few indicators for defined service delivery areas in line with achieving its goals and objectives. In general, a grant should report on a very few indicators per service delivery area (to show people reached by services, service points supported, and people trained). Performance-based Funding is usually undertaken with a focus on 5-10 key indicators per grant, with 15 reported in total.”¹³²

The Global Fund does not suggest any standard indicators that directly measure equity in access or provision of health care. Round 10 Guidelines issued by the Global Fund contain suggested indicators for *Community Systems Strengthening* components. However, even these indicators measure more processes than outcomes in terms of empowerment or engagement of civil society. However, CCMs can define their own easily verifiable indicators, which are then negotiated and agreed between the Global Fund and the PR.

xii. 34 percent of key human rights programmes from proposals were tracked by an indicator in the Performance Monitoring Framework

Key findings: Slightly more than a third of the different human rights programmes identified in the proposals (62 out of 180) had one or more indicators in the Performance Monitoring Framework (see Figure 2). In total, there were 54 relevant output, coverage or process indicators identified - measuring results on a routine basis (quarterly to six-monthly, depending on the reporting of the country) and eight

132 Global Fund (2006), *Monitoring and Evaluation Toolkit*. Available from www.globalfund_pp_me_toolkitJan2006.pdf



outcome indicators considered relevant to one or more of the human rights programmes - measuring results in the long term (yearly).

Discussion: The Global Fund approach to indicators has a critical bearing on the information available to the Global Fund for the management of its portfolio, and on the information regarding its programmes that is publicly available. Fewer indicators usually means less reporting, oversight and management. This has both positive and negative implications for stakeholders and is an issue with which all donors and programme managers grapple. The low number of human rights programmes tracked by indicators in the performance monitoring frameworks is likely to be the result of a combination of factors, including the limited number of indicators permitted in the Performance Monitoring Framework (i.e. indicators that measure key human rights programmes may not be considered as important for grant monitoring purposes as other indicators, such as public health indicators). Stakeholders may also have difficulty identifying indicators for these programmes that meet the Global Fund criteria of relevant, easily verifiable and/or standardized¹³³.

In light of the increasing evidence of the need to address social, legal and structural barriers to effective HIV responses, the Global Fund is in a position to send a strong message to CCMs regarding the importance of these programmes (and reinforce recent statements and guidance encouraging applicants to include programmes to address these issues in HIV proposals¹³⁴) by encouraging or requiring CCMs to include meaningful indicators for these programmes in the Performance Monitoring Framework. If it is not feasible to incorporate additional indicators into the grant Performance Monitoring Frameworks, the Global Fund could ensure that CCMs and PRs nevertheless monitor these programmes with meaningful indicators. As meaningful output or process indicators exist for the key programmes included in this study¹³⁵, the integration of such indicators could be supported by the Global Fund and its technical partners in a more systematic way. Whilst outcome/impact indicators might be more challenging to develop and implement, the Global Fund, with assistance from technical and development partners, could support necessary research and capacity building through Global Fund programmes.

xiii. 'Training and sensitization of police, other law enforcement agents, lawyers and/or judges on HIV-related human rights issues' and 'stigma and discrimination reduction' were the programmes most likely to be followed up by an indicator

Key findings: The programme types mostly likely to be tracked by indicators were 'training and sensitization of police, other law enforcement agents, lawyers and/or judges on HIV-related human rights issues' (43%) and 'stigma and discrimination reduction' (41%) (See Figure 14). This is to be compared with 'HIV-related legal services', only 16% of which were tracked by indicators.

Discussion: The three programme types most likely to be tracked by an indicator relate to programmes to educate and sensitize the community and key service providers about HIV-related stigma and discrimination. Stigma and discrimination reduction activities may be more likely to be tracked by an

133 As with other activities that seek to change power dynamics and achieve social justice, interventions to address HIV-related human rights issues are difficult to monitor and evaluate. The UNAIDS Guidance on CSS recognises that "...unfortunately, the outcomes or impact of CSS are by nature hard to measure with clear, quantitative indicators" UNAIDS (2010), *Supporting community based responses to AIDS, TB and malaria: A guidance tool for including Community Systems Strengthening in Global Fund proposals*. Available from http://data.unaids.org/pub/BaseDocument/2010/201007_unaidscss_en.pdf

134 See Global Fund (2010), *Harm Reduction Info Note*, Round 10. (Above, n. 40).

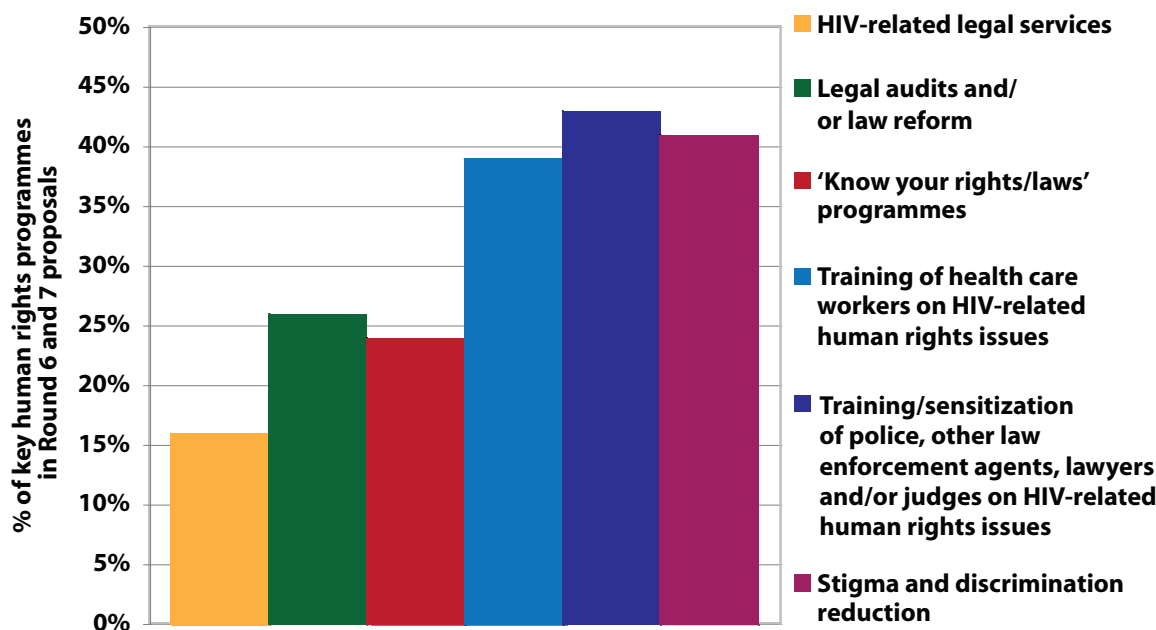
135 See, for example, suggested indicators in UNAIDS/WHO *Technical Guidance Note for Global Fund HIV Proposals - Human Rights and Law*, June 2010. Available from http://www.who.int/hiv/pub/toolkits/HRandLaw_Technical_Guidance_GlobalFundR10_June2010.pdf



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indicator than other programme types because such activities are usually described within the separate SDA for stigma reduction, and are more likely to be captured by a general stigma and discrimination reduction outcome-level indicator¹³⁶. A second factor that may influence the identification of indicators for some programme types over others is that the implementation and outcomes of training programmes are more amenable to monitoring with easily verifiable and standardized indicators than campaigns, law reform programmes and the delivery of HIV-related legal services.

Figure 14: Key human rights programmes tracked by at least one indicator



xiv. Even where a relevant indicator was identified, more than one third were too broadly framed to meaningfully monitor programme implementation

Key finding: Of the 54 indicators that were identified as tracking one or more of the key human rights programmes, 50 percent were considered to link directly with human rights activities falling within the scope of the analytical framework. 34 percent of the indicators were so broad/general that the indicator would not provide any information about the outputs or outcomes of the specific human rights

¹³⁶ The relatively high percentage of 'training and sensitization of law enforcement agents, lawyers and/or judges on HIV-related human rights issues' and 'training of health care workers on HIV-related human rights issues' with indicators compared to the three other programme types may be partly explained by the fact that some (n = 4) of the outcome indicators on stigma and discrimination reduction were considered to also measure (in a very general sense) the performance of stigma and discrimination reduction training activities for law enforcement bodies. For example, the programmes 'stigma and discrimination reduction' and 'training and sensitization of law enforcement agents, lawyers and/or judges on HIV-related human rights issues' in Afghanistan's Round 7 HIV proposal could both be tracked by the single outcome indicator "percentage of people expressing accepting attitudes towards people living with HIV, of all people surveyed aged 15-49" in the corresponding grant performance report. Although this indicator appears to measure the attitudes of the general population, it could be possible that it is also being used – adequately or not – to measure the change in attitudes of law enforcement agents. Where it was considered possible that an indicator measured the outcome of one of the human rights programmes in the analytical framework, an assumption was made that the programme had an indicator. In the case of Afghanistan Round 7, the indicator described above was deemed to apply to both programme types identified in the proposal because details on what pool of people will be surveyed according to the indicator were not given in the grant performance report.



Programme. Finally, 16 percent of the indicators were also broad but were described under the SDA Supportive environment: Stigma reduction in all settings, making it easier to categorize and link such indicators with the relevant programme.

Discussion: The broadly formulated/high level indicators used by the Global Fund to monitor implementation and results presents difficulties in linking the indicators with the relevant programme described in the proposal. For the purposes of this study, indicators that could include implementation of one or more of the human rights activities identified were deemed to apply to the human rights programme. From a methodological perspective, this may have resulted in over-representing the number of programmes with indicators. More importantly, the generality of indicators used in performance management does not promote an increased understanding of the implementation and impact of human rights programmes funded by the Global Fund, nor does it support the development of systems at country level that can monitor human rights related issues and responses.

The Global Fund Monitoring and Evaluation Toolkit (2009) describes globally agreed indicators for HIV programmes. It contains six indicators that could relate to the key human rights programmes included in the analytical framework of this study¹³⁷. Of the 62 human rights programmes that were tracked by an indicator, only 13 of these programmes were tracked by one of the Global Fund-suggested indicators. These are broadly-formulated indicators, expressly designed to include the implementation of key human rights programmes along with a range of other services/programmes that are not necessarily rights-related. Accordingly, these indicators do not convey meaningful information about the implementation of the human rights programmes specifically¹³⁸. The indicator most commonly utilised was “Percentage of women and men aged 15–49 years expressing accepting attitudes towards people living with HIV.” This is an outcome indicator that measures stigma reduction. However, this indicator can only meaningfully measure the impact of stigma and discrimination reduction programmes implemented among the general population; it does not convey meaningful information about outcomes of more targeted stigma and discrimination reduction programmes.

The vast majority of the indicators included were bespoke output/process indicators. This suggests that CCMs are looking for indicators other than those recommended by the Global Fund when they consider it necessary to measure human rights-related programmes.

These findings underscore the need for the Global Fund and its development and technical partners to do more to support CCMs and PRs to include meaningful indicators for programmes that address human rights issues in Global Fund-supported programmes. They also highlight the need to ensure adequate funding and technical assistance for more studies/research to develop output and outcome indicators and integrate these into national monitoring and evaluation systems. It is suggested that this would likely strengthen the planning and implementation of these programmes as well as increase the risk management, accountability and transparency of the Global Fund. Under the SOGI Strategy, the Global

137 Global Fund (2009), *Monitoring and Evaluation Toolkit – Part 2*. Available at: http://www.theglobalfund.org/documents/me/M_E_Toolkit_P2-HIV_en.pdf

138 For example: The Global Fund (2009) *M&E Toolkit* (Ibid.) includes the following indicator: “Number of adults and children living with HIV who receive care and support services outside facilities during the reporting period”. The description provided clarifies that this indicator can refer to, inter alia, legal and human rights support; protection against violence and discrimination; stigma; and child protection services. However, as it could also cover a range of other support services, progress on this indicator will not convey meaningful information about the legal and human rights support programmes if any other eligible support programmes are also delivered (measured) during the same period.



4. FINDINGS AND DISCUSSION

Fund has undertaken to update the Monitoring and Evaluation Toolkit to review ways that monitoring, evaluation and reporting can track the degree to which funding is or is not addressing gender, health and rights related to the populations covered by the Strategy¹³⁹. It also committed to supporting the development of an adapted monitoring and evaluation toolkit that is specific to interventions, organizational capacity, and advocacy related to gender, gender identity and sexual orientation issues. The findings of this study suggest that similar steps by the Global Fund, with support from its development partners including the Joint United Nations Programme on HIV/AIDS, may be needed to increase investments in human rights programmes for criminalised populations as part of effective responses to HIV.

xv. Key human rights programmes, where monitored, showed good performance against targets.

Key Findings: Relevant output, coverage or process indicators - which are reported on every three, four or six months, and that were showing results, had an average performance of 79 percent against targets set¹⁴⁰ - thus achieving a grade of 'adequate performance' from the Global Fund. Key human rights programmes with indicators measuring the outputs, coverage or process performed only slightly worse than the other programmes monitored by indicators at this level. The average difference in performance was -7.8%. Of the 20 relevant indicators for which results were reported on at the time of Phase 2 review (as part of 15 grants), the total average performance at Phase 2 was 104 percent achievement of the targets, thus 'exceeding' targets set.¹⁴¹

Discussion: The figures indicate that the key human rights programmes with indicators are being implemented as planned and are performing as well as expected. The differences in the performance of programmes with relevant indicators compared with performance of non-relevant programmes with indicators are not significantly different, suggesting that key human rights programmes are performing as well as other programme types, such as treatment for sexually transmissible infections. However, hastily drawing positive conclusions regarding the implementation of key human rights programmes from these figures is unwise for a number of reasons. Firstly, only 44% of the key programmes identified in work plans are tracked by indicators in the Performance Monitoring Framework. Secondly, as noted earlier, approximately more than one third of the indicators and targets that were deemed to be relevant were so broadly framed that they cannot be used to indicate the performance of the human rights specific activities without additional information. Thirdly, performance is measured against targets set, and further research is required to determine whether the targets set were appropriate.

139 Global Fund (2010), *Analysis of SOGI Activities in Round 8 and 9 Proposals* (Above, n. 9).

140 The percent of target reached is calculated as a simple ratio of Result/Target multiplied by 100. The percent of target reached for individual indicators is capped at 120 percent to avoid over-performing indicators disproportionately skewing the mean (Global Fund powerpoint presentation: Grant rating methodology post-MENA meeting, April 2009. Copy available on request from the Global Fund).

141 None of the outcome indicators, which are reported on annually, showed results by the end of July 2010 when the research for this report was conducted.



This study revealed the significant role played by the Global Fund in supporting key human rights programmes. It also revealed what appear to be lost opportunities to support the planning and implementation of key human rights programmes through Global Fund proposals and grants. Where programmatic gaps exist, it is more likely that unaddressed human rights issues at the country level will create barriers to effective responses to HIV. This is of concern to countries, and the partners working with them to support effective responses to HIV, health and development. It is also a matter of concern to the Global Fund and its development and technical partners, who recognize that “a supportive social, legal and policy environment is a prerequisite for a successful and sustained response to HIV”¹⁴², and are committed to supporting programmes that contribute to creating and sustaining such environments.

5.1 KEY POINTS

The Global Fund is already supporting human rights programmes in HIV responses. All successful HIV proposals in Round 6 and 7 contained at least one of the key human rights programmes. However, the demand from applicants was weak; CCMs tended to include only a few of the key human rights programmes in proposals, thus leaving out programmes necessary to address important aspects of the social and legal environment. This highlights the need for increased technical assistance for applicants, as well as further support, encouragement and - if necessary - insistence, from the Global Fund and the Joint United Nations Programme on HIV/AIDS for comprehensive human rights programmes in HIV responses.

The attrition of 23 percent of key human rights programmes between successful proposals and approval of current work plans in signed grants is significant in a number of respects. Firstly, it means that unless alternative funding was subsequently identified, almost a quarter of the key human rights programmes identified by the CCM for an effective HIV response were not implemented. This potentially undermines other Global Fund investments in those countries where the full range of programmes identified as necessary to address human rights issues are not being implemented. The attrition appears to be occurring after the approval of the proposal by the Global Fund Board subject to TRP clarification and grant negotiation. The reasons for this attrition – likely to be a combination of technical and political factors - require further investigation. One way for the Global Fund and its partners to support the implementation of planned human rights programmes would be to encourage or require the development and inclusion of meaningful indicators for these programmes in Global Fund processes.

Men who have sex with men, transgender people, sex workers, people who use drugs, and prisoners – are each named as beneficiaries in less than a quarter of the key human rights programmes included in proposals. Human rights programmes for people living with and affected by HIV are important to achieving effective HIV responses. However, programmes intended to benefit only these populations do not optimally maximize the important prevention benefits of human rights programmes for populations most at risk of infection. Analysis by epidemic type shows that these low figures are partly skewed by the absence of human rights programmes for men who have sex with men, transgender people, people who use drugs and prisoners in the proposals from countries with generalized epidemics. Triangulation of data from this study with data on countries known to

142 Global Fund (2010), *Report of the Executive Director to the Global Fund 21st Board Meeting* (Above, n. 39).



5. CONCLUSION

criminalise certain populations or practices further illustrates that CCMs are not including key human rights programmes for the populations most in need in their proposals. Moreover, programmes to empower individuals to claim their rights – such as law and policy reform, legal services and ‘know your rights’ programmes – were less likely to benefit marginalised and typically criminalised populations than stigma reduction programmes in the community, health and justice sectors. The seven human rights programmes recommended for every national HIV response are described by the Joint United Nations Programme on HIV/AIDS as a ‘package’ because the programmes simultaneously address stigma and discrimination at the individual, community and structural or institutional level. The Joint United Nations Programme on HIV/AIDS contends that these programmes are mutually reinforcing and all are required (appropriately tailored) for an effective and sustainable HIV response. Accordingly, stigma reduction and human rights awareness programmes are unlikely to have the desired transformative impact on barriers to HIV prevention, treatment, care and support faced by marginalised populations if laws continually reinforce stigma and marginalisation, and if members of these populations are not empowered to know and claim their rights.

Need for due diligence on human rights in the context of HIV and the programmatic response at the country level. It is evident from this study that without a human rights analysis of the national HIV response, including the implementation of human rights programmes, it is difficult to assess the adequacy of the human rights programmes included in successful Global Fund proposals and HIV grants. This has implications for the efficacy of the HIV programmes funded by the Global Fund¹⁴³ and also for the national HIV response. A human rights analysis of issues blocking effective HIV responses and concrete details of the programmatic response to these is necessary to enable the Global Fund Technical Review Panel (TRP) to assess whether the human rights programmes included in the proposal are sufficient to create the environment recognized as a “prerequisite” of effective and sustainable HIV responses¹⁴⁴. Such analyses would also provide valuable information for countries, their partners and other stakeholders, and would support the provision of more targeted support for the implementation of human rights programmes in national HIV responses.

5.2 RECOMMENDATIONS

The following recommendations are based upon the opportunities for strengthening key human rights programmes in national HIV responses. The recommendations also complement findings from the HIV/AIDS Alliance/UNAIDS study (2009)¹⁴⁵, the Global Fund’s gender study (2009)¹⁴⁶ and SOGI study

143 The Global Fund recognises that human rights issues are critical to effective HIV programmes. Accordingly, it is prudent that the Global Fund take steps to ensure that it is not funding the implementation of other HIV programmes in contexts where there is inadequate attention to human rights-related/structural barriers to effective responses. Management of the risks associated with implementing programmes in contexts that are likely to present obstacles to the success of those programmes would also be consistent with the risk management obligations of the Global Fund. Relevant strategic level risks include the following: reputational, ethical, accountability. Relevant operational level risks include the following: ineffectiveness of internal controls and systems (design and implementation), lack of harmonisation across donor organisations and lack of alignment with or overburdening country processes. See Global Fund (2009), *The Risk Management Framework of the Global Fund on HIV/AIDS, TB and Malaria* (GF/B20/6, Attachment 3 6/28). Available from http://www.GF-BM20-06_Report_of_Finance_and_Audit_Committee_Attachment_2-3.pdf

144 The need for better situational analysis and appropriately tailored responses, including programmes to address human rights issues was also a recommendation made in the 2009 Global Fund Gender analysis (Above, n. 8) and the 2009 SOGI study (Above, n. 9) as a key recommendation for improving the gender responsiveness of Global Fund grants.

145 HIV Alliance/UNAIDS (2009), *HIV Related Human Rights Issues in 56 Countries* (Above, n. 7).

146 The Global Fund (2009), *Gender Portfolio Review & Analysis of Rounds 1–7* (Above, n. 8).



(2010)¹⁴⁷, and the OSI/CHLN study (2010)¹⁴⁸. Reports from these studies include recommendations for governments, civil society, the Global Fund and its development and technical partners to do more on human rights, including human rights programmes. The actions proposed in this study for the Global Fund and its development and technical partners lay the foundations for the policies, processes, technical support and advocacy that could contribute to increasing demand for key human rights programmes as well as ensuring that such programmes are implemented and monitored. This could also contribute to highlighting the importance of human rights-based tuberculosis responses, and the benefit of such key human rights programmes to broader health and development goals.

Recommendations for countries:

1. Support human rights analysis of national HIV responses

- a. Countries should ensure that national HIV responses (including Global Fund HIV proposals) are based on a human rights analysis, and include appropriate human rights programmes to address issues identified therein.
- b. Countries should ensure a multi-sectoral response at the country level, which includes the meaningful participation of key populations as well as the justice sector, law enforcement, parliamentarians and other sectors necessary to address human rights in the context of HIV.
- c. In developing Global Fund proposals, Country Coordinating Mechanisms should request technical support for key human rights programmes.

Recommendations for the Global Fund and its development and technical partners:

2. Support systematic human rights analysis of national HIV responses

- a. The Joint United Nations Programme on HIV/AIDS and other development and technical partners of the Global Fund should provide technical assistance to national stakeholders including CCMs to carry out a human rights analysis of the national HIV response, including key human rights programmes. CCMs should include such human rights analysis as an essential part of the Global Fund proposal development process.
- b. The Global Fund should encourage all applicants to submit a human rights analysis of the national HIV response, including key human rights programmes, as a part of HIV proposals¹⁴⁹.
- c. The Global Fund should ensure adequate human rights capacity on its Technical Review Panel (TRP) and consider recommending that the TRP review criteria include a human rights analysis of national HIV responses, including attention to key human rights programmes in national responses.

147 Global Fund (2010), *Analysis of SOGI Activities in Round 8 and 9 Proposal*. (Above, n. 9).

148 OSI/CHLN (2010), *Commitments and Conundrums* (Above n. 9).

149 The OSI/CHLN study (Ibid.) lists a number of key issues that such a report should include.



5. CONCLUSION

3. Enhanced guidance for key human rights programmes

- a. The Joint United Nations Programme on HIV/AIDS and other development and technical partners should increase support to countries through the dissemination of good practice and South-South learning on the design and implementation of key human rights programmes in the context of HIV.
- b. The Global Fund Secretariat in collaboration with key technical partners should develop guidance to support countries applying for Global Fund financing on how to conduct a human rights analysis of the national HIV response and key human rights programmes. This should include clarifying which of the key human rights programmes fall within each of the Service Delivery Areas and within specific funding windows such as Community Systems Strengthening, Health Systems Strengthening and National Strategy Applications.

4. Enhance technical assistance in order to improve the implementation of planned human rights programmes

- a. Technical partners of the Global Fund should support CCMs to ensure that during the grant-signing process, programme outcomes remain in line with rights-related objectives and programmes in the original proposal. The Global Fund and its technical partners should support CCMs to ensure that Global Fund commitments to supporting programmes that contribute to the elimination of stigma and discrimination against people living with HIV and marginalised and criminalised populations (referred to in the revised CCM Guidelines) are maximized throughout the grant cycle.
- b. The Global Fund Secretariat should respond to the attrition of key human rights from the time of Global Fund Board approval of HIV proposals to the grant-signing process.
- c. The Joint United Nations Programme on HIV/AIDS and other technical partners of the Global Fund should ensure that technical support is available to CCMs for the inclusion of key human rights programmes in Global Fund proposals and oversight of the implementation of those programmes. The Global Fund should encourage applicants to include a comprehensive technical support plan for the development, implementation and monitoring of key human rights programmes in the overarching technical support plan included in the proposal. Assessment of technical support needs in relation to human rights programmes should also become part of the regular technical support needs assessments conducted at the country level.
- d. The Joint United Nations Programme on HIV/AIDS and other technical partners of the Global Fund should ensure that civil society (particularly those working with key populations) and key sectors such as the justice and law enforcement sectors have sufficient technical assistance and capacity to participate effectively in Global Fund governance bodies and decision making processes and implement human rights programming.



5. Improve monitoring and evaluation of key human rights programmes

- a. The Joint United Nations Programme on HIV/AIDS and other technical partners of the Global Fund should provide technical assistance to national stakeholders, including CCMs, on appropriate indicators for monitoring and evaluating key human rights programmes in the context of HIV responses.
- b. The Global Fund should facilitate the inclusion of relevant and specific indicators for key human rights programmes in the Performance Monitoring Framework; and/or ensure that such meaningful indicators for key human rights programmes are included in agreed work plans, tracked by CCMs and reported back to the Global Fund on a regular and appropriate basis.
- c. Technical partners of the Global Fund at the country level should work with Principal Recipients and CCMs to include in HIV proposals activities for the development of monitoring and evaluation systems for key human rights programmes and ensure that these are costed and included in budgets.

6. Strengthen evidence-informed advocacy on the importance of key human rights programmes as a part of rights-based HIV responses

- a. The Joint United Nations Programme on HIV/AIDS should increase support to national stakeholders to conduct population surveillance, collect data on access to services for key populations and carry out a human rights analysis of HIV responses which includes specific attention to key human rights programmes.
- b. The Joint United Nations Programme on HIV/AIDS should increase evidence-informed advocacy on the importance of key human rights programmes in the context of HIV, the interrelationship between the different human rights programmes, and their impact on HIV and broader health and development goals. This would contribute to efforts in supporting national stakeholders to remove punitive and discriminatory laws, policies and practices that block effective HIV responses (a priority under the “Joint Action for Results: UNAIDS Outcome Framework”) and to achieve the Millennium Development Goals.



ANNEX 1: DATA SOURCES FOR ANALYSIS

DATA SOURCES		
Global Fund documents used for analysis	Data collected	Focus areas
Original HIV proposals submitted in Round 6 and approved for funding by the Global Fund	Explicit reference to selected human rights programmes, beneficiary populations, income level and HIV epidemic type of the country	<p>2. ELIGIBILITY</p> <p>2.1.1 Country income level</p> <p>4. COMPONENT SECTION HIV/AIDS</p> <p>4.3.1 Executive summary</p> <p>Describe the overall strategy of the proposal component, by referring to the goals, objectives and main activities, including expected results and associated timeframes. Specify the beneficiaries and expected benefits (including target populations and their estimated number)</p> <p>4.4.2 Epidemiological and disease-specific background</p> <p>Describe, and provide the latest data on the stage and type of epidemic and its dynamics (including breakdown by age, gender, population group and geographical location, wherever possible), the most affected population groups, and data on drug resistance, where relevant.</p> <p>4.6.1 Goals, objectives and service delivery areas</p> <p>Provide a clear description of the programme goal(s), objectives and service delivery areas (provide quantitative information, where possible)</p> <p>4.6.3 Activities</p> <p>Provide a clear and detailed description of the activities that will be implemented within each service delivery area for each objective. Please include all the activities proposed, how these will be implemented, and by whom</p> <p>4.6.6 Activities to strengthen health systems</p> <p>4.6.8 Target groups</p> <p>Provide a description of the target groups, and their inclusion during planning, implementation and evaluation of the proposal. Describe the impact that the programme will have on these group(s)</p> <p>4.6.10 Gender issues</p> <p>Describe gender and other social inequities regarding Programme implementation and access to the services to be delivered and how this proposal will contribute to minimizing these gender inequities.</p> <p>4.6.11 Stigma and discrimination</p> <p>Describe how this component will contribute to reducing stigma and discrimination against people living with HIV/AIDS, tuberculosis and/or malaria, as applicable and other types of stigma and discrimination that facilitate the spread of these diseases</p> <p>4.6.12 Equity</p> <p>Describe how principles of equity will be ensured in the selection of patients to access services, particularly if the proposal includes services that will only reach a proportion of the population in need (e.g., some antiretroviral therapy programmes)</p>



DATA SOURCES		
Global Fund documents used for analysis	Data collected	Focus areas
Original HIV proposals submitted in Round 7 and approved for funding by the Global Fund	Explicit reference to selected human rights programmes, beneficiary populations and HIV epidemic type of the country	<p>2. ELIGIBILITY</p> <p>2.1.1 Country income level4. COMPONENT SECTION HIV/AIDS</p> <p>4.2.1 Executive summary</p> <p>Describe the overall strategy of the proposal component, by referring to challenges, existing and/or new needs, goals, objectives and planned outcomes and outputs to be achieved through the additional funding requested in this proposal, specifying the main beneficiaries (including target populations and their estimated number). Also specify any institution/facilities that will benefit from any support for health systems strengthening strategic actions</p> <p>4.3.2 Epidemiological and disease-specific background</p> <p>(b) By reference to table 4.3.2 above, describe any changes in the stage, type or dynamics of the disease, including in the most affected population group(s) over the past three to five years. Also summarize the main treatment regimes in use or to be used during the proposal term and the reasons for their use. Any data on drug resistance should also be included (where relevant).</p> <p>4.4.2 Strategic actions to strengthen health systems</p> <p>4.6.2 Goals and objectives and service delivery areas</p> <p>Referring to your overall needs assessment in section 4.4.1 above, provide a summary of the proposal's overall goal(s), objectives and service delivery areas</p> <p>4.6.3 Specific Interventions, Target Groups and Equity</p> <p>(a) Specific Interventions/Activities supported by this proposal</p> <p>Provide a clear and detailed description of the activities that will be implemented within each service delivery area for each objective. Please include an overview of all the activities proposed, how these will be implemented, and by whom</p> <p>(b) Target groups</p> <p>Provide a description of the target groups (and, where relevant, the rationale for inclusion or exclusion of certain groups). In addition, describe how the target groups were involved during planning, implementation and evaluation of the proposal prior to submission to the Global Fund. Describe the impact that the programme will have on these group(s)</p> <p>(c) Equitable access to services</p> <p>Describe how principles of equity will be ensured in the selection of clients to access services, particularly if the proposal includes services that will only reach a proportion of the population in need (e.g., some antiretroviral therapy programmes)</p> <p>(d) Social inequalities targeted in this proposal</p> <p>Describe how this proposal addresses the needs of specific marginalised groups in the country/countries targeted in this proposal</p> <p>(e) Stigma and discrimination</p> <p>Describe how this proposal will contribute to reducing stigma and discrimination against people living with and/or affected by HIV/AIDS, tuberculosis and/or malaria, as applicable, and other types of stigma and discrimination that facilitate the spread of these diseases</p>



ANNEX 1: DATA SOURCES FOR ANALYSIS

DATA SOURCES		
Global Fund documents used for analysis	Data collected	Focus areas
Comment: Round 6 HIV proposal form		<p>NO SPECIFIC FOCUS ON:</p> <p>4.4.3 Disease-control initiatives and broader development frameworks</p> <p>a) Describe comprehensively the current disease-control strategies and programmes aimed at the target disease, including all relevant goals and objectives with regard to addressing the disease. (Include all donor-financed programmes currently implemented or planned by all stakeholders and existing and planned commitments to major international initiatives and partnerships)</p> <p>b) Describe how these disease prevention and control strategies fit within broader developmental frameworks such as Poverty Reduction Strategies, a Health Systems Strengthening Strategy, the Highly-Indebted Poor Country (HIPC) Initiative, and/or the Millennium Development Goals, emphasizing how the additional support requested in this proposal is aligned with developmental frameworks relevant to the country context.</p>
Comment: Round 7 HIV proposal form		<p>NO SPECIFIC FOCUS ON:</p> <p>4.3.3 Disease-prevention and control initiatives and broader development frameworks</p> <p>(a) Describe, comprehensively, the current prevention and control strategies for the disease, together with planned outcomes.</p> <p>(b) Describe how these disease prevention and control strategies fit within broader developmental frameworks such as Poverty Reduction Strategies, a Health Systems Strengthening Strategy, the Highly-Indebted Poor Country (HIPC) Initiative, and/or the Millennium Development Goals, emphasizing how the additional support requested in this proposal is aligned with developmental frameworks relevant to the country context.</p> <p>(c) Describe how this proposal seeks to: (1) use, to the extent that they exist, country systems for planning and budgeting, procurement and supply management, monitoring and evaluation and auditing; and (2) achieve greater harmonization and alignment of partners to country cycles in regard to procedures for reporting, budgeting, financial management and procurement.</p>
Grant agreements Round 6 and 7	Reference to selected human rights programmes identified in the proposals	<p>ANNEX A to the PROGRAMME GRANT AGREEMENT</p> <p>Programme Implementation Description</p> <p>A. PROGRAMME DESCRIPTION</p>
Work plans Round 6 and 7	Budget data related to identified human rights programmes (in US Dollars)	
Grant performance reports Round 6 and 7	Indicators that monitor implementation of human rights programmes identified in proposals and their latest cumulative results against targets	<p>2.1. Programme Goals, Impact and Outcome Indicators</p> <p>2.2. Programmatic Performance</p> <p>2.2.1. Reporting Periods</p> <p>2.2.2. Programme Objectives, Service Delivery Areas and Indicators</p> <p>2.2.3. Cumulative Progress To Date</p>



DATA SOURCES		
Global Fund documents used for analysis	Data collected	Focus areas
Grant score cards Round 6 and 7	Cumulative results against targets at the time of Phase 2 review for indicators that monitor implementation of human rights programmes identified in proposals	PROGRAMME GOALS AND IMPACT INDICATORS D. SUMMARY OF Y1-2 GRANT PERFORMANCE



ANNEX 2: ANALYTICAL FRAMEWORK

Key HIV-Related Human Rights Programmes - Analytical Framework	
Human Rights Programme Type	Human Rights Programme Component/Activity
1. HIV-related legal services	<ol style="list-style-type: none"> 1. Legal aid or support 2. Strategic litigation 3. Dispute resolution <p>For non-specified population or one or more of the following key populations: people living with HIV, people affected by HIV, men who have sex with men and/or transgender people, sex workers, people who use drugs, women, children, youth, prisoners, migrants, others</p>
2. Legal audits and/or law reform	<ol style="list-style-type: none"> 1. Audit of national legislation relating to HIV 2. Reform of national legislation relating to HIV 3. Audit of the nature of enforcement of such laws 4. Audit of access to justice 5. Audit of legislation relating to women's legal rights, such as property and inheritance rights 6. Policy development with regulatory/legal basis relating to HIV, such as HIV/AIDS workplace policies to protect the rights of employees infected with HIV
3. 'Know your rights/laws' programmes	<ol style="list-style-type: none"> 1. Awareness-raising on human and legal rights (e.g. gender equality) and/or laws in the context of HIV 2. Demand generation for legal services <p>For non-specified population or one or more of the following key populations: people living with HIV, people affected by HIV, men who have sex with men and/or transgender people, sex workers, people who use drugs, women, children, youth, prisoners, migrants, others</p> <p>Note: Campaigns/awareness raising on stigma and discrimination not recorded as 'know your rights/laws', as this is addressed by Category 6.</p>
4. Training of health care workers on HIV-related human rights issues	Training on HIV-related human rights issues, such as informed consent, confidentiality, partner notification, non-stigma and non-discrimination
5. Training and sensitization of police, other law enforcement agents, lawyers and/or judges on HIV-related human rights issues	Training on HIV-related human rights issues, such as non-violence, non-stigma and non-discrimination
6. Stigma and discrimination reduction	<ol style="list-style-type: none"> 1. Community programmes that actively/explicitly aim to reduce stigma and discrimination based on HIV or other status (e.g. sexual orientation, gender, drug use, sex work) 2. Mobilization of or advocacy to key stakeholders such as leaders, politicians, government officials, parliamentarians on issues relating to stigma and discrimination 3. Research and documentation of stigma and discrimination 4. Microcredit or income-generating activities when expressly stated that these are intended to reduce stigma and discrimination <p>Note: stigma and discrimination reduction training for health care workers and law enforcement agents or legal service providers not recorded as 'stigma and discrimination reduction programmes' as these are already addressed by Category 4 and 5 respectively.</p> <p>Note: if activity for stigma and discrimination reduction also met the description of a Category 1, 2 or 3 programme, then it was recorded as that programme type only and NOT also as a 'stigma and discrimination reduction' programme.</p>



Key words used to facilitate identification of programmes

Rights, Stigma, Discrimination, Legal, Litigation, Judiciary, Legislation, Regulation, Bill, Law, Supportive, Enabling, Policy, Confidentiality, Consent, Advocacy, Dignity, Equality, Equity, Homophobia, Violence, Abuse, Coercion, Arrest, Assault, Harassment, Exclusion, Property, Inheritance, Lawyer, Judge, Police, Paralegal, Parliamentarian, Court, Enforcement, Reform, Marginalisation, Justice, Notification, Protection, Abandonment, Fear, Criminalisation, Prosecutor, Claim, Sanction, Prejudice, Victimisation, Blame, Exploitation, Violation, Dispute, Resolution, Compulsory, Mandatory, Harm, Conviction, Crime, Offence

Variations on these words were also taken into account, e.g. plural, verb, noun, adjective, etc.



ANNEX 3: PROGRAMMES AND BENEFICIARY POPULATIONS IN SUCCESSFUL ROUND 6 AND 7 HIV PROPOSALS¹⁵⁰

Country	Region	Round	Epidemic type	Programme type	Beneficiary populations
Afghanistan	South Asia	7	low	Training and sensitization of police, law enforcement, lawyers or judges on human rights	marginalised groups
				Stigma and discrimination reduction	PLHIV
Bangladesh	South Asia	6	concentrated	Training health care workers on human rights	Non-specific
				Training and sensitization of police, law enforcement, lawyers or judges on human rights	sex workers; people who use drugs
				Stigma and discrimination reduction	PLHIV; sex workers; people who use drugs
Bhutan	South Asia	6	low	Stigma and discrimination reduction	PLHIV; people affected by HIV
Burkina Faso	West and Central Africa	6	generalized	HIV-related legal services	people affected by HIV (orphans and vulnerable children and host families); children
				Training health care workers on human rights	PLHIV
				Stigma and discrimination reduction	PLHIV; people affected by HIV (orphans and vulnerable children); children; youth
Cambodia	East Asia and the Pacific	7	concentrated	Training health care workers on human rights	(MSM)/transgender; people who use drugs
				Stigma and discrimination reduction	PLHIV; people affected by HIV (orphans and vulnerable children and families); sex workers; people who use drugs; women; children
Central African Republic	West and Central Africa	7	generalized	HIV-related legal services	PLHIV; people affected by HIV
				Training and sensitization of police, law enforcement, lawyers or judges on human rights	PLHIV
				Stigma and discrimination reduction	PLHIV
China	East Asia and the Pacific	6	concentrated	Legal audit and law reform	PLHIV
				'Know your rights/laws'	PLHIV

¹⁵⁰ In this table, "PLHIV" refers to people living with HIV and "MSM" refers to men who have sex with men. Methodology and Limitations section of the Report contain details regarding the classification of programmes and 'beneficiary populations'. Where beneficiary populations referred to in proposals did not fit within any of the described groups (i.e. 'other') the population as described is listed here, using the nomenclature from the original proposal (e.g. 'workplace' or 'marginalised groups'). Where the proposal specified which people affected by HIV, this detail has also been included here.

ANNEX 3: PROGRAMMES AND BENEFICIARY POPULATIONS IN SUCCESSFUL ROUND 6 AND 7 HIV PROPOSALS



Country	Region	Round	Epidemic type	Programme type	Beneficiary populations
				Training health care workers on human rights	PLHIV
				Training and sensitization of police, law enforcement, lawyers or judges on human rights	PLHIV
				Stigma and discrimination reduction	PLHIV; people affected by HIV; MSM/transgender; sex workers; people who use drugs; youth
Cuba	Latin America and the Caribbean	6	low	HIV-related legal services	workplace
				'Know your rights/laws'	PLHIV; workplace
				Training health care workers on human rights	PLHIV
				Stigma and discrimination reduction	PLHIV; people affected by HIV; MSM/transgender; sex workers; women; youth; workplace; vulnerable groups
Djibouti	North Africa and the Middle East	6	generalized	Legal audit and law reform	workplace
				Stigma and discrimination reduction	PLHIV
DR of Congo	East Africa	7	generalized	Training health care workers on human rights	non-specific
				Stigma and discrimination reduction	PLHIV
Egypt	North Africa and the Middle East	6	low	HIV-related legal services	sex workers
				'Know your rights/laws'	PLHIV; workplace
				Training health care workers on human rights	PLHIV; people affected by HIV
				Training and sensitization of police, law enforcement, lawyers or judges on human rights	PLHIV
				Stigma and discrimination reduction	PLHIV; people affected by HIV (orphans and vulnerable children and families); sex workers; people who use drugs; women; children; youth; prisoners; refugee and asylum seekers
El Salvador	Latin America and the Caribbean	7	concentrated	Legal audit and law reform	PLHIV; workplace



ANNEX 3: PROGRAMMES AND BENEFICIARY POPULATIONS IN SUCCESSFUL ROUND 6 AND 7 HIV PROPOSALS

Country	Region	Round	Epidemic type	Programme type	Beneficiary populations
				'Know your rights/laws'	PLHIV
				Training health care workers on human rights	PLHIV; sex workers; people who use drugs
				Training and sensitization of police, law enforcement, lawyers or judges on human rights	non-specific
				Stigma and discrimination reduction	PLHIV; people affected by HIV; MSM/transgender; workplace
Ethiopia	East Africa	7	generalized	HIV-related legal services	People affected by HIV (orphans and vulnerable children); children
				'Know your rights/laws'	PLHIV; people affected by HIV (orphans and vulnerable children); children
				Stigma and discrimination reduction	PLHIV; people affected by HIV (orphans and vulnerable children); children
Georgia	Eastern Europe and Central Asia	6	low	Training health care workers on human rights	PLHIV; prisoners
				Training and sensitization of police, law enforcement, lawyers or judges on human rights	PLHIV; prisoners
Guinea	West and Central Africa	6	generalized	Stigma and discrimination reduction	PLHIV; people affected by HIV
Guinea Bissau	West and Central Africa	7	generalized	Legal audit and law reform	PLHIV
				Training health care workers on human rights	non-specific
				Stigma and discrimination reduction	People living with vulnerable children; people affected by HIV (orphans and vulnerable children); children
Haiti	Latin America and the Caribbean	7	generalized	'Know your rights/laws'	PLHIV
				Stigma and discrimination reduction	PLHIV
India	South Asia	6	concentrated	HIV-related legal services	non-specific
				Legal audit and law reform	people affected by HIV (orphans and vulnerable children); children; youth
				'Know your rights/laws'	people affected by HIV (orphans and vulnerable children and families); children

ANNEX 3: PROGRAMMES AND BENEFICIARY POPULATIONS IN SUCCESSFUL ROUND 6 AND 7 HIV PROPOSALS



Country	Region	Round	Epidemic type	Programme type	Beneficiary populations
				Training health care workers on human rights	PLHIV; people affected by HIV; children
				Stigma and discrimination reduction	PLHIV; people affected by HIV; women; children
India	South Asia	7	concentrated	Training health care workers on human rights	PLHIV
				Stigma and discrimination reduction	non-specific
Jamaica	Latin America and the Caribbean	7	concentrated	Legal audit and law reform	PLHIV; sex workers; workplace
				'Know your rights/laws'	PLHIV
				Training health care workers on human rights	PLHIV; people affected by HIV
				Stigma and discrimination reduction	PLHIV; people affected by HIV; MSM/transgender; youth; workplace
Jordan	North Africa and the Middle East	6	low	Legal audit and law reform	PLHIV; people affected by HIV
				Training health care workers on human rights	PLHIV; MSM/transgender; sex workers; people who use drugs; youth; migrants
				Stigma and discrimination reduction	PLHIV; people affected by HIV; MSM/transgender; sex workers; people who use drugs; youth; migrants
Kazakhstan	Eastern Europe and Central Asia	7	concentrated	Legal audit and law reform	PLHIV; people who use drugs
				Training health care workers on human rights	PLHIV; MSM/transgender; sex workers; people who use drugs; prisoners
				Training and sensitization of police, law enforcement, lawyers or judges on human rights	PLHIV; MSM/transgender; sex workers; people who use drugs; prisoners
				Stigma and discrimination reduction	PLHIV; MSM/transgender; sex workers; people who use drugs; prisoners
Kenya	East Africa	7	generalized	Stigma and discrimination reduction	PLHIV; hard to reach populations
Kosovo (Serbia)	Eastern Europe and Central Asia	7	low	Legal audit and law reform	people who use drugs
				Training health care workers on human rights	PLHIV; MSM/transgender; sex workers



ANNEX 3: PROGRAMMES AND BENEFICIARY POPULATIONS IN SUCCESSFUL ROUND 6 AND 7 HIV PROPOSALS

Country	Region	Round	Epidemic type	Programme type	Beneficiary populations
				Training and sensitization of police, law enforcement, lawyers or judges on human rights	PLHIV; people who use drugs; prisoners
				Stigma and discrimination reduction	PLHIV; people affected by HIV; MSM/transgender; workplace
Kyrgyz Republic	Eastern Europe and Central Asia	7	low	HIV-related legal services	PLHIV; people affected by HIV; MSM/transgender; people who use drugs
				Legal audit and law reform	PLHIV; people affected by HIV; sex workers
				Training health care workers on human rights	PLHIV; MSM/transgender
				Stigma and discrimination reduction	PLHIV; MSM/transgender; sex workers; people who use drugs; women; youth; prisoners; migrants
Laos	East Asia and the Pacific	6	low	Stigma and discrimination reduction	PLHIV
Lesotho	Southern Africa	7	generalized	'Know your rights/laws'	People affected by HIV (orphans and vulnerable children); children
				Training health care workers on human rights	women; children
				Training and sensitization of police, law enforcement, lawyers or judges on human rights	People affected by HIV (orphans and vulnerable children); children; youth
Liberia	West and Central Africa	6	generalized	Training health care workers on human rights	non-specific
				Stigma and discrimination reduction	PLHIV; people affected by HIV; children; youth
Macedonia FYR	Eastern Europe and Central Asia	7	low	HIV-related legal services	sex workers
				Training health care workers on human rights	people who use drugs; prisoners
				Training and sensitization of police, law enforcement, lawyers or judges on human rights	people who use drugs; prisoners
				Stigma and discrimination reduction	MSM/transgender
Malawi	Southern Africa	7	generalized	HIV-related legal services	youth
				Legal audit and law reform	women; youth
				'Know your rights/laws'	youth; workplace

ANNEX 3: PROGRAMMES AND BENEFICIARY POPULATIONS IN SUCCESSFUL ROUND 6 AND 7 HIV PROPOSALS



Country	Region	Round	Epidemic type	Programme type	Beneficiary populations
				Training health care workers on human rights	youth
				Training and sensitization of police, law enforcement, lawyers or judges on human rights	children; youth
				Stigma and discrimination reduction	PLHIV; women; children; youth
Maldives	South Asia	6	low	Legal audit and law reform	PLHIV
				Training health care workers on human rights	PLHIV
				Training and sensitization of police, law enforcement, lawyers or judges on human rights	people who use drugs; prisoners
				Stigma and discrimination reduction	PLHIV; workplace
Moldova	Eastern Europe and Central Asia	6	concentrated	Legal audit and law reform	non-specific
				Training health care workers on human rights	PLHIV
				Stigma and discrimination reduction	PLHIV
Mongolia	East Asia and the Pacific	7	low	Legal audit and law reform	sex workers
				Training and sensitization of police, law enforcement, lawyers or judges on human rights	MSM/transgender; sex workers
				Stigma and discrimination reduction	PLHIV; MSM/transgender; sex workers; people who use drugs
Morocco	North Africa and the Middle East	6	low	HIV-related legal services	PLHIV
				Training and sensitization of police, law enforcement, lawyers or judges on human rights	PLHIV; prisoners; long distance drivers; workers
				Stigma and discrimination reduction	PLHIV
Mozambique	Southern Africa	6	generalized	Stigma and discrimination reduction	PLHIV
Multi-Country Africa (West Africa Corridor Program)	West and Central Africa	6	generalized	Legal audit and law reform	PLHIV
				'Know your rights/laws'	PLHIV; sex workers; women; truck/lorry drivers



ANNEX 3: PROGRAMMES AND BENEFICIARY POPULATIONS IN SUCCESSFUL ROUND 6 AND 7 HIV PROPOSALS

Country	Region	Round	Epidemic type	Programme type	Beneficiary populations
				Training and sensitization of police, law enforcement, lawyers or judges on human rights	PLHIV
				Stigma and discrimination reduction	PLHIV; women
Multi-Country Americas (REDCA+)	Latin America and the Caribbean	7	concentrated	Stigma and discrimination reduction	PLHIV
Multi-Country Western Pacific	East Asia and the Pacific	7	low	HIV-related legal services	PLHIV
				Legal audit and law reform	PLHIV
				'Know your rights/laws'	PLHIV
				Training health care workers on human rights	vulnerable populations
				Training and sensitization of police, law enforcement, lawyers or judges on human rights	non-specific
Nepal	South Asia	7	concentrated	Legal audit and law reform	PLHIV; people affected by HIV; children
				Training health care workers on human rights	non-specific
				Training and sensitization of police, law enforcement, lawyers or judges on human rights	MSM/transgender; prisoners
				Stigma and discrimination reduction	MSM/transgender; people who use drugs; prisoners; migrants
Niger	North Africa and the Middle East	7	generalized	HIV-related legal services	PLHIV; people affected by HIV (orphans and vulnerable children)
				Training health care workers on human rights	PLHIV
				Stigma and discrimination reduction	PLHIV; people affected by HIV (orphans and vulnerable children); children
Paraguay	Latin America and the Caribbean	6	concentrated	Legal audit and law reform	PLHIV; people affected by HIV; MSM/transgender; sex workers; people who use drugs
				Training health care workers on human rights	PLHIV; people affected by HIV; MSM/transgender; sex workers; people who use drugs
				Stigma and discrimination reduction	PLHIV; MSM/transgender; sex workers; people who use drugs

ANNEX 3: PROGRAMMES AND BENEFICIARY POPULATIONS IN SUCCESSFUL ROUND 6 AND 7 HIV PROPOSALS



Country	Region	Round	Epidemic type	Programme type	Beneficiary populations
Peru	Latin America and the Caribbean	6	concentrated	Legal audit and law reform	MSM/transgender; sex workers
				'Know your rights/laws'	PLHIV; MSM/transgender; sex workers
				Stigma and discrimination reduction	MSM/transgender; sex workers; women
Philippines	East Asia and the Pacific	6	low	Training health care workers on human rights	PLHIV
				Stigma and discrimination reduction	PLHIV
Romania	Eastern Europe and Central Asia	6	low	Legal audit and law reform	PLHIV; MSM/transgender; sex workers; people who use drugs
				Training health care workers on human rights	PLHIV
				Stigma and discrimination reduction	PLHIV; youth
Rwanda	East Africa	6	generalized	Legal audit and law reform	people affected by HIV (orphans and vulnerable children); children
				Stigma and discrimination reduction	PLHIV; people affected by HIV
Rwanda	East Africa	7	generalized	HIV-related legal services	people affected by HIV (orphans and vulnerable children); women; children
				'Know your rights/laws'	people affected by HIV (orphans and vulnerable children); women; youth
				Training health care workers on human rights	PLHIV; people affected by HIV (orphans and vulnerable children); women; youth; children
				Training and sensitization of police, law enforcement, lawyers or judges on human rights	women; children
				Stigma and discrimination reduction	PLHIV; people affected by HIV; women; youth
Senegal	West and Central Africa	6	concentrated	Stigma and discrimination reduction	PLHIV
Serbia	Eastern Europe and Central Asia	6	low	HIV-related legal services	PLHIV
				Legal audit and law reform	PLHIV
				Training health care workers on human rights	people who use drugs; prisoners



ANNEX 3: PROGRAMMES AND BENEFICIARY POPULATIONS IN SUCCESSFUL ROUND 6 AND 7 HIV PROPOSALS

Country	Region	Round	Epidemic type	Programme type	Beneficiary populations
				Training and sensitization of police, law enforcement, lawyers or judges on human rights	PLHIV; people affected by HIV; people who use drugs; prisoners
				Stigma and discrimination reduction	PLHIV; MSM/transgender; sex workers; people who use drugs
Sierra Leone	West and Central Africa	6	generalized	HIV-related legal services	sex workers
				Legal audit and law reform	people affected by HIV (orphans and vulnerable children); children
				Training health care workers on human rights	PLHIV
				Stigma and discrimination reduction	PLHIV; people affected by HIV; workplace
South Africa	Southern Africa	6	generalized	Legal audit and law reform	PLHIV; workplace
				'Know your rights/laws'	people affected by HIV (orphans and vulnerable children); children
				Stigma and discrimination reduction	PLHIV; people affected by HIV; women
Sri Lanka	South Asia	6	low	Training health care workers on human rights	PLHIV
				Stigma and discrimination reduction	PLHIV; people affected by HIV
Swaziland	Southern Africa	7	generalized	HIV-related legal services	people affected by HIV (OVC and vulnerable families)
				Stigma and discrimination reduction	PLHIV
Tajikistan	Eastern Europe and Central Asia	6	concentrated	Legal audit and law reform	PLHIV
				Training health care workers on human rights	PLHIV; people affected by HIV
				Stigma and discrimination reduction	PLHIV
Tunisia	North Africa and the Middle East	6	low	HIV-related legal services	PLHIV
				Training health care workers on human rights	PLHIV; people affected by HIV
				Stigma and discrimination reduction	PLHIV
Uganda	East Africa	7	generalized	Stigma and discrimination reduction	PLHIV; people affected by HIV; youth
Ukraine	Eastern Europe and Central Asia	6	concentrated	HIV-related legal services	sex workers; people who use drugs

ANNEX 3: PROGRAMMES AND BENEFICIARY POPULATIONS IN SUCCESSFUL ROUND 6 AND 7 HIV PROPOSALS



Country	Region	Round	Epidemic type	Programme type	Beneficiary populations
				Legal audit and law reform	PLHIV; MSM/transgender; sex workers; people who use drugs; children; youth; prisoners; workplace
				Training health care workers on human rights	PLHIV; MSM/transgender; sex workers; people who use drugs; prisoners
				Training and sensitization of police, law enforcement, lawyers or judges on human rights	PLHIV; MSM/transgender; sex workers; people who use drugs; prisoners; workplace
				Stigma and discrimination reduction	PLHIV; MSM/transgender; sex workers; people who use drugs; workplace
Vietnam	East Asia and the Pacific	6	concentrated	HIV-related legal services	PLHIV
				'Know your rights/laws'	PLHIV
				Training health care workers on human rights	PLHIV
				Training and sensitization of police, law enforcement, lawyers or judges on human rights	PLHIV
				Stigma and discrimination reduction	PLHIV
West Bank and Gaza	North Africa and the Middle East	7	low	Legal audit and law reform	Non-specific
				'Know your rights/laws'	PLHIV; people affected by HIV; sex workers; people who use drugs; women; children; youth; prisoners; migrants
				Training health care workers on human rights	PLHIV; people affected by HIV; sex workers; people who use drugs; women; children; youth; prisoners; migrants
				Training and sensitization of police, law enforcement, lawyers or judges on human rights	PLHIV; people affected by HIV; sex workers; people who use drugs; women; children; youth; prisoners; migrants
				Stigma and discrimination reduction	PLHIV; people affected by HIV; sex workers; people who use drugs; women; children; youth; prisoners; migrants
Zanzibar	East Africa	6	concentrated	Stigma and discrimination reduction	PLHIV; people affected by HIV; MSM/transgender; sex workers; people who use drugs



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